

**Part I. Quantitative Survey**

<b>SECTION 1. Consent and Participation</b>	
<b>Question</b>	<b>Instructions</b>
<b>*Date</b>	Select option of 'Today' to display the current day
<b>*Site name</b>	San Francisco Richmond Oakland San Diego San Mateo
<b>In which study did this participant previously participate?</b>	1, REACH 2, Pediatrics ACES Screening and Resilience Study 3, STAR MAMA 4, CommonHealth 5, TB Study 6, Pediatric Obesity 7, PuSHCON 8, COPD Wellness 9, LIINC 10, Other, specify: _____
<b>*Verbal consent recording</b>	Record using the REDCap function for recording verbal consent.
<b>Randomization groups for follow-up and interview</b>	1, Follow-up, semi-structure interview 2, Follow-up, no semi-structure interview 3, No follow-up, semi-structure interview 4, No follow-up, no semi-structure interview
<b>Date semi-structured interview complete:</b>	DD-MM-YYYY

**Demographics.** Once verbal consent is obtained, participant demographic data should be recorded.

<b>SECTION 2. Demographics</b>	
<b>To be read to the participant: WE WANT TO GATHER SOME BASIC INFORMATION ABOUT YOU AND YOUR HEALTH</b>	
<b>Question</b>	<b>Instructions/Response</b>
<b>1. What is your date of birth?</b>	Record the patient's date of birth MM-DD-YY ➔ Age in years calculated by REDCap (numeric)
<b>2. How do you identify? (gender)</b>	Record the patient's gender ('Male' or 'Female' or Transgender Male to Female' or 'Transgender Female to Male' or 'Other.')
<b>3. Are you of Hispanic, Latino/a, or Spanish origin?</b> One or more categories may be selected. Mark all that apply.	No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino/a, or Spanish origin Unsure/Don't Know

<b>4. What is your race?</b> One or more categories may be selected. Mark all that apply.	White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Other Pacific Islander Something else _____
<b>5. Where were you born?</b> (country of origin)	Record the patient's nativity status ('Not born in the US' or 'Born in the US')
<b>IF BORN IN U.S., SKIP TO QUESTION 7</b>	
<b>6. In what year did you first arrive/immigrate in the U.S.?</b> (time of arrival)	Record year of arrival, if less than 12 months, record total months of arrival
<b>7. What was the first language you learned to speak?</b> (ESL status)	Record first language spoken
<b>IF FIRST LANGUAGE IS ENGLISH, SKIP TO QUESTION 11</b>	
<b>8. At what age did you learn English?</b> (age learned English)	Enter age (numeric)
<b>9. How comfortable do you feel communicating in English?</b> (comfort with English)	Record level of comfort ("Very comfortable", "Somewhat comfortable", "Somewhat uncomfortable", and "Very uncomfortable")
<b>10. What is your preferred language for receiving health information?</b>	Select the preferred language for receiving health information from the provided dropdown menu.
<b>11. What type of health insurance do you currently have?</b> Medicare, private insurance, or some other health plan for your own health care, or are you uninsured? (current insurance)	<ul style="list-style-type: none"> <li><input type="radio"/> Insurance through a current or former employer or union</li> <li><input type="radio"/> Insurance purchased directly from an insurance company</li> <li><input type="radio"/> Medicare, for people 65 and older, or people with certain disabilities</li> <li><input type="radio"/> Medicaid (Medi-Cal), Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</li> <li><input type="radio"/> TRICARE or other military health care</li> <li><input type="radio"/> VA (enrolled for VA health care)</li> <li><input type="radio"/> Indian Health Services</li> <li><input type="radio"/> OTHER (PLEASE TELL US: _____)</li> <li><input type="radio"/> I AM UNINSURED</li> </ul>
<b>12. Has your health insurance changed since the coronavirus pandemic?</b>	No, skip to next section Yes

