



National Health &  
Aging Trends Study

how daily life changes as we age

**National Health and Aging Trends Study  
COVID-19 Questionnaire**

## ABOUT THIS QUESTIONNAIRE

The National Health and Aging Trends Study (NHATS) is collecting information about the experiences of those who have supported or helped NHATS participants during the COVID-19 (also called “coronavirus”) pandemic. Your answers will help researchers better understand how the lives of the families and friends of older adults are being affected by this outbreak.

Your participation is voluntary, but the information you provide will ensure people like you are represented. The questionnaire should take about 20-25 minutes to complete, although time may vary. We have included \$5 as a small token of thanks. Your answers will be kept confidential and used for research purposes only.

## INSTRUCTIONS

Please use a black or blue pen to mark your answers. Mark boxes with an X, like this:  and write a number in a box, like this:

|   |   |
|---|---|
| 1 | 0 |
|---|---|

If you want to change your answer, darken the box like this:  and mark the correct answer or write it next to the box.

When we want some participants to skip questions that do not apply to them, we use an arrow → and tell you the question number to go to next.

**When you are finished, please mail your completed questionnaire back to us in the enclosed postage-paid return envelope. If you have any questions, please call us toll-free at 1-888-364-8271.**

## TODAY'S DATE

1. Please fill in today's date:

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

## ABOUT YOU

2. Are you an NHATS participant or someone else filling out the questionnaire for an NHATS participant?

- I am an NHATS participant → Please go to Question 5, next page
- I am filling out this questionnaire for an NHATS participant → Please answer Question 3

3. What is your relationship to the NHATS participant?

- Spouse or partner
- Adult child
- Another relative
- I am not related to the NHATS participant

4. What is the reason you are answering for the NHATS participant?  
Mark all that apply.

- The NHATS participant has dementia or cognitive impairment
- The NHATS participant is too ill / has physical health issues
- The NHATS participant does not read well enough
- The NHATS participant is temporarily unavailable
- Other reason, please specify:

## SYMPTOMS OF COVID-19

5. **Have you had any symptoms of COVID-19?** *Common symptoms include fever, cough, and difficulty breathing. Other symptoms include chills, muscle pain, sore throat, headache, and loss of smell or taste.*

Yes  
 No

6. **Has a doctor or other health professional told you that you may have had COVID-19?**

Yes, definitely  
 Yes, possibly  
 No

7. **Have you had a positive test for COVID-19?**

Yes  
 No

8. **If you have had symptoms or a diagnosis or positive test, when your symptoms were at their worst, how bad or bothersome were they?**

Mild  
 Moderate  
 Severe  
 Very severe  
 Does not apply (did not have symptoms, diagnosis or positive test)

9. **Did any people living with you have symptoms or a diagnosis or a positive test for COVID-19?** *If you live in an apartment building or assisted, independent or nursing facility, please answer about your own apartment/unit.*

Yes  
 No  
 I haven't lived with anyone else during the outbreak



## WHAT WE MEAN BY DURING THE COVID-19 OUTBREAK

10. Many of the questions in this booklet ask you to think about BEFORE and DURING the COVID-19 outbreak. In most places, the effects of the outbreak first began in March 2020. In some places, the outbreak and its effects on daily life may still be ongoing; in others, the outbreak and its effects may have ended.

**Is the COVID-19 outbreak still affecting daily life in your State?**

Yes “During the COVID-19 outbreak” means from March 2020 until now → Please go to **Question 12**, next page

No → Please answer **Question 11**

**11. In what month would you say that the outbreak ended in your State?**

April 2020

May 2020

June 2020

July 2020

August 2020

September 2020

October 2020

November 2020

December 2020

“During the COVID-19 outbreak”  
means from March 2020 until  
the month marked here

## MEASURES TO LIMIT SPREAD OF COVID-19

12. DURING the COVID-19 outbreak, have you ever done the following to keep the disease from spreading?

|   | Yes                      | No                       | Does not apply           |
|---|--------------------------|--------------------------|--------------------------|
| a. Frequently wash your hands or use sanitizer                                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| b. Avoid contact with people living with you  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoid contact with people <u>not</u> living with you                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Stay at least 6 feet away from people not living with you                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Limit group gatherings like get-togethers with family <u>not</u> living with you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Avoid being in restaurants and bars  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Limit shopping and other errands   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Wear a face mask when going out  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Avoid touching your face when you are out  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## ASSISTED, INDEPENDENT, AND NURSING FACILITIES

13. Are you living in an assisted living, independent living, nursing home or other type of place that offers help with daily activities? *This includes places that have different areas you can move to if you need care, offer help with medications or activities such as bathing or dressing, or offer meals for residents. Please mark yes if you live in an assisted living facility, independent living facility, continuing care retirement community, nursing home, group home, personal care home or other type of group care setting.*

Yes → Please answer Question 14, next page

No → Please go to Question 17, page 8



**14. Have any (other) residents or staff in the place you live had symptoms or a diagnosis or a positive test for COVID-19?**

- Yes
- No
- Unsure

**15. Have all residents been tested for COVID-19?**

- Yes
- No
- Unsure

**16. DURING the COVID-19 outbreak, has the place where you live ever done the following?**

|   | Yes                      | No                       | Not usually offered      |
|---|--------------------------|--------------------------|--------------------------|
| a. Stopped or limited outside visitors  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| b. Required all residents to stay in their units/rooms  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| c. For residents returning from outside, required them to stay in their units/rooms for a specific period of time (“quarantine” or “isolation”) | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| d. Stopped providing group meals in a common area   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Stopped group activities in a common area  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Stopped facility-provided transportation for non-essential trips   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Required staff to wear masks   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| h. Increased cleaning and disinfecting  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| i. Helped residents keep in touch with family or friends online   | <input type="checkbox"/> | <input type="checkbox"/> |                          |



## CHANGES IN YOUR LIVING SITUATION

**17. DURING the COVID-19 outbreak, have you ever moved, even for a short time?**

- Yes, I moved → *Please answer Question 18*
- No, I did not move → *Please go to Question 21*

**18. Did you move in with family or friends or to some other place?**

- With family
- With friends
- To some other place

**19. How long did you live in this new place?**

- Less than 1 month
- 1 to 3 months
- 4 to 5 months
- 6 or more months

**20. Where do you live now?**

- Still living in new place
- Moved back to where I used to live before the outbreak
- Moved somewhere else

**21. DURING the COVID-19 outbreak, has anyone ever moved in with you, even for a short time?**

- Yes, someone moved in → *Please answer Question 22*
- No, no one moved in → *Please go to Question 25, next page*

**22. Who moved in with you? Mark all that apply.**

- One or more of my children (include step- and in-laws)
- One or more of my grandchildren (include step- and in-laws)
- One or more of my parents (include step- and in-laws)
- Another type of relative
- One or more friends
- Another type of non-relative



**23. How long did they live with you?**

- Less than 1 month
- 1 to 3 months
- 4 to 5 months
- 6 or more months

**24. Are they still living with you or did they move out?**

- Still living with me
- Moved out

**CHANGES IN CONTACT WITH FAMILY AND FRIENDS**

**25. BEFORE the COVID-19 outbreak, in a typical week, how often were you in contact with family and friends not living with you by:**

|   | <b>At least daily</b>    | <b>A few times a week</b> | <b>About once a week</b> | <b>Less than once a week</b> | <b>Never</b>             |
|---|--------------------------|---------------------------|--------------------------|------------------------------|--------------------------|
| a. Phone calls  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| b. Emails, texts, or social media messages. <i>This includes Facebook messages.</i> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| d. In person visits   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |



**26. DURING the COVID-19 outbreak, in a typical week, how often have you been in contact with family and friends not living with you by:**

|   | At least daily           | A few times a week       | About once a week        | Less than once a week    | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Phone calls  | <input type="checkbox"/> |
| b. Emails, texts, or social media messages. <i>This includes Facebook messages.</i> | <input type="checkbox"/> |
| c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i>       | <input type="checkbox"/> |
| d. In person visits   | <input type="checkbox"/> |

**27. DURING the COVID-19 outbreak, in a typical week, how often have family members or friends given you advice, encouragement or emotional support?**

- At least daily
- A few times a week
- About once a week
- Less than once a week
- Never

**28. DURING the COVID-19 outbreak, in a typical week, how often have you given family members or friends advice, encouragement or emotional support?**

- At least daily
- A few times a week
- About once a week
- Less than once a week
- Never



## CHANGES IN OTHER ACTIVITIES

**29. DURING the COVID-19 outbreak, have you ever missed any of the following or had any of the following cancelled?**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Birthday party  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wedding   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Funeral   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Religious celebrations  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Planned vacation or trip  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Visit with family or friend in the hospital   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Visit with family or friend in a nursing home, assisted living, group home or other care facility | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sporting events, concerts or plays  | <input type="checkbox"/> | <input type="checkbox"/> |

**30. DURING the COVID-19 outbreak, in a typical week, how often have you left your home to go to the following places?**

|   | At least daily           | A few days a week        | About once a week        | Less than once a week    | Have not left home       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Just outside my home, in my yard, or on my deck or patio | <input type="checkbox"/> |
| b. In my immediate neighborhood                             | <input type="checkbox"/> |
| c. Outside of my immediate neighborhood                     | <input type="checkbox"/> |



**31. DURING the COVID-19 outbreak, in a typical week, have you spent more or less time than you did before the outbreak:**

|   | <b>More</b>              | <b>Less</b>              | <b>Same amount</b>       | <b>Didn't do before and during</b> |
|---|--------------------------|--------------------------|--------------------------|------------------------------------|
| a. Walking for exercise                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| b. Doing vigorous activities                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| c. Eating, including snacking               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    |
| d. Drinking alcohol                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| e. Smoking or vaping                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| f. Watching TV or online programs or movies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
| g. Sleeping                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    |

