



National Health &
Aging Trends Study

how daily life changes as we age

National Health and Aging Trends Study COVID-19 Questionnaire

ABOUT THIS QUESTIONNAIRE


The National Health and Aging Trends Study (NHATS) is collecting information about the experiences of those who have supported or helped NHATS participants during the COVID-19 (also called “coronavirus”) pandemic. Your answers will help researchers better understand how the lives of the families and friends of older adults are being affected by this outbreak.

Your participation is voluntary, but the information you provide will ensure people like you are represented. The questionnaire should take about 20-25 minutes to complete, although time may vary. We have included \$5 as a small token of thanks. Your answers will be kept confidential and used for research purposes only.

INSTRUCTIONS

Please use a black or blue pen to mark your answers. Mark boxes with an X, like this: ☒ and write a number in a box, like this:

1	0
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If you want to change your answer, darken the box like this:  and mark the correct answer or write it next to the box.

When we want some participants to skip questions that do not apply to them, we use an arrow → and tell you the question number to go to next.

When you are finished, please mail your completed questionnaire back to us in the enclosed postage-paid return envelope. If you have any questions, please call us toll-free at 1-888-364-8271.

TODAY'S DATE

1. Please fill in today's date:

		/			/	2	0	2	0
Month			Day			Year			

cv10dintmonth R10 D COVID-19 SP PROXY Q1_MM MONTH COMPLETED
 cv10dintyear R10 D COVID-19 SP PROXY Q1_YYYY YEAR COMPLETED

ABOUT YOU

2. Are you an NHATS participant or someone else filling out the questionnaire for an NHATS participant?

- cv10dproxy R10 D COVID-19 SP Q2 PROXY Q3E SP OR PROXY
- ☐ I am an NHATS participant → *Please go to Question 5, next page*
- ☐ I am filling out this questionnaire for an NHATS participant → *Please answer Question 3*

3. What is your relationship to the NHATS participant?

- cv10dprxyrelat R10 D COVID-19 SP Q3 PROXY Q2 PROXY RELATIONSHIP TO SP
- ☐ Spouse or partner
- ☐ Adult child
- ☐ Another relative
- ☐ I am not related to the NHATS participant

4. What is the reason you are answering for the NHATS participant? Mark all that apply.

- ☐ The NHATS participant has dementia or cognitive impairment
 cv10dreasnprx1 R10 D COVID-19 SP Q4A PROXY Q3A PROXY REAS SP DEMENTIA
- ☐ The NHATS participant is too ill / has physical health issues
 cv10dreasnprx2 R10 D COVID-19 SP Q4B PROXY Q3B PROXY REAS SP SP ILL
- ☐ The NHATS participant does not read well enough
 cv10dreasnprx3 R10 D COVID-19 SP Q4C PROXY Q3C PROXY REAS SP DOES NOT READ WELL ENOUGH
- ☐ The NHATS participant is temporarily unavailable
 cv10dreasnprx4 R10 D COVID-19 SP Q4D PROXY Q3D PROXY REAS TEMP UNAVAIL
- ☐ Other reason, *please specify:*
 cv10dreasnprx5 R10 D COVID-19 SP Q4E PROXY Q3E PROXY REAS OTHER

SYMPTOMS OF COVID-19

5. **Have you had any symptoms of COVID-19?** *Common symptoms include fever, cough, and difficulty breathing. Other symptoms include chills, muscle pain, sore throat, headache, and loss of smell or taste.*

cv10dsymptoms R10 D COVID-19 SP PROXY Q5 SP HAD SYMPTOMS COVID-19

☐ Yes

☐ No

6. **Has a doctor or other health professional told you that you may have had COVID-19?**

cv10dcoviddoc R10 D COVID-19 SP PROXY Q6 SP TOLD HAD COVID-19 BY DOCTOR

☐ Yes, definitely

☐ Yes, possibly

☐ No

7. **Have you had a positive test for COVID-19?**

cv10dpositive R10 D COVID-19 SP PROXY Q7 SP POSITIVE COVID-19 TEST

☐ Yes

☐ No

8. **If you have had symptoms or a diagnosis or positive test, when your symptoms were at their worst, how bad or bothersome were they?**

cv10dsymplvl R10 D COVID-19 SP PROXY Q8 SP HOW BAD WERE COVID-19 SYMPTOMS

☐ Mild

☐ Moderate

☐ Severe

☐ Very severe

☐ Does not apply (did not have symptoms, diagnosis or positive test)

9. **Did any people living with you have symptoms or a diagnosis or a positive test for COVID-19?** *If you live in an apartment building or assisted, independent or nursing facility, please answer about your own apartment/unit.*

cv10dcovidoth R10 D COVID-19 SP PROXY Q9 OTHERS IN HH HAD COVID-19

☐ Yes

☐ No

☐ I haven't lived with anyone else during the outbreak

WHAT WE MEAN BY DURING THE COVID-19 OUTBREAK

10. Many of the questions in this booklet ask you to think about BEFORE and DURING the COVID-19 outbreak. In most places, the effects of the outbreak first began in March 2020. In some places, the outbreak and its effects on daily life may still be ongoing; in others, the outbreak and its effects may have ended.

Is the COVID-19 outbreak still affecting daily life in your State?

cv10dstillcovid R10 D COVID-19 SP PROXY Q10 COVID-19 STILL AFFECTING LIFE

☐ Yes “During the COVID-19 outbreak” means from March 2020 until now → Please go to Question 12, next page

☐ No → Please answer Question 11

11. In what month would you say that the outbreak ended in your State?

cv10dmonthend R10 D COVID-19 SP PROXY Q11 MONTH COVID-19 OUTBREAK ENDED

- ☐ April 2020
☐ May 2020
☐ June 2020
☐ July 2020
☐ August 2020
☐ September 2020
☐ October 2020
☐ November 2020
☐ December 2020

“During the COVID-19 outbreak”
means from March 2020 until
the month marked here

MEASURES TO LIMIT SPREAD OF COVID-19

12. DURING the COVID-19 outbreak, have you ever done the following to keep the disease from spreading?

	Yes	No	Does not apply
a. Frequently wash your hands or use sanitizer cv10dhandwash R10 D COVID-19 SP PROXY Q12A HANDWASHING	<input type="checkbox"/>	<input type="checkbox"/>	
b. Avoid contact with people living with you cv10davoidhh R10 D COVID-19 SP PROXY Q12B AVOID PEOPLE IN HH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Avoid contact with people <u>not</u> living with you cv10davoidnothh R10 D COVID-19 SP PROXY Q12C AVOID PEOPLE NOT IN HH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay at least 6 feet away from people not living with you cv10dsixftaway R10 D COVID-19 SP PROXY Q12D STAY SIX FT AWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Limit group gatherings like get-togethers with family <u>not</u> living with you cv10dlimitfam R10 D COVID-19 SP PROXY Q12E LIMIT FAMILY GATHERINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoid being in restaurants and bars cv10davoidrest R10 D COVID-19 SP PROXY Q12F AVOID RESTAURANTS BARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Limit shopping and other errands cv10dlimitshop R10 D COVID-19 SP PROXY Q12G LIMIT SHOPPING ERRANDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Wear a face mask when going out cv10dmask R10 D COVID-19 SP PROXY Q12H WEAR MASK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Avoid touching your face when you are out cv10dface R10 D COVID-19 SP PROXY Q12I AVOID TOUCHING FACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSISTED, INDEPENDENT, AND NURSING FACILITIES

13. Are you living in an assisted living, independent living, nursing home or other type of place that offers help with daily activities?

This includes places that have different areas you can move to if you need care, offer help with medications or activities such as bathing or dressing, or offer meals for residents. Please mark yes if you live in an assisted living facility, independent living facility, continuing care retirement community, nursing home, group home, personal care home or other type of group care setting.

cv10dfacility R10 D COVID-19 SP PROXY Q13 SP LIVES IN FACILITY

☐ Yes → Please answer Question 14, next page

☐ No → Please go to Question 17, page 8

14. Have any (other) residents or staff in the place you live had symptoms or a diagnosis or a positive test for COVID-19?

cv10dresstaffpos R10 D COVID-19 SP PROXY Q14 RESIDENTS OR STAFF HAD COVID

- ☐ Yes
- ☐ No
- ☐ Unsure

15. Have all residents been tested for COVID-19?

cv10drestested R10 D COVID-19 SP PROXY Q15 RESIDENTS TESTED

- ☐ Yes
- ☐ No
- ☐ Unsure

16. DURING the COVID-19 outbreak, has the place where you live ever done the following?

	Yes	No	Not usually offered
a. Stopped or limited outside visitors cv10dlimvis R10 D COVID-19 SP PROXY Q16A PLACE LIMITED VISITORS	<input type="checkbox"/>	<input type="checkbox"/>	
b. Required all residents to stay in their units/rooms cv10dstayrm R10 D COVID-19 SP PROXY Q16B PLACE REQUIRED STAY IN RM	<input type="checkbox"/>	<input type="checkbox"/>	
c. For residents returning from outside, required them to stay in their units/rooms for a specific period of time ("quarantine" or "isolation") cv10dquarantine R10 D COVID-19 SP PROXY Q16C PLACE REQUIRED QUARANTINE	<input type="checkbox"/>	<input type="checkbox"/>	
d. Stopped providing group meals in a common area cv10dstopmeal R10 D COVID-19 SP PROXY Q16D PLACE STOPPED GRP MEALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stopped group activities in a common area cv10dstopgrpact R10 D COVID-19 SP PROXY Q16E PLACE STOPPED GRP ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Stopped facility-provided transportation for non-essential trips cv10dstoptranspo R10 D COVID-19 SP PROXY Q16F PLACE STOPPED TRANSPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Required staff to wear masks cv10dstafmasks R10 D COVID-19 SP PROXY Q16G PLACE REQUIRED STAFF MASKS	<input type="checkbox"/>	<input type="checkbox"/>	
h. Increased cleaning and disinfecting cv10dcleaning R10 D COVID-19 SP PROXY Q16H PLACE INCREASED CLEANING	<input type="checkbox"/>	<input type="checkbox"/>	
i. Helped residents keep in touch with family or friends online cv10dhlponline R10 D COVID-19 SP PROXY Q16I PLACE HELPED ONLINE	<input type="checkbox"/>	<input type="checkbox"/>	

CHANGES IN YOUR LIVING SITUATION

17. DURING the COVID-19 outbreak, have you ever moved, even for a short time?

☐ Yes, I moved → *Please answer Question 18*

☐ No, I did not move → *Please go to Question 21*

cv10dmoved

R10 D COVID-19 SP PROXY Q17 EVER MOVED DURING COVID

18. Did you move in with family or friends or to some other place?

☐ With family

☐ With friends

☐ To some other place

cv10dwheremove

R10 D COVID-19 SP PROXY Q18 MOVE IN WITH FAMILY OR FRIENDS

19. How long did you live in this new place?

☐ Less than 1 month

☐ 1 to 3 months

☐ 4 to 5 months

☐ 6 or more months

cv10dhowlongstay

R10 D COVID-19 SP PROXY Q19 HOW LONG LIVE NEW PLACE

20. Where do you live now?

☐ Still living in new place

☐ Moved back to where I used to live before the outbreak

☐ Moved somewhere else

cv10dstilllive

R10 D COVID-19 SP PROXY Q20 STILL LIVE NEW PLACE

21. DURING the COVID-19 outbreak, has anyone ever moved in with you, even for a short time?

☐ Yes, someone moved in → *Please answer Question 22*

☐ No, no one moved in → *Please go to Question 25, next page*

cv10dmoveinyou

R10 D COVID-19 SP PROXY Q21 ANYONE MOVE IN WITH YOU

22. Who moved in with you? Mark all that apply.

☐ One or more of my children (include step- and in-laws)

cv10dmovedinchild

R10 D COVID-19 SP PROXY Q22A CHILD(REN) MOVED IN

☐ One or more of my grandchildren (include step- and in-laws)

cv10dmovedingrand

R10 D COVID-19 SP PROXY Q22B GRANDCHILD(REN) MOVED IN

☐ One or more of my parents (include step- and in-laws)

cv10dmovedinparent

R10 D COVID-19 SP PROXY Q22C PARENT(S) MOVED IN

☐ Another type of relative

cv10dmovedinrel

R10 D COVID-19 SP PROXY Q22D ANOTHER RELATIVE MOVED IN

☐ One or more friends

cv10dmovedinfriend

R10 D COVID-19 SP PROXY Q22E FRIEND(S) MOVED IN

☐ Another type of non-relative

cv10dmovedinoth

R10 D COVID-19 SP PROXY Q22F OTHER NON-RELATIVE MOVED IN

23. How long did they live with you?

cv10dhowlonglive R10 D COVID-19 SP PROXY Q23 HOW LONG OTHER LIVED WITH SP

- ☐ Less than 1 month
- ☐ 1 to 3 months
- ☐ 4 to 5 months
- ☐ 6 or more months

24. Are they still living with you or did they move out?

cv10dstilllivewithyou R10 D COVID-19 SP PROXY Q24 STILL LIVING WITH SP

- ☐ Still living with me
- ☐ Moved out

CHANGES IN CONTACT WITH FAMILY AND FRIENDS

25. BEFORE the COVID-19 outbreak, in a typical week, how often were you in contact with family and friends not living with you by:

	At least daily	A few times a week	About once a week	Less than once a week	Never
a. Phone calls cv10dbefphone R10 D COVID-19 SP PROXY Q25A BEFORE COVID FF PHONE CALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emails, texts, or social media messages. <i>This includes Facebook messages.</i> cv10dbefemail R10 D COVID-19 SP PROXY Q25B BEFORE COVID FF EMAIL TEXT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i> cv10dbefvideo R10 D COVID-19 SP PROXY Q25C BEFORE COVID FF VIDEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In person visits cv10dbefinperson R10 D COVID-19 SP PROXY Q25D BEFORE COVID FF IN PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. DURING the COVID-19 outbreak, in a typical week, how often have you been in contact with family and friends not living with you by:

	At least daily	A few times a week	About once a week	Less than once a week	Never
a. Phone calls <small>cv10ddurphone R10 D COVID-19 SP PROXY Q26A DURING COVID FF PHONE CALLS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emails, texts, or social media messages. <i>This includes Facebook messages.</i> <small>cv10dduremail R10 D COVID-19 SP PROXY Q26B DURING COVID FF EMAIL TEXT</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i> <small>cv10ddurvideo R10 D COVID-19 SP PROXY Q26C DURING COVID FF VIDEO</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In person visits <small>cv10ddurinperson R10 D COVID-19 SP PROXY Q26D DURING COVID FF IN PERSON</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. DURING the COVID-19 outbreak, in a typical week, how often have family members or friends given you advice, encouragement or emotional support?

cv10drecadvice R10 D COVID-19 SP PROXY Q27 DURING COVID FF GIVE SP ADVICE

- ☐ At least daily
- ☐ A few times a week
- ☐ About once a week
- ☐ Less than once a week
- ☐ Never

28. DURING the COVID-19 outbreak, in a typical week, how often have you given family members or friends advice, encouragement or emotional support?

cv10dgiveadvice R10 D COVID-19 SP PROXY Q28 DURING COVID SP GIVE FF ADVICE

- ☐ At least daily
- ☐ A few times a week
- ☐ About once a week
- ☐ Less than once a week
- ☐ Never

CHANGES IN OTHER ACTIVITIES

29. DURING the COVID-19 outbreak, have you ever missed any of the following or had any of the following cancelled?

	Yes	No
a. Birthday party cv10dmissbday R10 D COVID-19 SP PROXY Q29A DURING COVID MISSED BIRTHDAY	<input type="checkbox"/>	<input type="checkbox"/>
b. Wedding cv10dmisswed R10 D COVID-19 SP PROXY Q29B DURING COVID MISSED WEDDING	<input type="checkbox"/>	<input type="checkbox"/>
c. Funeral cv10dmissfuneral R10 D COVID-19 SP PROXY Q29C DURING COVID MISSED FUNERAL	<input type="checkbox"/>	<input type="checkbox"/>
d. Religious celebrations cv10dmissrelcel R10 D COVID-19 SP PROXY Q29D DURING COVID MISSED REL CEL	<input type="checkbox"/>	<input type="checkbox"/>
e. Planned vacation or trip cv10dmissstrip R10 D COVID-19 SP PROXY Q29E DURING COVID MISSED TRIP	<input type="checkbox"/>	<input type="checkbox"/>
f. Visit with family or friend in the hospital cv10dmisshospvis R10 D COVID-19 SP PROXY Q29F DURING COVID MISSED HOSP VISIT	<input type="checkbox"/>	<input type="checkbox"/>
g. Visit with family or friend in a nursing home, assisted living, group home or other care facility cv10dmissltcv R10 D COVID-19 SP PROXY Q29G DURING COVID MISSED LTC VISIT	<input type="checkbox"/>	<input type="checkbox"/>
h. Sporting events, concerts or plays cv10dmissleisure R10 D COVID-19 SP PROXY Q29H DURING COVID MISSED LESIURE	<input type="checkbox"/>	<input type="checkbox"/>

30. DURING the COVID-19 outbreak, in a typical week, how often have you left your home to go to the following places?

	At least daily	A few days a week	About once a week	Less than once a week	Have not left home
a. Just outside my home, in my yard, or on my deck or patio cv10dyrdoft R10 D COVID-19 SP PROXY Q30A DURING COVID HOW OFT YRD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In my immediate neighborhood cv10dnbrhdoft R10 D COVID-19 SP PROXY Q30B DURING COVID HOW OFT NBRHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Outside of my immediate neighborhood cv10dbeyondoft R10 D COVID-19 SP PROXY Q30C DURING COVID HOW OFT BEYOND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. DURING the COVID-19 outbreak, in a typical week, have you spent more or less time than you did before the outbreak:

	More	Less	Same amount	Didn't do before and during
a. Walking for exercise cv10dwalkamt R10 D COVID-19 SP PROXY Q31A DURING COVID MORE LESS WALKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doing vigorous activities cv10dactvamt R10 D COVID-19 SP PROXY Q31B DURING COVID MORE LESS VIG ACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, including snacking cv10deatamt R10 D COVID-19 SP PROXY Q31C DURING COVID MORE LESS EATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Drinking alcohol cv10dalcoholamt R10 D COVID-19 SP PROXY Q31D DURING COVID MORE LESS ALCOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoking or vaping cv10dsmokingamt R10 D COVID-19 SP PROXY Q31E DURING COVID MORE LESS SMOKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watching TV or online programs or movies cv10dttvamt R10 D COVID-19 SP PROXY Q31F DURING COVID MORE LESS TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sleeping cv10dsleepamt R10 D COVID-19 SP PROXY Q31G DURING COVID MORE LESS SLEEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

32. DURING the COVID-19 outbreak, have you started or stopped providing care to someone else? If no change, please indicate if you did or didn't do before and during the outbreak.

