

COVID-19 COMMUNITY RESPONSE SURVEY GUIDANCE

The goal of this toolkit is to provide a set of standardized quantitative and qualitative assessments to harmonize data collection efforts and facilitate comparisons of the impact of the novel coronavirus (COVID-19) and promote collaborations across research efforts. This is intended to be a dynamic resource that will evolve as the epidemic does.

Please note that these questions were developed rapidly with input from multiple sources. We have included sources of questions where appropriate. Because the questions were developed rapidly, there was no time for piloting and so we do not have estimates of time required for each module. In addition, we recognize that you might identify errors or inconsistencies after implementation. We would like to hear from you about the modules you are using, time spent per module, modifications you make and any additional feedback you have. We will make modifications as appropriate and share changes with other researchers who are also using this survey.

RECOMMENDED INTRODUCTION FOR SURVEYS

We are conducting a survey to help us better understand how the novel coronavirus (COVID-19) pandemic is affecting people's lives. To help us better understand how people's physical, emotional and mental health are being affected, we would like to ask you questions about your possible exposure to the virus, your experiences with testing and treatment and some questions about how your life has changed as a result of COVID-19 and the preventive measures that have been put in place.

The interview will take us approximately 20-30 minutes, depending on your experiences.

Would it be okay to ask you questions about your COVID-19 related experiences today?

Yes
No

May we call you again over for the next XX months, and possibly longer, to see how you're doing and ask you these questions again?

Yes
No

MODULES WITH RECOMMENDED ORDER

Module	Title	Items	Estimated time for full module ³	Core Items	Optional Items
1	Demographics ¹	24		1-24	
2	Housing and Family Structure	8		1-8	
3	Knowledge & Attitudes towards COVID-19	7		1-7	
4	COVID-19 Symptoms and Testing Experience	18		1-18	
5	Comorbidities and Care Engagement	4		1-2	3-4
6	Mental Health Impacts ²	13		1	2-13
7	Coronavirus Impact and Pandemic Stress	21		21	
8	Social Distancing Impacts ²	16		9-16	1-8
9	Violence and Trauma ²	11		1-3, 7-11	4-6
10	Substance Use	12		1-5, 11-12	6-10
11	Sexual behavior	14		1-7	8-14

¹For existing studies, many items have already been collected and do not need to be asked again

²Some overlap with Coronavirus Impact and Pandemic Stress

³To be updated as information becomes available

**COVID-19 COMMUNITY RESPONSE SURVEY
MODULE 1: DEMOGRAPHICS**

SOURCE: CDC USHINE, The Geniuss Report, SMART, RAND: American Working Conditions Survey

READ: I would like to start by asking some questions about yourself and your background.

DEMOGRAPHICS

1. What is your current age?
 _____ years

2. What is your race? (*Select all that apply*)

	Yes	No
White	1	0
Black/African American	1	0
Asian American	1	0
Native American/American Indian or Alaska Native	1	0
Native Hawaiian or other Pacific Islander	1	0

3. What is your ethnicity?

Hispanic or Latinx 1
 Not Hispanic or Latinx 0

GENDER IDENTITY / SEXUAL ORIENTATION

4. What is your current gender identity?

Male/Man 1
 Female/Woman 2
 Trans Male/Trans Man 3
 Trans Female/Trans Woman 4
 Genderqueer/Gender non-conforming 5
 Different identity 6

4a. Please Specify: _____

(SOURCE: The Geniuss report <https://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf>)

5. What sex were you assigned at birth, on your original birth certificate?

Male 1
 Female 2

6. Do you consider yourself to be:

Heterosexual or "Straight" 1
 Homosexual, Gay, or Lesbian 2
 Bisexual 3
 Don't Know 97
 Refuse to Answer 98

(SOURCE: CDC, SMART)

EDUCATION AND EMPLOYMENT

7. What is the highest level of education you completed?
- | | |
|--|----|
| Never attended school | 1 |
| Grades 1 through 8 | 2 |
| Grades 9 through 11/ Some high school | 3 |
| Grade 12/Completed high school or GED | 4 |
| Some college, Associates Degree, or Technical Degree | 5 |
| Bachelor's Degree | 6 |
| Any post graduate studies | 7 |
| Don't Know | 97 |
| Refuse to Answer | 98 |
8. Which of the following options best describes your employment before the novel coronavirus (COVID-19) pandemic may have affected your work (before March 1, 2020)? This includes both formal and informal employment. Were you:
- | | |
|--|---|
| Employed full-time (40 hours per week) | 1 |
| Employed part-time (Less than 40 hours per week) | 2 |
| Self-employed | 3 |
| Full time student | 4 |
| Part-time student | 5 |
| Unemployed | 6 |
| Unable to work for health reasons | 7 |
| Stay at home parent | 8 |
| Other | 9 |

(SOURCE: RAND: American Working Conditions Survey)

9. In which category is your occupation?
- | | |
|---|----|
| Management | 1 |
| Business and Financial Operations | 2 |
| Computer and Mathematical | 3 |
| Architecture and Engineering | 4 |
| Life, Physical, and Social Science | 5 |
| Community and Social Service | 6 |
| Legal Occupations | 7 |
| Education, Training, and Library | 8 |
| Arts/Design/Entertainment/Sports/Media | 9 |
| Healthcare Practitioners and Technical | 10 |
| Healthcare Support Occupations | 11 |
| Protective Service Occupations | 12 |
| Food Preparation and Serving Related | 13 |
| Building/Grounds Cleaning & Maintenance | 14 |
| Personal Care and Service Occupations | 15 |
| Sales and Related Occupations | 16 |
| Office and Administrative Support | 17 |
| Farming, Fishing, and Forestry | 18 |
| Construction and Extraction | 19 |
| Installation, Maintenance, and Repair | 20 |
| Production Occupations | 21 |
| Transportation and Material Moving | 22 |
| Military Specific Occupations | 23 |
| Other | 24 |

10. How has your employment status changed since the COVID-19 pandemic (after March 1, 2020)?
- I am still going to my workplace for the same number of hours as before the pandemic 1
 - I am still going to my workplace but am working reduced hours 2
 - I am working from home 3
 - I lost my job 4
 - I had to quit my job because I need to take care of people who depend on me (children, parents) 5
11. What was your income last year (in 2019) from all sources before taxes? This includes all income from both formal and informal employment. Answers show both monthly and yearly incomes. The monthly and yearly numbers add up to be the same. (Choose one)
- Monthly income: \$0 to \$833; Yearly income: \$0 to \$9,999 1
 - Monthly income: \$834 to \$1,250; Yearly income: \$10,000 to \$14,499 2
 - Monthly income: \$1,251 to \$2,082; Yearly income: \$15,000 to \$24,999 3
 - Monthly income: \$2,083 to \$2,916; Yearly income: \$25,000 to \$34,999 4
 - Monthly income: \$2,917 to \$4,167; Yearly income: \$35,000 to \$49,999 5
 - Monthly income: \$4,168 to \$6,249; Yearly income: \$50,000 to \$74,999 6
 - Monthly income: \$6,250 or more; Yearly income: \$75,000 or more 7
 - Don't Know 97
 - Refuse to Answer 98
12. Including yourself, how many people depend on this income?
- 1 0
 - 2 1
 - 3 2
 - 4 3
 - 5 4
 - 6 5
 - 7 6
 - 8 7
 - 9 8
 - 10 or more 9
 - Don't know 97
 - Refuse to answer 98

13. Think about the income you have earned in the last 1 month. Have your sources of income or support included any of the following? Your sources of income may include public assistance and non-traditional jobs. (Select all that apply)

	Yes	No
No source of income (SKIP to Q15)	1	0
Day job (you are formally employed either full-time or part-time)	1	0
Under-the-table job ("off the books")	1	0
Selling or dealing drugs	1	0
Sex work, survival sex, or prostitution	1	0
Street income (panhandling, boosting, or stealing)	1	0
Unemployment benefits	1	0
SSI or disability	1	0
Food stamps (SNAP or EBT)	1	0
Income provided by a partner (such as a boyfriend, girlfriend, spouse)	1	0
Income provided by other family members	1	0
Student stipend	1	0
Other	1	0

14. Are any of these sources of income new since the beginning of the COVID-19 pandemic began on March 1, 2020?

Yes 1
 No 0 (SKIP to Q15)

14a. Which are new sources of income since March 1, 2020?