**32. DURING the COVID-19 outbreak, have you started or stopped providing care to someone else? *If no change, please indicate if you did or didn't do before and during the outbreak.***

|  | <b>Started</b>           | <b>Stopped</b>           | <b>Did before and during</b> | <b>Didn't do before and during</b> |
|--|--------------------------|--------------------------|------------------------------|------------------------------------|
| a. Providing care for or looking after a child or grandchild       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>           |
| b. Providing care to an adult who needs help with daily activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>           |



**33. BEFORE the COVID-19 outbreak, were you doing any of the following activities either online or in person?**

|   | Yes<br>online            | Yes in<br>person         | Didn't do<br>before      |
|---|--------------------------|--------------------------|--------------------------|
| a. Working for pay (or in a business that you own)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Volunteering   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attending religious services                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attending clubs, classes or other organized activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**34. DURING the COVID-19 outbreak, have you done any of the following activities either online or in person?**

|   | Yes<br>online            | Yes in<br>person         | Didn't do<br>during      |
|---|--------------------------|--------------------------|--------------------------|
| a. Working for pay (or in a business that you own)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Volunteering   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attending religious services                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attending clubs, classes or other organized activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**35. During the COVID-19 outbreak, have you learned a new technology or program to go online? *This includes learning to use a smartphone, computer or iPad or a program like Zoom or FaceTime.***

- Yes → *Please answer Question 36*
- No → *Please go to Question 37, next page*

**36. Has anyone helped you with that or did you learn that on your own?**

- Yes, someone helped
- No, learned it on my own



**37. BEFORE the COVID-19 outbreak, in a typical month, how often did you use each of these methods to get your groceries?**

|   | More than once a week    | About once a week        | A few times a month      | Less than once a month   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I went to the store <u>by myself</u>         | <input type="checkbox"/> |
| b. I went to the store <u>with</u> someone else | <input type="checkbox"/> |
| c. Someone else went to the store <u>for</u> me | <input type="checkbox"/> |

**38. BEFORE the COVID-19 outbreak, in a typical month, how often did you use each of these methods to order groceries online?**

|   | More than once a week    | About once a week        | A few times a month      | Less than once a month   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I ordered my groceries online <u>by myself</u>         | <input type="checkbox"/> |
| b. I ordered my groceries online <u>with</u> someone else | <input type="checkbox"/> |
| c. Someone else ordered my groceries online <u>for</u> me | <input type="checkbox"/> |



**39. DURING the COVID-19 outbreak, in a typical month, how often have you used each of these methods to get your groceries?**

|   | More than once a week    | About once a week        | A few times a month      | Less than once a month   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I went to the store <u>by myself</u>         | <input type="checkbox"/> |
| b. I went to the store <u>with</u> someone else | <input type="checkbox"/> |
| c. Someone else went to the store <u>for</u> me | <input type="checkbox"/> |

**40. DURING the COVID-19 outbreak, in a typical month, how often have you used each of these methods to order groceries online?**

|   | More than once a week    | About once a week        | A few times a month      | Less than once a month   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I ordered my groceries online <u>by myself</u>         | <input type="checkbox"/> |
| b. I ordered my groceries online <u>with</u> someone else | <input type="checkbox"/> |
| c. Someone else ordered my groceries online <u>for</u> me | <input type="checkbox"/> |



## CHANGES IN YOUR HEALTH CARE

**41. BEFORE the COVID-19 outbreak, how did you communicate with your usual health care provider?**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Phone calls                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Emails or texts or portal message      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Video calls (also called “telehealth”) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In person visits                       | <input type="checkbox"/> | <input type="checkbox"/> |

**42. DURING the COVID-19 outbreak, how did you communicate with your usual health care provider?**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Phone calls                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Emails or texts or portal message      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Video calls (also called “telehealth”) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In person visits                       | <input type="checkbox"/> | <input type="checkbox"/> |

**43. DURING the COVID-19 outbreak, has there ever been a time when you needed or had planned to see a doctor or other health care provider but put off getting care?**

- Yes → *Please answer Question 44, next page*
- No → *Please go to Question 46, page 18*



**44. What type(s) of care did you put off? *Mark all that apply.***

- Seeing my usual doctor
- Seeing a specialist
- Vision appointment
- Hearing appointment
- Dentist or hygienist appointment
- Having surgery
- Physical therapy
- Mental health care (therapist, psychologist, counselor)
- Emergency or urgent care
- Getting or taking medication
- Other care, *please specify:*

**45. What are the reason(s) that you put off that care? *Mark all that apply.***

- I couldn't afford it
- I couldn't get an appointment
- The provider cancelled, closed, or suggested rescheduling
- I decided it could wait
- I was afraid to go
- A family member did not want me to go
- Other reason, *please specify:*



## CHANGES IN YOUR FINANCES

**46. Has your monthly income gone up, down, or stayed about the same compared to a typical month before the COVID-19 outbreak started?**

- Income has gone up
- Income has gone down
- About the same

**47. Has your household had any financial difficulties because of the COVID-19 outbreak?**

- Yes → *Please answer Question 48*
- No → *Please go to Question 49, next page*

**48. How did you manage your household's financial difficulties? Did you:**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Cut back on spending                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use money from a savings account                   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use money from a retirement account                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Put off paying the rent or mortgage                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Put off paying other bills                         | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use credit cards more than usual                   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Pay less than usual toward the credit card(s)      | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Get financial help from a family member            | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Sell any belongings                                | <input type="checkbox"/> | <input type="checkbox"/> |
| j. File for unemployment                              | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Use a food bank or other emergency support program | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Skip meals   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Take out a loan or use an existing line of credit  | <input type="checkbox"/> | <input type="checkbox"/> |



## CHANGES IN YOUR WELLBEING

**49. DURING the COVID-19 outbreak, in a typical week, how often have you felt lonely?**

- Every day
- Most days
- Some days
- Rarely
- Never

**50. Is this more often, less often or about the same as a typical week before the COVID-19 outbreak started?**

- More often
- Less often
- About the same

**51. DURING the COVID-19 outbreak, in a typical week, how often have you felt you couldn't get any time to yourself?**

- Every day
- Most days
- Some days
- Rarely
- Never

**52. Is this more often, less often or about the same as a typical week before the COVID-19 outbreak started?**

- More often
- Less often
- About the same



**53. DURING the COVID-19 outbreak, in a typical week, how would you rate the quality of your sleep?**

- Good; I fall asleep within 30 minutes most nights and if I wake up I go back to sleep easily.
- Fair; It usually takes me more than 30 minutes to fall asleep or if I wake up I have a hard time going back to sleep.
- Poor; I am sleeping very little for short amounts of time.

**54. Is this better, worse, or about the same as a typical week before the COVID-19 outbreak started?**

- Sleep better
- Sleep worse
- About the same

**55. DURING the COVID-19 outbreak, in a typical week, how worried or anxious have you felt about the outbreak?**

- Not at all
- Mild; I worry about it on some days.
- Moderate; I worry about it some of the time on more than half the days.
- Severe; I worry about it nearly every day, during the day and at night.

**56. DURING the COVID-19 outbreak, in a typical week, how sad or depressed have you felt about the outbreak?**

- Not at all
- Mild; I feel sad about it on some days.
- Moderate; I feel sad about it on more than half the days for some of the time.
- Severe; I feel sad about it nearly every day, during the day and at night.



**57. DURING the COVID-19 outbreak, how much of the time have the following symptoms bothered you?**

|  | <b>Most of the time</b>  | <b>Some-times</b>        | <b>Rarely</b>            | <b>Not at all</b>        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Recurring thoughts about the outbreak and its effects               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Recurring nightmares about the outbreak and its effects             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoiding activities that remind you of the outbreak and its effects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Avoiding thoughts or feelings about the outbreak and its effects    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Feeling jumpy or easily startled                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Feeling on guard  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**58. DURING the COVID-19 outbreak, in a typical week, how often have you felt hopeful about the future?**

- Every day
- Most days
- Some days
- Rarely
- Never

**59. Is this more often, less often or about the same as a typical week before the COVID-19 outbreak started?**

- More often
- Less often
- About the same



## CHANGES IN YOUR DAILY ACTIVITIES

For the next set of questions, we would like to know if anyone did the following activities with you or for you during the COVID-19 outbreak. If yes, please tell us whether that was due to your health or functioning, some other reason, or both.

**Health or functioning reasons include:**

- *your physical health*
- *your memory*
- *your vision or hearing*
- *you have a health condition or disease that limits you, including COVID-19*
- *you have had surgery recently*

**Other reasons include:**

- *this is a shared activity*
- *you have always done it this way*
- *someone else wanted to do it*
- *you pay someone to do it*
- *you don't like to do it*
- *you have had to stay home because of the COVID-19 outbreak*
- *your family did not want you to do it because of the outbreak*
- *someone else did it as a favor*

**60. DURING the COVID-19 outbreak, has anyone ever done the following activities with you or for you?**

|   | Yes<br><i>(Mark One or Both Reasons.)</i> |                          | No                       |
|---|---|--------------------------|--------------------------|
|   | Due to my health or functioning           | Due to other reasons     |                          |
| a. Doing laundry                              | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Preparing hot meals                        | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shopping for groceries                     | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keeping track of your prescribed medicines | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Handling bills and banking                 | <input type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> |



**61. DURING the COVID-19 outbreak, has anyone ever helped you with:**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Taking a shower, bathing in a tub, or washing up some other way | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Getting dressed   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Eating, for instance, by cutting up food or feeding you         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using the toilet  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting out of bed  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting around inside   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Going outside   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Driving you places  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Visiting or communicating with your health care provider        | <input type="checkbox"/> | <input type="checkbox"/> |

**62. DURING the COVID-19 outbreak, in a typical week, how many people have done household activities with you or for you or helped you with personal care activities?**

people in a typical week

**63. Is that more than, less than or about the same number of people who did this in a typical week before the COVID-19 outbreak?**

- More
- Less
- About the same

**64. DURING the COVID-19 outbreak, in a typical week, about how many hours have people spent doing your household activities with you or for you or helping you with personal care activities?**

hours in a typical week



**65. Is that more, less or about the same compared to a typical week before the COVID-19 outbreak?**

- More than before → *Please answer Question 66*
- Less than before → *Please answer Question 66*
- About the same → *Please go to Question 67, next page*

**66. What is the reason(s) that the amount has changed? Mark all that apply.**

---

**Reasons you have received more than before**

- I have not wanted to go out during the outbreak
  - My family has not wanted me to go out during the outbreak
  - My health, functioning or memory have gotten worse
  - I have moved in with one of the people helping me
  - I have moved to assisted living or another facility that provides care
  - More family members and friends have been helping me
- 

**Reasons you have received less than before**

- I have not been able to get paid care or home care
  - I have not wanted helpers coming in my home
  - Family or friends who usually help have had to stop or cut back
  - My helper has not wanted to go out during the outbreak
  - My helper has not wanted to expose me
  - My helper's health has kept him/her from going out during the outbreak
  - My helper's other family responsibilities have increased
  - My health, functioning or memory has gotten better
  - I have stopped living with one of the people helping me
  - My family has not been able to visit my assisted living or other facility where I live
- 

**If you have another reason, mark here and tell us about it**

- Other reason, *please specify:*



67. The National Health and Aging Trends Study (NHATS) is sending a short survey to family members and friends of participants to learn how COVID-19 has affected them. **To make the study a success, we need your help identifying two eligible family members or friends.** This information will be used for research purposes only.

