



Which caregiver are you interviewing?

Same caregiver as before

Different caregiver from before – indicate relationship:

- Mother [biological]
- Father [biological]
- Adoptive mother/father
- Aunt/uncle
- Foster mother/father
- Grandmother/grandfather
- Other relative (including godparents)

1. Are you or any members of your household employed, even if only temporarily, or on official leave or on maternity leave? *[Interviewer Note: Some examples of official leave are Family Medical Leave Act (FMLA), workman's compensation, or temporary disability]*

- Yes
- Yes, but currently furloughed
- No
- DK/refused

2. Were you or someone else in your household employed before the COVID-19 crisis?

- Yes
- No
- DK/refused

3. Has your job or the job of anyone else in your household been affected by the COVID-19 crisis?

- Yes
- No (Skip to Q5)
- DK/refused (skip to Q5)

4. Please tell me if your job or the job of another member of your household has been affected by the COVID-19 crisis in any of the following ways

- Permanently laid off from a job
 - Yes
 - No
 - DK/refused
- Temporarily laid off from the job
 - Yes
 - No
 - DK/refused
- Temporarily furloughed
 - Yes
 - No
 - DK/refused
- Decrease in work hours
 - Yes

- No
- DK/refused
- Increase in work hours
 - Yes
 - No
 - DK/refused
- Asked to work in a different place than usual, such as from home
 - Yes
 - No
 - DK/refused
- Loss of income
 - Yes
 - No
 - DK/refused
- Other:
 - Yes
 - No
 - DK/refused
 - Specify: _____

5. Have you or a member of your household filed for unemployment due to loss of job or decreased hours as a result of the COVID-19 crisis?

- Yes
- No (skip to Q6)
- DK/refused (skip to Q6)

5b. Have you or a member of your household experienced any difficulties accessing unemployment benefits, such as long waiting lists or challenges with your application?

- Yes
- No
- DK/refused

6. Out of anyone in your household currently working, including yourself, what kind of work do they do?

[Note: Skip if responded "No" or "DK/refused" to Q1]

- Medical/healthcare
- Uber/Lyft/driver services
- Transport and shipping
- Transportation
- Postal service/delivery (including food delivery – Postmates, Uber Eats, Grub Hub – and goods delivery, such as Amazon)
- Grocery or pharmacy
- Clerical/administrative
- Military
- Information Services and Data Processing
- Real estate, rental, and leasing
- Utilities (power, fuel supply, transmission, water supply, and waste management)

- Finance and insurance
- Non-profit
- Student
- Self-employed
- Teaching and education
- Service (retail, food, hospitality)
- Other
- DK/refused

7. Out of anyone in your household who has lost their job or decreased work hours, including yourself, what kind of work did they do? Check all that apply

- Medical/healthcare
- Uber/Lyft/driver services
- Transport and shipping
- Transportation
- Postal service/delivery (including food delivery – Postmates, Uber Eats, Grub Hub – and goods delivery, such as Amazon)
- Grocery or pharmacy
- Clerical/administrative
- Military
- Information Services and Data Processing
- Real estate, rental, and leasing
- Utilities (power, fuel supply, transmission, water supply, and waste management)
- Finance and insurance
- Non-profit
- Student
- Self-employed
- Teaching and education
- Service (retail, food, hospitality)
- Other
- DK/refused

Health Status & Access to Care

The next few questions are about you and your child’s health:

8. In general, would you say your own physical health now is...?

- Excellent
- Good
- Fair
- Poor
- DK/refused

9. In general, would you say [CHILD’S NAME] health now is ...?

- Excellent
- Good
- Fair
- Poor
- DK/refused

PROMPT: *The following questions are about how you have been feeling.*

10. When you think about yourself over the past 2 weeks, how often have you been bothered by the following problems?

- a. **Feeling nervous, anxious, or on edge**
 - Not at all
 - Several Days
 - More than half of the days
 - Nearly every day
- b. **Not being able to control worrying**
 - Not at all
 - Several Days
 - More than half of the days
 - Nearly every day
- c. **Little interest or pleasure in doing things**
 - Not at all
 - Several Days
 - More than half of the days
 - Nearly every day
- d. **Feeling down, depressed, or hopeless**
 - Not at all
 - Several Days
 - More than half of the days
 - Nearly every day

11. What type of health insurance do you have?

Choose all that apply.

- Medicaid/State Medicaid
- Medicare
- Other public Insurance/Free Care
- No insurance/Pay out of pocket
- Private insurance (from employer or purchased directly)
- Tricare/military insurance
- Other
- DK/refused

Specify:

12. Which of the following best describes your health insurance coverage since the COVID-19 crisis?

- Loss of insurance
- Change in insurance coverage, but no loss of coverage
- No change in health insurance coverage
- Got health insurance that s/he didn't have before
- No coverage
- Lost and regained health insurance
- Other

- DK/refused

Specify:

- _____
- _____

13. What type of health insurance does [CHILD'S NAME] have?

Choose all that apply.

