

The Coronavirus Disability Survey (COV-DIS)

The Coronavirus Disability Survey (COV-DIS) was developed by the **University of Michigan Center for Disability Health and Wellness** in order to learn about the experiences of persons with disabilities (PWD) during the novel coronavirus (COVID-19) pandemic. The psychometric properties of the COV-DIS have not yet been established, but will be disseminated publically in the future.

The objective of the COV-DIS is to provide critical data on the experiences of PWDs during the COVID-19 pandemic. The risk of many adverse health and disability outcomes is elevated in PWDs. The COV-DIS specifically measures: general and psychological well-being; social isolation; performance of instrumental activities of daily living; food and housing security; employment and financial challenges; and access to medical care, transportation, and information. The COVID-19 pandemic and legally mandated social distancing measures have the potential to exacerbate challenges in each of these domains for the population at large, but particularly for PWDs. Data that are acquired using the COV-DIS may be helpful for attending to the needs and challenges faced by PWDs during the current pandemic, as well as for planning for responses to future waves of COVID-19 and other high-impact societal stressors.

All materials associated with the COV-DIS are made freely and publically available at no cost. While not required, we encourage COV-DIS users to register using the following web address or QR code:

https://umich.qualtrics.com/jfe/form/SV_38Wbm81ILp4VzOB



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1. In general, would you say your health is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
99. Refused/missing

2. **Compared with before** the coronavirus pandemic, how would you rate your health in general **now**?

1. Much **better** now than before the pandemic
2. Somewhat **better** now than before the pandemic
3. About the same
4. Somewhat **worse** now than before the pandemic
5. Much **worse** now than before the pandemic
99. Refused/missing

Over the **last 2 weeks**, how often have you been bothered by the following problems?

3. Little interest or pleasure in doing things

0. Not at All
1. Several Days
2. More than half the days
3. Nearly Every Day
99. Refused/missing

4. Feeling down, depressed or hopeless

0. Not at All
1. Several Days
2. More than half the days
3. Nearly Every Day
99. Refused/missing

5. **Compared with before** the coronavirus pandemic, how isolated do you feel from others **now**?

1. Much **less** isolated now than before the pandemic
2. Somewhat **less** isolated now than before the pandemic
3. About the same
4. Somewhat **more** isolated now than before the pandemic
5. Much **more** isolated now than before the pandemic
99. Refused/missing

6. Do you think you have been infected with the coronavirus (COVID-19)?

1. Yes (if Q6=1, go to Q8)
2. No
3. Don't know
99. Refused/missing

7. Do you think you have been exposed to the coronavirus?

1. Yes
2. No
3. Don't know
99. Refused/missing

8. How much has your life been disrupted by the coronavirus outbreak?

1. A lot
2. A fair amount
3. Just a little
4. Not at all
5. Don't know
99. Refused/missing

9. Before the coronavirus outbreak, how did you usually take care of day-to-day activities (e.g. grocery shopping, going to the bank, and picking up medicines)?

1. By myself with no help
2. With some help from another person
3. Someone else did it for me
4. Don't Know
99. Refused/Missing

10. Since becoming aware of the coronavirus outbreak, how much difficulty have you had obtaining the food you need?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Unable or very difficult
99. Refused/missing

11. Since becoming aware of the coronavirus outbreak, how much difficulty have you had obtaining the medicine that you need?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Unable or very difficult
5. Don't know
99. Refused/missing

12. Since becoming aware of the coronavirus outbreak, how much difficulty have you had getting routine medical care that you need?

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Unable or very difficult
5. Don't know
99. Refused/missing

13. Since becoming aware of the coronavirus outbreak, have you had more trouble taking care of day-to-day activities (e.g. grocery shopping, going to the bank, picking up medicines) for any of the following reasons? Please check all that apply.

1. I have not had more trouble taking care of my day-to-day activities
2. I am worried about being exposed to coronavirus
3. I have been sick
4. Person who usually assists me is worried about being exposed to coronavirus
5. Person who usually assists me is sick
6. I am struggling financially
7. Decreased public transportation availability
8. Decreased ride sharing / ride hailing (e.g. Uber and Lyft) availability
9. ADA/para-transit or medical/social-service transportation not available
10. Other _____ (fill in)
11. Don't know
99. Refused/missing

14. What changes have you made in your daily routine since you became aware of the coronavirus outbreak? Please check all that apply.

1. Not leaving my house as much as I used do
2. Not interacting with friends and family as much as I used do
3. Not getting as much exercise as I used do
4. Started using grocery delivery
5. Started having more food delivered from restaurants
6. Started having medicines delivered
7. Started connecting with family and friends more by computer, tablet, or phone
8. Started relying more on family and friends to do things for me
9. Other _____ (fill in)
- 10 I have not made any changes
11. Don't know
99. Refused/missing

15. Before the coronavirus pandemic, what was your job status? Please check all that apply.

1. Working full-time
2. Working part-time
3. Receiving disability benefits
4. Retired
5. Unemployed
6. Don't know
99. Refused/missing

16. Do you currently have a job?

1. Yes
2. No (If Q16=2, go to Q21)
3. Don't know
99. Refused/missing

17. Have you lost your job since you became aware of the coronavirus outbreak?

1. Yes
2. No
3. Don't know
99. Refused/Missing

18. Have you taken a pay cut since you became aware of the coronavirus outbreak?

1. Yes
2. No
3. Don't know
99. Refused/Missing

19. Has your work location changed (e.g. now work from home, assigned to a new work location, etc.) since you became aware of the coronavirus outbreak?

