

Time 7 Questionnaire

COVID-19 Exposure, Social Distancing, and Outcomes



Ongoing Research on Aging in New Jersey
Bettering Opportunities for Wellness in Life



Rowan Medicine

NEW JERSEY INSTITUTE FOR SUCCESSFUL AGING
Geriatrics & Gerontology

This questionnaire is part of the ORANJ BOWL SM research program that you've participated in since 2006.

COVID-19 is likely to change our world. We care about you and want to know how you're doing.

We are collecting information using this questionnaire by web, mail, or phone from you and about 3,000 other people who are part of ORANJ BOWL. We will ask about how you've been managing, social distancing, your exposure to the virus, and your physical and emotional health.

Participation is voluntary. You may refuse to answer any question or stop answering questions at any time.

You should not expect to experience any direct health benefits from participating in this study nor any risks beyond those encountered in everyday life.

Your privacy is carefully protected. We will never share your name or any identifying information with others. Research data may be shared with scientists for conducting analyses, but statisticians will always report results for groups and will never report results for individuals. However, despite our careful protection of the information you provide, there is always the possibility of a breach of confidentiality.

If you request, our staff can provide contact information for people who can answer any questions you might have about this research.

The speed at which COVID-19 shut down our country made it impossible for the ORANJ BOWL team to secure external funding for this wave of interviews. As such, we are paying for this wave of interviews using a small fund at Rowan University available to our team.

The questionnaire will take about 30 minutes to complete.

Thank you in advance for helping with this.

What is today's date? _____

Where are you currently living?

ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____

What is the best phone number to reach you? _____

What is your preferred e-mail address? _____

We're going to begin by asking about your opinions regarding COVID-19.

1. On a scale of 0 (not at all worried) to 10 (extremely worried), since COVID-19 began spreading across the United States, how worried have you been that you would get sick from COVID-19?

Not at all worried

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Extremely Worried

2. On a scale of 0 (not at all worried) to 10 (extremely worried), since COVID-19 began spreading across the United States how worried have you been that a family member would get sick from COVID-19?

Not at all worried

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Extremely Worried

3. On a scale of 0 (not a threat) to 10 (very real threat), how much of a threat do you think COVID-19 is to your health?

Not a threat

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Very real threat

4. On a scale of 0 (not a threat) to 10 (very real threat), how much of a threat do you think COVID-19 is to the health of someone else in your family?

Not a threat

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Very real threat

5. On a scale of 0 (very unlikely) to 10 (very likely), how likely do you think it is that people in your neighborhood will get sick from COVID-19?

Very unlikely

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Very likely

6. On a scale of 0 (very unlikely) to 10 (very likely), how likely do you think it is that a person would get COVID-19 if they come into physical contact with someone who has COVID-19?

Very unlikely

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Very likely

7. On a scale of 0 (very unlikely) to 10 (very likely), how likely do you think it is that if someone over the age of 65 gets sick with COVID-19, that person would die?

Very unlikely

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Very likely

8. On a scale of 0 (very unlikely) to 10 (very likely), if a vaccine were available that would increase your immunity to COVID-19, how likely would you be to get vaccinated?

Very unlikely

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Very likely

9. On a scale from 0 (completely disagree) to 10 (completely agree), how much do you agree with the statement “Dealing with the threat posed by COVID-19 has been one of the most challenging experiences in my life”.

Completely disagree

Completely agree

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Next are questions about your health and how COVID-19 has affected you.

10. Are you currently being treated for any of the following illnesses?

	Yes	No
a. Bone marrow or organ transplant	<input type="checkbox"/>	<input type="checkbox"/>
b. Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
c. Any kind of heart condition or heart disease	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
f. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
g. Immune deficiency	<input type="checkbox"/>	<input type="checkbox"/>
h. Lung or breathing problems, such as chronic bronchitis, asthma, or emphysema	<input type="checkbox"/>	<input type="checkbox"/>
i. Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
j. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
k. Hypertension or high blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
l. Osteopenia or Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
m. A stroke	<input type="checkbox"/>	<input type="checkbox"/>
n. Depression, anxiety, or any other emotional problems	<input type="checkbox"/>	<input type="checkbox"/>

11. Since mid-March, have you experienced any of the following symptoms?

	No	Mild	Moderate	Severe
a. Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Extreme tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dry cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shortness of breath or trouble breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No	Mild	Moderate	Severe
e. Tightness in your chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Loss of smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Loss of taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Aches and pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Runny nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you been tested for COVID-19?

