[COVID-19 — STANFORD MEDICINE](https://pcrt.stanford.edu/covid)

[Stanford Coronavirus Survey (qualtrics.com)](https://stanforduniversity.qualtrics.com/jfe/form/SV_0P4AN78jTK29lSB)

How concerned do you feel about COVID-19?

* Not at all concerned
* A little concerned
* Moderately concerned
* Very concerned
* Extremely concerned

Have you made any changes to your lifestyle or daily activities because of COVID-19?

* No, I have not changed my lifestyle or daily activities; I am doing everything I normally do
* Yes, I have made some changes to my lifestyle or daily activities

Which of the following are you doing? (Select all that apply):

* More hand washing and cleaning
* Avoiding social gatherings
* Working from home
* Avoiding going to the doctor or dentist for routine appointments
* Avoiding public transportation
* Avoiding or cancelling travel
* Not attending classes
* Stocking up on food and supplies
* Contributing to the response (e.g. donating financially, buying groceries or caring for elderly family members or neighbors)
* Other (Please specify):

Have you experienced any difficulties due to the coronavirus crisis? (Select all that apply):

* Reduced income
* I have lost my job
* Childcare
* Getting food
* Getting supplies
* Getting routine / essential medications
* Transportation
* Accessing healthcare
* Other (Please specify):

In an effort to reduce the spread of COVID-19, many are practicing social distancing and self-isolation.

Self-isolation is the act of staying away from situations where you may be in close contact with others, such as social gatherings, work, school, faith-based gatherings, sports gatherings, restaurants and other public gatherings

To what extent are you self-isolating?

* All of the time. I am staying at home nearly all the time
* Most of the time. I only leave my home to buy food and other essentials
* Some of the time. I have reduced the amount of times I am in public spaces, social gatherings, or at work
* None of the time. I am doing everything I normally do

Tell us how the coronavirus crisis is impacting your life:

The COVID-19 impact all of us very hardly. Many things we used to do is not possible anymore...

Please select your top 3 concerns today (Select 3):

No more than 3 choice(s) may be answered.

* Getting sick from the coronavirus
* Not being able to put food on the table
* Feeling isolated, anxious, and/or depressed
* Not being able to get medical care
* My children's education
* Not being able to pay the rent, mortgage or utility bills
* Not being able to take care of family members
* Not being able to work
* Other (please specify):

Have you, a family member or close friend experienced any form of discrimination related to COVID-19 because of your race or ethnicity?

* No
* Yes

Although this is a challenging time, can you tell us about any **positive effects** or 'silver linings' you have experienced during this crisis?

None !

What sources do you trust to provide accurate COVID-19 information? (Select all that apply):

* TV (e.g. local or national news)
* Social Media (e.g. Twitter or Facebook)
* Newspapers
* Official government websites (e.g. CDC or WHO)
* Local health department
* Friends or family members
* Doctors
* Scientific articles
* Other

How much confidence, if any, do you have in each of the following to act in the best interests of the public?

|  | No confidence at all | Very little confidence | Some confidence | A great deal of confidence | Complete confidence | Can't choose |
| --- | --- | --- | --- | --- | --- | --- |
| Elected officials |  |  |  |  |  |  |
| National government |  |  |  |  |  |  |
| Local government |  |  |  |  |  |  |
| Medical scientists |  |  |  |  |  |  |
| Journalists |  |  |  |  |  |  |
| Public school principals for K-12 |  |  |  |  |  |  |
| Business leaders |  |  |  |  |  |  |

How is your health in general?

* Very good
* Good
* Fair
* Bad
* Very bad

In the past 4 weeks, have you been in close contact with a person who has tested positive for coronavirus (COVID-19)?

* No
* Yes

In the past 4 weeks, have you been ill with a cold or flu-like illness?

* No
* Yes

Have you been tested for COVID-19?

* Yes, I was tested, and the test was **positive**for COVID-19
* Yes I was tested, and the test was **negative**for COVID-19
* No, I tried to get tested but could not get a test
* No, I have not tried to get tested

If you are concerned that you or a family member may be infected with COVID-19 (novel coronavirus), please contact your primary care physician or local healthcare provider. Additionally, please refer to CDC's guidelines and resources at the following link: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Do you currently have any form of health insurance?

* No
* Yes
* I don't know

In the past 7 days, how often...

|  | Not at all or less than 1 day | 1-2 days | 3-4 days | 5-7 days |
| --- | --- | --- | --- | --- |
| Have you felt nervous, anxious, or on edge? |  |  |  |  |
| Have you felt depressed? |  |  |  |  |
| Have you felt lonely? |  |  |  |  |
| Have you felt hopeful about the future? |  |  |  |  |
| Have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experience (i.e. social distancing, loss of income/work, concerns about infection) with the coronavirus/COVID-19 pandemic? |  |  |  |  |

Given the sensitive content, we wanted to provide you with some resources, if needed. The National Suicide Prevention Lifeline provides free and confidential support that is available 24/7; you can call 1-800-273-8255 or chat online at https:/suicidepreventionlifeline.org/. They offer help in Spanish and for anyone who is deaf or hard of hearing.

