

SECTION A: COVID-19 (Coronavirus) Infection (REQUIRED)

1. Has a healthcare provider* ever told you that you have, or likely had, COVID-19 (Coronavirus)?

1 Yes 0 No

* *Note: healthcare provider means a doctor, nurse practitioner, physician assistant, or anyone you go to for medical care.*

2. Which of the following symptoms have you had at any point in time since January 2020? (*Mark all that apply*)

- | | | |
|--|---|---|
| 1 <input type="checkbox"/> Fever or chills | 2 <input type="checkbox"/> Cough | 3 <input type="checkbox"/> Shortness of breath |
| 4 <input type="checkbox"/> Sore throat | 5 <input type="checkbox"/> Headache | 6 <input type="checkbox"/> Muscle or body aches |
| 7 <input type="checkbox"/> Runny nose | 8 <input type="checkbox"/> Fatigue or excessive sleepiness | |
| 9 <input type="checkbox"/> Diarrhea, nausea, or vomiting | 10 <input type="checkbox"/> Loss of sense of smell or taste | |
| 11 <input type="checkbox"/> Red eyes | 12 <input type="checkbox"/> Other [list:] _____ | |
| 0 <input type="checkbox"/> No symptoms... <i>Go to Question 3.</i> | | |

If any symptom(s) is/are checked

2a. In which month did your symptom(s) first appear?

1, January 2020 2, February 2020 3, March 2020 4, April 2020 5, May 2020 6, June 2020
7, July 2020 8, August 2020 9, September 2020 10, October 2020 11, November 2020 12,
December 2020

2b. In which month were they most severe?

1, January 2020 2, February 2020 3, March 2020 4, April 2020 5, May 2020 6, June 2020
7, July 2020 8, August 2020 9, September 2020 10, October 2020 11, November 2020 12,
December 2020

2c. Which of the following occurred as a result of your symptoms: (*Mark all that apply*)

- 1 I was kept overnight in a hospital because a healthcare provider thought I had COVID-19.
- 2 I saw a healthcare provider in person, such as in a clinic, doctor's office, urgent care, or Emergency Room (ER)/Emergency Department (ED).
- 3 I spoke to a healthcare provider over the phone, by email, or online.
- 4 I self-isolated or quarantined at home.
- 0 None of the above

2d. Were you specifically told to self-isolate or quarantine by a healthcare provider?

1 yes 0 no

2e. Did a healthcare provider ever tell someone else in your household to self-isolate or quarantine?

1 yes 0 no

2f. Did you take time off work because of your symptoms?

- 0 Not applicable, I was not working at the time
 1 Yes
 2 No

If yes,

How many days did you take off work? _____

2g. Do you think your symptoms were a result of exposure to COVID-19 at work?

- 1 Yes
 0 No

3. Have you had the nose swab test to see if you were carrying the coronavirus (COVID-19)? (*Please select one*)

- 1 No, I never tried to get tested
 2 No, I tried to get tested but was not able to
 3 Yes, I was tested

If yes, What was the result of your test?

If tested more than once, check all that apply

- 3a. I am waiting for the results
 3b. The test showed that I did not have it (“negative” test)
 3c. The test showed that I did have it (“positive” test)

If yes,

Did your employer require you to get this testing?

- 1 Yes
 0 No

Did your employer provide you with this testing?

- 1 Yes
 0 No

4. Have you had a blood test to see whether you already had the coronavirus (COVID-19) (“serology” or “antibody test”)? (*Please select one*)

- 1 No, I never tried to get tested
 2 No, I tried to get tested but was not able to
 3 Yes, I have been tested (*mark all that apply*)

If yes, What was the result of your test?

If tested more than once, check all that apply

- 3a. I am waiting for the results
 3b. According to the test I did not have it (“negative” test)
 3c. According to the test I did have it (“positive” test)

If yes,

Did your employer require you to get this testing?

- 1 Yes
 0 No

Did your employer provide you with this testing?

- 1 Yes
 0 No

5. How many people are living in your household? (*count yourself as 1*) ___
- How many children in your household are 4 years or younger? ___
 - How many children in your household are 5-11 years old? ___
 - How many people in your household are 12-17 years old? ___
 - How many people in your household are 18-59 years old? ___
 - How many people in your household are 60 years or older? ___

*if a, b, c or d > 1, Have any of your family members (or others in your home), sheltered at home?
Shelter at home means staying at home, and only going out for recreation alone or with other household members or essential activities like shopping, going to the pharmacy, etc alone or with other household members.