- ☐ No → 12a. Did you ever think you should have been tested for COVID-19 because of symptoms you had?
- ☐ No ☐ Yes

- ☐ Yes → 12b. Was the test:
- ☐ Positive
- ☐ Negative
- ☐ Waiting on results

13. Whether you were tested for COVID-19 or not, did a doctor or other healthcare provider ever tell you that you probably had the virus based on your symptoms?

- ☐ No ☐ Yes

14. Have you been hospitalized since mid-March?

- ☐ No ☐ Yes → 14a. Were you hospitalized because of COVID-19?
- ☐ Yes ☐ No

People who have been exposed to COVID-19 or are at high risk for getting COVID-19 have been advised to self-quarantine. This means staying at home unless it is absolutely necessary to leave, not having any visitors, not sharing things like towels and household items, and staying at least 6 feet away from other people in your household.

15. Did a doctor or other health professional ever personally direct you to self-quarantine?

☐ No → 15a. Did you self-quarantine even though a doctor didn't tell you to? ☐ Yes → 15b. Did you self-quarantine?

☐ No ☐ Yes ☐ Yes ☐ No

15c. How many days did you remain quarantined?

Number of days: _____

Next are steps some people have taken to protect themselves or others from COVID-19. Indicate how much (not at all, some, or a lot) you've done each of the following since the middle of March of 2020.

16. Because of COVID-19, I:

	Not at all	Some	A lot
a. Washed my hands with soap and water more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cleaned my hands with sanitizer more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Went to public places less often (e.g., library, sports events, work, health club, Senior Center).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancelled doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cleaned the surface areas of my home more often than I usually do (e.g., doorknobs, tables, light switches, keyboards, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Spent less face-to-face time with friends or relatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Spent more time on social media (e.g., Facebook, Twitter, Pinterest).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cancelled out of town trips.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Changed plans to attend a holiday, birthday, wedding or other celebration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did not go to funerals that I ordinarily would have gone to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Some	A lot
k. Communicated with friends and family by phone more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Communicated more with friends and family using Facetime, Skype, or some other software that lets us see one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Consulted with my doctor via phone or computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Limited the number of trips to the grocery or drug store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Ordered groceries online for delivery or pick-up, instead of going into the store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Wore a mask or gloves at places like the grocery store or drug store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Cancelled a surgery or medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Attended religious services remotely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Since mid-March, how much of a problem have you had getting:

	None	Some	A lot
a. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. An appointment with your doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paper products (e.g., toilet paper, tissues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cleaning supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. To places because public transportation was limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Communication technology (e.g., Zoom, Skype, Facetime) to function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In contact with friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People respond to stress in their life in different ways. The next set of questions focus on the ways you've been feeling since the middle of March of 2020.

18. Indicate the option that best describes your experience:

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
a. I have felt stressed by COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have been afraid about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COVID-19 has hurt my relationships with family members or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My health has suffered because of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My social life has suffered because of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have worried that I won't have enough money to take care of myself and my family because of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have worried about how much longer I can live with the COVID-19 restrictions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I have felt that I have lost control of my life because of COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I have felt burdened by COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have worried about dying alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Since mid-March, how often has each of the following words described you:

	Never	Rarely	Sometimes	Often	Nearly Always
a. Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Warm-hearted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Do you think things will ever go back to the way they were when there was no social distancing behavior?