**Altogether, how many adult family members or friends (ages 18 or older) helped you during the COVID-19 outbreak with any activity for any reason?**

adult family members or friends

**If your answer is 2 or more**, please list on the next pages the **two** adult family members or friends **who have helped you most** during the COVID-19 outbreak. *(If you are filling this out for the NHATS participant and you are one of the people who helped most, please mark here  and then list yourself as Family Member or Friend #1.)*

**If your answer is 1**, please list on the next page the adult family member or friend **who has helped you** during the COVID-19 outbreak. *(If you are filling this out for the NHATS participant and you are the one who helped, please mark here  and then list yourself as Family Member or Friend #1.)*

**If your answer is 0**, those are all the questions we have for you. ***Please mail your questionnaire back to us in the enclosed postage-paid envelope. Thank you!***

**68. Family Member or Friend #1. Please print.**

**First Name**

**Last Name**

**Mailing address**

**Apt/Unit**

**City**

**State**

**Zip code**

(    )    -

**Best phone number**

**Email address**

Spouse or partner  Adult child  Another relative  Friend

**Relationship to you (Mark one.)**



**69. Family Member or Friend #2. Please print.**

**First Name**

**Last Name**

**Mailing address**

**Apt/Unit**

**City**

**State**

**Zip code**

(    )    -

**Best phone number**

**Email address**

Spouse or partner    Adult child    Another relative    Friend

**Relationship to you (Mark one.)**

**Please mail your completed questionnaire back to us  
in the enclosed postage-paid envelope.**

**WESTAT  
Attn: NHATS Field Room GA L-21  
1600 Research Blvd  
Rockville, MD 20850-9940**

**Thank you for participating in the  
NATIONAL HEALTH AND AGING TRENDS STUDY**



## National Health & Aging Trends Study

how daily life changes as we age

# **National Health and Aging Trends Study COVID-19 Questionnaire**

## ABOUT THIS QUESTIONNAIRE

The National Health and Aging Trends Study (NHATS) is collecting information about the experiences of NHATS participants during the COVID-19 (also called “coronavirus”) pandemic. Your answers will help researchers better understand how the lives of older adults are being affected by this outbreak.

You are being invited to complete this questionnaire on behalf of the NHATS participant because you completed the recent NHATS interview for the NHATS participant. Your participation is voluntary, but the information you provide will ensure people like the NHATS participant are represented. The questionnaire should take about 20-25 minutes to complete, although time may vary. We have included \$5 as a small token of thanks. Your answers will be kept confidential and used for research purposes only.

## INSTRUCTIONS

Please use a black or blue pen to mark your answers. Mark boxes with an X, like this:  and write a number in a box, like this:

|   |   |
|---|---|
| 1 | 0 |
|---|---|

If you want to change your answer, darken the box like this:  and mark the correct answer or write it next to the box.

When we want some participants to skip questions that do not apply to them, we use an arrow → and tell you the question number to go to next.

**When you are finished, if you are one of the helpers listed at the end of this booklet, please complete the enclosed purple Family Members and Friends booklet, which asks about your experiences with COVID-19.**

**Please mail both questionnaires back to us in the enclosed postage-paid envelope. If you have any questions, please call us toll-free at 1-888-364-8271.**

## TODAY'S DATE

1. Please fill in today's date:

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

## ABOUT YOU

2. What is your relationship to the NHATS participant?

- Spouse or partner
- Adult child
- Another relative
- I am not related to the NHATS participant

3. What is the reason you are answering for the NHATS participant?

*Mark all that apply.*

- The NHATS participant has dementia or cognitive impairment
- The NHATS participant is too ill / has physical health issues
- The NHATS participant does not read well enough
- The NHATS participant is temporarily unavailable
- Other reason, *please specify:*

4. How familiar are you with the NHATS participants' daily routine?

- Very familiar
- Somewhat familiar
- A little familiar
- Not at all familiar



## SYMPTOMS OF COVID-19

5. **Has the NHATS participant had any symptoms of COVID-19?** *Common symptoms include fever, cough, and difficulty breathing. Other symptoms include chills, muscle pain, sore throat, headache, and loss of smell or taste.*

Yes  
 No

6. **Has a doctor or other health professional told the NHATS participant that he/she may have had COVID-19?**

Yes, definitely  
 Yes, possibly  
 No

7. **Has the NHATS participant had a positive test for COVID-19?**

Yes  
 No

8. **If the NHATS participant has had symptoms or a diagnosis or positive test, when his/her symptoms were at their worst, how bad or bothersome were they?**

Mild  
 Moderate  
 Severe  
 Very severe  
 Does not apply (did not have symptoms, diagnosis or positive test)

9. **Did any people living with the NHATS participant have symptoms or a diagnosis or a positive test for COVID-19?** *If he/she lives in an apartment building or assisted, independent or nursing facility, please answer about his/her own apartment/unit.*

Yes  
 No  
 He/she hasn't lived with anyone else during the outbreak



## WHAT WE MEAN BY DURING THE COVID-19 OUTBREAK

10. Many of the questions in this booklet ask you to think about BEFORE and DURING the COVID-19 outbreak. In most places, the effects of the outbreak first began in March 2020. In some places, the outbreak and its effects on daily life may still be ongoing; in others, the outbreak and its effects may have ended.

**Is the COVID-19 outbreak still affecting daily life in the NHATS participant's State?**

Yes “During the COVID-19 outbreak” means from March 2020 until now → Please go to **Question 12**, next page

No → Please answer Question 11

11. In what month would you say that the outbreak ended in his/her State?

April 2020

May 2020

June 2020

July 2020

August 2020

September 2020

October 2020

November 2020

December 2020

“During the COVID-19 outbreak”  
means from March 2020 until  
the month marked here

## MEASURES TO LIMIT SPREAD OF COVID-19

12. DURING the COVID-19 outbreak, has the NHATS participant ever done the following to keep the disease from spreading?

|   | Yes                      | No                       | Does not apply           |
|---|--------------------------|--------------------------|--------------------------|
| a. Frequently wash his/her hands or use sanitizer                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| b. Avoid contact with people living with him/her  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoid contact with people <u>not</u> living with him/her                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Stay at least 6 feet away from people <u>not</u> living with him/her                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Limit group gatherings like get-togethers with family <u>not</u> living with him/her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Avoid being in restaurants and bars  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Limit shopping and other errands   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Wear a face mask when going out  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Avoid touching his/her face when he/she is out                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## ASSISTED, INDEPENDENT, AND NURSING FACILITIES

13. Is the NHATS participant living in an assisted living, independent living, nursing home or other type of place that offers help with daily activities? *This includes places that have different areas he/she can move to if care is needed, offer help with medications or activities such as bathing or dressing, or offer meals for residents. Please mark yes if he/she lives in an assisted living facility, independent living facility, continuing care retirement community, nursing home, group home, personal care home or other type of group care setting.*

Yes → Please answer Question 14, next page

No → Please go to Question 17, page 8



**14. Have any (other) residents or staff in the place the NHATS participant lives had symptoms or a diagnosis or a positive test for COVID-19?**

- Yes
- No
- Unsure

**15. Have all residents been tested for COVID-19?**

- Yes
- No
- Unsure

**16. DURING the COVID-19 outbreak, has the place where the NHATS participant lives ever done the following?**

|   | Yes                      | No                       | Not usually offered      |
|---|--------------------------|--------------------------|--------------------------|
| a. Stopped or limited outside visitors  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| b. Required all residents to stay in their units/rooms  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| c. For residents returning from outside, required them to stay in their units/rooms for a specific period of time (“quarantine” or “isolation”) | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| d. Stopped providing group meals in a common area   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Stopped group activities in a common area  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Stopped facility-provided transportation for non-essential trips   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Required staff to wear masks   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| h. Increased cleaning and disinfecting  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| i. Helped residents keep in touch with family or friends online   | <input type="checkbox"/> | <input type="checkbox"/> |                          |



## CHANGES IN LIVING SITUATION

**17. DURING the COVID-19 outbreak, has the NHATS participant ever moved, even for a short time?**

- Yes, he/she moved → *Please answer Question 18*
- No, he/she did not move → *Please go to Question 21*

**18. Did the NHATS participant move in with family or friends or to some other place?**

- With family
- With friends
- To some other place

**19. How long did the NHATS participant live in this new place?**

- Less than 1 month
- 1 to 3 months
- 4 to 5 months
- 6 or more months

**20. Where does the NHATS participant live now?**

- Still living in new place
- Moved back to where he/she used to live before the outbreak
- Moved somewhere else

**21. DURING the COVID-19 outbreak, has anyone ever moved in with the NHATS participant, even for a short time?**

- Yes, someone moved in → *Please answer Question 22*
- No, no one moved in → *Please go to Question 25, next page*