	Started	Stopped	Did before and during	Didn't do before and during
a. Providing care for or looking after a child or grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing care to an adult who needs help with daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

cv10dchildcare1 R10 D COVID-19 SP PROXY Q32A DURING COVID STARTED CHILDCARE
 cv10dchildcare2 R10 D COVID-19 SP PROXY Q32A DURING COVID STOPPED CHILDCARE
 cv10dchildcare3 R10 D COVID-19 SP PROXY Q32A CHILDCARE DID BEFORE AND DURING COVID
 cv10dchildcare4 R10 D COVID-19 SP PROXY Q32A CHILDCARE DIDN'T DO BEFORE AND DURING COVID
 cv10dadultcare1 R10 D COVID-19 SP PROXY Q32B DURING COVID STARTED ADULT CARE
 cv10dadultcare2 R10 D COVID-19 SP PROXY Q32B DURING COVID STOPPED ADULT CARE
 cv10dadultcare3 R10 D COVID-19 SP PROXY Q32B ADULT CARE DID BEFORE AND DURING COVID
 cv10dadultcare4 R10 D COVID-19 SP PROXY Q32B ADULT CARE DIDN'T DO BEFORE AND DURING COVID

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33. BEFORE the COVID-19 outbreak, were you doing any of the following activities either online or in person?

	Yes online	Yes in person	Didn't do before
a. Working for pay (or in a business that you own) cv10dbefwork R10 D COVID-19 SP PROXY Q33A BEFORE COVID WORK FOR PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteering cv10dbefvol R10 D COVID-19 SP PROXY Q33B BEFORE COVID VOLUNTEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attending religious services cv10dbefrel R10 D COVID-19 SP PROXY Q33C BEFORE COVID ATTEND RELIG SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attending clubs, classes or other organized activities cv10dbefgrp R10 D COVID-19 SP PROXY Q33D BEFORE COVID CLUB MEETINGS GRP ACTIVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. DURING the COVID-19 outbreak, have you done any of the following activities either online or in person?

	Yes online	Yes in person	Didn't do during
a. Working for pay (or in a business that you own) cv10ddurwork R10 D COVID-19 SP PROXY Q34A DURING COVID WORK FOR PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteering cv10ddurvol R10 D COVID-19 SP PROXY Q34B DURING COVID VOLUNTEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attending religious services cv10ddurrel R10 D COVID-19 SP PROXY Q34C DURING COVID ATTEND RELIG SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attending clubs, classes or other organized activities cv10ddurgrp R10 D COVID-19 SP PROXY Q34D DURING COVID CLUB MEETINGS GRP ACTIVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. During the COVID-19 outbreak, have you learned a new technology or program to go online? *This includes learning to use a smartphone, computer or iPad or a program like Zoom or FaceTime.*

- ☐ Yes → Please answer Question 36
- ☐ No → Please go to Question 37, next page
- cv10dlrntech R10 D COVID-19 SP PROXY Q35 LEARNED NEW ONLINE TECH

36. Has anyone helped you with that or did you learn that on your own?

- ☐ Yes, someone helped
- ☐ No, learned it on my own
- cv10dlrntechhlp R10 D COVID-19 SP PROXY Q36 ANYONE HELP TO LEARN NEW ONLINE TECH

37. BEFORE the COVID-19 outbreak, in a typical month, how often did you use each of these methods to get your groceries?

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. I went to the store <u>by myself</u> <small>cv10dbefstoreslf R10 D COVID-19 SP PROXY Q37A BEFORE HOW OFT WENT TO STORE BY SELF</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I went to the store <u>with someone else</u> <small>cv10dbefstorewth R10 D COVID-19 SP PROXY Q37B BEFORE HOW OFT WENT TO STORE WITH SOMEONE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else went to the store <u>for me</u> <small>cv10dbefstoreoth R10 D COVID-19 SP PROXY Q37C BEFORE HOW OFT SOMEONE ELSE WENT TO STORE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. BEFORE the COVID-19 outbreak, in a typical month, how often did you use each of these methods to order groceries online?

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. I ordered my groceries online <u>by myself</u> <small>cv10dbeforderslf R10 D COVID-19 SP PROXY Q38A BEFORE HOW OFT ORDER GROCERIES ONLINE SELF</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I ordered my groceries online <u>with someone else</u> <small>cv10dbeforderwth R10 D COVID-19 SP PROXY Q38B BEFORE HOW OFT ORDER GROCERIES ONLINE WITH SOMEONE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else ordered my groceries online <u>for me</u> <small>cv10dbeforderoth R10 D COVID-19 SP PROXY Q38C BEFORE HOW OFT SOMEONE ELSE ORDER GROCERIES ONLINE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. DURING the COVID-19 outbreak, in a typical month, how often have you used each of these methods to get your groceries?

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. I went to the store <u>by myself</u> cv10ddurstoreslf R10 D COVID-19 SP PROXY Q39A DURING HOW OFT WENT TO STORE BY SELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I went to the store <u>with someone else</u> cv10ddurstorewth R10 D COVID-19 SP PROXY Q39B DURING HOW OFT WENT TO STORE WITH SOMEONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else went to the store <u>for me</u> cv10ddurstoreoth R10 D COVID-19 SP PROXY Q39C DURING HOW OFT SOMEONE ELSE WENT TO STORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. DURING the COVID-19 outbreak, in a typical month, how often have you used each of these methods to order groceries online?

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. I ordered my groceries online <u>by myself</u> cv10ddurorderslf R10 D COVID-19 SP PROXY Q40A DURING HOW OFT ORDER GROCERIES ONLINE SELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I ordered my groceries online <u>with someone else</u> cv10ddurorderwth R10 D COVID-19 SP PROXY Q40B DURING HOW OFT ORDER GROCERIES ONLINE WITH SOMEONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else ordered my groceries online <u>for me</u> cv10ddurorderoth R10 D COVID-19 SP PROXY Q40C DURING HOW OFT SOMEONE ELSE ORDER GROCERIES ONLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHANGES IN YOUR HEALTH CARE

41. BEFORE the COVID-19 outbreak, how did you communicate with your usual health care provider?

	Yes	No
a. Phone calls cv10dbefdocphone R10 D COVID-19 SP PROXY Q41A BEFORE COMMUNICATE DOCTOR PHONE CALLS		
b. Emails or texts or portal message cv10dbefdocemail R10 D COVID-19 SP PROXY Q41B BEFORE COMMUNICATE DOCTOR EMAIL TEXT PORTAL		
c. Video calls (also called "telehealth") cv10dbefdocvideo R10 D COVID-19 SP PROXY Q41C BEFORE COMMUNICATE DOCTOR VIDEO TELEHEALTH		
d. In person visits cv10dbefdocvisit R10 D COVID-19 SP PROXY Q41D BEFORE COMMUNICATE DOCTOR IN PERSON VISIT		

42. DURING the COVID-19 outbreak, how did you communicate with your usual health care provider?

	Yes	No
a. Phone calls cv10ddurdocphone R10 D COVID-19 SP PROXY Q42A DURING COMMUNICATE DOCTOR PHONE CALLS		
b. Emails or texts or portal message cv10ddurdocemail R10 D COVID-19 SP PROXY Q42B DURING COMMUNICATE DOCTOR EMAIL TEXT PORTAL		
c. Video calls (also called "telehealth") cv10ddurdocvideo R10 D COVID-19 SP PROXY Q42C DURING COMMUNICATE DOCTOR VIDEO TELEHEALTH		
d. In person visits cv10ddurdocvisit R10 D COVID-19 SP PROXY Q42D DURING COMMUNICATE DOCTOR IN PERSON VISIT		

43. DURING the COVID-19 outbreak, has there ever been a time when you needed or had planned to see a doctor or other health care provider but put off getting care?

☐ Yes → Please answer Question 44, next page

☐ No → Please go to Question 46, page 18

cv10dputoffcare R10 D COVID-19 SP PROXY Q43 DURING COVID PUT OFF NEEDED OR PLANNED MEDICAL CARE



44. What type(s) of care did you put off? Mark all that apply.

Seeing my usual doctor

cv10ddelaycare1 R10 D COVID-19 SP PROXY Q44A DURING COVID DELAYED SEEING USUAL DOCTOR

Seeing a specialist

cv10ddelaycare2 R10 D COVID-19 SP PROXY Q44B DURING COVID DELAYED SEEING SPECIALIST

Vision appointment

cv10ddelaycare3 R10 D COVID-19 SP PROXY Q44C DURING COVID DELAYED VISION APPT

Hearing appointment

cv10ddelaycare4 R10 D COVID-19 SP PROXY Q44D DURING COVID DELAYED HEARING APPT

Dentist or hygienist appointment

cv10ddelaycare5 R10 D COVID-19 SP PROXY Q44E DURING COVID DELAYED DENTIST HYGIENIST APPT

Having surgery

cv10ddelaycare6 R10 D COVID-19 SP PROXY Q44F DURING COVID DELAYED HAVING SURGERY

Physical therapy

cv10ddelaycare7 R10 D COVID-19 SP PROXY Q44G DURING COVID DELAYED PHYSICAL THERAPY

Mental health care (therapist, psychologist, counselor)

cv10ddelaycare7 R10 D COVID-19 SP PROXY Q44G DURING COVID DELAYED PHYSICAL THERAPY

Emergency or urgent care

cv10ddelaycare9 R10 D COVID-19 SP PROXY Q44I DURING COVID DELAYED EMERGENCY OR URGENT CARE

Getting or taking medication

cv10ddelaycare10 R10 D COVID-19 SP PROXY Q44J DURING COVID DELAYED GETTING OR TAKING MEDICATION

Other care, please specify:

cv10ddelaycare11 R10 D COVID-19 SP PROXY Q44K DURING COVID DELAYED OTHER SPECIFY

cv10ddelaycare12 R10 D COVID-19 SP PROXY Q44K DURING COVID DELAYED TESTS OR LAB WORK

45. What are the reason(s) that you put off that care? Mark all that apply.

I couldn't afford it cv10ddelayreas1 R10 D COVID-19 SP PROXY Q45A DELAY CARE COULDN'T AFFORD IT

I couldn't get an appointment

cv10ddelayreas2 R10 D COVID-19 SP PROXY Q45B DELAY CARE COULDN'T GET APPT

The provider cancelled, closed, or suggested rescheduling

cv10ddelayreas3 R10 D COVID-19 SP PROXY Q45C DELAY CARE PROVIDER CANCELLED CLOSED RESCHED

I decided it could wait

cv10ddelayreas4 R10 D COVID-19 SP PROXY Q45D DELAY CARE DECIDED COULD WAIT

I was afraid to go

cv10ddelayreas5 R10 D COVID-19 SP PROXY Q45E DELAY CARE AFRAID TO GO

A family member did not want me to go

cv10ddelayreas6 R10 D COVID-19 SP PROXY Q45F DELAY CARE FAM MEMBER DIDN'T WANT SP TO GO

Other reason, please specify:

cv10ddelayreas7 R10 D COVID-19 SP PROXY Q45G DELAY CARE OTHER SPECIFY

cv10ddelayreas8 R10 D COVID-19 SP PROXY Q45G DELAY CARE IN QUARANTINE



CHANGES IN YOUR FINANCES

46. Has your monthly income gone up, down, or stayed about the same compared to a typical month before the COVID-19 outbreak started?

cv10dincome R10 D COVID-19 SP PROXY Q46 DURING COVID INCOME UP DOWN SAME

- ☐ Income has gone up
- ☐ Income has gone down
- ☐ About the same

47. Has your household had any financial difficulties because of the COVID-19 outbreak?

- ☐ Yes → Please answer Question 48
- ☐ No → Please go to Question 49, next page

cv10dfinancdif R10 D COVID-19 SP PROXY Q47 DURING COVID ANY FINANCIAL DIFFICULTY

48. How did you manage your household's financial difficulties? Did you:

	Yes	No
a. Cut back on spending cv10dfindif1 R10 D COVID-19 SP PROXY Q48A CUT BACK ON SPENDING	<input type="checkbox"/>	<input type="checkbox"/>
b. Use money from a savings account cv10dfindif2 R10 D COVID-19 SP PROXY Q48B USE MONEY FROM SAVINGS ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>
c. Use money from a retirement account cv10dfindif3 R10 D COVID-19 SP PROXY Q48C USE MONEY FROM RETIREMENT ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>
d. Put off paying the rent or mortgage cv10dfindif4 R10 D COVID-19 SP PROXY Q48D PUT OFF PAYING RENT MORTGAGE	<input type="checkbox"/>	<input type="checkbox"/>
e. Put off paying other bills cv10dfindif5 R10 D COVID-19 SP PROXY Q48E PUT OFF PAYING OTHER BILLS	<input type="checkbox"/>	<input type="checkbox"/>
f. Use credit cards more than usual cv10dfindif6 R10 D COVID-19 SP PROXY Q48F USE CREDIT CARDS MORE THAN USUAL	<input type="checkbox"/>	<input type="checkbox"/>
g. Pay less than usual toward the credit card(s) cv10dfindif7 R10 D COVID-19 SP PROXY Q48G PAY LESS THAN USUAL ON CREDIT CARDS	<input type="checkbox"/>	<input type="checkbox"/>
h. Get financial help from a family member cv10dfindif8 R10 D COVID-19 SP PROXY Q48H GET FINANCIAL HELP FROM FAMILY MEM	<input type="checkbox"/>	<input type="checkbox"/>
i. Sell any belongings cv10dfindif9 R10 D COVID-19 SP PROXY Q48I SELL ANY BELONGINGS	<input type="checkbox"/>	<input type="checkbox"/>
j. File for unemployment cv10dfindif10 R10 D COVID-19 SP PROXY Q48J FILE FOR UNEMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>
k. Use a food bank or other emergency support program cv10dfindif11 R10 D COVID-19 SP PROXY Q48K USE FOOD BANK OTH EMERG SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>
l. Skip meals cv10dfindif12 R10 D COVID-19 SP PROXY Q48L SKIP MEALS	<input type="checkbox"/>	<input type="checkbox"/>
m. Take out a loan or use an existing line of credit cv10dfindif13 R10 D COVID-19 SP PROXY Q48M LOAN OR LINE OF CREDIT	<input type="checkbox"/>	<input type="checkbox"/>

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CHANGES IN YOUR WELLBEING

49. DURING the COVID-19 outbreak, in a typical week, how often have you felt lonely?

cv10dlonely R10 D COVID-19 SP Q49 HOW OFTEN LONELY

- ☐ Every day
- ☐ Most days
- ☐ Some days
- ☐ Rarely
- ☐ Never

50. Is this more often, less often or about the same as a typical week before the COVID-19 outbreak started?

cv10dlonelyamt R10 D COVID-19 SP Q50 LONELY MORE LESS SAME

- ☐ More often
- ☐ Less often
- ☐ About the same

51. DURING the COVID-19 outbreak, in a typical week, how often have you felt you couldn't get any time to yourself?

cv10dnotime R10 D COVID-19 SP Q51 NO TIME TO SELF

- ☐ Every day
- ☐ Most days
- ☐ Some days
- ☐ Rarely
- ☐ Never

52. Is this more often, less often or about the same as a typical week before the COVID-19 outbreak started?

cv10dnotimeamt R10 D COVID-19 SP Q52 NO TIME MORE LESS SAME

- ☐ More often
- ☐ Less often
- ☐ About the same



53. DURING the COVID-19 outbreak, in a typical week, how would you rate the quality of your sleep?

cv10dsleep R10 D COVID-19 SP Q53 PROXY Q49 DURING COVID QUALITY OF SLEEP

- ☐ Good; I fall asleep within 30 minutes most nights and if I wake up I go back to sleep easily.
- ☐ Fair; It usually takes me more than 30 minutes to fall asleep or if I wake up I have a hard time going back to sleep.
- ☐ Poor; I am sleeping very little for short amounts of time.

54. Is this better, worse, or about the same as a typical week before the COVID-19 outbreak started?

cv10dsleepqual R10 D COVID-19 SP Q54 PROXY Q50 SLEEP BETTER WORSE SAME

- ☐ Sleep better
- ☐ Sleep worse
- ☐ About the same

55. DURING the COVID-19 outbreak, in a typical week, how worried or anxious have you felt about the outbreak?

cv10danxious R10 D COVID-19 SP Q55 PROXY Q51 DURING COVID HOW WORRIED ANXIOUS

- ☐ Not at all
- ☐ Mild; I worry about it on some days.
- ☐ Moderate; I worry about it some of the time on more than half the days.
- ☐ Severe; I worry about it nearly every day, during the day and at night.

56. DURING the COVID-19 outbreak, in a typical week, how sad or depressed have you felt about the outbreak?

cv10depress R10 D COVID-19 SP Q56 PROXY Q52 DURING COVID HOW SAD DEPRESSED

- ☐ Not at all
- ☐ Mild; I feel sad about it on some days.
- ☐ Moderate; I feel sad about it on more than half the days for some of the time.
- ☐ Severe; I feel sad about it nearly every day, during the day and at night.