- ☐ No ☐ Yes ☐ Don't know

21. How long do you think it will be before there is a safe and effective vaccine for COVID-19 that is widely available?

- ☐ Less than 3 months
☐ 3 to 5 months
☐ 6 to 11 months
☐ 1 to 2 years
☐ More than 2 years
☐ Never

22. How long do you think it will be before governors in virtually all states lift all social distancing restrictions?

- ☐ Less than a month
☐ About a month
☐ About 2 months
☐ Between 3 and 5 months
☐ Between 6 and 11 months
☐ A year or longer
☐ Never

23. How closely have you been following news about COVID-19?

- ☐ Very closely

- ☐ Somewhat closely
- ☐ Not too closely
- ☐ Hardly at all

24. From which of the following sources have you gotten information about COVID-19?

	Yes	No
a. Press conferences held by national, state or local government officials	<input type="checkbox"/>	<input type="checkbox"/>
b. Television News Programs	<input type="checkbox"/>	<input type="checkbox"/>
c. Online websites (e.g., online newspapers or news websites, CDC)	<input type="checkbox"/>	<input type="checkbox"/>
d. Social Media (e.g., Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>
e. Newspaper	<input type="checkbox"/>	<input type="checkbox"/>
f. Radio	<input type="checkbox"/>	<input type="checkbox"/>
g. Other people (e.g., Family, Friends)	<input type="checkbox"/>	<input type="checkbox"/>

Next are questions about your living arrangements and how COVID-19 has impacted others in your life.

25. Do you live in a:

- ☐ Single-family detached house
- ☐ Twin or semi-detached house
- ☐ Cluster home or townhome
- ☐ Apartment or condo unit in a low-rise building (up to 4 stories high)
- ☐ Apartment or condo unit in a high-rise building (5 stories or more)
- ☐ Mobile home
- ☐ Hotel, rooming house, or group home
- ☐ Nursing home
- ☐ Assisted Living Facility
- ☐ Continuing Care Retirement Community (CCRC)
- ☐ Other (Specify: _____)

26. Do you live in a 55+ community?

- ☐ No ☐ Yes

27. How many separate rooms of living space are there in your home (include bedrooms, living room, dining room, finished basement, etc.)?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1 room | <input type="checkbox"/> 8 to 10 rooms |
| <input type="checkbox"/> 2 to 4 rooms | <input type="checkbox"/> 11 to 13 rooms |
| <input type="checkbox"/> 5 to 7 rooms | <input type="checkbox"/> 14 or more rooms |

28. Indicate who has been living with you since the middle of March of 2020:

	No	Yes
a. A spouse or significant other	<input type="checkbox"/>	<input type="checkbox"/>
b. A child 6 years old or younger	<input type="checkbox"/>	<input type="checkbox"/> → How many children 6 or younger? _____
c. A child between 7 and 12 years old	<input type="checkbox"/>	<input type="checkbox"/> → How many children 7-12? _____
d. A teenager (13 to 17)	<input type="checkbox"/>	<input type="checkbox"/> → How many teenagers? _____
e. An adult child (18 or older)	<input type="checkbox"/>	<input type="checkbox"/> → How many adult children? _____
f. Another adult relative	<input type="checkbox"/>	<input type="checkbox"/> → How many adult relatives? _____
g. A friend or roommate	<input type="checkbox"/>	<input type="checkbox"/> → How many friends or roommates? _____
h. A paid caregiver	<input type="checkbox"/>	<input type="checkbox"/> → How many paid caregivers? _____

If other people live with you, answer the following questions. If you live alone, SKIP TO QUESTION 29.

28a. Are any of the people you live with currently being treated for cancer, kidney disease, heart disease, hypertension, asthma, COPD, or another illness that makes them especially vulnerable to COVID-19?

☐ No ☐ Yes

28b. Since mid-March, has anyone you live with experienced symptoms of COVID-19 (fever, tiredness, dry cough, trouble breathing or other related symptoms)?

☐ No ☐ Yes

28c. Since mid-March, have you ever thought that any of the people you live with should be tested for COVID-19 because of their symptoms?

☐ No ☐ Yes

28d. Since mid-March, have any of the people you live with been tested for COVID-19?

☐ No ☐ Yes → 28d1. Did anyone test positive?

☐ No
☐ Yes
☐ Waiting on results

28e. Since mid-March, has a doctor or other health professional personally directed any of the people you live with to self-quarantine?