**22. Who moved in with the NHATS participant? Mark all that apply.**

- One or more of his/her children (include step- and in-laws)
- One or more of his/her grandchildren (include step- and in-laws)
- One or more of his/her parents (include step- and in-laws)
- Another type of relative
- One or more friends
- Another type of non-relative



**23. How long did they live with him/her?**

- Less than 1 month
- 1 to 3 months
- 4 to 5 months
- 6 or more months

**24. Are they still living with the NHATS participant or did they move out?**

- Still living with him/her
- Moved out

**CHANGES IN CONTACT WITH FAMILY AND FRIENDS**

**25. BEFORE the COVID-19 outbreak, in a typical week, how often was the NHATS participant in contact with family and friends not living with him/her by:**

|   | <b>At least daily</b>    | <b>A few times a week</b> | <b>About once a week</b> | <b>Less than once a week</b> | <b>Never</b>             |
|---|--------------------------|---------------------------|--------------------------|------------------------------|--------------------------|
| a. Phone calls  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| b. Emails, texts, or social media messages. <i>This includes Facebook messages.</i> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| d. In person visits   | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |



**26. DURING the COVID-19 outbreak, in a typical week, how often has the NHATS participant been in contact with family and friends not living with him/her by:**

|   | At least daily           | A few times a week       | About once a week        | Less than once a week    | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Phone calls  | <input type="checkbox"/> |
| b. Emails, texts, or social media messages. <i>This includes Facebook messages.</i> | <input type="checkbox"/> |
| c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i>       | <input type="checkbox"/> |
| d. In person visits   | <input type="checkbox"/> |

**27. DURING the COVID-19 outbreak, in a typical week, how often have family members or friends given the NHATS participant advice, encouragement or emotional support?**

- At least daily
- A few times a week
- About once a week
- Less than once a week
- Never

**28. DURING the COVID-19 outbreak, in a typical week, how often has the NHATS participant given his/her family members or friends advice, encouragement or emotional support?**

- At least daily
- A few times a week
- About once a week
- Less than once a week
- Never



## CHANGES IN OTHER ACTIVITIES

**29. DURING the COVID-19 outbreak, has the NHATS participant ever missed any of the following or had any of the following cancelled?**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Birthday party  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wedding   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Funeral   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Religious celebrations  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Planned vacation or trip  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Visit with family or friend in the hospital   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Visit with family or friend in a nursing home, assisted living, group home or other care facility | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sporting events, concerts or plays  | <input type="checkbox"/> | <input type="checkbox"/> |

**30. DURING the COVID-19 outbreak, in a typical week, how often has the NHATS participant left his/her home to go to the following places?**

|  | At least daily           | A few days a week        | About once a week        | Less than once a week    | Have not left home       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Just outside his/her home, in his/her yard, or on his/her deck or patio | <input type="checkbox"/> |
| b. In his/her immediate neighborhood                                       | <input type="checkbox"/> |
| c. Outside of his/her immediate neighborhood                               | <input type="checkbox"/> |



**31. DURING the COVID-19 outbreak, in a typical week, has the NHATS participant spent more or less time than he/she did before the outbreak:**

|   | More                     | Less                     | Same amount              | Didn't do before and during |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| a. Walking for exercise                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| b. Doing vigorous activities                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| c. Eating, including snacking               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                             |
| d. Drinking alcohol                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| e. Smoking or vaping                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| f. Watching TV or online programs or movies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| g. Sleeping                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                             |

**32. DURING the COVID-19 outbreak, has the NHATS participant started or stopped providing care to someone else? *If no change, please indicate if he/she did or didn't do before and during the outbreak.***

|  | Started                  | Stopped                  | Did before and during    | Didn't do before and during |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| a. Providing care for or looking after a child or grandchild       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| b. Providing care to an adult who needs help with daily activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |



**33. BEFORE the COVID-19 outbreak, was the NHATS participant doing any of the following activities either online or in person?**

|   | Yes online               | Yes in person            | Didn't do before         |
|---|--------------------------|--------------------------|--------------------------|
| a. Working for pay (or in a business that he/she owns)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Volunteering   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attending religious services                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attending clubs, classes or other organized activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**34. DURING the COVID-19 outbreak, has the NHATS participant done any of the following activities either online or in person?**

|   | Yes online               | Yes in person            | Didn't do during         |
|---|--------------------------|--------------------------|--------------------------|
| a. Working for pay (or in a business that he/she owns)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Volunteering   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attending religious services                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attending clubs, classes or other organized activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**35. During the COVID-19 outbreak, has the NHATS participant learned a new technology or program to go online? *This includes learning to use a smartphone, computer or iPad or a program like Zoom or FaceTime.***

- Yes → Please answer Question 36
- No → Please go to Question 37, next page

**36. Has anyone helped the NHATS participant with that or did he/she learn that on his/her own?**

- Yes, someone helped
- No, learned it on his/her own



## CHANGES IN GROCERY SHOPPING

**37. BEFORE the COVID-19 outbreak, in a typical month, how often did the NHATS participant use each of these methods to get his/her groceries?**

|   | More<br>than<br>once a<br>week | About<br>once a<br>week  | A few<br>times a<br>month | Less<br>than<br>once a<br>month | Never                    |
|---|--------------------------------|--------------------------|---------------------------|---------------------------------|--------------------------|
| a. He/she went to the store <u>by</u> himself/herself | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/> |
| b. He/she went to the store <u>with</u> someone else  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/> |
| c. Someone else went to the store <u>for</u> him/her  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/> |

**38. BEFORE the COVID-19 outbreak, in a typical month, how often did the NHATS participant use each of these methods to order groceries online?**

|  | More<br>than<br>once a<br>week | About<br>once a<br>week  | A few<br>times a<br>month | Less<br>than<br>once a<br>month | Never                    |
|--|--------------------------------|--------------------------|---------------------------|---------------------------------|--------------------------|
| a. He/she ordered his/her groceries online <u>by</u> himself/herself | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/> |
| b. He/she ordered his/her groceries online <u>with</u> someone else  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/> |
| c. Someone else ordered his/her groceries online <u>for</u> him/her  | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>        | <input type="checkbox"/> |



**39. DURING the COVID-19 outbreak, in a typical month, how often has the NHATS participant used each of these methods to get his/her groceries?**

|   | More than once a week    | About once a week        | A few times a month      | Less than once a month   | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. He/she went to the store <u>by</u> himself/herself | <input type="checkbox"/> |
| b. He/she went to the store <u>with</u> someone else  | <input type="checkbox"/> |
| c. Someone else went to the store <u>for</u> him/her  | <input type="checkbox"/> |

**40. DURING the COVID-19 outbreak, in a typical month, how often did the NHATS participant use each of these methods to order groceries online?**

|  | More than once a week    | About once a week        | A few times a month      | Less than once a month   | Never                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. He/she ordered his/her groceries online <u>by</u> himself/herself | <input type="checkbox"/> |
| b. He/she ordered his/her groceries online <u>with</u> someone else  | <input type="checkbox"/> |
| c. Someone else ordered his/her groceries online <u>for</u> him/her  | <input type="checkbox"/> |



## CHANGES IN HEALTH CARE

**41. BEFORE the COVID-19 outbreak, how did the NHATS participant communicate with his/her usual health care provider?**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Phone calls                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Emails or texts or portal message      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Video calls (also called “telehealth”) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In person visits                       | <input type="checkbox"/> | <input type="checkbox"/> |

**42. DURING the COVID-19 outbreak, how did the NHATS participant communicate with his/her usual health care provider?**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Phone calls                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Emails or texts or portal message      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Video calls (also called “telehealth”) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In person visits                       | <input type="checkbox"/> | <input type="checkbox"/> |

**43. DURING the COVID-19 outbreak, has there ever been a time when the NHATS participant needed or had planned to see a doctor or other health care provider but put off getting care?**

- Yes → *Please answer Question 44, next page*
- No → *Please go to Question 46, page 18*



**44. What type(s) of care did he/she put off? *Mark all that apply.***

- Seeing his/her usual doctor
- Seeing a specialist
- Vision appointment
- Hearing appointment
- Dentist or hygienist appointment
- Having surgery
- Physical therapy
- Mental health care (therapist, psychologist, counselor)
- Emergency or urgent care
- Getting or taking medication
- Other care, *please specify:*

**45. What are the reason(s) that he/she put off that care? *Mark all that apply.***

- He/she couldn't afford it
- He/she couldn't get an appointment
- The provider cancelled, closed, or suggested rescheduling
- He/she decided it could wait
- He/she was afraid to go
- A family member did not want him/her to go
- Other reason, *please specify:*



## CHANGES IN FINANCES

**46. Has the NHATS participant's monthly income gone up, down, or stayed about the same compared to a typical month before the COVID-19 outbreak started?**

- Income has gone up
- Income has gone down
- About the same

**47. Has the NHATS participant's household had any financial difficulties because of the COVID-19 outbreak?**

- Yes → *Please answer Question 48*
- No → *Please go to Question 49, next page*

**48. How did his/her household manage those financial difficulties?**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Cut back on spending                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use money from a savings account                   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use money from a retirement account                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Put off paying the rent or mortgage                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Put off paying other bills                         | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use credit cards more than usual                   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Pay less than usual toward the credit card(s)      | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Get financial help from a family member            | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Sell any belongings                                | <input type="checkbox"/> | <input type="checkbox"/> |
| j. File for unemployment                              | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Use a food bank or other emergency support program | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Skip meals   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Take out a loan or use an existing line of credit  | <input type="checkbox"/> | <input type="checkbox"/> |



## CHANGES IN WELLBEING

**49. DURING the COVID-19 outbreak, in a typical week, how would you rate the quality of the NHATS participant's sleep?**

- Good; He/she falls asleep within 30 minutes most nights and if he/she wakes up he/she goes back to sleep easily.
- Fair; It usually takes him/her more than 30 minutes to fall asleep or if he/she wakes up he/she has a hard time going back to sleep.
- Poor; He/she is sleeping very little for short amounts of time.

