

SAND21_C1_PCG

Start of Block: Default Question Block

family_id Please re-enter your ID:

kid_pcg In order to give you the correct survey questions, please indicate your involvement in the study:

- I am the youth, who has been participating in the study since my birth (1)
- I am the parent/guardian of the child, who has been participating in the study since birth (2)

Note: Not included in public data.

End of Block: Default Question Block

Start of Block: Beck Depression Inventory BDI

First we would like to ask you a little about how you are feeling. Please read each group of statements below carefully, and then pick out **one** that best describes the way you have been feeling **during the past two weeks, including today**. Select the number beside the statement you have picked. If several statements in the group seem to apply equally well, select the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

bdi1. Sadness

- I do not feel sad. (0)
 - I feel sad much of the time. (1)
 - I am sad all the time. (2)
 - I am so sad or unhappy that I can't stand it. (3)
-

bdi2. Pessimism

- I am not discouraged about my future. (0)
 - I feel more discouraged about my future than I used to be. (1)
 - I do not expect things to work out for me. (2)
 - I feel my future is hopeless and will only get worse. (3)
-

bdi3. Past Failure

- I do not feel like a failure. (0)
 - I have failed more than I should have. (1)
 - As I look back, I see a lot of failures. (2)
 - I feel I am a total failure as a person. (3)
-

bdi4. Loss of Pleasure

- I get as much pleasure as I ever did from the things I enjoy. (0)
 - I don't enjoy things as much as I used to. (1)
 - I get very little pleasure from the things I used to enjoy. (2)
 - I can't get any pleasure from the things I used to enjoy. (3)
-

bdi5. Guilty Feelings

- I don't feel particularly guilty. (0)
 - I feel guilty over many things I have done or should have done. (1)
 - I feel quite guilty most of the time. (2)
 - I feel guilty all of the time. (3)
-

bdi6. Punishment Feelings

- I don't feel I am being punished. (0)
 - I feel I may be punished. (1)
 - I expect to be punished. (2)
 - I feel I am being punished. (3)
-

bdi7. Self-Dislike

- I feel the same about myself as ever. (0)
 - I have lost confidence in myself. (1)
 - I am disappointed in myself. (2)
 - I dislike myself. (3)
-

bdi8. Self-Criticalness

- I don't criticize or blame myself more than usual. (0)
 - I am more critical of myself than I used to be. (1)
 - I criticize myself for all of my faults. (2)
 - I blame myself for everything bad that happens. (3)
-

bdi10. Crying

- I don't cry any more than I used to. (0)
 - I cry more than I used to. (1)
 - I cry over every little thing. (2)
 - I feel like crying, but I can't. (3)
-

bdi11. Agitation

- I am no more restless or wound up than usual. (0)
 - I feel more restless or wound up than usual. (1)
 - I am so restless or agitated that it's hard to stay still. (2)
 - I am so restless or agitated that I have to keep moving or doing something. (3)
-

bdi12. Loss of Interest

- I have not lost interest in other people or activities. (0)
 - I am less interested in other people or things than before. (1)
 - I have lost most of my interest in other people or things. (2)
 - It's hard to get interested in anything. (3)
-

bdi13. Indecisiveness

- I make decisions about as well as ever. (0)
 - I find it more difficult to make decisions than usual. (1)
 - I have much greater difficulty in making decisions than I used to. (2)
 - I have trouble making any decisions. (3)
-

bdi14. Worthlessness

- I do not feel I am worthless. (0)
 - I don't consider myself as worthwhile and useful as I used to. (1)
 - I feel more worthless compared to other people. (2)
 - I feel utterly worthless. (3)
-

bdi15. Loss of Energy

- I have as much energy as ever. (0)
 - I have less energy than I used to have. (1)
 - I don't have enough energy to do very much. (2)
 - I don't have enough energy to do anything. (3)
-

bdi16. Changes in Sleeping Pattern

- I have not experienced any changes in my sleeping pattern. (1)
 - I sleep somewhat more than usual. (2)
 - I sleep somewhat less than usual. (3)
 - I sleep a lot more than usual. (4)
 - I sleep a lot less than usual. (5)
 - I sleep most of the day. (6)
 - I wake up 1-2 hours early and can't get back to sleep. (7)
-