<input type="checkbox"/> No → 28e1. Have any of the people you live with self-quarantined even though a doctor didn't tell them to?	<input type="checkbox"/> Yes → 28e2. Did any of the people you live with self-quarantine?
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

28f. Is there a place in your home where a household member could be separated from others?

☐ No ☐ Yes

29. Other than yourself (and the people you live with), have any of your friends or relatives tested positive for COVID-19?

☐ Don't know

☐ No

☐ Yes → 29a. Have any of these people recovered?

☐ Yes

☐ No

☐ Don't know

29b. Have any of these people died?

☐ Yes

☐ No

☐ Don't know



Next, we're going to ask about how you've been spending time since mid-March when people were asked to "stay home" due to COVID-19.

30. Indicate whether you've done each activity and whether you've done the activity alone, with someone in person, and/or with someone who is in a different location. Since people were asked to stay home have you:

	Not Done	Done Alone	Done With Someone
a. Worked for pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
b. Participated in volunteer work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
c. Cleaned (e.g., the house, drawers or closets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
d. Organized things at home (e.g., photos, finances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
e. Engaged in hobbies (e.g., knitting, model building, playing bridge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
f. Done puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
g. Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
h. Meditated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location

	Not Done	Done Alone	Done With Someone
i. Watched TV, movies, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
j. Played board games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
k. Played video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
l. Worked in a garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
m. Played a musical instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
n. Cooked or baked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location
o. Done a home improvement project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In person <input type="checkbox"/> Who is in a different location

31. Since mid-March, did you leave your home to do any of the following. If you did, using a scale of 0 (no anxiety at all) to 10 (extreme anxiety), indicate how much anxiety you experienced. Did you leave home to:

	No	Yes	Anxiety experienced:										
a. Go to work	<input type="checkbox"/>	<input type="checkbox"/> →	No anxiety at all					Extreme anxiety					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0	1	2	3	4	5	6	7	8	9	10
b. Go to the grocery store	<input type="checkbox"/>	<input type="checkbox"/> →	No anxiety at all					Extreme anxiety					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0	1	2	3	4	5	6	7	8	9	10
c. Go to a medical appointment	<input type="checkbox"/>	<input type="checkbox"/> →	No anxiety at all					Extreme anxiety					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0	1	2	3	4	5	6	7	8	9	10
d. Go to the home of a friend or relative	<input type="checkbox"/>	<input type="checkbox"/> →	No anxiety at all					Extreme anxiety					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			0	1	2	3	4	5	6	7	8	9	10

The next questions are about relationships and how you may or may not have interacted with others since the middle of March of 2020.

32. Currently, are you:

- ☐ Married
- ☐ Living with someone in a committed relationship
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Single, never married

☐

32a. Since mid-March, has your relationship with your spouse/partner become:

- ☐ Much closer
- ☐ Somewhat closer
- ☐ Stayed about the same
- ☐ Somewhat more distant
- ☐ Much more distant

33. Other than the people you live with, how many people have you been less than 6 feet from in the past week?

- ☐ 0
- ☐ 1-2
- ☐ 3-4
- ☐ 5-10
- ☐ 11-20
- ☐ 21-49
- ☐ 50+

34. How many people did you talk with on the phone (do not include conversations that were video chats) in the past week?

- ☐ 0
- ☐ 1-2
- ☐ 3-4
- ☐ 5-10
- ☐ 11-20

- ☐ 21-49
- ☐ 50+

35. Since “stay-at-home” policies have been in place, many people have been using technology to stay in touch. Have you used video calling software such as Facetime, Google Video Chat, Skype, Alexa, GoToMeeting, WebEx, or Zoom on a computer or mobile device?

