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Staniford

SIGHTLINES 2021 SURVEY

Assessing the Impact of COVID-19

The Stanford Center on Longevity

Financial security block

Section 1: Financial Security

In this section, we ask questions about how you and your family are doing financially during the pandemic.

What was your <u>family income before tax</u> in 2020? Include salaries, tips, net income from a business, farm, or rent, pension, dividends, interest, Social Security income, and any other money income received by all members living in this family full-time. If you are single, report your own income.

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How has your family income changed due to the COVID-19 pandemic
O Decreased a lot (by more than 25 percent)
O Decreased somewhat (by less than 25 percent)
O Unchanged
O Increased somewhat (by less than 25 percent)
O Increased a lot (by more than 25 percent)
O Don't know / Decline to answer
In 2020, how many different jobs have you had for pay?
O 0
O 1
O 2
O 3 or more

Are y	you working? What is your present status? If you have multiple jobs, record the one most
impo	ortant to you.
0	Full time employee
0	Part time employee
0	Self-employed
0	Job accepted and waiting to start work
0	Temporarily laid off; seasonal work and not working now
0	Unemployed and looking for work
0	Student; job training
0	Homemaker; never worked; misc. out of the labor force
0	Disabled
0	Retired (full, partial, or temporary)
0	On sick leave or maternity leave
0	Volunteer work
0	On vacation/other leave of absence
0	On sabbatical/extended leave and expecting to go back to job
0	On strike
0	Other not working and not looking for work
inder Upw temp	20, have you ever had any income as a Gig worker? Gig workers include (1) bendent contractors, (2) people making money from platforms such as UBER, Lyft, ork, Freelancer, Youtube, Fiverr, DoorDash, Care.com, Airbnb, etc. (3) on-call workers. (4) borary/seasonal workers. Yes No
Roug	ghly, how much is your income from Gig work, as a percentage of your total income?

Can you work from home during the COVID-19 pandemic?
O I can work from home 100% of the time.
O I can work from home, but less than 100% of the time.
O I cannot work from home at all.
Have you lost a job, been laid off, shut down your business, or lost business deals/contracts due to the COVID-19 pandemic?
O yes.
O No.
I stopped working, but not due to COVID-19.
O I didn't work before the pandemic.
Since March 2020, have you claimed unemployment benefits or unemployment assistances?
O Yes
O No
Roughly, how much is your unemployment benefit compared to your regular income before the pandemic?
Suppose you needed money within a month to cover some unexpected expenses. If you
added up all the money that your household could access quickly, how much would this
amount to? Examples include cash, checking and savings accounts, certificate of deposits,
money market mutual funds, etc. Do not include your home equity.

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Have you ever used any of the following methods to pay for an unexpected expense? Check
all that apply.
Put on credit card, pay in full next month.
☐ Put on credit card, pay in part next month.
☐ Withdraw early from retirement savings.
☐ Sell something.
Use payday loans, overdraft, or similar products.
☐ Borrow from friends or family members.
☐ Borrow from banks.
Others.
Suppose you needed money <u>within a month</u> to cover some unexpected expenses. How much would you be able to borrow from friends and family members who don't live with you?
In deciding how much of their income to spend or save, people are likely to consider different
time horizons. In planning your finances such as saving and spending, which time period is most important to you?
O Next few months
O Next year
O Next few years
Next 5-10 years
O Longer than 10 years O Don't know.
DOLL KILOW.

How has the COVID-19 pandemic changed your **monthly spending**, compared to before the pandemic?

Note: "A lot" = more than 25%. "Somewhat" = less than 25%.

	Decreased a lot	Decreased somewhat	Unchanged	Increased somewhat	Increased a lot
(1) Food, beverages, utilities (heat/water /electricity), telecommunications	0	0	0	0	0
(2) Cleaning supplies; Housekeeping services and supplies	0	0	0	0	0
(3) Personal care, hobbies, sports, leisure	0	0	0	0	0
(4) Dining out, trips and vacations	0	0	0	0	0
(5) Durable goods: refrigerator, washer/dryer, dishwasher, TV, computer.	0	0	0	0	0
(6) Health care, medications, and medical supplies	0	0	0	0	0
(7) Transportation (gasoline, fare, auto purchases, vehicle insurance, maintenance, car payment).	0	0	0	0	0

How has the COVID-19 pandemic changed your **monthly borrowing**, compared to before the pandemic?