- Medicaid/S-CHIP/State Medicaid
- Other public Insurance/Free Care
- No insurance/Pay out of pocket
- Private insurance (from employer or purchased directly)
- Tricare/military insurance
- Other
- DK/refused

Specify:

- _____

14. Which of the following options best describes the child's health insurance coverage since the COVID-19 crisis?

- Loss of insurance
- Change in insurance coverage, but no loss of coverage
- No change in health insurance coverage
- Got health insurance that s/he didn't have before
- No coverage
- Lost and regained health insurance
- Other
- DK/refused

Specify:

- _____

15. Since the COVID-19 crisis, did you or another member of your household need medical care for something other than coronavirus, including immunizations and preventative care, but DID NOT GET IT because of the pandemic?

- Yes – household members other than the child did not receive care
- Yes – the child did not receive care
- Yes – both the child and another household member did not receive care
- No
- DK/refused

16. Have you or has another member of your household considered getting tested for COVID-19 symptoms?

- Yes
- No (skip to Q17)
- DK/refused (skip to Q17)

16b. Which of the following, if any, prevented you or a member of your household from getting testing: (check all that apply)?

- I have not been prevented from getting testing
- Cost
- I don't know if it is covered by my health insurance
- Transportation / inaccessible location
- Problems getting child care (no one to care for my child)
- Fear due to immigration status
- Fear of hospital/health center exposure
- Other
- DK/refused

Specify:

- _____

17. Do you live in the same household as someone who you believe has had COVID-19 or tested positive for COVID-19, including yourself?

- Yes – suspected by you or members of household
- Yes – suspected or diagnosed remotely by a health professional
- Yes – tested positive
- No (skip to Q18)
- DK/refused (skip to Q18)

17b. Have you or has anyone in your household been hospitalized due to COVID-19?

- Yes
- No
- DK/refused

Hardship Impact of COVID

18. Since the COVID-19 crisis, has it been easier, the same as usual, or harder than before for you to pay for basic needs like food, housing, utilities, medical care or medicine, and personal care products like toilet paper and diapers?

- Easier than before
- Same as usual
- Harder than before
- DK/refused

Food Security & Food Access

Now we'd like to ask you about your/your family's experience with food since the COVID-19 crisis.

I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) since the start of the COVID-19 crisis

19. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."

- Often true
- Sometimes true

- Never true
- DK/refused

20. "(I/we) couldn't afford to eat balanced meals."

- Often true
- Sometimes true
- Never true
- DK/refused

21. Since the COVID-19 crisis, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No (skip to Q22)
- DK/refused

21b. How often did this happen?

- Almost every week
- Some weeks but not every week
- Only 1 or 2 weeks
- DK/refused

22. Since the COVID-19 crisis, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- DK/refused

23. Since the COVID-19 crisis, were you every hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- DK/refused

24. Since the COVID-19 crisis, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

- Yes
- No
- DK/refused

25. Since the COVID-19 crisis did ([the child]/any of the children) ever skip meals because there wasn't enough money for food?

- Yes
- No (skip to Q26)
- DK/refused (skip to Q26)

25b. How often did this happen?

- Almost every week
- Some weeks but not every week

- Only 1 or 2 weeks
- DK/refused

26. Since the COVID-19 crisis, have you or has anyone in your household gotten free or low-cost groceries from a food pantry, food bank, church, or other non-government organization that helps with food?

- Yes
- No
- DK/refused

27. Do you or does someone in your household have a dietary restriction, including special formulas for babies or supplements for children, due to food allergy or sensitivity, diet-related illness (such as diabetes or kidney disease), or religious restriction?

- Yes
- No (skip to Q28)
- DK/refused (skip to Q28)

27b. Has your ability to meet the needs of these dietary restrictions changed since the COVID-19 crisis?

- Yes
- No
- DK/refused

28. What, if anything, would make it easier for your household to meet its food needs during the COVID-19 crisis? Check all that apply

- Access to public transit or rides
- Different hours in meal programs or stores
- Extra money to help pay for food and bills
- Help with administrative problems (like applying for food assistance)
- Increase benefits of existing food assistance programs (like SNAP or WIC)
- Online ordering using SNAP or WIC
- Information about food assistance programs or food pantries
- More (or different) food in stores
- More trust in safety or food delivery
- More trust in safety of going to stores
- Support for the cost of food delivery
- Other
- DK/refused

Specify:

- _____

Housing Stability Vital Sign

The following questions are about how your housing may have been affected by the COVID-19 crisis

29. Including [CHILD'S NAME], how many people ages 0-4 are in your household? __ (# people) (code 99=DK/refused)

29b. How many people ages 5-18 are in your household? __ (# people) (code 99=DK/refused)

29c. Including yourself, how many people 19 and over are in your household? __ (# people)

30. How many bedrooms are in this child's home? __ # bedrooms (code 99=DK/refused)

31. Since the COVID-19 crisis, was there a time when you were not able to pay the mortgage or rent on time? (For example, because of economic difficulties.)

