Please choose one adult member of your household over the age of 18 to complete this survey on behalf of all family or household members. Your responses will be kept confidential and anonymous. Thank you for taking the time to answer this survey. **We are offering a $15 Amazon.com gift card for every 10th completed survey response. Please return by Monday, June 15th.**

|  |
| --- |
| **SECTION 1: Accessing COVID-19 Information** |

**1. Which of the following sources have you relied on for information during the COVID-19 outbreak?** *Please check all options that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Local elected officials (e.g., mayor of your city) |  | Employer |
|  | Local government agencies (e.g., local health department) |  | Coworkers or colleagues |
|  | Local K-12 school district |  | University or college |
|  | State elected officials (e.g., Governor Cuomo / Baker) |  | Community organizations and groups (e.g., church, temple, mosque, neighborhood, hobby, or recreational) |
|  | State government agencies (e.g., state health department) |
|  | Federal elected officials (e.g., President Trump) |  | Friends  |
|  | Federal government leaders (e.g., Dr. Fauci) |  | Neighbors |
|  | Center for Disease Control (CDC) or National Institute of Health (NIH) |  | Family  |
|  | The World Health Organization (WHO) |  | Other: |  |

**2. "How do you access these sources of information?"** *Please check all options that apply.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | TV | Radio | National News Source | Local Newspaper | Official Website | Facebook | Twitter | Nextdoor | Phone or Video Call | In-Person Conversation | Email |
| Local elected officials |  |  |  |  |  |  |  |  |  |  |  |
| Local government agencies |  |  |  |  |  |  |  |  |  |  |  |
| Local K-12 school district |  |  |  |  |  |  |  |  |  |  |  |
| State elected officials |  |  |  |  |  |  |  |  |  |  |  |
| State government agencies |  |  |  |  |  |  |  |  |  |  |  |
| Federal elected officials |  |  |  |  |  |  |  |  |  |  |  |
| Federal government leaders |  |  |  |  |  |  |  |  |  |  |  |
| CDC or NIH |  |  |  |  |  |  |  |  |  |  |  |
| WHO |  |  |  |  |  |  |  |  |  |  |  |
| Employer |  |  |  |  |  |  |  |  |  |  |  |
| Coworkers or colleagues |  |  |  |  |  |  |  |  |  |  |  |
| University or college |  |  |  |  |  |  |  |  |  |  |  |
| Community organizations and groups |  |  |  |  |  |  |  |  |  |  |  |
| Friends  |  |  |  |  |  |  |  |  |  |  |  |
| Neighbors |  |  |  |  |  |  |  |  |  |  |  |
| Family  |  |  |  |  |  |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |  |  |  |  |  |

**3. How much do you trust these sources for information related to COVID-19?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Fully | A lot | Some | A little | Not at all |
| Local elected officials  |  |  |  |  |  |
| Local government agencies |  |  |  |  |  |
| State elected officials  |  |  |  |  |  |
| State government agencies |  |  |  |  |  |
| Federal government leaders  |  |  |  |  |  |
| Federal elected officials  |  |  |  |  |  |
| CDC or NIH |  |  |  |  |  |
| Community organizations and groups |  |  |  |  |  |
| Employer |  |  |  |  |  |
| Local K-12 school district |  |  |  |  |  |
| University or college |  |  |  |  |  |
| WHO |  |  |  |  |  |
| Friends  |  |  |  |  |  |
| Neighbors |  |  |  |  |  |
| Family  |  |  |  |  |  |
| Coworkers or colleagues |  |  |  |  |  |
| Other: |  |  |  |  |  |  |

**4. When deciding who to trust for information related to COVID-19, please indicate how you would weigh each of the following from "Very Important" to "Unimportant":**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Important | Important | Moderately Important | Slightly Important | Unimportant |
| The information is coming from someone I know. |  |  |  |  |  |
| The information is coming from someone with an advanced degree in medicine or health. |  |  |  |  |  |
| The information is coming from an elected official. |  |  |  |  |  |
| The information is coming from someone leading an agency. |  |  |  |  |  |
| Other: |  |  |  |  |  |  |

|  |
| --- |
| **SECTION 2: COVID-19 Related Behavioral Change** |

**5. To what extent are you currently practicing physical distancing concerning who enters your home?**

|  |  |
| --- | --- |
|  | Only members of my household enter my home. |
|  | Outside of my household, only a few close friends and family now enter my home. |
|  | I have made no changes concerning who enters my home. |

**6. To what extent are you currently practicing physical distancing concerning how often you leave your home?** *Please check all options that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | I go out as frequently as I did before |  | I go out to visit close friends and family |
|  | I go out for essentials only (e.g., job, groceries, medicine) |  | I do not go out at all |
|  | I go out for exercise |  | Other: |  |

**7. Please indicate any changes in your behavior due to COVID-19 or related stay in place orders.**

*Please check all options that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Started working from home or remotely |  | Met with a doctor or mental health professional via a web or phone Telehealth technology |
|  | Started using personal protective equipment (e.g., masks, gloves) |  | Skipped or rescheduled doctor's appointments, hospital visits, and checkups |
|  | Ordered more goods online |  | Increased use of bleach, Lysol, or other cleaning agents to sanitize surfaces in my home |
|  | Avoided going to public places |  | Eat nutritious foods/supplements to boost your immunity |
|  | Increased frequency of handwashing  |  | Stopped taking public transportation |
|  | Increased reliance on individuals in your network |  | Other: |  |

