

COVID-19 Survey – DRAFT IN PROCESS, Unformatted, Untranslated

Thank you for agreeing to complete a brief survey on how Covid-19 is impacting you and your household. The information you provide will help us understand how we can provide resources and services to support residents who live in our housing. All responses are anonymous.

In what city do you current live? \_\_\_\_\_ (open ended)

How many adults (over 18 years of age) currently live in your home? \_\_\_\_\_ (open ended)

How many children (under 18 years of age) currently live in your home?

- # of children less than 3 years of age: \_\_\_\_\_
- # of children who are 3-5 years of age: \_\_\_\_\_
- # of children who are 6-12 years of age: \_\_\_\_\_
- # of children who are 13-18 years of age: \_\_\_\_\_

As a result of Covid-19 have you or another household member... please select all that apply)

- Had to stay at home (shelter in place)
- Lost your employment or livelihood
- Experienced interruptions of difficulties with public transportation
- Had to provide additional care or assistance to someone outside of your home
- Experienced a decrease in earning or income
- Had to homeschool child(ren)
- Been unable to access health care when needed
- Been unable to purchase food sufficient for your needs
- Sought to get tested for Coronavirus/Covid-19
- Been unable to pay part or all of rent
- Other: \_\_\_\_\_

What are your top three current household needs? Please number your top needs 1, 2, 3 by order of priority.

- Food
- Rent assistance
- Transportation assistance
- Access to prescription medication
- Chronic disease (such as asthma, diabetes) management
- Access to health or medical care
- Access to mental health services or counseling
- Utility assistance (e.g., electric bill, internet access)
- Funeral assistance
- Employment opportunities
- Child Care
- Safety

- Access to technology for online learning
- Other: \_\_\_\_\_

Do you have high speed internet in your home? Yes No I don't know

Do you have a working desktop computer, laptop computer, or tablet in your home? Yes No I don't know

*If you have school-age youth in your home...*

Many schools are offering streaming or internet-based learning for students.

- Is your child/children's school providing this service? Yes No
- Do you feel you have adequate internet service to access online learning? Yes No
  - o If "no" please explain:
- Do you feel you have adequate computing equipment to access online learning? Yes No
  - o If "no" please explain:

Since "Safer at Home" or "Shelter in Place" restrictions in your community....

1. How often do you feel that you lack companionship?	Hardly Ever	Some of the Time	Often
2. How often do you feel left out?	Hardly Ever	Some of the Time	Often
3. How often do you feel isolated from others?	Hardly Ever	Some of the Time	Often

(Note: validated UCLA social isolation scale)