| Corona Pandemic & The Fallout on Families                    |
|--|
| Survey by:- Aditya Negi                                      |
| Please answer Yes or No for each of the following statements |
| Name: *  |
| Aryan  |
| Someone in the family was exposed to someone with COVID-19 * |
| Yes  |
| ○ No   |
| O NO   |
| Our child/ren's education was disrupted *                    |
| Yes  |
| ○ No   |
|  |
| Our schools / child care centers were closed *               |
| Yes  |
| ○ No   |
|  |

• • •

| We were unable to visit or care for a family member *                                       |
|---|
| Yes   |
| O No  |
|   |
| Was Someone in the family was hospitalized for COVID-19 *                                   |
| Yes   |
| No  |
|   |
| We had to move out of our home *  |
| We had to move out of our nome  |
| Yes   |
|   |
| Yes   |
| Yes   |
| <ul><li>Yes</li><li>● No</li></ul>  |
| <ul> <li>Yes</li> <li>No</li> </ul> Had someone in your family passed away from Covid -19 * |

| We had difficulty getting food *                          |
|---|
| O Yes   |
| No  |
|   |
| We had difficulty getting medicine *                      |
| Yes   |
| No  |
|   |
| We had difficulty getting health care when we needed it * |
| Yes   |
| No  |
|   |
| We had difficulty getting other essentials *              |
| O Yes   |
| No  |
|   |

| We self-quarantined due to travel or possible exposure * |
|--|
| <ul><li>Yes</li><li>No</li></ul>                         |
| Our family income decreased *                            |
| <ul><li>Yes</li><li>No</li></ul>                         |
| A member of the family lost their job permanently *      |
| ○ Yes  |
| No   |
| We lost health insurance/benefits *                      |

|       | We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) * |  |
|-------|--|--|
| No No | <ul><li>Yes</li><li>No</li></ul>   |  |

| We were unable to visit or care for a family member *     |
|---|
| Yes   |
| ○ No  |
|   |
| Was Someone in the family was hospitalized for COVID-19 * |
| Yes   |
| O No  |
|   |
| We had to move out of our home *                          |
| Yes   |
| No  |
|   |
| Had someone in your family passed away from Covid -19 *   |
| Yes   |
| No  |
|   |

| We had difficulty getting food *                          |
|---|
| O Yes   |
| No  |
|   |
| We had difficulty getting medicine *                      |
| Yes   |
| No  |
|   |
| We had difficulty getting health care when we needed it * |
| Yes   |
| No  |
|   |
| We had difficulty getting other essentials *              |
| Yes   |
| No  |
|   |

| We self-quarantined due to travel or possible exposure * |
|--|
| Yes  |
| No   |
| Our family income decreased *                            |
| O Yes  |
| No   |
| A member of the family lost their job permanently *      |
| ○ Yes  |
| No   |
| We lost health insurance/benefits *                      |
| O Yes  |
| No   |

| We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) * |  |
|--|--|
| Yes  |  |
| O No   |  |

| Corona Pandemic & The Fallout on Families                    |
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| Survey by:- Aditya Negi                                      |
| Please answer Yes or No for each of the following statements |
| Name: *  |
| Gourav Mittal  |
| Someone in the family was exposed to someone with COVID-19 * |
| ○ Yes  |
| No   |
| Our child/ren's education was disrupted *                    |
| Yes  |
| O No   |
| Our schools / child care centers were closed *               |
| Yes  |
| ○ No   |

| We were unable to visit or care for a family member *     |
|---|
| Yes   |
| No  |
|   |
| Was Someone in the family was hospitalized for COVID-19 * |
| Yes   |
| No  |
|   |
| We had to move out of our home *                          |
| Yes   |
| No  |
|   |
| Had someone in your family passed away from Covid -19 *   |
| Yes   |
| No  |
|   |

| We had difficulty getting food *                          |
|---|
| Yes   |
| O No  |
|   |
| We had difficulty getting medicine *                      |
| Yes   |
| ○ No  |
|   |
| We had difficulty getting health care when we needed it * |
| Yes   |
| ○ No  |
|   |
| We had difficulty getting other essentials *              |
| Yes   |
| ○ No  |
|   |

| We self-quarantined due to travel or possible exposure *  |
|---|
| <ul><li>Yes</li><li>No</li></ul>                          |
|   |
| Our family income decreased *                             |
| Yes   |
| No  |
|   |
| A member of the family lost their job permanently *       |
| A member of the family lost their job permanently *   Yes |
|   |
| Yes   |
| <ul><li>Yes</li><li>No</li></ul>                          |

| We missed an important family event or it was of funeral, travel [including vacation], other) * | canceled (e.g., wedding, graduation, birth, |
|---|---|
| <ul><li>Yes</li><li>No</li></ul>  |   |