<p><b>13. What was your health insurance prior to the coronavirus pandemic?</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Insurance through a current or former employer or union</li> <li><input type="radio"/> Insurance purchased directly from an insurance company</li> <li><input type="radio"/> Medicare, for people 65 and older, or people with certain disabilities</li> <li><input type="radio"/> Medicaid (Medi-Cal), Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</li> <li style="padding-left: 20px;">TRICARE or other military health care</li> <li><input type="radio"/> VA (enrolled for VA health care)</li> <li><input type="radio"/> Indian Health Services</li> <li><input type="radio"/> OTHER (PLEASE TELL US: _____)</li> <li><input type="radio"/> I AM UNINSURED</li> </ul>
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<b>SECTION 3. HEALTH LITERACY (QHELP, QLEARN, &amp; QFORM - validated)</b>	
<b>To be read to the participant:</b> <i>NOW WE'D LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR EXPERIENCE WITH WRITTEN OR PRINTED INFORMATION THAT YOU MIGHT GET AT THE CLINIC, HOSPITAL OR PHARMACY. PLEASE TRY TO ANSWER THE QUESTIONS AS BEST AS YOU CAN.</i>	
<b>Question</b>	<b>Instructions/Response</b>
<b>Date</b>	<b>MM-DD-YY</b>
<p><b>1. How often do you have someone like a family member, friend, hospital or clinic worker or caregiver, help you read clinic or hospital materials?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/><sub>5</sub> ALWAYS</li> <li><input type="checkbox"/><sub>4</sub> OFTEN</li> <li><input type="checkbox"/><sub>3</sub> SOMETIMES</li> <li><input type="checkbox"/><sub>2</sub> RARELY</li> <li><input type="checkbox"/><sub>1</sub> NEVER</li> </ul>
<p><b>2. How often do you have problems learning about your medical condition because of difficulty understanding written information?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/><sub>5</sub> ALWAYS</li> <li><input type="checkbox"/><sub>4</sub> OFTEN</li> <li><input type="checkbox"/><sub>3</sub> SOMETIMES</li> <li><input type="checkbox"/><sub>2</sub> RARELY</li> <li><input type="checkbox"/><sub>1</sub> NEVER</li> </ul>
<p><b>3. How confident are you filling out medical forms by yourself?</b> (for example, medical forms given to you at your doctor's office asking about your health history)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/><sub>5</sub> EXTREMELY</li> <li><input type="checkbox"/><sub>4</sub> QUITE A BIT</li> <li><input type="checkbox"/><sub>3</sub> SOMEWHAT</li> <li><input type="checkbox"/><sub>2</sub> A LITTLE</li> <li><input type="checkbox"/><sub>1</sub> NOT AT ALL</li> </ul>

<b>SECTION 4. PERCEIVED STRESS SCALE</b>	
<b>SECTION 4a: ADULT ONLY (Baseline and f/u)- PERCEIVED STRESS SCALE</b>	
<b>To be read to the participant:</b> <i>THE COVID19 PANDEMIC AND RELATED PUBLIC HEALTH MEASURES ARE STRESSFUL, THE FOLLOWING QUESTIONS ARE ABOUT HOW YOU HAVE EXPERIENCED STRESS IN THE LAST MONTH. WHEN ANSWERING THESE QUESTIONS, IT IS IMPORTANT TO NOT EXAGGERATE OR HIDE WHAT YOU ARE FEELING.</i>	
<b>Question</b>	<b>Instructions/Response</b>
<p><b>1. In the last month, how often have you felt that you were unable to control the important things in your life?</b></p>	<p>Never [0], Almost Never [1], Sometimes [2], Fairly Often [3], Very Often [4]</p>
<p><b>2. In the last month, how often have you felt confident about your ability to handle your personal problems?</b></p>	<p>Never [0], Almost Never [1], Sometimes [2], Fairly Often [3], Very Often [4]</p>

<b>3. In the last month, how often have you felt things were going your way?</b>	Never [0], Almost Never [1], Sometimes [2], Fairly Often [3], Very Often [4]
<b>4. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</b>	Never [0], Almost Never [1], Sometimes [2], Fairly Often [3], Very Often [4]

*Instructions:* The following statements describe how some individuals may think, feel, or act during and after the most stressful events in life. Please indicate how well each of these statements describe you during and after life's most stressful events.

**“During and after life’s most stressful events, I tend to” [RSES-3 – validated in English]**

	<b>1 Not at all like me</b>	<b>2 A little like me</b>	<b>3 Sometimes like me</b>	<b>4 Mostly like me</b>	<b>5 Exactly like me</b>
<b>5....</b> Find a way to do what’s necessary to carry on.	1	2	3	4	5
<b>6....</b> Know I will bounce back.	1	2	3	4	5
<b>7. ...</b> learn important and useful life lessons.	1	2	3	4	5
<b>8.. ...</b> practice ways to handle it better next time	1	2	3	4	5

9. Do you have someone with whom you can share your deepest thoughts and feelings? No=0 Yes=1

#### **SECTION 4b: CHILD ONLY (Baseline): PERCEIVED STRESS SCALE**

**Do you have children under the age of 18years that live with you?**

Yes → How Many? \_\_\_ Age of each Child \_\_\_

NO → SKIP to Section 5

For each CHILD <18MONTHS in household, complete the **BABY PEDIATRIC SYMPTOM CHECKLIST** (validated)

