

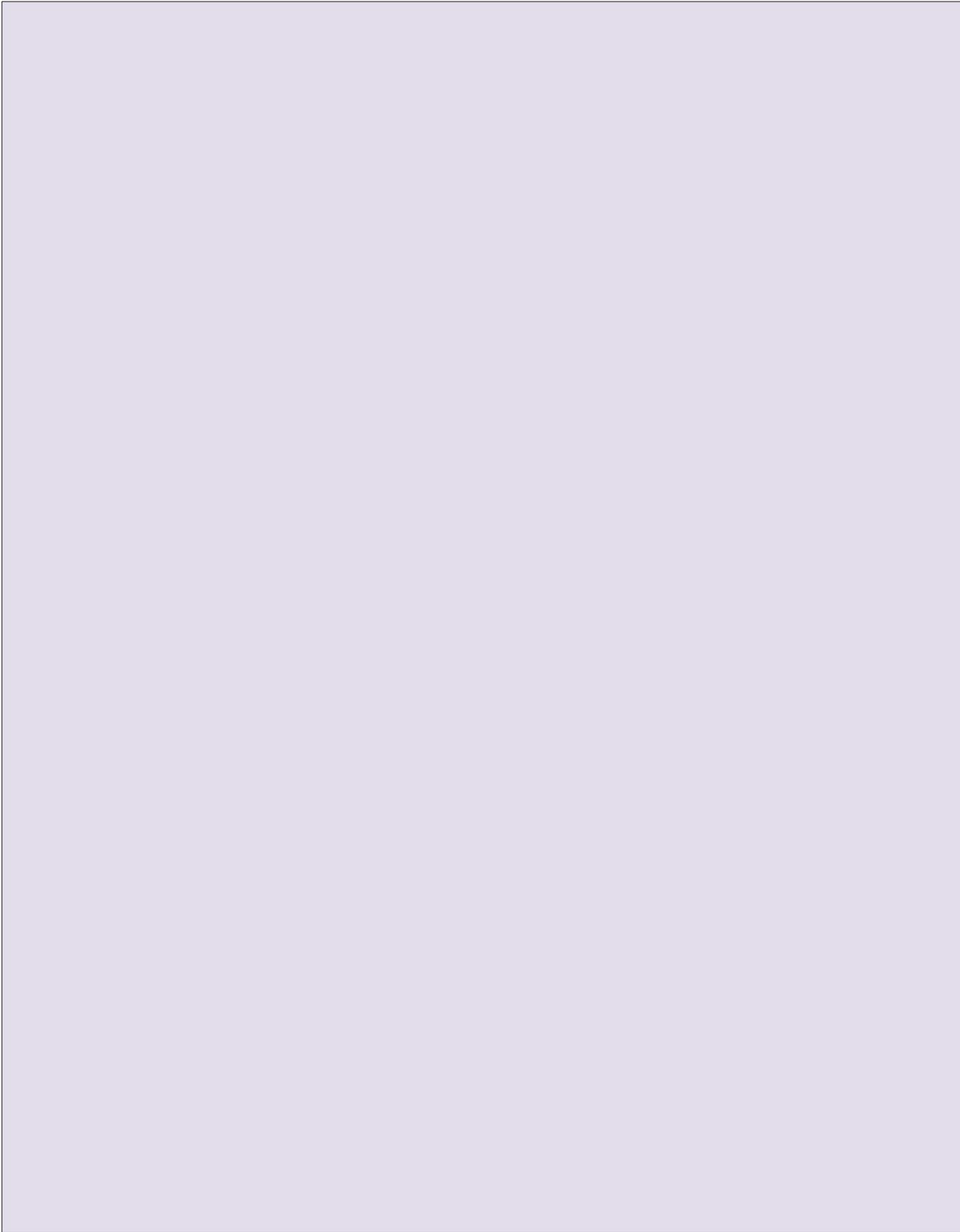


National Health & Aging Trends Study

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 Caucasian
- 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

