COVID Follow-Up Survey

A. INTRODUCTORY SECTION

Before we get started, we need to verify that we have the correct answers for you from when you signed up for the UCNets study.

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a1_name (age and birthday confirmation)
Are you [preloaded name[]]?
1 (YES) Yes
2 (NO) No

year_preload (age and birthday confirmation)
Were you born in [preloaded birth year[]]?
1 (YES) Yes
2 (NO) No

if a1_name != YES or a1_year != YES then

thank you

Thank you for your interest, but it seems you are not the person we were hoping to interview. If you think you received this message in error, please just contact us toll-free at 1-877-932-9614 or email us at ucnets@berkeley.edu.

[INT: please just click the 'Next' button to complete this case and go back to the sample management system.]/

Thank you very much for your participation in this survey. We greatly appreciate your time and responses.

Exit the survey End of if

if devicecheck = 1 then

phonewarning

It appears that you are currently using a mobile device (such as a smart phone) to access this survey. Please note that in order to have the most optimal survey experience, we strongly recommend you use a desktop, laptop, tablet, or similar device.

If you believe you received this message in error or you wish to continue on your mobile device, then please just click the 'Next>>' button. Otherwise, please just log out using the 'Logout and continue' link in the top right corner of the screen and log into the survey again on another device.

End of if

Background:

P1. How much would you say your life has changed due to the pandemic and shelter in place ordinances?

1.) Relatively little change in my day-to-day life

- 2.) Some big changes in some aspects of my life
- 3.) Major changes to many aspects of my life

P2. Did you leave your main place of residence to shelter in place somewhere else?

yes no) [Go to P3]

[if yes]

P2a. Who did you shelter in place with?

- -Family -Partner -Other
- P3. Please click all of the following that apply to you (on same page):
 - -I have experienced symptoms consistent with COVID-19
 - -I have been tested for COVID-19
 - -I tested positive for COVID-19

P3a. Please indicate how many people you know personally – the same person may be in more than one category – who have ...

1. - experienced symptoms consistent with COVID-19

Drop down 0, 1,2,3,4,5,6,7,8,9,10+

2. - been tested for COVID-19

Drop down 0, 1,2,3,4,5,6,7,8,9,10+

3. -been confirmed for having COVID-19

Drop down 0, 1,2,3,4,5,6,7,8,9,10+

Background Questions/Life Event Updates:

A2a. Are you currently:

Married Living with partner Divorced/Separated/Widowed In a romantic relationship, living apart Single

A.3.a. [IF R is <u>NOT MARRIED</u> (A.3 <u>NE 1</u>):] Is there someone whom you consider a partner or are in a romantic relationship with?

- 1. YES
- 2. NO

A.19.h Have you moved since the previous interview in [[month, year]]?

- 1 Yes
- 2. No

If A.19.h = 1

a19j How far is where you live now from where you lived at the time of the previous interview? Is it...

- 1 In the same neighborhood
- 2 In a different neighborhood but in the same town
- 3 In a different town but still in the Bay Area
- 4 Out of the Bay Area, but still in California

5 Out of California 6 Other:

a19j_other

P4. Including yourself, how many people live at your normal place of residence? (numeric box with range of 1-20)

P5. Before the pandemic, were you employed (full or part-time)?

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Yes
No) [go to P7]
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[if yes]

P6. How did the pandemic/shelter in the place order affect your main form of employment?

- a) Working out of the home (e.g., essential services: medical personnel, store clerk, delivery services)
- b) Working from home
- c) Temporarily laid off (with plans of returning to same position)
- d) Permanently laid off
- e) other

P6a. [if P6 = a or b] Did you experience a reduction in hours? Yes

No)

P7. Since the beginning of the sheltering-in-place mandate (mid-March 2020) have you had any troubles paying your bills?

Yes

No)

[if no]

P7a. Do you anticipate having trouble paying your bills in the near future due to the pandemic?

Yes

No)

P8. Since the sheltering-in-place, did you form a social 'pod' or 'bubble' of trusted friends or family that you see in person but who do not live with you?

Yes

No

P9. During the shelter-in-place order (mid-March till now), how many different people, who are not in your household or pod, have you...?

Enter the number in the box. Do not include shopping but do include any other activity.

