

Part I. Costs associated with social distancing, quarantine, and “shelter-in-place” orders. This survey is to be administered to all participants who have not had symptoms consistent with COVID19. This includes participants who may have been quarantined due to being in contact with a person with confirmed COVID19, but they themselves do not or have not had the disease. Questions and answers of this section should reflect ALL costs related to social distancing, quarantine, and “shelter-in-place” orders, including lost-income, housing instability, and food insecurity. All of the following questions are referring to the time period of the shelter-in-place order during which all individuals are asked to stay at home except for those who are considered essential workers or to do essential activities like grocery shopping or accessing health services from March 19 to May 31, 2020

| Data Field |
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| <p>Were you subject to a social distancing policy – shelter-in-place, “lockdown” or self-quarantine?</p> <p>Yes No</p> |
| <p>1. When did social distancing or shelter-in-place orders start in your area? MM-DD-YY → Months: ____ → Days: ____ (REDCap automatically calculates weeks and days since symptom onset based on survey date and reported date of symptom onset)</p> |
| <p>2. Since these public health measures started, have you spent any out-of-pocket money on transportation, housing, food, or other items that you would not spend prior to the COVID19 pandemic?</p> <p>No Yes Don't Know</p> |
| <p>3. If yes or don't know, what did you spend out of pocket money on? (Check all that apply)</p> <p>Transportation Housing Food Childcare or Dependent Care Other</p> |
| <p>3a. How much additional out of pocket money did you spend on TRANSPORTATION?</p> <p>\$ _____</p> |
| <p>3b. How much additional out of pocket money did you spend on HOUSING?</p> <p>\$ _____</p> |
| <p>3c. How much additional out of pocket money did you spend on FOOD?</p> <p>\$ _____</p> |
| <p>3d. How much additional out of pocket money did you spend on CHILDCARE OR DEPENDENT CARE</p> <p>\$ _____</p> |
| <p>3e. How much additional out of pocket money did you spend on OTHER (write out other items and costs associated with each of those things, allow for multiple entries)</p> <p>Specify item 1: _____ Amount item 1: \$ _____ Specify item 2: _____ Amount item 2: \$ _____</p> |

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| Specify item 3: _____ Amount item 3: \$ _____ Specify item 4: _____ Amount item 4: \$ _____ Specify item 5: _____ Amount item 5: \$ _____ Specify item 6: _____ Amount item 6: \$ _____ |
| 9. Are there any items that you are spending less money? Yes No |
| 9a. Specify what items less money spent on. Specify one item at a time. Specify item 1: _____ How much less are you spending on item 1?: \$ _____ Specify item 2: _____ How much less are you spending on item 2?: \$ _____ Specify item 3: _____ How much less are you spending on item 3?: \$ _____ Specify item 4: _____ How much less are you spending on item 4?: \$ _____ Specify item 5: _____ How much less are you spending on item 5?: \$ _____ Specify item 6: _____ How much less are you spending on item 6?: \$ _____ |

Part III. Income Changes because of social distancing, quarantine, or Shelter-in-Place orders. This section is intended to understand the participant's income and their household income since these public health measures started.

| Question |
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| 4. Were you the person who earned the highest income in your household before social distancing/shelter-in-place started? No Yes Don't Know/Unsure |
| 6a. Has your MONTHLY household income CHANGED since the start of the coronavirus pandemic? No Yes Don't Know/Unsure Prefer not to answer |
| 6b. If Yes, Don't Know/Unsure: What is your household's "take home" pay each month now? (your household income after taxes). The reported monthly household income before the coronavirus pandemic was \$[Reported Monthly HH income prior to coronavirus pandemic] \$_____ |
| 6c. 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

Part IV. Accommodations for Employment. This section is intended to document costs incurred to accommodate employment changes.