1 Yes 0 No

if yes, in which months of 2020?

1, January 2, February 3, March 4, April 5, May 6, June 7, July
8, August 9, September 10, October 11, November 12, December

if yes, are they still sheltering right now?

1 Yes 0 No

6. Has anyone else living in your home had, or probably had, COVID-19?

1 Yes 0 No 2 I don't know

7. Do you know anyone who has died of COVID-19?

1 Yes

a. *[If yes]* If more than 1, how many? ___

b. *[If yes]* How many relatives or friends? ___

0 No

SECTION B: The Workplace (REQUIRED)

8. Were you employed (or self-employed) at any time **between March 15th, 2019 and March 14th, 2020?**

1 Yes 0 No (if "No" skip to #26, "new jobs"]

9. **Before COVID-19**, did you use protective equipment in your job? *Check all that apply:*

1 Surgical masks

2 N-95 masks or similar (N99, R95, etc.)

3 Cloth masks

4 Reusable respirators (elastomeric respirators
or powered air purifying respirators)

5 Disposable face shields

6 Reusable face shields

7 Gloves

8 Footwear/boot covers

9 Protective head covers

10 Disposable fluid resistant aprons

11 Jumpsuit/protective coverall

12 Plastic gowns

0 None of the above

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

Questions 10-16 will ask about your employment between February 1st and March 15th 2020, up until your local officials or state official issued “stay at home,” “shelter in place,” or other rules restricting non-essential activities in the face of the COVID-19 pandemic.

10. How many jobs did you have **during the period February 1st – March 15th 2020?**

- 1 1
2 2
3 >2

[Numbers 11-18, Repeat for Job #1, Job #2]

11. For your job, were you represented by a union?

1 Yes

- a. *[If yes]* Name of the union: _____
b. *[If yes]* Local # or chapter: _____.

0 No

2 I don't not know

12. Did you enroll in a health insurance plan through this job?

1 Yes, I did

2 No, I didn't because it was too expensive

3 No, I didn't because it was not offered

4 No, I didn't because I was not eligible

5 No, I didn't because I was covered under another job

6 No, I was covered by health insurance of another family member

13. What type of work did you do? (*Mark up to 2 that best describe the type of work you do*)

0 Self-employed

1 Agriculture

2 Manufacturing, whole sale, distribution

3 Communication, electric, gas and sanitary/waste services

4 Transportation of people

5 Transportation of goods

6 Finance, insurance or real estate

7 Supermarket or grocery store

8 Pharmacy

9 Building materials, mobile homes, hardware, garden, home furnishings, furniture, equipment

10 Retail: Department store or big box store (e.g., Costco, Walmart, Target)

11 Other retail

- 12 Restaurants, eating and drinking places (e.g., coffee shops, bars, breweries)
- 13 Construction
- 14 Scientific, technical
- 15 Education
- 16 Health or healthcare
- 17 Hotels, Hospitality
- 18 Private homes
- 19 Legal
- 20 Police & Fire
- 21 Services (not otherwise listed)
- 22 Entertainment, Recreation
- 23 Business & consultation
- 24 Government, Public Administration (other than finance)
- 25 Other Describe: _____
- 26 I prefer not to answer

14. What was your job? _____

REMINDER: Think about the period of February 1st – March 15th, 2020, when answering questions 15 and 16.

15. On a typical day during the time you were at work, how many people would you encounter within 6 feet?

- 1 1-4 2 5-10 3 11-20 4 21 or more 0 None

16. Did your employment fall into the category of essential services?

- 1 Yes
- 0 No
- 2 I'm not sure. Explain: _____

Answer the following questions thinking about the time *between the outbreak of COVID-19 and now*.

17. Did you lose your health insurance after the COVID-19 outbreak?

- 1 Yes, because I lost or left my job
- 2 Yes, because my hours were reduced
- 3 Yes, because my employer reduced the benefits available
- 4 No, I did not lose my health insurance
- 5 Other, describe _____

If selected 1, 2 or 3

17a. In what ways would you say the COVID-19 outbreak has affected your overall healthcare?
(Mark all that apply)

- 0 Not applicable – I have not tried to access my health care provider since the COVID-19 outbreak
- 1 I did not go to healthcare appointments because I was concerned about entering my healthcare provider's office
- 2 My healthcare provider cancelled appointments
- 3 My healthcare provider changed to phone or telemedicine/video appointments
- 4 I did not attend needed healthcare appointments because of a loss of insurance
- 5 My health care changed in other ways. Specify: _____
- 6 My health care did not change

17b. In general, how distressed are you about **changes to your health care or health insurance** due to the COVID-19 outbreak?