What year were you born?

     1920    1921    1922    1923    1924    1925    1926    1927    1928    1929    1930    1931    1932    1933    1934    1935    1936    1937    1938    1939    1940    1941    1942    1943    1944    1945    1946    1947    1948    1949    1950    1951    1952    1953    1954    1955    1956    1957    1958    1959    1960    1961    1962    1963    1964    1965    1966    1967    1968    1969    1970    1971    1972    1973    1974    1975    1976    1977    1978    1979    1980    1981    1982    1983    1984    1985    1986    1987    1988    1989    1990    1991    1992    1993    1994    1995    1996    1997    1998    1999    2000    2001    2002

In which country do you currently live?

    United States of America  Afghanistan  Albania  Algeria  Andorra  Angola  Antigua and Barbuda  Argentina  Armenia  Australia  Austria  Azerbaijan  Bahamas  Bahrain  Bangladesh  Barbados  Belarus  Belgium  Belize  Benin  Bhutan  Bolivia  Bosnia and Herzegovina  Botswana  Brazil  Brunei Darussalam  Bulgaria  Burkina Faso  Burundi  Cambodia  Cameroon  Canada  Cape Verde  Central African Republic  Chad  Chile  China  Colombia  Comoros  Congo, Republic of the...  Costa Rica  Côte d'Ivoire  Croatia  Cuba  Cyprus  Czech Republic  Democratic People's Republic of Korea  Democratic Republic of the Congo  Denmark  Djibouti  Dominica  Dominican Republic  Ecuador  Egypt  El Salvador  Equatorial Guinea  Eritrea  Estonia  Ethiopia  Fiji  Finland  France  Gabon  Gambia  Georgia  Germany  Ghana  Greece  Grenada  Guatemala  Guinea  Guinea-Bissau  Guyana  Haiti  Honduras  Hong Kong (S.A.R.)  Hungary  Iceland  India  Indonesia  Iran, Islamic Republic of...  Iraq  Ireland  Israel  Italy  Jamaica  Japan  Jordan  Kazakhstan  Kenya  Kiribati  Kuwait  Kyrgyzstan  Lao People's Democratic Republic  Latvia  Lebanon  Lesotho  Liberia  Libyan Arab Jamahiriya  Liechtenstein  Lithuania  Luxembourg  Madagascar  Malawi  Malaysia  Maldives  Mali  Malta  Marshall Islands  Mauritania  Mauritius  Mexico  Micronesia, Federated States of...  Monaco  Mongolia  Montenegro  Morocco  Mozambique  Myanmar  Namibia  Nauru  Nepal  Netherlands  New Zealand  Nicaragua  Niger  Nigeria  North Korea  Norway  Oman  Pakistan  Palau  Panama  Papua New Guinea  Paraguay  Peru  Philippines  Poland  Portugal  Qatar  Republic of Korea  Republic of Moldova  Romania  Russian Federation  Rwanda  Saint Kitts and Nevis  Saint Lucia  Saint Vincent and the Grenadines  Samoa  San Marino  Sao Tome and Principe  Saudi Arabia  Senegal  Serbia  Seychelles  Sierra Leone  Singapore  Slovakia  Slovenia  Solomon Islands  Somalia  South Africa  South Korea  Spain  Sri Lanka  Sudan  Suriname  Swaziland  Sweden  Switzerland  Syrian Arab Republic  Tajikistan  Thailand  The former Yugoslav Republic of Macedonia  Timor-Leste  Togo  Tonga  Trinidad and Tobago  Tunisia  Turkey  Turkmenistan  Tuvalu  Uganda  Ukraine  United Arab Emirates  United Kingdom of Great Britain and Northern Ireland  United Republic of Tanzania  Uruguay  Uzbekistan  Vanuatu  Venezuela, Bolivarian Republic of...  Viet Nam  Yemen  Zambia  Zimbabwe

Please enter your zip or postal code:

What gender do you currently identify as?

* Female
* Male
* Other:

What is the highest level of school you have completed?

* Less than high school
* High school
* College or University
* Graduate degree

What was your annual household income in 2019 in USD?

* Less than $10,000
* $10,001-$20,000
* $20,001 - $50,000
* $50,001 - $75,000
* $75,001 - $150,000
* $150,001 - $200,000
* more than $200,000

How many children under 18 years currently live in your household?

* 0
* 1
* 2
* 3
* 4
* 5
* 6+

How many adults over 65 years currently live in your household? (not including yourself):

* 0
* 1
* 2
* 3
* 4
* 5+

We are hoping to continue to study the community impact as the COVID-19 pandemic evolves. If you are willing to complete a future survey, please enter your **email address** below:

We thank you for your time spent taking this survey.  
Your response has been recorded.