57. DURING the COVID-19 outbreak, how much of the time have the following symptoms bothered you?

	Most of the time	Some- times	Rarely	Not at all
a. Recurring thoughts about the outbreak and its effects <small>cv10dthoughts R10 D COVID-19 SP Q57A PROXY Q53A DURING COVID RECURRING THOUGHTS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Recurring nightmares about the outbreak and its effects <small>cv10dnightmares R10 D COVID-19 SP Q57B PROXY Q53B DURING COVID RECURRING NIGHTMARES</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Avoiding activities that remind you of the outbreak and its effects <small>cv10davoidact R10 D COVID-19 SP Q57C PROXY Q53C DURING COVID AVOIDING ACTIVITIES</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Avoiding thoughts or feelings about the outbreak and its effects <small>cv10davoidthgts R10 D COVID-19 SP Q57D PROXY Q53D DURING COVID AVOIDING THOUGHTS FEELINGS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling jumpy or easily startled <small>cv10djump R10 D COVID-19 SP Q57E PROXY Q53E DURING COVID JUMPY STARTLED</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling on guard <small>cv10donguard R10 D COVID-19 SP Q57F PROXY Q53F DURING COVID FEELING ON GUARD</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. DURING the COVID-19 outbreak, in a typical week, how often have you felt hopeful about the future?

cv10dhopeful R10 D COVID-19 SP Q58 DURING COVID HOW HOPEFUL ABOUT FUTURE

- ☐ Every day
- ☐ Most days
- ☐ Some days
- ☐ Rarely
- ☐ Never

59. Is this more often, less often or about the same as a typical week before the COVID-19 outbreak started?

cv10dhopefulamt R10 D COVID-19 SP Q59 HOW HOPEFUL MORE LESS SAME

- ☐ More often
- ☐ Less often
- ☐ About the same



CHANGES IN YOUR DAILY ACTIVITIES

For the next set of questions, we would like to know if anyone did the following activities with you or for you during the COVID-19 outbreak. If yes, please tell us whether that was due to your health or functioning, some other reason, or both.

Health or functioning reasons include:

- your physical health
- your memory
- your vision or hearing
- you have a health condition or disease that limits you, including COVID-19
- you have had surgery recently

Other reasons include:

- this is a shared activity
- you have always done it this way
- someone else wanted to do it
- you pay someone to do it
- you don't like to do it
- you have had to stay home because of the COVID-19 outbreak
- your family did not want you to do it because of the outbreak
- someone else did it as a favor

60. DURING the COVID-19 outbreak, has anyone ever done the following activities with you or for you?

	Yes (Mark One or Both Reasons.)		No
	Due to my health or functioning	Due to other reasons	
a. Doing laundry <small>cv10dlaunreas R10 D COVID-19 SP Q60A PROXY Q54A LAUNDRY REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preparing hot meals <small>cv10dmealreas R10 D COVID-19 SP Q60B PROXY Q54B MEALS REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shopping for groceries <small>cv10dshopreas R10 D COVID-19 SP Q60C PROXY Q54C SHOP REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Keeping track of your prescribed medicines <small>cv10dmedsreas R10 D COVID-19 SP Q60D PROXY Q54D MEDS REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Handling bills and banking <small>cv10dbankreas R10 D COVID-19 SP Q60E PROXY Q54E BANK BIL REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. DURING the COVID-19 outbreak, has anyone ever helped you with:

	Yes	No
a. Taking a shower, bathing in a tub, or washing up some other way cv10dbathhlp R10 D COVID-19 SP Q61A PROXY Q55A ANYN HLP SHOWR BATH OTHR	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting dressed cv10ddreshlp R10 D COVID-19 SP Q61B PROXY Q55B ANYONE HELP GET DRESSED	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, for instance, by cutting up food or feeding you cv10deathlp R10 D COVID-19 SP Q61C PROXY Q55C ANYONE HELP EAT	<input type="checkbox"/>	<input type="checkbox"/>
d. Using the toilet cv10dtoilhlp R10 D COVID-19 SP Q61D PROXY Q55D ANYON HLP USE TOILET	<input type="checkbox"/>	<input type="checkbox"/>
e. Getting out of bed cv10dbedhlp R10 D COVID-19 SP Q61E PROXY Q55E GOT HELP OUT OF BED	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting around inside cv10dinsdhl R10 D COVID-19 SP Q61F PROXY Q55F GOT HELP INSIDE	<input type="checkbox"/>	<input type="checkbox"/>
g. Going outside cv10douthlp R10 D COVID-19 SP Q61G PROXY Q55G HELP GO OUTSIDE	<input type="checkbox"/>	<input type="checkbox"/>
h. Driving you places cv10ddrivehlp R10 D COVID-19 SP Q61H PROXY Q55H ANYONE DRIVE SP PLACES	<input type="checkbox"/>	<input type="checkbox"/>
i. Visiting or communicating with your health care provider cv10ddochlp R10 D COVID-19 SP Q61I PROXY Q55I ANYONE HELP VISIT OR COMMUNICATE HEALTHCARE PROV	<input type="checkbox"/>	<input type="checkbox"/>

62. DURING the COVID-19 outbreak, in a typical week, how many people have done household activities with you or for you or helped you with personal care activities?

people in a typical week

cv10dnumhlp R10 D COVID-19 SP Q62 PROXY Q56 HOW MANY PEOPLE HELP WITH HH SC ACTIVITIES IN WEEK

63. Is that more than, less than or about the same number of people who did this in a typical week before the COVID-19 outbreak?

☐ More
☐ Less
☐ About the same

cv10dnumhlpamt R10 D COVID-19 SP Q63 PROXY Q57 MORE LESS SAME AMOUNT HELPERS THAN BEFORE

64. DURING the COVID-19 outbreak, in a typical week, about how many hours have people spent doing your household activities with you or for you or helping you with personal care activities?

hours in a typical week

cv10dhlphrs R10 D COVID-19 SP Q64 PROXY Q58 HOW MANY HOURS PEOPLE HELP

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65. Is that more, less or about the same compared to a typical week before the COVID-19 outbreak?

cv10dhlphrsamt R10 D COVID-19 SP Q65 PROXY Q59 MORE LESS SAME HOURS PEOPLE HELP

- ☐ More than before → *Please answer Question 66*
- ☐ Less than before → *Please answer Question 66*
- ☐ About the same → *Please go to Question 67, next page*

66. What is the reason(s) that the amount has changed? Mark all that apply.

Reasons you have received more than before

- ☐ I have not wanted to go out during the outbreak
cv10dhlphrschg1 R10 D COVID-19 SP Q66A PROXY Q60A MORE HOURS DID NOT WANT TO GO OUT
- ☐ My family has not wanted me to go out during the outbreak
cv10dhlphrschg2 R10 D COVID-19 SP Q66B PROXY Q60B MORE HOURS FAM DIDN'T WANT SP TO GO OUT
- ☐ My health, functioning or memory have gotten worse
cv10dhlphrschg3 R10 D COVID-19 SP Q66C PROXY Q60C MORE HOURS HEALTH FUNC MEM WORSE
- ☐ I have moved in with one of the people helping me
cv10dhlphrschg4 R10 D COVID-19 SP Q66D PROXY Q60D MORE HOURS MOVED IN WITH HELPER
- ☐ I have moved to assisted living or another facility that provides care
cv10dhlphrschg5 R10 D COVID-19 SP Q66E PROXY Q60E MORE HOURS MOVED INTO FACILITY
- ☐ More family members and friends have been helping me
cv10dhlphrschg6 R10 D COVID-19 SP Q66F PROXY Q60F MORE HOURS MORE FAM FRIENDS HELPING

Reasons you have received less than before

- ☐ I have not been able to get paid care or home care
cv10dhlphrschg7 R10 D COVID-19 SP Q66G PROXY Q60G LESS HOURS NOT ABLE TO GET PAID OR HOME CARE
- ☐ I have not wanted helpers coming in my home
cv10dhlphrschg8 R10 D COVID-19 SP Q66H PROXY Q60H LESS HOURS NOT WANTED HELPERS IN HOME
- ☐ Family or friends who usually help have had to stop or cut back
cv10dhlphrschg9 R10 D COVID-19 SP Q66I PROXY Q60I LESS HOURS FAM FRIENDS HAD TO STOP CUT BACK
- ☐ My helper has not wanted to go out during the outbreak
cv10dhlphrschg10 R10 D COVID-19 SP Q66J PROXY Q60J LESS HOURS HELPER DID NOT WANT TO GO OUT
- ☐ My helper has not wanted to expose me
cv10dhlphrschg11 R10 D COVID-19 SP Q66K PROXY Q60K LESS HOURS HELPER DID NOT WANT TO EXPOSE SP
- ☐ My helper's health has kept him/her from going out during the outbreak
cv10dhlphrschg12 R10 D COVID-19 SP Q66L PROXY Q60L LESS HOURS HELPERS HEALTH KEPT FROM GOING OUT
- ☐ My helper's other family responsibilities have increased
cv10dhlphrschg13 R10 D COVID-19 SP Q66M PROXY Q60M LESS HOURS HELPERS FAM RESPONSIBILITIES INCREASED
- ☐ My health, functioning or memory has gotten better
cv10dhlphrschg14 R10 D COVID-19 SP Q66N PROXY Q60N LESS HOURS HEALTH FUNC MEM BETTER
- ☐ I have stopped living with one of the people helping me
cv10dhlphrschg15 R10 D COVID-19 SP Q66O PROXY Q60O LESS HOURS STOPPED LIVING WITH HELPER
- ☐ My family has not been able to visit my assisted living or other facility where I live
cv10dhlphrschg16 R10 D COVID-19 SP Q66P PROXY Q60P LESS HOURS FAM CANNOT VISIT FACILITY

If you have another reason, mark here and tell us about it

- ☐ Other reason, *please specify:*

cv10dhlphrschg17 R10 D COVID-19 SP Q66Q PROXY Q60Q LESS HOURS OTHER SPECIFY

67. The National Health and Aging Trends Study (NHATS) is sending a short survey to family members and friends of participants to learn how COVID-19 has affected them. **To make the study a success, we need your help identifying two eligible family members or friends.** This information will be used for research purposes only.

Altogether, how many adult family members or friends (ages 18 or older) helped you during the COVID-19 outbreak with any activity for any reason?

adult family members or friends

cv10dnumffhlprs R10 D COVID-19 SP Q67A PROXY Q61A NUMBER OF FAMILY FRIEND HELPERS

If your answer is 2 or more, please list on the next pages the **two** adult family members or friends **who have helped you most** during the COVID-19 outbreak. *(If you are filling this out for the NHATS participant and you are one of the people who helped most, please mark here ☐ and then list yourself as Family Member or Friend #1.)*

If your answer is 1, please list on the next page the adult family member or friend **who has helped you** during the COVID-19 outbreak. *(If you are filling this out for the NHATS participant and you are the one who helped, please mark here ☐ and then list yourself as Family Member or Friend #1.)*

If your answer is 0, those are all the questions we have for you. ***Please mail your questionnaire back to us in the enclosed postage-paid envelope. Thank you!***

68. Family Member or Friend #1. Please print.

First Name

Last Name

Mailing address

Apt/Unit

City

State

Zip code

() -

Best phone number

Email address

☐ Spouse or partner ☐ Adult child ☐ Another relative ☐ Friend

Relationship to you (*Mark one.*)

69. Family Member or Friend #2. Please print.

First Name

Last Name

Mailing address

Apt/Unit

City

State

Zip code

() -

Best phone number

Email address

☐ Spouse or partner ☐ Adult child ☐ Another relative ☐ Friend

Relationship to you (Mark one.)

**Please mail your completed questionnaire back to us
in the enclosed postage-paid envelope.**

**WESTAT
Attn: NHATS Field Room GA L-21
1600 Research Blvd
Rockville, MD 20850-9940**

**Thank you for participating in the
NATIONAL HEALTH AND AGING TRENDS STUDY**



National Health &
Aging Trends Study

how daily life changes as we age

National Health and Aging Trends Study COVID-19 Questionnaire

ABOUT THIS QUESTIONNAIRE


The National Health and Aging Trends Study (NHATS) is collecting information about the experiences of NHATS participants during the COVID-19 (also called “coronavirus”) pandemic. Your answers will help researchers better understand how the lives of older adults are being affected by this outbreak.

You are being invited to complete this questionnaire on behalf of the NHATS participant because you completed the recent NHATS interview for the NHATS participant. Your participation is voluntary, but the information you provide will ensure people like the NHATS participant are represented. The questionnaire should take about 20-25 minutes to complete, although time may vary. We have included \$5 as a small token of thanks. Your answers will be kept confidential and used for research purposes only.

INSTRUCTIONS

Please use a black or blue pen to mark your answers. Mark boxes with an X, like this: ☒ and write a number in a box, like this:

1	0
---	---

If you want to change your answer, darken the box like this:  and mark the correct answer or write it next to the box.

When we want some participants to skip questions that do not apply to them, we use an arrow → and tell you the question number to go to next.

When you are finished, if you are one of the helpers listed at the end of this booklet, please complete the enclosed purple Family Members and Friends booklet, which asks about your experiences with COVID-19.

Please mail both questionnaires back to us in the enclosed postage-paid envelope. If you have any questions, please call us toll-free at 1-888-364-8271.

TODAY'S DATE

1. Please fill in today's date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
Month			Day			Year			

cv10dintmonth R10 D COVID-19 SP PROXY Q1_MM MONTH COMPLETED
cv10dintyear R10 D COVID-19 SP PROXY Q1_YYYY YEAR COMPLETED

ABOUT YOU

2. What is your relationship to the NHATS participant?

cv10dprxyrelat R10 D COVID-19 SP Q3 PROXY Q2 PROXY RELATIONSHIP TO SP

- ☐ Spouse or partner
- ☐ Adult child
- ☐ Another relative
- ☐ I am not related to the NHATS participant

3. What is the reason you are answering for the NHATS participant?

Mark all that apply.

- ☐ The NHATS participant has dementia or cognitive impairment
cv10dreasnprx1 R10 D COVID-19 SP Q4A PROXY Q3A PROXY REAS SP DEMENTIA
- ☐ The NHATS participant is too ill / has physical health issues
cv10dreasnprx2 R10 D COVID-19 SP Q4B PROXY Q3B PROXY REAS SP SP ILL
- ☐ The NHATS participant does not read well enough
cv10dreasnprx3 R10 D COVID-19 SP Q4C PROXY Q3C PROXY REAS SP DOES NOT READ WELL ENOUGH
- ☐ The NHATS participant is temporarily unavailable
cv10dreasnprx4 R10 D COVID-19 SP Q4D PROXY Q3D PROXY REAS TEMP UNAVAIL
- ☐ Other reason, *please specify:*
cv10dreasnprx5 R10 D COVID-19 SP Q4E PROXY Q3E PROXY REAS OTHER

4. How familiar are you with the NHATS participants' daily routine?

cv10dfamrrutin R10 D COVID-19 PROXY Q4 FAMILRTY SP DAILY ROUTIN

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ A little familiar
- ☐ Not at all familiar



SYMPTOMS OF COVID-19

5. **Has the NHATS participant had any symptoms of COVID-19?** *Common symptoms include fever, cough, and difficulty breathing. Other symptoms include chills, muscle pain, sore throat, headache, and loss of smell or taste.*

cv10dsymptoms R10 D COVID-19 SP PROXY Q5 SP HAD SYMPTOMS COVID-19

☐ Yes

☐ No

6. **Has a doctor or other health professional told the NHATS participant that he/she may have had COVID-19?**

cv10dcoviddoc R10 D COVID-19 SP PROXY Q6 SP TOLD HAD COVID-19 BY DOCTOR

☐ Yes, definitely

☐ Yes, possibly

☐ No

7. **Has the NHATS participant had a positive test for COVID-19?**

cv10dpositive R10 D COVID-19 SP PROXY Q7 SP POSITIVE COVID-19 TEST

☐ Yes

☐ No

8. **If the NHATS participant has had symptoms or a diagnosis or positive test, when his/her symptoms were at their worst, how bad or bothersome were they?**

cv10dsymplvl R10 D COVID-19 SP PROXY Q8 SP HOW BAD WERE COVID-19 SYMPTOMS

☐ Mild

☐ Moderate

☐ Severe

☐ Very severe

☐ Does not apply (did not have symptoms, diagnosis or positive test)

9. **Did any people living with the NHATS participant have symptoms or a diagnosis or a positive test for COVID-19?** *If he/she lives in an apartment building or assisted, independent or nursing facility, please answer about his/her own apartment/unit.*

cv10dcovidth R10 D COVID-19 SP PROXY Q9 OTHERS IN HH HAD COVID-19

☐ Yes

☐ No

☐ He/she hasn't lived with anyone else during the outbreak



WHAT WE MEAN BY DURING THE COVID-19 OUTBREAK

10. Many of the questions in this booklet ask you to think about BEFORE and DURING the COVID-19 outbreak. In most places, the effects of the outbreak first began in March 2020. In some places, the outbreak and its effects on daily life may still be ongoing; in others, the outbreak and its effects may have ended.