**50. Is this better, worse, or about the same as a typical week before the COVID-19 outbreak started?**

- Sleep better
- Sleep worse
- About the same

**51. DURING the COVID-19 outbreak, in a typical week, how worried or anxious has the NHATS participant felt about the outbreak?**

- Not at all
- Mild; He/she worries about it on some days.
- Moderate; He/she worries about it some of the time on more than half the days.
- Severe; He/she worries about it nearly every day, during the day and at night.

**52. DURING the COVID-19 outbreak, in a typical week, how sad or depressed has the NHATS participant felt about the outbreak?**

- Not at all
- Mild; He/she feels sad about it on some days.
- Moderate; He/she feels sad about it on more than half the days for some of the time.
- Severe; He/she feels sad about it nearly every day, during the day and at night.



**53. DURING the COVID-19 outbreak, how much of the time have the following symptoms bothered the NHATS participant?**

|  | <b>Most<br/>of the<br/>time</b> | <b>Some-<br/>times</b>   | <b>Rarely</b>            | <b>Not<br/>at all</b>    |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|
| a. Recurring thoughts about the outbreak and its effects                   | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Recurring nightmares about the outbreak and its effects                 | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoiding activities that remind him/her of the outbreak and its effects | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Avoiding thoughts or feelings about the outbreak and its effects        | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Feeling jumpy or easily startled  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Feeling on guard  | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## CHANGES IN DAILY ACTIVITIES

For the next set of questions, we would like to know if anyone did the following activities with or for the NHATS participant during the COVID-19 outbreak. If yes, please tell us whether that was due to his/her health or functioning, some other reason, or both.

**Health or functioning reasons include:**

- his/her physical health
- his/her memory
- his/her vision or hearing
- he/she has a health condition or disease that limits him/her, including COVID-19
- he/she has had surgery recently

**Other reasons include:**

- this is a shared activity
- he/she has always done it this way
- someone else wanted to do it
- he/she pays someone to do it
- he/she doesn't like to do it
- he/she has had to stay home because of the COVID-19 outbreak
- his/her family did not want him/her to do it because of the outbreak
- someone else did it as a favor

**54. DURING the COVID-19 outbreak, has anyone ever done the following activities with or for the NHATS participant?**

|  | <b>Yes</b>                           |                          | <b>No</b>                |
|--|--------------------------------------|--------------------------|--------------------------|
|  | <i>(Mark One or Both Reasons.)</i>   |                          |                          |
|  | Due to his/her health or functioning | Due to other reasons     |                          |
| a. Doing laundry                                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Preparing hot meals                           | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shopping for groceries                        | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keeping track of his/her prescribed medicines | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Handling bills and banking                    | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |



**55. DURING the COVID-19 outbreak, has anyone ever helped the NHATS participant with:**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Taking a shower, bathing in a tub, or washing up some other way | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Getting dressed   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Eating, for instance, by cutting up food or feeding him/her     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using the toilet  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting out of bed  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting around inside   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Going outside   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Driving him/her places  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Visiting or communicating with his/her health care provider     | <input type="checkbox"/> | <input type="checkbox"/> |

**56. DURING the COVID-19 outbreak, in a typical week, how many people (including you) have done household activities with or for the NHATS participant or helped him/her with personal care activities?**

people in a typical week

**57. Is that more than, less than or about the same number of people who did this in a typical week before the COVID-19 outbreak?**

- More
- Less
- About the same

**58. DURING the COVID-19 outbreak, in a typical week, about how many hours have people (including you) spent doing the NHATS participant's household activities with or for him/her or helping him/her with personal care activities?**

hours in a typical week



**59. Is that more, less or about the same compared to a typical week before the COVID-19 outbreak?**

- More than before → *Please answer Question 60*
- Less than before → *Please answer Question 60*
- About the same → *Please go to Question 61, next page*

**60. What is the reason(s) that the amount has changed? Mark all that apply.**

---

**Reasons he/she has received more than before**

- He/she has not wanted to go out during the outbreak
  - His/her family has not wanted him/her to go out during the outbreak
  - His/her health, functioning or memory have gotten worse
  - He/she has moved in with one of the people helping him/her
  - He/she has moved to assisted living or another facility that provides care
  - More family members and friends have been helping him/her
- 

**Reasons he/she has received less than before**

- He/she has not been able to get paid care or home care
  - He/she has not wanted helpers coming in his/her home
  - Family or friends who usually help have had to stop or cut back
  - His/her helper has not wanted to go out during the outbreak
  - His/her helper has not wanted to expose him/her
  - His/her helper's health has kept the helper from going out during the outbreak
  - His/her helper's other family responsibilities have increased
  - His/her health, functioning or memory has gotten better
  - He/she has stopped living with one of the people helping him/her
  - His/her family has not been able to visit his/her assisted living or other facility where he/she lives
- 

**If he/she has another reason, mark here and tell us about it**

- Other reason, *please specify:*



**61.** The National Health and Aging Trends Study (NHATS) is sending a short survey to family members and friends of participants to learn how COVID-19 has affected them. **To make the study a success, we need your help identifying two eligible family members or friends.** This information will be used for research purposes only.

**Altogether, how many adult family members or friends (ages 18 or older) helped the NHATS participant during the COVID-19 outbreak with any activity for any reason?**

adult family members or friends

**If your answer is 2 or more,** please list on the next pages the **two** adult family members or friends **who have helped him/her most** during the COVID-19 outbreak. *If you are one of the people who helped most, please mark here  and then list yourself as Family Member or Friend #1.*

**If your answer is 1,** please list on the next page the adult family member or friend **who has helped him/her** during the COVID-19 outbreak. *If you are the one who helped, please mark here  and then list yourself as Family Member or Friend #1.*

**If your answer is 0,** those are all the questions we have for you. ***Please mail both questionnaires back to us in the enclosed postage-paid envelope. Thank you!***



**62. Family Member or Friend #1. Please print.**

**First Name**

**Last Name**

**Mailing address**

**Apt/Unit**

**City**

**State**

**Zip code**

(    )    -

**Best phone number**

**Email address**

Spouse or partner    Adult child    Another relative    Friend

**Relationship to NHATS participant (*Mark one.*)**



**63. Family Member or Friend #2. Please print.**

**First Name**

**Last Name**

**Mailing address**

**Apt/Unit**

**City**

**State**

**Zip code**

(    )    -

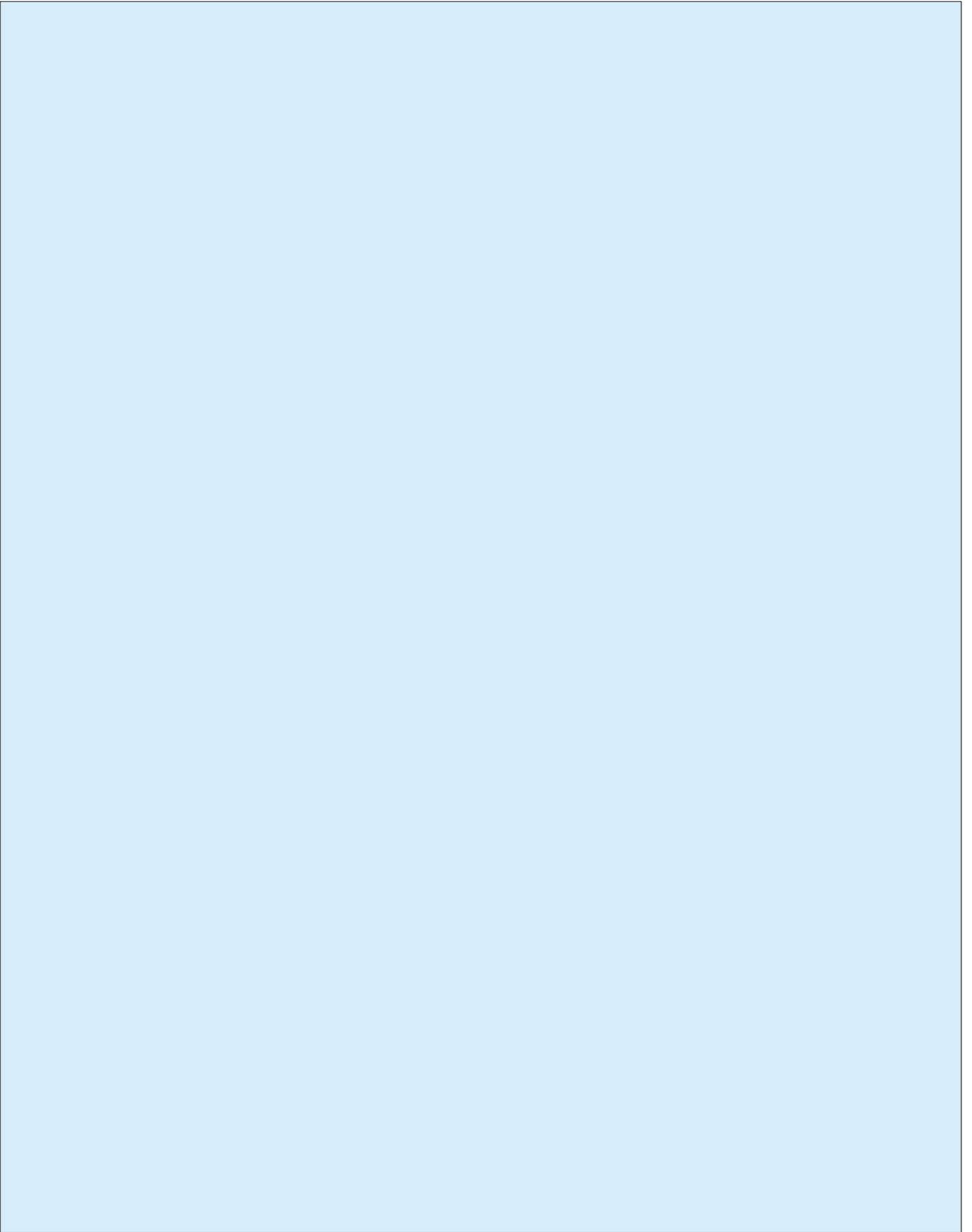
**Best phone number**

**Email address**

Spouse or partner  Adult child  Another relative  Friend

**Relationship to NHATS participant (Mark one.)**





**If you are one of the helpers listed at the end of this booklet, please complete the enclosed purple Family Members and Friends booklet.**

