



Please return your completed Perspectives on the Pandemic survey in the pre-addressed postage-paid envelope to the University of Michigan.

If you have any questions about the survey, please feel free to call us at 1-866-611-6476.

THANK YOU!

Conducted by:
The Survey Research Center
at the University of Michigan

Sponsored by:
The National Institute on Aging

HRS

HEALTH AND RETIREMENT STUDY
A Longitudinal Study of Health, Retirement, and Aging
Sponsored by the National Institute on Aging

2021 Perspectives on the Pandemic

It is very important that the questions in this survey be answered by the person to whom the survey is addressed.

If the addressee is unable to complete the survey alone:

It can be filled out by someone who knows this person well enough to answer the questions.

If neither the addressee nor another person is able to complete the survey:

Please return the survey, with a short note of explanation, in the enclosed, prepaid envelope.

{First Name} – FPO
123456A (barcode)

<M. ID>



Conducted by: The Survey Research Center at the University of Michigan
Sponsored by: The National Institute on Aging

**SEE FRONT
COVER
LAYOUT ON
SEPARATE PDF**

PERSPECTIVES ON THE PANDEMIC

ABOUT THIS SURVEY

This is a special one-time survey being conducted by the Health and Retirement Study. Your participation will help us to better understand how the coronavirus pandemic has affected the lives of people like you. The survey asks about your own experiences since March 2020 on a wide variety of topics related to the very difficult year we have just been through. Included in this survey are questions about your health, your economic situation, your opinions about vaccine safety and government response to the pandemic, your relationships with others, and changes to everyday life. In addition, we invite you to tell us about life during the pandemic in your own words.

We hope that you will find this survey interesting to complete. The HRS is widely recognized as a key source of information about the lives of older Americans. For that reason, it is very important for everyone's perspective to be represented. As always, your answers are extremely important to us. Please remember that your participation is voluntary and that you may skip over any questions that you would prefer not to answer.

HOW TO FILL IN THIS SURVEY

Please answer the questions by:

Marking a box like this:

Or writing in a box like this:

| | | | | |
|--|--|---|---|--------|
| | | 2 | 5 | Answer |
|--|--|---|---|--------|

Please use a #2 pencil or a blue/black ink ballpoint pen. DO NOT use a felt tip pen.

Sometimes you may find instructions telling you which questions to answer like this:

Yes (Continue to Q5)

No → (Go to Question Q10 on page 5)

↓

Q5



Section A. COVID-19 Diagnosis and Testing

A1 Have you had, or do you now have, COVID-19? (Mark [X] ONE box.)

- Yes
- Not sure but probably yes
- No → Go to Question A3
- Not sure but probably no → Go to question A3

A2 Did a doctor or other health care provider tell you that you had COVID-19? (Mark [X] ONE box.)

- Yes
- No

A3 Has anyone else you know been diagnosed with COVID-19? (Mark [X] ONE box.)

- Yes
- No → Go to Question A5
- Don't Know → Go to Question A5

A4 Who was diagnosed with COVID-19? (Mark [X] all that apply.)

- My spouse/partner
- A different household member
- Someone outside my household

A5 Has anyone you know died from COVID-19? (Mark [X] ONE box.)

- Yes
- No → Go to Question A7
- Don't Know → Go to Question A7



A6

What was this person's relationship to you? (If more than one person you know has died from COVID-19, mark [X] all that apply.)

- Spouse/Partner
- Child
- Parent
- Sibling
- Other family member
- Friend
- Co-worker
- Acquaintance/ neighbor

A7

Several months ago we sent our participants a kit to test for antibodies to the virus that causes COVID-19. Antibodies show if you have ever had the virus in the past, not if you have an active infection. Did you return that test kit? (Mark [X] ONE box.)

- Yes
- No
- I live in a nursing home (for safety reasons, HRS did not send kits to nursing homes)
- I don't recall receiving a test kit

A8

Have you been tested for antibodies at any other time? (Mark [X] ONE box.)

- Yes, and at least one test was positive
- Yes, and always tested negative
- No
- Don't Know

A9

Have you ever been tested for an active infection with COVID-19? This test might have been called a viral test. Viral tests check specimens from your nose or your mouth (saliva) to find out if you are currently infected with COVID-19. (Mark [X] ONE box.)