Is the COVID-19 outbreak still affecting daily life in the NHATS participant's State?

cv10dstillcovid R10 D COVID-19 SP PROXY Q10 COVID-19 STILL AFFECTING LIFE

☐ Yes “During the COVID-19 outbreak” means from March 2020 until now → Please go to **Question 12**, next page

☐ No → Please answer **Question 11**

11. In what month would you say that the outbreak ended in his/her State?

cv10dmonthend R10 D COVID-19 SP PROXY Q11 MONTH COVID-19 OUTBREAK ENDED

- ☐ April 2020
- ☐ May 2020
- ☐ June 2020
- ☐ July 2020
- ☐ August 2020
- ☐ September 2020
- ☐ October 2020
- ☐ November 2020
- ☐ December 2020

“During the COVID-19 outbreak”
means from March 2020 until
the month marked here

MEASURES TO LIMIT SPREAD OF COVID-19

12. DURING the COVID-19 outbreak, has the NHATS participant ever done the following to keep the disease from spreading?

	Yes	No	Does not apply
a. Frequently wash his/her hands or use sanitizer cv10dhandwash R10 D COVID-19 SP PROXY Q12A HANDWASHING	<input type="checkbox"/>	<input type="checkbox"/>	
b. Avoid contact with people living with him/her cv10davoidhh R10 D COVID-19 SP PROXY Q12B AVOID PEOPLE IN HH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Avoid contact with people <u>not</u> living with him/her cv10davoidnothh R10 D COVID-19 SP PROXY Q12C AVOID PEOPLE NOT IN HH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay at least 6 feet away from people <u>not</u> living with him/her cv10dsixftaway R10 D COVID-19 SP PROXY Q12D STAY SIX FT AWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Limit group gatherings like get-togethers with family <u>not</u> living with him/her cv10dlimitfam R10 D COVID-19 SP PROXY Q12E LIMIT FAMILY GATHERINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoid being in restaurants and bars cv10davoidrest R10 D COVID-19 SP PROXY Q12F AVOID RESTAURANTS BARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Limit shopping and other errands cv10dlimitshop R10 D COVID-19 SP PROXY Q12G LIMIT SHOPPING ERRANDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Wear a face mask when going out cv10dmask R10 D COVID-19 SP PROXY Q12H WEAR MASK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Avoid touching his/her face when he/she is out cv10dface R10 D COVID-19 SP PROXY Q12I AVOID TOUCHING FACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSISTED, INDEPENDENT, AND NURSING FACILITIES

13. Is the NHATS participant living in an assisted living, independent living, nursing home or other type of place that offers help with daily activities? This includes places that have different areas he/she can move to if care is needed, offer help with medications or activities such as bathing or dressing, or offer meals for residents. Please mark yes if he/she lives in an assisted living facility, independent living facility, continuing care retirement community, nursing home, group home, personal care home or other type of group care setting.

cv10dfacility R10 D COVID-19 SP PROXY Q13 SP LIVES IN FACILITY

☐ Yes → Please answer Question 14, next page

☐ No → Please go to Question 17, page 8



14. Have any (other) residents or staff in the place the NHATS participant lives had symptoms or a diagnosis or a positive test for COVID-19?

cv10dresstaffpos R10 D COVID-19 SP PROXY Q14 RESIDENTS OR STAFF HAD COVID

- ☐ Yes
- ☐ No
- ☐ Unsure

15. Have all residents been tested for COVID-19?

cv10drestested R10 D COVID-19 SP PROXY Q15 RESIDENTS TESTED

- ☐ Yes
- ☐ No
- ☐ Unsure

16. DURING the COVID-19 outbreak, has the place where the NHATS participant lives ever done the following?

	Yes	No	Not usually offered
a. Stopped or limited outside visitors cv10dlimvis R10 D COVID-19 SP PROXY Q16A PLACE LIMITED VISITORS	<input type="checkbox"/>	<input type="checkbox"/>	
b. Required all residents to stay in their units/rooms cv10dstayrm R10 D COVID-19 SP PROXY Q16B PLACE REQUIRED STAY IN RM	<input type="checkbox"/>	<input type="checkbox"/>	
c. For residents returning from outside, required them to stay in their units/rooms for a specific period of time ("quarantine" or "isolation") cv10dquarantine R10 D COVID-19 SP PROXY Q16C PLACE REQUIRED QUARANTINE	<input type="checkbox"/>	<input type="checkbox"/>	
d. Stopped providing group meals in a common area cv10dstopmeal R10 D COVID-19 SP PROXY Q16D PLACE STOPPED GRP MEALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stopped group activities in a common area cv10dstopgrpact R10 D COVID-19 SP PROXY Q16E PLACE STOPPED GRP ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Stopped facility-provided transportation for non-essential trips cv10dstoptranspo R10 D COVID-19 SP PROXY Q16F PLACE STOPPED TRANSPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Required staff to wear masks cv10dstafmasks R10 D COVID-19 SP PROXY Q16G PLACE REQUIRED STAFF MASKS	<input type="checkbox"/>	<input type="checkbox"/>	
h. Increased cleaning and disinfecting cv10dcleaning R10 D COVID-19 SP PROXY Q16H PLACE INCREASED CLEANING	<input type="checkbox"/>	<input type="checkbox"/>	
i. Helped residents keep in touch with family or friends online cv10dhlponline R10 D COVID-19 SP PROXY Q16I PLACE HELPED ONLINE	<input type="checkbox"/>	<input type="checkbox"/>	



CHANGES IN LIVING SITUATION

17. DURING the COVID-19 outbreak, has the NHATS participant ever moved, even for a short time?

cv10dmoved R10 D COVID-19 SP PROXY Q17 EVER MOVED DURING COVID

- ☐ Yes, he/she moved → *Please answer Question 18*
- ☐ No, he/she did not move → *Please go to Question 21*

18. Did the NHATS participant move in with family or friends or to some other place?

cv10dwheremove R10 D COVID-19 SP PROXY Q18 MOVE IN WITH FAMILY OR FRIENDS

- ☐ With family
- ☐ With friends
- ☐ To some other place

19. How long did the NHATS participant live in this new place?

cv10dhowlongstay R10 D COVID-19 SP PROXY Q19 HOW LONG LIVE NEW PLACE

- ☐ Less than 1 month
- ☐ 1 to 3 months
- ☐ 4 to 5 months
- ☐ 6 or more months

20. Where does the NHATS participant live now?

cv10dstilllive R10 D COVID-19 SP PROXY Q20 STILL LIVE NEW PLACE

- ☐ Still living in new place
- ☐ Moved back to where he/she used to live before the outbreak
- ☐ Moved somewhere else

21. DURING the COVID-19 outbreak, has anyone ever moved in with the NHATS participant, even for a short time?

cv10dmoveinwyou R10 D COVID-19 SP PROXY Q21 ANYONE MOVE IN WITH YOU

- ☐ Yes, someone moved in → *Please answer Question 22*
- ☐ No, no one moved in → *Please go to Question 25, next page*

22. Who moved in with the NHATS participant? Mark all that apply.

- ☐ One or more of his/her children (include step- and in-laws)
cv10dmovedinchild R10 D COVID-19 SP PROXY Q22A CHILD(REN) MOVED IN
- ☐ One or more of his/her grandchildren (include step- and in-laws)
cv10dmovedingrand R10 D COVID-19 SP PROXY Q22B GRANDCHILD(REN) MOVED IN
- ☐ One or more of his/her parents (include step- and in-laws)
cv10dmovedinparent R10 D COVID-19 SP PROXY Q22C PARENT(S) MOVED IN
- ☐ Another type of relative
cv10dmovedinrel R10 D COVID-19 SP PROXY Q22D ANOTHER RELATIVE MOVED IN
- ☐ One or more friends
cv10dmovedinfriend R10 D COVID-19 SP PROXY Q22E FRIEND(S) MOVED IN
- ☐ Another type of non-relative
cv10dmovedinoth R10 D COVID-19 SP PROXY Q22F OTHER NON-RELATIVE MOVED IN

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23. How long did they live with him/her?

cv10dhowlonglive R10 D COVID-19 SP PROXY Q23 HOW LONG OTHER LIVED WITH SP

- ☐ Less than 1 month
- ☐ 1 to 3 months
- ☐ 4 to 5 months
- ☐ 6 or more months

24. Are they still living with the NHATS participant or did they move out?

cv10dstilllivewithyou R10 D COVID-19 SP PROXY Q24 STILL LIVING WITH SP

- ☐ Still living with him/her
- ☐ Moved out

CHANGES IN CONTACT WITH FAMILY AND FRIENDS

25. BEFORE the COVID-19 outbreak, in a typical week, how often was the NHATS participant in contact with family and friends not living with him/her by:

	At least daily	A few times a week	About once a week	Less than once a week	Never
a. Phone calls cv10dbefphone R10 D COVID-19 SP PROXY Q25A BEFORE COVID FF PHONE CALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emails, texts, or social media messages. <i>This includes Facebook messages.</i> cv10dbefemail R10 D COVID-19 SP PROXY Q25B BEFORE COVID FF EMAIL TEXT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i> cv10dbefvideo R10 D COVID-19 SP PROXY Q25C BEFORE COVID FF VIDEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In person visits cv10dbefinperson R10 D COVID-19 SP PROXY Q25D BEFORE COVID FF IN PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. DURING the COVID-19 outbreak, in a typical week, how often has the NHATS participant been in contact with family and friends not living with him/her by:

	At least daily	A few times a week	About once a week	Less than once a week	Never
a. Phone calls <small>cv10ddurphone R10 D COVID-19 SP PROXY Q26A DURING COVID FF PHONE CALLS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emails, texts, or social media messages. <i>This includes Facebook messages.</i> <small>cv10dduremail R10 D COVID-19 SP PROXY Q26B DURING COVID FF EMAIL TEXT</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i> <small>cv10ddurvideo R10 D COVID-19 SP PROXY Q26C DURING COVID FF VIDEO</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In person visits <small>cv10ddurperson R10 D COVID-19 SP PROXY Q26D DURING COVID FF IN PERSON</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. DURING the COVID-19 outbreak, in a typical week, how often have family members or friends given the NHATS participant advice, encouragement or emotional support?

cv10drecadvice R10 D COVID-19 SP PROXY Q27 DURING COVID FF GIVE SP ADVICE

- ☐ At least daily
- ☐ A few times a week
- ☐ About once a week
- ☐ Less than once a week
- ☐ Never

28. DURING the COVID-19 outbreak, in a typical week, how often has the NHATS participant given his/her family members or friends advice, encouragement or emotional support?

cv10dgiveadvice R10 D COVID-19 SP PROXY Q28 DURING COVID SP GIVE FF ADVICE

- ☐ At least daily
- ☐ A few times a week
- ☐ About once a week
- ☐ Less than once a week
- ☐ Never



CHANGES IN OTHER ACTIVITIES

29. DURING the COVID-19 outbreak, has the NHATS participant ever missed any of the following or had any of the following cancelled?

	Yes	No
a. Birthday party cv10dmissbday R10 D COVID-19 SP PROXY Q29A DURING COVID MISSED BIRTHDAY	<input type="checkbox"/>	<input type="checkbox"/>
b. Wedding cv10dmisswed R10 D COVID-19 SP PROXY Q29B DURING COVID MISSED WEDDING	<input type="checkbox"/>	<input type="checkbox"/>
c. Funeral cv10dmissfuneral R10 D COVID-19 SP PROXY Q29C DURING COVID MISSED FUNERAL	<input type="checkbox"/>	<input type="checkbox"/>
d. Religious celebrations cv10dmissrelcel R10 D COVID-19 SP PROXY Q29D DURING COVID MISSED REL CEL	<input type="checkbox"/>	<input type="checkbox"/>
e. Planned vacation or trip cv10dmissstrip R10 D COVID-19 SP PROXY Q29E DURING COVID MISSED TRIP	<input type="checkbox"/>	<input type="checkbox"/>
f. Visit with family or friend in the hospital cv10dmisshospvis R10 D COVID-19 SP PROXY Q29F DURING COVID MISSED HOSP VISIT	<input type="checkbox"/>	<input type="checkbox"/>
g. Visit with family or friend in a nursing home, assisted living, group home or other care facility cv10dmissltcv R10 D COVID-19 SP PROXY Q29G DURING COVID MISSED LTC VISIT	<input type="checkbox"/>	<input type="checkbox"/>
h. Sporting events, concerts or plays cv10dmissleisure R10 D COVID-19 SP PROXY Q29H DURING COVID MISSED LESIURE	<input type="checkbox"/>	<input type="checkbox"/>

30. DURING the COVID-19 outbreak, in a typical week, how often has the NHATS participant left his/her home to go to the following places?

	At least daily	A few days a week	About once a week	Less than once a week	Have not left home
a. Just outside his/her home, in his/her yard, or on his/her deck or patio cv10dyrdoft R10 D COVID-19 SP PROXY Q30A DURING COVID HOW OFT YRD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In his/her immediate neighborhood cv10dnbrhdoft R10 D COVID-19 SP PROXY Q30B DURING COVID HOW OFT NBRHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Outside of his/her immediate neighborhood cv10dbeyondoft R10 D COVID-19 SP PROXY Q30C DURING COVID HOW OFT BEYOND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



31. DURING the COVID-19 outbreak, in a typical week, has the NHATS participant spent more or less time than he/she did before the outbreak:

	More	Less	Same amount	Didn't do before and during
a. Walking for exercise cv10dwalkamt R10 D COVID-19 SP PROXY Q31A DURING COVID MORE LESS WALKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doing vigorous activities cv10dactvamt R10 D COVID-19 SP PROXY Q31B DURING COVID MORE LESS VIG ACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, including snacking cv10deatamt R10 D COVID-19 SP PROXY Q31C DURING COVID MORE LESS EATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Drinking alcohol cv10dalcoholamt R10 D COVID-19 SP PROXY Q31D DURING COVID MORE LESS ALCOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoking or vaping cv10dsmokingamt R10 D COVID-19 SP PROXY Q31E DURING COVID MORE LESS SMOKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watching TV or online programs or movies cv10dtvamt R10 D COVID-19 SP PROXY Q31F DURING COVID MORE LESS TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sleeping cv10dsleepamt R10 D COVID-19 SP PROXY Q31G DURING COVID MORE LESS SLEEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

32. DURING the COVID-19 outbreak, has the NHATS participant started or stopped providing care to someone else? If no change, please indicate if he/she did or didn't do before and during the outbreak.

	Started	Stopped	Did before and during	Didn't do before and during
a. Providing care for or looking after a child or grandchild cv10dchildcare1 R10 D COVID-19 SP PROXY Q32A DURING COVID STARTED CHILDCARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing care to an adult who needs help with daily activities cv10dchildcare2 R10 D COVID-19 SP PROXY Q32A DURING COVID STOPPED CHILDCARE cv10dchildcare3 R10 D COVID-19 SP PROXY Q32A CHILDCARE DID BEFORE AND DURING COVID cv10dchildcare4 R10 D COVID-19 SP PROXY Q32A CHILDCARE DIDN'T DO BEFORE AND DURING COVID cv10dadultcare1 R10 D COVID-19 SP PROXY Q32B DURING COVID STARTED ADULT CARE cv10dadultcare2 R10 D COVID-19 SP PROXY Q32B DURING COVID STOPPED ADULT CARE cv10dadultcare3 R10 D COVID-19 SP PROXY Q32B ADULT CARE DID BEFORE AND DURING COVID cv10dadultcare4 R10 D COVID-19 SP PROXY Q32B ADULT CARE DIDN'T DO BEFORE AND DURING COVID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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33. BEFORE the COVID-19 outbreak, was the NHATS participant doing any of the following activities either online or in person?

	Yes online	Yes in person	Didn't do before
a. Working for pay (or in a business that he/she owns) cv10dbefwork R10 D COVID-19 SP PROXY Q33A BEFORE COVID WORK FOR PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteering cv10dbefvol R10 D COVID-19 SP PROXY Q33B BEFORE COVID VOLUNTEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attending religious services cv10dbefrel R10 D COVID-19 SP PROXY Q33C BEFORE COVID ATTEND RELIG SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attending clubs, classes or other organized activities cv10dbefgrp R10 D COVID-19 SP PROXY Q33D BEFORE COVID CLUB MEETINGS GRP ACTIVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. DURING the COVID-19 outbreak, has the NHATS participant done any of the following activities either online or in person?

	Yes online	Yes in person	Didn't do during
a. Working for pay (or in a business that he/she owns) cv10ddurwork R10 D COVID-19 SP PROXY Q34A DURING COVID WORK FOR PAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteering cv10ddurvol R10 D COVID-19 SP PROXY Q34B DURING COVID VOLUNTEER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attending religious services cv10ddurrel R10 D COVID-19 SP PROXY Q34C DURING COVID ATTEND RELIG SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attending clubs, classes or other organized activities cv10ddurgrp R10 D COVID-19 SP PROXY Q34D DURING COVID CLUB MEETINGS GRP ACTIVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. During the COVID-19 outbreak, has the NHATS participant learned a new technology or program to go online? *This includes learning to use a smartphone, computer or iPad or a program like Zoom or FaceTime.*

cv10dlrntech R10 D COVID-19 SP PROXY Q35 LEARNED NEW ONLINE TECH

☐ Yes → Please answer Question 36

☐ No → Please go to Question 37, next page

36. Has anyone helped the NHATS participant with that or did he/she learn that on his/her own?

cv10dlrntechhlp R10 D COVID-19 SP PROXY Q36 ANYONE HELP TO LEARN NEW ONLINE TECH

☐ Yes, someone helped

☐ No, learned it on his/her own



CHANGES IN GROCERY SHOPPING

37. BEFORE the COVID-19 outbreak, in a typical month, how often did the NHATS participant use each of these methods to get his/her groceries?

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. He/she went to the store <u>by himself/herself</u> <small>cv10dbefstoreslf R10 D COVID-19 SP PROXY Q37A BEFORE HOW OFT WENT TO STORE BY SELF</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. He/she went to the store <u>with someone else</u> <small>cv10dbefstorewth R10 D COVID-19 SP PROXY Q37B BEFORE HOW OFT WENT TO STORE WITH SOMEONE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else went to the store <u>for him/her</u> <small>cv10dbefstoreoth R10 D COVID-19 SP PROXY Q37C BEFORE HOW OFT SOMEONE ELSE WENT TO STORE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. BEFORE the COVID-19 outbreak, in a typical month, how often did the NHATS participant use each of these methods to order groceries online?

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. He/she ordered his/her groceries online <u>by himself/herself</u> <small>cv10dbeforderslf R10 D COVID-19 SP PROXY Q38A BEFORE HOW OFT ORDER GROCERIES ONLINE SELF</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. He/she ordered his/her groceries online <u>with someone else</u> <small>cv10dbeforderwth R10 D COVID-19 SP PROXY Q38B BEFORE HOW OFT ORDER GROCERIES ONLINE WITH SOMEONE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else ordered his/her groceries <u>online for him/her</u> <small>cv10dbeforderoth R10 D COVID-19 SP PROXY Q38C BEFORE HOW OFT SOMEONE ELSE ORDER GROCERIES ONLINE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



39. DURING the COVID-19 outbreak, in a typical month, how often has the NHATS participant used each of these methods to get his/her groceries?

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. He/she went to the store <u>by himself/herself</u> <small>cv10ddurstoreslf R10 D COVID-19 SP PROXY Q39A DURING HOW OFT WENT TO STORE BY SELF</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. He/she went to the store <u>with</u> someone else <small>cv10ddurstorewth R10 D COVID-19 SP PROXY Q39B DURING HOW OFT WENT TO STORE WITH SOMEONE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else went to the store <u>for</u> him/her <small>cv10ddurstoreoth R10 D COVID-19 SP PROXY Q39C DURING HOW OFT SOMEONE ELSE WENT TO STORE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. DURING the COVID-19 outbreak, in a typical month, how often did the NHATS participant use each of these methods to order groceries online?