	Yes	No
No source of income (SKIP to Q15)	1	0
Day job (you are formally employed either full-time or part-time)	1	0
Under-the-table job ("off the books")	1	0
Selling or dealing drugs	1	0
Sex work, survival sex, or prostitution	1	0
Street income (panhandling, boosting, or stealing)	1	0
Unemployment benefits	1	0
SSI or disability	1	0
Food stamps (SNAP or EBT)	1	0
Income provided by a partner (such as a boyfriend, girlfriend, spouse)	1	0
Income provided by other family members	1	0
Student stipend	1	0
Other	1	0

READ: Think of a ladder representing where people stand in the United States. At the top of the ladder are the people who are the best off- those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are the worst off- who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top. The lower you are, the closer you are to the people at the very bottom.

15. Considering where you were before March 1, 2020 (the start of the COVID-19 pandemic), where would you have placed yourself of this ladder from 1-10? 10 is the top and 1 is the bottom.

1	0
2	1
3	2
4	3
5	4
6	5
7	6
8	7
9	8
10	9
Don't Know	97
Refused to answer	98

16. Considering any changes that have taken place since March 1, 2020 (the start of the COVID-19 pandemic), where would you place yourself now?

1	0
2	1
3	2
4	3
5	4
6	5
7	6
8	7
9	8
10	9
Don't Know	97
Refused to answer	98

PHONE/INTERNET ACCESS

17. Do you have a computer at the place you live that you can use?

Yes 1
No 0 (*SKIP to Q18*)

17a. Does the computer have internet access?

Yes 1
No 0

18. In the past 1 month, have you owned a cell phone?

Yes 1
No 0 (*SKIP to Q22*)

19. Are you currently using a smartphone (a phone that also has computer capabilities and access to the internet)?

Yes 1
No 0

20. What kinds of cell phone plans have you had in the past 1 month? (*Select all that apply*)

	Yes	No
Government-issued	1	0
Pre-paid, not government issued	1	0
Contract without a data plan	1	0
Contract with a data plan	1	0
Other	1	0
Don't know	1	0

21. In the past 1 month, how often did you run out of minutes (on your phone plan)? Would you say...:

Never 0
Once in a while 1
Fairly often 2
Very often 3
Don't Know 97
Refuse to answer 98

22. How often do you use the internet?

Never 0
Once in a while 1
Fairly often 2
Very often 3
Don't Know 97
Refuse to answer 98

23. How often do you use social media?

Never 0
Once in a while 1
Fairly often 2
Very often 3
Don't Know 97
Refuse to answer 98

POLITICAL AFFILIATION

24. Generally speaking, do you think of yourself as a Republican, Democrat, Independent or something else?

- Republican 1
- Democrat 2
- Independent 3
- Something else 4

**COVID-19 COMMUNITY RESPONSE SURVEY
HOUSING & FAMILY STRUCTURE**

SOURCE: C3PNO

READ: I would like to ask you about your living situation and the individuals who live with you.

1. Where do you live?

- House/condo/townhouse 1 (*SKIP to Q3*)
- Shelter 2 (*SKIP to Q3*)
- Apartment 3 (*SKIP to Q3*)
- Dormitory 4 (*SKIP to Q3*)
- Assisted living facility 5 (*SKIP to Q3*)
- Skilled nursing center 6 (*SKIP to Q3*)
- No consistent primary residence 7
- Other 8

2. What is your usual nighttime accommodation?

- Shelter 1
- Transitional housing/safe haven 2
- Street/outside/tent/encampment 3
- Abandoned building/squat 4
- Vehicle (car, van, RV, camper) 5
- Hotel or motel 6
- House/apartment 7
- Dorm 8
- None of the above 9
- Prefer not to say 10

3. Including yourself, how many people use/share your kitchen or living space?

- I live by myself 1 (*SKIP TO END*)
- 2 people 2
- 3 people 3
- 4 people 4
- 5 people 5
- 6 or more people 6

4. How many individuals in each age group live with you? Enter 0 if none in age group.

	Number
a. Age 0-5	
b. Age 6-12	
c. Age 13-18	
d. Age 19-29	
e. Age 30-39	
f. Age 40-49	
g. Age 50-59	
h. Age 60-69	
i. Age 70-79	
j. 80+ years old	

IF NONE IN 4a, 4b AND 4c, SKIP TO Q6

5. Do the children in your home attend daycare or a child care center?

- Yes 1
- No 0

MODULE 2: HOUSING & FAMILY STRUCTURE

Version 1.0, 6 April 2020

6. How many people in your household, other than you, work in health care or in other jobs that involve direct contact with other people? If none, enter 0.

___ ___ people

7. Is anyone in your household, other than you, living with a chronic disease (including chronic lung disease, diabetes, cardiovascular disease, chronic renal or liver disease) or otherwise immunocompromised?

Yes 1

No 0

8. Does anyone in your shared living space, other than you, use any of the following products (either indoors or outdoors)? (*Select all that apply*)

	Yes	No
a. Tobacco products (e.g., cigarettes, cigars, pipes)	1	0
b. Electronic cigarettes/vapor pens	1	0
c. Other drugs that are smoked	1	0

**COVID-19 COMMUNITY RESPONSE SURVEY
KNOWLEDGE & ATTITUDES TOWARDS COVID-19**

SOURCES: Coronavirus and Mental Health Working Group, Understanding America Study (UAS230), Center for Drug Use and HIV/HCV Research LISS Survey

READ: I am now going to ask you some questions about the novel coronavirus (COVID-19) and how you feel about some of the changes that have been occurring as a result of the pandemic. There are no right or wrong answers to many of these questions. Your honest responses will be helpful to this research.

KNOWLEDGE

1. Which of the following do you think are symptoms of COVID-19?
(Select all that apply)

	Yes	No
a. Sore throat	1	0
b. Fever	1	0
c. Cough	1	0
d. Runny nose	1	0
e. Shortness of breath at rest	1	0
f. Shortness of breath when moving (like walking up stairs)	1	0
g. Chills	1	0
h. Fatigue	1	0
i. General lack of energy or malaise	1	0
j. Loss of appetite	1	0
k. Discomfort, tightness, or pressure in chest	1	0
l. Vomiting	1	0
m. Nausea	1	0
n. Diarrhea	1	0
o. Muscle aches	1	0
p. Joint aches	1	0
q. Headache	1	0
r. Seizure	1	0
s. Dizziness	1	0
t. Altered consciousness or feeling like it was difficult to stay awake	1	0
u. Loss of ability to smell	1	0
v. Loss of ability to taste	1	0

2. How can the novel coronavirus be transmitted? (Select all that apply)

	Yes	No
a. Close contact with an infected person who has symptoms	1	0
b. Close contact with an infected person even if they aren't showing symptoms of infection	1	0
c. Contact with surfaces an infected person has touched	1	0

PERCEIVED RISK AND ATTITUDES

3. How likely do you think it is that the following events will happen in light of the current COVID-19 pandemic?

	No chance	Very small chance	Medium chance	High chance	Very high chance	Absolutely sure	This has already happened
a. You will be infected	1	2	3	4	5	6	7
b. Someone in your direct environment (family, friends, colleagues) will be infected	1	2	3	4	5	6	7
c. You will have to go to the hospital if you get the infection	1	2	3	4	5	6	7
d. You will have to go into quarantine independent of you being infected or not	1	2	3	4	5	6	7
e. You will get infected and you will infect someone else	1	2	3	4	5	6	7
f. Someone in your direct environment (family, friends, colleagues) will die	1	2	3	4	5	6	7

(SOURCE: Elizabeth Stuart, Coronavirus and mental health measurement working group)

4. In your opinion, how effective are the following actions for keeping you safe from COVID-19?

	Not effective at all	Hardly effective	Somewhat effective	Effective	Very effective
a. Wearing a face mask	1	2	3	4	5
b. Praying	1	2	3	4	5
c. Washing your hands with soap or using hand sanitizer frequently	1	2	3	4	5
d. Seeing a health care provider if you feel sick	1	2	3	4	5
e. Seeing a health care provider if you feel healthy but worry that you were exposed	1	2	3	4	5
f. Avoiding public spaces, gatherings, and crowds	1	2	3	4	5
g. Avoiding contact with people who could be high-risk	1	2	3	4	5
h. Avoiding hospitals and clinics	1	2	3	4	5
i. Avoiding restaurants	1	2	3	4	5
j. Avoiding public transport	1	2	3	4	5

(SOURCE: Understanding America Study, UAS230, Survey authors: Dan Bennett, Wandu Bruine de Bruin, Jill Darling, Qin Jiang, Arie Kapteyn, Anya Samek. Fielded March 10, 2020 – March 16, 2020. Last item changed from airplanes to public transport).