- Yes
- No → Go to Question A13



A10 Have you been tested only once, or multiple times? (Mark [X] ONE box.)

- Once
- Multiple times
- Don't Know

A11 Did the test (or any of the tests if you had more than one), indicate that you had COVID-19? (Mark [X] ONE box.)

- Yes
- No → Go to Question A13
- Not so far but I am waiting for results → Go to Question A13

A12 What was the date of the most recent positive test?

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

A13 Several vaccines are now available for COVID-19. Please tell us if you agree or disagree with the following statements about the vaccines.

(Mark (X) one box in each row)

| | Strongly agree | Somewhat agree | Neutral | Somewhat disagree | Strongly disagree | Don't Know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The vaccines are safe and have few side effects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Vaccinated people have good protection from serious illness with COVID-19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Vaccinated people are less likely to spread COVID-19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Life won't go back to normal unless most people are vaccinated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



A14

Are you more concerned about severity of the COVID-19 illness, or are you more concerned about the COVID-19 vaccine side effects? (Mark [X] ONE box.)

- I am more concerned about the COVID-19 illness
- I am more concerned about the COVID-19 vaccine and its side effects
- I am equally concerned about both
- I am not concerned about either
- Don't know

A15

Getting a vaccine for COVID-19 is a personal choice. Below are some reasons people give for why they did or will get a coronavirus vaccine. Please indicate how important each reason is for you.

(Mark (X) one box in each row)

Very Somewhat Not
Important Important Important

a. I want to protect my family

b. I want to protect my community

c. I want to protect myself

d. My age and health conditions make it important that I receive a vaccine

e. My doctor recommends I get a vaccine

f. A vaccine will help me avoid getting seriously ill from the coronavirus

g. It would allow me to feel safe socializing with other people

h. It would allow me to feel safe sending my child to school

i. It would allow me to feel safe going back to work or volunteer activities

j. Other: Specify



A16

Below are some reasons people give for why they might NOT get a COVID-19 vaccine. Please indicate how important each reason is for you.

(Mark (X) one box in each row)

Very Somewhat Not
Important Important Important

a. I am concerned about the side effects and safety

b. I am concerned that the COVID-19 vaccine was developed too fast

c. I don't think the vaccine has been tested on enough people like me yet

d. I think the COVID-19 vaccine will not work

e. I already had COVID-19 and should be immune

f. The vaccine could give me COVID-19

g. COVID-19 is not a serious illness

h. I don't like vaccines

i. I believe vaccines are dangerous

j. I don't like needles

k. I don't think I need a vaccine against COVID-19

l. My doctor says I should not get a COVID-19 vaccine

m. I am not a member of any group that is at high risk from COVID-19

n. Other: Specify



A17

There are different types of places the COVID-19 vaccine is or could be offered. If you **were** to receive a COVID-19 vaccine, how willing would you be to receive it at each one of these places? For each location listed below, please mark [X] how willing you would be to receive a COVID-19 vaccine at that location. PLEASE ANSWER A17 EVEN IF YOU HAVE ALREADY RECEIVED A COVID-19 VACCINE

(Mark (X) one box in each row)

| LOCATION | Definitely Willing | Somewhat Willing | Not too Willing |
|---|--------------------------|--------------------------|--------------------------|
| a. Doctor's office or clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Grocery store | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Local health department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Local police or fire station | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Local school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Local sports stadium | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. At your workplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. In your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Other location: Specify <input style="width: 150px; height: 20px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A18

Several vaccines are now available for the coronavirus. Have you gotten a vaccine? (Mark [X] ONE box.)

- Yes, I've had two shots
- Yes, I've had one shot and am waiting for the second
- Yes, I've had one shot and don't need a second
- I have an appointment to get one soon → Go to Question A19
- No → Go to Question A20



A18a What was the date of your most recent vaccine?

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

A19 Please tell us about your experience getting the vaccine or appointment. Mark (X) all that apply.

- I had to make many phone calls
- I had difficulty using online tools to find appointments
- I got help from friends or family finding available vaccine appointments
- I had no difficulty

IF YOU ANSWERED THAT YOU HAVE HAD A VACCINE OR HAVE AN APPOINTMENT AT QUESTION A18, PLEASE GO TO QUESTION A26

IF YOU HAVE NOT HAD A VACCINE OR SCHEDULED AN APPOINTMENT (NO AT QUESTION A18), PLEASE CONTINUE WITH QUESTION A20

A20 Have you tried to schedule an appointment to get a vaccine? (Mark [X] ONE box.)