1. Yes
2. No
3. Don't know
99. Refused/Missing

20. The coronavirus may cause economic challenges for some people regardless of whether they are actually infected. On a scale from 0 to 100 percent, what is the chance that you will lose your job because of the coronavirus within the next three months? If you're not sure, please give your best guess.

% (fill in)

21. The coronavirus may cause economic challenges for some people regardless of whether they are actually infected. On a scale from 0-100 percent, what is the chance you will run out of money because of the coronavirus in the next three months? If you're not sure, please give your best guess.

% (fill in)

22. Have you experienced the following since becoming aware of the coronavirus pandemic? Please check all that apply.

1. Not enough money to pay rent
2. Not enough money to pay for gas
3. Not enough money to pay for food
4. Did not have a regular place to sleep or stay
5. I have not experienced any of these
99. Refused/missing

23. Before the coronavirus outbreak, what type of transportation did you typically use (e.g. to get to work, the grocery store, medical appointments, etc)? Please check all that apply.

1. Personal automobile (drove myself)
2. Personal automobile (driven by a family member or friend)
3. Public transportation
4. Ride sharing / ride hailing (e.g. Uber and Lyft)
5. Walk
6. Bicycle
7. ADA/para-transit
8. Medical/social-service transportation
9. Other _____ (fill in)
10. Not applicable (I rarely left the house)
11. Don't know
99. Refused/missing

24. Have you had trouble getting information you trust about the coronavirus?

1. Yes
2. No (If Q24=2, go to Q26)
3. Don't know
99. Refused/missing

25. What challenges getting information about coronavirus have you had? Please check all that apply.

1. The information is difficult for me to see or hear
2. The information is not available in my language
3. The information is hard to understand
4. The information is too scary
5. I do not trust the information I am getting
6. Other _____ (fill in)
7. Don't know
99. Refused/missing

26. Are you the parent or guardian of a child under the age of 18 living in your household?

1. Yes
2. No
99. Refused/missing

27. Do you have any of the following disabilities or impairments? Please check all that apply.

1. I do not have a disability or impairment
2. Cognitive or learning disability
3. Hearing disability
4. Head injury (e.g. traumatic brain injury)
5. Mobility and/or physical impairment
6. Psychological disability
7. Spinal cord disability
8. Visual disability
9. Other _____ (fill in)
10. Don't know
99. Refused/missing

28. Which of the following best describes the community where you live now?

1. Big city
2. Suburb near a big city
3. Small city or town
4. Rural area
5. Don't know
99. Refused/missing

29. How old are you?

1. 18-35 years-old
2. 36-50 years-old
3. 51-65 years-old
4. 66-80 years-old
5. 81 or older
6. Prefer not to say
99. Refused/missing

30. What is your gender?

1. Female
2. Male
3. Transgender Female
4. Transgender Male
5. Gender non-conforming
6. Prefer not to say
99. Refused/missing

31. What race(s) do you consider yourself to be? Please check all that apply.

1. American Indian, Alaskan Native, or Native Hawaiian
2. Asian
3. Black/African American
4. Pacific Islander
5. White/Caucasian
6. Other _____ (fill in)
7. Don't know
99. Refused/missing

32. Do you consider yourself Hispanic or Latino?

1. Yes
2. No
3. Don't know
99. Refused/missing

31. What is the highest degree or level of school you completed?
1. No schooling completed
 2. 1st-8th grade
 3. 9th-12th grade (no diploma)
 4. High school graduate (high school diploma or equivalent)
 5. Some college but no degree
 6. Associate's degree
 7. Bachelor's degree
 8. Master's, professional, or doctoral degree
 9. Don't know
 99. Refused/missing

33. What is your annual household income?
1. Less than \$30,000
 2. Between \$30,000 and \$59,000
 3. Between \$60,000 and \$99,000
 4. \$100,000 or more
 5. Don't Know
 6. Prefer not to say
 99. Refused/missing

END SURVEY

Several items on the COV-DIS were adopted from existing surveys, including:

RAND 36-item Short Form Survey (SF-36): items 1-2

Patient Health Questionnaire-2 (PHQ-2): items 3-4

Osteoporotic Fractures in Men Study (MrOS) and Study of Muscle, Mobility, and Aging (SOMMA): items 5, 10, 12

Understanding America Study (UAS) COVID-19 Survey: items 20-21

CDC COVID-19 Community Survey: item 22