This section is intended to document costs incurred to accommodate employment changes.

Question
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?
\$
3. Approximately how many working days of income have you lost due to social distancing/shelter-in-place
orders?
days
days
4. Have you needed to work additional jobs now as a result of social distancing/shelter-in-place orders?
No
Yes
5. 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
6. 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
7. 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:
i. Amount (after tax) since shelter in place or social distancing orders
d. Unemployment benefits:
i. Amount (after tax) since shelter in place or social distancing orders
e. Other, specify type:
 e. Other, specify type: i. Amount (after tax) since shelter in place or social distancing orders
i. Amount (after tax) since shelter in place or social distancing orders
i. Amount (after tax) since shelter in place or social distancing ordersf. Other, specify type:
 i. Amount (after tax) since shelter in place or social distancing orders f. Other, specify type: i. Amount (after tax) since shelter in place or social distancing orders
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 i. Amount (after tax) since shelter in place or social distancing orders f. Other, specify type: i. Amount (after tax) since shelter in place or social distancing orders

8. 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?
No
Yes
If so, what was received (check all that apply)?
Food
Transportation
Housing
Other, specify
9. 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)
Food
Transportation
Housing
Other
10. 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?
No
Yes
11. 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?
No
Yes
Don't Know/unsure
12. Did you borrow any money to cover costs due to social distancing/shelter-in-place
orders?No
Yes
Don't Know/unsure
13. Have you sold any of your assets to buy necessities or maintain housing or basic household activities
(e.g. food, toiletries, medicines, rent, etc)?
No
Yes
Don't Know/unsure

Contains items 1, 9-13, 13, 14, 5, and 15-17 from part IV "Accommodations for Employment" and was renumbered from full document "Costs and Socioeconomic Consequences of Self-isolation and Quarantine for COVID-19 on Vulnerable Populations"