bdi17. Irritability

- I am no more irritable than usual. (0)
 - I am more irritable than usual. (1)
 - I am much more irritable than usual. (2)
 - I am irritable all the time. (3)
-

bdi18. Changes in Appetite

- I have not experienced any change in my appetite. (1)
 - My appetite is somewhat less than usual. (2)
 - My appetite is somewhat greater than usual. (3)
 - My appetite is much less than usual. (4)
 - My appetite is much greater than usual. (5)
 - I have no appetite at all. (6)
 - I crave food all the time. (7)
-

bdi19. Concentration Difficulty

- I can concentrate as well as ever. (0)
 - I can't concentrate as well as usual. (1)
 - It's hard to keep my mind on anything for very long. (2)
 - I find I can't concentrate on anything. (3)
-

bdi20. Tiredness or Fatigue

- I am no more tired or fatigued than usual. (0)
 - I get more tired or fatigued more easily than usual. (1)
 - I am too tired or fatigued to do a lot of the things I used to do. (2)
 - I am too tired or fatigued to do most of the things I do. (3)
-

bdi21. Loss of Interest in Sex

- I have not noticed any recent change in my interest in sex. (0)
 - I am less interested in sex than I used to be. (1)
 - I am much less interested in sex now. (2)
 - I have lost interest in sex completely. (3)
-

End of Block: Beck Depression Inventory BDI

Start of Block: BAI_SAND21

bai Directions: Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the **past month** including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all (0)	Mildly, but it didn't bother me much (1)	Moderately - It wasn't pleasant at times (2)	Severely - it bothered me a lot (3)
1. Numbness or tingling (bai1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling hot (bai2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Wobbliness in legs (bai3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Unable to relax (bai4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Fear of worst happening (bai5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Dizzy or lightheaded (bai6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Heart pounding/racing (bai7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Unsteady (bai8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Terrified or afraid (bai9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Nervous (bai10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Feeling of choking (bai11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Hands trembling (bai12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Shaky/unsteady (bai13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Fear of losing control (bai14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Difficulty in breathing (bai15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Fear of dying (bai16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Scared (bai17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Indigestion (bai18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Faint/lightheaded (bai19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Face flushed (bai20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Hot/cold sweats (bai21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Start of Block: PSS

pss The questions in this scale ask you about your feelings and thoughts during **the last month**. In each case, you will be asked to indicate your response by selecting the option that represents **how often** you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

	Never (0)	Almost never (1)	Sometimes (2)	Fairly often (3)	Very often (4)
In the last month, how often have you been upset because of something that happened unexpectedly? (pss1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were unable to control the important things in your life? (pss2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt nervous and "stressed"? (pss3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you dealt successfully with day to day problems and annoyances? (pss4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?
(pss5)

In the last month, how often have you felt confident about your ability to handle your personal problems?
(pss6)

In the last month, how often have you felt that things were going your way?
(pss7)

In the last month, how often have you found that you could not cope with all the things you had to do?
(pss8)

In the last month, how often have you been able to control irritations in your life?
(pss9)

In the last month, how often have you felt that you were on top of things? (pss10)

In the last month, how often have you been angered because of things that were outside of your control? (pss11)

In the last month, how often have you found yourself thinking about things that you have to accomplish? (pss12)

In the last month, how often have you been able to control the way you spend your time? (pss13)

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? (pss14)

End of Block: PSS

Start of Block: Loneliness Scale

lonely The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way.

	Hardly ever (1)	Some of the Time (2)	Often (3)
First, how often do you feel that you lack companionship? (uc1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out? (uc2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others? (uc3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Loneliness Scale

Start of Block: ISEL

isel This scale is made up of a list of statements, each of which may or may not be true about you. For each statement select "definitely true" if you are sure it is true about you and "probably true" if you think it is true but are not absolutely certain. Similarly, you should select "definitely false" if you are sure the statement is false and "probably false" if you think it is false but are not absolutely certain.

