C. The next questions are about the stress you may have experienced as a result of the COVID-19 pandemic.

Question 1 is asked of participants who were not tested or who tested negative for COVID-19.

1. From 0 to 100, how concerned are you about catching COVID-19? (0=Not at all concerned; 100=Extremely concerned)
   a. Don’t know 
   b. Prefer not to answer

2. From 0 to 100, how concerned are you about someone you know catching COVID-19? (0=Not at all concerned; 100=Extremely concerned)
   a. Don’t know 
   b. Prefer not to answer

3. During the last 30 days, how often have you worried about personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancellations)?
   a. All of the time 
   b. Most of the time 
   c. Some of the time 
   d. None of the time 
   e. Don’t know 
   f. Prefer not to answer

4. During the last 30 days, how often have you worried about making rent or mortgage payments?
   a. All of the time 
   b. Most of the time 
   c. Some of the time 
   d. None of the time 
   e. Not applicable – I do not pay rent or mortgage 
   f. Don’t know 
   g. Prefer not to answer

5. During the last 30 days, how much have you worried about providing for yourself or your family?
   a. All of the time 
   b. Most of the time 
   c. Some of the time 
   d. None of the time 
   e. Don’t know 
   f. Prefer not to answer

6. During the last 30 days, how often have you been concerned about having enough food for yourself or your family?
   a. All of the time 
   b. Most of the time 
   c. Some of the time 
   d. None of the time 
   e. Don’t know 
   f. Prefer not to answer
7. During the last 30 days, how often have you worried about not having enough basic supplies such as household cleaning supplies or toilet paper?
   a. All of the time
   b. Most of the time
   c. Some of the time
   d. None of the time
   e. Don’t know
   f. Prefer not to answer

8. During the last 30 days, how often did you have trouble falling asleep?
   a. All of the time
   b. Most of the time
   c. Some of the time
   d. None of the time
   e. Don’t know
   f. Prefer not to answer

9. During the last 30 days, how would you rate your sleep quality overall?
   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor
   f. Don’t know
   g. Prefer not to answer

10. In the past 7 days, how often have you felt nervous, anxious, or on edge?
    a. Not at all or less than 1 day
    b. 1-2 days
    c. 3-4 days
    d. 5-7 days
    e. Don’t know
    f. Prefer not to answer

11. In the past 7 days, how often have you felt depressed?
    a. Not at all or less than 1 day
    b. 1-2 days
    c. 3-4 days
    d. 5-7 days
    e. Don’t know
    f. Prefer not to answer

12. In the past 7 days, how often have you felt lonely?
    a. Not at all or less than 1 day
    b. 1-2 days
    c. 3-4 days
    d. 5-7 days
    e. Don’t know
    f. Prefer not to answer
13. In the past 7 days, how often have you felt hopeful about the future?
   a. Not at all or less than 1 day
   b. 1-2 days
   c. 3-4 days
   d. 5-7 days
   e. Don’t know
   f. Prefer not to answer

14. In the past 7 days, how often have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experience (e.g., social distancing, loss of income/work, concerns about infection) with the COVID-19 pandemic?
   a. Not at all or less than 1 day
   b. 1-2 days
   c. 3-4 days
   d. 5-7 days
   e. Don’t know
   f. Prefer not to answer

15. Please indicate how strongly you agree or disagree with the following statements:
   Response options: Strongly disagree, disagree, neutral, agree, strongly agree, don’t know, prefer not to answer
   a. I tend to bounce back quickly after hard times.
   b. I have a hard time making it through stressful events.
   c. It does not take me long to recover from a stressful event.
   d. It is hard for me to snap back when something bad happens.
   e. I usually come through difficult times with little trouble.
   f. I tend to take a long time to get over set-backs in my life.

Questions 16-17 are asked if participant indicated a positive COVID-19 test result.

16. Were you afraid or embarrassed to disclose your COVID-19 diagnosis with your friends or your employer?
   a. Yes
   b. No
   c. Don’t know
   d. Prefer not to answer

17. How much do you agree or disagree with the following statement?
   When I tested positive for COVID-19, people treated me differently.
   a. Strongly agree
   b. Somewhat agree
   c. Somewhat disagree
   d. Strongly disagree
   e. Don’t know
   f. Prefer not to answer
Questions 18-19 are asked if participant was not tested or tested negative for COVID-19.

18. If you were diagnosed with COVID-19, would you be afraid or embarrassed to disclose this information to your friends or your employer?
   a. Yes
   b. No
   c. Don’t know
   d. Prefer not to answer

19. How much do you agree or disagree with the following statement?
   If I tested positive for COVID-19, people would treat me differently.
   a. Strongly agree
   b. Somewhat agree
   c. Somewhat disagree
   d. Strongly disagree
   e. Don’t know
   f. Prefer not to answer

20. During the COVID-19 outbreak, did you experience stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to COVID-19)?
   a. Yes
   b. No
   c. Don’t know
   d. Prefer not to answer

Questions 1-20 correspond to Questions 1-20 of section C in the full document "Impact of COVID-19 on Behaviors across the Cancer Control Continuum in Ohio"