

# The Future of Families and Child Wellbeing SAND Covid Supplement Survey

22-year Follow-Up Wave

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For more information about the FFCWS, please visit our web site at <https://ffcws.princeton.edu/> or email [ffdata@princeton.edu](mailto:ffdata@princeton.edu).

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## **0. Study Overview**

The Study of Adolescent Neural Development COVID-19 Supplement Study (SAND COVID Study) was initiated to understand the mental health consequences of COVID-19 related stressors and moderators of those stressors on threat and reward construct. This builds on the parent grant's (R01 MH121079 MPI: Monk, Mitchell and Hyde) focus use of data-driven analytics and hypothesis testing to validate multilevel-multimodal models of Threat and Reward constructs in an existing representative longitudinal cohort at risk for psychopathology and to delineate how a history of exposure to adversity links to these domains. The parent grant (SAND) is assessing 600 young adults twice (at age 20 and 24) from The Future of Families and Child Wellbeing Study (FFCWS), an ongoing study of 4,900 children born 1998-2000 in large U.S. cities.

The Study of Adolescent Neural Development (SAND) consists of interviews and questionnaires with caregivers and teens at age 15 and then again with solely the now young adult starting at 21. Biological sampling and functional magnetic resonance imaging are additionally conducted for only the child at age 15 and 21. For the remainder of this Guide, we will refer to the follow-up study as the SAND COVID Study which is near the 7<sup>th</sup> wave of data collection in the FFCWS.

## **1. SAND COVID Components**

The SAND COVID Study began data collection in May 2020 following the onset of the COVID-19 pandemic. Data collection continued through September 2021. The PCG and young adult questionnaires collected information on the impact of the COVID-19 pandemic on social support systems, economic policies, family resources, and mental health. Some of these questionnaire measures overlapped with those used during the original Study of Adolescent Neural Development (SAND) and/or with those used in the FFCWS Year 22 surveys.

### **1.1 Funders**

Funding for the SAND COVID Study data collection was provided through a grant from the National Institute of Mental Health (NIMH - Project Number: R01MH121079-02S1). When using these data please acknowledge R01MH121079 in addition to any other FFCWS grants.

## 1.2 Surveys

The SAND COVID Study included online surveys with the young adult and their primary caregiver (PCG). These online questionnaires were conducted among a sub-sample of eligible families from seven of the original FFCWS sample cities: Chicago, Detroit, Indianapolis, Milwaukee, Nashville, Pittsburg, and Toledo, and a small number of families from other cities that moved near those cities.

Table 1 describes the number and percent of completed surveys by each survey component (see **\*umc\_status** for a summary indicator)

<i>Status</i>	<i>Frequency</i>	<i>Percent</i>
<i>Both YA and PCG (3)</i>	557	70.0
<i>PCG only (2)</i>	101	12.7
<i>YA only (1)</i>	138	17.3
<b>Total</b>	796	100

Of the recorded interviews 16 of the YA and 12 of the PCG were partial interviews (**k7umc\_finished, p7umc\_finished**).

## 2. **Eligibility**

Prior to administering any surveys, the primary caregiver (PCG) who provided the most recent PCG interview (i.e., age 9 or 15) was designated as the SAND COVID PCG responder for each young adult (YA). It should be noted that although they are still designated as the PCG, all young adult participants were legally able to consent for themselves and provide responses. Thus, the PCG designation is used to connect to prior waves not as a description of legal guardianship of an adult. In the case that the original PCG could not participate, the YA indicated which parent or other adult could respond. **cp7umc\_pcgrel** is the PCG indicator which shows the relationship between the YA and PCG.

### 3. Months between when WHO Declared COVID-19 a Pandemic and Survey Completion

The variables ck7umc\_whomonths/cp7umc\_whomonths indicate how many months were between when the World Health Organization (WHO) declared COVID-19 as a pandemic (03/11/2022) and the time of the survey completion. The answer was categorized into 7 options in order to protect respondent confidentiality.