	Definitely false (1)	Probably false (2)	Probably true (3)	Definitely true (4)
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. (isel1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that there is no one I can share my most private worries and fears with. (isel2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were sick, I could easily find someone to help me with my daily chores. (isel3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is someone I can turn to for advice about handling problems with my family. (isel4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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. (isel5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need suggestions on how to deal with a personal problem, I know someone I can turn to. (isel6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I don't often get invited to do things with others. (isel7)

If I had to go out of town for a few weeks, it would be difficult to find someone to look after my house or apartment (the plants, pets, garden, etc). (isel8)

If I wanted to have lunch with someone, I could easily find someone to join me. (isel9)

If I was stranded 10 miles from home, there is someone I could call who could come get me. (isel10)

If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it. (isel11)

If I needed help in moving to a new house or apartment, I would have a hard time finding someone to help me. (isel12)

Start of Block: Oregon

Next we would like to ask you about questions related to the recent Coronavirus (COVID-19) pandemic:

or1 How concerned do you feel about COVID-19?

- Not at all concerned (0)
 - A little concerned (1)
 - Moderately concerned (2)
 - Very concerned (3)
 - Extremely concerned (4)
-

or2 Cities and states had different start dates for their stay-at-home orders. What month did yours start?

- February (1)
 - March (2)
 - April (3)
-

or3 Since the state-wide stay at home order, have you had any flu like symptoms (e.g. fever, dry cough, shortness of breath)?

- Yes (1)
 - No (0)
-

or4 Since the state-wide stay at home order, have you known anyone that has had flu like symptoms?

Yes (1)

No (0)

Display This Question:

If Since the state-wide stay at home order, have you known anyone that has had flu like symptoms?
= Yes

or5 If so, how many?
enter number:

or6 Have you been tested for COVID-19 by a medical doctor?

Yes, I was tested and had positive results. (1)

Yes, I was tested and had negative results. (2)

No, I was not tested because I could not get a test. (3)

No, I have not tried to get a test. (4)

or7 Do you know anyone that has been hospitalized due to COVID-19?

Yes (1)

No (0)

or8 Do you know anyone that has passed away due to COVID-19?

- Yes (1)
 - No (0)
-

or9 Please describe the major changes to your daily lifestyle due to COVID-19.

or10 How much are you self-quarantining/social distancing now?

- None of the time (0)
 - Some of the time (1)
 - Most of the time (2)
 - All of the time (3)
-

or11 Have you lost your job due to COVID-19?

- Yes (1)
 - No (0)
-

or12 Have you been unable to go to work due to COVID-19 related work changes?

- Yes (1)
 - No (0)
-

or13 Have you lost income due to COVID-19 related work changes?

- Yes (1)
 - No (0)
-

or14 How would you describe the money situation in your household right now?

- Comfortable with extra (1)
 - Enough but no extra (2)
 - Have to cut back (3)
 - Cannot make ends meet (4)
-

or15 In the past 12 months, how often has the following statement been true in your household:
The food we bought ran out and we didn't have money to get more.

- Never true (0)
 - Sometimes true (1)
 - Often true (2)
-

End of Block: Oregon

Start of Block: Pandemic

p1 In the year prior to the COVID-19 pandemic, in how many months did you work? Your best estimate is fine. Enter number (1-12):

Display This Question:

If In the year prior to the COVID-19 pandemic, in how many months did you work? Your best estimate is fine. Enter number (1-12): Text Response Is Greater Than 0

p2 Since the stay-at home order in your city/state, have you worked at any point?

- Yes (1)
- No (0)

Display This Question:

If Since the stay-at home order in your city/state, have you worked at any point? = Yes

p3 Since the stay-at-home order in your city/state, have you worked in a job where you received tips or commissions as part of your pay?

- Yes (1)
- No (0)

Display This Question:

If In the year prior to the COVID-19 pandemic, in how many months did you work? Your best estimate is fine. Enter number (1-12): Text Response Is Greater Than 0

p4 In the year prior to the COVID-19 pandemic, about how many days did you miss work at a job or business because you or someone you care for was ill or injured? Your best estimate is fine

- No days (0)
- Enter number (1-365) (2) _____

Display This Question:

If In the year prior to the COVID-19 pandemic, about how many days did you miss work at a job or bu... = Enter number (1-365)

p5 In the year prior to the COVID-19 pandemic, were you paid for the days you missed because of illness or injury?

- Yes, paid for all of them (1)
- Yes, paid for some of them (2)
- No (3)

Display This Question:

If In the year prior to the COVID-19 pandemic, in how many months did you work? Your best estimate is fine. Enter number (1-12): Text Response Is Greater Than 0

p6 In the year prior to the COVID-19 pandemic, about how many days did you go to work feeling sick because you could not afford to lose pay?

