

Survey 4/40

In the PAST TWO WEEKS have you had any of the following symptoms?

Please check all that apply.

- ☐ Fever
- ☐ Dry Cough
- ☐ Fatigue
- ☐ Shortness of Breath
- ☐ Headache
- ☐ Muscle or Joint Pain
- ☐ Sore Throat
- ☐ Diarrhea
- ☐ Nausea or Vomiting
- ☐ Chills
- ☐ Nasal Congestion
- ☐ Wet/Productive Cough
- ☐ Loss of Smell or Taste
- ☐ Other

Other (please describe)

Have you ever been tested for COVID-19?

- ☐ Yes, I was tested for COVID-19 and am waiting for the results.
- ☐ Yes, I was tested for COVID-19 and the results were positive.
- ☐ Yes, I was tested for COVID-19 and the results were negative.
- ☐ Yes, I was tested for COVID-19, but I do not want to share the results.
- ☐ No, I was not tested for COVID-19, but I was given a medical diagnosis of COVID-19 (they assume I have COVID-19)
- ☐ No, I was not tested for COVID-19, because I could not get a test.
- ☐ No, I have not tried to get a test.

Approximately when did you test positive or were presumed positive for COVID-19?

Have you ever been tested for COVID-19 antibodies?

- ☐ Yes, I was tested for antibodies and am waiting for the results.
- ☐ Yes, I was tested for antibodies and the results were positive.
- ☐ Yes, I was tested for antibodies and the results were negative.
- ☐ Yes, I was tested for antibodies, but I do not want to share the results.
- ☐ No, I was not tested for antibodies, because I could not get a test.
- ☐ No, I have not tried to get a test.

Approximately when did you test positive for antibodies?

Have you been hospitalized due to COVID-19?

- ☐ Yes
- ☐ No

How long were you hospitalized for?

(Days)

Have you been quarantined* at home due to COVID-19?

- ☐ Yes
☐ No

*Mandatory or voluntary medical quarantine due to exposure/infection. This is not the same as shelter-in-place/lockdown/stay-at-home/social distancing.

How long were you quarantined for?

(Days)

There are many definitions of family, for this section please consider the following:

Immediate family includes parents, children, siblings etc.

Extended family includes grandparents, uncles/aunts, cousins, etc.

How many people in your immediate family or extended family have or have had COVID-19?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

Has anyone in your immediate family or extended family been hospitalized because they had COVID-19?

- ☐ Yes
☐ No

Has anyone in your immediate family or extended family been quarantined* at home due to COVID-19?

- ☐ Yes
☐ No

*Mandatory or voluntary medical quarantine due to exposure/infection. This is not the same as shelter-in-place/lockdown/stay-at-home/social distancing.

Has anyone in your family or extended family died from COVID-19?

- ☐ Yes
☐ No

How many of your friends have or have had COVID-19?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

Have any of your friends been hospitalized because of COVID-19?

- ☐ Yes
☐ No

Have any of your friends been quarantined* at home due to COVID-19?

☐ Yes
☐ No

*Mandatory medical quarantine. This is not the same as shelter-in-place/lockdown/stay-at-home/social distancing.

Have any of your friends died from COVID-19?

☐ Yes
☐ No

Do you know anyone else who has tested positive for COVID-19?

☐ Yes
☐ No

How many other people do you know that have tested positive for COVID-19?

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

Have any of these people been hospitalized because of COVID-19?

☐ Yes
☐ No

Have any of these people been quarantined* at home due to COVID-19?

☐ Yes
☐ No

*Mandatory medical quarantine. This is not the same as shelter-in-place/lockdown/stay-at-home/social distancing.

Have any of these people died from COVID-19?

☐ Yes
☐ No

Are you currently caring for someone who has been diagnosed with COVID-19?

☐ Yes
☐ No

Have any of these things happened to you or your family due to COVID-19?

Please check all that apply.

	Me	Person in Family
Job loss	<input type="checkbox"/>	<input type="checkbox"/>
Reduced job hours	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty paying bills or buying necessities (e.g., food)	<input type="checkbox"/>	<input type="checkbox"/>
Having to work longer hours	<input type="checkbox"/>	<input type="checkbox"/>
Filed for unemployment	<input type="checkbox"/>	<input type="checkbox"/>
Applied for public assistance (e.g., food stamps)	<input type="checkbox"/>	<input type="checkbox"/>
Had to lay off or furlough employees	<input type="checkbox"/>	<input type="checkbox"/>

Had to continue to work even though may be in close contact with people who might be infected	<input type="checkbox"/>	<input type="checkbox"/>
Spent a lot of time disinfecting home	<input type="checkbox"/>	<input type="checkbox"/>
Increase in workload	<input type="checkbox"/>	<input type="checkbox"/>
Had a child in home that could not go to school	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty taking care of others	<input type="checkbox"/>	<input type="checkbox"/>
Childcare or babysitting unavailable when needed	<input type="checkbox"/>	<input type="checkbox"/>
Had to take over teaching a child	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends had to move in	<input type="checkbox"/>	<input type="checkbox"/>
Had to move or relocate	<input type="checkbox"/>	<input type="checkbox"/>
Increase in conflict within home	<input type="checkbox"/>	<input type="checkbox"/>

To what degree have changes related to the COVID-19 crisis created financial problems for your family?

- ☐ Extremely
☐ Quite a bit
☐ Moderately
☐ Slightly
☐ Very Slightly
☐ Not at all

Since the onset of the COVID-19 pandemic, how often has the following statement been true in your family?

The food we bought ran out and we didn't have money to get more.

- ☐ Often True
☐ Sometimes True
☐ Never True

Since the onset of COVID-19, have you worried whether your food would run out because of a lack of money?

- ☐ Yes
☐ No

During the academic term, where do you normally live?

- ☐ On campus
☐ Off campus
☐ Other

Other (please describe)

Before COVID-19, where did you normally live?

(City)

(State (if applicable))

(Country)

Before COVID-19, how many others did you normally live with?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6+

Who are each of the people you normally lived with?

(i.e. Mother, Father, Partner, Child, Roommate, etc.)

Has your normal living situation changed since the onset of COVID-19?

- ☐ Yes
☐ No

(Including addition or subtraction of housemates)

Since COVID-19, how many others are you currently living with?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6+

Who are each of the people you currently live with?

(i.e. Mother, Father, Partner, Child, Roommate, etc.)

How many separate rooms are in the house, apartment, or mobile home where you are currently living?

(INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements)

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ More than 5

How many of these rooms are bedrooms?

(If this is a studio apartment, select 0)

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ More than 5

To ensure that you are giving this study your complete attention, please select "Seldom".

- ☐ Always
☐ Often
☐ Sometimes
☐ Seldom
☐ Never

Approximately what date did you begin social distancing?

Which of the following situations have applied to you in relation to COVID-19?

Check all that apply.

- ☐ Voluntary quarantine due to confirmed/suspected case
- ☐ Voluntary quarantine due to fear of exposure
- ☐ Stay-in-order by local government (i.e. only permitted outdoors for essential purposes)
- ☐ Local government encouraging (but not requiring) people to stay home
- ☐ No restrictions currently

How often have you been social-distancing?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

How often are you getting outside of your house for allowed shelter-in-place activities?

(e.g., going on a walk or a run, walking a pet, spending time in your backyard, playing outdoor no-contact sports with members of your family)

- ☐ Multiple times a day
- ☐ Once a day
- ☐ Every couple days
- ☐ Once a week
- ☐ Less than once a week