- 1 Not at all
- 2 Mildly
- 3 Moderately
- 4 Extremely

18. Between the outbreak of COVID-19 and now, in what ways has the COVID-19 outbreak affected your work status? (*Select one*)

- 1 I continued working for the same employer **with no changes to location or additional jobs**
[Complete 38-44 (same job)]

1a. Has this job put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know

1b. Have your hours 1.) increased or 2.) decreased or 3.) stayed the same?

- 2 I continued working for the same employer **with no changes in hours or location, but added additional jobs**

[Complete 26-44 (new job) & (same job)]

2a. Have these jobs put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know

- 3 I continued working for the same employer, but **my location of work moved**
[Complete 38-44 (same job)]

a.) Are you working from home 1 yes 0 no

b.) Are you working at another location (other than home) 1 yes 0 no

c.) Have your hours 1.) increased or 2.) decreased or 3.) stayed the same?

d.) Has this job put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know

- 4 I **lost my job permanently and did not find another job**
[Complete 19-25 (lost job) then skip to 44 "other adults in household working"]

a. Date employment ended: _____ / _____ / _____
MM DD YYYY

Warning! This date must be today or in the past

- 5 I **lost my job permanently and got another job**
[Complete 19-25 (lost job) & 26-37 (new job) then skip to #44]

a. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

b. Date new job started: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

6 I *lost my job temporarily* (or was not told for how long), and **have not found another job**
[Complete 19-25 (lost job) then skip to 44 “other adults in household working”]

b. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

7 I *lost my job temporarily* (or was not told for how long) and **have taken another job**
[Complete 19-25 (lost job) & 26-37 (new job) then skip to #44]

a. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

b. Date new job started: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

8 *None of these apply* [Skip to #44 “other adults in household, working”]

Please answer Questions 19-25 about your lost job(s).

[Display if options 4, 5, 6 or 7 in Question 18 “lost job” are checked]

[Repeat for lost Job #1, Job #2]

19. As a result of losing your job or changes in your employment, did you apply for unemployment insurance?

1 Yes

a. *[If yes]* Did you qualify for unemployment insurance?

1 Yes

0 No

b. *[If yes]* Have you begun receiving unemployment benefit payments?

1 Yes

0 No

c. *[If yes]* Have you been offered a position that required putting yourself at risk for COVID-19 with no protection or with inadequate protection?

1 Yes

a. *[If yes]* Did you accept the position?

1 Yes

2 No

0 No

- If no why,
- 1 I'm not eligible
- 2 I tried to apply but could not complete the application
- 3 Other, please describe _____

20. **After COVID-19 and before you lost your job**, did you use protective equipment in your job?

Check all that apply:

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

21. **After COVID-19 and before you lost your job**, had your employer: *(Mark all that apply)*

Response for how this has affected you.

- 1 Provided additional stations or supplies for washing or sanitizing hands
- 2 Physically distanced staff from each other or from patrons/clients
- 3 Added plastic/other physical barriers between workers and others
- 4 Required body temperature checks for employees before work
- 0 None of the above

22. **After COVID-19 and before you lost your job**, did your employer require you to wear a mask?

- 1 Yes 0 No

23. **After COVID-19 and before you lost your job**, did your employer require customers/other patrons to wear masks?

- 1 Yes 0 No

24. **After COVID-19 and before you lost your job**, had your employer: *(Mark all that apply)*

- 1 Required employees to re-use masks that are meant to be disposable
- 2 Provided you with masks previously worn by others
- 3 Started doing fit testing of employee respirators
- 4 Started de-contaminating disposable masks or respirators to make them last longer
- 5 Required rapid COVID-19 testing before work

None of the above

25. **After COVID-19 and before you lost your job**, on a typical day during the time you were at work, how many people would you encounter within 6 feet?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

Please answer Questions 26-37 about your new job(s).

