

This section is intended to document changes in financial status (including but not limited to income) that the patient experienced because of COVID19 care seeking and COVID19 diagnosis.

Question
<p>1. Has your primary or normal work/job changed since you have had COVID-19? No → skip to question 3 Yes</p>
<p>2. What is your current work/job now? (Enter short description)</p>
<p>3. Did your income or your household's income change BECAUSE you were diagnosed/treated for COVID19? No → skip to question 5 Yes Unsure</p>
<p>4. Approximately, what is your household's monthly income now having COVID-19 (include income sources such as disability/SSI, social security, other assistance services)? The reported monthly household income before the coronavirus pandemic was \$[HH income reported in the SES survey]. \$_____</p>
<p>4a. If prefer to not answer with exact amount:</p> <ul style="list-style-type: none">a. \$500-1000b. 1000-1499c. 1500-1999d. 2000-2999e. 3000-3999f. 4000-4999g. 5000-6999h. 7000-8999i. 9000-11999j. >12,000
<p>5. Have you or anyone in your family needed to work additional jobs now as a result of your COVID-19 related costs or COVID-19 diagnosis? Yes No</p>
<p>6. Did you or your household receive any social welfare payment for your health or COVID-19 related issues? Yes No</p>

7. If yes, what type and amount since COVID-19 diagnosis? (check all that apply)
- a. Paid sick leave?
 - i. Amount of paid sick leave (after tax) since COVID-19 diagnosis?
 - b. Disability grant
 - i. Amount of disability grant (after tax) since COVID-19 diagnosis?
 - c. Income support for low-income?
 - i. Amount of income support for low income (after tax) since COVID-19 diagnosis?
 - d. Unemployment benefits
 - i. Amount unemployment benefits (after tax) since COVID-19 diagnosis: _____
 - e. Other, specify type. List other types of payment one at a time: _____
 - i. Amount received (after tax) for _____ since COVID-19 diagnosis (specify for each):

 - f. Other, specify type. List other types of payment one at a time: _____
 - i. Amount received (after tax) for _____ since COVID-19 diagnosis (specify for each):

 - g. Other, specify type. List other types of payment one at a time: _____
 - i. Amount received (after tax) for _____ since COVID-19 diagnosis (specify for each):

8. Did you receive any support from the health department or clinic to health you and your household financially, or to provide you with food, transportation, housing for your COVID-19? (check all that apply)

None
Food
Transportation
Housing
Other, specify: _____

9. What would you have had to spend out of pocket for those supports/items if the health department or clinic had not provided it for you? (check all that apply)

Food
Transportation
Housing
Other _____

10. Did you or your household use any savings (cash or bank deposits) to cover costs due your COVID-19 symptoms or diagnosis?

No
Yes
Unsure

11. Did you borrow any money to cover costs due to your COVID-19 symptoms or diagnosis?

No
Yes
Unsure

12. Have you sold any of your property, household items, or assets to finance the cost of your illness?No
Yes
Unsure

13. To what extent do you feel like COVID19 has affected your household financially?
(FREE TEXT)