COVID-19 behaviors

Please complete the survey below.

Thank you!

For the following questions, please think about yourself and your behaviors since the announcement of the SARS-CoV2 (corona virus) worldwide outbreak on March 12, 2020.

Are you currently required by state or local (county, city) laws to "stay at home" or "shelter in place"?

◯ Yes
◯ No
◯ Don't know/Not sure

How many weeks has the "shelter in place" or "stay at home" order been in place where you live?

_____

Even though there is no formal order to "stay at home" or "shelter in place" where you live, are you staying at home as much as possible?

◯ Yes ◯ No

Even though you don't know of a formal order to "stay at home" or "shelter in place" where you live, are you staying at home as much as possible?

◯ Yes ◯ No

If you leave your home for any reason, what do you do when out in public?

Check all that apply

☐ Practice physical/social distancing (staying at least 6 feet away from others)
☐ Wearing a protective mask
☐ Wearing gloves
☐ Using hand sanitizer
☐ Using disinfectant wipes
☐ Washing hands frequently
☐ Removing clothes before re-entering home

What reasons have forced you to leave your home during the "stay in place" order?

☐ Work
☐ Provide care for someone else
☐ Grocery shopping
☐ Other essential shopping
☐ Exercise
☐ Walking dog
☐ Other reasons

What other reasons?

_____

Has your job status or primary source of income been impacted by the COVID-19 outbreak?

◯ Yes
◯ No

How has your job status or primary source of income been impacted?

- ◯ My pay has decreased
- ◯ I was temporarily laid off
- ◯ I was permanently laid off
- ◯ I resigned or quit my job
- ◯ I was forced to use vacation time or sick time
- ◯ Other

Other

_____

Is your work considered "essential services"?

- ◯ Yes
- ◯ No
- ◯ Don't know/Not sure

What sector is your work classified as?

- ◯ Public Health
- ◯ Law Enforcement, public safety and other first responders
- ◯ Food and agriculture
- ◯ Energy
- ◯ Water and wastewater
- ◯ Transportation and logistics
- ◯ Public Works and infrastructure support services
- ◯ Communications and Information Technology
- ◯ Community or government-based operations
- ◯ Critical manufacturing
- ◯ Hazardous materials
- ◯ Financial services
- ◯ Chemical
- ◯ Defense industrial base
- ◯ Commercial facilities
- ◯ Residential/Shelter facilities and services
- ◯ Hygiene products and services
- ◯ Religious services conducted in churches, congregations, and houses of worship.

On average, how many hours per day have you remained at home during the COVID-19 outbreak?

_____

Have you been told by your employer to work from home since the COVID-19 outbreak?

- ◯ Yes
- ◯ No
- ◯ Don't know/Not sure

Compared to your work-life before the COVID-19 outbreak, are you now...?

- ◯ More productive at work
- ◯ Less productive at work
- ◯ About the same
- ◯ Don't know/Not sure

Generally, how do you feel about working from home since being told to by your employer?

- ◯ I have enjoyed working from home
- ◯ I dislike working from home
- ◯ I do not enjoy nor dislike working from home

Prior to the COVID-19 outbreak, had you ever worked from home?

- ◯ Yes
- ◯ No
- ◯ Don't know/Not sure

Would you consider working from home after the COVID-19 outbreak ends?

◯ Yes
◯ No
◯ Don't know/Not sure

The next few questions are about your alcohol consumption prior to and during the SARS-CoV2 (corona virus) outbreak.

Compared to life prior to the COVID-19 outbreak, how has your consumption of alcohol changed?

◯ Drinking more alcohol
◯ Drinking less alcohol
◯ Drinking about the same amount
◯ I don't drink alcohol

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

Since the COVID-19 outbreak, on the days when you drank, about how many drinks did you have on average?

(A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

_____

Considering all types of alcoholic beverages, how many times since the COVID-19 outbreak did you have 5 or more drinks on an occasion?

_____

Considering all types of alcoholic beverages, how many times since the COVID-19 outbreak did you have 4 or more drinks on an occasion?

_____

Since the COVID-19 outbreak, what is the largest number of drinks you had on any occasion?

_____

Compared to your pre- COVID-19 outbreak levels, how has your tobacco use changed?

◯ Using more tobacco
◯ Using less tobacco
◯ Using about the same

Compared to your pre- COVID-19 outbreak levels, how has your marijuana use changed?

◯ Using more marijuana
◯ Using less marijuana
◯ Using about the same amount

Compared to your pre- COVID-19 outbreak levels, how has your drug use (other than marijuana, including cocaine, meth, heroine) changed?

◯ Using more drugs
◯ Using less drugs
◯ Using about the same

You indicated that you had been physically hurt, insulted or talked down to, threatened with harm, or screamed at or cursed, by an intimate partner.

Since the COVID-19 outbreak, has this gotten...

◯ Much better
◯ Somewhat better
◯ Stayed the same
◯ Somewhat worse
◯ Much worse

The next few questions are related to healthy behaviors such as physical activity, sleep, and diet.

Compared to your pre- COVID-19 outbreak levels, how have your physical activity levels changed?

- ◯ Getting more physical activity
- ◯ Getting less physical activity
- ◯ Its stayed about the same

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions are about the time you spent being physically active in the last 7 days. They include questions about activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Your answers are important. Please answer each question even if you do not consider yourself to be an active person.