For each CHILD 18MONTHS to <5.5YEARS, complete the **PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST** (validated)

FOR each CHILD 5.5 to 18YEARS, complete the **PEDIATRIC SYMPTOM CHECKLIST FOR CHILDREN AGES 5.5-17 YEARS OLD** (validated)

**SECTION 5: HEALTH RISK BELIEF**

**To be read to the participant:** *THE NEXT SET OF QUESTIONS ASKS WHAT YOU CURRENTLY THINK OR FEEL ABOUT YOUR RISK OR CHANCES OF DEVELOPING HEALTH PROBLEMS, LIKE HEART DISEASE OR CANCER, AND MORE SPECIFICALLY GETTING CORONAVIRUS/COVID19. PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE WITH EACH OF THE FOLLOWING STATEMENTS. THERE ARE NO RIGHT OR WRONG ANSWERS.*

Question	Instructions/Response				
<i>These first statements are about your overall health views.</i>	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
I feel that I have little control over risks to my health					
Compared to other people of my same age, I am less likely than they are to get a serious disease					
Compared to other people of my same age, I have the skills and resources I would need to protect my health					
<i>These next statements are about Coronavirus/COVID19</i>					
If I am going to get <b>COVID19</b> , there is not much I can do about it					
I think that my personal efforts will help control my risks of getting infected with <b>COVID19</b> or experience other health problems					
People who make a good effort to control the risks of getting <b>COVID19</b> are much less likely to get infected					
What do you think your risk or chance is for getting coronavirus/COVID19 over the next 1 year?	<input type="radio"/> ALMOST NO CHANCE <input type="radio"/> SLIGHT CHANCE <input type="radio"/> MODERATE CHANCE <input type="radio"/> HIGH CHANCE				
In general, would you say your health is: ..... (PROMIS Scale v 1.2, Q1)	Excellent, Very Good, Good, Fair, Poor				

**SECTION 6: ACCESS TO COVID19 CARE AND CARE FOR CHRONIC CONDITIONS**

**To be read to the participant:** *THE NEXT QUESTIONS ARE ABOUT HOW COVID19 AND THE RELATED PUBLIC HEALTH MEASURES, SUCH AS SOCIAL DISTANCING AND "SHELTER IN PLACE", HAVE IMPACTED YOUR ABILITY TO GET MEDICAL CARE*

Question	Instructions/Response
1. <b>Please tell me how much you know about how to protect yourself from getting sick?</b> Would you say:	<input type="checkbox"/> I don't know anything about this (1) <input type="checkbox"/> I know a little, but it's not enough (2) <input type="checkbox"/> My knowledge is good (3) <input type="checkbox"/> My knowledge is excellent (4) <input type="checkbox"/> DON'T KNOW (88) <input type="checkbox"/> REFUSED (99)
Have you had a test for coronavirus/COVID-19?	Yes No → skip to 2a.

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Where did you go for the test?	Primary care Urgent care Emergency room Testing center Somewhere else _____
Did you need to have symptoms worrisome for COVID-19 to get this test?	Yes No
Did you need an appointment to get the test?	Yes No
<b>2a. If you needed to, would you be able to access a TEST for coronavirus?</b>	NO → skip to 2b. YES
Where would you go for the test?	Primary care Urgent care Emergency room Testing center Somewhere else _____
Would you need to have symptoms worrisome for COVID-19 before being able to have this test?	YES NO
Would you need an appointment to get a test?	NO YES Don't know/unsure
<b>2b. If you had symptoms concerning for coronavirus, would you be able to access CARE for yourself</b> <b>Please, describe the steps you would take to get CARE?</b> (If you received care for COVID-19, please describe the steps you took to get this care)	NO YES please describe the steps necessary for getting care, if not included ask: <b>Where would go to get care?</b> (primary care, urgent care, emergency room, somewhere else _____)
<b>2c. What are some reasons you would NOT get a test for coronavirus or seek care for coronavirus if you were feeling badly?</b> (Check all that apply)	1, Don't know where to go 2, Concerns about the cost of the test 3, Concerns about the cost of care 4, Don't have health insurance 5, Because of my legal status 6, Stigma/afraid of what others will think 7, Cannot take time off work 8, Have childcare/elder care responsibilities 9, Other _____
We are going to ask some questions about how you access the internet at home and what you may use the internet	