READ: There are many different ways that people receive information on COVID-19.

5. How much do you trust the following sources to provide accurate COVID-19 information?

	Not at all	Somewhat	Mostly	Completely
a. Twitter	1	2	3	4
b. Facebook	1	2	3	4
c. Newspaper	1	2	3	4
d. Friends or family members	1	2	3	4
e. Coworkers or classmates	1	2	3	4
f. Doctors or other health care providers	1	2	3	4
g. Official government websites	1	2	3	4
h. President Trump	1	2	3	4
i. State Governor/Mayor	1	2	3	4
j. World Health Organization (WHO)	1	2	3	4
k. Centers for Disease Control (CDC)	1	2	3	4
l. State, County, or City health department	1	2	3	4
m. CNN	1	2	3	4
n. Fox News	1	2	3	4
o. MSNBC	1	2	3	4
p. Local news station (e.g., CBS, ABC, NBC)	1	2	3	4
q. NPR	1	2	3	4

SOURCE: Center for Drug Use and HIV/HCV Research <https://clelandcm.github.io/COVID19-Interview-Items/COVID-Items.html>

6. In the last one week, which of the following sources have you used to get information about COVID-19?
(Select all that apply)

	Yes	No
a. Twitter	1	0
b. Facebook	1	0
c. Newspaper	1	0
d. Friends or family members	1	0
e. Coworkers or classmates	1	0
f. Doctors or other health care providers	1	0
g. Official government websites	1	0
h. President Trump	1	0
i. State Governor/Mayor	1	0
j. World Health Organization (WHO)	1	0
k. Centers for Disease Control (CDC)	1	0
l. State, County, or City health department	1	0
m. CNN	1	0
n. Fox News	1	0
o. MSNBC	1	0
p. Local news station (e.g., CBS, ABC, NBC)	1	0
q. NPR	1	0

7. Given the state of the COVID-19 pandemic today and the associated spread, how effective do you think the following policy measures are (whether they are implemented or not at present)?

	Not effective at all	Hardly effective	Somewhat effective	Effective	Very effective
a. Close schools and daycares	1	2	3	4	5
b. Close gyms	1	2	3	4	5
c. Close restaurants	1	2	3	4	5
d. Close all shops except for supermarkets and pharmacies	1	2	3	4	5
e. Don't allow visitors in hospitals, nursing homes and elderly homes	1	2	3	4	5
f. Oblige people aged 70 and over or with a medical condition to stay at home except to do basic shopping or because urgent medical attention is required	1	2	3	4	5
g. Oblige everyone who does not work in a crucial professional group (for example, people who work in healthcare, public transport, the food chain) stays at home except to do basic shopping or because urgent medical care is required	1	2	3	4	5
h. Universal wearing of face masks	1	2	3	4	5

(SOURCE: Elizabeth Stuart, LISS survey)

**COVID-19 COMMUNITY RESPONSE SURVEY
 COVID-19 SYMPTOMS AND TESTING EXPERIENCE**

SOURCE: Health care worker survey, CCS survey

READ: I would like to ask you about your own experiences with COVID-19. Please try and recall your experiences to the best of your ability.

1. Since February 1, 2020, have you or someone in your home experienced any symptoms of the novel coronavirus (COVID-19)?

- No 0 (SKIP TO Q3)
- Yes, someone in my home (not including you) 1
- Yes, multiple people in my home (not including you) 2
- Yes, I experienced such symptoms 3
- Yes, both I and someone in my home experienced symptoms 4
- I'm not sure/Don't know 5

2. In the past two weeks, have you or someone in your home experienced any symptoms of COVID-19?

- No 0
- Yes, someone in my home (not including you) 1
- Yes, multiple people in my home (not including you) 2
- Yes, I experienced such symptoms 3
- Yes, both I and someone in my home experienced symptoms 4
- I'm not sure/Don't know 5

3. In the past 2 weeks, have you experienced any of the following symptoms?

	<u>Yes</u>	<u>No</u>
a. Fever > 100.4°F or > 38°C	1	0
b. Fever, but do not know exact temperature (no thermometer)	1	0
c. Cough (new onset or worsening of chronic cough)	1	0
d. Sore throat	1	0
e. Runny nose	1	0
f. Shortness of breath	1	0
g. Chills	1	0
h. Fatigue	1	0
i. General lack of energy or malaise	1	0
j. Loss of appetite	1	0
k. Discomfort, tightness, or pressure in chest	1	0
l. Vomiting	1	0
m. Nausea	1	0
n. Diarrhea	1	0
o. Muscle aches	1	0
p. Joint aches	1	0
q. Headache	1	0
r. Seizure	1	0
s. Dizziness	1	0
t. Altered consciousness or feeling like it was difficult to stay awake	1	0
u. Loss of ability to smell	1	0
v. Loss of ability to taste	1	0
w. Abdominal pain	1	0
x. Other symptom (specify)	1	0

3a. Specify: _____

[SKIP to Q12 if No to all]

4. What date did your first symptom start?

___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

5. Of all of the symptoms you reported, which one symptom was the most bothersome (i.e. severe) to you?

	<u>Yes</u>	<u>No</u>
a. Fever > 100.4°F or > 38°C	1	0
b. Fever but do not know exact temperature (no thermometer)	1	0
c. Cough (new onset or worsening of chronic cough)	1	0
d. Sore throat	1	0
e. Runny nose	1	0
f. Shortness of breath	1	0
g. Chills	1	0
h. Fatigue	1	0
i. General lack of energy or malaise	1	0
j. Loss of appetite	1	0
k. Discomfort, tightness, or pressure in chest	1	0
l. Vomiting	1	0
m. Nausea	1	0
n. Diarrhea	1	0
o. Muscle aches	1	0
p. Joint aches	1	0
q. Headache	1	0
r. Seizure	1	0
s. Dizziness	1	0
t. Altered consciousness or feeling like it was difficult to stay awake	1	0
u. Loss of ability to smell	1	0
v. Loss of ability to taste	1	0
w. Abdominal pain	1	0
x. Other symptom (specify)	1	0

5a. Specify: _____

6. How bothersome or distressful was that symptom?

Not at all	0
A little bit	1
Somewhat	2
Quite a bit	3
Very much	4

7. In the two weeks prior to developing symptoms, had you traveled outside of your state/country?

No	0
Yes, outside the state	1
Yes, outside the country	2

8. In the two weeks prior to developing symptoms, did you have contact with a known COVID-19 case?

No	0
Yes, someone in my home	1
Yes, someone outside my home	2

9. In the two weeks prior to developing symptoms, did you have contact with someone who had symptoms of COVID-19, but who had not yet tested positive or had not yet had a test?

No	0
Yes, someone in my home	1
Yes, someone outside my home	2

10. Did you consult with a healthcare provider or try to get a coronavirus test because of your symptoms?

- Yes 1
- No 0 (SKIP TO Q12)

11. At what point did you seek care?

- Immediately when my first symptom began 1
- When you developed a fever 2
- When you had trouble breathing 3
- Some other time 4

12. Have you ever been tested for coronavirus?

- No 0 (SKIP to Q15)
- Yes 1

12a. How easy or difficult was it for you to get a test for coronavirus?

- Very easy
- Easy
- Difficult
- Very difficult

13. How many times have you been tested for coronavirus?

13a. When were you first tested for coronavirus?

___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

13b. When were you last tested for coronavirus?

___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

14. Have you ever tested positive for coronavirus?

- No, I tested negative 1 (SKIP to Q16)
- Yes, I tested positive 2
- My results are pending 3

14a. When did you first test positive for coronavirus?