[Display if options 2, 5 or 7, "new job" are checked]

[Repeat for new Job #1, Job #2]

26. How many new jobs do you currently have?

- 0 0, I do not have a new job
 1 1
 2 2
 3 >2

27. For your new job, are you represented by a union?

- 1 Yes
 a. *[If yes]* Name of the union: _____
 b. *[If yes]* Local # or chapter: _____
 0 No
 2 I do not know

28. What type of work do you do in your new job? (*Mark up to 2 that best describe the type of work you do*)

- 0 Self-employed
 1 Agriculture
 2 Manufacturing, whole sale, distribution
 3 Communication, electric, gas and sanitary/waste services
 4 Transportation of people
 5 Transportation of goods
 6 Finance, insurance or real estate
 7 Supermarket or grocery store
 8 Pharmacy
 9 Building materials, mobile homes, hardware, garden, home furnishings, furniture, equipment
 10 Retail: Department store or big box store (e.g., Costco, Walmart, Target)
 11 Other retail

- 12 Restaurants, eating and drinking places (e.g., coffee shops, bars, breweries)
- 13 Construction
- 14 Scientific, technical
- 15 Education
- 16 Health or healthcare
- 17 Hotels, Hospitality
- 18 Private homes
- 19 Legal
- 20 Police & Fire
- 21 Services (not otherwise listed)
- 22 Entertainment, Recreation
- 23 Business & consultation
- 24 Government, Public Administration (other than finance)
- 25 Other Describe: _____
- 26 I prefer not to answer

29. What is your new job? _____

30. Does your new employment fall into the category of essential services?

- 1 Yes
- 0 No
- 2 I'm not sure. Explain: _____

31. **Between the outbreak of COVID-19 and now**, are you using protective equipment **in your new job**? Check all that apply:

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

32. **Between the outbreak of COVID-19 and now in your new job**, has your employer? (Mark all that apply)

- 1 Provided additional stations or supplies for washing or sanitizing hands
- 2 Physically distanced staff from each other or from patrons/clients

- 3 Added plastic/other physical barriers between workers and others
 4 Required body temperature checks for employees before work
 0 None of the above

33. **Between the outbreak of COVID-19 and now**, has your employer require you to wear a mask **in your new job**?

- 1 Yes 0 No

34. **Between the outbreak of COVID-19 and now**, did your employer require customers/other patrons to wear masks **in your new job**?

- 1 Yes 0 No

35. **Between the outbreak of COVID-19 and now**, has your employer **in your new job**: *(Mark all that apply)*

- 1 Required employees to re-use masks that are meant to be disposable
 2 Provided you with masks previously worn by others
 3 Started doing fit testing of employee respirators
 4 Started de-contaminating disposable masks or respirators to make them last longer
 5 Required rapid COVID-19 testing before work
 0 None of the above

36. **Between the outbreak of COVID-19 and now**, **in your new job** has your employer provided mental health resources.

- 1 Yes 0 No

37. On a typical day during the time you are at work, how many people do you encounter within 6 feet **in your new job**?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

38. Did you enroll in a health insurance plan through this **new job**?

- 1 Yes, I did
 2 No, I didn't because it was too expensive
 3 No, I didn't because it was not offered
 4 No, I didn't because I was not eligible
 5 No, I didn't because I was covered under another job
 6 No, I was covered by health insurance of another family member

Please answer questions 39-45 for your current job; the same job you had before COVID.
[Display if options 1, 2 or 3, "same job" in Question 18 are checked]
[Repeat for new Job #1, Job #2]

39. Between the outbreak of COVID-19 and now, are you using protective equipment?

Check all that apply:

- | | |
|--|---|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators
or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

40. Between the outbreak of COVID-19 and now, has your employer? (Mark all that apply)

- 1 Provided additional stations or supplies for washing or sanitizing hands
 2 Physically distanced staff from each other or from patrons/clients
 3 Added plastic/other physical barriers between workers and others
 4 Required body temperature checks for employees before work
 0 None of the above

41. Between the outbreak of COVID-19 and now, has your employer required you to wear a mask?

- 1 Yes 0 No

42. Between the outbreak of COVID-19 and now, has your employer required customers/other patrons to wear masks?

- 1 Yes 0 No

43. Between the outbreak of COVID-19 and now, has your employer: (Mark all that apply)

- 1 Required employees to re-use masks that are meant to be disposable
 2 Provided you with masks previously worn by others
 3 Started doing fit testing of employee respirators
 4 Started de-contaminating disposable masks or respirators to make them last longer
 5 Required rapid COVID-19 testing before work

None of the above

44. **Between the outbreak of COVID-19 and now**, has your employer provided mental health resources.

1 Yes 0 No

45. **Between the outbreak of COVID-19 and now**, on a typical day during the time you are at work, how many people do you encounter within 6 feet?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

46. Are there other adults in your household who were working prior to the outbreak of COVID-19?

1 Yes

a. *[If yes]* Would they like to participate in this survey?