- 1. met up with outside (not in a building) (Numeric box with range from 0-100)
- 2. been inside with at your home or someone else's (Numeric box, with range from 0-100)

[if p9_1 and P9_2 GT 0; else go to P11a]

P10a. When interacting with any people outside your household or pod, do you wear a mask consistently? Always

Most of the time

Some of the time Rarely or never Unsure or it depends

P10b. When interacting with any people outside your household or pod, do you stay at least 6 feet away?

Always

Most of the time

Some of the time

Rarely or never

Unsure or it depends

P10c. In the past week, how many days did you have a visit with any person or persons outside your household, that is, who does not live with you?

[Drop down for 0 to 7]

Network Questions: This section is about people you know in your network that you told us about in the Wave 3 survey. We want to know about your relationship with them during this pandemic experience (since mid-March).

[Show the full list of Wave 3 names.]

P11a. Which of the following people...Please check all names that apply for each item:

- a) Live in the same household as you (prior to the COVID-19 outbreak)
- b) Are currently sheltering in place with you
- c) Are part of your pod or bubble?
- d) Are you making an effort to stay in touch with during this time
- e) Are you worried about (because they are either at-risk for COVID-19, and/or because they are affected by the shelter in place orders/shuttering of businesses)

P11b: And which of the following people are...

- a) social companions
- b) confidants
- c) people who help you
- d) people you help

P12. Is there anyone who is NOT on this list who has provided you with support during this time, such as companionship, help with shopping, or being someone to talk with?

Yes

No) [go to P14]

P12a. If Yes: Ple	ease list their first names	. (boxes for individ	ual names; up to s	ix names)

Name interpreter questions:

September 7, 2020 2020-06-13354 P13. What kind of support did this person provide for you? (check all that apply) a. Transportation to and from places b. Delivered groceries, medicine/prescriptions, etc. c. Lent me money to help cover expenses/bills d. Provided childcare e. Gave advice or information f. Someone to talk with about personal concerns g. Someone to do things with h. Other: _____ (open ended follow up) $\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda$ [Show the full list of Wave 3 names.] P14. Is there anyone who is NOT on this list who you have been in touch with more frequently during the pandemic period since mid-March? 1. Yes 2. No [Go to P17] P15a.1 – P15a.6 If yes: Can you tell me their names? (List of names, up to six) Name interpreter questions P16 is on same page as P15 so no need to re-display list? Or show list. P16 For which of these people are you a. Worried about getting the coronavirus? b. Planning on staying connected with after the pandemic? $\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda\Lambda$ [list all the names in P12a and P15a] P17. Thinking about the people you've named today, what are all the ways that you that you are connected to <<1st name on Name List through nth name>>? [check all that apply] 1. Spouse/partner 2. In a romantic relationship but not married Family: 3. My parent 23. My step-parent 4. My child 24. My step-child

5. Brother/sister

Other Connections

11. Neighbor12. Know at work

25 My step-brother/step-sister 26 My half-brother/half-sister

10. Housemate or roommate

6. Other relatives, including ex's (please specify): **P15a_relative**

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13. Know at school14. Know at church, synagogue, temple, or mosque	
20. Friend21. Acquaintance22. Know another way (please specify): P15a_other	
Behavioral/Mental Health Questions:	
Some respondents may find the next set of questions a little more per answers are completely confidential. They will not be associated with	
^^^^^^	۸۸۸
J.2. Some people feel they have complete control over the way their li have little control over how their lives turn out. Would you say you ha out, some control, or only a little control?	
 A lot of control Some control Only a little control 	
^^^^^^^^^^^^^^^^^^^^^^^	^^^
H.10. The next three questions are about how you are feeling. How ma	any days during the past 7 days have you
days	
^^^^^^	۸۸۸
H.12. How many days during the past 7 days have you felt isolated fro	m other people?
days	
H.14. How many days during the past 7 days have you felt lonely?	
days	
H.16.a. The next 10 questions are about how you have been feeling duduring the past 30 days did you feel nervous	
1. All of the time	

- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time

H.16.b. During the past 30 days, about how often did you feel hopeless?

[Same Responses]

H.16.c. During the past 30 days, about how often did you feel hopeful about the future?