- Yes
- No → Go to Question A22

A21 What was the outcome when you tried to schedule an appointment? (Mark [X] all that apply.)

- There were no appointments available
- The available appointments did not work for my schedule
- I was told I am not eligible
- I had trouble understanding the system
- I had technical issues
- I was able to schedule an appointment but I missed my appointment

Other: Specify



A22

Have you visited a vaccine provider without an appointment?

- Yes
- No → Go to Question A24

A23

What was the outcome when you visited a vaccine provider without an appointment? (Mark [X] all that apply.)

- There were no walk-in vaccinations available
- The wait time was too long
- I was told I am not eligible
- Other: Specify

A24

IF YOU HAVE TRIED TO SCHEDULE AN APPOINTMENT (A20), OR HAVE VISITED A PROVIDER WITHOUT AN APPOINTMENT (A22) PLEASE GO TO QUESTION A25. OTHERWISE, CONTINUE WITH QUESTION A24.

Why haven't you tried to get the vaccine? (Mark [X] all that apply.)

- I am not eligible to get a vaccine
- I don't want to get vaccinated
- I don't know how to schedule an appointment
- I don't know where to go for a vaccine
- I am waiting for a vaccine provider to contact me
- The vaccine providers are too far away
- There is a vaccine shortage in my community
- I don't have access to transportation
- I don't have access to a phone or computer
- I don't have time
- I am physically unable to travel
- Other: Specify



A25

How likely are you to take a vaccine once it is available to you? (Mark [X] ONE box.)

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

A26

IF YOU MARKED THAT YOU HAVE NOT HAD OR HAVE PROBABLY NOT HAD THE CORONAVIRUS TO QUESTION A1, SKIP TO SECTION C, PAGE 13.

End of Section A



Section B. Coronavirus Emergency Room/Hospital Visits

The questions in Section B are only for people who have had the coronavirus. Please answer this section only if you answered "Yes" or "Probably Yes" when you were asked whether you had the coronavirus (Question A1).

B1 Did you have to go to the emergency room because of the virus? (Mark [X] ONE box.)

- Yes
 No

B2 Were you admitted to the hospital because of the virus? (Mark [X] ONE box.)

- Yes
 No → Go to Question B6

B3 What date were you admitted for your most recent hospital stay for coronavirus?

/ /
Month Day Year

B4 Altogether, how many nights did you spend in the hospital?

of Nights:

B5 Were you on oxygen or a ventilator while you were in the hospital? (Mark [X] ONE box.)

- Oxygen only
 Ventilator only
 Both oxygen and ventilator
 Neither one

B6 Do you continue to experience health problems related to coronavirus infection? (Mark [X] ONE box.)

- Yes
 No
 Not sure; I have health problems, but I don't know if they are because of coronavirus

End of Section B



Section C. Health Care

C1

Now we have some questions about health care in general, not just related to coronavirus. During the first year of the pandemic, from March 2020 to March 2021, did you **start** regularly taking prescription medications for any of the following common health problems...

(Mark (X) one box in each row)

| | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| a. for pain in your joints or muscles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. for asthma or allergies or other breathing problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. to help you sleep? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. to help relieve anxiety or depression? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. to thin your blood or to prevent blood clots? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C2

Since March 2020, was there any time when you needed medical or dental care, or prescription medicine, but delayed getting it, or did not get it at all? (Mark [X] ONE box.)

- Yes
- No, I did not need care during the pandemic → Go to Question C6
- No, I was able to get the care I needed without delay → Go to Question C6

C3

Did you delay or not get...

| | | Could not afford | Facility not available | The risk of exposure to COVID-19 | Other Reason |
|---|--|--------------------------|------------------------------|--|--------------------------|
| <p>C3a. major surgery that would have required a hospital stay of one or more nights?</p> <p><input type="checkbox"/> Yes →</p> <p><input type="checkbox"/> No</p> <p>↓</p> | <p>C4a. Why did you delay or not get that care? (Mark [X] all that apply.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>C3b. outpatient surgery?</p> <p><input type="checkbox"/> Yes →</p> <p><input type="checkbox"/> No</p> <p>↓</p> | <p>C4b. Why did you delay or not get that care? (Mark [X] all that apply.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



C3 CONT

Did you delay or not get...