1 Yes

a. *[If yes]* To link their survey with yours as one household, please provide their contact information. We will send them a specific link.

e-mail address: _____

telephone number: (____) ____ - _____

0 No

0 No

Healthcare Workers Only (REQUIRED)

[Display if "health or healthcare" is selected in 13 or 28]

13/28a In what ways do you have contact with suspected or confirmed COVID-19 patients?

(Select all that apply)

- 1 I am in direct physical contact or work within 6 feet of patients
 2 I work in or clean patients' rooms within 6 feet of patients
 3 I work in or clean patients' rooms, but more than 6 feet away
 4 I work on or sometimes visit the same floor/ward/department that patients are cared for
 5 I share work spaces (entrances, cafeteria, washrooms, locker-rooms, etc.) with other workers who work with/near COVID-19 patients
 6 I visit or have visited a patient at their home
 7 I work in a specialized COVID-19 unit
 8 Other, describe _____
 9 I don't know

13/28b. Were you at work in the 10 days prior to experiencing symptoms?

- 1 Yes
 0 No
 2 Not applicable, I did not have symptoms

SECTION C: Demographics (REQUIRED)

47. What is your biological sex assigned at birth?

- 0 Male
 1 Female
 2 Prefer not to answer

48. What was your date of birth?

____ / ____ / ____
 mm dd yyyy

49. Are you of Hispanic, Latinx, or Spanish origin?

- 1 Yes (*Mark all that apply*)
 1 Mexican, Mexican American, Chicano
 2 Puerto Rican
 3 Cuban
 4 Other (e.g., Guatemalan, Honduran, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard). Specify _____
 5 I don't know
 0 No
 2 I prefer not to answer
 3 I don't know

50. What is your race? (*Mark all that apply*)

- 1 White (of European or Middle Eastern descent)
 2 Black, African American
 3 Native or indigenous to U.S. lands
 1 Alaska
 2 The 48 contiguous U.S. States
 3 Hawaii
 4 Samoa, Guam or Chamorro
 5 Other Pacific Island, specify: _____
 4 Asian
 1 Asian Indian
 2 Chinese
 3 Filipino

- 4 Japanese
 5 Korean
 6 Vietnamese
 7 Other Asian (e.g., Pakistani, Cambodian, Thai, and Hmong)

Specify: _____

- 5 Other, Specify: _____
 6 I prefer not to answer
 7 I don't know

51. Have you ever been diagnosed with any of the following? (*Mark all that apply*)

- 1 Asthma
 2 Type 1 Diabetes
 3 Type 2 Diabetes
 4 Heart disease
 5 Stroke
 6 Osteoporosis
 7 High Blood Pressure (hypertension)
 8 Lung disease (not including asthma or lung cancer) for example emphysema, or COPD (chronic obstructive pulmonary disease)
 9 Cancer
 10 Mood and/or anxiety disorder
 11 Alzheimer's disease or Dementia
 12 Kidney disease
 13 Obesity
 14 Other [specify:] _____
 15 None

52. What is the highest grade or level of school you have completed or the highest degree you have received?

- 1 8th Grade or less
 2 Some high school, no degree
 3 Graduated from high school or have GED or equivalent
 4 Associate Degree or Some College
 5 Bachelor's Degree
 6 Master's, Professional or Doctoral Degree
 7 I prefer not to answer

53. Where do you live?

- a. County _____
 b. State (drop down) _____

1, Alabama 2, Alaska 3, Arizona 4, Arkansas 5, California 6, Colorado 7, Connecticut 8, Delaware 9, District of Columbia 10, Florida 11, Georgia 12, Hawaii 13, Idaho 14, Illinois 15, Indiana 16, Iowa 17, Kansas 18, Kentucky 19, Louisiana 20, Maine

21, Maryland 22, Massachusetts 23, Michigan 24, Minnesota 25, Mississippi
 26, Missouri 27, Montana 28, Nebraska 29, Nevada 30, New Hampshire 31, New Jersey
 32, New Mexico 33, New York 34, North Carolina 35, North Dakota 36, Ohio
 37, Oklahoma 38, Oregon 39, Pennsylvania 40, Rhode Island 41, South Carolina
 42, South Dakota 43, Tennessee 44, Texas 45, Utah 46, Vermont 47, Virginia
 48, Washington 49, West Virginia 50, Wisconsin 51, Wyoming
 52, Other (specify _____)

c. What is your zip code _____

d. Please name an intersection (2 streets that connect) that is within a 5 to 10 minute walk from your home?