[Same Responses]
H.16.d. During the past 30 days, about how often did you feel restless or fidgety?
[Same Responses]
H.16.e. During the past 30 days, about how often did you feel <u>irritable</u> or have angry outbursts?
[Same Responses]
nanananananananananananananananananana
H. 16.f. During the past 30 days, how often did you feel so <u>depressed</u> that nothing could cheer you up?
[Same Responses]
H.16.g. During the past 30 days, how often did you feel that you enjoyed life?
[Same Responses]
H.16.h. During the past 30 days, about how often did you feel that everything was an effort?
[Same Responses]
H.16.i. During the past 30 days, about how often did you feel worthless?
[Same Responses]
H.16.j. During the past 30 days, about how often have you been bothered by repeated, <u>disturbing</u> <u>memories</u> , thoughts, or images of a stressful experience from the past?
[Same Responses]
End group]
^^^^^^
H.17. During the last year or so, have you ever seriously thought about committing suicide?
1. Yes 2. No
^^^^^^
h23 (what worried about) Finally, we would also like to ask about general concerns you may have. Please check the box if you frequently worry or are concerned about any of the following:
1 Having enough money to cover an emergency expense 2 The health of a family member

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3 Job strain or demands	
4 Child care	
5 Health insurance	
6 Having a stable job or income	
7 Traffic or your commute to work	
8 Things going on in the news	
9 Your neighborhood environment (such as crime, pollution, noise)	
10 Discrimination against you	
11 None of the above	
Alcohol consumption:	
H.5.a. On average, about how many days <u>per week</u> do you have an alcoholic drin of wine, or any drink containing liquor.)	k? (That would be a beer, a glass
or any armin serial inquery,	
0. Less than once a week	
1. One day a week	
2. Two days a week	
3. Three days a week	
4. Four days a week	
5. Five days a week	
6. Six days a week	
7. Every day	
9. I never drink [GO TO H.6.a.]\\	
^^^^^^^	
H.5.b. On the days you do drink, about how many drinks do you usually ounces of beer (bottle or can), 4 ounces of wine, or 1.5 ounces of whiske an average; for example, 3 or 4 would be 3.5.)	
About drinks	
^^^^^^	
H.5.c. In the past month, on about how many days have you had <u>four or</u>	more drinks at one occasion?
About days	
Sloon Quality:	
Sleep Quality:	

G.11.a. We have a few questions about how you are sleeping. In an average week, about how many nights do you have trouble falling asleep?

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_____ nights (0 to 7) [Int: code "x or y," as in "3 or 4," as x.5]
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G.11.b. About how many nights in the week do you find yourself waking up in the middle of the night and not easily able to fall back asleep?

G.11.c. About how many days in the week do you feel really rested in the morning?

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_____ nights (0 to 7) [Int: code "x or y," as in "3 or 4," as x.5]
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g11d (average hours of actual sleep). During the past week, how many hours of actual sleep did you get, on an average night? (This may be different than the number of hours you spend in bed).

RANGE 1.0...24.0

We're almost done!

Communication Questions:

i2c (three methods used to stay in touch family)

Which of the following methods did you use to stay in touch with people in your <u>family</u> <u>during</u> the COVID shelter in place? Check up to three methods that are most important to you for staying in touch with your family.

[Multiple answers – up to three]

- 1 Letters or postcards
- 2 A landline telephone in your home
- 3 Calling on a cellphone or smartphone
- 4 Texting on a cellphone or smartphone
- 5 Email
- 6 Facebook, Twitter, Pinterest or other social media
- 7 Instant messaging or chatting via an app: Whats App, Facebook Messenger, Google Hangouts, etc.
- 8 Video chatting like Zoom, Facetime
- 9 None

i3c (three methods used to stay in touch friends)

And which of these methods did you use to stay in touch with your <u>friends</u> during the COVID shelter in place? Check up to three methods that are most important to you for staying in touch with your friends.

[Multiple answers – up to three]

- 1 Letters or postcards
- 2 A landline telephone in your home
- 3 Calling on a cellphone or smartphone
- 4 Texting on a cellphone or smartphone
- 5 Email
- 6 Facebook, Twitter, Pinterest or other social media
- 7 Instant messaging or chatting via an app: Whats App, Facebook Messenger, Google Hangouts, etc.
- 8 Video chatting like Zoom, Facetime
- 9 None

Wrap-up/open-ended questions:

P16. Finally, can you tell us a little bit about what has changed most for you during this time?

Open ended responses – multiple line box

P17. Is there anything else we didn't touch upon that you feel is important for us to know about?

Open ended responses – multiple line box

Thank you for taking the time to tell us more about your experiences during the COVID-19 outbreak.