- ☐ No ☐ Yes → Did you use this technology:
 (SKIP TO QUESTION 37)

	Yes	No
a. For work	<input type="checkbox"/>	<input type="checkbox"/>
b. To participate in a class or workshop	<input type="checkbox"/>	<input type="checkbox"/>
c. To talk with a doctor or health provider	<input type="checkbox"/>	<input type="checkbox"/>
d. To participate in a religious service	<input type="checkbox"/>	<input type="checkbox"/>
e. To participate in an exercise class	<input type="checkbox"/>	<input type="checkbox"/>
f. To socialize with friends or family	<input type="checkbox"/>	<input type="checkbox"/>
g. To play online games interactively with others	<input type="checkbox"/>	<input type="checkbox"/>

36. How many people did you video chat (Zoom, Skype, Facetime, etc.) with in the past week?

- ☐ 0
- ☐ 1-2
- ☐ 3-4
- ☐ 5-10
- ☐ 11-20
- ☐ 21-49
- ☐ 50+

37. The next questions ask about when you last communicated with various people. When was the last time you communicated with:

	Within the last day or 2	Within the last week or 2	Within the past month	Within the past 6 months	Within the past year	More than 1 year ago	N/A
a. One of your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. A sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Another relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A co-worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Since mid-March, how much time have you typically spent alone each day, not seeing or talking to another person, during waking hours?

- ☐ Less than 1 hour
- ☐ Between 1 and 2 hours
- ☐ More than 2 hours but less than 4 hours
- ☐ More than 4 hours but less than 8 hours
- ☐ 8 hours or more

39. Since mid-March, how often have you felt:

	None of the time	A little of the time	Some of the time	Most of the time	All the time
a. There is someone you can count on to listen to you when you need to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. That someone is available to give you good advice about a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. That someone shows you love and affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. That there is someone you can count on to provide you with emotional support in talking over problems or helping you make a difficult decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Indicate whether you have experienced any of the following since mid-March, when people in the United States started getting sick from COVID-19:

	Yes	No
a. An adult child left home (include a child leaving home for college)	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
b. An adult child moved back home with you (include a child moving home from college)	<input type="checkbox"/>	<input type="checkbox"/>
c. Someone other than a child moved into your home.	<input type="checkbox"/>	<input type="checkbox"/>
d. You moved in with an adult child	<input type="checkbox"/>	<input type="checkbox"/>
e. You moved in with someone other than an adult child	<input type="checkbox"/>	<input type="checkbox"/>
f. You were diagnosed with a major illness or health condition	<input type="checkbox"/>	<input type="checkbox"/>
g. You were involved in an accident in which you were seriously injured	<input type="checkbox"/>	<input type="checkbox"/>
h. You were the victim of a crime	<input type="checkbox"/>	<input type="checkbox"/>
i. You were a victim of consumer fraud? (include identity theft)	<input type="checkbox"/>	<input type="checkbox"/>
j. You or a close family member were arrested for violating the law	<input type="checkbox"/>	<input type="checkbox"/>
k. A close family member or friend became seriously ill or was injured	<input type="checkbox"/>	<input type="checkbox"/>
l. A close family member or friend died	<input type="checkbox"/>	<input type="checkbox"/>
m. You gained a new close family member through marriage, birth, or adoption	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about how you feel about different aspects of your life.

41. Since mid-March, indicate whether you have felt each way:

	Never	Rarely	Sometimes	Most of the time
a. I lack companionship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel left out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel isolated from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Indicate how often each statement has described you DURING THE PAST WEEK.

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or all of the time
a. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or all of the time
b. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I could not get “going”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Using a scale from 0 to 10, where 0 means “Not successful at all” and 10 means “Completely successful,” indicate which number best describes your aging experience.

Not Successful at All

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Completely Successful

44. Using a scale from 0 to 10, where 0 means “The worst possible life” and 10 means “The best possible life,” how would you rate your life these days?

The Worst Possible Life

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

The Best Possible Life

45. Using a scale from 0 to 10, where 0 means “Not well at all” and 10 means “Extremely well,” what number would you choose to describe how well you are aging?

Not Well At All

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Extremely Well

0 1 2 3 4 5 6 7 8 9 10

This next section concerns your general physical health and physical abilities.