for.	
3. Do you ever go on-line to access the Internet or to send and receive email or to watch movies online?	Yes No
4. Do you have concerns about the cost of your data plan for connecting to the internet?	No, have an unlimited data plan No, also have wifi/cable internet/DSL set up in my home Yes, describe _____
5. Do you have concerns about the cost of your home internet service?	No, I don't have home internet No, I don't have concerns Yes, describe _____
6. Did you sign up for a special program for reduced cost for Internet access or for your data plan?	No Yes Unsure/Don't know
7. When you use the Internet, do you access it through... [Yes vs No for each prompt]	a) A regular dial-up telephone line b) Broadband such as DSL, cable, or FiOS (plug your computer into a wire in the wall) c) A cellular network on your phone d) A wireless network (WiFi) at home e) A wireless network (WiFi) outside your home
8. How often do you access the Internet through... [daily, sometimes, never, N/A for each prompt]	a) a computer at home b) a computer at work c) a computer at school d) a computer in a public place e) a mobile device f) a gaming device / smart TV
9. Please indicate if you have... (Yes, no, unsure/don't know)	a) a tablet computer (iPad, Samsung Galaxy, Motorola Xoom, Kindle Fire) b) a smartphone (iPhone, Android, Blackberry, or Windows phone) – a phone where you can go on the Internet / Facebook, check your email, take nice photos, video chat with friends, go on YouTube c) a basic cell phone (you can only receive text messages and make phone calls; cannot go on Facebook/WhatsApp, video chat, go to YouTube) d) computer or laptop
10. What types of activities do you engage in on the internet?	<input type="checkbox"/> Email <input type="checkbox"/> Work, schooling <input type="checkbox"/> Independent activities of daily living (banking, scheduling, shopping, etc) <input type="checkbox"/> Online searches (e.g., looking up information on Google) <input type="checkbox"/> Entertainment (e.g. watching movies, Youtube) <input type="checkbox"/> Social Media <input type="checkbox"/> Playing games <input type="checkbox"/> Texting/Messaging (e.g. iMessage, Facebook Messenger, googlechat, WhatsApp, etc) <input type="checkbox"/> Video call (e.g. Zoom, FaceTime, Skype, Google Hangouts, etc)

We are going to ask you some questions about your health and about “telehealth visits”, which are scheduled appointment with your provider that are held over the phone or computer, for example through a video call, rather than at the clinic

<p>11. <b>Has a doctor, nurse, or other health professional told you that you had any of the following?</b> (yes, no, unsure)</p>	<p>a) heart attack also called a myocardial infarction  b) angina or coronary heart disease  c) stroke  d) asthma → Yes &gt; Do you still have asthma? Yes/No/Unsure)  e) Cancer → yes → type (enter type or don't know)  f) COPD, chronic obstructive pulmonary disease, emphysema, or chronic bronchitis  g) Depressive disorder (including depression, major depression, dysthymia, or minor depression)  h) Diabetes  i) High blood pressure or hypertension  j) Heart failure  k) Other _____</p>
<p>12. <b>Using any number from 0 to 10, where 0 is the worst possible medical care received, and 10 is the best possible medical care received, what number would you use to rate your current medical care?</b></p>	<p>Rank 0 to 10 (whole numbers only)</p>
<p>13. <b>Is there a place that you USUALLY go to if you are sick and need health care?</b></p>	<p>1 Yes  2 There is NO place  3 There is MORE THAN ONE place  7 Refused  9 Don't Know</p>
<p>14. <b>Have you participated in telehealth visit before the coronavirus pandemic?</b></p>	<p>No  Yes, by phone  Yes, by video</p>
<p>15. <b>Have you participated in telehealth visit since coronavirus pandemic?</b></p>	<p>No  Yes, by phone  Yes, by video</p>
<p><b>**If no to BOTH answers 14 and 15, SKIP to question 24</b></p>	
<p>16. <b>Thinking back to your most recent experience with telehealth</b>, in general, how satisfied are you with the telehealth visit?</p>	<p>Not at all satisfied [0], Not very satisfied [1], Neutral [2], Somewhat satisfied [3], Very satisfied [4]</p>
<p>17. Thinking of the provider you saw for your telehealth visit, was that the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?</p>	<p>a) Yes  b) No</p>



