



THE NATIONAL
SOCIAL LIFE
HEALTH &
AGING PROJECT

NSHAP COVID-19 Study

This survey is part of the National Social Life, Health, and Aging Project (NSHAP) which is sponsored by the National Institute on Aging. The survey will take approximately 20 minutes to complete.

The survey contains questions about your concerns related to the COVID-19 pandemic and changes with the people you see and talk to, the activities you do, your feelings, and how you are doing generally. Please answer all items as best you can, from your point of view. The information you provide will benefit society by increasing our knowledge about aging and COVID-19.

As always, your individual responses and your name will be kept completely confidential. Taking part in the survey is voluntary. You may elect to skip any questions without penalty.

Please return your completed questionnaire in the preaddressed, postage-paid envelope. If you have any questions about the questionnaire or NSHAP, please contact us, toll-free, at 1-866-309-0540. You can also learn more online at: www.norc.uchicago.edu/nshap.

Thank you again for participating in the NSHAP COVID-19 Study.

This survey is voluntary, but your continued participation in NSHAP, and this particular COVID-19 study, is invaluable. The information you provide will benefit society by increasing our knowledge about aging and COVID-19.

The answers you give will be kept confidential. To protect your confidentiality, your responses to the questionnaire will be identified with a unique numeric identification number. Study results will be made available to the scientific community, but identifying information (such as your name) will not be associated with your data. Data will be analyzed for information on groups of people, not individuals. Your name, address, and telephone number will remain confidential and will not appear in any report, publication, or presentation of this study or its results.

In instances of suspected mistreatment, we may be required to report any incidents of elder mistreatment to your state reporting hotline. The report would only include your name, contact information, and why we are concerned. Your survey information will remain confidential.

Additionally, to help us protect your privacy we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. However, the Certificate cannot be used to resist a demand for information from personnel from the Department of Health and Human Services for audit or program evaluation purposes.

INSTRUCTIONS

In answering these questions, please be as honest and accurate as possible. Most questions will ask you to choose from a list of options. Choose the response that most closely matches your answer, and put a check mark ✓ or ✗ in the box provided on the left. Other questions will not include a list of choices and you should enter your response in the space provided.

Some questions may not apply to you, and you will be asked to skip over them. When this happens you will see an arrow or a note that tells you what question to answer next, like this:

¹ No → *If No, Go to Question 2*

² Yes

If no special instructions are given for your response choice, please continue with the next question.

We would like to learn how the COVID-19 pandemic has changed people's lives, especially the lives of you and your family. We will be asking you questions about your concerns related to the COVID-19 pandemic and changes in the people you see and talk to, the activities you do, your feelings, and how you are doing generally.

COVID-19 EXPERIENCES

1. Overall, on a scale from 1 to 10, where one is the least concerned and ten is the most concerned, how concerned are you about the COVID-19 pandemic?

Number

2. Has a doctor or other health care provider diagnosed any of the following people with COVID-19?

| | Yes | No |
|---|----------------------------|----------------------------|
| a. Me | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. My spouse/partner | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Someone in my household other than my spouse/partner | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. A friend or family member not in my household | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. An acquaintance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

3. Have any of the following people died from COVID-19?

| | Yes | No |
|---|----------------------------|----------------------------|
| a. My spouse/partner | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Someone in my household other than your spouse/partner | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. A friend or family member not in my household | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. An acquaintance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

HEALTH AND HEALTH CARE

This section is about your physical health. First, we would like to ask you some general questions.

4. Currently, would you say that your physical health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

5. Is your physical health currently better, worse, or about the same as before the COVID-19 pandemic?

- 1 Better
- 2 Worse
- 3 About the same

6. Since the start of the COVID-19 pandemic, was there any time when you delayed needed medical, dental, or vision care? *Select all that apply.*

- 1 Yes, I delayed medical care
- 2 Yes, I delayed dental care
- 3 Yes, I delayed vision care
- 4 No → Go to Question 10

7. Have you since completed the care that you delayed?

- 1 Yes, I completed all of it
- 2 Yes, I completed some of it
- 3 No, I completed none of it
→ Go to Question 9

8. How have you completed the care that you delayed?

Select all that apply.

- By phone calls
- By video calls (also called “telehealth”)
- By emails, texts, or portal messages (e.g., MyChart)
- By in-person visits to the doctor, dentist or clinic
- None of the above

9. Do you believe this delay negatively affected your health?

- Yes
- No
- Don't know

JOB AND FINANCES

10. Has your work been affected by the COVID-19 pandemic?

- Yes
- No
- No, I was not working when it started

11. Before the COVID-19 pandemic, how well did your household income meet your basic expenses?

- I had more income than I needed to meet my expenses
- I had just enough income to meet my expenses
- My expenses were somewhat greater than my income
- My expenses were much greater than my income

12. How has the COVID-19 pandemic affected your income and your ability to meet your basic expenses and pay your bills?

- I'm better off
- I'm about the same as before
- I'm a bit worse off
- I'm much worse off

TANGIBLE AND EMOTIONAL SUPPORT

13. Since the start of the COVID-19 pandemic, have you relied on someone outside your household to regularly help you with everyday tasks?

This could include running errands, getting necessities (e.g. food, medications), completing household repairs, or arranging for outside services.

- Yes
- No, I have not needed help
- No, I have not been able to get or find help but I need help

14. Compared to before the pandemic, are you receiving help less often, about as often, or more often than before the pandemic?

- Less often
- About the same
- More often

15. Since the start of the COVID-19 pandemic, has anyone outside your household given you advice, encouragement, moral support, or emotional support?

- ¹ Yes
- ² No, I have not needed support
- ³ No, I haven't been able to get or find support

16. Compared to before the pandemic, are you receiving support less often, about as often, or more often than before the pandemic?

- ¹ Less often
- ² About the same
- ³ More often

MARITAL STATUS AND RELATIONSHIP CHARACTERISTICS

17. Are you currently married, living with a partner, separated, divorced, widowed, or have you never been married?

- ¹ Married
- ² Living with a partner
- ³ Separated → Go to Question 20
- ⁴ Divorced → Go to Question 20
- ⁵ Widowed → Go to Question 20
- ⁶ Never married → Go to Question 20

18. Since the start of the COVID-19 pandemic, taking all things together, how would you describe your relationship with your spouse/partner on a scale from 1 to 7 with 1 being very unhappy and 7 being very happy?

- ¹ Very unhappy
- ²
- ³
- ⁴ Neither happy nor unhappy
- ⁵
- ⁶
- ⁷ Very happy

19. Compared to before the start of the COVID-19 pandemic, would you say your relationship with your partner has gotten a lot better, a little better, stayed the same, gotten a little worse, or gotten a lot worse?

- ¹ A lot better
- ² A little better
- ³ About the same
- ⁴ A little worse
- ⁵ A lot worse

20. Since the start of the COVID-19 pandemic, has the quality of your relationships gotten better, gotten worse, some better and some worse, or stayed the same for relationships with...?

| | Better | Worse | Some better, some worse | About the same | Not applicable |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Family members not living with you | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Family members living with you | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Friends not living with you | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Friends living with you | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

SOCIAL ACTIVITY AND ENGAGEMENT

The next questions ask how often you have been in contact with **FAMILY not living with you** since the start of the pandemic.

21a. Since the start of the pandemic, during a typical week, how often have you had phone calls with **FAMILY not living with you**?

Would you say...

- 1 At least daily
- 2 A few times a week
- 3 About once a week
- 4 Less than once a week
- 5 Never

21b. Compared to before the pandemic, would you say this is...

- 1 A lot more often
- 2 A little more often
- 3 A little less often
- 4 A lot less often
- 5 About the same

22a. Since the start of the pandemic, during a typical week, how often have you used emails, texts, or social media messages to contact **FAMILY not living with you**? This includes Facebook messages.

Would you say...

- 1 At least daily
- 2 A few times a week
- 3 About once a week
- 4 Less than once a week
- 5 Never

22b. Compared to before the pandemic, would you say this is ...

- 1 A lot more often
- 2 A little more often
- 3 A little less often
- 4 A lot less often
- 5 About the same

23a. Since the start of the pandemic, during a typical week, how often have you used video calls (such as Zoom, FaceTime, other online videos) to contact FAMILY not living with you?

Would you say...

- 1 At least daily
- 2 A few times a week
- 3 About once a week
- 4 Less than once a week
- 5 Never

23b. Compared to before the pandemic, would you say this is ...

- 1 A lot more often
- 2 A little more often
- 3 A little less often
- 4 A lot less often
- 5 About the same

24a. Since the start of the pandemic, during a typical week, how often have you had in person visits (this includes visits through windows) with FAMILY not living with you?

Would you say...

- 1 At least daily
- 2 A few times a week
- 3 About once a week
- 4 Less than once a week
- 5 Never

24b. Compared to before the pandemic, would you say this is ...

- 1 A lot more often
- 2 A little more often
- 3 A little less often
- 4 A lot less often
- 5 About the same

25. Would you like to see family not living with you a lot more, a little more, a little less, a lot less, or about the same as you currently do?

- 1 A lot more than I do now
- 2 A little more than I do now
- 3 A little less than I do now
- 4 A lot less than I do now
- 5 About the same as now

The next questions ask how often you have been in contact with FRIENDS not living with you since the start of the pandemic.

26a. Since the start of the pandemic, during a typical week, how often have you had phone calls with FRIENDS not living with you?

- 1 At least daily
- 2 A few times a week
- 3 About once a week
- 4 Less than once a week
- 5 Never

26b. Compared to before the pandemic, would you say this is...

- 1 A lot more often
- 2 A little more often
- 3 A little less often
- 4 A lot less often
- 5 About the same

27a. Since the start of the pandemic, during a typical week, how often have you used emails, texts, or social media messages to contact FRIENDS not living with you? This includes Facebook messages.

Would you say...

- ¹ At least daily
- ² A few times a week
- ³ About once a week
- ⁴ Less than once a week
- ⁵ Never

27b. Compared to before the pandemic, would you say this is...

- ¹ A lot more often
- ² A little more often
- ³ A little less often
- ⁴ A lot less often
- ⁵ About the same

28a. Since the start of the pandemic, during a typical week, how often have you used video calls (such as Zoom, FaceTime, other online videos) to contact FRIENDS not living with you?

Would you say...

- ¹ At least daily
- ² A few times a week
- ³ About once a week
- ⁴ Less than once a week
- ⁵ Never

28b. Compared to before the pandemic, would you say this is...

- ¹ A lot more often
- ² A little more often
- ³ A little less often
- ⁴ A lot less often
- ⁵ About the same

29a. Since the start of the pandemic, during a typical week how often have you had in person visits (this includes visits through windows) with FRIENDS not living with you?

Would you say...

- ¹ At least daily
- ² A few times a week
- ³ About once a week
- ⁴ Less than once a week
- ⁵ Never

29b. Compared to before the pandemic, would you say this is...

- ¹ A lot more often
- ² A little more often
- ³ A little less often
- ⁴ A lot less often
- ⁵ About the same

30. Would you like to see friends not living with you a lot more, a little more, a little less, a lot less, or about the same as you do now?

- ¹ A lot more than I do now
- ² A little more than I do now
- ³ A little less than I do now
- ⁴ A lot less than I do now
- ⁵ About the same as now

LIVING ARRANGEMENTS

31. At any time during the COVID-19 pandemic, did you change where you lived?

- ¹ Yes
- ² No → If No, Go to Question 34

32. Was this move because of the pandemic?

- Yes
- No

33. Where did you move?

Select all that apply.

- To my own home
- To the home of my child, stepchild, or grandchild
- To the home of some other family member
- To a friend's home
- Other place (specify):

34. At any time during the COVID-19 pandemic, did anyone move in with you?

- Yes
- No → If No, Go to Question 37

35. Was their move because of the COVID-19 pandemic?

- Yes
- No

36. Who moved in with you?

Select all that apply.

- My spouse or partner
- My parent or my spouse/partner's parent
- My or my spouse/partner's child, stepchild, or grandchild
- Some other family member
- A friend
- A paid helper
- Other (Please specify):

HOUSEHOLD COMPOSITION AND SIZE

Now, please tell us a little about your household.

37. Including yourself, how many people currently live in your household? Please include children and adults.

- 1 person; I live by myself
→ Go to Question 39
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

38. How many of these people are younger than 18 years old?

- 0 people
- 1 person
- 2 people
- 3 people
- 4 people
- 5 or more people

THOUGHTS AND FEELINGS

Now we will turn to thoughts and feelings you may have about your life or yourself. By asking about your thoughts and feelings in addition to your physical health, we can paint a more complete picture of your life.

39. If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole?

- 1 Unhappy usually
- 2 Unhappy sometimes
- 3 Pretty happy
- 4 Very happy
- 5 Extremely happy

40. Would you say that your mental health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

41. Is your mental health better, worse, or about the same as before the start of the COVID-19 pandemic?

- 1 Better
- 2 Worse
- 3 About the same

The following questions ask how you have felt during the past month.

42. During the past month, how often have you been bothered by feeling nervous, anxious, or on edge?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

43. During the past month, how often have you been bothered by not being able to stop or control worrying?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

44. During the past month, how often have you felt depressed?

- 1 Rarely or none of the time
- 2 Some of the time
- 3 Occasionally
- 4 Most of the time

45. During the past month, how often did you feel that you lacked companionship?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

46. During the past month, how often did you feel left out?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

47. During the past month, how often did you feel isolated from others?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

48. During the past month, how often have you felt lonely?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

For these next questions, please think about ways that people close to you behave towards you.

49. Since the start of the COVID-19 pandemic, has anyone close to you called you names, put you down, or made you feel badly?

- 1 Yes
- 2 No → If No, Go to Question 51

50. How serious of a problem was this for you?

- 1 Not serious
- 2 Somewhat serious
- 3 Very serious

SOCIAL UNREST

In addition to the COVID-19 pandemic, there has also been significant social unrest following the death of George Floyd, a Black man who died while in police custody on May 25. The following questions ask about race, racial justice, and the Black Lives Matter (BLM) movement.

51. Since the death of George Floyd, how often have you taken the following actions?

| | Never | Sometimes | Often |
|---|----------------------------|----------------------------|----------------------------|
| a. Had conversations with family or friends about race and racial justice | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Posted or shared content about racial justice on social networking sites (e.g., Facebook, Twitter) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Contacted my representatives, signed a petition, or made a donation to an organization that addresses racial justice | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Had conversations with family or friends about the Black Lives Matter (BLM) movement | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Posted or shared content about the BLM movement on social networking sites (e.g., Facebook, Twitter) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. Contacted my representatives, signed a petition, or made a donation to an organization that addresses the BLM movement | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. Other (Please specify) _____ _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

HEALTH BEHAVIORS

The COVID-19 pandemic has resulted in many people spending more time at home than they used to. Our next questions ask about your physical activity and other health behaviors during the past month.

52. On average during the past month, how often have you participated in vigorous physical activity or exercise? By vigorous physical activity, we mean 30 minutes or more of things like walks, sports, exercise classes, heavy housework, or a job that involves physical labor.

- 1 Never
- 2 Less than 1 time per month
- 3 1-3 times per month
- 4 1-2 times per week
- 5 3 or 4 times per week
- 6 5 or more times per week

53. Is this more or less than before the start of the COVID-19 pandemic?

- 1 More
- 2 Less
- 3 About the same

54. During the past month, on average, how many days per week have you had any alcohol to drink? For example, beer, wine, or any drink containing liquor.

- 0 (none or less than 1 day per week) → Go to Question 56
- 1
- 2
- 3
- 4
- 5
- 6
- 7 (every day)

55. In the past month, on the days you drink, about how many drinks do you have?

56. Are you currently drinking more or less alcohol than before the start of the COVID-19 pandemic?

- 1 More
- 2 Less
- 3 About the same
- 4 Not applicable – I was not drinking any alcohol before the pandemic and I am not drinking any now

57. During the past month, on average, how many cigarettes, cigars, pipes, or electronic cigarettes do you usually smoke per day?

Note: One pack = 20 cigarettes.

Do NOT include snuff, chewing tobacco, or any other forms of tobacco.

If you do not smoke at all, please indicate 0 here.

58. Is this more or less than before the start of the COVID-19 pandemic?

- 1 More
- 2 Less
- 3 About the same
- 4 Not applicable – I was not smoking these items before the start of the pandemic and I am not smoking them now

The next questions ask about your sleep.

59. During the last month, how often have you felt really rested when you wake up in the morning?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Most of the time

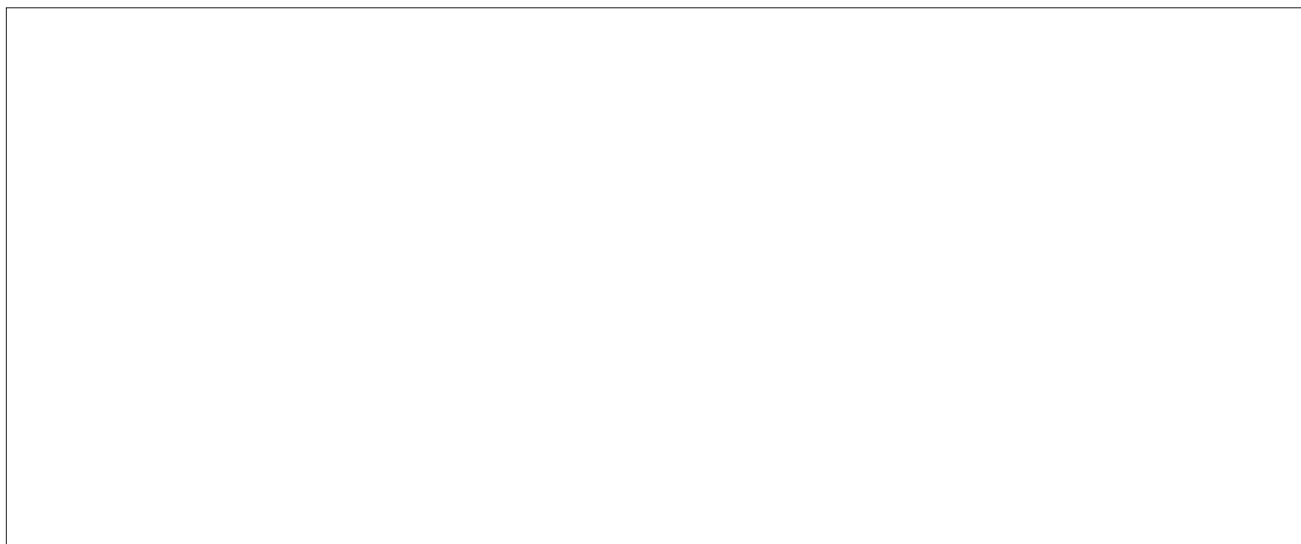
60. Is this more or less rested than before the start of the COVID-19 pandemic?

- 1 More
- 2 Less
- 3 About the same

61. Has the COVID-19 pandemic led to any positive changes in your life?

- 1 Yes
- 2 No → If No, Go to Back Cover

62. Can you give me an example of a positive change?



Thank you very much for your participation in this important study.

Thank you!

Please return the completed questionnaire and the contact information card in the postage paid envelope to:

NORC
Attn: NSHAP Survey
55 East Monroe Street, 19th Floor
Chicago, IL 60603

If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

We hope to continue the NSHAP study in the future, and would like if you'd continue to participate. If a future study is conducted, you can decide whether you wish to participate or not at that time.