**Please mail both questionnaires back to us in the enclosed postage-paid envelope.**

**WESTAT  
Attn: NHATS Field Room GA L-21  
1600 Research Blvd  
Rockville, MD 20850-9940**

**Thank you for participating in the  
NATIONAL HEALTH AND AGING TRENDS STUDY**

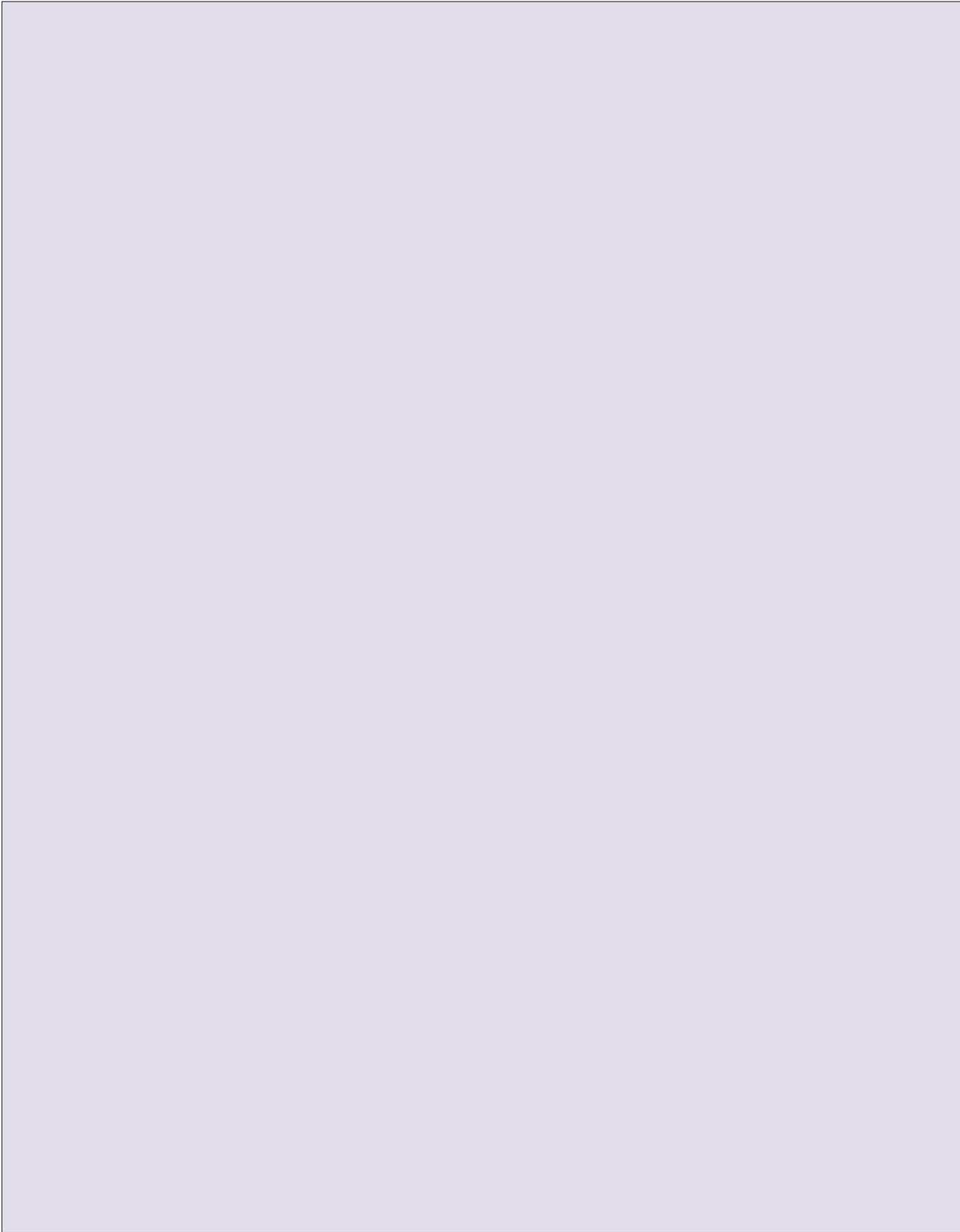


National Health &  
Aging Trends Study

how daily life changes as we age

**National Health and Aging Trends Study  
COVID-19 Questionnaire**

**Family Members and Friends**



## ABOUT THIS QUESTIONNAIRE

The National Health and Aging Trends Study (NHATS) is collecting information about the experiences of those who have supported or helped NHATS participants during the COVID-19 (also called “coronavirus”) pandemic. Your answers will help researchers better understand how the lives of the families and friends of older adults are being affected by this outbreak.

Your participation is voluntary, but the information you provide will ensure people like you are represented. The questionnaire should take about 20-25 minutes to complete, although time may vary. We have included \$5 as a small token of thanks. Your answers will be kept confidential and used for research purposes only.

## INSTRUCTIONS

Please use a black or blue pen to mark your answers. Mark boxes with an X, like this:  and write a number in a box, like this:

|   |   |
|---|---|
| 1 | 0 |
|---|---|

If you want to change your answer, darken the box like this:  and mark the correct answer or write it next to the box.

When we want some participants to skip questions that do not apply to them, we use an arrow → and tell you the question number to go to next.

**When you are finished, please mail your completed questionnaire back to us in the enclosed postage-paid return envelope. If you have any questions, please call us toll-free at 1-888-364-8271.**

## TODAY'S DATE

1. Please fill in today's date:

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |

## ABOUT YOU

2. What is your relationship to the NHATS participant?

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse          | <input type="checkbox"/> Granddaughter                 |
| <input type="checkbox"/> Partner         | <input type="checkbox"/> Grandson                      |
| <input type="checkbox"/> Daughter        | <input type="checkbox"/> Sister                        |
| <input type="checkbox"/> Son             | <input type="checkbox"/> Brother                       |
| <input type="checkbox"/> Step-daughter   | <input type="checkbox"/> Niece                         |
| <input type="checkbox"/> Step-son        | <input type="checkbox"/> Nephew                        |
| <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Friend                        |
| <input type="checkbox"/> Son-in-law      | <input type="checkbox"/> Other, <i>please specify:</i> |

3. Are you

- Male  
 Female  
 Non-binary gender

4. What is your date of birth?

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month                |                      |   | Day                  |                      |   | Year                 |                      |                      |                      |



**5. What race do you consider yourself to be? *Mark all that apply***

- White or Caucasian
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander

If you marked more than one race → Please answer Question 6.  
If you marked one race → Please **go to Question 7.**

**6. Which do you consider your primary race?**

- White or Causcasian
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Pacific Islander

**7. Do you consider yourself Hispanic or Latino?**

- Yes
- No

**8. What is the highest degree or level of school you have completed?**

- No schooling completed
- 1st – 8th grade
- High school graduate (high school diploma or equivalent)
- Vocational, technical, business or trade school certificate or diploma (beyond high school level)
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Master's, professional, or doctoral degree



**9. What is your current marital status?**

- Married
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

**10. Do you (and your spouse or partner, if applicable) have any living children, including stepchildren?**

- Yes
- No

**11. How many of your children (or stepchildren) are under age 18?**

people under age 18

**12. What is the total number of people – adults and children – currently living in your household? *Please include yourself.***

adults and children living in my household, including me

**13. How many people currently living in your household are age 18 or older? *Please include yourself.***

people age 18 or older living in my household, including me

**14. In general, is your health:**

- Excellent
- Very good
- Good
- Fair
- Poor



## SYMPTOMS OF COVID-19

**15. Have you had any symptoms of COVID-19?** *Common symptoms include fever, cough, and difficulty breathing. Other symptoms include chills, muscle pain, sore throat, headache, and loss of smell or taste.*

Yes

No

**16. Has a doctor or other health professional told you that you may have had COVID-19?**

Yes, definitely

Yes, possibly

No

**17. Have you had a positive test for COVID-19?**

Yes

No

**18. If you have had symptoms or a diagnosis or positive test, when your symptoms were at their worst, how bad or bothersome were they?**

Mild

Moderate

Severe

Very severe

Does not apply (did not have symptoms, diagnosis or positive test)

**19. Did any people living with you have symptoms or a diagnosis or a positive test for COVID-19?** *If you live in an apartment building or assisted, independent or nursing facility, please answer about your own apartment/unit.*

Yes

No

I haven't lived with anyone else during the outbreak



## WHAT WE MEAN BY DURING THE COVID-19 OUTBREAK

20. Many of the questions in this booklet ask you to think about BEFORE and DURING the COVID-19 outbreak. In most places, the effects of the outbreak first began in March 2020. In some places, the outbreak and its effects on daily life may still be ongoing; in others, the outbreak and its effects may have ended.