___ ___ / ___ ___ / ___ ___ ___ ___ (DD/MM/YYYY)

15. Did a healthcare provider give you any of the following medications to treat COVID-19?

	Yes	No
a. Lopinavir/Ritonavir (Kaletra)	1	0
b. Hydroxychloroquine (Plaquenil)	1	0
c. Hydroxychloroquine (Plaquenil) with azithromycin (Z-pak)	1	0
d. Chloroquine	1	0
e. Ribavirin, also known as Moderiba or Rebetol	1	0
f. Remdesivir	1	0
g. Azithromycin (Z-pak)	1	0
h. Oseltamivir (Tamiflu)	1	0
i. Blood from someone who was previously infected (convalescent plasma)	1	0
j. Vitamin C	1	0
k. Zinc	1	0
l. Other (specify)	1	0

15a. Specify: _____

16. Since February 1, 2020, have you been hospitalized for COVID-19 or because you had difficulty breathing or a respiratory infection?

No 0

Yes 1

17. What is your status now?

You recovered and are symptom free 1

You are feeling better but not completely recovered (i.e., have symptoms that remain) 2

You are not feeling better 3

18. Why have you not been tested for coronavirus? (*Ask only if Q12 is No*)

You haven't felt sick 1

You have felt sick, but didn't feel sick enough to get tested 2

You were told by a healthcare provider to self-quarantine instead of getting tested 3

You were told or believed testing was not available 4

You haven't had transportation to or from a testing location 5

You were worried about not being able to pay 6

You didn't know where to go for testing 7

You didn't have someone to watch your children/other people in your care while you went 8

You haven't been able to take time off of work for testing 9

Other (specify) 10

17a. Specify: _____

**COVID-19 COMMUNITY RESPONSE SURVEY
COMORBIDITIES AND CARE ENGAGEMENT**

SOURCE: C3PNO consortium

READ: I would like to ask you about your other health conditions and how your health care has been impacted by the COVID-19 pandemic.

1. Do you have any of the following conditions? (*Select all that apply*)

	Yes	No
HIV	1	0
Hepatitis B virus (HBV)	1	0
Hepatitis C virus (HCV)	1	0
Tuberculosis (TB)	1	0
Hypertension	1	0
Diabetes	1	0
Chronic kidney disease	1	0
Cancer	1	0
Cardiovascular disease	1	0
Asthma	1	0
Chronic obstructive pulmonary disease	1	0
Depression	1	0
Alcohol or substance use disorder	1	0
Other mental health condition	1	0
Other chronic condition (specify)	1	0

(*SKIP to Q2 if all No*)

1a. Specify: _____

1b. Are you currently taking any medications for any of these conditions?

Yes 1
No 0

1c. Are you currently taking any medications for any other health or mental health conditions?

Yes 1
No 0

(*SKIP to Q2 if 1b and 1c are both No*)

1d. How many days' worth of medication do you currently have at home? If you take more than one medication, choose the medication you have the lowest supply of.

___ ___ days (*If >30 days, skip to Q2*)

1e. Have you made arrangements to get your medication refill/s?

No 0
You have been able to arrange for some medication refills but not all 1
You are waiting to hear from your physician on how to refill medications 2
Yes, home delivery 3
Yes, you will be picking up from the pharmacy 4
Yes, someone will be picking up your medications for you 5

2. Since the COVID-19 pandemic (March 1, 2020), have you needed to postpone any medical procedures?

Yes 1
No 0

3. In the past month, have you missed any scheduled appointments with any health care provider?
- | | |
|-------------------|-----------------|
| Yes | 1 |
| No | 0 (SKIP to Q4) |
| Don't Know | 97 (SKIP to Q4) |
| Refused to answer | 98 (SKIP to Q4) |

- 3a. What is the MAIN reason you missed appointments with any healthcare provider in the past month?
- | | |
|--|----|
| Your clinic cancelled your appointment because of COVID-19 | 1 |
| Your clinic is closed because of the COVID-19 | 2 |
| You had symptoms of COVID-19, so you stayed home | 3 |
| You cancelled the appointment to avoid being around others | 4 |
| You cancelled the appointment because you did not want to be in a healthcare setting | 5 |
| You felt okay or good enough | 6 |
| You didn't have money or insurance | 7 |
| You didn't want to take public transportation and had no other way to get there | 8 |
| You forgot to go/just missed your appointment | 9 |
| You felt disrespected by the office or medical staff | 10 |
| You were drinking/using drugs | 11 |
| Other (specify) | 12 |
| Don't know | 97 |
| Refused to answer | 98 |

3a1. Specify: _____

4. In the past month, have you missed taking any medications?
- | | |
|-------------------|------------------|
| Yes | 1 |
| No | 0 (SKIP to END) |
| Don't Know | 97 (SKIP to END) |
| Refused to answer | 98 (SKIP to END) |

- 4a. What is the MAIN reason you missed taking medications in the past month?
- | | |
|---|----|
| You couldn't get your medications because the pharmacy closed | 1 |
| You couldn't get to the pharmacy because of COVID-19 shutdowns | 2 |
| You couldn't get to the pharmacy because you wanted to avoid being around others | 3 |
| You felt good, didn't need your medications | 4 |
| Your doctor advised you to delay treatment | 5 |
| You were worried about side effects | 6 |
| You didn't have money or insurance to get medicine | 7 |
| You didn't want to take public transport to pick up your prescription and had no other way to get there | 8 |
| You were drinking or using drugs | 9 |
| You forgot to take your medications | 10 |
| Other, specify | 11 |
| Don't know | 97 |
| Refused to answer | 98 |

4a1. Specify: _____

COVID-19 COMMUNITY RESPONSE SURVEY MENTAL HEALTH IMPACTS

SOURCE: COVID-19 and Mental Health Measurement Working Group, GAD-7, CES-D, Impact to Event Scale – Revised, CDC, Latkin and Dayton

READ: I would like to ask you some questions about how you have been feeling since the COVID-19 pandemic (March 1, 2020).

1. In the past week, how often...

	Not at all or less than 1 day	1-2 days	3-4 days	5-7 days
a. Have you felt nervous, anxious, or on edge?	1	2	3	4
b. Have you felt depressed?	1	2	3	4
c. Have you felt lonely?	1	2	3	4
d. Have you felt hopeful about the future?	1	2	3	4
e. Have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when <u>thinking</u> about your experience with the novel coronavirus (COVID-19) pandemic?	1	2	3	4

(SOURCES: Adapted from the GAD-7, the CES-D, and the Impact to Event Scale – Revised)

READ: Please tell me if you agree or disagree with the following statements

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
2. I am very worried about getting the coronavirus.	1	2	3	4	5
3. I am very worried about my family/friends getting the coronavirus.	1	2	3	4	5
4. I am very worried about giving someone else the coronavirus.	1	2	3	4	5
5. I have a hard time sleeping because of the coronavirus	1	2	3	4	5
6. I have had difficulties concentrating because of the coronavirus	1	2	3	4	5
7. Thinking about the coronavirus makes me very anxious.	1	2	3	4	5
8. I am feeling overwhelmed by the coronavirus.	1	2	3	4	5
9. I am worried about money because of the coronavirus.	1	2	3	4	5
10. I am worried about having enough food because of the coronavirus.	1	2	3	4	5
11. I am worried about loss of income if I get sick from the coronavirus.	1	2	3	4	5
12. I am spending more money because of the coronavirus.	1	2	3	4	5
13. I am worried about medical bills if I get sick from the coronavirus.	1	2	3	4	5

(SOURCE: Latkin and Dayton)

COVID-19 COMMUNITY RESPONSE SURVEY CORONAVIRUS IMPACT AND PANDEMIC STRESS

SOURCE: Coronavirus Impact Scale. Created by Joel Stoddard, MD MAS, email: JOEL.STODDARD@CUANSCHUTZ.EDU; and Joan Kaufman, PhD., email: joan.kaufman@kennedykrieger.org; Harkness, A. (2020). *The Pandemic Stress Index*. University of Miami.

READ: The novel coronavirus (COVID-19) pandemic has impacted people in different ways. The following series of questions will ask you to rate whether and how much the COVID-19 pandemic has changed various aspects of your life since around March 1, 2020.

1. Have your daily routines changed since March 1, 2020? By daily routines I mean things like your work, school, social, and religious activities, or other ways you normally spend your time.