Could not afford **Facility not available** **The risk of exposure to COVID-19** **Other Reason**

| | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>C3c. a doctor visit?</p> <p><input type="checkbox"/> Yes →</p> <p><input type="checkbox"/> No</p> <p>↓</p> | <p>C4c. Why did you delay or not get that care? (Mark [X] all that apply.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|

| | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>C3d. dental care?</p> <p><input type="checkbox"/> Yes →</p> <p><input type="checkbox"/> No</p> <p>↓</p> | <p>C4d. Why did you delay or not get that care? (Mark [X] all that apply.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|

| | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>C3e. a prescription?</p> <p><input type="checkbox"/> Yes →</p> <p><input type="checkbox"/> No</p> <p>↓</p> | <p>C4e. Why did you delay or not get that care? (Mark [X] all that apply.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|

| | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <p>C3f. other types of care?</p> <p><input type="checkbox"/> Yes (Specify:) →</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> No</p> | <p>C4f. Why did you delay or not get that care? (Mark [X] all that apply.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|

C5 Thinking about any health care that you delayed or did not get due to the pandemic, did the missed or delayed care cause...

(Mark (X) one box in each row)

| | Yes | No | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| a. a new physical health problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. worsening of an existing physical health problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a new mental health problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. worsening of an existing mental health problem? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



C6

Since March 2020, did you have a telephone or video visit with a doctor instead of an in-person visit with a doctor? (Mark [X] ONE box.)

- Yes
 No

C7

How likely are you to use telephone or video visits with a doctor in the future? (Mark [X] ONE box.)

- Very likely
 Somewhat likely
 Not very likely
 Not at all likely

C8

Compared to before the pandemic, how have the following things changed for you?

(Mark (X) one box in each row)

| | Much Better | Somewhat Better | No Change | Somewhat Worse | Much Worse |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your energy level? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Quality of sleep? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Memory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ability to concentrate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Mood? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Breathing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Ability to walk? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Ability to taste or smell things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Digestive issues such as diarrhea? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

End of Section C



Section D: Economic Impact Payments

D1

Because of the continuing coronavirus crisis, starting with January 2021, some families received additional economic impact payments.

Have you (or your spouse/partner) received any payments in 2021? (Mark [X] ONE box.)

- Yes
 No → Go to Section E, Page 17

D2

How much money did you (and your spouse/partner) receive altogether?

Dollar Amount Received: \$

D3

Thinking about your (and your spouse/partner's) financial situation this year, will the payment lead you to mostly increase spending, mostly to increase saving, mostly to pay off debt, or what? (Mark [X] **ONE** box.)

- Increase spending
 Increase saving
 Pay off debt
 Give it to charity
 Give to family or friends

Other: Specify

D4

Besides what you indicated in Question D3, will the payment lead you to do any of the following? (Mark [X] all that apply.)

- Increase spending
 Increase saving
 Pay off debt
 Give it to charity
 Give to family or friends

Other: Specify

End of Section D



Section E: Work

E1

What kind of work, if any, did you do in early March 2020 before the pandemic started? (Mark [X] ONE box.)

- I worked for pay for someone else
- I was self-employed (I worked for myself / in my own business)
- I worked for someone else and I also worked for myself
- I didn't work. → Go to Question E4

E2

Since March 2020 was there a period of two weeks or more when you were not working? (Mark [X] ONE box.)

- Yes
- No → Go to Question E5

E3

Why did you stop working? (Mark [X] all that apply.)

- Lost job/laid off permanently
- Furloughed/laid off temporarily
- Vacation/voluntary time off
- Illness
- Care for others who needed me
- Quit
- Retired
- Other: Specify

E4

Did you work for a month or more between March 2020 and March 2021?

- Yes
- No → Go to Section F, Page 21



E5 Because of your job, were you considered an essential worker?

- Yes
- No
- I'm not sure

E6 When you worked between March 2020 and March 2021, did you work from home most of the time or did you work at your regular workplace most of the time?