**Is the COVID-19 outbreak still affecting daily life in your State?**

Yes “During the COVID-19 outbreak” means from March 2020 until now → Please go to **Question 22**, next page

No → Please answer **Question 21**

**21. In what month would you say that the outbreak ended in your State?**

April 2020

May 2020

June 2020

July 2020

August 2020

September 2020

October 2020

November 2020

December 2020

“During the COVID-19 outbreak”  
means from March 2020 until  
the month marked here



## MEASURES TO LIMIT SPREAD OF COVID-19

22. DURING the COVID-19 outbreak, have you ever done the following to keep the disease from spreading?

|   | Yes                      | No                       | Does not apply           |
|---|--------------------------|--------------------------|--------------------------|
| a. Frequently wash your hands or use sanitizer                                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| b. Avoid contact with people living with you  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoid contact with people <u>not</u> living with you                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Stay at least 6 feet away from people not living with you                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Limit group gatherings like get-togethers with family <u>not</u> living with you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Avoid being in restaurants and bars  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Limit shopping and other errands   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Wear a face mask when going out  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Avoid touching your face when you are out  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## CHANGES IN YOUR ACTIVITIES

**23. DURING the COVID-19 outbreak, in a typical week, have you spent more or less time than you did before the outbreak:**

|   | More                     | Less                     | Same amount              | Didn't do before and during |
|---|--------------------------|--------------------------|--------------------------|-----------------------------|
| a. Walking for exercise                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| b. Doing vigorous activities                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| c. Eating, including snacking               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| d. Drinking alcohol                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| e. Smoking or vaping                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| f. Watching TV or online programs or movies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| g. Sleeping                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |

**24. DURING the COVID-19 outbreak, have you started or stopped providing care to someone else? *If no change, please indicate if you did or didn't do before and during the outbreak.***

|  | Started                  | Stopped                  | Did before and during    | Didn't do before and during |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| a. Providing care for or looking after a child or grandchild                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |
| b. Providing care to an adult who needs help with daily activities (besides the NHATS participant) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    |



## CHANGES IN YOUR WORK AND FINANCES

**25. BEFORE the COVID-19 outbreak, did you work for pay (or in a business that you own)?**

Yes → *Please answer Question 26*

No → *Please go to Question 27*

**26. DURING the COVID-19 outbreak, did you ever lose your job or get laid off, even for a short time?**

Yes

No

**27. DURING the COVID-19 outbreak, did anyone else in your household ever lose their job or get laid off, even for a short time?**

Yes

No

I was/am the only one working in my household

I live alone

**28. About how much was your total household income in 2019?**

Less than \$25,000

\$25,000 to less than \$50,000

\$50,000 to less than \$80,000

\$80,000 to less than \$130,000

\$130,000 or more

**29. Has your monthly household income gone up, down, or stayed about the same compared to a typical month before the COVID-19 outbreak started?**

Income went up

Income went down

About the same



**30. Has your household had any financial difficulties because of the COVID-19 outbreak?**

- Yes → *Please answer Question 31*  
 No → *Please go to Question 32, next page*

**31. How did you manage your household's financial difficulties? Did you:**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Cut back on spending                               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Use money from a savings account                   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use money from retirement savings                  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Put off paying the rent or mortgage                | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Put off paying other bills                         | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Use credit cards more than usual                   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Pay less than usual toward the credit card(s)      | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Get financial help from a family member            | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Sell any belongings                                | <input type="checkbox"/> | <input type="checkbox"/> |
| j. File for unemployment                              | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Use a food bank or other emergency support program | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Skip meals   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Take out a loan or use an existing line of credit  | <input type="checkbox"/> | <input type="checkbox"/> |



## CHANGES IN YOUR WELLBEING

**32. DURING the COVID-19 outbreak, in a typical month, how often have you felt:**

|                      | Every day                | Most days                | Some days                | Rarely                   | Never                    |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Cheerful          | <input type="checkbox"/> |
| b. Calm and peaceful | <input type="checkbox"/> |
| c. Full of life      | <input type="checkbox"/> |
| d. Bored             | <input type="checkbox"/> |
| e. Lonely            | <input type="checkbox"/> |
| f. Upset             | <input type="checkbox"/> |

**33. DURING the COVID-19 outbreak, in a typical month, how often have you:**

|  | Not at all               | Several days             | More than half the days  | Nearly every day         |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Had little interest or pleasure in doing things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Felt down, depressed, or hopeless               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Felt nervous, anxious, or on edge               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Been unable to stop or control worrying         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**34. DURING the COVID-19 outbreak, in a typical week, how would you rate the quality of your sleep?**

- Good; I fall asleep within 30 minutes most nights and if I wake up I go back to sleep easily.
- Fair; It usually takes me more than 30 minutes to fall asleep or if I wake up I have a hard time going back to sleep.
- Poor; I am sleeping very little for short amounts of time.

**35. Is this better, worse, or about the same as a typical week before the COVID-19 outbreak started?**

- Sleep better
- Sleep worse
- About the same

**36. DURING the COVID-19 outbreak, in a typical week, how worried or anxious have you felt about the outbreak?**

- Not at all
- Mild; I worry about it on some days.
- Moderate; I worry about it some of the time on more than half the days.
- Severe; I worry about it nearly every day, during the day and at night.

**37. DURING the COVID-19 outbreak, in a typical week, how sad or depressed have you felt about the outbreak?**

- Not at all
- Mild; I feel sad about it on some days.
- Moderate; I feel sad about it on more than half the days for some of the time.
- Severe; I feel sad about it nearly every day, during the day and at night.



**38. DURING the COVID-19 outbreak, how much of the time have the following symptoms bothered you?**

|  | Most of the time         | Some-times               | Rarely                   | Not at all               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Recurring thoughts about the outbreak and its effects               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Recurring nightmares about the outbreak and its effects             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Avoiding activities that remind you of the outbreak and its effects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Avoiding thoughts or feelings about the outbreak and its effects    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Feeling jumpy or easily startled                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Feeling on guard  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**39. DURING the COVID-19 outbreak, in a typical week, how often have you felt hopeful about the future?**

- Every day
- Most days
- Some days
- Rarely
- Never

**40. Is this more often, less often or about the same as a typical week before the COVID-19 outbreak started?**

- More often
- Less often
- About the same



## CHANGES IN YOUR LIVING SITUATION

**41. BEFORE the COVID-19 outbreak, were you living with the NHATS participant?**

- Yes → *Please go to Question 44*
- No → *Please answer Question 42*

**42. DURING the COVID-19 outbreak (starting March 2020), did you ever move in with the NHATS participant, or did the NHATS participant ever move in with you, even for a short time?**

- Yes, I moved in with the NHATS participant → *Please answer Question 43*
- Yes, the NHATS participant moved in with me → *Please answer Question 43*
- No, we have not lived together during the outbreak → *Please go to Question 45*

**43. How long did you live with the NHATS participant?**

- A few days or weeks
- 1 to 3 months
- 4 to 5 months
- 6 or more months

**44. Are you still living with the NHATS participant?**

- Yes → *Please go to Question 48, next page*
- No → *Please answer Question 45*

**45. How long does it normally take you to get to the NHATS participant's home from where you live?**

- Less than 15 minutes
- 15 minutes to less than 30 minutes
- 30 minutes to less than 60 minutes
- 60 minutes to less than 2 hours
- More than 2 hours



## CHANGES IN CONTACT WITH THE NHATS PARTICIPANT

46. BEFORE the COVID-19 outbreak, in a typical week, how often were you in contact with the NHATS participant by:

|   | At least daily           | A few times a week       | About once a week        | Less than once a week    | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Phone calls  | <input type="checkbox"/> |
| b. Emails, texts, or social media messages.                                   | <input type="checkbox"/> |
| c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i> | <input type="checkbox"/> |
| d. In person visits   | <input type="checkbox"/> |

47. DURING the COVID-19 outbreak, in a typical week, how often have you been in contact with the NHATS participant by:

|   | At least daily           | A few times a week       | About once a week        | Less than once a week    | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Phone calls  | <input type="checkbox"/> |
| b. Emails, texts, or social media messages.                                   | <input type="checkbox"/> |
| c. Video calls. <i>This includes Zoom, FaceTime, and other online videos.</i> | <input type="checkbox"/> |
| d. In person visits   | <input type="checkbox"/> |

48. DURING the COVID-19 outbreak, did you help the NHATS participant learn a new technology or program to go online? *This includes learning to use a smartphone, computer or iPad or a program like Zoom or FaceTime.*

- Yes  
 No



## YOUR RELATIONSHIP WITH THE NHATS PARTICIPANT

### 49. DURING the COVID-19 outbreak, how much:

|  | A lot                    | Some                     | A little                 |
|--|--------------------------|--------------------------|--------------------------|
| a. Have you enjoyed interacting with the NHATS participant       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the NHATS participant argued with you                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has the NHATS participant appreciated what you do for him/her | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has the NHATS participant gotten on your nerves               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 50. DURING the COVID-19 outbreak, in a typical week, how often have you given the NHATS participant advice, encouragement or emotional support?

- At least daily
- A few times a week
- About once a week
- Less than once a week
- Never

### 51. DURING the COVID-19 outbreak, in a typical week, how often has the NHATS participant given you advice, encouragement or emotional support?

- At least daily
- A few times a week
- About once a week
- Less than once a week
- Never

### 52. Is your relationship with the NHATS participant better, worse or about the same, compared to before the outbreak started?

- Better
- Worse
- About the same



## HELP BEFORE THE COVID-19 OUTBREAK

**53. BEFORE the COVID-19 outbreak, did you do the following activities with or for the NHATS participant?**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Doing laundry   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Preparing hot meals   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shopping for groceries (online or in person)                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keeping track of their prescribed medicines (online or in person) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Handling bills and banking (online or in person)                  | <input type="checkbox"/> | <input type="checkbox"/> |

**54. BEFORE the COVID-19 outbreak, did you help the NHATS participant with:**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Taking a shower, bathing in a tub, or washing up some other way | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Getting dressed   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Eating, for instance, by cutting up food or feeding him/her     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using the toilet  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting out of bed  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting around inside   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Going outside   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Driving them places   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Visiting or communicating with their health care provider       | <input type="checkbox"/> | <input type="checkbox"/> |



## HELP DURING THE COVID-19 OUTBREAK

**55. DURING the COVID-19 outbreak, have you ever done the following activities with or for the NHATS participant?**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Doing laundry   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Preparing hot meals   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shopping for groceries (online or in person)                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keeping track of their prescribed medicines (online or in person) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Handling bills and banking (online or in person)                  | <input type="checkbox"/> | <input type="checkbox"/> |

**56. DURING the COVID-19 outbreak, have you ever helped the NHATS participant with:**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Taking a shower, bathing in a tub, or washing up some other way | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Getting dressed   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Eating, for instance, by cutting up food or feeding him/her     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Using the toilet  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Getting out of bed  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting around inside   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Going outside   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Driving them places   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Visiting or communicating with their health care provider       | <input type="checkbox"/> | <input type="checkbox"/> |



## REASONS FOR HELPING

57. Are any of your answers YES to Questions 53, 54, 55 or 56?

- Yes → Please answer Question 58
- No → Those are all the questions we have for you. **Please mail your booklet back to us in the enclosed postage-paid envelope. Thank you!**

58. Did you help the NHATS participant, either before or during the COVID-19 outbreak, because of their health or functioning?