Value	Label
1	Less than 2 months
2	Equal or more than 2 months and less than 4 months
3	Equal or more than 4 months and less than 6 months
4	Equal or more than 6 months and less than 8 months
5	Equal or more than 8 months and less than 10 months
6	Equal or more than 10 months and less than 12 months
7	Equal or more than 12 months

### 4. Data Collection Procedures

In this wave of data collection only the YA and the PCG were asked to complete online questionnaires related to their experiences during the COVID-19 pandemic using Qualtrics.

The COVID Survey consists of 10 sections described as follows.

Table 2: Survey Sections

Section Topic	Variable Prefixes
Beck Anxiety Inventory	k7umc_bai, p7umc_bai
Beck Depression Inventory	k7umc_bdi, p7umc_bdi
Perceived Stress Scale	k7umc_pss, p7umc_pss
Interpersonal Support Evaluation List	k7umc_isel, p7umc_isel
UCLA 3-Item Loneliness Scale	k7umc_uc, p7umc_uc
Epidemic-Pandemic Impacts Inventory	k7umc_epii, p7umc_epii
COVID-19 Pandemic experiences	k7umc_or, p7umc_or
Essential Worker	k7umc_ew, p7umc_ew
Pandemic work, expenses, and programs	k7umc_p, p7umc_p
Demographic	k7umc_d, p7umc_d

## 5. File Contents and Structure

### 5.1 Variable Structure

In the SAND COVID Study data, each variable name is unique to the corresponding survey measure administered. All variable names from the SAND COVID Study begin with an alphabetic character. If the variable name begins with the letter “k”, the variable comes from the Young Adult survey. Variable names beginning with the letter “p” are from the PCG survey.

In the SAND COVID Study variable names, what follows the instrument is the number “7” to indicate that the data were collected during the same time period as the 7th wave (Year 22) of FFCWS data collection. Following the prefix and wave, survey variables were named as the item in the instrument. For example, variable p7umc\_bdi1 in the data set contains responses provided to item 1 from the Beck Depression Inventory (*I do not feel sad...*) in the PCG survey questionnaire.

### 5.2 Key Identifier

The idnum is the key identifier on the file for merging with other FFCWS data. Each idnum represents one YA/PCG pair.

### 5.3 Variable Label

Variable labels in the data and this user guide correspond as closely as possible to the questions in the questionnaire. Please see the questionnaire on our Public Data Documentation page for official question wording and response categories.

### 5.4 Variable Response and Missing Data codes

All variables also have value labels describing valid and missing responses. In addition to the listed response categories in the questionnaire, each variable can have any of the following values that indicate missing data: -9 = Not in wave, -3 = Missing.

## 5.5 Open-Ended Response Codes

Free response questions (open-ended questions) were recorded for occupation and questions around work adjustments for COVID, and general wellbeing. Due to the sensitivity of the responses, they are not included in this released data product. Each section notes which items were removed from the data.

## 6. **Data Cleaning**

Limited data cleaning was performed on the files beyond coding for missing values and certifying values are within expected ranges. Other key analytic decisions are left to the researcher.

## 7. **Section Descriptions**

### 7.1 Anxiety

#### 7.1.1 Variables

*YA questions:* **k7umc\_bai1 - k7umc\_bai21** (21 Variables)

*PCG questions:* **p7umc\_bai1 - p7umc\_bai21** (21 Variables)

These items are drawn from the Beck Anxiety Inventory<sup>1</sup> (BAI), a 21-item assessment designed to assess subjective, somatic, and panic-related symptoms of anxiety in psychiatric populations. Respondents rated how often they had been bothered by each symptom (e.g., fear of worst happening; nervous; difficulty in breathing) during the past month on a 4-point scale: Not at all, Mildly - but it didn't bother me much, Moderately - it wasn't pleasant at times, and Severely - it bothered me a lot.

#### 7.1.2 Modifications

The Beck Anxiety Inventory was not modified for the SAND COVID Study.

