

B. COVID-19 has caused challenges for some people regardless of whether or not they have been infected. These next questions ask about you and your family and how your daily lives have been affected by the COVID-19 pandemic.

1. How many adults live in your household including you?

_____ adults

- a. Don't know b. Prefer not to answer

2. How many children (less than 18 years of age) live in your household?

_____ children – Go to question 6 if 0.

- a. Don't know - Go to question 6
b. Prefer not to answer - Go to question 6

3. Please provide the age and gender (assigned at birth) for each child.

- a. Don't know b. Prefer not to answer

4. Have you had difficulty taking care of children in your home?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

5. Have you had to take over teaching or instructing a child?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

6. Which category best describes your occupational status in February 2020 prior to the stay-at-home orders put in place as a result of the COVID-19 pandemic?
 - a. Employed full-time
 - b. Employed part-time
 - c. Unemployed – Go to question 8
 - d. Homemaker – Go to question 8
 - e. Student – Go to question 8
 - f. Retired – Go to question 8
 - g. Disabled – Go to question 8
 - h. Other (specify) – Go to question 8
 - i. Don't know – Go to question 8
 - j. Prefer not to answer – Go to question 8

7. Did you work outside of the home in February 2020?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

8. Since March 1st, did you lose a job because of COVID-19?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Prefer not to answer

9. Are you currently being paid for a full or part-time job, including being paid by a job while you stay home? Do not include unemployment compensation.
 - a. Yes
 - b. No – Go to question 12
 - c. Don't know – Go to question 12
 - d. Prefer not to answer – Go to question 12

10. Are you currently:
 - a. Working at your job from home
 - b. Working outside of your home
 - c. Not working
 - d. Don't know
 - e. Prefer not to answer

11. How concerned are you about losing your job due to COVID-19?

- a. Not at all concerned
- b. Slightly concerned
- c. Somewhat concerned
- d. Moderately concerned
- e. Extremely concerned
- f. Don't know
- g. Prefer not to answer

12. Are you the primary caregiver for someone? Please do not include children under the age of 18.

- a. Yes
- b. No – Go to the next section
- c. Don't know – Go to the next section
- d. Prefer not to answer – Go to the next section

13. Who is this person? Select all that apply.

- a. Spouse
- b. Adult child
- c. Parent
- d. Sister or brother
- e. Grandparent
- f. Other (specify)
- g. Don't know– Go to the next section
- h. Prefer not to answer – Go to the next section

Questions 14-17 are repeated for each person marked above.

14. Do you usually care for this person inside or outside of your own home?

- a. In your home
- b. Outside of your home
- c. Don't know
- d. Prefer not to answer

15. How often do you usually help this person?

- a. Daily
- b. 2-3 times per week
- c. Every week
- d. Twice a month
- e. Monthly or less
- f. Don't know
- g. Prefer not to answer

16. Has the COVID-19 pandemic impacted your ability to care for this person?

- a. Yes
- b. No – Go to the next section
- c. Don't know – Go to the next section
- d. Prefer not to answer – Go to the next section

17. How has the COVID-19 pandemic impacted your ability to care for this person? (open-ended response)

Questions 1-17 correspond to Questions 1-17 in section B of the full document "Impact of COVID-19 on Behaviors across the Cancer Control Continuum in Ohio"