In answering the following questions, vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

- ◯ Zero days
- ◯ 1 day in past week
- ◯ 2 days in past week
- ◯ 3 days in past week
- ◯ 4 days in past week
- ◯ 5 days in past week
- ◯ 6 days in past week
- ◯ 7 days in past week

How much time in total did you usually spend on ONE of those days doing vigorous physical activities?

Hours

_____

Minutes

_____

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

- ◯ Zero days
- ◯ 1 day in past week
- ◯ 2 days in past week
- ◯ 3 days in past week
- ◯ 4 days in past week
- ◯ 5 days in past week
- ◯ 6 days in past week
- ◯ 7 days in past week

How much time in total did you usually spend on ONE of those days doing moderate physical activities?

Hours

_____

Minutes

_____

During the last 7 days, on how many days did you do walk? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did for recreation, sport, exercise or leisure.

- ◯ Zero days
- ◯ 1 day in past week
- ◯ 2 days in past week
- ◯ 3 days in past week
- ◯ 4 days in past week
- ◯ 5 days in past week
- ◯ 6 days in past week
- ◯ 7 days in past week

How much time in total did you usually spend on ONE of those days walking?

Hours

_____

Minutes

_____

The next question is about the time you spend sitting while at home, while doing work, or during leisure time. This includes time spent sitting at a desk, visiting friends, reading, traveling in a car or bus, and sitting or lying down to watch television.

During the last 7 days, how much time in total did you usually spend sitting in a day?
Hours

_____

Minutes

_____

The next few questions related to your sleep. We are interested in how the COVID-19 outbreak has affected sleep patterns. Your answers should indicate the most accurate reply for the majority of days and nights since the COVID-19 outbreak. Please answer all questions.

Compared to your pre- COVID-19 outbreak levels, how have your sleep levels changed?

- ◯ Getting more sleep
- ◯ Getting less sleep
- ◯ Its stayed about the same

Since the COVID-19 outbreak, when have you usually gone to bed?

_____

How does this bedtime compare to your bedtime pre- COVID-19?

◯ I am going to bed earlier than I did before COVID-19
◯ I am going to bed later than I did before COVID-19
◯ I am going to bed about the same time

How long (in minutes) has it taken you to fall asleep each night since the COVID-19 outbreak?

Minutes

_____

How does this time to fall asleep compare to your pre- COVID-19 time to fall asleep?

◯ I am falling asleep quicker than I did before COVID-19
◯ It is taking me longer to fall asleep than I did before COVID-19
◯ It is taking me about the same amount of time to fall asleep

Since the COVID-19 outbreak, when have you usually gotten up in the morning?

_____

How does this wake-up time compare to your pre- COVID-19 wake-up time?

◯ I am waking up earlier than I did before COVID-19
◯ I am waking up later than I did before COVID-19
◯ I am waking up about the same time as before COVID-19

How many hours of actual sleep do you get at night?

(This may be different than the number of hours you spend in bed)

Hours

_____

How does this sleep duration compare to your pre- COVID-19 sleep duration?

◯ I am sleeping longer than I did before COVID-19
◯ I am sleeping shorter than I did before COVID-19
◯ I am sleeping about the same time as before COVID-19

Since the COVID-19 outbreak, how often have you had trouble sleeping because you...				
	Not at all since COVID-19 (0)	Less than once a week (1)	Once or twice a week (2)	Three or more times a week (3)
Cannot get to sleep within 30 minutes	◯	◯	◯	◯
Wake up in the middle of hte night or early morning	◯	◯	◯	◯
Have to get up to use the bathroom	◯	◯	◯	◯
Cannot breathe comfortably	◯	◯	◯	◯
Cough or snore loudly	◯	◯	◯	◯
Feel too cold	◯	◯	◯	◯
Feel too hot	◯	◯	◯	◯
Have bad dreams	◯	◯	◯	◯
Have pain	◯	◯	◯	◯
Since the COVID-19 outbreak, how often have you taken medicine (prescribed or "over the counter") to help you sleep?	◯	◯	◯	◯
Since the COVID-19 outbreak, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	◯	◯	◯	◯
Since the COVID-19 outbreak, how much of a problem has it been for you to keep up enthusiasm to get things done?	◯	◯	◯	◯

	Very good	Fairly good	Fairly bad	Very bad
Since the COVID-19 outbreak, how would you rate your sleep quality overall?	◯	◯	◯	◯

How does this compare to your pre- COVID-19 overall sleep quality?

◯ Sleep quality now is better than pre- COVID-19
◯ Sleep quality now is worse than pre- COVID-19
◯ Sleep quality has remained about the same

Since the COVID-19 outbreak, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	◯	◯	◯	◯
Feeling down, depressed or hopeless	◯	◯	◯	◯
Trouble falling asleep, staying asleep, or sleeping too much	◯	◯	◯	◯
Feeling tired or having little energy	◯	◯	◯	◯
Poor appetite or overeating	◯	◯	◯	◯
Feeling bad about yourself - or that your're a failure or have let yourself or your family down	◯	◯	◯	◯
Trouble concentrating on things, such as reading the newspaper or watching television	◯	◯	◯	◯
Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless taht you have been moving around a lot more than usual	◯	◯	◯	◯
Thoughts that you would be better off dead or of hurting yourself in some way	◯	◯	◯	◯

If you checked off any problems, how difficult have those problems made it for you to...

Do your work, take care of things at home, or get along with other people?

◯ Not difficult at all ◯ Somewhat difficult ◯ Very difficult ◯ Extremely difficult