- Home **————→** Go to Question E9
- Regular workplace

E7 At your regular workplace, did you work in close physical contact (within six feet) with your co-workers? If you had more than one job since March 2020, please answer this question for the job you worked at the longest or consider to be your main job. (Mark [X] ONE box.)

- Always
- Sometimes
- Never

E8 At your regular workplace, were you in close physical contact (within six feet) with people who were **not** your co-workers? (Mark [X] ONE box.)

- Always
- Sometimes
- Never

E9 Regardless of whether you worked from home since March 2020, would you like to work from home after the pandemic is over? (Mark [X] ONE box.)

- Yes, all of the time
- Yes, some of the time
- No
- My job could not be done from home.



E10

Compared to before the pandemic, how did the following aspects of your work change during the pandemic from March 2020 to March 2021?

(Mark (X) one box in each row)

| | Increased | Stayed about the same | Decreased | Not applicable |
|---|--------------------------|-----------------------------|--------------------------|--------------------------|
| a. How much physical effort it takes to do your job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How much stress is caused by your job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your enjoyment of your job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The risk or danger of your job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Your work schedule interfering with your ability to fulfill personal responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Job worries or problems distracting you when you are not at work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Not being able to get work done on time because of your home life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. How much your family or personal life drains you of the energy you need to do your job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E11

Consider the employer you worked for or your own business in early March 2020. Was that employer or business affected in any of the following ways because of the coronavirus pandemic? (Mark [X] All that apply.)

- Closed down and remained closed
- Closed down for some time
- Amount of business decreased
- Amount of business increased
- Incurred major losses
- Switched to do something else
- None of the above

E12

Did your employer or business apply for government loans to help get through the pandemic?

- Yes → Go to Question E13
- No → Go to Question E14
- Don't know → Go to Question E14



E13 Did they receive a loan?

- Yes
- No
- Don't know

E14 **ANSWER THIS QUESTION ONLY IF YOU MARKED “Closed down and remained closed” AT QUESTION E11.**

If your employer or your business closed down and has remained closed, do you think it will reopen after the pandemic? Mark [X] ONE box.)

- Yes
- No
- Don't know

End of Section E



Section F. Income and Spending

F1

This section asks questions about income, spending, and financial well-being. If you live with other people, the questions in this section refer to the income, spending, and well-being of your entire household.

Since March 2020, has your household's income gone up, gone down or stayed about the same? (Mark [X] ONE box.)

- Income went up
 Income went down
 Stayed about the same **—————>** Go to Question F3

F2

Overall, how did the following types of income change?

(Mark (X) one box in each row)

| | Increased | Decreased | No Change | My Household does not have this kind of income |
|--|--------------------------|--------------------------|--------------------------|---|
| a. Earnings from work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Income from retirement plans or other assets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Income from business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Income from the government, not counting the impact checks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other types of income not in this list: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify <input style="width: 250px; height: 30px;" type="text"/> | | | | |
| f. Other types of income not in this list: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify <input style="width: 250px; height: 30px;" type="text"/> | | | | |

F3

Has your household's spending gone up, gone down, or stayed the same since March 2020? (Mark [X] ONE box.)

- Spending went up
 Spending went down
 Stayed about the same



F4

Since March 2020, how often did you experience any of the following?

(Mark (X) one box in each row)

| | Never | Sometimes | Often | Always or Nearly Always |
|---|--------------------------|--------------------------|--------------------------|-------------------------------|
| a. Missed any regular payments on rent or mortgage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Missed any regular payments on credit cards or other debt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Missed any other regular payments such as utilities or insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Could not pay medical bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Didn't have enough money to buy food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Had trouble buying food even though had money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any other financial hardship not in this list: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specify <input type="text"/> | | | | |

End of Section F



Section G. Living Arrangements and Caregiving

G1

Did you change where you live for one month or more since March 2020 because of the coronavirus pandemic? (Mark [X] ONE box.)

- Yes
 No → Go to Question G3

G2

Where did you move? (Mark [X] all that apply.)

- To my/our own home
 To a child's/stepchild's home
 To a home of some other family member
 To a friend's home
 To a health care facility (including nursing home)
 Other place not listed: Specify

G3

Did someone move in with you for a month or more since March 2020 because of the coronavirus pandemic? (Mark [X] ONE box.)

