P
SYCHOSOCIAL WELLBEING- PROXY

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:

   a. Your own health or well-being? □Y □N
   b. The health or well-being of someone else? □Y □N
   c. Daily necessities (for example, obtaining groceries)? □Y □N
   d. Money? □Y □N
   e. Anything else? □Y □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...:
<table>
<thead>
<tr>
<th></th>
<th>Hardly Ever</th>
<th>Some of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Anxious?</td>
<td>□️️️H</td>
<td>□️️️S</td>
<td>□️️️A</td>
</tr>
<tr>
<td>b. Nervous?</td>
<td>□️️️H</td>
<td>□️️️S</td>
<td>□️️️A</td>
</tr>
<tr>
<td>c. Fearful?</td>
<td>□️️️H</td>
<td>□️️️S</td>
<td>□️️️A</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. [participant’s name] had no transportation to get to the doctor’s office?</td>
<td>□ Y</td>
</tr>
<tr>
<td>b. the in-person visit was changed to a telephone or video?</td>
<td>□ Y</td>
</tr>
<tr>
<td>c. [participant’s name]’s appointment was cancelled?</td>
<td>□ Y</td>
</tr>
<tr>
<td>d. Some other reason?</td>
<td>□ Y</td>
</tr>
</tbody>
</table>

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
A Lot
C. UCLA LONELINESS SCALE

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

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:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Spouse?</td>
<td>□Y</td>
<td>□N</td>
</tr>
<tr>
<td>b. Children?</td>
<td>□Y</td>
<td>□N</td>
</tr>
<tr>
<td>c. Other family member(s)?</td>
<td>□Y</td>
<td>□N</td>
</tr>
<tr>
<td>d. Friend(s)?</td>
<td>□Y</td>
<td>□N</td>
</tr>
<tr>
<td>e. Other?</td>
<td>□Y</td>
<td>□N</td>
</tr>
<tr>
<td>e.1. Please specify:</td>
<td>__________________________</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. By speaking in person?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>b. With phone calls?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>c. With video calls?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>d. By email?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>e. Texting?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>f. Through social media?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>g. By postal mail?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>h. By other means?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

h1. Please specify: ______________________________________________________
E. SOCIAL SUPPORT

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'!"