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<sup>1</sup> Beck, Aaron T., Norman Epstein, Gary Brown, and Robert A. Steer. "An inventory for measuring clinical anxiety: psychometric properties." *Journal of consulting and clinical psychology* 56, no. 6 (1988): 893.



### 7.1.3 Scoring

Originally, the response choices are coded from 1 (Not at all) to 4 (Severely – it bothered me a lot). In this study, the response choices are recoded to 0 (Not at all) – 3 (Severely – it bothered me a lot). The BAI Total Score is the mean score of items 1 through 21. Higher total scores indicate greater self-reported anxiety symptoms. **ck7umc\_bai\_total** and **cp7umc\_bai\_total** are sums of all BAI variables for participants who provided responses to all 21 items.

**ck7umc\_bai\_totalc** and **cp7umc\_bai\_totalc** are categorical breakdowns of that summary.

The suggested clinical cutoffs are:

0-7: minimal anxiety

8-15: mild anxiety

16-25: moderate anxiety

26+: severe anxiety

## 7.2 Depression

### 7.2.1 Variables

*YA questions:* **k7umc\_bdi1 - k7umc\_bdi8, k7umc\_bdi10 - k7umc\_bdi21** (20 variables)

*PCG questions:* **p7umc\_bdi1 - p7umc\_bdi8, p7umc\_bdi10 - p7umc\_bdi21** (20 variables)

These items are extracted from The Beck Depression Inventory<sup>2</sup> (BDI), a 21-item assessment designed to measure the severity of depression symptomatology. Respondents read each group of statements and then pick out one statement in each group that best describes the way they have been feeling in the past two weeks. Items are rated on a 4-point scale ranging from 1 to 4 based on severity of each item.

### 7.2.2 Modifications

The original BDI asked “Pick out one that best describes the way you have been feeling during the past two weeks, including today” for item 9, and included an item with a range of values from 0 = “I don’t have thoughts of killing myself” to 3 = “I would kill myself if I had the chance”. This item was removed for reporting purposes.

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<sup>2</sup>Beck, Aaron T., Calvin H. Ward, Mock Mendelson, Jeremiah Mock, and John Erbaugh. "An inventory for measuring depression." *Archives of general psychiatry* 4, no. 6 (1961): 561-571.

### 7.2.3 Scoring

Cases can be scored by summing the 20 items (**ck7umc\_bdi\_total**, **cp7umc\_bdi\_total**). Items are coded as 0-3 based on severity of each item. Higher total scores indicate greater self-reported depressive symptoms. Higher total scores indicate greater self-reported depressive symptoms. The suggested clinical cutoffs are (**ck7umc\_bdi\_totalc**, **cp7umc\_bdi\_totalc**):

0-13: minimal depression

14-19: mild depression

20-28: moderate depression

29+: severe depression

## 7.3 Perceived Stress

### 7.3.1 Variables

*YA questions:* **k7umc\_pss1 - k7umc\_pss14** (14 variables)

*PCG questions:* **p7umc\_pss1 - p7umc\_pss14** (14 variables)

These items are drawn from the Perceived Stress Scale<sup>3</sup> (PSS), a 14- item scale intended to measure the degree to which situations in one's life are appraised as stressful. This includes how unpredictable, uncontrollable, and overloaded individuals find their life circumstances. Respondents are asked to report on experienced stress during the past month. Individuals rate items on a 5-point scale, ranging from 0 - "Never" to 4 - "Very often."

### 7.3.2 Modifications

The Perceived Stress Scale was not modified for the SAND COVID Study.

### 7.3.3 Scoring

Users should reverse code items 4, 5, 6, 7, 9, 10, 13 so that with higher scores indicate greater perceived stress. A sum of all items with the reverse coded items can be found in **ck7umc\_pss14\_total** and **cp7umc\_pss14\_total** for participants who responded to all 14 items.

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<sup>3</sup> Cohen, Sheldon, Tom Kamarck, and Robin Mermelstein. "A global measure of perceived stress." *Journal of health and social behavior* (1983): 385-396.

