

# COVID\_EPII\_NA

## Survey Flow

Block: EPII (11 Questions)

Page Break

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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?

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## 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"/> |

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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"/> |

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EPH4 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)

☐☐☐☐

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EPII6 Economic

You (1)

Person in your  
home (2)

No (3)

N/A (4)

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

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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"/> |



## EPH9 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"/> |

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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"/> |

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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)

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End of Block: EPII

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