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<p>18. Did you use <b>the telephone or video for the visit</b>? If video, what video application or platform(s) did you use for your video visit?</p>	<p>1, Telephone 2, Video, Application/Platform:</p>
<p>If video, what video application or platform(s) did you use for your video visit? (e.g. Zoom, Google Hangout, Facebook video, etc.)</p>	
<p>18a. <b>Did someone help you join the video visit?</b></p>	<p>No Yes</p>
<p>19. (For Non-English Speakers), <b>Did your provider use an interpreter on your telehealth visit?</b></p>	<p>No No, provider speaks the same language as me Yes</p>
<p>20. <b>Did you have concerns about security and privacy during the visit?</b></p>	<p>No Yes</p>
<p>21. <b>Were you concerned that your provider could not examine you?</b></p>	<p>No Yes</p>
<p>22. <b>Were all of your medical questions/issues met?</b></p>	<p>No Yes</p>
<p>23. <b>Would you say,</b></p> <p>a. I thought the telehealth visit was easy to use.</p> <p>b. I think I would need the support of a technical person to be able to use telehealth visits in the future.</p> <p>c. I found that the various parts of telehealth visit (scheduling, the patient portal, video/phone) were well integrated.</p> <p>d. I thought I could explain my medical problems well enough during a telehealth visit</p> <p>e. I feel that telehealth visits are a convenient form of healthcare delivery for me</p>	<p>Strongly disagree [0], disagree [1], neutral [2], agree [3], strongly agree [4]</p>

<p><b>24. In the future, would you want (or do you have interest in) to replace some of your in-person visits with telehealth (i.e. remote) visits (with your preference of phone or video)?</b></p>	<p><input type="checkbox"/> I prefer phone visits  <input type="checkbox"/> I have no preference between phone or video  <input type="checkbox"/> I prefer video</p>
<p><b>25. In the future, would you want (or do you have interest in) to replace some of your in-person visits with telehealth (i.e. remote) visits (with your preference of phone or video)?</b></p>	<p><input type="checkbox"/> No, I would prefer for all of my visits to be in-person  <input type="checkbox"/> Maybe, I would need to know more about it or I have some hesitations I would want to discuss  <input type="checkbox"/> Yes, if my provider thinks it is appropriate, I would like for at least some of my in-person visits to be replaced with telehealth visits</p>
<p><b>26. What would make your experience with telehealth better? (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Having a ‘how-to’ guide or tutorial on how to download and use an app or video features for telehealth on your device (smart phone, tablet, laptop, desktop, etc)</li> <li><input checked="" type="radio"/> Assistance for devices with video capabilities at home</li> <li><input checked="" type="radio"/> Assistance with high-speed/quality data plans and internet services</li> <li><input checked="" type="radio"/> Access to home-monitoring devices such as blood pressure cuffs, pulse oximeters, glucose monitors, etc.</li> <li><input checked="" type="radio"/> Communicating with a trusted provider you already know</li> <li><input checked="" type="radio"/> Choice of appointment type (in-person, telephone, video)</li> </ul>
<p><b>Of those selected, which would have the biggest impact on improving your experience with telehealth?</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Having a ‘how-to’ guide or tutorial on how to download and use an app or video features for telehealth on your device (smart phone, tablet, laptop, desktop, etc)</li> <li><input checked="" type="radio"/> Assistance for devices with video capabilities at home</li> <li><input checked="" type="radio"/> Assistance with high-speed/quality data plans and internet services</li> <li><input checked="" type="radio"/> Access to home-monitoring devices such as blood pressure cuffs, pulse oximeters, glucose monitors, etc.</li> <li><input checked="" type="radio"/> Communicating with a trusted provider you already know</li> <li><input checked="" type="radio"/> Choice of appointment type (in-person, telephone, video)</li> </ul>
<p><b>27. Is there anything else that would improve your telehealth experience?</b></p>	<p>_____</p>

**SECTION 7: COVID19 IMPACT AND BARRIERS TO SELF-ISOLATION**

**To be read to the participant:** *THE NEXT QUESTIONS ARE ABOUT HOW COVID19 AND THE RELATED PUBLIC HEALTH MEASURES, SUCH AS SOCIAL DISTANCING AND “SHELTER IN PLACE” HAVE IMPACTED YOUR DAY-TO-DAY LIFE*

Question	Instructions/Response
<p><b>1. What are your main sources for information about coronavirus?</b> (check all that apply)</p>	<p>Brochures, pamphlets Community organization Family Friends Co-Workers My doctor/health provider Department of Public Health Government officials: __ city, __ state, __ federal Internet Library Magazines Social Media; which platforms? _____ TV news (including on-line); which ones? _____ Newspapers (including on-line); which ones? _____ Radio (including on-line); which ones? _____ Other _____</p>
<p><b>2. What sources, or who, do you trust the most for information about coronavirus?</b> (check all that apply)</p>	<p>Brochures, pamphlets Community organization Family Friends Co-Workers My doctor/health provider Department of Public Health Government officials: __ city, __ state, __ federal Internet Library Magazines Social Media; which platforms? _____ TV news (including on-line); which ones? Newspapers (including on-line); which ones? Radio (including on-line); which ones? Other _____</p>
<p><b>3. Which of the following, if any, do you feel the ongoing pandemic and the social distancing recommendations have negatively affected for you personally?</b> (check all that apply) <i>- from KP Survey</i></p>	<p>1 Your emotional and mental health 2 Your ability to pay your rent or mortgage 3 Your ability to maintain your job 4 Your ability to access healthy food 5 Your ability to pay for medical care, including prescriptions 6 Your transportation needs 7 Your child or elder care coverage 8 Your ability to pay bills 9 Something else _____ 10 Not negatively affected by the coronavirus</p> <p>98. (DO NOT READ) DON'T KNOW 99. (DO NOT READ) REFUSED</p>