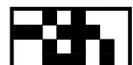
- The NHATS participant can no longer get paid care or home care
 - Other family or friends who usually help had to stop or cut back
 - I do not want the NHATS participant to go out during the outbreak
 - The NHATS participant does not want to go out during the outbreak
 - The NHATS participant's health, 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"/>

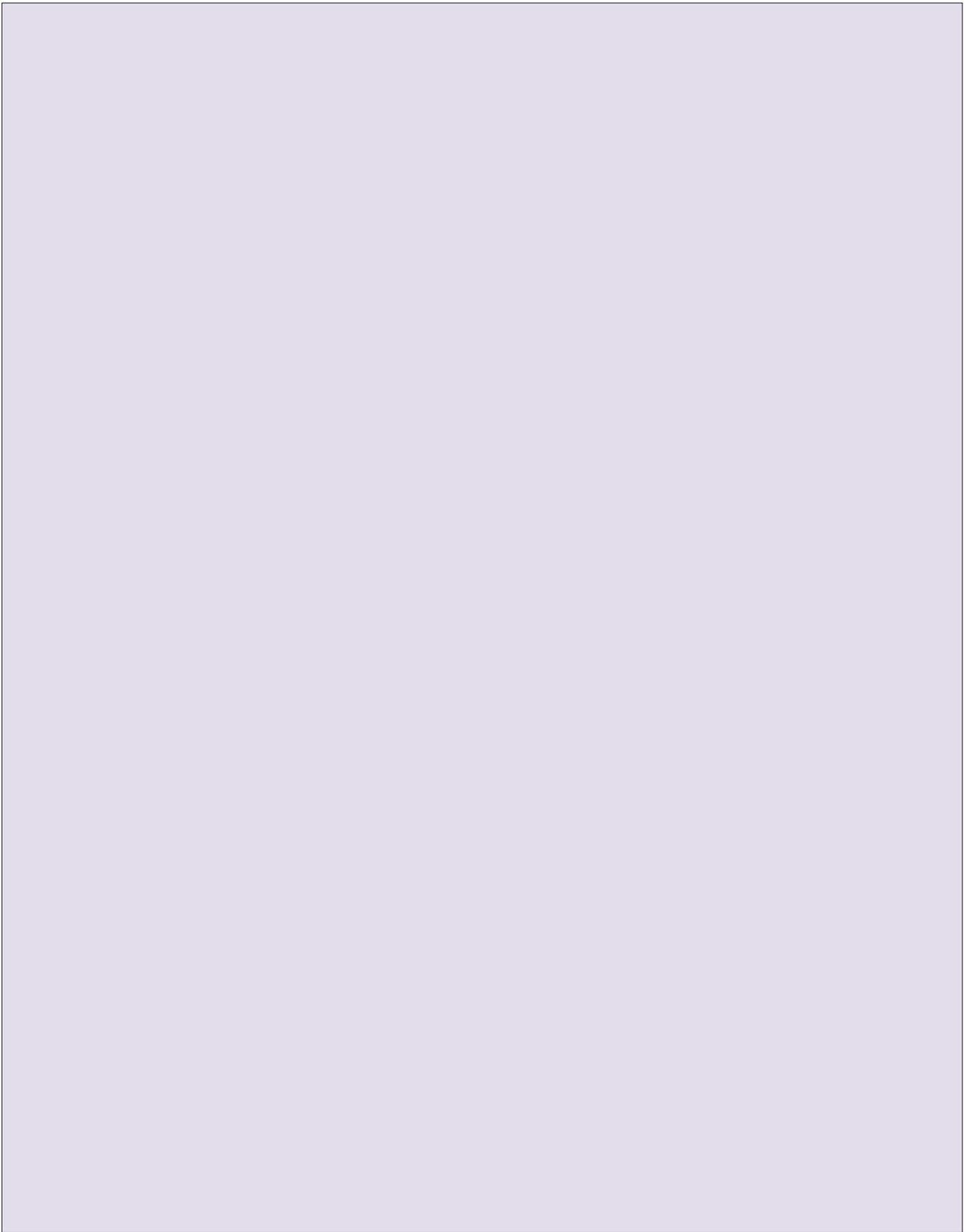
78. How much do the following statements describe your situation?

	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**