- None (0)
- Enter number (1-365): (2) _____

p7 As you probably know, the coronavirus has affected work for many people – some people have been asked to work from home or work remotely, and others have not been able to work at all because they were sick or might have been exposed to the virus, or business was slow, or their child's school or daycare was closed.

Display This Question:

If Since the stay-at home order in your city/state, have you worked at any point? = Yes

p8 Since the stay-at-home order in your city/state, have you **worked from home or worked remotely** for a reason related to coronavirus?

- Yes (1)
- No (2)
- Not applicable, I always work from home (3)

Display This Question:

If Since the stay-at-home order in your city/state, have you worked from home or worked remotely for... = Yes

p9 Since the stay-at-home order in your city/state, how many weeks did you **work from home** or **work remotely** because of the coronavirus? (Your best estimate is fine.)

Display This Question:

If Since the stay-at-home order in your city/state, have you worked from home or worked remotely for... = Yes

p10 Since the stay-at-home order in your city/state, how many weeks were you **not able to work** for a reason related to the coronavirus? (Please don't include days that you worked remotely.)

Display This Question:

If Since the stay-at-home order in your city/state, how many weeks were you not able to work for a reason related to the coronavirus? (Please don't include days that you worked remotely.) Text Response Is Greater Than 0

p11 Since the stay-at-home order, for how many of the days you were not able to work for a reason related to the coronavirus were you paid?

- Paid for all of them (1)
- Paid for some of them (2)
- Paid for none of them (3)

Display This Question:

If Since the stay-at-home order in your city/state, have you worked in a job where you received tips... = Yes

p12 In the past 30 days, how much income did you lose because of the coronavirus, including days you couldn't work and any reduction in income from tips or commissions?

- <25% of your income (1)
 - 25-50% (2)
 - 50-75% (3)
 - 75-100% (4)
-

p13 Do you own your own business?

- Yes (1)
 - No (0)
-

Display This Question:

If Do you own your own business? = No

p14 Are you a freelancer or self-employed worker?

- Yes (1)
 - No (0)
-

Display This Question:

If Do you own your own business? = Yes

Or Are you a freelancer or self-employed worker? = Yes

p15 As you probably know, the coronavirus has affected work for many people, including people who are self-employed or own their own businesses.

Display This Question:

If Do you own your own business? = Yes

Or Are you a freelancer or self-employed worker? = Yes

p16 Since the stay-at-home order in your city/state, have you lost revenue or income for reasons related to the coronavirus?

Yes (1)

No (0)

Display This Question:

If Since the stay-at-home order in your city/state, have you lost revenue or income for reasons rela... = Yes

p17 How much lower was your revenue than usual for this time of year – would you say:

<25% lower than usual (1)

25-50% (2)

50-75% (3)

75-100% (4)

End of Block: Pandemic

Start of Block: demo

d8 In what type of place are you currently living?

- House (1)
 - Condo (2)
 - Apartment (3)
 - Dormitory (include fraternity/sorority) (4)
 - Military Barracks (5)
 - Hotel, Motel, Rooming, or Boarding House (6)
 - Shelter (for homeless or abused) or on the street (7)
 - Mobile Home (8)
 - Hospital (9)
 - Group Home or Treatment Center (10)
 - Farm or Ranch (11)
 - Other Type of Housing (12)
-

d9 How long have you been living in this place?

- Less than 1 week (1)
 - At least a week but less than a month (2)
 - One to three months (3)
 - More than 3 months but less than a year (4)
 - One year or more (5)
-

d10 Do you consider the place you are currently living your primary residence?

- Yes (1)
 - No (0)
-

d11 Are you temporarily staying with family or friends?

- Yes (1)
 - No (0)
-

d12a Did you change residences in the last few months due to the ongoing COVID-19 pandemic?