## 7.4 Support System

### 7.4.1 Variables

YA questions: **k7umc\_isel1 - k7umc\_isel12** (12 variables)

PCG questions: **p7umc\_isel1 - p7umc\_isel12** (12 variables)

These 12 items are derived from the Interpersonal Support Evaluation List 12 Item Short Form<sup>4</sup> (ISEL-12). The ISEL-12 is a shortened version of the 40-item Interpersonal Support Evaluation List used to measure perceived social support. The scale is made up of a list of statements about different types of support.

The three-subscales included in the ISEL-12 measure the perceived accessibility of:

0. Appraisal Support (guidance or advice)
1. Belonging Support (concern, acceptance, empathy)
2. Tangible Support (help or assistance in the form of financial/material aid)

### 7.4.2 Modifications

The Interpersonal Support Evaluation List Short Form was not modified for the SAND COVID Study.

### 7.4.3 Scoring

Items were rated on a 4-point scale, ranging from 1- "Definitely False" to 4- "Definitely True". Users should reverse code items 1, 2, 7, 8, 11, 12 so that higher scores indicate greater support. The ISEL-12 Total Score is the mean of items 1 through 12 with some reverse coded items indicating overall perceived availability of social support for participants who responded to all 12 items (**ck7umc\_isel\_total** and **cp7umc\_isel\_total**). Subscales for Appraisal (**ck7umc\_isel\_as**, **cp7umc\_isel\_as**), Belonging (**ck7umc\_isel\_bs**, **cp7umc\_isel\_bs**) and Tangible support (**ck7umc\_isel\_ts**, **cp7umc\_isel\_ts**) are available for participants who responded to all items in each subscale (see Table 4).

Table 4: ISEL Subscales

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<sup>4</sup> Cohen, Sheldon, and Harry M. Hoberman. "Positive events and social supports as buffers of life change stress 1." *Journal of applied social psychology* 13, no. 2 (1983): 99-125.

ISEL Subscale	SAND COVID Study Survey Item	Variable
Appraisal Support	<p>2. I feel that there is no one I can share my most private worries and fears with.</p> <p>4. There is someone I can turn to for advice about handling problems with my family.</p> <p>6. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.</p> <p>11. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it</p>	<p>p7umc_isel2 k7umc_isel2</p> <p>p7umc_isel4 k7umc_isel4</p> <p>p7umc_isel6 k7umc_isel6</p> <p>p7umc_isel11 k7umc_isel11</p>
Belonging Support	<p>1. If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me.</p> <p>5. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.</p> <p>7. I don't often get invited to do things with others.</p> <p>9. If I wanted to have lunch with someone, I could easily find someone to join me.</p>	<p>p7umc_isel1 k7umc_isel1</p> <p>p7umc_isel5 k7umc_isel5</p> <p>p7umc_isel7 k7umc_isel7</p> <p>p7umc_isel9 k7umc_isel9</p>
	<p>3. If I were sick, I could easily find someone to help me with my daily chores.</p>	<p>p7umc_isel3 k7umc_isel3</p>

Tangible Support	8. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).	p7umc_isel8 k7umc_isel8
	10. If I was stranded 10 miles from home, there is someone I could call who could come and get me.	p7umc_isel10 k7umc_isel10
	12. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.	p7umc_isel12 k7umc_isel12

7.5 Loneliness

7.5.1 Variables

YA questionnaire: **k7umc\_uc1 - k7umc\_uc3** (3 variables)

PCG questionnaire: **p7umc\_uc1 - p7umc\_uc3** (3 variables)

These 3 items are drawn from the UCLA 3-Item Loneliness Scale<sup>5</sup>, a scale distributed to assess general feelings of loneliness.

7.5.2 Modifications

The UCLA 3-Item Loneliness Scale was not modified for the SAND COVID Study.

7.5.3 Scoring

Items were rated on a 3-point scale, ranging from 1- “Hardly Ever” to 3- “Often”. The scores from the 3 items are summed with higher scores demonstrating greater loneliness (**ck7umc\_uc\_total, cp7umc\_uc\_total**)

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<sup>5</sup> Hughes, Mary Elizabeth, Linda J. Waite, Louise C. Hawkey, and John T. Cacioppo. "A short scale for measuring loneliness in large surveys: Results from two population-based studies." *Research on aging* 26, no. 6 (2004): 655-672.