	More than once a week	About once a week	A few times a month	Less than once a month	Never
a. He/she ordered his/her groceries online <u>by</u> himself/herself <small>cv10ddurorderslf R10 D COVID-19 SP PROXY Q40A DURING HOW OFT ORDER GROCERIES ONLINE SELF</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. He/she ordered his/her groceries online <u>with</u> someone else <small>cv10ddurorderwth R10 D COVID-19 SP PROXY Q40B DURING HOW OFT ORDER GROCERIES ONLINE WITH SOMEONE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone else ordered his/her groceries online <u>for</u> him/her <small>cv10ddurorderoth R10 D COVID-19 SP PROXY Q40C DURING HOW OFT SOMEONE ELSE ORDER GROCERIES ONLINE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CHANGES IN HEALTH CARE

41. BEFORE the COVID-19 outbreak, how did the NHATS participant communicate with his/her usual health care provider?

	Yes	No
a. Phone calls cv10dbefdocphone R10 D COVID-19 SP PROXY Q41A BEFORE COMMUNICATE DOCTOR PHONE CALLS	<input type="checkbox"/>	<input type="checkbox"/>
b. Emails or texts or portal message cv10dbefdocemail R10 D COVID-19 SP PROXY Q41B BEFORE COMMUNICATE DOCTOR EMAIL TEXT PORTAL	<input type="checkbox"/>	<input type="checkbox"/>
c. Video calls (also called "telehealth") cv10dbefdocvideo R10 D COVID-19 SP PROXY Q41C BEFORE COMMUNICATE DOCTOR VIDEO TELEHEALTH	<input type="checkbox"/>	<input type="checkbox"/>
d. In person visits cv10dbefdocvisit R10 D COVID-19 SP PROXY Q41D BEFORE COMMUNICATE DOCTOR IN PERSON VISIT	<input type="checkbox"/>	<input type="checkbox"/>

42. DURING the COVID-19 outbreak, how did the NHATS participant communicate with his/her usual health care provider?

	Yes	No
a. Phone calls cv10ddurdocphone R10 D COVID-19 SP PROXY Q42A DURING COMMUNICATE DOCTOR PHONE CALLS	<input type="checkbox"/>	<input type="checkbox"/>
b. Emails or texts or portal message cv10ddurdocemail R10 D COVID-19 SP PROXY Q42B DURING COMMUNICATE DOCTOR EMAIL TEXT PORTAL	<input type="checkbox"/>	<input type="checkbox"/>
c. Video calls (also called "telehealth") cv10ddurdocvideo R10 D COVID-19 SP PROXY Q42C DURING COMMUNICATE DOCTOR VIDEO TELEHEALTH	<input type="checkbox"/>	<input type="checkbox"/>
d. In person visits cv10ddurdocvisit R10 D COVID-19 SP PROXY Q42D DURING COMMUNICATE DOCTOR IN PERSON VISIT	<input type="checkbox"/>	<input type="checkbox"/>

43. DURING the COVID-19 outbreak, has there ever been a time when the NHATS participant needed or had planned to see a doctor or other health care provider but put off getting care?

cv10dputoffcare R10 D COVID-19 SP PROXY Q43 DURING COVID PUT OFF NEEDED OR PLANNED MEDICAL CARE

☐ Yes → Please answer Question 44, next page

☐ No → Please go to Question 46, page 18



44. What type(s) of care did he/she put off? *Mark all that apply.*

- ☐ Seeing his/her usual doctor
cv10ddelaycare1 R10 D COVID-19 SP PROXY Q44A DURING COVID DELAYED SEEING USUAL DOCTOR
- ☐ Seeing a specialist
cv10ddelaycare2 R10 D COVID-19 SP PROXY Q44B DURING COVID DELAYED SEEING SPECIALIST
- ☐ Vision appointment
cv10ddelaycare3 R10 D COVID-19 SP PROXY Q44C DURING COVID DELAYED VISION APPT
- ☐ Hearing appointment
cv10ddelaycare4 R10 D COVID-19 SP PROXY Q44D DURING COVID DELAYED HEARING APPT
- ☐ Dentist or hygienist appointment
cv10ddelaycare5 R10 D COVID-19 SP PROXY Q44E DURING COVID DELAYED DENTIST HYGIENIST APPT
- ☐ Having surgery
cv10ddelaycare6 R10 D COVID-19 SP PROXY Q44F DURING COVID DELAYED HAVING SURGERY
- ☐ Physical therapy
cv10ddelaycare7 R10 D COVID-19 SP PROXY Q44G DURING COVID DELAYED PHYSICAL THERAPY
- ☐ Mental health care (therapist, psychologist, counselor)
cv10ddelaycare8 R10 D COVID-19 SP PROXY Q44H DURING COVID DELAYED MENTAL HEALTH CARE
- ☐ Emergency or urgent care
cv10ddelaycare9 R10 D COVID-19 SP PROXY Q44I DURING COVID DELAYED EMERGENCY OR URGENT CARE
- ☐ Getting or taking medication
cv10ddelaycare10 R10 D COVID-19 SP PROXY Q44J DURING COVID DELAYED GETTING OR TAKING MEDICATION
- ☐ Other care, *please specify:*
cv10ddelaycare11 R10 D COVID-19 SP PROXY Q44K DURING COVID DELAYED OTHER SPECIFY

45. What are the reason(s) that he/she put off that care? *Mark all that apply.*

- ☐ He/she couldn't afford it
cv10ddelayreas1 R10 D COVID-19 SP PROXY Q45A DELAY CARE COULDN'T AFFORD IT
- ☐ He/she couldn't get an appointment
cv10ddelayreas2 R10 D COVID-19 SP PROXY Q45B DELAY CARE COULDN'T GET APPT
- ☐ The provider cancelled, closed, or suggested rescheduling
cv10ddelayreas3 R10 D COVID-19 SP PROXY Q45C DELAY CARE PROVIDER CANCELLED CLOSED RESCHED
- ☐ He/she decided it could wait
v10ddelayreas4 R10 D COVID-19 SP PROXY Q45D DELAY CARE DECIDED COULD WAIT
- ☐ He/she was afraid to go
cv10ddelayreas5 R10 D COVID-19 SP PROXY Q45E DELAY CARE AFRAID TO GO
- ☐ A family member did not want him/her to go
cv10ddelayreas6 R10 D COVID-19 SP PROXY Q45F DELAY CARE FAM MEMBER DIDN'T WANT SP TO GO
- ☐ Other reason, *please specify:*
cv10ddelayreas7 R10 D COVID-19 SP PROXY Q45G DELAY CARE OTHER SPECIFY



CHANGES IN FINANCES

46. Has the NHATS participant's monthly income gone up, down, or stayed about the same compared to a typical month before the COVID-19 outbreak started?

cv10dincome R10 D COVID-19 SP PROXY Q46 DURING COVID INCOME UP DOWN SAME

- ☐ Income has gone up
- ☐ Income has gone down
- ☐ About the same

47. Has the NHATS participant's household had any financial difficulties because of the COVID-19 outbreak?

cv10dfinancdif R10 D COVID-19 SP PROXY Q47 DURING COVID ANY FINANCIAL DIFFICULTY

- ☐ Yes → *Please answer Question 48*
- ☐ No → *Please go to Question 49, next page*

48. How did his/her household manage those financial difficulties?

	Yes	No
a. Cut back on spending cv10dfindif1 R10 D COVID-19 SP PROXY Q48A CUT BACK ON SPENDING	<input type="checkbox"/>	<input type="checkbox"/>
b. Use money from a savings account cv10dfindif2 R10 D COVID-19 SP PROXY Q48B USE MONEY FROM SAVINGS ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>
c. Use money from a retirement account cv10dfindif3 R10 D COVID-19 SP PROXY Q48C USE MONEY FROM RETIREMENT ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>
d. Put off paying the rent or mortgage cv10dfindif4 R10 D COVID-19 SP PROXY Q48D PUT OFF PAYING RENT MORTGAGE	<input type="checkbox"/>	<input type="checkbox"/>
e. Put off paying other bills cv10dfindif5 R10 D COVID-19 SP PROXY Q48E PUT OFF PAYING OTHER BILLS	<input type="checkbox"/>	<input type="checkbox"/>
f. Use credit cards more than usual cv10dfindif6 R10 D COVID-19 SP PROXY Q48F USE CREDIT CARDS MORE THAN USUAL	<input type="checkbox"/>	<input type="checkbox"/>
g. Pay less than usual toward the credit card(s) cv10dfindif7 R10 D COVID-19 SP PROXY Q48G PAY LESS THAN USUAL ON CREDIT CARDS	<input type="checkbox"/>	<input type="checkbox"/>
h. Get financial help from a family member cv10dfindif8 R10 D COVID-19 SP PROXY Q48H GET FINANCIAL HELP FROM FAMILY MEM	<input type="checkbox"/>	<input type="checkbox"/>
i. Sell any belongings cv10dfindif9 R10 D COVID-19 SP PROXY Q48I SELL ANY BELONGINGS	<input type="checkbox"/>	<input type="checkbox"/>
j. File for unemployment cv10dfindif10 R10 D COVID-19 SP PROXY Q48J FILE FOR UNEMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>
k. Use a food bank or other emergency support program cv10dfindif11 R10 D COVID-19 SP PROXY Q48K USE FOOD BANK OTH EMERG SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>
l. Skip meals cv10dfindif12 R10 D COVID-19 SP PROXY Q48L SKIP MEALS	<input type="checkbox"/>	<input type="checkbox"/>
m. Take out a loan or use an existing line of credit cv10dfindif13 R10 D COVID-19 SP PROXY Q48M LOAN OR LINE OF CREDIT	<input type="checkbox"/>	<input type="checkbox"/>

Draft



CHANGES IN WELLBEING

49. DURING the COVID-19 outbreak, in a typical week, how would you rate the quality of the NHATS participant's sleep?

cv10dsleep

R10 D COVID-19 SP Q53 PROXY Q49 DURING COVID QUALITY OF SLEEP

- ☐ Good; He/she falls asleep within 30 minutes most nights and if he/she wakes up he/she goes back to sleep easily.
- ☐ Fair; It usually takes him/her more than 30 minutes to fall asleep or if he/she wakes up he/she has a hard time going back to sleep.
- ☐ Poor; He/she is sleeping very little for short amounts of time.

50. Is this better, worse, or about the same as a typical week before the COVID-19 outbreak started?

cv10dsleepqual

R10 D COVID-19 SP Q54 PROXY Q50 SLEEP BETTER WORSE SAME

- ☐ Sleep better
- ☐ Sleep worse
- ☐ About the same

51. DURING the COVID-19 outbreak, in a typical week, how worried or anxious has the NHATS participant felt about the outbreak?

cv10danxious

R10 D COVID-19 SP Q55 PROXY Q51 DURING COVID HOW WORRIED ANXIOUS

- ☐ Not at all
- ☐ Mild; He/she worries about it on some days.
- ☐ Moderate; He/she worries about it some of the time on more than half the days.
- ☐ Severe; He/she worries about it nearly every day, during the day and at night.

52. DURING the COVID-19 outbreak, in a typical week, how sad or depressed has the NHATS participant felt about the outbreak?

cv10ddepress

R10 D COVID-19 SP Q56 PROXY Q52 DURING COVID HOW SAD DEPRESSED

- ☐ Not at all
- ☐ Mild; He/she feels sad about it on some days.
- ☐ Moderate; He/she feels sad about it on more than half the days for some of the time.
- ☐ Severe; He/she feels sad about it nearly every day, during the day and at night.



53. DURING the COVID-19 outbreak, how much of the time have the following symptoms bothered the NHATS participant?

	Most of the time	Some- times	Rarely	Not at all
a. Recurring thoughts about the outbreak and its effects cv10dthoughts R10 D COVID-19 SP Q57A PROXY Q53A DURING COVID RECURRING THOUGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Recurring nightmares about the outbreak and its effects cv10dnightmares R10 D COVID-19 SP Q57B PROXY Q53B DURING COVID RECURRING NIGHTMARES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Avoiding activities that remind him/her of the outbreak and its effects cv10davoidact R10 D COVID-19 SP Q57C PROXY Q53C DURING COVID AVOIDING ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Avoiding thoughts or feelings about the outbreak and its effects cv10davoidthgts R10 D COVID-19 SP Q57D PROXY Q53D DURING COVID AVOIDING THOUGHTS FEELINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling jumpy or easily startled cv10djumpy R10 D COVID-19 SP Q57E PROXY Q53E DURING COVID JUMPY STARTLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling on guard cv10donguard R10 D COVID-19 SP Q57F PROXY Q53F DURING COVID FEELING ON GUARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CHANGES IN DAILY ACTIVITIES

For the next set of questions, we would like to know if anyone did the following activities with or for the NHATS participant during the COVID-19 outbreak. If yes, please tell us whether that was due to his/her health or functioning, some other reason, or both.

Health or functioning reasons include:

- his/her physical health
- his/her memory
- his/her vision or hearing
- he/she has a health condition or disease that limits him/her, including COVID-19
- he/she has had surgery recently

Other reasons include:

- this is a shared activity
- he/she has always done it this way
- someone else wanted to do it
- he/she pays someone to do it
- he/she doesn't like to do it
- he/she has had to stay home because of the COVID-19 outbreak
- his/her family did not want him/her to do it because of the outbreak
- someone else did it as a favor

54. DURING the COVID-19 outbreak, has anyone ever done the following activities with or for the NHATS participant?

	Yes (Mark One or Both Reasons.)		No
	Due to his/her health or functioning	Due to other reasons	
a. Doing laundry <small>cv10dlaunreas R10 D COVID-19 SP Q60A PROXY Q54A LAUNDRY REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preparing hot meals <small>cv10dmealreas R10 D COVID-19 SP Q60B PROXY Q54B MEALS REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shopping for groceries <small>cv10dshopreas R10 D COVID-19 SP Q60C PROXY Q54C SHOP REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Keeping track of his/her prescribed medicines <small>cv10dmedsreas R10 D COVID-19 SP Q60D PROXY Q54D MEDS REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Handling bills and banking <small>cv10dbankreas R10 D COVID-19 SP Q60E PROXY Q54E BANK BIL REASN WITH BY OTHERS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



55. DURING the COVID-19 outbreak, has anyone ever helped the NHATS participant with:

	Yes	No
a. Taking a shower, bathing in a tub, or washing up some other way cv10dbathhlp R10 D COVID-19 SP Q61A PROXY Q55A ANYN HLP SHOWR BATH OTHR	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting dressed cv10ddreshlp R10 D COVID-19 SP Q61B PROXY Q55B ANYONE HELP GET DRESSED	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, for instance, by cutting up food or feeding him/her cv10deathlp R10 D COVID-19 SP Q61C PROXY Q55C ANYONE HELP EAT	<input type="checkbox"/>	<input type="checkbox"/>
d. Using the toilet cv10dtoilhlp R10 D COVID-19 SP Q61D PROXY Q55D ANYON HLP USE TOILET	<input type="checkbox"/>	<input type="checkbox"/>
e. Getting out of bed cv10dbedhlp R10 D COVID-19 SP Q61E PROXY Q55E GOT HELP OUT OF BED	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting around inside cv10dinsdhlp R10 D COVID-19 SP Q61F PROXY Q55F GOT HELP INSIDE	<input type="checkbox"/>	<input type="checkbox"/>
g. Going outside cv10douthlp R10 D COVID-19 SP Q61G PROXY Q55G HELP GO OUTSIDE	<input type="checkbox"/>	<input type="checkbox"/>
h. Driving him/her places cv10ddrivehlp R10 D COVID-19 SP Q61H PROXY Q55H ANYONE DRIVE SP PLACES	<input type="checkbox"/>	<input type="checkbox"/>
i. Visiting or communicating with his/her health care provider cv10ddochlp R10 D COVID-19 SP Q61I PROXY Q55I ANYONE HELP VISIT OR COMMUNICATE HEALTHCARE PROV	<input type="checkbox"/>	<input type="checkbox"/>

56. DURING the COVID-19 outbreak, in a typical week, how many people (including you) have done household activities with or for the NHATS participant or helped him/her with personal care activities?

people in a typical week

cv10dnumhlp R10 D COVID-19 SP Q62 PROXY Q56 HOW MANY PEOPLE HELP WITH HH SC ACTIVITIES IN WEEK

57. Is that more than, less than or about the same number of people who did this in a typical week before the COVID-19 outbreak?