46. How often are you troubled with pain?

☐ Almost always
↓

☐ Often
↓

☐ Sometimes
↓

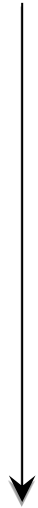
☐ Almost never

46a. How bad is the pain most of the time? (*Note: If taking pain medication, rate the severity of pain when medicated.*)

☐ Not at all ☐ Mild ☐ Moderate ☐ Severe

46b. How often does the pain make it difficult for you to do your usual activities such as household chores or work?

☐ Almost always ☐ Often ☐ Sometimes ☐ Almost never



47. How difficult is it for you to:

	Not At All Difficult	Only A Little Difficult	Somewhat Difficult	Very Difficult	You can't do it at all
a. Walk for a quarter of a mile, which is about 3 city blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Walk up 10 steps without resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stand or be on your feet for about 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sit for about 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stoop, bend, or kneel (including getting back up again afterwards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Reach up over your head (such as reaching for an object on a shelf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use your fingers to grasp or handle small objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Lift or carry something as heavy as 10 pounds, such as a full bag of groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Push or pull large objects like a living room chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. How much difficulty do you have:

	None	A little	Some	A lot
a. Doing laundry by yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shopping for groceries or personal items by yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Making hot meals by yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Handling your bills and banking by yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Keeping track of your medicines by yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Driving or taking public transportation by yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Because of COVID-19, has anyone helped you more than usual with the following:

	Yes	No
a. Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>
b. Shopping for groceries	<input type="checkbox"/>	<input type="checkbox"/>
c. Running errands	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooking	<input type="checkbox"/>	<input type="checkbox"/>
e. Paying bills or doing banking	<input type="checkbox"/>	<input type="checkbox"/>
f. Keeping track of medicines	<input type="checkbox"/>	<input type="checkbox"/>
g. Getting to doctor's appointments or other places	<input type="checkbox"/>	<input type="checkbox"/>
h. Giving or lending you money to make ends meet	<input type="checkbox"/>	<input type="checkbox"/>
i. Setting up technology (e.g., television, Internet, computer)	<input type="checkbox"/>	<input type="checkbox"/>

50. Because of COVID-19, have you helped anyone more than usual with the following:

	Yes	No
a. Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>
b. Shopping for groceries	<input type="checkbox"/>	<input type="checkbox"/>
c. Running errands	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooking	<input type="checkbox"/>	<input type="checkbox"/>
e. Paying bills or doing banking	<input type="checkbox"/>	<input type="checkbox"/>
f. Keeping track of medicines	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about exercise and other physical activities.

53. In the past week, did you do any vigorous exercise activities for at least 10 minutes? Some examples of vigorous exercise activities include running, lap swimming, aerobic exercising, water aerobics, fast bicycling, or following an online exercise class.

☐ No ☐ Yes → 53a. How much time would you estimate you have spent doing vigorous activities **this week**? (If this is difficult, think about one day, then multiply that by the number of days you do this in a week.)

MINUTES *HOURS*

54. In the past week, did you do any *moderate exercise activities* for at least 10 minutes? Some examples of moderate exercise activities include brisk walking, bicycling for pleasure, gardening, golfing, yoga, or dancing.

☐ No ☐ Yes → 54a. How much time would you estimate you have spent doing moderate activities **this week**? (If this is difficult, think about one day, then multiply that by the number of days you do this in a week.)

MINUTES *HOURS*

55. In the past week, did you spend at least 10 minutes walking for leisure? This includes taking a walk for pleasure or taking a dog for a walk. Do not include brisk walking, jogging, or running.

☐ No ☐ Yes → 55a. How much time would you estimate that you have spent **walking for leisure this week?** (If this is difficult, think

about one day, then multiply that by the number of days
you do this in a week.)

_____ *MINUTES* _____ *HOURS*

56. In the past week, did you spend at least 10 minutes intentionally walking to get somewhere?
Do not include daily walking around, brisk walking, jogging, or running; instead, focus on purposeful walking to go to a particular place.

- ☐ No ☐ Yes → 56a. How much time would you estimate that you have spent intentionally walking to get somewhere this week? (If this is difficult, think about one day, then multiply that by the number of days you do this in a week.)