- Yes
 No → Go to Question G5

G4

Who moved in with you and lived with you for more than a month since March 2020? (Mark [X] all that apply.)

- One or more of your children (including spouse's or partner's children)
 One or more of your grandchildren (including spouse's or partner's grandchildren)
 One or more of your parents (own or spouse's or partner's)
 One or more other people

G5

Do you currently live alone? (Mark [X] ONE box.)

- Yes → Go to Question G7
 No



G6 If you live with someone else, who is that? (Mark [X] all that apply.)

- My spouse or partner
- One or more children or grandchildren (including spouse's or partner's)
- One or more parents (own or spouse's or partner's)
- One or more other people

G7 The coronavirus pandemic has affected many aspects of families' lives and many people have needed help. Because of the coronavirus pandemic, did anyone living **outside** your household **help you (and your spouse/partner) with money or paying bills, shopping for groceries, errands, rides, or chores, or with advice, encouragement, moral or emotional support?** (Mark [X] ONE box.)

- Yes
- No → Go to Question G9

G8 Who helped you with...

(Mark (X) one box in each row)

| | Child(ren) or grand- child(ren) | Parent(s) or other relative(s) | Friend(s) | Neighbor(s) or other non- relative(s) | Other | No one helped me/us with this |
|--|---------------------------------------|--------------------------------------|--------------------------|--|--------------------------|--|
| a. money or paying bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. shopping for groceries, errands, rides, or chores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. advice, encouragement, moral or emotional support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G9 Because of the coronavirus pandemic, have **you (and your spouse/partner) helped** anyone living **outside** your household **with money or paying bills, shopping for groceries, errands, rides, or chores, or with advice, encouragement, moral or emotional support?** (Mark [X] ONE box.)

- Yes
- No → Go to Section H, Page 26



G10

Whom did you help with...

(Mark (X) one box in each row)

| | Child(ren) or grand- child(ren) | Parent(s) or other relative(s) | Friend(s) | Neighbor(s) or other non- relative(s) | Other | I/we helped no one with this |
|--|---------------------------------------|--------------------------------------|--------------------------|--|--------------------------|---------------------------------------|
| a. money or paying bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. shopping for groceries, errands, rides, or chores | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. advice, encouragement, moral or emotional support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

End of Section G

Section H. Everyday Life during the Pandemic

Since March 2020, the coronavirus pandemic has led to many changes in everyday life. We are interested in hearing how much these changes have affected you.

H1

On a scale from 0 to 10 where 0 means “not at all worried” and 10 means “very worried,” during the first year of the pandemic from March 2020 to March 2021, how worried were you about...

(Mark (X) one box in each row)

Not at all
worried

Very
worried

a. your own health?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

b. the health of others in your family?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

c. your financial situation?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

d. being able to get help if you needed it from family, friends, or others?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

e. what will happen in the future?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

H2

On a scale from 0 to 10 where 0 means “no control at all” and 10 means “very much control,” during the first year of the pandemic from March 2020 to March 2021 how would you rate...

(Mark (X) one box in each row)

No control
at all

Very much
control

a. the amount of control you had over your health?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

b. the amount of control you had over your social life?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

c. the amount of control you had over your financial situation ?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |



H3

During the first year of the pandemic from March 2020 to March 2021, to what degree did you feel...

(Mark (X) one box in each row)

| | Very much | Quite a bit | Moderately | A little | Not at all |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. hopeful? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. happy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. calm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. content? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. determined? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. bored? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. distressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. afraid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. worried? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. lonely? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. sad? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. nervous? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H4

Since March 2020, was there ever a time when you felt sad, blue, or depressed **FOR TWO WEEKS OR MORE IN A ROW?**

- Yes → Go to Question H6
- No
- Don't know

H5

Since March 2020, was there **EVER A TIME LASTING TWO WEEKS OR MORE** when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- Yes → Go to Question H6
- No
- Don't know



H6

ANSWER H6-H8 ONLY IF YOU MARKED “YES” TO QUESTION H4 OR “YES” TO QUESTION H5. ALL OTHERS SHOULD SKIP TO QUESTION H9.

Please think of the **two-week period when these feelings of sadness or loss of interest were at their worst**. During that two-week period did the feelings or loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

- All day long
- Most of the day
- About half the day
- Less than half the day

H7

Did you feel this way every day, almost every day, or less often during the two weeks?