- Yes
- No
- DK/refused

32. Since the COVID-19 crisis, how many places have you lived?

- ____ # of places
- DK/refused

33. Since the COVID-19 crisis, have you been homeless or lived in a shelter? (Note: When we say homeless we mean living in a shelter, motel, temporary or transitional living situation, scattered site housing, or no steady place to sleep at night)

- Yes
- No
- DK/refused

34. An eviction is when your landlord or a government or bank official forces you to move when you don't want to. Since the COVID-19 crisis have you been evicted?

- Yes
- No
- DK/refused

35. Does your household have access to the internet?

- Yes – on a desktop computer, laptop, or tablet
- Yes – on a smartphone
- No
- Other
- DK/refused

Specify:

- _____

Energy Security Vital Sign

36. Since the COVID-19 crisis, was there a time when you were not able to pay a utility bill on time? (For example, because of economic difficulties.)

- Yes – unable to pay water bill
- Yes – unable to pay [gas/electric/oil] bill
- Other
- No

- DK/refused

Specify:

37. Since the COVID-19 crisis, has the [gas/electric/oil] company sent you a letter threatening to shut off or refuse delivery of the [gas/electricity/oil] in the house for not paying bills?

- Yes
- No
- Already shut off
- DK/refused

38. Since the COVID-19 crisis, has the water utility sent you a letter threatening to shut off or refuse delivery of water in the house for not paying bills?

- Yes
- No
- Already shut off
- DK/refused

Child Care

39. Have you lost access to child care as a result of COVID-19 related closings and/or social distancing guidance?

- Yes
- I did not have child care prior to COVID-19
- No
- DK/refused

40. Because of COVID-19 many child care settings have been closed. Since the COVID-19 crisis, have problems getting infant/toddler/preschool child care or out of school time care made it difficult for you to work or study?

- Yes
- No (skip to Q41)
- DK/refused (skip to Q41)

40b. Have these problems getting infant/toddler/preschool child care or out of school time care meant that you are... (Choose all that apply...)

- Unable to work /work more (additional) hours?
- Unable to attend classes?
- Other
- No
- DK/refused

Specify:

- _____

Assistance

Now we'd like to ask you about programs in which you participate that help you pay your bills or for other needs.

41. In which, if any, of the following do you currently participate? (Choose all that apply.)

- SNAP (Food Stamps)
- Medicaid (state health insurance)
- Earned Income Tax Credit (EITC)
- WIC
- Subsidized housing or public housing
- Rental Assistance
- Utility assistance
- Water assistance
- SSI
- SSI-disability (SSDI)
- TAFDC or TANF (also known as 'cash assistance')
- Free or reduced priced school meals (school meal pick-up or drop-off)
- Pandemic EBT (an EBT card with money to replace school meals)
- Eviction prevention assistance or funds
- Freeze on eviction and foreclosures
- Unemployment insurance
- Cash assistance (including stimulus checks)
- Paid leave
- Other
- None of these
- DK/refused

Specify:

- _____

42. Since the COVID-19 crisis, [have you/has your household] received an increase in your benefit amount for: (check all that apply)

[Programming note: only include programs cited in Q34 above and 'other' and none in all cases]

- SNAP
- Unemployment Insurance
- TANF
- Other
- None of these
- DK/refused

Specify:

- _____

43. [Have you/has a member of you household] received a stimulus check [also known as economic impact payment] from the Federal government?

- Yes
- No (Skip to Q44)
- DK/refused (Skip to Q44)

43b. How much was this for? \$ ____ (code 99=DK/refused) (skip to Q45)

44. Why haven't you or a member of your household received a stimulus check?

- It hasn't arrived yet, but I am expecting it
- Not eligible
- Never filed taxes
- Don't have a bank account / address changed
- I'm not sure
- Other
- DK/refused

Specify:

- _____

Family and Relationships

In the past 30 days, please describe how often....

45. There is someone around to help you if you need it (like taking you to the doctor, taking you grocery shopping, making meals, or help with child care)

- Never
- Rarely
- Sometimes
- Usually
- Always
- DK/refused

Thank you for your participation in the Children's HealthWatch survey!

To compensate you for your time, we will be sending you a gift card.

Please inform the research staff if you prefer it is sent electronically via email or by physical mail.

Are you willing to be contacted again to participate in another follow-up survey and receive an additional gift card?

- Yes
- No

Again, if you have any questions, please contact _____ . Thank you and have a great day!