_____ street name #1

_____ street name #2

54. Are you willing to be contacted in the future for follow-up so that we can learn about the longer-term consequences of COVID-19 for workers and their families?

1 Yes

2 Maybe

0 No

a. *[If 'Yes' or 'Maybe']* Please provide your contact information

e-mail address: _____

telephone number: (____) ____ - _____

b. *[If 'Yes' or 'Maybe']* How do you prefer to be contacted?

1 e-mail

2 text

3 telephone call

4 mail : please provide your address below

If, selected 4

Home address: Street: _____

City: _____

State (dropdown): _____ 1, Alabama 2, Alaska 3,

Arizona 4, Arkansas 5, California 6, Colorado 7, Connecticut

8, Delaware 9, District of Columbia 10, Florida 11, Georgia 12, Hawaii 13, Idaho

14, Illinois 15, Indiana 16, Iowa 17, Kansas 18, Kentucky 19, Louisiana 20, Maine

21, Maryland 22, Massachusetts 23, Michigan 24, Minnesota 25, Mississippi

26, Missouri 27, Montana 28, Nebraska 29, Nevada 30, New Hampshire 31, New Jersey

32, New Mexico 33, New York 34, North Carolina 35, North Dakota 36, Ohio

37, Oklahoma 38, Oregon 39, Pennsylvania 40, Rhode Island 41, South Carolina

42, South Dakota 43, Tennessee 44, Texas 45, Utah 46, Vermont 47, Virginia

48, Washington 49, West Virginia 50, Wisconsin 51, Wyoming

52, Other (specify _____)

Zip code: _____

55. **OPTIONAL:** What is your full name?

a. First: _____

b. Middle (if none, leave blank): _____

c. Last: _____

56. Is there anything else you would like to tell us? _____

Thank you for taking our survey. We appreciate your taking the time. You can close now, or we have some additional questions that are completely optional, if you have the time. Please review each optional section and take whichever you can. You can save and return back to the survey at any time.

SECTION D: Changes to your life since COVID-19 (OPTIONAL)

57. Currently, what is your household's greatest need? _____

58. Which of the following did you stop or limit because of the COVID-19 outbreak? (*Mark all that apply*)

- 1 In-person contact with people inside the home (that is, you are quarantined separately from one or more family or household members)
- 2 In-person contact with family who live outside the home
- 3 In-person contact with friends
- 4 In-person contact at workplace or school
- 5 In-person events in the community, including religious events
- 0 None of these apply

59. [*If there is 0-4, 5-11, or 12-17 year olds in household*] How has the COVID-19 outbreak affected your child's day care or schooling? (*Mark all that apply*)

- 0 Not applicable – I do not have a child in childcare.
- 1 I have had difficulty arranging for childcare.
- 2 I have had to pay more for childcare.
- 3 My partner/spouse or I had to change our work schedule to care for our children ourselves.
- 4 My regular childcare has not been affected by the COVID-19 outbreak.
- 5 Childcare was closed
- 6 Previous childcare is continuing
- 7 School was closed but classes are being held virtually (over the internet)
- 8 School was closed but classes are not being held
- 9 School was closed and child (or children) is (are) being homeschooled
- 10 Grandparents or other family members have been providing childcare

60. Since the outbreak of COVID-19, did you experience problems with (*Mark all that apply*)

- 1 Access to food
- 2 Access to baby supplies (e.g. formula, diapers, wipes)

- 3 Access to personal care products or household supplies
 4 Access to medical care, including mental health care
 5 Access to pet supplies and vet care
 6 Loss of contact with people because of ‘social distancing’ or being quarantined
 7 Was not able to be with ill friends or relatives because they were hospitalized

61. What are your greatest concerns about the COVID-19 outbreak? (*Mark all that apply*)

- 1 Fear or anxiety about getting COVID-19
 2 Fear or anxiety about family or other household members getting COVID-19
 a. *[If yes]* In your household, is anyone immune-compromised due to a chronic health condition?
 1 Yes 0 No
 b. *[If yes]* In your household, is anyone immune-suppressed due to chemotherapy or a drug that suppresses immune responses?
 1 Yes 0 No
 3 Physical Health concerns
 4 Financial concerns
 5 Impact on work or source of income
 6 Impact on your community
 7 Impact on the economy
 8 Impact on your child or children
 [If yes]
 1, their education
 2, their happiness
 16 Fear of getting fired for not returning to work (when sick)
 17 Fear of losing your health insurance due to job changes
 18 Fear of not being able to pay medical or medication bills
 14 Other [specify:] _____
 15 No concerns about the COVID-19 outbreak