<p><b>4. What would you say is your biggest concern about money right now?</b></p>	<p>Ability to pay for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Food (1)</li> <li><input type="checkbox"/> Rent or mortgage (2)</li> <li><input type="checkbox"/> Medical bills or medicine (3)</li> <li><input type="checkbox"/> Utilities (like heating (4)</li> <li><input type="checkbox"/> Childcare/ elder care (5)</li> <li><input type="checkbox"/> I don't have any financial concerns (6)</li> <li><input type="checkbox"/> DON'T KNOW (88)</li> <li><input type="checkbox"/> REFUSED (99)</li> </ul>
<p><b>5. Thinking about the future, over the next 3 months, because of coronavirus pandemic, how challenging will it be to make ends meet?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A LOT more challenging than usual (1)</li> <li><input type="checkbox"/> A LITTLE more challenging than usual (2)</li> <li><input type="checkbox"/> NO more challenging than usual (3)</li> <li><input type="checkbox"/> DON'T KNOW (88)</li> <li><input type="checkbox"/> REFUSED (99)</li> </ul>
<p><b>6. How much, if at all, has physically distancing yourself from others due to the coronavirus pandemic negatively affected your emotional or mental health?</b> <i>-from KP Survey</i></p>	<p>1        A lot 2        Some 3        Just a little 4        Not at all 5        Have not been physically distancing myself from others</p> <p>98. (DO NOT READ) DON'T KNOW 99. (DO NOT READ) REFUSED</p>
<p><b>7a. In the past two weeks, about how many times have you left your house and been around or interacted with individuals not in your household?</b> (Meaning less than 6 feet for greater than 5 minutes of other people)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> multiple times per day</li> <li><input type="checkbox"/> once a week</li> <li><input type="checkbox"/> 1-3 times per week</li> <li><input type="checkbox"/> Once a week</li> <li><input type="checkbox"/> &lt; than once a week</li> </ul>
<p><b>7b. What were some of the reasons?</b> (mark all that apply)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Exercise</li> <li><input type="checkbox"/> Travel on public transit</li> <li><input type="checkbox"/> Social gathering (includes prayer, group worship, religion, weddings, and funerals)</li> <li><input type="checkbox"/> Employment/Job</li> <li><input type="checkbox"/> Groceries</li> <li><input type="checkbox"/> Medication pick-up/going to pharmacy</li> <li><input type="checkbox"/> Childcare/elder care</li> <li><input type="checkbox"/> Medical Care</li> <li><input type="checkbox"/> Other _____</li> </ul>
<p><b>8. How effective do you think the following actions are for keeping you safe from coronavirus?</b> (4-scale likert + unsure: Very ineffective, somewhat ineffective, somewhat effective, very effective, unsure)</p>	<p>wearing a face mask Praying Washing your hands with soap or using hand sanitizer frequently Seeing a doctor if you feel sick. Seeing a doctor if you feel healthy but worry that you were exposed Avoiding public spaces, gatherings, and crowds. Avoiding contact with people who could be high-risk. Avoiding hospitals and clinics. Avoiding restaurants.</p>