No, you have had no changes to your routines.	0
Yes, you have had mild changes to a few of your routines.	1
Yes, you have had moderate changes across several of your routines.	2
Yes, you have had severe changes across most or all of your routines.	3

2. Has your household income changed since March 1, 2020?

No, there have been no changes to your household income.	0
Yes there have been small changes, but you are able to meet all your needs and pay bills.	1
Yes, there have been moderate changes and you made cuts, but you are able to meet basic needs and pay bills.	2
Yes, there have been severe changes and you are unable to meet basic needs or pay bills.	3

3. Has your access to food changed since March 1, 2020?

No, your access to food has not changed.	0
Yes, you have had enough food, but difficulty getting to the store or finding items.	1
Yes, you have occasionally been without enough food or good quality foods.	2
Yes, you have frequently been without enough food.	3

4. Have you been eating more in general or eating more processed food than usual since March 1, 2020?

No, there have been no changes, or you have been eating slightly less than usual.	0
Yes, you have been eating slightly more than usual.	1
Yes, you have been eating more frequently or more processed foods than usual.	2
Yes, you have been eating much more frequently or have a significantly less healthy diet.	3

5. Has your normal physical activity changed since March 1, 2020?

No, you do not normally exercise.	0
No, you have been exercising with the same frequency and intensity as you usually do.	1
Yes, you have been exercising regularly, but with less intensity than usual.	2
Yes, you have not been exercising as regularly as usual, but the intensity is the same as usual.	3
Yes, you have not been exercising at all and are very sedentary.	4

6. Has your access to medical health care changed since March 1, 2020?

No, you have not tried to access care, or you haven't needed care since March 1, 2020.	0
No, there have been no changes to your medical health care.	1
Yes, you have had mild changes, such as appointments moved to telehealth instead of in-person visits.	2
Yes, you have had moderate changes, such as delays in your appointments or getting prescriptions with some impact on your health.	3
Yes, you have had severe changes; you have been unable to access needed care with impact on your health.	4

7. Has your access to mental health care changed since March 1, 2020? 0
 No, you have not tried to access mental health care, or you haven't needed care since March 1, 2020. 0
 No, there have been no changes to your mental health care. 1
 Yes, you have had mild changes, such as appointments moved to telehealth instead of in-person visits. 2
 Yes, you have had moderate changes, such as delays in your appointments or getting prescriptions with some impact on your mental health. 3
 Yes, you have had severe changes; you have been unable to access needed care with impact on your mental health. 4
8. Has your access to extended family and trusted friends changed since March 1, 2020? 0
 No, there has been no change. 0
 Yes, there have been mild changes. Continued visits with social distancing or phone calls or through social media. 1
 Yes, there have been moderate changes, with loss of contact with some friends and family, but not all. 2
 Yes, there have been severe changes, with loss of contact with all of my friends and family. 3

READ: Now I would now like to ask you about your personal experiences and feelings since the COVID-19 pandemic. A reference point is March 1, 2020.

9. Have you experienced stress related to the pandemic? 0
 No, no stress at all. 0
 Yes, mild stress such as occasional worries or minor stress-related symptoms such as feeling a little anxious, sad, angry, or mild trouble sleeping. 1
 Yes, moderate stress with frequent worries, often feeling anxious, sad, or angry, or some trouble sleeping. 2
 Yes, severe stress with constant worries or feeling extremely anxious, sad, or angry, or frequent trouble sleeping. 3
10. Have you experienced any stress or discord in your household? 0
 No, none. 0
 Yes, household members occasionally short-tempered with one another; no physical violence. 1
 Yes, household members frequently short-tempered with one another; or children in the home getting in physical fights with one another. 2
 Yes, household members frequently short-tempered with one another and adults in the home throwing things at one another, knocking over furniture, hitting or harming one another. 3
11. Have you personally been diagnosed with COVID-19? 0
 No. 0
 Yes, I was diagnosed, but effectively managed symptoms at home 1
 Yes, I was diagnosed, with severe symptoms and required brief hospitalization 2
 Yes, I was diagnosed, with severe symptoms and required ventilation 3
12. How many people in your immediate family have been diagnosed with COVID-19?
 ___ ___ people (*SKIP to Q13 if 0*)
- 12a. Please rate the symptom severity of the person who was the sickest.
 Mild: Symptoms effectively managed at home 1
 Moderate: Symptoms severe and required brief hospitalization 2
 Severe: Symptoms severe and required ventilation 3
 Immediate family member died from coronavirus 4

13. How many of your extended family member(s) or close friends have been diagnosed with COVID-19?
___ ___ people (SKIP to Q14 if 0)

13a. Please rate the symptom severity of the person who was the sickest.

- Mild: Symptoms effectively managed at home 1
- Moderate: Symptoms severe and required brief hospitalization 2
- Severe: Symptoms severe and required ventilation 3
- Extended family member and/or close friend died of coronavirus 4

14. Have you had a family member or close friend die of COVID-19 alone because no one was able to be with them due to social distancing restrictions?

- Yes 1
- No 0

READ: I am now going to ask you about some of your behaviors and practices during the pandemic. Are you now or have you done any of the following since March 1, 2020 because of the COVID-19 pandemic?

15. Have you practiced social distancing? (i.e., reduced your physical contact with people outside of your home in social, work, or school settings by avoiding large groups and staying 3-6 feet away from other people when out in public)

- Yes 1
- No 0 (SKIP to Q16)

15a. For how long have you been doing this/did you do this?
___ ___ days

15b. Did you do this to protect someone else in your household?

- Yes 1
- No 0

15c. Of the days when you practiced social distancing, how many days did you end up needing to be physically near people (i.e., you were not able to practice social distancing on those days)?

___ ___ days (SKIP to Q16 if 0)

15d. Did you choose to do be near people yourself or did someone else require you to?

- Chose myself 1
- Was required by someone else 2

16. Have you stayed at home as much as possible?

- Yes 1
- No 0 (SKIP to Q17)

16a. For how long have you been doing this/did you do this?
___ ___ days

16b. Did you do this to protect someone else in your household?

- Yes 1
- No 0

16c. Of the days when you stayed home, how many days did you end up needing to be out of your home?

___ ___ days (SKIP to Q17 if 0)

16d. Did you choose to leave your home yourself or did someone else require you to?

- Chose myself 1
- Was required by someone else 2

17. Have you self-isolated or quarantined? (i.e., you separated yourself from other people, even those in your own household, to prevent others from getting sick)

- Yes, because you had symptoms/were sick 1
- Yes, because you tested positive for coronavirus 2
- Yes, because you were exposed to a known case 3
- Yes, because you were exposed to a suspected case 4
- Yes, because you were unsure of your infection status 5
- No, I did not self-isolate or quarantine 0 (SKIP to Q18)

17a. For how long have you been doing/did you do this?

___ ___ days

17b. Did you do this to protect someone else in your household?

- Yes 1
- No 0

17c. Of the days when you practiced self-isolation, for how many did you end up breaking the isolation or quarantine (i.e., you were not isolated or quarantined on those days)?

___ ___ days

18. Have you cared for a dependent/dependents in your home? A dependent is anyone who relies on you for help with activities of daily living, including children under the age of 18 years, anyone over the age of 70 years, or someone with a chronic disease or disability.

- Yes 1
- No 0 (SKIP to Q19)

18a. Who did you care for? (Select all that apply)

	Number
a. Child/children	
b. Elderly (over the age of 70)	
c. Someone with chronic disease or disability	

18b. Which, if any, of the following challenges have you faced when providing care? (Select all that apply)

	Yes	No
a. Unsure how to reduce the risk of getting or transmitting COVID-19 while providing care	1	0
b. Ability to exercise 6-foot distance because of the need to provide caregiving	1	0
c. Ability to separate within the household when experiencing symptoms	1	0
d. Getting necessary medical appointments	1	0
e. Getting necessary medications/prescriptions	1	0
f. Getting necessary food and basic supplies for the dependent	1	0
g. Getting outside care support	1	0
h. Accessing educational or learning materials	1	0
i. Addressing loneliness or social isolation of the dependent	1	0
j. Addressing dependents' anxiety over risk of infection	1	0
k. Addressing your loneliness or social isolation	1	0
l. Addressing your anxiety over risk of infection	1	0
m. Balancing care with working from home	1	0

19. Have you provided care for someone in your home who had COVID-19?

- Yes 1
- No 0 (SKIP to Q20)

19a. Who did you care for? (Select all that apply)

	Yes	No
a. Child	1	0
b. Spouse/partner	1	0
c. Parent	1	0
d. Other family member	1	0
e. Other person	1	0

READ: Thank you for your answers so far. We are almost to the end of this module. The next question is about things you may have done to protect yourself during the COVID-19 pandemic (since March 1, 2020).