☐ More
☐ Less
☐ About the same

cv10dnumhlpamt R10 D COVID-19 SP Q63 PROXY Q57 MORE LESS SAME AMOUNT HELPERS THAN BEFORE

58. DURING the COVID-19 outbreak, in a typical week, about how many hours have people (including you) spent doing the NHATS participant's household activities with or for him/her or helping him/her with personal care activities?

cv10dhlphrs R10 D COVID-19 SP Q64 PROXY Q58 HOW MANY HOURS PEOPLE HELP

hours in a typical week



59. Is that more, less or about the same compared to a typical week before the COVID-19 outbreak?

cv10dhlphrsamt R10 D COVID-19 SP Q65 PROXY Q59 MORE LESS SAME HOURS PEOPLE HELP

- ☐ More than before → *Please answer Question 60*
- ☐ Less than before → *Please answer Question 60*
- ☐ About the same → *Please go to Question 61, next page*

60. What is the reason(s) that the amount has changed? Mark all that apply.

Reasons he/she has received more than before

- ☐ He/she has not wanted to go out during the outbreak
cv10dhlphrschg1 R10 D COVID-19 SP Q66A PROXY Q60A MORE HOURS DID NOT WANT TO GO OUT
- ☐ His/her family has not wanted him/her to go out during the outbreak
cv10dhlphrschg2 R10 D COVID-19 SP Q66B PROXY Q60B MORE HOURS FAM DIDN'T WANT SP TO GO OUT
- ☐ His/her health, functioning or memory have gotten worse
cv10dhlphrschg3 R10 D COVID-19 SP Q66C PROXY Q60C MORE HOURS HEALTH FUNC MEM WORSE
- ☐ He/she has moved in with one of the people helping him/her
cv10dhlphrschg4 R10 D COVID-19 SP Q66D PROXY Q60D MORE HOURS MOVED IN WITH HELPER
- ☐ He/she has moved to assisted living or another facility that provides care
cv10dhlphrschg5 R10 D COVID-19 SP Q66E PROXY Q60E MORE HOURS MOVED INTO FACILITY
- ☐ More family members and friends have been helping him/her
cv10dhlphrschg6 R10 D COVID-19 SP Q66F PROXY Q60F MORE HOURS MORE FAM FRIENDS HELPING

Reasons he/she has received less than before

- ☐ He/she has not been able to get paid care or home care
cv10dhlphrschg7 R10 D COVID-19 SP Q66G PROXY Q60G LESS HOURS NOT ABLE TO GET PAID OR HOME CARE
- ☐ He/she has not wanted helpers coming in his/her home
cv10dhlphrschg8 R10 D COVID-19 SP Q66H PROXY Q60H LESS HOURS NOT WANTED HELPERS IN HOME
- ☐ Family or friends who usually help have had to stop or cut back
cv10dhlphrschg9 R10 D COVID-19 SP Q66I PROXY Q60I LESS HOURS FAM FRIENDS HAD TO STOP CUT BACK
- ☐ His/her helper has not wanted to go out during the outbreak
cv10dhlphrschg10 R10 D COVID-19 SP Q66J PROXY Q60J LESS HOURS HELPER DID NOT WANT TO GO OUT
- ☐ His/her helper has not wanted to expose him/her
cv10dhlphrschg11 R10 D COVID-19 SP Q66K PROXY Q60K LESS HOURS HELPER DID NOT WANT TO EXPOSE SP
- ☐ His/her helper's health has kept the helper from going out during the outbreak
cv10dhlphrschg12 R10 D COVID-19 SP Q66L PROXY Q60L LESS HOURS HELPERS HEALTH KEPT FROM GOING OUT
- ☐ His/her helper's other family responsibilities have increased
cv10dhlphrschg13 R10 D COVID-19 SP Q66M PROXY Q60M LESS HOURS HELPERS FAM RESPONSIBILITIES INCREASED
- ☐ His/her health, functioning or memory has gotten better
cv10dhlphrschg14 R10 D COVID-19 SP Q66N PROXY Q60N LESS HOURS HEALTH FUNC MEM BETTER
- ☐ He/she has stopped living with one of the people helping him/her
cv10dhlphrschg15 R10 D COVID-19 SP Q66O PROXY Q60O LESS HOURS STOPPED LIVING WITH HELPER
- ☐ His/her family has not been able to visit his/her assisted living or other facility where he/she lives
cv10dhlphrschg16 R10 D COVID-19 SP Q66P PROXY Q60P LESS HOURS FAM CANNOT VISIT FACILITY

If he/she has another reason, mark here and tell us about it

- ☐ Other reason, *please specify:*
cv10dhlphrschg17 R10 D COVID-19 SP Q66Q PROXY Q60Q LESS HOURS OTHER SPECIFY



- 61.** The National Health and Aging Trends Study (NHATS) is sending a short survey to family members and friends of participants to learn how COVID-19 has affected them. **To make the study a success, we need your help identifying two eligible family members or friends.** This information will be used for research purposes only.

Altogether, how many adult family members or friends (ages 18 or older) helped the NHATS participant during the COVID-19 outbreak with any activity for any reason?

adult family members or friends

cv10dnumffhlprs R10 D COVID-19 SP Q67A PROXY Q61A NUMBER OF FAMILY FRIEND HELPERS

If your answer is 2 or more, please list on the next pages the **two** adult family members or friends **who have helped him/her most** during the COVID-19 outbreak. *If you are one of the people who helped most, please mark here ☐ and then list yourself as Family Member or Friend #1.*

If your answer is 1, please list on the next page the adult family member or friend **who has helped him/her** during the COVID-19 outbreak. *If you are the one who helped, please mark here ☐ and then list yourself as Family Member or Friend #1.*

If your answer is 0, those are all the questions we have for you. ***Please mail both questionnaires back to us in the enclosed postage-paid envelope. Thank you!***



62. Family Member or Friend #1. Please print.

First Name

Last Name

Mailing address

Apt/Unit

City

State

Zip code

() -

Best phone number

Email address

☐ Spouse or partner ☐ Adult child ☐ Another relative ☐ Friend

Relationship to NHATS participant (*Mark one.*)



63. Family Member or Friend #2. Please print.

First Name

Last Name

Mailing address

Apt/Unit

City

State

Zip code

Best phone number

Email address

☐ Spouse or partner ☐ Adult child ☐ Another relative ☐ Friend

Relationship to NHATS participant (*Mark one.*)





If you are one of the helpers listed at the end of this booklet, please complete the enclosed purple Family Members and Friends booklet.

Please mail both questionnaires back to us in the enclosed postage-paid envelope.

**WESTAT
Attn: NHATS Field Room GA L-21
1600 Research Blvd
Rockville, MD 20850-9940**

**Thank you for participating in the
NATIONAL HEALTH AND AGING TRENDS STUDY**

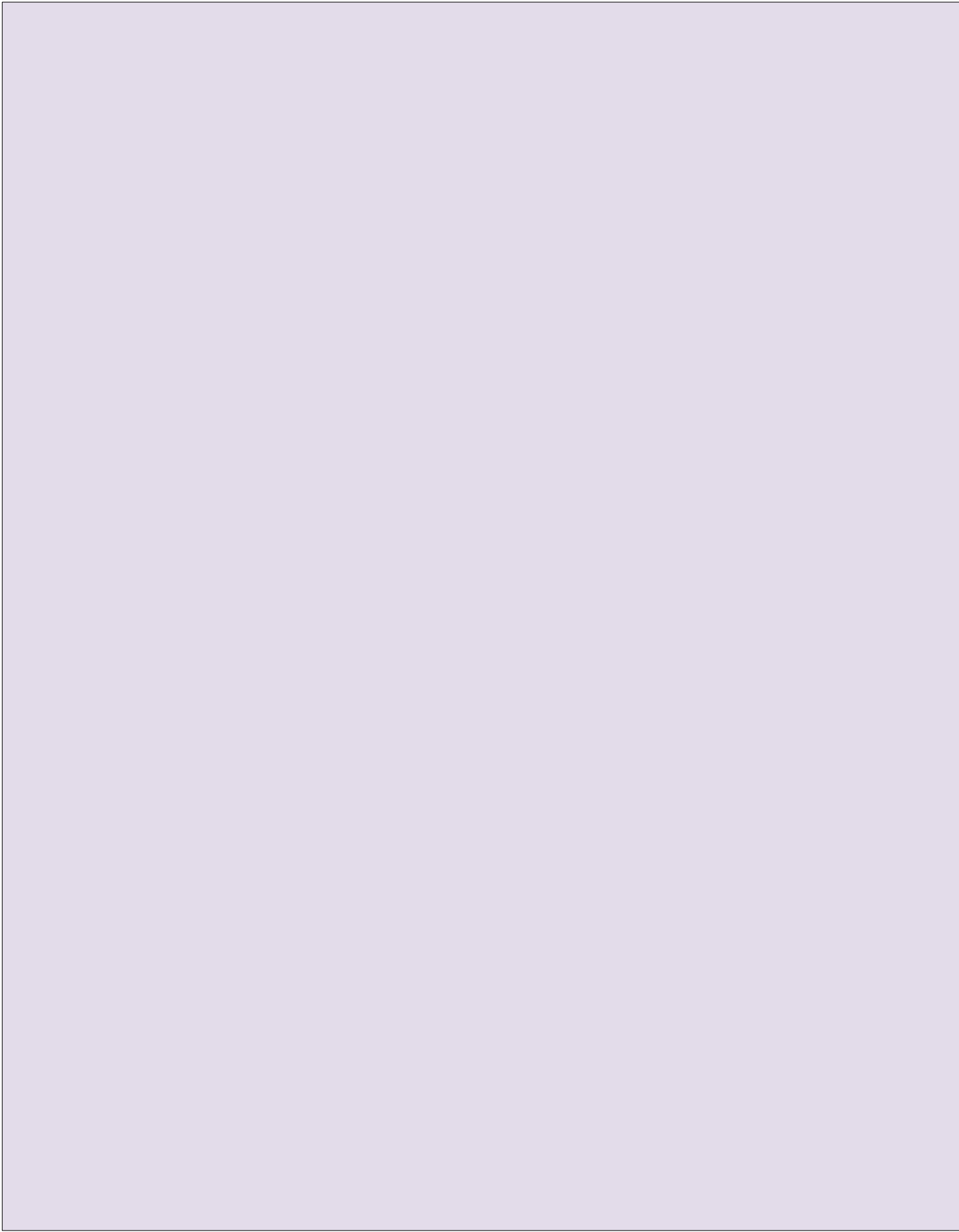


National Health &
Aging Trends Study

how daily life changes as we age

National Health and Aging Trends Study COVID-19 Questionnaire

Family Members and Friends



ABOUT THIS QUESTIONNAIRE


The National Health and Aging Trends Study (NHATS) is collecting information about the experiences of those who have supported or helped NHATS participants during the COVID-19 (also called “coronavirus”) pandemic. Your answers will help researchers better understand how the lives of the families and friends of older adults are being affected by this outbreak.

Your participation is voluntary, but the information you provide will ensure people like you are represented. The questionnaire should take about 20-25 minutes to complete, although time may vary. We have included \$5 as a small token of thanks. Your answers will be kept confidential and used for research purposes only.

INSTRUCTIONS

Please use a black or blue pen to mark your answers. Mark boxes with an X, like this: ☒ and write a number in a box, like this:

1	0
---	---

If you want to change your answer, darken the box like this:  and mark the correct answer or write it next to the box.

When we want some participants to skip questions that do not apply to them, we use an arrow → and tell you the question number to go to next.

When you are finished, please mail your completed questionnaire back to us in the enclosed postage-paid return envelope. If you have any questions, please call us toll-free at 1-888-364-8271.

TODAY'S DATE

1. Please fill in today's date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

ff1ointmonth

R10 COVID-19 FF Q1_MM MONTH COMPLETED

ff1ointyear

R10 COVID-19 FF Q1_YYYY YEAR COMPLETED

ABOUT YOU

2. What is your relationship to the NHATS participant?

ff1orelatnshp

R10 COVID-19 FF Q2 RELATIONSHIP TO SP

☐

Spouse

☐

Granddaughter

☐

Partner

☐

Grandson

☐

Daughter

☐

Sister

☐

Son

☐

Brother

☐

Step-daughter

☐

Niece

☐

Step-son

☐

Nephew

☐

Daughter-in-law

☐

Friend

☐

Son-in-law

☐

Other, *please specify:*

3. Are you

ff1ogender

R10 COVID-19 FF Q3 GENDER

☐

Male

☐

Female

☐

Non-binary gender

4. What is your date of birth?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

ff1obirthmth
ff1obirthyr

R10 COVID-19 FF Q4 BIRTH MONTH
R10 COVID-19 FF Q4 BIRTH YEAR



5. What race do you consider yourself to be? *Mark all that apply*

- ☐ White or Caucasian
ff10yourrace1 R10 COVID-19 FF Q5A RACE WHITE
- ☐ Black or African American
ff10yourrace2 R10 COVID-19 FF Q5B RACE AFRICN AMERICN
- ☐ American Indian or Alaskan Native
ff10yourrace3 R10 COVID-19 FF Q5C RACE AM INDIAN ALASKA NATIVE
- ☐ Asian
ff10yourrace4 R10 COVID-19 FF Q5D RACE ASIAN
- ☐ Native Hawaiian or Pacific Islander
ff10yourrace5 R10 COVID-19 FF Q5E RACE NATIVE HWAIIAN PAC ISLANDR

If you marked more than one race → Please answer Question 6.

If you marked one race → Please go to Question 7.

6. Which do you consider your primary race?

ff10primarace R10 COVID-19 FF Q6 PRIMARY RACE

- ☐ White or Causcasian
- ☐ Black or African American
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander

7. Do you consider yourself Hispanic or Latino?

ff10hisplatno R10 COVID-19 FF Q7 HISPANIC OR LATINO

- ☐ Yes
- ☐ No

8. What is the highest degree or level of school you have completed?

ff10educ R10 COVID-19 FF Q8 HIGHEST DEGREE OR GRADE

- ☐ No schooling completed
- ☐ 1st – 8th grade
- ☐ High school graduate (high school diploma or equivalent)
- ☐ Vocational, technical, business or trade school certificate or diploma (beyond high school level)
- ☐ Some college but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's, professional, or doctoral degree



9. What is your current marital status?

ff10martstat R10 COVID-19 FF Q9 MARITAL STATUS

- ☐ Married
- ☐ Living with a partner
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Never married

10. Do you (and your spouse or partner, if applicable) have any living children, including stepchildren?

ff10chldlvng R10 COVID-19 FF Q10 HAVE CHILDREN LIVING

- ☐ Yes
- ☐ No

11. How many of your children (or stepchildren) are under age 18?

ff10numchu18 R10 COVID-19 FF Q11 NUMBER CHILDREN UNDER 18

people under age 18

12. What is the total number of people – adults and children – currently living in your household? *Please include yourself.*

ff10numinh R10 COVID-19 FF Q12 NUMBR OF PEOPLE LIVE HERE

adults and children living in my household, including me

13. How many people currently living in your household are age 18 or older? *Please include yourself.*

ff10numinh18older R10 COVID-19 FF Q13 NUMBR OF PEOPLE 18 OR OLDER LIVE HERE

people age 18 or older living in my household, including me

14. In general, is your health:

ff10health R10 COVID-19 FF Q14 GENERAL HEALTH

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor



SYMPTOMS OF COVID-19

- 15. Have you had any symptoms of COVID-19?** *Common symptoms include fever, cough, and difficulty breathing. Other symptoms include chills, muscle pain, sore throat, headache, and loss of smell or taste.*

ff10symptoms R10 COVID-19 FF Q15 HAD SYMPTOMS COVID-19

☐ Yes

☐ No

- 16. Has a doctor or other health professional told you that you may have had COVID-19?**

ff10covidoc R10 COVID-19 FF Q16 TOLD HAD COVID-19 BY DOCTOR

☐ Yes, definitely

☐ Yes, possibly

☐ No

- 17. Have you had a positive test for COVID-19?**

ff10positive R10 COVID-19 FF Q17 SP POSITIVE COVID-19 TEST

☐ Yes

☐ No

- 18. If you have had symptoms or a diagnosis or positive test, when your symptoms were at their worst, how bad or bothersome were they?**

ff10symplvl R10 COVID-19 FF Q18 SP HOW BAD WERE COVID-19 SYMPTOMS

☐ Mild

☐ Moderate

☐ Severe

☐ Very severe

☐ Does not apply (did not have symptoms, diagnosis or positive test)

- 19. Did any people living with you have symptoms or a diagnosis or a positive test for COVID-19?** *If you live in an apartment building or assisted, independent or nursing facility, please answer about your own apartment/unit.*

ff10covidoth R10 COVID-19 FF Q19 OTHERS IN HH HAD COVID-19

☐ Yes

☐ No

☐ I haven't lived with anyone else during the outbreak



WHAT WE MEAN BY DURING THE COVID-19 OUTBREAK

20. Many of the questions in this booklet ask you to think about BEFORE and DURING the COVID-19 outbreak. In most places, the effects of the outbreak first began in March 2020. In some places, the outbreak and its effects on daily life may still be ongoing; in others, the outbreak and its effects may have ended.

Is the COVID-19 outbreak still affecting daily life in your State?

ff10stillcovid

R10 COVID-19 FF Q20 COVID-19 STILL AFFECTING LIFE

☐ Yes “During the COVID-19 outbreak” means from March 2020 until now → Please go to Question 22, next page

☐ No → Please answer Question 21

21. In what month would you say that the outbreak ended in your State?

ff10monthend

R10 COVID-19 FF Q21 MONTH COVID-19 OUTBREAK ENDED

- ☐ April 2020
☐ May 2020
☐ June 2020
☐ July 2020
☐ August 2020
☐ September 2020
☐ October 2020
☐ November 2020
☐ December 2020

“During the COVID-19 outbreak”
means from March 2020 until
the month marked here



MEASURES TO LIMIT SPREAD OF COVID-19

22. DURING the COVID-19 outbreak, have you ever done the following to keep the disease from spreading?

	Yes	No	Does not apply
a. Frequently wash your hands or use sanitizer ff10handwash R10 COVID-19 FF Q22A HANDWASHING	<input type="checkbox"/>	<input type="checkbox"/>	
b. Avoid contact with people living with you ff10avoidhh R10 COVID-19 FF Q22B AVOID PEOPLE IN HH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Avoid contact with people <u>not</u> living with you ff10avoidnothh R10 COVID-19 FF Q22C AVOID PEOPLE NOT IN HH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay at least 6 feet away from people not living with you ff10sixftaway R10 COVID-19 FF Q22D STAY SIX FT AWAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Limit group gatherings like get-togethers with family <u>not</u> living with you ff10limitfam R10 COVID-19 FF Q22E LIMIT FAMILY GATHERINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoid being in restaurants and bars ff10avoidrest R10 COVID-19 FF Q22F AVOID RESTAURANTS BARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Limit shopping and other errands ff10limitshop R10 COVID-19 FF Q22G LIMIT SHOPPING ERRANDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Wear a face mask when going out ff10mask R10 COVID-19 FF Q22H WEAR MASK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Avoid touching your face when you are out ff10face R10 COVID-19 FF Q22I AVOID TOUCHING FACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CHANGES IN YOUR ACTIVITIES

23. DURING the COVID-19 outbreak, in a typical week, have you spent more or less time than you did before the outbreak:

	More	Less	Same amount	Didn't do before and during
a. Walking for exercise ff10walkamt R10 COVID-19 FF Q23A DURING COVID MORE LESS WALKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doing vigorous activities ff10actvamt R10 COVID-19 FF Q23B DURING COVID MORE LESS VIG ACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, including snacking ff10eatamt R10 COVID-19 FF Q23C DURING COVID MORE LESS EATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Drinking alcohol ff10alcoholamt R10 COVID-19 FF Q23D DURING COVID MORE LESS ALCOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Smoking or vaping ff10smokingamt R10 COVID-19 FF Q23E DURING COVID MORE LESS SMOKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Watching TV or online programs or movies ff10tvamt R10 COVID-19 FF Q23F DURING COVID MORE LESS TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sleeping ff10sleepamt R10 COVID-19 FF Q23G DURING COVID MORE LESS SLEEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

24. DURING the COVID-19 outbreak, have you started or stopped providing care to someone else? If no change, please indicate if you did or didn't do before and during the outbreak.

