



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
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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"/>	<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"/>

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In my immediate neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Outside of my immediate neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:**

	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, 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	<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 online	Yes in person	Didn't do 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 online	Yes in person	Didn't do 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I 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> me	<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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I ordered my 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 my groceries online <u>for</u> me	<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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I 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> me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I ordered my 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 my groceries online <u>for</u> me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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?**

	<b>Yes</b>		<b>No</b>
	<i>(Mark One or Both Reasons.)</i>		
	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**