20. Have you made any of the following changes to your lifestyle or daily activities because of COVID-19? (Select all that apply)

	Yes	No	
a. More handwashing than usual	1	0	
b. More use of hand sanitizer than usual	1	0	
c. More cleaning in your home than usual	1	0	
d. More disinfecting surfaces in your household than usual	1	0	
e. Disinfecting or wiping down groceries	1	0	
f. Disinfecting or wiping down mail or packages	1	0	
g. Stocking up on food and supplies	1	0	
h. Avoiding or cancelling domestic travel	1	0	NA
i. Avoiding or cancelling international travel	1	0	NA
j. Not ordering take out from restaurants	1	0	NA
k. Wearing a mask when out in public	1	0	NA

21. Overall, considering all the possible ways your life may have been impacted by the COVID-19 pandemic, how much has the pandemic impacted your day-to-day life?

It has not impacted my life at all	0
It has impacted my life a little	1
It has moderately impacted my life	2
It has extremely impacted my life	3
Refused to answer	98

COVID-19 COMMUNITY RESPONSE SURVEY
SOCIAL DISTANCING IMPACTS

SOURCE: COVID-19 and mental health measurement working group; Department of Mental Health; Lubben Social Network Scale

READ: The COVID-19 pandemic has impacted how we interact with people. I would like to ask you some questions about how this has impacted you. Think about the period since March 1, 2020.

1. How many relatives or friends do you see or hear from at least once a month?

None	0
One	1
Two	2
Three or four	3
Five to Eight	4
Nine or more	5

2. How often do you see or hear from the relative or friends with whom you have the most contact?

Less than monthly	0
Monthly	1
Few times a month	2
Weekly	3
Few times a week	4
Daily	5

3. How many relatives or friends do you feel at ease with that you could talk about private matters?

None	0
One	1
Two	2
Three or four	3
Five to Eight	4
Nine or more	5

4. How many relatives or friends do you feel close to such that you could call on them for help?

None	0
One	1
Two	2
Three or four	3
Five to Eight	4
Nine or more	5

(SOURCE: LUBBEN SOCIAL NETWORK SCALE)

CONNECTEDNESS

5. In the past week, how often did you use the following approaches to stay in touch with friends or relatives?

	Never	Rarely	Sometimes	Often
a. Texting	1	2	3	4
b. Talking by phone	1	2	3	4
c. Talking by video (e.g., Skype, FaceTime, Zoom)	1	2	3	4
d. Meeting in person at someone's home	1	2	3	4
e. Meeting in person at a public place (e.g., for a walk)	1	2	3	4

6. When was the last time you had face to face (in person) contact with someone who lives outside your household? Face to face contact is defined as anyone you saw in person, even at a 6-foot distance.

___ ___ days ago

6a. Who did you have face-to-face contact with? (Select all that apply)

	Yes	No
a. Friends	1	0
b. Neighbors	1	0
c. Co-workers	1	0
d. Care providers	1	0
e. Other (specify)	1	0

6b. Specify: _____

7. When was the last time you had physical contact with a person (including friendly hug or kiss)?

___ ___ days ago

8. When was the last time you left your house for any reason (for walk/exercise, grocery store, pharmacy)?

___ ___ days ago

9. Is your life more lonely because of the COVID-19 pandemic?

Yes 1
No 0

READ: Since the COVID-19 pandemic (March 1, 2020), has it been stressful...

	No, not stressful	Yes, somewhat stressful	Yes, very stressful
10. ..Because you have been unable to see family members?	1	2	3
11. ..Because you have been unable to see friends?	1	2	3

SOCIAL CAPITAL

READ: I would like to ask you some questions about your experiences with your neighbors and in your neighborhood since the COVID-19 pandemic (March 1, 2020). Please tell me whether you agree or disagree with the following statements.

	Agree	Disagree
12. I can count on people in my neighborhood to help me if I'm sick.	1	0
13. My neighbors would go to the store for me if I'm sick	1	0

READ: Since social distancing measures have been put in place in your city, have your neighbors...

	Yes	No
14. Checked in on you to see if you needed anything?	1	0
15. Helped each other with things like grocery shopping or running errands to minimize their risk for COVID-19?	1	0
16. Worked together to take care of each other?	1	0

**COVID-19 COMMUNITY RESPONSE SURVEY
VIOLENCE AND TRAUMA**

READ: The COVID-19 pandemic has impacted our lives in different ways. This includes both what happens outside and inside our homes. I would like to ask about how you have felt these impacts in your neighborhood and your home. Think about the time since March 1, 2020.

1. How safe do you feel in your neighborhood?

- Very safe 0
- Somewhat safe 1
- Not very safe 2
- Not safe at all 3
- Don't know 97
- Refuse to answer 98

2. Since the novel coronavirus (COVID-19) pandemic (March 1, 2020), has the level of violence in your neighborhood increased, decreased, or stayed the same?

- Increased 1
- Decreased 2
- Stayed the Same 3
- Don't Know 97
- Refuse to answer 98

3. Since the COVID-19 pandemic (March 1, 2020), has crime in your neighborhood increased, decreased, or stayed the same?

- Increased 1
- Decreased 2
- Stayed the Same 3
- Don't Know 97
- Refuse to answer 98

In the past one month...

	Yes	No	Don't know	Refused
4. Have you had a close friend or relative die or be seriously injured due to violence?	1	0	97	98
5. Have you or a close friend or relative been robbed or attacked?	1	0	97	98
6. Have you heard gun shots in your community?	1	0	97	98

READ: Now I would like to ask you some questions about how you feel inside your own home.

7. How safe do you feel in your home?

- Very safe 0
- Somewhat safe 1
- Not very safe 2
- Not safe at all 3
- Don't know 97
- Refuse to answer 98

8. Since the COVID-19 pandemic (March 1, 2020), do you feel more or less safe inside your home?

- Less safe 1
- The same 2
- More safe 3

READ: Now I would like to ask you some questions about experiences with your partner or spouse. In the last month, how often has a partner or spouse...

	Never	Almost never	Sometimes	Fairly often	Very often
9. Yelled at you or said things to you that made you feel bad about yourself, embarrassed you in front of others, or frightened you?	1	2	3	4	5
10. Done things like push, grab, hit, slap, kick, or throw things at you during an argument or because they were angry with you?	1	2	3	4	5

NOTE: See COVID IPV resources for referrals for anyone who reports 'Sometimes, Fairly Often or Very Often' for Q10

11. Since the COVID-19 pandemic (March 1, 2020), has the frequency of these behaviors increased, decreased or stayed the same?
- Increased 1
 - Decreased 2
 - Stayed the same 3
 - Don't Know 97
 - Refuse to Answer 98

**COVID-19 COMMUNITY RESPONSE SURVEY
SUBSTANCE USE**

SOURCE: ALIVE, NSDUH, PATH Study

READ: During this interview, I am going to ask you questions about your lifestyle and behaviors. Some of these questions may be personal, but your answers are important for this research. You may refuse to answer any question. Remember there are no right or wrong answers and your answers are completely confidential.

SMOKING

1. Have you ever smoked cigarettes?

No 0 (SKIP to Q2)
Yes 1

1a. In the past month, on how many days did you smoke part or all of a cigarette?
_____ days (SKIP TO Q2 if Q1a=0)

1b. On the days that you smoked cigarettes in the past month, how many cigarettes did you smoke per day, on average?