	Started	Stopped	Did before and during	Didn't do before and during
a. Providing care for or looking after a child or grandchild ff10childcare1 R10 COVID-19 FF Q24A DURING COVID STARTED CHILDCARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing care to an adult who needs help with daily activities (besides the NHATS participant) ff10childcare2 R10 COVID-19 FF Q24A DURING COVID STOPPED CHILDCARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CHANGES IN YOUR WORK AND FINANCES

25. BEFORE the COVID-19 outbreak, did you work for pay (or in a business that you own)?

ff10befwork

R10 COVID-19 FF Q25 BEFORE COVID WORK FOR PAY

☐ Yes → *Please answer Question 26*

☐ No → *Please go to Question 27*

26. DURING the COVID-19 outbreak, did you ever lose your job or get laid off, even for a short time?

ff10durlaidoff

R10 COVID-19 FF Q26 DURING COVID LOSE JOB OR LAID OFF

☐ Yes

☐ No

27. DURING the COVID-19 outbreak, did anyone else in your household ever lose their job or get laid off, even for a short time?

ff10durlaidoffhh

R10 COVID-19 FF Q27 DURING COVID ANYONE ELSE IN HH LOSE JOB OR LAID OFF

☐ Yes

☐ No

☐ I was/am the only one working in my household

☐ I live alone

28. About how much was your total household income in 2019?

ff10income

R10 COVID-19 FF Q28 INCOME LAST YEAR

☐ Less than \$25,000

☐ \$25,000 to less than \$50,000

☐ \$50,000 to less than \$80,000

☐ \$80,000 to less than \$130,000

☐ \$130,000 or more

29. Has your monthly household income gone up, down, or stayed about the same compared to a typical month before the COVID-19 outbreak started?

ff10durincchg

R10 COVID-19 FF Q29 DURING COVID INCOME UP DOWN SAME

☐ Income went up

☐ Income went down

☐ About the same

Draft



30. Has your household had any financial difficulties because of the COVID-19 outbreak?

ff10dfinancdif R10 COVID-19 FF Q30 DURING COVID ANY FINANCIAL DIFFICULTY

☐ Yes → *Please answer Question 31*

☐ No → *Please go to Question 32, next page*

31. How did you manage your household's financial difficulties? Did you:

	Yes	No
a. Cut back on spending ff10findif1 R10 COVID-19 FF Q31A CUT BACK ON SPENDING	<input type="checkbox"/>	<input type="checkbox"/>
b. Use money from a savings account ff10findif2 R10 COVID-19 FF Q31B USE MONEY FROM SAVINGS ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>
c. Use money from retirement savings ff10findif3 R10 COVID-19 FF Q31C USE MONEY FROM RETIREMENT ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>
d. Put off paying the rent or mortgage ff10findif4 R10 COVID-19 FF Q31D PUT OFF PAYING RENT MORTGAGE	<input type="checkbox"/>	<input type="checkbox"/>
e. Put off paying other bills ff10findif5 R10 COVID-19 FF Q31E PUT OFF PAYING OTHER BILLS	<input type="checkbox"/>	<input type="checkbox"/>
f. Use credit cards more than usual ff10findif6 R10 COVID-19 FF Q31F USE CREDIT CARDS MORE THAN USUAL	<input type="checkbox"/>	<input type="checkbox"/>
g. Pay less than usual toward the credit card(s) ff10findif7 R10 COVID-19 FF Q31G PAY LESS THAN USUAL ON CREDIT CARDS	<input type="checkbox"/>	<input type="checkbox"/>
h. Get financial help from a family member ff10findif8 R10 COVID-19 FF Q31H GET FINANCIAL HELP FROM FAMILY MEM	<input type="checkbox"/>	<input type="checkbox"/>
i. Sell any belongings ff10findif9 R10 COVID-19 FF Q31I SELL ANY BELONGINGS	<input type="checkbox"/>	<input type="checkbox"/>
j. File for unemployment ff10findif10 R10 COVID-19 FF Q31J FILE FOR UNEMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>
k. Use a food bank or other emergency support program ff10findif11 R10 COVID-19 FF Q31K USE FOOD BANK OTH EMERG SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>
l. Skip meals ff10findif12 R10 COVID-19 FF Q31L SKIP MEALS	<input type="checkbox"/>	<input type="checkbox"/>
m. Take out a loan or use an existing line of credit ff10findif13 R10 COVID-19 FF Q31M LOAN OR LINE OF CREDIT	<input type="checkbox"/>	<input type="checkbox"/>



CHANGES IN YOUR WELLBEING

32. DURING the COVID-19 outbreak, in a typical month, how often have you felt:

	Every day	Most days	Some days	Rarely	Never
a. Cheerful ff10moodcher R10 COVID-19 FF Q32A FELT CHEERFUL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Calm and peaceful ff10moodpcfl R10 COVID-19 FF Q32B FELT CALM PEACEFUL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Full of life ff10moodfull R10 COVID-19 FF Q32C FELT FULL OF LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bored ff10moodbord R10 COVID-19 FF Q32D FELT BORED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lonely ff10moodlone R10 COVID-19 FF Q32E FELT LONELY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Upset ff10moodupst R10 COVID-19 FF Q32F FELT UPSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. DURING the COVID-19 outbreak, in a typical month, how often have you:

	Not at all	Several days	More than half the days	Nearly every day
a. Had little interest or pleasure in doing things ff10flttlin R10 COVID-19 FF Q33A FELT LITTLE INTERST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Felt down, depressed, or hopeless ff10fltdown R10 COVID-19 FF Q33B FELT DOWN DEPRESSED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Felt nervous, anxious, or on edge ff10fltnervs R10 COVID-19 FF Q33C FELT NERVOUS ANXIOUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Been unable to stop or control worrying ff10fltworry R10 COVID-19 FF Q33D FELT UNABLE2STP WRRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



34. DURING the COVID-19 outbreak, in a typical week, how would you rate the quality of your sleep?

ff10sleep R10 COVID-19 FF Q34 DURING COVID QUALITY OF SLEEP

- ☐ Good; I fall asleep within 30 minutes most nights and if I wake up I go back to sleep easily.
- ☐ Fair; It usually takes me more than 30 minutes to fall asleep or if I wake up I have a hard time going back to sleep.
- ☐ Poor; I am sleeping very little for short amounts of time.

35. Is this better, worse, or about the same as a typical week before the COVID-19 outbreak started?

ff10sleepqual R10 COVID-19 FF Q35 SLEEP BETTER WORSE SAME

- ☐ Sleep better
- ☐ Sleep worse
- ☐ About the same

36. DURING the COVID-19 outbreak, in a typical week, how worried or anxious have you felt about the outbreak?

ff10anxious R10 COVID-19 FF Q36 DURING COVID HOW WORRIED ANXIOUS

- ☐ Not at all
- ☐ Mild; I worry about it on some days.
- ☐ Moderate; I worry about it some of the time on more than half the days.
- ☐ Severe; I worry about it nearly every day, during the day and at night.

37. DURING the COVID-19 outbreak, in a typical week, how sad or depressed have you felt about the outbreak?

ff10depress R10 COVID-19 FF Q37 DURING COVID HOW SAD DEPRESSED

- ☐ Not at all
- ☐ Mild; I feel sad about it on some days.
- ☐ Moderate; I feel sad about it on more than half the days for some of the time.
- ☐ Severe; I feel sad about it nearly every day, during the day and at night.



38. DURING the COVID-19 outbreak, how much of the time have the following symptoms bothered you?

	Most of the time	Some- times	Rarely	Not at all
a. Recurring thoughts about the outbreak and its effects ff10thoughts R10 COVID-19 FF Q38A DURING COVID RECURRING THOUGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Recurring nightmares about the outbreak and its effects ff10nightmares R10 COVID-19 FF Q38B DURING COVID RECURRING NIGHTMARES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Avoiding activities that remind you of the outbreak and its effects ff10avoidact R10 COVID-19 FF Q38C DURING COVID AVOIDING ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Avoiding thoughts or feelings about the outbreak and its effects ff10avoidthgts R10 COVID-19 FF Q38D DURING COVID AVOIDING THOUGHTS FEELINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling jumpy or easily startled ff10jumpy R10 COVID-19 FF Q38E DURING COVID JUMPY STARTLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling on guard ff10onguard R10 COVID-19 FF Q38F DURING COVID FEELING ON GUARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. DURING the COVID-19 outbreak, in a typical week, how often have you felt hopeful about the future?

ff10hopeful R10 COVID-19 FF Q39 DURING COVID HOW HOPEFUL ABOUT FUTURE

- ☐ Every day
- ☐ Most days
- ☐ Some days
- ☐ Rarely
- ☐ Never

40. Is this more often, less often or about the same as a typical week before the COVID-19 outbreak started?

ff10hopefulamt R10 COVID-19 FF Q40 HOW HOPEFUL MORE LESS SAME

- ☐ More often
- ☐ Less often
- ☐ About the same



CHANGES IN YOUR LIVING SITUATION

41. BEFORE the COVID-19 outbreak, were you living with the NHATS participant?

ff10beflivesp R10 COVID-19 FF Q41 BEFORE COVID LIVE WITH SP

- ☐ Yes → *Please go to Question 44*
- ☐ No → *Please answer Question 42*

42. DURING the COVID-19 outbreak (starting March 2020), did you ever move in with the NHATS participant, or did the NHATS participant ever move in with you, even for a short time?

ff10durlivesp R10 COVID-19 FF Q42 DURING COVID LIVE WITH SP

- ☐ Yes, I moved in with the NHATS participant → *Please answer Question 43*
- ☐ Yes, the NHATS participant moved in with me → *Please answer Question 43*
- ☐ No, we have not lived together during the outbreak → *Please go to Question 45*

43. How long did you live with the NHATS participant?

ff10howlonglive R10 COVID-19 FF Q43 HOW LONG LIVED WITH SP

- ☐ A few days or weeks
- ☐ 1 to 3 months
- ☐ 4 to 5 months
- ☐ 6 or more months

44. Are you still living with the NHATS participant?

ff10stilllive R10 COVID-19 FF Q44 STILL LIVE WITH SP

- ☐ Yes → *Please go to Question 48, next page*
- ☐ No → *Please answer Question 45*

45. How long does it normally take you to get to the NHATS participant's home from where you live?

ff10tm2sp R10 COVID-19 FF Q45 HOW LONG GET 2 SP HOME

- ☐ Less than 15 minutes
- ☐ 15 minutes to less than 30 minutes
- ☐ 30 minutes to less than 60 minutes
- ☐ 60 minutes to less than 2 hours
- ☐ More than 2 hours



CHANGES IN CONTACT WITH THE NHATS PARTICIPANT

46. BEFORE the COVID-19 outbreak, in a typical week, how often were you in contact with the NHATS participant by:

	At least daily	A few times a week	About once a week	Less than once a week	Never
a. Phone calls ff10befphone R10 COVID-19 FF Q46A BEFORE COVID SP PHONE CALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emails, texts, or social media messages. ff10befemail R10 COVID-19 FF Q46B BEFORE COVID SP EMAIL TEXT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i> ff10befvideo R10 COVID-19 FF Q46C BEFORE COVID SP VIDEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In person visits ff10befinperson R10 COVID-19 FF Q46D BEFORE COVID SP IN PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. DURING the COVID-19 outbreak, in a typical week, how often have you been in contact with the NHATS participant by:

	At least daily	A few times a week	About once a week	Less than once a week	Never
a. Phone calls ff10durphone R10 COVID-19 FF Q47A DURING COVID SP PHONE CALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emails, texts, or social media messages. ff10duremail R10 COVID-19 FF Q47B DURING COVID SP EMAIL TEXT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i> ff10durvideo R10 COVID-19 FF Q47C DURING COVID SP VIDEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In person visits ff10durinperson R10 COVID-19 FF Q47D DURING COVID SP IN PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. DURING the COVID-19 outbreak, did you help the NHATS participant learn a new technology or program to go online? *This includes learning to use a smartphone, computer or iPad or a program like Zoom or FaceTime.*

ff10lrntechhlp R10 COVID-19 FF Q48 HELP TEACH SP NEW ONLINE TECH

☐ Yes

☐ No

Draft



YOUR RELATIONSHIP WITH THE NHATS PARTICIPANT

49. DURING the COVID-19 outbreak, how much:

	A lot	Some	A little
a. Have you enjoyed interacting with the NHATS participant <small>ff10joylevel R10 COVID-19 FF Q49A ENJOY BEING WITH SP</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the NHATS participant argued with you <small>ff10arguelv R10 COVID-19 FF Q49B LEVEL SP ARGUES WITH YOU</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the NHATS participant appreciated what you do for him/her <small>ff10sapprlv R10 COVID-19 FF Q49C LEVEL SP APPRECIATES YOU</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has the NHATS participant gotten on your nerves <small>ff10nerveslv R10 COVID-19 FF Q49D LEVEL SP ON YOUR NERVES</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. DURING the COVID-19 outbreak, in a typical week, how often have you given the NHATS participant advice, encouragement or emotional support?

ff10giveadvice R10 COVID-19 FF Q50 DURING COVID GIVE SP ADVICE

- ☐ At least daily
- ☐ A few times a week
- ☐ About once a week
- ☐ Less than once a week
- ☐ Never

51. DURING the COVID-19 outbreak, in a typical week, how often has the NHATS participant given you advice, encouragement or emotional support?

ff10recadvice R10 COVID-19 FF Q51 DURING COVID SP GIVE YOU ADVICE

- ☐ At least daily
- ☐ A few times a week
- ☐ About once a week
- ☐ Less than once a week
- ☐ Never

52. Is your relationship with the NHATS participant better, worse or about the same, compared to before the outbreak started?

ff10relqual R10 COVID-19 FF Q52 DURING COVID RELATIONSHIP BETTER WORSE SAME

- ☐ Better
- ☐ Worse
- ☐ About the same



HELP BEFORE THE COVID-19 OUTBREAK

53. BEFORE the COVID-19 outbreak, did you do the following activities with or for the NHATS participant?

	Yes	No
a. Doing laundry ff10beflaunhlp R10 COVID-19 FF Q53A BEFORE COVID HELP SP WITH LAUNDRY	<input type="checkbox"/>	<input type="checkbox"/>
b. Preparing hot meals ff10befmealhlp R10 COVID-19 FF Q53B BEFORE COVID HELP SP WITH MEALS	<input type="checkbox"/>	<input type="checkbox"/>
c. Shopping for groceries (online or in person) ff10befshophlp R10 COVID-19 FF Q53C BEFORE COVID HELP SP WITH SHOPPING	<input type="checkbox"/>	<input type="checkbox"/>
d. Keeping track of their prescribed medicines (online or in person) ff10befmedshlp R10 COVID-19 FF Q53D BEFORE COVID HELP SP WITH MEDICINES	<input type="checkbox"/>	<input type="checkbox"/>
e. Handling bills and banking (online or in person) ff10befbankhlp R10 COVID-19 FF Q53E BEFORE COVID HELP SP WITH BANKING	<input type="checkbox"/>	<input type="checkbox"/>

54. BEFORE the COVID-19 outbreak, did you help the NHATS participant with:

	Yes	No
a. Taking a shower, bathing in a tub, or washing up some other way ff10befbathhlp R10 COVID-19 FF Q54A BEFORE COVID HELP SP WITH BATHING	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting dressed ff10befdreshlp R10 COVID-19 FF Q54B BEFORE COVID HELP SP WITH DRESSING	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, for instance, by cutting up food or feeding him/her ff10befeathlp R10 COVID-19 FF Q54C BEFORE COVID HELP SP WITH EATING	<input type="checkbox"/>	<input type="checkbox"/>
d. Using the toilet ff10beftoilhlp R10 COVID-19 FF Q54D BEFORE COVID HELP SP WITH TOILETING	<input type="checkbox"/>	<input type="checkbox"/>
e. Getting out of bed ff10befbedhlp R10 COVID-19 FF Q54E BEFORE COVID HELP SP OUT OF BED	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting around inside ff10befinsdhlp R10 COVID-19 FF Q54F BEFORE COVID HELP SP INSIDE HOUSE	<input type="checkbox"/>	<input type="checkbox"/>
g. Going outside ff10befouthlp R10 COVID-19 FF Q54G BEFORE COVID HELP SP GO OUTSIDE	<input type="checkbox"/>	<input type="checkbox"/>
h. Driving them places ff10befdrvehlp R10 COVID-19 FF Q54H BEFORE COVID DRIVE SP PLACES	<input type="checkbox"/>	<input type="checkbox"/>
i. Visiting or communicating with their health care provider ff10befdochlp R10 COVID-19 FF Q54I BEFORE COVID HELP VISIT OR COMMUNICATE HEALTHCARE PROV	<input type="checkbox"/>	<input type="checkbox"/>



HELP DURING THE COVID-19 OUTBREAK

55. DURING the COVID-19 outbreak, have you ever done the following activities with or for the NHATS participant?

	Yes	No
a. Doing laundry ff10durlaunhlp R10 COVID-19 FF Q55A DURING COVID HELP SP WITH LAUNDRY	<input type="checkbox"/>	<input type="checkbox"/>
b. Preparing hot meals ff10durmealhlp R10 COVID-19 FF Q55B DURING COVID HELP SP WITH MEALS	<input type="checkbox"/>	<input type="checkbox"/>
c. Shopping for groceries (online or in person) ff10durshophlp R10 COVID-19 FF Q55C DURING COVID HELP SP WITH SHOPPING	<input type="checkbox"/>	<input type="checkbox"/>
d. Keeping track of their prescribed medicines (online or in person) ff10durmedshlp R10 COVID-19 FF Q55D DURING COVID HELP SP WITH MEDICINES	<input type="checkbox"/>	<input type="checkbox"/>
e. Handling bills and banking (online or in person) ff10durbankhlp R10 COVID-19 FF Q55E DURING COVID HELP SP WITH BANKING	<input type="checkbox"/>	<input type="checkbox"/>

