



# Psychosocial Wellbeing - Closest Support Person Questionnaire

ID NUMBER:

FORM CODE:

DATE: 06/01/2020  
Version 1.0

## ADMINISTRATIVE INFORMATION

**Instructions:** This form is completed at some point after the Psychosocial Wellbeing questionnaire has been completed [with the participant or the proxy]. The date is the day when the interview was attempted or completed. The ID number for the closest support person is the same as the corresponding cohort participant ID number. We request this interview with the participant's closest support person **who does not live with** the participant. This could be a family member, friend or other person; professional staff in a facility are not eligible.

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

Interviewer: Read the script in the QxQ.

0c. Would you be willing to spend approximately 5-10 minutes on this conversation?

Yes ..... <sub>Y</sub> → **Go to item 1**

No ..... <sub>N</sub>

0d. Can I call you back at a convenient time to ask these questions?

Yes .... <sub>Y</sub>

No ..... <sub>N</sub> → **Save and close form**

0e. When would it be convenient to call back? / /   
Month Day Year

0f. Staff Notes:

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1. What is your relationship to *[participant's name]*:

Spouse.....A

Child.....B

Sibling.....C

Cousin.....D

Friend.....E

Other.....F

2. Do you live with *[participant's name]*?

Yes .... Y → **Go to item 7**

No ..... N

3. Compared to the months before the COVID-19 outbreak began, how has the frequency of your communication with *[participant's name]* changed?

More often.....M

Same as before.....S

Less often than before .....L

4. Are you staying in touch with *[participant's name]*:

	Yes	No
a. By speaking in person?	<input type="checkbox"/> Y	<input type="checkbox"/> N
b. With phone calls?	<input type="checkbox"/> Y	<input type="checkbox"/> N
c. With video calls?	<input type="checkbox"/> Y	<input type="checkbox"/> N
d. By email?	<input type="checkbox"/> Y	<input type="checkbox"/> N
e. Texting?	<input type="checkbox"/> Y	<input type="checkbox"/> N
f. Through social media?	<input type="checkbox"/> Y	<input type="checkbox"/> N
g. By postal mail?	<input type="checkbox"/> Y	<input type="checkbox"/> N
h. By other means?	<input type="checkbox"/> Y	<input type="checkbox"/> N

h1. Please specify: \_\_\_\_\_

5. About how often are you in touch with [*participant's name*]?

More than once per day .....  A

Once per day .....  B

2-6 times per week.....  C

Once a week .....  D

Less than once a week .....  E

Never.....  F

6. In the past month, has there been someone [*participant's name*] could talk to about things that are important to [*him/her*]; someone [*he/she*] could count on for understanding or for support?

Yes.....  Y

No.....  N

Do not know.....  D

**Script: "I now have several questions about you and how you are coping with the COVID-19 pandemic".**

7. Have you had a diagnosis of COVID-19?

Yes.....  Y

No.....  N

Do not know.....  D

8. How would you rate your health compared to others your age?

Excellent .....  E

Very Good.....  V

Good.....  G

Fair .....  F

Poor .....  P

9. How much has the COVID-19 pandemic affected you physically?

Not at all.....A

A Little.....B

Some .....C

A lot .....D

10. How much has the COVID-19 pandemic affected you emotionally?

Not at all.....A

A Little.....B

Some .....C

A lot .....D

11. How much has the COVID-19 pandemic affected you financially?

Not at all.....A

A Little.....B

Some .....C

A lot .....D

12. Is there anything else you would like us to know or consider in our research?

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**Script:** “Thank you very much for answering this questionnaire and helping [*participant’s name*] contribute to the ARIC study and its mission of “Research with Heart” for the past 30 years.”