- Every day
- Almost every day
- Less often

H8

During those two weeks did...

(Mark (X) one box in each row)

| | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| a. you feel tired out or low energy all the time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. you lose your appetite? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. your appetite increase? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. you have more trouble falling asleep than you usually do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. you have a lot more trouble concentrating than usual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. you feel down on yourself, no good, or worthless? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. you think a lot about death -- either your own, someone else's, or death in general? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



H9

The next two questions are about the amount of contact with those family and friends who do not live with you. First, think about the amount of **in-person contact** you had. Compared with the months prior to March 2020 how did the amount of in-person contact you had change during the first year of the pandemic from March 2020 to March 2021? Did the amount of in-person contact with...

(Mark (X) one box in each row)

| | Increase | Decrease | About the same | Doesn't apply to me |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. your children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. your grandchildren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. your parents or in-laws | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. other family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. your friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. your neighbors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H10

Now, please think about the **other kinds of contact** you had with those family and friends who do not live with you, such as telephone or internet contact using phone, email, Facetime, Facebook, Skype, Zoom, or social media. Compared with the months prior to March 2020 how did the amount of this type of contact you had change during the first year of the pandemic from March 2020 to March 2021? Did the amount of this type of contact with...

(Mark (X) one box in each row)

| | Increase | Decrease | About the same | Doesn't apply to me |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. your children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. your grandchildren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. your parents or in-laws | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. other family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. your friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. your neighbors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



H11

Since March 2020, how has the quality of any of your relationships with people outside your household changed? Is the quality of your relationship with...

(Mark (X) one box in each row)

| | Better | Worse | About the same | Doesn't apply to me |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. your children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. your grandchildren | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. your parents or in-laws | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. other family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. your friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. your neighbors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H12

Since March 2020, how often have you experienced discrimination in everyday life (for example, because of your race/ethnicity, age, gender, financial status, disability, weight, physical appearance, religion, or other reason)? (Mark [X] ONE box.)

- Often
- Sometimes
- Hardly ever
- Never

H13

Is this about the same, more, or less often than before the outbreak? (Mark [X] ONE box.)

- About the same
- More often
- Less often



H14

During the first year of the pandemic from March 2020 to March 2021, how often did you...

(Mark (X) one box in each row)

| | Always | Most of the time | Half the time | Less than half the time | Never | Doesn't apply to me |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. wear a mask around other people outside your home (for example, in shops)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. keep distance from others when you went outside your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. wash your hands with soap or use hand sanitizer after being around others? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H15

Compared to the months before March 2020, how much did your activities change during the first year of the pandemic from March 2020 to March 2021? Was there a change in how **often** you...

(Mark (X) one box in each row)

| | Did more often | Did less often | About the same | Did not do before March 2020 and do not do now |
|---|--------------------------|--------------------------|--------------------------|--|
| a. left your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. went shopping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. traveled to visit family members? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. traveled to visit friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. attended religious services outside your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. prayed, meditated or did other spiritual activities at home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. exercised at home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Compared to the months before March 2020, how much did your activities change during the first year of the pandemic from March 2020 to March 2021? Was there a change in how **often** you...

(Mark (X) one box in each row)

| | Did more often | Did less often | About the same | Did not do before March 2020 and do not do now |
|--|--------------------------|--------------------------|--------------------------|--|
| h. walked outside your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. did hobbies, crafts, or puzzles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. watched TV, Netflix, stream movies, or shows? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. volunteered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. did garden work or home repairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. read books, magazines, or newspapers (in print or digitally)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. ate or drank in a restaurant, café, or bar? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. spent time in a public park, beach, or nature area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. visited an arts or cultural site (for example, museum, theater, art gallery)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. exercised in a recreational facility (for example, gym, studio, pool)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. provided or assisted your children or grandchildren with home schooling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. cooked meals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. drank alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. ate chips, candies, or other junk food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. used cigarettes, e-cigarettes, or other tobacco? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



H16

Since March 2020, have you learned how to use a new technology device (for example, an iPad), application, or computer program? (Mark [X] ONE box.)

- Yes
 No

H17

In your neighborhood, compared to before the coronavirus pandemic started in March 2020, what is the availability now of...

