



PSYCHOSOCIAL WELLBEING- PROXY

ID NUMBER:

FORM CODE:

P	W	X
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DATE: 06/01/2020
Version 1.0

ADMINISTRATIVE INFORMATION

Instructions: *This form is completed during a call that is separate from the NCG Telephone Assessment. This may be a stand-alone call or combined with NCG scheduling, the Annual Follow-Up call or the Semi-Annual Follow-Up call, depending on field center scheduling. Importantly, the timing will be optimized for participant convenience. The date is the day the interview was attempted or completed.*

0a. Completion Date: //

0b. Staff ID:

Interviewer: Read the script in the QxQ.

0c. Is this a good time to talk?

Yes _Y → **Go to item 1**

No _N

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

Yes _Y

No _N → **Save and close form**

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

0f. Staff Notes:

[allow for 150 characters, same as CIU0g]

A. GENERAL QUESTIONS

1. Has [participant's name] been diagnosed with COVID-19?

Yes _Y

No _N

Do not know _D

2. How concerned are you about the COVID-19 pandemic?

Not at all _N → **Go to item 4**

Somewhat Concerned _S

Very Concerned _V

3. Are you concerned about:

	Yes	No
a. Your own health or well-being?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
b. The health or well-being of someone else?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
c. Daily necessities (for example, obtaining groceries)?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
d. Money?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
e. Anything else?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N

e1. Please specify: _____

4. Do you feel that the COVID-19 pandemic has changed [participant's name]'s daily life?

Yes _Y

No _N → **Go to item 6**

Do not know _D → **Go to item 6**

5. How much has [his/her] daily life changed?

Somewhat _S

Very much _V

6. During the past week, how often would you say that [participant's name] felt...:

Hardly Ever

Some of the time

All of the time

a. **Anxious?**

HSA

b. **Nervous?**

HSA

c. **Fearful?**

HSA

B. MEDICAL CARE

[script] The following questions are about [participant's name] medical care during the COVID-19 pandemic.

7. Did [participant's name] have a scheduled, in-person medical or dental appointment, which [he/she] was unable to attend in-person?

Yes _Y

No _N → **Go to item 9**

Do not know _D → **Go to item 9**

8. Was that because:

	Yes	No
a. [participant's name] had no transportation to get to the doctor's office?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
b. the in-person visit was changed to a telephone or video?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
c. [participant's name]'s appointment was cancelled?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
d. Some other reason?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N

d1. Please specify: _____

9. Was [participant's name] able to get medications or have treatments [he/she] normally take?

Yes _Y

No _N

Do not know _D

10. Did [participant's name] delay, postpone, or refuse a visit to an emergency room or hospital for a medical event or concern?

Yes _Y

No _N

Do not know _D

11. Compared to the months before the pandemic began, how much has [participant's name]'s sleep been interrupted or disturbed?

Not at all _N

Somewhat..... S

A Lot A

C. UCLA LONELINESS SCALE

[script] The following questions ask about your feelings during this time of COVID-19.

12. How often do you now feel that you lack companionship?

Hardly Ever _H

Some of the time _S

Often _O

13. How often do you now feel left out?

Hardly Ever _H

Some of the time _S

Often _O

14. How often do you now feel isolated from others?

Hardly Ever _H

Some of the time _S

Often _O

D. SOCIAL NETWORK

[script] The following questions ask about how [participant's name] has been able to stay in touch with family and friends during the COVID-19 pandemic

15. Does [participant's name] live alone?

Yes _Y → **Go to item 19**

No _N

Prefer not to respond _P → **Go to item 19**

16. How many adults does [participant's name] live with? # [if 0, answer 17 and go to 19]

17. How many children (age <18 years) does [participant's name] live with? #

18. How are the adults related to [participant's name]? Are they:

	Yes	No
a. Spouse?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
b. Children?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
c. Other family member(s)?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
d. Friend(s)?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
e. Other?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N

e.1. Please specify: _____

19. Have the COVID social distancing rules changed how often [participant's name] stays in touch with family and friends?

Yes _Y

No _N

Do not know _D

20. How often does [participant's name] stay in touch with family and friends

Every day E

Several times a week S

Once a week O

Less than once a week L

21. Is [participant's name] staying in touch with [his/her] family members and friends:

	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: _____

E. SOCIAL SUPPORT

[script] Now we want to ask you about the kind of support you have from your family and friends during the COVID-19 pandemic.

22. Can you count on anyone to help you when you need to make difficult decisions or talk over problems?

Yes Y

No N

Do not know D

23. Can you count on anyone to help you with daily tasks like grocery shopping, house cleaning, cooking, telephoning, or giving you a ride?

Yes Y

No N

Do not know D

24. How often would you say that [*participant's name*] tends to bounce back quickly after hard times?

Always A

Usually U

Sometimes S

Rarely R

Never N

F. PHYSICAL ACTIVITY

[script] For the following two questions, please think about an average day before the COVID-19 pandemic compared to an average day now.

25. Think about the time [participant's name] spent being physically active (for example, gardening or walking) before the COVID-19 pandemic. Would you say that the time [participant's name] spends being physically active now is:

More _M

The Same _S

Less _L

26. Think about the time [participant's name] spent sitting (for example, watching television or reading) before the COVID-19 pandemic. Would you say that the amount of time [participant's name] spends sitting now is:

More _M

The Same _S

Less _L

G. CLOSING

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

[allow for 2,000 characters]

Interviewer: If you will be requesting permission to contact the closest support person, proceed to the next tab. Otherwise, read the script below and save and close the form.

"Thank you very much for contributing for the past 30 years to the ARIC study and its mission of 'Research with Heart!'"

H. PERMISSION

Interviewer: Read the script in the QxQ and answer the question below.

28. Permission to contact closest support person?

Yes _Y → **Save this form and open the PSI form**

No _N → **Read the script below then SAVE and CLOSE this form**

"Thank you very much for contributing for the past 30 years to the ARIC study and its mission of 'Research with Heart!'"