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|--|
| Survey by:- Aditya Negi                                      |
| Please answer Yes or No for each of the following statements |
| Name: *  |
| Anshul   |
| Someone in the family was exposed to someone with COVID-19 * |
| Yes  |
| O No   |
| Our child/ren's education was disrupted *                    |
| Yes  |
| ○ No   |
| Our schools / child care centers were closed *               |
| Yes  |
| No   |
|  |

| We were unable to visit or care for a family member *        |
|--|
| Yes  |
| No   |
|  |
| Was Someone in the family was hospitalized for COVID-19 *    |
| Yes  |
| O No   |
|  |
| We had to move out of our home *                             |
| Yes  |
| O No   |
|  |
|  |
| Had someone in your family passed away from Covid -19 *      |
| Had someone in your family passed away from Covid -19 *  Yes |
|  |

| We had difficulty getting food *                          |
|---|
| Yes   |
| O No  |
|   |
| We had difficulty getting medicine *                      |
| Yes   |
| No  |
|   |
| We had difficulty getting health care when we needed it * |
| Yes   |
| O No  |
|   |
| We had difficulty getting other essentials *              |
| Yes   |
| O No  |
|   |

| We self-quarantined due to travel or possible exposure * |
|--|
| Yes  No  |
| Our family income decreased *                            |
| O Yes  |
| No   |
| A member of the family lost their job permanently *      |
| Yes  |
| ○ No   |
| We lost health insurance/benefits *                      |
| ○ Yes  |
| No   |

| We missed an important family event or it was canceled (e.g., wedding, graduation, birth funeral, travel [including vacation], other) * |  |
|---|--|
| <ul><li>Yes</li><li>No</li></ul>  |  |

| Corona Pandemic & The Fallout on Families                    |
|--|
| Survey by:- Aditya Negi                                      |
| Please answer Yes or No for each of the following statements |
|  |
| Name: *  |
| Sourav   |
|  |
|  |
| Someone in the family was exposed to someone with COVID-19 * |
|  |
| Yes  |
| O No   |
|  |
|  |
| Our child/ren's education was disrupted *                    |
| Yes  |
|  |
| O No   |
|  |
|  |
| Our schools / child care centers were closed *               |
| Yes  |
|  |
| ○ No   |

| We were unable to visit or care for a family member *     |
|---|
| Yes   |
| O No  |
|   |
| Was Someone in the family was hospitalized for COVID-19 * |
| Yes   |
| No  |
|   |
| We had to move out of our home *                          |
| Yes   |
| No  |
|   |
| Had someone in your family passed away from Covid -19 *   |
| Yes   |
| O No  |
|   |

| We had difficulty getting food *                          |
|---|
| Yes   |
| No  |
|   |
| We had difficulty getting medicine *                      |
| Yes   |
| No  |
|   |
| We had difficulty getting health care when we needed it * |
| Yes   |
| O No  |
|   |
| We had difficulty getting other essentials *              |
| Yes   |
| O No  |
|   |

| We self-quarantined due to travel or possible exposure * |
|--|
| Yes  No  |
| Our family income decreased *                            |
| Yes  No  |
|  |
| A member of the family lost their job permanently *      |
| <ul><li>Yes</li><li>No</li></ul>                         |
| We lost health insurance/benefits *                      |
| <ul><li>Yes</li><li>No</li></ul>                         |
|  |

| We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) * |
|--|
| ○ Yes  |
| No   |
|  |

| Corona Pandemic & The Fallout on Families                    |
|--|
| Survey by:- Aditya Negi                                      |
| Please answer Yes or No for each of the following statements |
| Name: *  |
| Siddharth negi   |
| Someone in the family was exposed to someone with COVID-19 * |
| Yes  |
| ○ No   |
| Our child/ren's education was disrupted *                    |
| ○ Yes  |
| No   |
| Our schools / child care centers were closed *               |
| O Yes  |
| No   |

| We were unable to visit or care for a family member *       |
|---|
| Yes   |
| No  |
|   |
| Was Someone in the family was hospitalized for COVID-19 *   |
| Yes   |
| No  |
|   |
| We had to move out of our home *                            |
|   |
| O Yes   |
| Yes  No   |
|   |
|   |
| No  |
| No  Had someone in your family passed away from Covid -19 * |

| We had difficulty getting food *                          |
|---|
| Yes   |
| No  |
|   |
| We had difficulty getting medicine *                      |
| Yes   |
| No  |
|   |
| We had difficulty getting health care when we needed it * |
| Yes   |
| No  |
|   |
| We had difficulty getting other essentials *              |
| Yes   |
| No  |
|   |

| We self-quarantined due to travel or possible exposure * |
|--|
| Yes  No  |
| Our family income decreased *                            |
| Yes  No  |
|  |
| A member of the family lost their job permanently *      |
| Yes  |
| No   |
| We lost health insurance/benefits *                      |
| O Yes  |
| No   |

| We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) * |  |
|--|--|
| Yes  |  |
| No   |  |