62. Currently, what do you miss most since the COVID-19 outbreak?

63a. Outside of your work environment, in your personal life, in which months have you done the following: 1 Wash with soap or sanitize hands frequently 2 Wear a mask when out in public (e.g., shopping) or in places where there are other people

3 Do what I can to maintain a 6-foot physical distancing

4 Regularly clean frequently touched surfaces (ex: doorknobs, light switches) and things that you touch

1, January, 2020 2, February, 2020 3, March, 2020 4, April, 2020 5, May, 2020 6, June, 2020 7, July, 2020 8, August, 2020 9, September, 2020 10, October, 2020 11, November, 2020 12, December, 2020

63b. Do the other members of your household do this?

Wash with soap or sanitize hands frequently

1 Yes 0 No 3 N/A

Wear a mask when out in public (e.g., shopping) or in places where there are other people

1 Yes 0 No 3 N/A

Do what they can to maintain a 6-foot physical distancing

1 Yes 0 No 3 N/A

Clean surfaces and things that they touch

1 Yes 0 No 3 N/A

Some of the following questions might trigger some strong emotions. If you begin to feel upset and need to stop, you should feel free to stop at any point.

64a. Since becoming aware of the COVID-19 outbreak, how often have you...

	Not at all	Occasionally	Some- times	Often/ Very Often
a. Felt happy and satisfied with your life				
b. Had difficulty sleeping (falling or staying asleep)				
c. Startled easily				
d. Had angry outbursts				
e. Felt a sense of time slowing down / timelessness				
f. Wanted to help those in need but could not figure out how				
g. Felt in a daze / not your usual self				
h. Felt closer to other household members				
64b. Since becoming aware of the COVID-19 outbreak, how often have you...				
i. Been more impatient with family or other household members				
j. Felt closer to friends				
k. Tried to avoid thoughts and feelings about COVID-19				
l. Tried to avoid reading or watching information about COVID-19				
m. Been unable to stop searching for more information about COVID-19 and the pandemic				

n. Had distressing dreams				
o. Been distressed when you see something that reminds you of COVID-19				
p. Felt you were losing touch with friends				
q. Enjoyed spending time outdoors				
r. Felt closer to family who live elsewhere because of more frequent use of media to connect				

65. How much of a threat do you believe COVID-19 poses to you and your family?

(1 = no threat, 10 = extreme threat)

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

SECTION E: Financial situation (OPTIONAL)

66. Before COVID-19 (that is, from March 16, 2019 to March 15, 2020), how often did you put off buying something you needed - such as food, clothing, medical care, or housing - because you didn't have the money? Would you say...

- 1 Never
- 2 Once or twice during that year
- 3 3 to 5 times during the year
- 4 6 to 12 times during that year
- 5 More than once per month but not all the time
- All the time
- 6 I prefer not to answer
- 7 I don't know

67. Since COVID-19 (March 15, 2020 on), how often have you put off buying something you needed - such as food, clothing, medical care, or housing - because you didn't have the money? Would you say...

- 1 Never
- 2 Once or twice
- 3 3 to 5 times
- 4 6 to 10 times
- 5 Most of the time
- 6 All of the time
- 7 I prefer not to answer
- 8 I don't know

68. Which of the following categories best represents the total combined income of your household during the last calendar year? Total combined household income includes all money received by household members who contribute to household expenses. Be sure to consider total wages, salaries, self-employment income after expenses, government assistance of any kind, and interest and dividends before taxes. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- 1 less than \$4,999

2 \$5,000-\$9,999

3 \$10,000-\$19,999

4 \$20,000-\$29,999

5 \$30,000-\$39,999

6 \$40,000-\$49,999

7 \$50,000-\$74,999

8 \$75,000-\$99,999

9 \$100,000-\$199,999

10 \$200,000 or more

11 I prefer not to answer

12 I don't know

a. How many people are supported by that income? ____

SECTION F: Living situation (OPTIONAL)

69. Which best describes where you currently live?

1 A studio home or a 1-bedroom home

2 A multi-bedroom home

a. How many bedrooms? _____

3 I do not have a stable housing arrangement

4 I prefer not to answer

70. What is your current housing situation? Do you...

1 Live in a home that you or someone in the household owns

2 Rent a house or apartment

a. Do you receive a rent subsidy or pay lower rent because the government pays part of the cost?