## 7.6 Epidemic Pandemic Impacts Inventory

### 7.6.1 Variables

*YA questions:* **k7umc\_epii1 - k7umc\_epii65, k7umc\_epii74 - k7umc\_epii92** (84 variables)

*PCG questions:* **p7umc\_epii1 - p7umc\_epii65, p7umc\_epii74 - p7umc\_epii92** (84 variables)

These 84 items are drawn from the Epidemic Pandemic Impacts Inventory<sup>6</sup>, a tool designed to assess tangible impacts of epidemics and pandemics across personal and social life domains containing the following subcategories:

1. Work and Employment
2. Education and Training
3. Home Life
4. Social Activities
5. Economic
6. Emotional Health and Wellbeing
7. Physical Health Problems
8. Physical Distancing and Quarantine
9. Infection History (removed, see below)
10. Positive Change

Participants were asked to indicate whether the pandemic has impacted “You or Your Family” in the way described. Options were 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 your family were not impacted, Check “N/A” if the statement does not apply to you or someone in the home.

### 7.6.2 Modifications

For the SAND COVID Study, the 8 items in the subcategory of Infection History were not administered, because many of these questions were already asked in other sections. The numbering of the items remained exactly the same as in the original EPII, which is why items 66-73 do not exist in SAND COVID.

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<sup>6</sup> Grasso, Damion J., Margaret J. Briggs-Gowan, Julian D. Ford, and A. S. Carter. "The epidemic-pandemic impacts inventory (EPII)." *University of Connecticut School of Medicine* (2020).

### 7.6.3 Scoring

The variables are coded such that the statement applies to the participant alone (not another person in the home). The Epidemic Pandemic Impacts Inventory has not determined scoring procedures as of the time of this documentation. There are also summary scores for those who responded to all 84 items (**ck7umc\_epii\_total\_self**, **cp7umc\_epii\_total\_self**), for all negative items (**ck7umc\_epii\_negative\_self**, **cp7umc\_epii\_negative\_self**), all positive items (**ck7umc\_epii\_positive\_self**, **cp7umc\_epii\_positive\_self**), and the subscales (see table 5) (**ck7umc\_epii\_work\_self** - **ck7umc\_epii\_quarantine\_self**, **cp7umc\_epii\_work\_self** - **cp7umc\_epii\_quarantine\_self**).

Table 5: EPII Subsections

Variable Name	Item No.	Item
<b>Work and Employment</b>		
p7umc_epii1, k7umc_epii1	1.	Laid off from job or had to close own business.
p7umc_epii2, k7umc_epii2	2.	Reduced work hours or furloughed.
p7umc_epii3, k7umc_epii3	3.	Had to lay-off or furlough employees or people supervised.
p7umc_epii4, k7umc_epii4	4.	Had to continue to work even though in close contact with people who might be infected (e.g., customers, patients, co-workers).
p7umc_epii5, k7umc_epii5	5.	Spend a lot of time disinfecting at home due to close contact with people who might be infected at work.
p7umc_epii6, k7umc_epii6	6.	Increase in workload or work responsibilities.
p7umc_epii7, k7umc_epii7	7.	Hard time doing job well because of needing to take care of people in the home.
p7umc_epii8, k7umc_epii8	8.	Hard time making the transition to working from home.