- Yes (1)
 - No (0)
-

Display This Question:

If Are you temporarily staying with family or friends? = Yes

d12b Did you move in:

- to the home of your parent or child (1)
 - with friends (2)
 - with other family (3)
 - other (4)
-

d13 Who lives in the home you currently live in?
Select all that apply

- Spouse (d13_1)
- Partner, boyfriend, or girlfriend (d13_2)
- Mother (d13_3)
- Father (d13_4)
- Mother's partner/spouse (d13_5)
- Father's partner/spouse (d13_6)
- Parent-in-law (d13_7)
- Biological child (d13_8)
- Stepchild (d13_9)
- Adopted child (d13_10)
- Foster child (d13_11)
- Sibling (brother/sister) (d13_12)
- Grandmother (d13_13)
- Grandfather (d13_14)
- Aunt/uncle (d13_15)
- Cousin (d13_16)
- Niece/nephew (d13_17)

- Non-related adult (d13_18)
 - Non-related child (d13_19)
 - Grandchild (d13_20)
 - Other related adult (d13_21)
 - Other related child (d13_22)
-

d14 In total, how many children under 18 live with you?

- Children: (#) _____
 - None (0)
-

d15a Since we visited you when you (or your child) was age 15, how many times have you moved?

d15b How many times have you moved since mid-March 2020?

Display This Question:

If In order to give you the correct survey questions, please indicate your involvement in the study: = I am the youth, who has been participating in the study since my birth

d16a Are you currently enrolled in college?

- Yes (1)
- No (0)

Display This Question:

If Are you currently enrolled in college? = Yes

d16b If yes, are you now at home from college?

- Yes (1)
- No (0)

Display This Question:

If If yes, are you now at home from college? = Yes

d16c What month and year did you return home?

**Note: Not
included in
public data.**

Display This Question:

If Are you currently enrolled in college? = Yes

d16d Are you currently prevented from attending school due to COVID-19/coronavirus?

- Yes (1)
- No (0)

d17 In the past twelve months, what was the total income of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include

**Note: Not
included in
public data.**

the money you got from jobs and public assistance programs, as well as other sources such as rent, interest, and dividends.

- Enter amount: (1) _____
- Refuse to answer (2)
- Don't know (3)

Display This Question:

If In the past twelve months, what was the total income of your household from all sources before ta... = Refuse to answer

Or In the past twelve months, what was the total income of your household from all sources before ta... = Don't know

d18 I just need to know a range. Can you tell me if it was . . .

Note: Not included in public data.

- Less than \$5,000 (1)
 - \$5,001 to \$10,000 (2)
 - \$10,001 to \$15,000 (3)
 - \$15,001 to \$20,000 (4)
 - \$20,001 to \$25,000 (5)
 - \$25,001 to \$30,000 (6)
 - \$30,001 to \$40,000 (7)
 - \$40,001 to \$60,000 (8)
 - More than \$60,000 (9)
 - Refuse to answer (10)
 - Don't know (11)
-

d19a In the last month, have you applied for unemployment?

Yes (1)

No (2)

Display This Question:

If In the last month, have you applied for unemployment? = Yes

d19b Did you receive any of this money yet?

Yes (1)

No (2)

Display This Question:

If Did you receive any of this money yet? = Yes

d19c How much have you received? Enter amount:

**Note: Not
included in
public data.**

d20 In the past month, have **you** received income from any of the following programs:

	Yes (1)	No (0)
TANF or General Assistance? (d20_1)	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance or Workers Compensation? (d20_2)	<input type="radio"/>	<input type="radio"/>
SNAP, formerly known as Food Stamps, or EBT (Electronic Benefits Transfer)? (d20_3)	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income, SSI or Social Security Disability Insurance, SSDI? (d20_4)	<input type="radio"/>	<input type="radio"/>
Other cash aid? (d20_5)	<input type="radio"/>	<input type="radio"/>

d21 In the past month, has anyone else in your household received income from the following programs...

	Yes (1)	No (0)
TANF or General Assistance? (d21_1)	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance or Workers Compensation? (d21_2)	<input type="radio"/>	<input type="radio"/>
SNAP, formerly known as Food Stamps, or EBT (Electronic Benefits Transfer)? (d21_3)	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income, SSI or Social Security Disability Insurance, SSDI? (d21_4)	<input type="radio"/>	<input type="radio"/>
Other cash aid? (d21_5)	<input type="radio"/>	<input type="radio"/>

d22 In the past month, did you do any of the following because there wasn't enough money?

