

**C. The next questions are about the stress you may have experienced as a result of the COVID-19 pandemic.**

Question 1 is asked of participants who were not tested or who tested negative for COVID-19.

1. From 0 to 100, how concerned are you about catching COVID-19? (0=Not at all concerned; 100=Extremely concerned)
  - a. Don't know
  - b. Prefer not to answer
2. From 0 to 100, how concerned are you about someone you know catching COVID-19? (0=Not at all concerned; 100=Extremely concerned)
  - a. Don't know
  - b. Prefer not to answer
3. During the last 30 days, how often have you worried about personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancellations)?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer
4. During the last 30 days, how often have you worried about making rent or mortgage payments?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Not applicable – I do not pay rent or mortgage
  - f. Don't know
  - g. Prefer not to answer
5. During the last 30 days, how much have you worried about providing for yourself or your family?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer
6. During the last 30 days, how often have you been concerned about having enough food for yourself or your family?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer

7. During the last 30 days, how often have you worried about not having enough basic supplies such as household cleaning supplies or toilet paper?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer
  
8. During the last 30 days, how often did you have trouble falling asleep?
  - a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. None of the time
  - e. Don't know
  - f. Prefer not to answer
  
9. During the last 30 days, how would you rate your sleep quality overall?
  - a. Excellent
  - b. Very good
  - c. Good
  - d. Fair
  - e. Poor
  - f. Don't know
  - g. Prefer not to answer
  
10. In the past 7 days, how often have you felt nervous, anxious, or on edge?
  - a. Not at all or less than 1 day
  - b. 1-2 days
  - c. 3-4 days
  - d. 5-7 days
  - e. Don't know
  - f. Prefer not to answer
  
11. In the past 7 days, how often have you felt depressed?
  - a. Not at all or less than 1 day
  - b. 1-2 days
  - c. 3-4 days
  - d. 5-7 days
  - e. Don't know
  - f. Prefer not to answer
  
12. In the past 7 days, how often have you felt lonely?
  - a. Not at all or less than 1 day
  - b. 1-2 days
  - c. 3-4 days
  - d. 5-7 days
  - e. Don't know
  - f. Prefer not to answer

13. In the past 7 days, how often have you felt hopeful about the future?
- Not at all or less than 1 day
  - 1-2 days
  - 3-4 days
  - 5-7 days
  - Don't know
  - Prefer not to answer
14. In the past 7 days, how often have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experience (e.g., social distancing, loss of income/work, concerns about infection) with the COVID-19 pandemic?
- Not at all or less than 1 day
  - 1-2 days
  - 3-4 days
  - 5-7 days
  - Don't know
  - Prefer not to answer
15. Please indicate how strongly you agree or disagree with the following statements:
- Response options: Strongly disagree, disagree, neutral, agree, strongly agree, don't know, prefer not to answer
- I tend to bounce back quickly after hard times.
  - I have a hard time making it through stressful events.
  - It does not take me long to recover from a stressful event.
  - It is hard for me to snap back when something bad happens.
  - I usually come through difficult times with little trouble.
  - I tend to take a long time to get over set-backs in my life.

Questions 16-17 are asked if participant indicated a positive COVID-19 test result.

16. Were you afraid or embarrassed to disclose your COVID-19 diagnosis with your friends or your employer?
- Yes
  - No
  - Don't know
  - Prefer not to answer
17. How much do you agree or disagree with the following statement?  
When I tested positive for COVID-19, people treated me differently.
- Strongly agree
  - Somewhat agree
  - Somewhat disagree
  - Strongly disagree
  - Don't know
  - Prefer not to answer

Questions 18-19 are asked if participant was not tested or tested negative for COVID-19.

18. If you were diagnosed with COVID-19, would you be afraid or embarrassed to disclose this information to your friends or your employer?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

19. How much do you agree or disagree with the following statement?

If I tested positive for COVID-19, people would treat me differently.

- a. Strongly agree
- b. Somewhat agree
- c. Somewhat disagree
- d. Strongly disagree
- e. Don't know
- f. Prefer not to answer

20. During the COVID-19 outbreak, did you experience stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to COVID-19)?

- a. Yes
- b. No
- c. Don't know
- d. Prefer not to answer

**Questions 1-20 correspond to Questions 1-20 of section C in the full document "Impact of COVID-19 on Behaviors across the Cancer Control Continuum in Ohio"**