	Avoiding airplanes
<p>9. How safe or unsafe do you think the following actions are for avoiding exposure to coronavirus? (4-scale likert + unsure: Very unsafe, somewhat unsafe, somewhat safe, very safe, unsure)</p>	<p>Grocery shopping          Attending gatherings of more than 100 people          Going to the hospital          Dining in at restaurants          Eating “take-out” meals from restaurants          Visiting with relatives or or friends in their home          Handling packages that have been delivered          Playing on playground equipment          Touching door knobs, countertops, and other surfaces in your home          Interacting closely with other members of your household          Going outside to walk, hike, or exercise</p>
<p>10. Do you personally know anyone who has become sick from the coronavirus?</p>	<p>Yes          No</p>
<p>If yes, who (select all that apply):-  <i>from KP Survey</i></p>	<p>1 Me personally (SKIP TO ? 12)          2 A family member          3 A close friend          4 An acquaintance or coworker          5 Someone else          6 No, do not personally know anyone who has become sick</p> <p>98. (DO NOT READ) DON'T KNOW          99. (DO NOT READ) REFUSED</p>
<p>12a. If you had to, what are reasons that would make it challenging for you to self-quarantine/ isolate right now? (For each answer, select: “Yes that would be a challenge”, “No” that that would not be a challenge , “Maybe” it would be a challenge)</p> <p>Definition of self-quarantine: ability to stay home for 14 days and isolate from other household members (including children), not leave home, even for essential needs such as food and medications (drop-off deliveries ok).</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Coronavirus is not that big of a deal</li> <li><input type="radio"/> I don't want to be alone</li> <li><input type="radio"/> Fear of people finding out I have coronavirus</li> <li><input type="radio"/> Fear of getting really sick</li> <li><input type="radio"/> Access to phone or way to communicate with others</li> <li><input type="radio"/> I don't have stable housing</li> <li><input type="radio"/> I have stable housing, but unable to isolate from other household members</li> <li><input type="radio"/> Childcare or elder care responsibilities</li> <li><input type="radio"/> Access to food</li> <li><input type="radio"/> Access to medications</li> <li><input type="radio"/> Fear of losing job</li> <li><input type="radio"/> Fear of losing income</li> </ul>
<p>12b. Of those selected, which would be the hardest to overcome?</p> <p>Definition of self-quarantine: ability to stay home for 14 days and isolate from other household members, not leave home, even for essential needs such as food and medications (deliveries ok).</p>	<p>Answer: _____</p>

**Part I. Socioeconomic Status.** The following questions are meant to understand the patient's baseline social and economic capabilities. This includes a few representative questions about the patient's assets as a way to measure their socioeconomic status.

**Questions:****EDUCATION**

1. What is the highest grade or level of schooling you completed?

- 1 Never attended/Kindergarten only
- 2 Some primary school (Grades 1<sup>st</sup> through 5<sup>th</sup>)
- 3 Some middle school (Grades 6<sup>th</sup> through 8<sup>th</sup>)
- 4 Some high school (Grades 9<sup>th</sup> through 12<sup>th</sup>)
- 5 12 years or completed high school
- 6 GED or equivalent
- 7 Post high school training other than college (vocational or technical)
- 8 Some college, no degree
- 9 Associate degree
- 10 Bachelor's graduate
- 11 Postgraduate
- 88 Refused
- 99 [Don't read] Other

1a. Specify other (total years of schooling):

**EMPLOYMENT**

2. Which of the following best describes your current working status?

- WORKING FULL-TIME ( $\geq 35$  HR) IF YES: \_\_\_\_\_HRS/ WEEK
- PART-TIME (<35 HR) IF YES: \_\_\_\_\_HRS/ WEEK
- HOMEMAKER
- UNEMPLOYED
- DISABLED
- STUDENT
- Retired
- [Don't read] OTHER \_\_\_\_\_

3. What type of work were you doing BEFORE the coronavirus pandemic? That is, what is/was your occupation/job?

Enter answer inc 1-2 sentences describing type of work (if not working before coronavirus, skip to ? 5)

4. In what ways has your job been affected?

- a. My job has not been affected
- b. I have been permanently laid off or fired from the job
- c. I have been temporarily laid off or fired from the job
- d. I have had my work hours decreased
- e. I have had my work hours increased
- f. I have been asked to work in a different place than usual, such as from home
- g. I decreased my hours because I have school-aged children and needed to provide care
- h. I decreased my hours because I needed to provide care or assistance for another adult in the household
- i. I had to quit my job because I have school-aged children and needed to provide care
- j. I had to quit my hours because I needed to provide care or assistance for another adult in the household
- k. No change

	i. Other ways? _____
5. Has your job changed since the start of the coronavirus pandemic?	No Yes --> what type of work are you doing now? (Enter 1-2 sentences describing work)
<b>INCOME</b>	
6. Approximately, what was your household's <b>monthly</b> income <b>BEFORE</b> the coronavirus pandemic (include income sources such as disability/SSI, social security, other assistance services)?	_____ Insert 99 if not sure of exact amount
If prefer to not answer with exact amount:	a. \$500-1000 b. 1000-1499 c. 1500-1999 d. 2000-2999 e. 3000-3999 f. 4000-4999 g. 5000-6999 h. 7000-8999 i. 9000-11999 j. >12,000
<b>RESIDENCE AND HOUSING TYPE</b>	
6. In what city do you currently reside? (city of residence)	Type the city the patient resides.
7. What is the address of your current residence, including zip code? (address) **Note – not the same as mailing address, no PO boxes	Type the address of the participant (street number, street name, street type, zip code)
7a. If participant does not want to disclose address: <b>What is the street crossing, that is the nearest intersection, for your residence, including zip code?</b>	Type the street name and street type for the two streets
8a. What was your housing type BEFORE the coronavirus pandemic?	Housed - Single family home, town house Housed - Condo, Apartment Housed -Apartment, section 8 (public housing) Housed- Shared/room mates Marginally housed - Single-room Occupancy Marginally housed - Hotel Homeless- Shelter Homeless- Unsheltered
8b. How many rooms are there in the house excluding the bathroom? How many of these are bedrooms?	_____ _____
8c. How many individuals (adults + children) live in household more than 3 nights a week?	_____
8d. Out of the xx people living in your household, how many of these individuals are children under the age of 18 years?	_____