	Yes (1)	No (0)
Did you receive free food or meals? (d22_1)	<input type="radio"/>	<input type="radio"/>
Were you ever hungry, but didn't eat because you couldn't afford enough food? (d22_2)	<input type="radio"/>	<input type="radio"/>
Did you ever not pay the full amount of rent or mortgage payments? (d22_3)	<input type="radio"/>	<input type="radio"/>
Were you evicted from your home or apartment for not paying the rent or mortgage? (d22_4)	<input type="radio"/>	<input type="radio"/>
Did you not pay the full amount of gas, oil, or electricity bill? (d22_5)	<input type="radio"/>	<input type="radio"/>
Was your gas or electric services ever turned off, or the heating oil company did not deliver oil, because there wasn't enough money to pay the bills? (d22_6)	<input type="radio"/>	<input type="radio"/>
Did you borrow money from friends or family to help pay bills? (d22_7)	<input type="radio"/>	<input type="radio"/>
Did you borrow money from friends or family to help pay bills? (d22_7)	<input type="radio"/>	<input type="radio"/>
Did you move in with other people even for a little while because of financial problems? (d22_8)	<input type="radio"/>	<input type="radio"/>
Did you stay at a shelter, in an abandoned building, an automobile or any other place not meant for regular housing, even for one night? (d22_9)	<input type="radio"/>	<input type="radio"/>

	<input type="radio"/> Yes (1)	<input type="radio"/> No (0)
Was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost? (d22_10)	<input type="radio"/>	<input type="radio"/>
Was your telephone service (mobile or landline) cancelled or disconnected by the telephone company because there wasn't enough money to pay the bill? (d22_11)	<input type="radio"/>	<input type="radio"/>

d23 Next are a few statements that people have made about their food situation. For these statements, please choose whether the statement was often true, sometimes true, or never true for you and/or your household in the last month.

	Never (1)	Sometimes true (2)	Often true (3)
"We worried whether our food would run out before we got money to buy more." (d23_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"The food that we bought just didn't last, and we didn't have enough money to get more" (d23_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d24a Did you receive a Coronavirus/COVID-19 stimulus check?

- Yes (1)
- No (2)

Display This Question:

If Did you receive a Coronavirus/COVID-19 stimulus check? = Yes

d24b How much was it for? Enter amount:

d25a How many times have you changed residence or moved where you were sleeping/living in the last month?

Enter amount:

d25b How about in the last 2 months?

d25c Were you evicted in the last 2 months?

Yes (1)

No (2)

d26 Do you have reliable access to internet? (eg, any smartphone, tablet, computer, etc.)

Yes (1)

No (2)

Sometimes (3)

d27 Do you have access to a reliable computer that is connected to the internet? (eg, not a smartphone, but a tablet or computer?)

Yes (1)

No (2)

Sometimes (3)

d28 Do you have access to a car that you could use for a full day?

Yes (1)

No (2)

Sometimes (3)

End of Block: y22

Start of Block: Epidemic Pandemic

epii 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 YOUR FAMILY 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 your family 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?

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Laid off from job or had to close own business. (epii1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced work hours or furloughed. (epii2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to lay-off or furlough employees or people supervised. (epii3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to continue to work even though you were in close contact with people who might be infected (e.g., customers, patients, co-workers). (epii4)	<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. (epii5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in workload or work responsibilities. (epii6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Hard time doing job well because of needing to take care of people in the home. (epii7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard time making the transition to working from home. (epii8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided direct care to people with the disease (e.g., doctor, nurse, patient care assistant, radiologist). (epii9)	<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). (epii10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Provided care to people who died as a result of the disease. (epii11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a child in home who could not go to school. (epii12)	<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. (epii13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare or babysitting unavailable when needed. (epii14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty taking care of children in the home. (epii15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
More conflict with child or harsher in disciplining child or children. (epii16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to take over teaching or instructing a child. (epii17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or friends had to move into your home. (epii18)	<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. (epii19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had to move or relocate. (epii20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Became homeless. (epii21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in verbal arguments or conflict with a partner or spouse. (epii22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in physical conflict with a partner or spouse (epii23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in verbal arguments or conflict with other adult(s) in home. (epii24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in physical conflict with other adult(s) in home. (epii25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Increase in physical conflict among children in home. (epii26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated from family or close friends. (epii27)	<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. (epii28)	<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). (epii29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family celebrations cancelled or restricted. (epii30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

epii 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 YOUR FAMILY 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 your family 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?