p7umc_epii9, k7umc_epii9	9.	Provided direct care to people with the disease (e.g., doctor, nurse, patient care assistant, radiologist).
p7umc_epii10, k7umc_epii10	10.	Provided supportive care to people with the disease (e.g., medical support staff, custodial, administration).
p7umc_epii11, k7umc_epii11	11.	Provided care to people who died as a result of the disease.
<b>Education and Training</b>		
p7umc_epii12, k7umc_epii12	12.	Had a child in home who could not go to school.
p7umc_epii13, k7umc_epii13	13.	Adult unable to go to school or training for weeks or had to withdraw.
<b>Home Life</b>		
p7umc_epii14, k7umc_epii14	14.	Childcare or babysitting unavailable when needed.
p7umc_epii15, k7umc_epii15	15.	Difficulty taking care of children in the home.
p7umc_epii16, k7umc_epii16	16.	More conflict with child or harsher in disciplining child or children.
p7umc_epii17, k7umc_epii17	17.	Had to take over teaching or instructing a child.
p7umc_epii18, k7umc_epii18	18.	Family or friends had to move into your home.
p7umc_epii19, k7umc_epii19	19.	Had to spend a lot more time taking care of a family member.
p7umc_epii20, k7umc_epii20	20.	Had to move or relocate.
p7umc_epii21, k7umc_epii21	21.	Became homeless.
p7umc_epii22,	22.	Increase in verbal arguments or conflict with a partner



k7umc_epii22		or spouse.
p7umc_epii23, k7umc_epii23	23.	Increase in physical conflict with a partner or spouse.
p7umc_epii24, k7umc_epii24	24.	Increase in verbal arguments or conflict with other adult(s) in home.
p7umc_epii25, k7umc_epii25	25.	Increase in physical conflict with other adult(s) in home.
p7umc_epii26, k7umc_epii26	26.	Increase in physical conflict among children in home.
<b>Social Activities</b>		
p7umc_epii27, k7umc_epii27	27.	Separated from family or close friends.
p7umc_epii28, k7umc_epii28	28.	Did not have the ability or resources to talk to family or friends while separated.
p7umc_epii29, k7umc_epii29	29.	Unable to visit loved one in a care facility (e.g., nursing home, group home).
p7umc_epii30, k7umc_epii30	30.	Family celebrations cancelled or restricted.
p7umc_epii31, k7umc_epii31	31.	Planned travel or vacations cancelled.
p7umc_epii32, k7umc_epii32	32.	Religious or spiritual activities cancelled or restricted.
p7umc_epii33, k7umc_epii33	33.	Unable to be with a close family member in critical condition.
p7umc_epii34, k7umc_epii34	34.	Unable to attend in-person funeral or religious services for a family member or friend who died.
p7umc_epii35, k7umc_epii35	35.	Unable to participate in social clubs, sports teams, or usual volunteer activities.
p7umc_epii36,	36.	Unable to do enjoyable activities or hobbies.

k7umc_epii36		
<b>Economic</b>		
p7umc_epii37, k7umc_epii37	37.	Unable to get enough food or healthy food.
p7umc_epii38, k7umc_epii38	38.	Unable to access clean water.
p7umc_epii39, k7umc_epii39	39.	Unable to pay important bills like rent or utilities.
p7umc_epii40, k7umc_epii40	40.	Difficulty getting places due to less access to public transportation or concerns about safety.
p7umc_epii41, k7umc_epii41	41.	Unable to get needed medications (e.g., prescriptions or over-the-counter).
<b>Emotional Health and Well-Being</b>		
p7umc_epii42, k7umc_epii42	42.	Increase in child behavioral or emotional problems.
p7umc_epii43, k7umc_epii43	43.	Increase in child's sleep difficulties or nightmares.
p7umc_epii44, k7umc_epii44	44.	Increase in mental health problems or symptoms (e.g., mood, anxiety, stress).
p7umc_epii45, k7umc_epii45	45.	Increase in sleep problems or poor sleep quality.
p7umc_epii46, k7umc_epii46	46.	Increase in use of alcohol or substances.
p7umc_epii47, k7umc_epii47	47.	Unable to access mental health treatment or therapy.
p7umc_epii48, k7umc_epii48	48.	Not satisfied with changes in mental health treatment or therapy.
p7umc_epii49,	49.	Spent more time on screens and devices (e.g., looking