Less than one cigarette per day	1
1 cigarette per day	2
2-5 cigarettes per day	3
6-15 cigarettes per day (about ½ pack)	4
16-25 cigarettes per day (about 1 pack)	5
26-35 cigarettes per day (about 1 ½ pack)	6
More than 35 cigarettes per day (about 2 packs or more)	7

2. Have you ever used an e-cigarette or vaping device to vape e-liquids with nicotine?

No 0 (IF Q1 AND Q2 = NO, SKIP TO Q5; IF Q2 = NO AND Q1a>0, SKIP TO Q3)
Yes 1

2a. In the past month, on how many days did you use an electronic nicotine product (e-cigarette, vape)?
_____ days (SKIP TO Q4 if Q2a=0)

2b. On average on the days that you used in the past month, how many times each day did you pick up your electronic nicotine product (e-cigarette, vape) to use it, whether you took one puff or several?
_____ times

2c. Each time in the past month, when you picked up your electronic nicotine product (e-cigarette, vape) to use it, how many puffs did you take?
_____ puffs

3. Have you shared any cigarettes or electronic nicotine products with anyone else in the past month?

Yes	1
No	0
Don't know	97
Refused	98

4. COVID-19 is impacting people's smoking/vaping behaviors in different ways. Have any of the following happened to you because of COVID-19? (Only ask Q4 if Q1=1 or Q2=1)

	No	Yes, a little	Yes, a lot	N/A	Don't know	Refused
a. Smoked/vaped more than usual	1	2	3	4	97	98
b. Smoked/vaped less than usual	1	2	3	4	97	98
c. Wanted to stop smoking/vaping	1	2	3	4	97	98
d. Tried to stop smoking/vaping	1	2	3	4	97	98
e. Could not get the help I needed to stop smoking	1	2	3	4	97	98
f. Worried about smoking because of the risks associated with COVID-19	1	2	3	4	97	98

ALCOHOL

5. Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

No 0 (SKIP TO Q6)

Yes 1

- 5a. Thinking about the past month, on how many days did you drink one or more alcoholic beverages?
 ___ ___ days

- 5b. On the days that you drank during the past month, how many drinks did you usually have each day? Count a drink as a 12 oz. can or bottle of beer; 5 oz. of wine, like a glass of wine or a wine cooler; or 1.5 oz of liquor, like a shot or a mixed drink or cocktail containing for example gin, rum, tequila, or vodka.

___ ___ drinks

- 5c. Have any of the following happened to your alcohol use because of COVID-19? (Only ask if Q5=1)

	No	Yes, a little	Yes, a lot	N/A	Don't know	Refused
1. Drank more than usual	1	2	3	4	97	98
2. Drank less than usual	1	2	3	4	97	98
3. Unable to go to a meeting/AA meeting	1	2	3	4	97	98
4. Talked more with sponsor or support person	1	2	3	4	97	98
5. Unable to access alcohol treatment program when you needed it	1	2	3	4	97	98

SUBSTANCE USE

6. Have you used cannabis or marijuana in the past month?

No (SKIP to Q7)

Yes

- 6a. In the past month, on how many days did you use cannabis or marijuana?
 ___ ___ days

- 6b. What is the content of the cannabis or marijuana you typically use?

High THC 1
 High CBD 2
 Balanced THC and CBD 3
 Don't Know 4

6c. In the past month, how did you use cannabis or marijuana? (*Select all that apply*)

	Yes	No
a. Smoked in pipe, joint, bong	1	0
b. Vaped marijuana, THC or CBD concentrates, such as waxes, oils, shatter	1	0
c. Dabbed	1	0
d. Ingested/edibles	1	0
e. Oil	1	0
f. Patch/gel/balm/lotion	1	0
g. Other	1	0

6d. Have you shared any pipes, joints, bongs, or other devices to use cannabis or marijuana with anyone else in the past month?

No

Yes

6e. Have any of the following happened to your cannabis or marijuana use because of COVID-19?

	No	Yes, a little	Yes, a lot	N/A	Don't know	Refused
a. Used more cannabis or marijuana than usual	1	2	3	4	97	98
b. Used less cannabis or marijuana than usual	1	2	3	4	97	98
c. Wanted to stop using cannabis or marijuana	1	2	3	4	97	98
d. Tried to stop using cannabis or marijuana	1	2	3	4	97	98
e. Could not get the help I needed to stop using cannabis or marijuana	1	2	3	4	97	98

7. Have you ever used any drugs that were not prescribed to you?

No 0 (*SKIP TO END*)

Yes 1

7a. In the past month, have you used any drugs that were not prescribed to you?

No 0 (*SKIP TO Q11*)

Yes 1

In the past month, which drugs did you use and how did you use them?

	7b. Did you use?		7c. Ingested or Swallowed		7d. Smoked		7e. Snorted		7f. Injected	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Powder cocaine <u>by itself</u>	1	0 (2)	1	0	1	0	1	0	1	0
2. Cocaine and heroin together (speedball)	1	0 (3)	1	0	1	0	1	0	1	0
3. Heroin <u>by itself</u>	1	0 (4)	1	0	1	0	1	0	1	0
4. Crack/ready rock/freebase cocaine	1	0 (5)	1	0	1	0	1	0	1	0
5. Poppers/nitrates	1	0 (6)	1	0	1	0	1	0	1	0
6. Ecstasy, E, Molly, MDMA, GHB, or Special K	1	0 (7)	1	0	1	0	1	0	1	0
7. Fentanyl (carfentanil)	1	0 (8)	1	0	1	0	1	0	1	0
8. Non-prescription methadone or buprenorphine	1	0 (9)	1	0	1	0	1	0	1	0
9. Other prescription painkillers (oxycotin, oxycodone, Percocet, codeine, Vicodin, etc.)	1	0 (10)	1	0	1	0	1	0	1	0
10. Prescription tranquilizers (benzodiazepines, klonopin, Xanax, valium, Ativan, etc.)	1	0 (11)	1	0	1	0	1	0	1	0
11. Methamphetamines (crystal, speed)	1	0 (12)	1	0	1	0	1	0	1	0
12. Hallucinogens (LSD, PCP, angel dust)	1	0 (13)	1	0	1	0	1	0	1	0
13. Other (specify in 7g below)	1	0 (8)								

(SKIP to Q11 if all No for Injection [7f])

7g. Specify other drug and how you used it: _____

8. Thinking back over the past month, and all the different drugs you may have injected, on average, how often did you inject?

- Every day or more often (more than once a day) 1
- A few times a week 2
- About once a week 3
- A few times a month 4
- About once a month or once 5
- Don't know 97
- Refuse to answer 98

9. During the past month, did you...

	Yes	No
a. Give someone else a needle after you used it, even once?	1	0
b. Borrow a needle from someone else that you weren't sure was new, even once?	1	0
c. Buy a needle from someone else that you weren't sure was new, even once?	1	0
d. Go to someone else's place where people had shot up and used someone else's needles there, even once?	1	0
e. Use equipment or works after someone else, even once?	1	0

10. Have you experienced any of the following because of COVID-19 (since March 1, 2020)?

	Yes	No
a. Sharing needles and works more than usual	1	0
b. Sharing needles and works less than usual	1	0
c. Needing clean needles/works and not having any	1	0
d. Injecting drugs you do not normally inject	1	0
e. Injecting less than usual	1	0
f. Injecting more than usual	1	0

11. Have you experienced any of the following because of COVID-19 (since March 1, 2020)?

	No	Yes, a little	Yes, a lot	N/A	Don't know	Refused
a. Wanted to use more	1	2	3	4	97	98
b. Wanted to use less	1	2	3	4	97	98
c. Used more than usual	1	2	3	4	97	98
d. Used less than usual	1	2	3	4	97	98
e. Had withdrawal symptoms	1	2	3	4	97	98
f. Worried about withdrawal symptoms	1	2	3	4	97	98
g. Not been able to get drugs	1	2	3	4	97	98
h. Used more by yourself than usual	1	2	3	4	97	98
i. Used more with other people than usual	1	2	3	4	97	98
j. Worried about overdosing	1	2	3	4	97	98
k. Tried to get help after someone overdosed and couldn't	1	2	3	4	97	98
l. Have had different triggers for using than normal	1	2	3	4	97	98
m. Have tried not to use but have not been able to stop	1	2	3	4	97	98
n. Have traded sex for drugs or money	1	2	3	4	97	98

12. Prior to the COVID-19 pandemic (March 1, 2020), were you in treatment or a program for alcohol or substance use disorder?

No 0 (SKIP to Q13)
Yes 1

12a. What kind of treatment or program was it? (Select all that apply)

	Yes	No
a. Methadone	1	0
b. Buprenorphine	1	0
c. Naltrexone	1	0
d. AA, NA, or other 12-step meetings	1	0
e. Counseling	1	0
f. Other drug or alcohol treatment (inpatient, detox)	1	0

13. Please rate how difficult it was to for you to access each of the following over the past month.

	Not at all difficult	Somewhat difficult	Difficult	Very difficult	N/A
a. Drug or alcohol treatment	1	2	3	4	5
b. Medication assisted treatment (methadone, buprenorphine, naltrexone, etc.)	1	2	3	4	5
c. AA, NA, or other 12-step meetings	1	2	3	4	5
d. Counseling	1	2	3	4	5
e. Narcan or naloxone	1	2	3	4	5
f. Syringes or needle exchange	1	2	3	4	5

14. How does your access to each of the following over the past month compare how it was prior to the COVID-19 pandemic (March 1, 2020)?