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Planned travel or vacations cancelled. (epii31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious or spiritual activities cancelled or restricted. (epii32)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to be with a close family member in critical condition. (epii33)	<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. (epii34)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Unable to participate in social clubs, sports teams, or usual volunteer activities. (epii35)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to do enjoyable activities or hobbies. (epii36)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Unable to get enough food or healthy food. (epii37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access clean water. (epii38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to pay important bills like rent or utilities. (epii39)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty getting places due to less access to public transportation or concerns about safety (epii40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to get needed medications (e.g., prescriptions or over-the-counter) (epii41)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Increase in child behavioral or emotional problems. (epii42)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in child's sleep difficulties or nightmares. (epii43)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in mental health problems or symptoms (e.g., mood, anxiety, stress). (epii44)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in sleep problems or poor sleep quality. (epii45)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Increase in use of alcohol or substances. (epii46)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to access mental health treatment or therapy (epii47)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not satisfied with changes in mental health treatment or therapy. (epii48)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spent more time on screens and devices (e.g., looking at phone, playing video games, watching TV). (epii49)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

epii 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 YOUR FAMILY 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 your family 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?

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Increase in health problems not related to this disease. (epii50)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less physical activity or exercise. (epii51)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overeating or eating more unhealthy foods (e.g., junk food). (epii52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More time sitting down or being sedentary. (epii53)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Important medical procedure cancelled (e.g., dialysis, chemotherapy). (epii54)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy). (epii55)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got less medical care than usual (e.g., routine or preventative care appointments) (epii56)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eldery or disabled family member not in the home unable to get the help they need. (epii57)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Isolated or quarantined due to possible exposure to this disease. (epii58)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated or quarantined due to symptoms of this disease. (epii59)	<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. (epii60)	<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. (epii61)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Moved out or lived away from family due to a high-risk job (e.g., health care worker, first responder). (epii62)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close family member not in the home was quarantined. (epii63)	<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. (epii64)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entire household was quarantined for a week or longer. (epii65)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in 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). (epii74)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More quality time with partner or spouse. (epii75)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More quality time with children. (epii76)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved relationships with family or friends. (epii77)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New connections made with supportive people. (epii78)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in exercise or physical activity. (epii79)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
More time in nature or being outdoors. (epii80)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More time doing enjoyable activities (e.g., reading books, puzzles). (epii81)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed new hobbies or activities. (epii82)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More appreciative of things usually taken for granted. (epii83)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: EPII variables in the public data only include Yes(1)/No(0) for self

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Paid more attention to personal health. (epii84)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid more attention to preventing physical injuries. (epii8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ate healthier foods. (epii86)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less use of alcohol or substances. (epii87)	<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) (epii88)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes (Me) (1)	Yes (Person in home) (2)	No (3)	N/A (4)
Volunteered time to help people in need. (epii89)	<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). (epii90)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Found greater meaning in work, employment, or school. (epii91)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More efficient or productive in work, employment, or school. (epii92)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: Epidemic Pandemic

Start of Block: Essential Worker

ew1 Do you have a job that is categorized as essential?

- Yes (1)
- No (0)

Skip To: End of Block If Do you have a job that is categorized as essential? = No

ew2 What is your job title?

Note: Not included in public data.

ew3 Have you had to increase work hours because you are considered essential?

Yes (1)

No (0)

ew4 Have you had to live in a different location from your family due to your job?

Yes (1)

No (0)

ew5 Have you had to minimize contact with your family due to your job?

Yes (1)

No (0)

ew6 How did your family life change because of your essential employment during COVID-19?

ew7 Did your employer take extra precautions to protect you from COVID-19?

Yes (1)

No (0)

ew8 Do you feel like your employer did enough to protect you from COVID-19 as an essential worker?

Yes (1)

No (0)

ew9 What did your employer do to protect you from COVID-19?

Note: Not included in public data.

ew10 Was there anything you wish they had done?

Note: Not included in public data.

End of Block: Essential Worker

Start of Block: Open Ended

op_1 Is there anything else you would like to tell us about the last few months?

Note: Not included in public data.

End of Block: Open Ended