(Mark (X) one box in each row)

| | More | About the same | Less | Does not apply to my neighborhood | Don't know |
|---|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|
| a. community events and gatherings (for example, fairs, markets, live music)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. places to shop? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. places to eat and drink? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. places to receive healthcare? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. places to be physically active? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. places to learn (for example, museums, galleries, libraries, classes)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. places to socialize with people around your own age? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. places to socialize with people of different ages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



H18

In your opinion, during the first year of the pandemic from March 2020 to March 2021, did the government in your state and local area do too much or too little of the following steps to slow the spread of the virus?

(Mark (X) one box in each row)

| | Definitely too much | Somewhat too much | About Right | Somewhat too little | Definitely too little |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Requiring masks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Closing schools? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Closing places of worship? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Closing restaurants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Closing bars? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Closing hair salons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Closing gyms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Closing movie theaters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Banning evictions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Banning utility shut-offs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H19

During the first year of the pandemic from March 2020 to March 2021, how often would you say that people in your area wore masks that cover their nose and mouth when in public places such as stores? (Mark [X] ONE box.)

- Most of the time
- More than half the time
- Half the time
- Less than half the time
- Rarely or never



H20

These next questions are about household pets. Did you have one or more pets in early March 2020? (Mark [X] ONE box.)

- Yes
- No, didn't have pets in early March 2020 but have gotten pets since then → Go to Question H25
- No, didn't have pets in early March 2020 and haven't gotten pets since then → Go to Question H27

H21

What kind of pets did you have in early March 2020? (Mark [X] all that apply.)

- Dog
- Cat
- Bird
- Small furry animal like a ferret, rabbit, hamster, guinea pig
- Scaly animal like a lizard, gecko, snake
- Fish
- Other: Specify

H22

Compared to the months prior to March 2020, did you spend more, less, or about the same amount of time with your pet(s) during the first year of the pandemic from March 2020 to March 2021? (Mark [X] ONE box.)

- More
- Less
- About the same

H23

Compared to the months prior to March 2020, did you worry about your pet(s) more, less, or about the same during the first year of the pandemic from March 2020 to March 2021? (Mark [X] ONE box.)

- More
- Less
- About the same



H24 Have you gotten any new pets since March 2020? (Mark [X] ONE box.)

- Yes
 No → Go to Question H26

H25 What kind of new pet(s) did you get since March 2020? (Mark [X] all that apply.)

- Dog
 Cat
 Bird
 Small furry animal like a ferret, rabbit, hamster, guinea pig
 Scaly animal like a lizard, gecko, snake
 Fish
 Other: Specify

H26 Think back to how you felt in early March 2020 before the pandemic started. Since that time, has your pet (or all of your pets if you have more than one), helped to...

(Mark (X) one box in each row)

| | Yes | No | Does not apply |
|---|--------------------------|--------------------------|--------------------------|
| a. reduce your anxiety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. make you happier? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. make other people in your household happier? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



H27

Even in hard times, sometimes people experience good things and learn new things about themselves. Please think about your own experiences since March 2020. How much do you agree or disagree with the following statements?

(Mark (X) one box in each row)

| | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I tend to recover quickly after difficult times like this one. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I have learned some positive things from this situation about myself. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I found greater meaning in work or my other activities and hobbies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I now feel more in touch with people in my local community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I found new ways to connect socially with other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I am now more appreciative of things that I had taken for granted before. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H28

Please use the space below to tell us about how the coronavirus pandemic has affected your life. First, what were the worst things?

| |
|--|
| |
| |
| |
| |
| |



H29

And what were the best things?

| |
|--|
| |
| |
| |
| |
| |

H30

Were the questions in this questionnaire answered by the person to whom this questionnaire was addressed, or did someone else answer for that person? (Mark [X] ONE box.)

- Yes, the questions were answered by the person to whom the questionnaire was addressed
- The questions were answered by that person's spouse or partner
- The questions were answered by that person's son or daughter
- The questions were answered by someone else: Please say if you are a relative, a friend, a care provider, or what:

| |
|--|
| |
|--|

H31

Approximately, how long did it take you to complete this questionnaire?

| | | |
|--|--|--|
| | | |
|--|--|--|

of minutes



**SEE BACK
COVER
LAYOUT ON
SEPARATE PDF**