

COVIDWW v3

Project Baseline

COVID-19, Women, and Worry

American Heart Association Survey: COVID-19, Women, and Worry

Medical History

Has a doctor, nurse, or other healthcare provider ever told you that you have COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Have you ever been tested for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Has a doctor, nurse, or other healthcare provider ever told you that you have had any of the following conditions?

(Please select all that apply):

- ☐ Obesity
- ☐ High Blood Pressure or Hypertension
- ☐ High Cholesterol
- ☐ Heart Disease or Heart Attack
- ☐ Heart Failure
- ☐ Stroke/TIA (transient ischemic attack)
- ☐ Diabetes, Type 1
- ☐ Diabetes, Type 2
- ☐ None of these
- ☐ Other

Other, please specify:

Do you smoke?

- ☐ Yes
- ☐ No

What is your method of smoking?

(Please select all that apply):

- ☐ Cigarette
- ☐ Unfiltered cigarette
- ☐ Pipe
- ☐ Vaping
- ☐ Other

For how many years total have you smoked regularly?

How many days per week do you smoke?

Personal Impact and COVID-19

Below is a list of things many people are experiencing due to COVID-19. Please indicate which of the following have happened to you personally:

I was infected with COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

I was hospitalized due to COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

Someone I am close to was infected with COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

Someone I was close to died from COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

I have experienced reductions in my income or employment benefits due to COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

I lost my job due to COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

I have lost money that I set aside for retirement due to COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

My way of life has significantly been changed due to COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

I have been significantly depressed, anxious or stressed due to COVID-19

- ☐ Yes
- ☐ No
- ☐ I don't know/I'm not sure

COVID-19 and Worry

Please describe your level of **worry or concern** that the following things **may happen** due to COVID-19?

I will personally get sick with COVID-19

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

Someone I am close to will get sick with COVID-19

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

I might make someone else sick with COVID-19

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

COVID-19 is seriously affecting the economy

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

I could lose my job because of COVID-19

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

My investments will lose value due to COVID-19

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

COVID-19 will change my daily way of life

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

I will be depressed or unhappy

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

It will limit how much I enjoy my life

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

It will increase the amount of stress on my family

- ☐ I am not at all worried
- ☐ I am a little worried
- ☐ I am somewhat worried
- ☐ I am moderately worried
- ☐ I am very worried

Why are you worried about personally getting sick from COVID-19?

(Please select top three reasons):

- ☐ It could shorten my life
- ☐ It could cost me a lot of money
- ☐ It could make it difficult for me to pay my major expenses, like my rent, car, food, or prescriptions
- ☐ It could cause me pain
- ☐ It could limit how much I enjoy my life
- ☐ It will make me a burden on my family
- ☐ I might need to be hospitalized
- ☐ I might not get the medicine(s) or care I need to recover
- ☐ Other

Other, please specify:

Why are you worried that someone you are close to getting sick from COVID-19?

(Please select top three reasons):

- ☐ It could shorten their life
- ☐ It could cost me a lot of money
- ☐ it could cost them a lot of money
- ☐ It could cause them pain
- ☐ It could have a long-term impact on the quality of their life
- ☐ It could make them a burden on their family
- ☐ They might have to be hospitalized
- ☐ They might not get the medicine(s) or care they need to recover
- ☐ Other

Other, please specify:

Why are you worried that you **might make someone else sick with COVID-19?**

(Please select top three reasons):

- ☐ They will be mad at me
- ☐ It could shorten their life
- ☐ It could cost me a lot of money
- ☐ It could cost them a lot of money
- ☐ It could cause them pain
- ☐ It could limit how much they enjoy their life
- ☐ It will make them a burden on their family
- ☐ They might have to be hospitalized
- ☐ They might not get the medicine(s) or care they need to recover
- ☐ Other

Other, please specify:

Why are you worried about COVID-19 **impacting the economy?**

(Please select top three reasons):

- ☐ It could cost me a lot of money
- ☐ It could make it hard for me to get my job back or get a new job
- ☐ It could cost my friends and family a lot of money
- ☐ It will increase the stress on me
- ☐ It will increase the stress on my friends and family
- ☐ It could limit how much I enjoy my life
- ☐ It could limit how much others enjoy their life
- ☐ It will make me a burden on my family
- ☐ Other

Other, please specify:

Why are you worried about **losing your job** due to COVID-19?

(Please select top three reasons):

- ☐ It could cost me a lot of money
- ☐ I might not be able to pay my bills
- ☐ I might not be able to buy enough food for me or my family
- ☐ I might not be able to save for retirement
- ☐ I might not be able to pay for my children's education
- ☐ I will lose my health care benefits
- ☐ It could limit how much I enjoy my life
- ☐ It will make me a burden on my family
- ☐ Other

Other, please specify:

Why are you worried that COVID-19 will **change your daily way of life**?

(Please select top three reasons):

- ☐ I will be depressed or unhappy
- ☐ It is limiting how much I enjoy my life
- ☐ It is increasing stress on me
- ☐ It is increasing stress on my family
- ☐ Other

Other, please specify:
