

COVID_EPII_NA

Survey Flow

Block: EPII (11 Questions)

Page Break

Start of Block: EPII

EPII1

We would like to learn how the coronavirus disease pandemic has changed people's lives. For each statement below, please indicate whether the pandemic has impacted you or a person in your home in the way described.

Check **YES (Me)** if you were impacted. Check **YES (Person in Home)** if another person (or people) in your home were impacted. Check **NO** if you and the people in your home were not impacted. Check **N/A** if the statement does not apply to you or someone in the home.

****If both **YES (Me)** and **YES (Person in Home)** are true, check both****

Since the coronavirus disease pandemic began, what has changed for you or your family?

EPII2 Work and Employment

	You (1)	Person in your home (2)	No (4)	N/A (5)
Laid off from job or had to close own business. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced work hours or furloughed. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to lay-off or furlough employees or people supervised. (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to continue to work even though in close contact with people who might be infected (e.g., customers, patients, co-workers). (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend a lot of time disinfecting at home due to close contact with people who might be infected at work. (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in workload or work responsibilities. (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard time doing job well because of needing to take care of people in the home. (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard time making the transition to working from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

home. (8)				
Provided direct care to people with the disease (e.g., doctor, nurse, patient care assistant, radiologist). (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided supportive care to people with the disease (e.g., medical support staff, custodial, administration). (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided care to people who died as a result of the disease. (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EPII3 Education and Training

	You (1)	Person in your home (2)	No (3)	N/A (4)
Had a child in home who could not go to school. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult unable to go to school or training for weeks or had to withdraw. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EPII4 Home Life

	You (1)	Person in your home (2)	No (3)	N/A (4)
Childcare or babysitting unavailable when needed. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty taking care of children in the home. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More conflict with child or harsher in disciplining child or children. (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to take over teaching or instructing a child. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends had to move into your home. (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to spend a lot more time taking care of a family member. (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to move or relocate. (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Became homeless. (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in verbal arguments or conflict with a partner or spouse. (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in physical conflict with a partner or spouse. (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Increase in verbal arguments or conflict with other adult(s) in home. (11)

Increase in physical conflict with other adult(s) in home. (12)

Increase in physical conflict among children in home. (13)



EPII5 Social Activities

	You (1)	Person in your home (2)	No (3)	N/A (4)
Separated from family or close friends. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not have the ability or resources to talk to family or friends while separated. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to visit loved one in a care facility (e.g., nursing home, group home). (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family celebrations cancelled or restricted. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned travel or vacations cancelled. (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious or spiritual activities cancelled or restricted. (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to be with a close family member in critical condition. (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to attend in-person funeral or religious services for a family member or friend who died. (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to participate in social clubs, sports teams, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

usual volunteer activities. (9)

Unable to do enjoyable activities or hobbies. (10)

EPII6 Economic

You (1)

Person in your home (2)

No (3)

N/A (4)

Unable to get enough food or healthy food. (1)

Unable to access clean water. (2)

Unable to pay important bills like rent or utilities. (3)

Difficulty getting places due to less access to public transportation or concerns about safety. (4)

Unable to get needed medications (e.g., prescriptions or over-the-counter). (5)

EPII7 Emotional Health and Well-being

	You (1)	Person in your home (2)	No (3)	N/A (4)
Increase in child behavioral or emotional problems. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in child's sleep difficulties or nightmares. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in mental health problems or symptoms (e.g., mood, anxiety, stress). (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in sleep problems or poor sleep quality. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in use of alcohol or substances. (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access mental health treatment or therapy. (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied with changes in mental health treatment or therapy. (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spent more time on screens and devices outside of work hours (e.g., looking at phone, playing video games, watching TV). (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EPII8 Physical Health Problems

	You (1)	Person in your home (2)	No (3)	N/A (4)
Increase in health problems not related to this disease. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less physical activity or exercise. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overeating or eating more unhealthy foods (e.g., junk food). (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More time sitting down or being sedentary. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Important medical procedure cancelled (e.g., surgery). (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy). (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got less medical care than usual (e.g., routine or preventive care appointments). (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly or disabled family member not in the home unable to get the help they need. (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EPII9 Physical Distancing and Quarantine

	You (1)	Person in your home (2)	No (3)	N/A (4)
Isolated or quarantined due to possible exposure to this disease. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated or quarantined due to symptoms of this disease. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated due to existing health conditions that increase risk of infection or disease. (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited physical closeness with child or loved one due to concerns of infection. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved out or lived away from family due to a high-risk job (e.g., health care worker, first responder). (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close family member not in the home was quarantined. (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member was unable to return home due to quarantine or travel restrictions. (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entire household was quarantined for a week or longer. (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EPII10 Infection History

	You (1)	Person in your home (2)	No (3)	N/A (4)
Currently have symptoms of this disease but have not been tested. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested and currently have this disease. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had symptoms of this disease but never tested. (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested positive for this disease but no longer have it. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got medical treatment due to severe symptoms of this disease. (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital stay due to this disease. (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone died of this disease while in our home. (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death of close friend or family member from this disease. (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EPII11 Positive Change

	You (1)	Person in your home (2)	No (3)	N/A (4)
More quality time with family or friends in person or from a distance (e.g., on the phone, Email, social media, video conferencing, online gaming). (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More quality time with partner or spouse. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More quality time with children. (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved relationships with family or friends. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New connections made with supportive people. (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in exercise or physical activity. (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More time in nature or being outdoors. (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More time doing enjoyable activities (e.g., reading books, puzzles). (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed new hobbies or activities. (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

More appreciative of things usually taken for granted. (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid more attention to personal health. (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid more attention to preventing physical injuries. (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate healthier foods. (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less use of alcohol or substances. (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spent less time on screens or devices outside of work hours (e.g., looking at phone, playing video games, watching TV). (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteered time to help people in need. (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donated time or goods to a cause related to this disease (e.g., made masks, donated blood, volunteered). (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Found greater meaning in work, employment, or school. (18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

More efficient or
productive in
work,
employment, or
school. (19)

End of Block: EPII