k7umc_epii49		at phone, playing video games, watching TV).
<b>Physical Health Problems</b>		
p7umc_epii50, k7umc_epii50	50.	Increase in health problems not related to this disease.
p7umc_epii51, k7umc_epii51	51.	Less physical activity or exercise.
p7umc_epii52, k7umc_epii52	52.	Overeating or eating more unhealthy foods (e.g., junk food).
p7umc_epii53, k7umc_epii53	53.	More time sitting down or being sedentary.
p7umc_epii54, k7umc_epii54	54.	Important medical procedure cancelled (e.g., surgery).
p7umc_epii55, k7umc_epii55	55.	Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy).
p7umc_epii56, k7umc_epii56	56.	Got less medical care than usual (e.g., routine or preventive care appointments).
p7umc_epii57, k7umc_epii57	57.	Elderly or disabled family member not in the home unable to get the help they need.
<b>Physical Distancing and Quarantine</b>		
p7umc_epii58, k7umc_epii58	58.	Isolated or quarantined due to possible exposure to this disease.
p7umc_epii59, k7umc_epii59	59.	Isolated or quarantined due to symptoms of this disease.
p7umc_epii60, k7umc_epii60	60.	Isolated due to existing health conditions that increase risk of infection or disease.
p7umc_epii61, k7umc_epii61	61.	Limited physical closeness with child or loved one due to concerns of infection.

p7umc_epii62, k7umc_epii62	62.	Moved out or lived away from family due to a high-risk job (e.g., health care worker, first responder).
p7umc_epii63, k7umc_epii63	63.	Close family member not in the home was quarantined.
p7umc_epii64, k7umc_epii64	64.	Family member was unable to return home due to quarantine or travel restrictions.
p7umc_epii65, k7umc_epii65	65.	Entire household was quarantined for a week or longer.
<b>Positive Change</b>		
p7umc_epii74, k7umc_epii74	74.	More quality time with family or friends in person or from a distance (e.g., on the phone, Email, social media).
p7umc_epii75, k7umc_epii75	75.	More quality time with partner or spouse.
p7umc_epii76, k7umc_epii76	76.	More quality time with children.
p7umc_epii77, k7umc_epii77	77.	Improved relationships with family or friends.
p7umc_epii78, k7umc_epii78	78.	New connections made with supportive people.
p7umc_epii79, k7umc_epii79	79.	Increase in exercise or physical activity.
p7umc_epii80, k7umc_epii80	80.	More time in nature or being outdoors.
p7umc_epii81, k7umc_epii81	81.	More time doing enjoyable activities (e.g., reading books, puzzles).
p7umc_epii82, k7umc_epii82	82.	Developed new hobbies or activities.
p7umc_epii83, k7umc_epii83	83.	More appreciative of things usually taken for granted.

k7umc_epii83		
p7umc_epii84, k7umc_epii84	84.	Paid more attention to personal health.
p7umc_epii85, k7umc_epii85	85.	Paid more attention to preventing physical injuries.
p7umc_epii86, k7umc_epii86	86.	Ate healthier foods.
p7umc_epii87, k7umc_epii87	87.	Less use of alcohol or substances.
p7umc_epii88, k7umc_epii88	88.	Spent less time on screens or devices outside of work hours (e.g., looking at phone, playing video games, watching TV).
p7umc_epii89, k7umc_epii89	89.	Volunteered time to help people in need.
p7umc_epii90, k7umc_epii90	90.	Donated time or goods to a cause related to this disease (e.g., made masks, donated blood, volunteered).
p7umc_epii91, k7umc_epii91	91.	Found greater meaning in work, employment, or school.
p7umc_epii92, k7umc_epii92	92.	More efficient or productive in work, employment, or school.

7.7 Oregon Rapid Assessment of COVID-19 Correlates

7.7.1 Variables

Young Adult questionnaire: **k7umc\_or1 - k7umc\_or15** (14 variables)

PCG questionnaire: **p7umc\_or1 - p7umc\_or15** (14 variables)

The 15-item battery is drawn from Rapid Assessment Psychological and Epidemiological Correlates of COVID-19 created by the University of Oregon Department of Psychology<sup>7</sup> (Oregon Survey). The Oregon Survey is used to measure several aspects of the COVID-19 pandemic including pandemic concern, personal health, financial strains, and behavioral changes.