**Health or functioning reasons include:**

- their physical health
- their memory
- their vision or hearing
- a health condition or disease limits them, including COVID-19
- a recent surgery

- Yes → Please answer Question 59, next page and continue with the rest of the questions.
- No → Those are all the questions we have for you. **Please mail your booklet back to us in the enclosed postage-paid envelope. Thank you!**



## TIME SPENT HELPING THE NHATS PARTICIPANT

59. **BEFORE** the COVID-19 outbreak, in a typical week, on how many days did you help the NHATS participant?

days in a typical week

60. On days when you helped, about how many hours did you spend?

hours helping the NHATS participant on a typical day

61. What share of these hours were spent helping with personal care or getting around? *This means things like bathing, dressing, eating, toileting, getting out of bed, getting around inside or going outside.*

- None
- Less than half
- About half
- More than half
- Nearly all

62. **DURING** the COVID-19 outbreak, in a typical week, on how many days did you help the NHATS participant?

days in a typical week

63. On days when you helped, about how many hours did you spend?

hours helping the NHATS participant on a typical day

64. What share of these hours were spent helping with personal care or getting around?

- None
- Less than half
- About half
- More than half
- Nearly all



**65. DURING the COVID-19 outbreak, have you helped the NHATS participant more, less or about the same compared to a typical week before the outbreak started?**

- More than before → *Please answer Question 66*
- Less than before → *Please answer Question 66*
- About the same → *Please go to Question 67, next page*

**66. What is the reason(s) the amount of help has changed? Mark all that apply.**

---

**Reasons you help more than before**

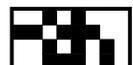
- The NHATS participant can no longer get paid care or home care
  - Other family or friends who usually help had to stop or cut back
  - I do not want the NHATS participant to go out during the outbreak
  - The NHATS participant does not want to go out during the outbreak
  - The NHATS participant's health, functioning or memory got worse
  - The NHATS participant and I moved in together
  - We have been helping out each other during the outbreak
- 

**Reasons you help less than before**

- My health keeps me from going out during the outbreak
  - My other family responsibilities have increased
  - Other family members and friends are helping more
  - The NHATS participant's health, functioning or memory got better
  - The NHATS participant moved out
  - The NHATS participant lives in an assisted living or other facility and I am not allowed to visit
  - I am concerned about exposing the NHATS participant
- 

**If you have another reason, mark here and tell us about it**

- Other reason, *please specify:*



## DEMENTIA CAREGIVING

67. Did you help the NHATS participant, before or during the COVID-19 outbreak, because they have memory problems, including Alzheimer's disease or other kinds of dementia?

- Yes → Please answer Question 68  
 No → Please go to Question 71, next page

68. Which statement best describes the extent of his/her symptoms of memory loss?

- Mild; he/she is starting to forget things, but is still doing most of his/her daily activities.  
 Moderate; he/she has had memory problems for a while and it is starting to interfere with his/her daily activities.  
 Severe; he/she has advanced memory problems and is no longer able to participate in daily activities.

69. DURING the COVID-19 outbreak, did you help the NHATS participant with any of the following behaviors?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Getting lost in a familiar environment              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wandering off and not returning on his or her own   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Not being able to be left alone for an hour or so   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hearing or seeing things that were not really there | <input type="checkbox"/> | <input type="checkbox"/> |

70. Has managing the NHATS participant's symptoms and behaviors been more difficult, less difficult or about the same, compared to before the COVID-19 outbreak started?

- More difficult  
 Less difficult  
 About the same



## HELPING CHALLENGES AND SUPPORTS

**71. DURING the COVID-19 outbreak, has helping the NHATS participant been financially difficult for you?**

Yes → *Please answer Question 72*

No → *Please go to Question 73*

**72. On a scale from 1 to 5, how financially difficult has it been?**

1. A little difficult

2.

3.

4.

5. Very difficult

**73. DURING the COVID-19 outbreak, has helping the NHATS participant been emotionally difficult for you?**

Yes → *Please answer Question 74*

No → *Please go to Question 75*

**74. On a scale from 1 to 5, how emotionally difficult has it been?**

1. A little difficult

2.

3.

4.

5. Very difficult

**75. DURING the COVID-19 outbreak, has helping the NHATS participant been physically difficult for you?**

Yes → *Please answer Question 76*

No → *Please go to Question 77, next page*

**76. On a scale from 1 to 5, how physically difficult has it been?**

1. A little difficult

2.

3.

4.

5. Very difficult



**77. DURING the COVID-19 outbreak, have you ever:**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Attended an in-person or online support group for people who give care?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Used any service that helped the NHATS participant so that you could take some time away from helping? | <input type="checkbox"/> | <input type="checkbox"/> |

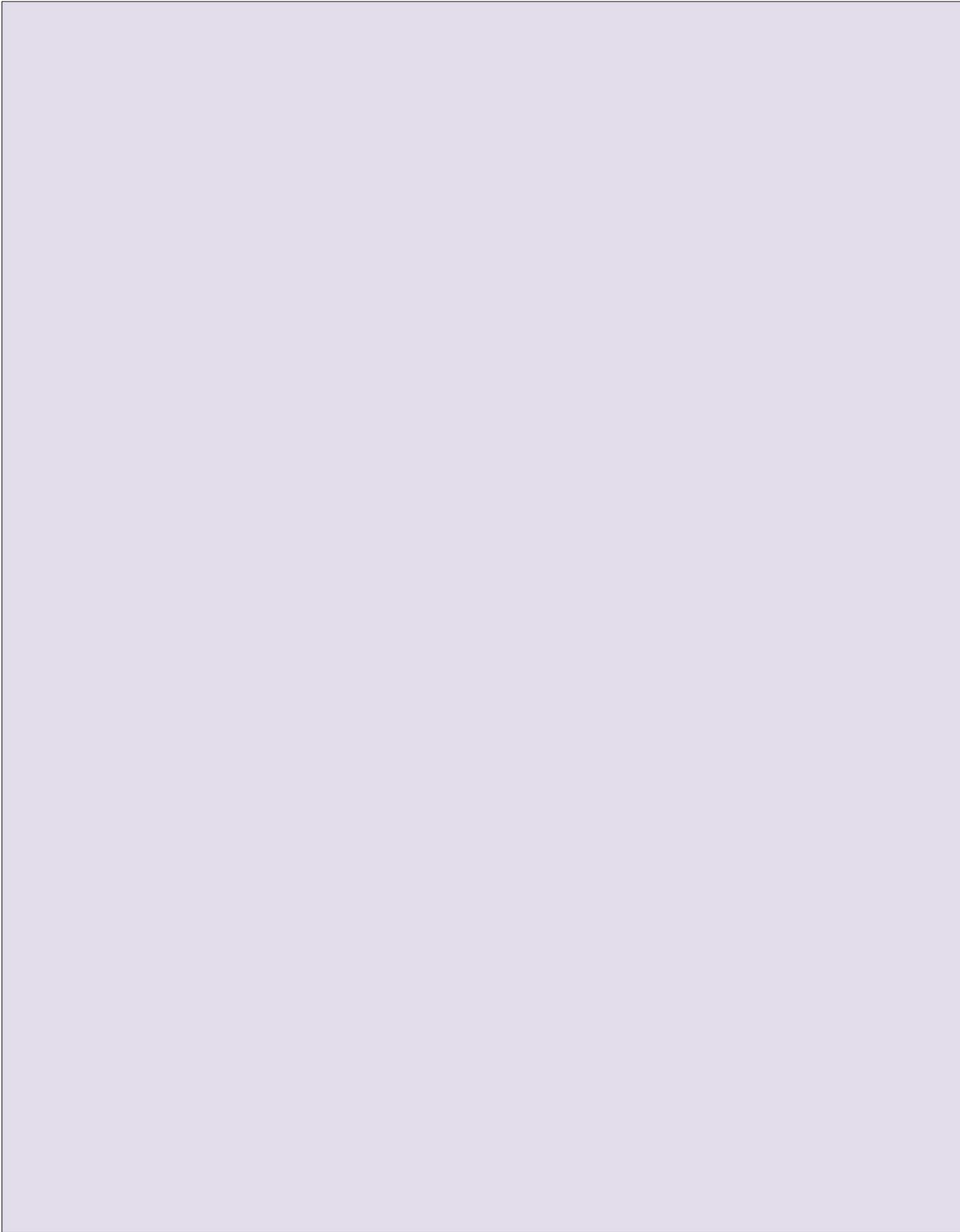
**78. How much do the following statements describe your situation?**

|   | Very much                | Some-what                | Not so much              |
|---|--------------------------|--------------------------|--------------------------|
| DURING the COVID-19 outbreak, in a typical week:  |                          |                          |                          |
| a. I have been exhausted when I have gone to bed at night                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I have had more things to do than I can handle                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I haven't had time for myself  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. As soon as I have gotten a routine going, the NHATS participant's needs have changed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**79. How much do the following statements describe your situation?**

|   | Very much                | Some-what                | Not so much              |
|---|--------------------------|--------------------------|--------------------------|
| Helping the NHATS participant during the COVID-19 outbreak: |                          |                          |                          |
| a. Has made me more confident about my abilities            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has taught me to deal with difficult situations          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has brought me closer to him/her                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has given me satisfaction that he/she is well cared for  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





**Please mail your completed questionnaire back to us  
in the enclosed postage-paid envelope.**

**WESTAT  
Attn: NHATS Field Room GA L-21  
1600 Research Blvd  
Rockville, MD 20850-9940**

**Thank you for participating in the  
NATIONAL HEALTH AND AGING TRENDS STUDY**