56. DURING the COVID-19 outbreak, have you ever helped the NHATS participant with:

	Yes	No
a. Taking a shower, bathing in a tub, or washing up some other way ff10durbathhlp R10 COVID-19 FF Q56A DURING COVID HELP SP WITH BATHING	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting dressed ff10durdreshlp R10 COVID-19 FF Q56B DURING COVID HELP SP WITH DRESSING	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating, for instance, by cutting up food or feeding him/her ff10dureathlp R10 COVID-19 FF Q56C DURING COVID HELP SP WITH EATING	<input type="checkbox"/>	<input type="checkbox"/>
d. Using the toilet ff10durtoilhlp R10 COVID-19 FF Q56D DURING COVID HELP SP WITH TOILETING	<input type="checkbox"/>	<input type="checkbox"/>
e. Getting out of bed ff10durbedhlp R10 COVID-19 FF Q56E DURING COVID HELP SP OUT OF BED	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting around inside ff10durinsdhlp R10 COVID-19 FF Q56F DURING COVID HELP SP INSIDE HOUSE	<input type="checkbox"/>	<input type="checkbox"/>
g. Going outside ff10durouthlp R10 COVID-19 FF Q56G DURING COVID HELP SP GO OUTSIDE	<input type="checkbox"/>	<input type="checkbox"/>
h. Driving them places ff10durdrivehlp R10 COVID-19 FF Q56H DURING COVID DRIVE SP PLACES	<input type="checkbox"/>	<input type="checkbox"/>
i. Visiting or communicating with their health care provider ff10durdochlp R10 COVID-19 FF Q56I DURING COVID HELP VISIT OR COMMUNICATE HEALTHCARE PROV	<input type="checkbox"/>	<input type="checkbox"/>

REASONS FOR HELPING

57. Are any of your answers YES to Questions 53, 54, 55 or 56?

ff10anyhelp

R10 COVID-19 FF Q57 BEFORE OR DURING COVID HELPED SP

☐ Yes → Please answer Question 58

☐ No → Those are all the questions we have for you. **Please mail your booklet back to us in the enclosed postage-paid envelope. Thank you!**

58. Did you help the NHATS participant, either before or during the COVID-19 outbreak, because of their health or functioning?

ff10healthfunc

R10 COVID-19 FF Q58 BEFORE OR DURING COVID HELPED SP FOR HEALTH FUNC

Health or functioning reasons include:

- their physical health
- their memory
- their vision or hearing
- a health condition or disease limits them, including COVID-19
- a recent surgery

☐ Yes → Please answer Question 59, next page and continue with the rest of the questions.

☐ No → Those are all the questions we have for you. **Please mail your booklet back to us in the enclosed postage-paid envelope. Thank you!**



TIME SPENT HELPING THE NHATS PARTICIPANT

- 59. BEFORE the COVID-19 outbreak, in a typical week, on how many days did you help the NHATS participant?**

ff10befhlpdays R10 COVID-19 FF Q59 BEFORE COVID DAYS HELP SP IN TYPICAL WEEK

days in a typical week

- 60. On days when you helped, about how many hours did you spend?**

ff10befhlphrs R10 COVID-19 FF Q60 BEFORE COVID HOURS HELP SP IN TYPICAL DAY

hours helping the NHATS participant on a typical day

- 61. What share of these hours were spent helping with personal care or getting around? *This means things like bathing, dressing, eating, toileting, getting out of bed, getting around inside or going outside.***

ff10befhlpscmob R10 COVID-19 FF Q61 BEFORE COVID HOW MUCH HELP SP PERSONAL CARE GETTING AROUND

- ☐ None
☐ Less than half
☐ About half
☐ More than half
☐ Nearly all

- 62. DURING the COVID-19 outbreak, in a typical week, on how many days did you help the NHATS participant?**

ff10durhlpdays R10 COVID-19 FF Q62 DURING COVID DAYS HELP SP IN TYPICAL WEEK

days in a typical week

- 63. On days when you helped, about how many hours did you spend?**

ff10durhlphrs R10 COVID-19 FF Q63 DURING COVID HOURS HELP SP IN TYPICAL DAY

hours helping the NHATS participant on a typical day

- 64. What share of these hours were spent helping with personal care or getting around?**

ff10durhlpscmob R10 COVID-19 FF Q64 DURING COVID HOW MUCH HELP SP PERSONAL CARE GETTING AROUND

- ☐ None
☐ Less than half
☐ About half
☐ More than half
☐ Nearly all



65. DURING the COVID-19 outbreak, have you helped the NHATS participant more, less or about the same compared to a typical week before the outbreak started?

ff10hlphrsamt R10 COVID-19 FF Q65 MORE LESS SAME HOURS HELP SP

- ☐ More than before → *Please answer Question 66*
- ☐ Less than before → *Please answer Question 66*
- ☐ About the same → *Please go to Question 67, next page*

66. What is the reason(s) the amount of help has changed? Mark all that apply.

Reasons you help more than before

- ☐ The NHATS participant can no longer get paid care or home care
ff10hlphrschg1 R10 COVID-19 FF Q66A MORE HOURS SP NOT ABLE TO GET PAID OR HOME CARE
- ☐ Other family or friends who usually help had to stop or cut back
ff10hlphrschg2 R10 COVID-19 FF Q66B MORE HOURS OTHER FAM FRIENDS HAD TO STOP CUT BACK
- ☐ I do not want the NHATS participant to go out during the outbreak
ff10hlphrschg3 R10 COVID-19 FF Q66C MORE HOURS DID NOT WANT SP TO GO OUT
- ☐ The NHATS participant does not want to go out during the outbreak
ff10hlphrschg4 R10 COVID-19 FF Q66D MORE HOURS SP DID NOT WANT TO GO OUT
- ☐ The NHATS participant's health, functioning or memory got worse
ff10hlphrschg5 R10 COVID-19 FF Q66E MORE HOURS SP HEALTH FUNC MEM WORSE
- ☐ The NHATS participant and I moved in together
ff10hlphrschg6 R10 COVID-19 FF Q66F MORE HOURS SP MOVED IN
- ☐ We have been helping out each other during the outbreak
ff10hlphrschg7 R10 COVID-19 FF Q66G MORE HOURS SP AND I HELP EACH OTHER

Reasons you help less than before

- ☐ My health keeps me from going out during the outbreak
ff10hlphrschg8 R10 COVID-19 FF Q66H LESS HOURS HEALTH KEEPS FROM GOING OUT
- ☐ My other family responsibilities have increased
ff10hlphrschg9 R10 COVID-19 FF Q66I LESS HOURS OTH FAM RESPONSIBILITIES INCREASED
- ☐ Other family members and friends are helping more
ff10hlphrschg10 R10 COVID-19 FF Q66J LESS HOURS OTHER FAM FRIENDS HELPING MORE
- ☐ The NHATS participant's health, functioning or memory got better
ff10hlphrschg11 R10 COVID-19 FF Q66K LESS HOURS SP HEALTH FUNC MEM BETTER
- ☐ The NHATS participant moved out
ff10hlphrschg12 R10 COVID-19 FF Q66L LESS HOURS SP MOVED OUT
- ☐ The NHATS participant lives in an assisted living or other facility and I am not allowed to visit
ff10hlphrschg13 R10 COVID-19 FF Q66M LESS HOURS CANNOT VISIT FACILITY
- ☐ I am concerned about exposing the NHATS participant
ff10hlphrschg14 R10 COVID-19 FF Q66N LESS HOURS DID NOT WANT TO EXPOSE SP

If you have another reason, mark here and tell us about it

- ☐ Other reason, *please specify:*
ff10hlphrschg15 R10 COVID-19 FF Q66O MORE LESS HOURS OTHER SPECIFY



DEMENTIA CAREGIVING

67. Did you help the NHATS participant, before or during the COVID-19 outbreak, because they have memory problems, including Alzheimer's disease or other kinds of dementia?

ff10memprb

R10 COVID-19 FF Q67 BEFORE DURING COVID HELP SP BECAUSE OF MEMORY PROB

- ☐ Yes → *Please answer Question 68*
- ☐ No → *Please go to Question 71, next page*

68. Which statement best describes the extent of his/her symptoms of memory loss?

ff10memprblv

R10 COVID-19 FF Q68 EXTENT OF SPS MEMORY LOSS SYMPTOMS

- ☐ Mild; he/she is starting to forget things, but is still doing most of his/her daily activities.
- ☐ Moderate; he/she has had memory problems for a while and it is starting to interfere with his/her daily activities.
- ☐ Severe; he/she has advanced memory problems and is no longer able to participate in daily activities.

69. DURING the COVID-19 outbreak, did you help the NHATS participant with any of the following behaviors?

	Yes	No
a. Getting lost in a familiar environment ff10memcogr1 R10 COVID-19 FF Q69A DURING COVID SP LOST IN FAMILIAR ENVIRON	<input type="checkbox"/>	<input type="checkbox"/>
b. Wandering off and not returning on his or her own ff10memcogr2 R10 COVID-19 FF Q69B DURING COVID SP WANDERD OFF NO RETRN	<input type="checkbox"/>	<input type="checkbox"/>
c. Not being able to be left alone for an hour or so ff10memcogr3 R10 COVID-19 FF Q69C DURING COVID SP ABLE LEFT ALONE 1 HR	<input type="checkbox"/>	<input type="checkbox"/>
d. Hearing or seeing things that were not really there ff10memcogr4 R10 COVID-19 FF Q69D DURING COVID SP HEARS SEES THNGS	<input type="checkbox"/>	<input type="checkbox"/>

70. Has managing the NHATS participant's symptoms and behaviors been more difficult, less difficult or about the same, compared to before the COVID-19 outbreak started?

ff10memprbdif

R10 COVID-19 FF Q70 DURING COVID HELPING MEM PROB DIFF

- ☐ More difficult
- ☐ Less difficult
- ☐ About the same



HELPING CHALLENGES AND SUPPORTS

71. DURING the COVID-19 outbreak, has helping the NHATS participant been financially difficult for you?

ff10diffinc R10 COVID-19 FF Q71 DURING COVID FINANCIAL DIFF HELPING

☐ Yes → Please answer Question 72

☐ No → Please go to Question 73

72. On a scale from 1 to 5, how financially difficult has it been?

☐ 1. A little difficult

☐ 2.

☐ 3.

☐ 4.

☐ 5. Very difficult

ff10diffinlv R10 COVID-19 FF Q72 DURING COVID LEVEL FINANCIALLY DIFF

73. DURING the COVID-19 outbreak, has helping the NHATS participant been emotionally difficult for you?

ff10diffemo R10 COVID-19 FF Q73 DURING COVID EMOTIONAL DIFF HELPING

☐ Yes → Please answer Question 74

☐ No → Please go to Question 75

74. On a scale from 1 to 5, how emotionally difficult has it been?

☐ 1. A little difficult

☐ 2.

☐ 3.

☐ 4.

☐ 5. Very difficult

ff10diffemlv R10 COVID-19 FF Q74 DURING COVID LEVEL EMOTIONALLY DIFF

75. DURING the COVID-19 outbreak, has helping the NHATS participant been physically difficult for you?

ff10diffphy R10 COVID-19 FF Q75 DURING COVID PHYSICAL DIFF HELPING

☐ Yes → Please answer Question 76

☐ No → Please go to Question 77, next page

76. On a scale from 1 to 5, how physically difficult has it been?

ff10diffphlv R10 COVID-19 FF Q76 DURING COVID LEVEL PHYSICALLY DIFF

☐ 1. A little difficult

☐ 2.

☐ 3.

☐ 4.

☐ 5. Very difficult



77. DURING the COVID-19 outbreak, have you ever:

	Yes	No
a. Attended an in-person or online support group for people who give care? <small>ff10sptgrp R10 COVID-19 FF Q77A DURING COVID GONE TO SUPPORT GROUP</small>	<input type="checkbox"/>	<input type="checkbox"/>
b. Used any service that helped the NHATS participant so that you could take some time away from helping? <small>ff10srv2hlp R10 COVID-19 FF Q77B DURING COVID USED SERV TAKE TIME AWAY</small>	<input type="checkbox"/>	<input type="checkbox"/>

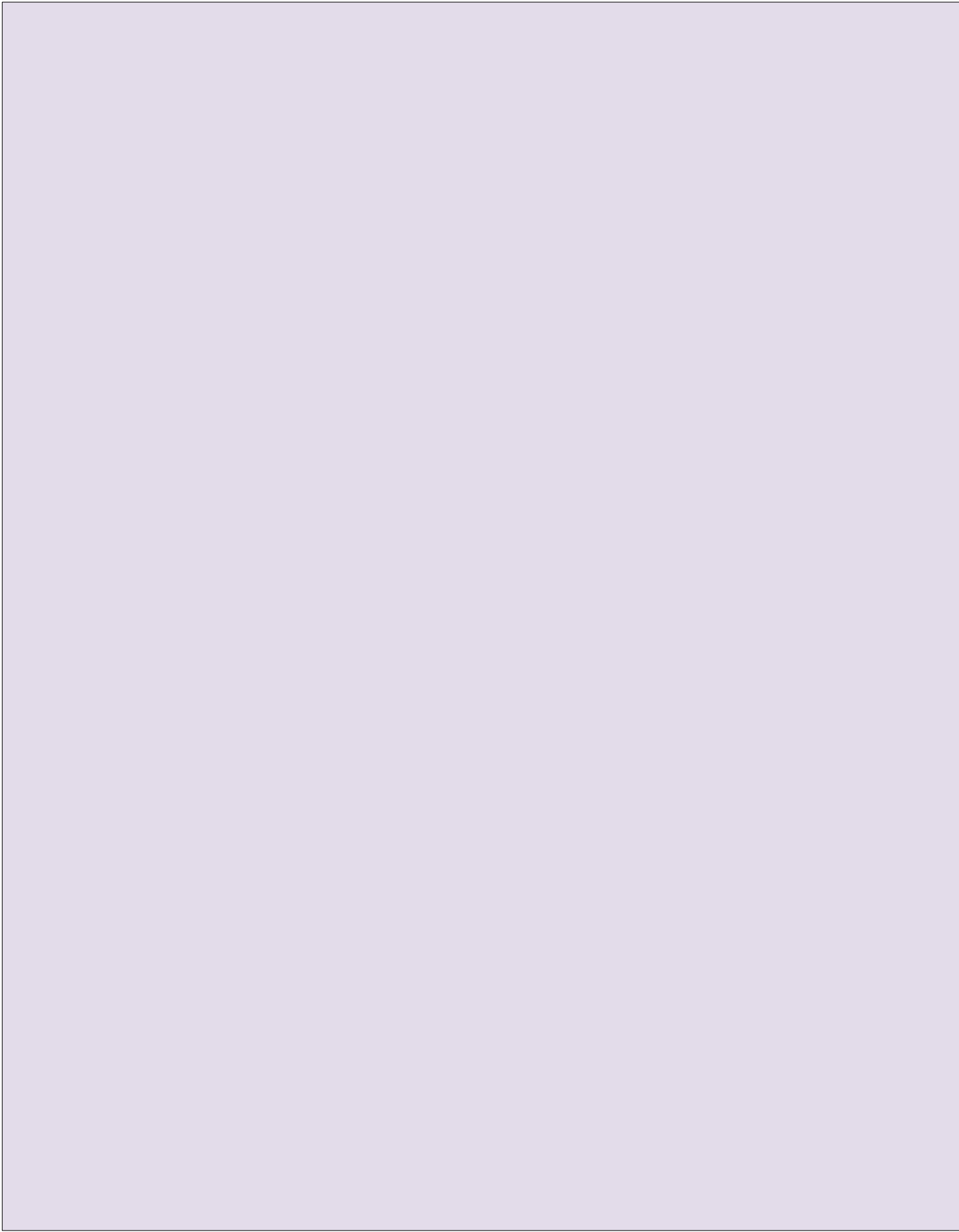
78. How much do the following statements describe your situation?

	Very much	Some-what	Not so much
DURING the COVID-19 outbreak, in a typical week:			
a. I have been exhausted when I have gone to bed at night <small>ff10exhaustd R10 COVID-19 FF Q78A U ARE EXHAUSTED AT NIGHT</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have had more things to do than I can handle <small>ff10toomuch R10 COVID-19 FF Q78B CARE MORE THN CAN HANDLE</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I haven't had time for myself <small>ff10notime R10 COVID-19 FF Q78C U HAVE NO TIME FOR SELF</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. As soon as I have gotten a routine going, the NHATS participant's needs have changed <small>ff10ouroutchg R10 COVID-19 FF Q78D CARE ROUTINE THEN CHANGS</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. How much do the following statements describe your situation?

	Very much	Some-what	Not so much
Helping the NHATS participant during the COVID-19 outbreak:			
a. Has made me more confident about my abilities <small>ff10moreconf R10 COVID-19 FF Q79A HLP SP U MORE CNF ABLTY</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has taught me to deal with difficult situations <small>ff10dealbetr R10 COVID-19 FF Q79B HLP SP U DEAL W DIFF SIT</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has brought me closer to him/her <small>ff10closr2sp R10 COVID-19 FF Q79C HLP SP U R CLOSER TO SP</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has given me satisfaction that he/she is well cared for <small>ff10moresat R10 COVID-19 FF Q79D HLP SP U STSFY SP CARED4</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**Please mail your completed questionnaire back to us
in the enclosed postage-paid envelope.**

**WESTAT
Attn: NHATS Field Room GA L-21
1600 Research Blvd
Rockville, MD 20850-9940**

**Thank you for participating in the
NATIONAL HEALTH AND AGING TRENDS STUDY**