### 7.7.2 Modifications

One additional item in this section was added: **k7umc\_or2** for the young adult survey and **p7umc\_or2** for the PCG survey. This item asked “Cities and states had different start dates for their stay-at-home order. What month did yours start?” and gave the options of “February, March, April”. This item was written by SAND COVID Study staff and is not officially part of the Oregon Survey.

In the original Oregon Survey two items asked, “In the past 4-6 weeks have you...” and included responses of 1 = “Yes” and 0 = “No”. The SAND COVID survey items **k7umc\_or3/p7umc\_or3** and **k7umc\_or4/p7umc\_or4** include the same questions but modified the time period of reference to “Since the state-wide stay at home order, have you...”. This modification was made to make the questions better formatted to the rest of this study.

Item 9 asked to describe changes to the respondent’s daily lifestyle due to COVID-19 in an open-ended format. These data were not released in the current data set due to the highly specific nature of the responses.

The final modification made to the original Oregon Survey was from an item that asked, “How much are you self-quarantining?” (**k7umc\_or10, p7umc\_or10**). The original responses were “None of the time. I am continuing my daily schedule”, “Some of the time. I have reduced some of the time that I am in public spaces, social gatherings, and work”, “Most of the time I only leave for food, doctor’s appointments, and other essentials.”, and “All the time. I am staying home almost all of the time”. The SAND COVID responses were shortened to “None of the time, Some of the time, Most of the time, and All of the time”.

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<sup>7</sup> Nelson, Benjamin W., Adam Pettitt, Jessica E. Flannery, and Nicholas B. Allen. "Rapid assessment of psychological and epidemiological correlates of COVID-19 concern, financial strain, and health-related behavior change in a large online sample." *PLoS one* 15, no. 11 (2020): e0241990.

### 7.7.3 Scoring

As of the time of this documentation, there is no set method of scoring the Oregon Survey questions.

## 7.8 Essential Worker

### 7.8.1 Variables

*YA questions:* **k7umc\_ew1 - k7umc\_ew8** (6 variables)

*PCG questions:* **p7umc\_ew1 - p7umc\_ew8** (6 variables)

The 10 essential worker items were developed by the SAND COVID staff to examine the effect of being an (self-indicated) essential worker on the individual respondent. Four items (2, 6, 9 and 10) were open-ended and were not included in this data product.

### 7.8.2 Scoring

Scoring has not been established

## 7.9 Pandemic Work, Programs, and Funding

### 7.9.1 Variables

*YA questions:* **k7umc\_p1 - k7umc\_p17** (15 variables)

*PCG questions:* **p7umc\_p1 - p7umc\_p17** (15 variables)

This section contains a variety of questions on financial aspects of the COVID-19 pandemic. The questions were generated from SAND COVID staff and using the Poverty Tracker COVID questionnaire<sup>8</sup>. Note that items 7 and 15 on the questionnaire did not generate data and thus are not included as variables.

### 7.9.2 Scoring

Scoring has not been established.

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<sup>8</sup> Parolin, Zachary. *share of children with unemployed parents reach historic highs during the COVID-19 pandemic*. No. 20410. Center on Poverty and Social Policy, Columbia University, 2020.

## 7.10 Demographics

### 7.10.1 Variables

*YA questions:* **k7umc\_d8 - k7umc\_d28** (68 variables)

*PCG questions:* **p7umc\_d8 - p7umc\_d28** (68 variables)

This section contains a variety of questions on demographic and financial aspects of the COVID-19 pandemic. The questions were generated from SAND COVID staff and using existing measures from SAND and FFCWS questionnaires. Items 1-7 in the questionnaire did not generate data and are not included. Note d16c, d17, d18, d19c are not included because respondents provided qualitative answers that include too much specificity to release.

### 7.10.2 Scoring

Scoring has not been established.