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<b>9a.</b> Has your housing changed since the coronavirus pandemic?	No – skip to question 10 Yes
<b>9b.</b> How did your housing change?	Lost housing, evicted, moved out because of quarantine Eviction for other reason Lack of funds to pay rent/mortgage Other _____
<b>9c.</b> What is your current housing?	Housed – Single family home, town house Housed -Condo, Apartment Housed -Apartment, section 8 (public housing) Housed- Shared/room mates Marginally housed – Single-room Occupancy Marginally housed – Hotel Homeless- Shelter Homeless- Unsheltered
<b>8b.</b> How many rooms are there in the house excluding the bathroom? How many of these are bedrooms?	_____ _____
<b>FOOD SECURITY</b>	
<b>10.</b> How often is this statement true? The food that your household purchased is not enough and you did not have money to get more	Never [0], Almost Never [1], Sometimes [2], Fairly Often [3], Very Often [4]

<b>Part II. AHCM SCREENING TOOL.</b> The following questions are meant to understand the participant’s current needs	
<b>Question</b>	<b>Instructions/Response</b>
What is your living situation today?	1. I have a steady place to live 2. I have a place to live today, but I am worried about losing it in the future 3. I do not have a steady place to live: select one of the following:
If you do not have a steady place to live, select one of the following:	a. I am temporarily staying with others b. in a hotel or SRO c. in a shelter d. living outside on the street e. on a beach, in a car, abandoned building, bus or train station, or in a park
2. Think about the place you live. Do you have problems with any of the following? (CHOOSE ALL THAT APPLY)	1 Pests such as bugs, ants, or mice 2 Mold 3 Lead paint or pipes 4 Lack of heat 5 Oven or stove not working 6 Smoke detectors missing or not working 7 Water leaks 8 None of the above
<b>To be read to participant. SOME PEOPLE HAVE MADE THE FOLLOWING STATEMENTS ABOUT THEIR FOOD</b>	



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*SITUATION. PLEASE ANSWER WHETHER THE STATEMENTS WERE OFTEN, SOMETIMES, OR NEVER TRUE FOR YOU AND YOUR HOUSEHOLD IN THE LAST 1 MONTH.*

3. Within the past 1 month, you worried that your food would run out before you got money to buy more.	<input type="radio"/> Often true <input type="radio"/> Sometimes true <input type="radio"/> Never true
4. Within the past 1 month, the food you bought just didn't last and you didn't have money to get more.	<input type="radio"/> Often true <input type="radio"/> Sometimes true <input type="radio"/> Never true
4a. Have you been to a food pantry, or food bank or another place where free food is distributed, in the <b>last 1 month</b> ?	<input checked="" type="radio"/> YES <input type="radio"/> NO
5. In the past 1 month, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	<input type="radio"/> Yes <input type="radio"/> No
6. In the past 1 month has the electric, gas, oil, or water company threatened to shut off services in your home?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Already shut off
7. How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is...	<input type="radio"/> Very hard <input type="radio"/> Somewhat hard <input type="radio"/> Not hard at all
8. Do you want help finding or keeping work or a job	<input type="radio"/> Yes, help finding work <input type="radio"/> Yes, help keeping work <input type="radio"/> I do not need or want help
<p>Because violence and abuse happens to a lot of people and affects their health we are asking the following questions. ALL ANSWERS WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH OTHERS.</p>	
9. How often does anyone, including family and friends, physically hurt you?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Fairly often (4) <input type="radio"/> Frequently (5)
10. How often does anyone, including family and friends, insult or talk down to you?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Fairly often (4) <input type="radio"/> Frequently (5)
11. How often does anyone, including family and friends, threaten you with harm?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Fairly often (4) <input type="radio"/> Frequently (5)
12. How often does anyone, including family and friends, scream or curse at you?	<input type="radio"/> Never (1) <input type="radio"/> Rarely (2) <input type="radio"/> Sometimes (3) <input type="radio"/> Fairly often (4) <input type="radio"/> Frequently (5)