_____ MINUTES _____ HOURS

57. In the past week, did you do any physical activities designed specifically to strengthen your muscles, such as lifting weights or doing push-ups or sit-ups? Include all such activities, even if you had included them in your prior answers.

- ☐ No ☐ Yes → 57a. How much time would you estimate that you have spent doing strengthening exercises this week? (If this is difficult, think about one day, then multiply that by the number of days you do this in a week.)

_____ MINUTES _____ HOURS

The final questions are about your financial situation.

58. On a scale of 0 (not a threat) to 10 (very real threat), how much of a threat do you think COVID-19 is to your household's financial stability?

Not a threat

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Very real threat

59. Because of COVID-19, did you:

	Yes	No
a. Retire	<input type="checkbox"/>	<input type="checkbox"/>
b. Stop working because you were asked to do things you did not feel you should do	<input type="checkbox"/>	<input type="checkbox"/>
c. Continue working your job, but worked fewer hours	<input type="checkbox"/>	<input type="checkbox"/>
d. Continue working the same number of hours for your job	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
e. Continue working your job, but worked more hours	<input type="checkbox"/>	<input type="checkbox"/>
f. Resume working a job either for pay or as a volunteer	<input type="checkbox"/>	<input type="checkbox"/>
g. Start working a different job	<input type="checkbox"/>	<input type="checkbox"/>
h. Get laid off from a job	<input type="checkbox"/>	<input type="checkbox"/>
i. Start working from home	<input type="checkbox"/>	<input type="checkbox"/>

60. Would you say your total annual income from all sources, before taxes, for all persons living in your household, including yourself is:

- ☐ Less than \$15,000
- ☐ Between \$15,000 and \$30,000
- ☐ Between \$30,000 and \$50,000
- ☐ Between \$50,000 and \$80,000
- ☐ Between \$80,000 and \$150,000
- ☐ More than \$150,000

61. Since mid-March, how often have you had a problem paying your bills:

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Nearly always

62. Because of COVID-19, has your overall financial situation:

- ☐ Become much better
- ☐ Become somewhat better
- ☐ Stayed about the same
- ☐ Become somewhat worse
- ☐ Become much worse

63. Take a moment to reflect on your overall experiences with COVID-19 since mid-March of 2020. Of all the changes taking place, what has been most difficult for you?

64. Can you think of at least one positive aspect of your experience since mid-March? If so, please describe:

In one year, we will continue this research effort by contacting all participants again to see how things may have changed with time. In case we are unable to reach you, please think of a relative or close friend with whom you stay in touch, but who does not live with you, whom we could contact to help us reach you at that time. We would not tell them anything about you or your interview, we would simply ask them for your current contact information. In your case, who would that be? Indicate his/her full name.

First name: _____

Last name: _____

What is (his/her) relationship to you?

- | | | | |
|---------------------------|--------------------------|---------------------------------|--------------------------|
| Mother or Father | <input type="checkbox"/> | Mother-in-Law or Father-in-Law | <input type="checkbox"/> |
| Sister or Brother | <input type="checkbox"/> | Sister-in-Law or Brother-in-Law | <input type="checkbox"/> |
| Daughter or Son | <input type="checkbox"/> | Cousin | <input type="checkbox"/> |
| Granddaughter or Grandson | <input type="checkbox"/> | Neighbor | <input type="checkbox"/> |
| Aunt or Uncle | <input type="checkbox"/> | Friend | <input type="checkbox"/> |
| Niece or Nephew | <input type="checkbox"/> | Doctor | <input type="checkbox"/> |
| Other, specify: _____ | | | <input type="checkbox"/> |

What is (his/her) mailing address?

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

What is (his/her) telephone number, beginning with the area code?

				-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--

Is there an e-mail address where we can reach (him/her)?

☐ No

☐ Yes → What is the best e-mail address where we can reach (him/her)?

Thank you for your continued participation in the ORANJ BOWLSM Research Program.

If you have any questions, you may contact us at 1-877-NJ-AGING (1-877-652-4464). Thank you again for your time and participation. We look forward to touching base with you again in a year.