Participant ID: 2

The follow 6 questions are about you and household.

Q1. Parent’s Year of Birth

YYYY: \_\_1976\_\_\_\_\_\_

Q2. Parent’s sex

* 1 - Male

P 2 - Female

Q3. Number of children age 12 or younger living with you

* 1 - One child
* 2 - Two children

P 3 - Three children

* 4 -Four or more children

Q4. What is your relationship to your youngest child?

P 1 - Mother (natural, adoptive, stepmother)

* 2 - Father (natural, adoptive, stepmother)
* 3 - Grandparent
* 4 - Others

Q5. These questions are about your concerns and worries about Coronavirus (COVID-19).

How has Coronavirus (COVID-19) impacted you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Question | 1 - Not true of me at all | 2 - Somewhat not true | 3 - Somewhat true | 4 - Very true of me |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5.1 | The Coronavirus has impacted me negatively from a financial point of view. |  | P |  |  |
| 5.2 | I or someone in the family has lost job-related income due to the Coronavirus. |  | P |  |  |
| 5.3 | It has been difficult for me to get the things I need (food, medicine) due to the Coronavirus. |  | P |  |  |
| 5.4 | I have become depressed because of the Coronavirus. |  |  |  | P |
| 5.4 | The Coronavirus outbreak has impacted my psychological health negatively. |  |  |  | P |

Q6. What else should I know about you?

\_\_\_\_\_\_\_I like to drink Koi bubble tea\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_