	Less difficult	About the same	More difficult	N/A
a. Drug or alcohol treatment	1	2	3	4
b. Medication assisted treatment (methadone, buprenorphine, naltrexone, etc.)	1	2	3	4
c. AA, NA, or other 12-step meetings	1	2	3	4
d. Counseling	1	2	3	4
e. Narcan or naloxone	1	2	3	4
f. Syringes or needle exchange	1	2	3	4

15. Many programs like AA and NA are offering support online or by phone. Have you participated in any program remotely since the COVID-19 pandemic (March 1, 2020)?

- Yes 1
- No, I do not have access to a phone or computer with internet 2
- No, I do not have information on how to join group remotely 3
- No, I do not want to join a remote group 4
- No, I do not currently participate in AA or NA 5

**COVID-19 COMMUNITY RESPONSE SURVEY
SEXUAL BEHAVIOR**

SOURCE: Melendez, Hamill, Tilchin, Fields, Latkin, Rompalo, Jennings/COVID-19 addendum to USHINE study & IWTK new study

READ: During this interview, I am going to ask you questions about your lifestyle and behaviors. Some of these questions may be personal, but your answers are important for this research. You may refuse to answer any question. Remember there are no right or wrong answers and your answers are completely confidential.

1. What's your current relationship status? (Select all that apply)

	Yes	No	Don't Know	Refused
a. Single	1 (3)	0	97	98
b. In a relationship	1	0	97	98
c. In more than one relationship	1	0	97	98
d. Married	1	0	97	98
e. Engaged	1	0	97	98
f. Other (specify)	1 (1a)	0	97	98

If f is YES go to Q1a; If b is YES go to Q2; Else SKIP to Q3

1a. Specify: _____

2. How long have you and your partner been in a relationship?

Less than 1 year	1
1-3 years	2
3-5 years	3
5-10 years	4
10-20 years	5
20-30 years	6
30 or more years	7
Don't know	97
Refused to answer	98

3. Were you sexually active in the past 3 months?

Yes	1
No	0 (SKIP to Q10)
Don't know	97
Refused to answer	98

4. How does your condom use over the past month compare how it was prior to the COVID-19 pandemic (March 1, 2020)? In the past month, I have used condoms:

More often	1
Less often	2
The same amount	3
I have not had sex	4 (SKIP to Q6)
I don't use condoms	5 (SKIP to Q6)
Don't know	97
Refused	98

5. Since the COVID-19 pandemic (since March 1, 2020), I have been able to get condoms when I needed them.
- | | |
|---------------------------------|----|
| Yes | 1 |
| No | 2 |
| I have not tried to get condoms | 3 |
| Don't know | 97 |
| Refused | 98 |

6. Has COVID-19 related social distancing had any effect on your sexual behavior? (*Select all that apply*)

	Yes	No	Don't Know	Refused
a. Yes, I have had more sex with the same partner(s)	1	0	97	98
b. Yes, I have had less sex with the same partner(s)	1	0	97	98
c. Yes, I have had more sex with new sex partner(s)	1	0	97	98
d. Yes, I have had less sex with new sex partner(s)	1	0	97	98
e. No, social distancing hasn't had any effect on my sexual behavior	1	0	97	98
f. Other (specify)	1	0	97	98

6a. Specify: _____

7. Has COVID-19 related social distancing had any effect on how you meet sex partners? (*Select all that apply*)

	Yes	No	Don't Know	Refused
a. Yes, I have met more new sex partners	1	0	97	98
b. Yes, I have met fewer new sex partners	1	0	97	98
c. Yes, I have met a new sex partner online for the first time	1	0	97	98
d. Yes, I have met more new sex partners on the street or in a park	1	0	97	98
e. Yes, I have met more new sex partners online	1	0	97	98
f. Yes, I have met fewer new sex partners at a bar or club	1	0	97	98
g. No, it has not changed how I meet new sex partners	1	0	97	98
h. No, I haven't tried to meet new sex partners	1	0	97	98
i. Other (specify)	1	0	97	98

7a. Specify: _____

8. Has COVID-19 related social distancing had any effect on any alcohol and/or drug use before or during sex? (*Select all that apply*)

	Yes	No	Don't Know	Refused
a. Yes, I have been drinking alcohol more before or during sex	1	0	97	98
b. Yes, I have been drinking alcohol less before or during sex	1	0	97	98
c. Yes, I have been doing more party drugs (like poppers or methamphetamine) before or during sex	1	0	97	98
d. Yes, I have been doing fewer party drugs (like poppers or methamphetamine) before or during sex	1	0	97	98
e. Yes, I have been doing more drugs other than party drugs before or during sex	1	0	97	98
f. Yes, I have been doing fewer drugs other than party drugs before or during sex	1	0	97	98
g. Yes, I have been doing other things more or less before or during sex (specify)	1	0	97	98
h. No, social distancing has not had any effect on my alcohol and/or drug use before or during sex	1	0	97	98

8a. Specify: _____

9. Has COVID-19 related social distancing had any effect on how you feel about sex? (<i>Select all that apply</i>)	Yes	No	Don't Know	Refused
a. I have been more anxious about sex	1	0	97	98
b. I have been less anxious about sex	1	0	97	98
c. I have been more willing to use condoms	1	0	97	98
d. I have been more likely to talk about STDs with my partner(s)	1	0	97	98
e. Other (specify)	1	0	97	98
f. No	1	0	97	98

9a. Specify: _____

10. Since the COVID-19 pandemic (since March 1, 2020), have you increased or started any of these online activities? (<i>Select all that apply</i>)	Yes	No	Don't Know	Refused
a. Online chatting	1	0	97	98
b. Sexting (sending/receiving/forwarding sexually explicit images or videos of oneself to others)	1	0	97	98
c. Video chat sex (using any type of online app with video feature (FaceTime, Zoom, Skype, etc.) to engage in mutual masturbation or other mutually arousing sexual activity with another person)	1	0	97	98
d. Camming/online sex work (producing and posting sexually explicit images or videos of oneself alone or with a partner for money – e.g., onlyfans.com)	1	0	97	98
e. Watching pornography	1	0	97	98
f. Meeting people online for sex	1	0	97	98
g. Other (specify)	1	0	97	98

10a. Specify: _____

11. Because of COVID-19 some clinics have changed the times they are open and some are not open at all. Have you tried to get an STD test <u>since March 1, 2020</u> ?	
Yes, and I was able to get an STD test	1
Yes, but I was NOT able to get an STD test	2
No, I did not try to get an STD test, but I wanted to get one	3
No, I did not try to get an STD test and I did NOT need one	4
Don't know	97
Refused to answer	98

12. Because of COVID-19 some counseling and support groups or individual sessions have changed the times they are open, some have transitioned to remote and some are not open at all. Have you wanted to attend a counseling or support group or an individual session and been unable to attend for any reason <u>since March 1, 2020</u> ?	
Yes	1
No	2
No, I don't attend any counseling or support groups or individual sessions	3
Don't know	97
Refused	98

13. Since the COVID-19 pandemic (since March 1, 2020), what prescription medications have you been unable to get? (Select all that apply)

	Yes	No	Don't Know	Refused
a. Antiretroviral therapy (ART) for HIV treatment	1	0	97	98
b. Pre-exposure prophylaxis (PrEP) for HIV prevention	1	0	97	98
c. Antibiotics for a sexually transmitted infection	1	0	97	98
d. Diabetes medication such as insulin	1	0	97	98
e. Substance use medication	1	0	97	98
f. Mental health medication	1	0	97	98
g. Blood pressure medication	1	0	97	98
h. Other antibiotics	1	0	97	98
i. Other	1	0	97	98
j. I have not needed any medications				

14. COVID-19 is impacting people in different ways. Some people have lost their jobs and had to find different ways to make money. Since the COVID-19 pandemic, have you given or received money, drugs, or something else in exchange for having sex with you? (Select all that apply)

	Yes	No	Don't Know	Refused
a. Yes, received money, drugs, or something else from someone in exchange for me having sex with them	1	0	97	98
b. Yes, given someone money, drugs, or something else in exchange for them having sex with me	1	0	97	98
c. Other (specify)	1	0	97	98

14a. Specify: _____