| Question |
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| 1. For your job, are you able to work-from-home? No Yes |
| 2. If yes, did you have to purchase or change your internet access set up at home in order to work-from-home? No Yes |
| 2a. If so, what was the TOTAL COSTS you incurred making these changes? \$ _____ |
| 9. Approximately how many working days of income have you lost due to social distancing/shelter-in-place orders? ____ days |
| 10. Have you needed to work additional jobs now as a result of social distancing/shelter-in-place orders? No Yes |
| 11. Has anyone in your family needed to take on additional work (either hours or jobs) as a result of social distancing/shelter-in-place orders No Yes |
| 12. Did you or your household receive any social welfare payment because of social distancing/shelter-in-place orders? If yes, what type and amount (after tax) during the last month? No Yes |
| 13. If yes, Did you or your household receive any of the following social welfare payment because of social distancing/shelter-in-place orders? a. Paid sick leave: i. Amount (after tax) since shelter in place or social distancing orders? b. Disability grant: i. Amount (after tax) since shelter in place or social distancing orders? c. Income support for low-income: |

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| <ul style="list-style-type: none"> i. Amount (after tax) since shelter in place or social distancing orders d. Unemployment benefits: <ul style="list-style-type: none"> i. Amount (after tax) since shelter in place or social distancing orders e. Other, specify type: <ul style="list-style-type: none"> i. Amount (after tax) since shelter in place or social distancing orders f. Other, specify type: <ul style="list-style-type: none"> i. Amount (after tax) since shelter in place or social distancing orders g. Other, specify type: <ul style="list-style-type: none"> i. Amount (after tax) since shelter in place or social distancing orders |
| <p>13. Did you receive any NEW support from the health department, clinic, or community organization to help you and your household financially, or to provide you with food, transportation, housing since social distancing/shelter-in-place orders started?</p> <p>No Yes</p> |
| <p>If so, what was received (check all that apply)?</p> <p>Food Transportation Housing Other, specify _____</p> |
| <p>14. What would you have had to spend out of pocket for those supports/items if the health department, clinic, or community organization had not provided it for you? (check all that apply)</p> <p>Food Transportation Housing Other _____</p> |
| <p>5. Did you or members of your household need to apply for any housing subsidies, allowances, or register for eviction protection as a result of social distancing/shelter-in-place orders?</p> <p>No Yes</p> |
| <p>15. Did you or your household use any savings (cash or bank deposits) to cover costs incurred since of social distancing/shelter-in-place orders started?</p> <p>No Yes Don't Know/unsure</p> |
| <p>16. Did you borrow any money to cover costs due to social distancing/shelter-in-place orders?</p> <p>No Yes Don't Know/unsure</p> |
| <p>17. Have you sold any of your assets to buy necessities or maintain housing or basic household activities (e.g. food, toiletries, medicines, rent, etc)?</p> <p>No Yes Don't Know/unsure</p> |

Part V. Changes in Food Security. This section is designed to understand if patients or their household has had changes in food security or nutrition during shelter-in-place orders. We also wish to understand if caregiving responsibilities and support have changed over this time.

| Questions |
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| <p>1. Are you able to access (either buy or somehow obtain) enough food at home to meet your needs?</p> <p>No Yes</p> |
| <p>2. Do you have school-aged children? (If NO, skip to Question 6)</p> <p>No Yes</p> |
| <p>3. How many school-aged children? ___#</p> |
| <p>4. How many of your children are on meal assistance? (If NONE, skip to Question 6) ___#</p> |
| <p>5. Are you able to access the meal assistance programs at your child's/children's school during social distancing/shelter-in-place orders?</p> <p>No Yes</p> |
| <p>6. Do you or any other members in your household receive meal assistance programs? (If NO, skip to Question 8)</p> <p>No Yes</p> |
| <p>7. Are you or the other members in your household able to access these meal assistance programs during social distancing/shelter-in-place orders?</p> <p>No Yes</p> |
| <p>8. Have you needed to increase the amount of food you purchase as a result of social distancing/shelter-in-place orders?</p> <p>No Yes s</p> |
| <p>9. If so, how much additional total monthly cost have you needed to spend on food?</p> <p>\$ _____</p> <p>Note to enumerator: the participant previously indicated that he/she spent an additional \$[sipoopfood] on food since the start of the shelter in place measures.</p> |
| <p>10. To what extent do you feel like COVID19 and related public health measures has affected your household financially? (free text)</p> |

Thank you for your time.