1 Yes 0 No

3 Other

4 I prefer not to answer

5 I don't know

71. Do you have any pets in your home?

1 Yes 0 No

72. Do you have access to privacy in the home?

1 Yes 0 No

73. Do you have access to private outdoor space (i.e. yard)?

1 Yes 0 No

74. Do you have access to public green spaces in your neighborhood?

1 Yes 0 No

If yes, Do you feel safe in this public neighborhood space?

- 1 Yes 0 No

SECTION G: Knowledge about COVID-19 protection measures (Optional)

75. Which of the following do you think has a positive effect on controlling the spread of COVID-19?

- 1 Staying away from other people when experiencing symptoms (quarantining)
 2 Staying away from other people when not experiencing symptoms (isolation)
 3 Physically distance when around other people
 4 Physical barriers or partitions
 5 Ventilation
 6 Wearing and being fit-tested for a filtering respirator to prevent serious exposures, such as being close to people at your workplace
 7 Covering your mouth and nose with a cloth face cover when around others
 8 Covering coughs and sneezes with elbow and away from others

76. What level of responsibility do each of the following have for keeping you safe from COVID-19 exposures?

Are responsible for keeping me safe	1 (not responsible)	2	3	4 (very responsible)
At work: - My employer - The Occupational Health and Safety Administration (OHSA) - The Centers for Disease Control and Prevention (CDC) - The President - Congress - My state government - My coworkers - Myself				

At home:				
<ul style="list-style-type: none"> - The Centers for Disease Control and Prevention (CDC) - My County Health Department - My Landlord - My Homeowners Association - The President - Congress - My state government - Other people - Myself 				

77. To your knowledge, which of the following do you think is a sanitizer or disinfectant?

- | | |
|--|--|
| 1 <input type="checkbox"/> Alcohol solutions with at least 70% alcohol | 2 <input type="checkbox"/> Clorox |
| 3 <input type="checkbox"/> Lysol | 4 <input type="checkbox"/> Purell |
| 5 <input type="checkbox"/> 3M | 6 <input type="checkbox"/> Hydrogen Peroxide |

SECTION H: Pregnancy (OPTIONAL):

(Only female respondents)

78. Have you been pregnant at any time since **January 31, 2020**?

- 1 Yes 0 No

a. *[If yes]* Are you currently pregnant?

- 1 Yes

[If yes] When is your due date?

____ / ____ / ____
MM DD YYYY

- 0 No

[If no] When did your pregnancy end?

____ / ____ / ____
MM DD YYYY

[If no] How did your pregnancy end?

- 1 Live Birth
 2 Still Birth
 3 Abortion
 4 Miscarriage
 5 Ectopic or Tubal
 6 Molar
 7 Other [Describe:] _____

[if 1 or 2]

Were there restrictions on who could be present at your birth?

- 1 Yes 0 No

if yes,

Were you informed of this ahead of time?

1 Yes 0 No

How detrimental was this to your birth experience?

(1 = not at all, 10 = extremely)

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

How did you cope given the restrictions on who could be with you?

The following questions are about your current pregnancy.

79. Which of the following changes have you experienced as a result of the COVID-19 outbreak? (*Mark all that apply*)

- 1 I changed from planning a vaginal birth to a C-section
- 2 My planned C-section or labor induction was changed
- 3 I changed from planning a home birth to planning a hospital birth
- 4 I changed from planning a hospital birth to planning a home birth
- 5 My healthcare provider canceled some or all of my prenatal visits
- 6 I had more prenatal visits.
- 7 My prenatal visits changed from in-person to phone or telemedicine/video
- 8 No visitors, doulas, or other support were allowed in my hospital birth
- 9 My midwives or OB took new precautions during visits to prevent COVID-19 transmission
- 10 Nothing changed in my prenatal care or birth plan.

[if 1-9 are checked]

Do you feel you received all the information you needed about changes to your prenatal care and labor and delivery birthing experience?

1 Yes 0 No

80. Have you had any of the following conditions during your pregnancy? (*Mark all that apply*)

- 1 Gestational diabetes (high blood sugar)
- 2 Anemia (low blood cell count)
- 3 Vaginal bleeding
- 4 Nausea or vomiting
- 5 Preeclampsia (toxemia)
- 6 Fever
- 7 Preterm Delivery
- 8 Other condition (please specify): _____

None of the above