**8. Please indicate the frequency for each action, from "Always" to "Never," you've taken during the COVID-19 crisis:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Always | Often | Sometimes | Rarely | Never | Does Not Apply |
| Wear a mask when going to grocery shopping. |  |  |  |  |  |  |
| Wear a mask when going for a walk in your neighborhood. |  |  |  |  |  |  |
| Wear a mask in your home. |  |  |  |  |  |  |
| Wear a mask when working at your essential job. |  |  |  |  |  |  |
| Wash your hands as soon as you can after touching surfaces outside. |  |  |  |  |  |  |
| Online shop for groceries. |  |  |  |  |  |  |
| Online shop for non-essential items. |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |  |

**9. Please indicate the actions you have taken since COVID-19 started.** *Check all options that apply.*

|  |  |
| --- | --- |
|  | Reached out to my neighbors |
|  | Helped my neighbors |
|  | Reached out to friends who do not live nearby |
|  | Reached out to family who do not live nearby |
|  | Joined online community groups |
|  | Joined groups advocating for a quicker reopening of the US economy |
|  | Participated in in-person volunteer activities related to the COVID-19 response |
|  | Made masks to give to your friends, family, or neighbors |
|  | Donated handmade or manufactured masks, or other personal protective equipment to healthcare workers |
|  | Donated money to the COVID-19 response |
|  | Donated blood |
|  | Donated time to help others who are at high-risk (e.g., shopped for and delivered groceries, helped with home maintenance) |
|  | Other: |  |

|  |  |  |
| --- | --- | --- |
| **10. Did you participate in any groups or organizations before the COVID-19 outbreak?** *Examples could include a**church, temple, mosque, charity, cultural, educational, neighborhood, HOA/POA, hobby, and/or recreational group.* |  |  |
| Yes | No |

**11. If you answered "Yes" to the previous question, please indicate which charities, cultural, educational, neighborhood, recreational, and/or religious groups in which you or your family members are involved.** *For example: "Asian American Civic Association, 87 Tyler Street, 5th floor, Boston, MA 02111"*

|  |  |
| --- | --- |
| Name of the group or organization | How many hours do you participate in the group's activities? |
|  | 1 | 2 | 3 | 4 | 5+ | hours a month |
|  | 1 | 2 | 3 | 4 | 5+ | hours a month |
|  | 1 | 2 | 3 | 4 | 5+ | hours a month |

|  |
| --- |
| **SECTION 3: Background** |

|  |  |
| --- | --- |
| ***Current address or cross street:*** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Age*** |  | 18-24 |  | 25-34 |  | 35-44 |  | 45-54 |  | 55-64 |  | 65-74 |  | 75+ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Household******Income*** |  | Less than $40,000 |  | $60,001 --- $80,000 |  | $100,001 --- $120,000 |
|  | $40,001 --- $60,000 |  | $80,001 --- $100,000 |  | Over $120,001 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Marital Status*** |  | Single, never married |  | Widowed |  | Separated |
|  | Married or domestic partnership |  | Divorced |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Education*** |  | Some high school |  | Associate’s degree |
|  | High school diploma |  | Bachelor's degree |
|  | Some college, no degree |  | Master's degree / Professional degree / Doctoral degree |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Race*** |  | White |  | Asian |
|  | Black or African American |  | Native Hawaiian or Pacific Islander |
|  | American Indian or Alaska Native |  | Other: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Ethnicity*** |  | Spanish, Hispanic, or Latino |  | None of These |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Gender*** |  | Man |  | Woman |  | Other Self Assigned Gender: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Employment Status*** |  | Employed full-time (40 or more hours per week) |  | Student |
|  | Employed part-time (up to 39 hours per week) |  | Retired / not looking for work |
|  | Unemployed and currently looking for work |  | Homemaker |
|  | Furloughed  |  | Unable to work |

|  |  |  |  |
| --- | --- | --- | --- |
| **If unemployed or furloughed, was that a result of COVID19?** |  |  |  |
| Yes | No | Does Not Apply |

|  |  |  |
| --- | --- | --- |
| **Do you own or rent your home?** |  |  |
| Own | Rent |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **"I have lived in my current home for …"***Please write your response in the boxes to the right.* |  | year(s) |  | month(s) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **"I have lived in my current community for …"***Please write your response in the boxes to the right.* |  | year(s) |  | month(s) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How many neighbors do you know by name on your block?** |  |  |  |  |
| 0-2 | 3-5 | 6-8 | 9+ |

|  |
| --- |
| **Please respond to the following based on how much you agree or disagree with the statement:** |
|  | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
| “In general, I think that I can obtain outcomes that are important to me.” |  |  |  |  |  |
| “Even when things are tough, I can perform quite well.” |  |  |  |  |  |

|  |
| --- |
| **Generally speaking, do you consider yourself as a Republican, Democrat, Independent, or other?** |
| Strong Republican | Moderate Republican | Independent | Moderate Democrat | Strong Democrat | Other party | Don't know |
|  |  |  |  |  |  |  |