Note: "A lot" = more than 25%. "Somewhat" = less than 25%.

	Decreased a lot	Decreased somewhat	Unchanged	Increased somewhat	Increased a lot	Don't have this debt
Credit card loans	0	0	0	0	0	0
Payday loans	0	0	0	0	0	0
Home equity loans	0	0	0	0	0	0
401(k) loans	0	0	0	0	0	0
Reverse mortgages	0	0	0	0	0	0
Other bank loans	0	0	0	0	0	0
Borrowing from friends and family members	0	0	0	0	0	0

Compared to before the pandemic, do you have more or less delays in **making debt payment**?

	Fewer delays	Unchanged	More delays	Don't have this debt
Mortgage payment	0	0	0	0
Credit card payment	0	0	0	0
Student loans payment	0	0	0	0
Auto loans payment	0	0	0	0

Adding together student loans, credit card debt (unpaid), and personal borrowings, how much do you owe now (USD)? Don't count home mortgage.

Did you own your home on December 1, 2020? The home can be either under your name or under the name of your spouse/domestic partner.

O Yes.

O No.

Are	you still paying your home mortgage?
0	Yes.
0	No, my home is paid off.
0	No, the home has recently been sold.
How	has the pandemic changed your plans for buying a home?
0	The pandemic has made me postpone plans to buy a home.
0	The pandemic has made me accelerate plans to buy a home.
0	No change.
Has	the pandemic caused you to move out of county or state?
0	I have moved/plan to move, but plan to move back within 2 years.
0	I have moved/plan to move, and have no plans to move back within 2 years.
0	No change.
Wha	at are the reasons for your move? Select all that apply.
	The shift to remote work allowed me to move to a less expensive place.
	I (or spouse/partner) lost jobs in the pandemic and could no longer afford to live in the previous location.
	Better job opportunities in the new location.
	Moving in with family/friends to save money.
	Wanting to be closer to family/friends during the pandemic.
	Other reasons.

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Do you have any of the following?

	Yes	No	Don't know
(1) Employer sponsored retirement plans, like 401(k)/403(b), 457.	0	0	0
(2) Defined-benefit pensions	0	0	0
(3) IRA or Keogh plans	0	0	0
(4) Investment accounts, such as mutual funds, stock, bonds, cash call, annuity, trust, options, etc.	0	O	0

How has your contributions to retirement plans (e.g., 401(k), IRA) changed, compared to before the COVID-19 pandemic?

Note:

- O Decreased a lot
- O Decreased somewhat
- O No change
- O Increased somewhat
- O Increased a lot
- O Don't know.

What do you think are the chances that you will be working in the following scenarios? 0 represents no chance, and 100 represent complete certainty.

	How likely the following will happen?										
	0	10	20	30	40	50	60	70	80	90	100
Work full-time after											
age 62											
Work full-time after											
age 65											
Work full-time after											
age 70											
Work part-time after											
age 62											
Work part-time after											
age 65											
Work part-time after											
age70											
Has COVID-19 cha	angec	I the a	ige tha	at you p	olan to	retire i	n the f	uture?			
O Yes, I now plan	to reti	re <u>late</u>	<u>r</u> than	l had pl	anned b	efore C	COVID-	19.			
O Yes, I now plan	to reti	re earl	ier tha	n I had	planned	before	COVIE)-19.			
O No, I still plan to	retire	at the	same	age.							
O I am already reti	ired.										
Do you have any h	ealth	insura	ance?	The po	olicy co	uld be	under	your r	name c	r your	spouse's
name.				·	•			•		•	·
O _{Yes}											
O No											
O Don't know.											
-											

Do you have long-term O Yes O No O Don't know	care insuran	nce?					
Do you have long-term O Yes O No O Don't know	disability ins	surance?					
Social Engagement B	lock						
Section 2: Social Engagement							
In this section, we ask questions about your social relationships and community engagement.							
Before the pandemic, were you actively looking to date someone? O Yes O No							
Since the beginning of the pandemic, how have your dating activities changed?							
	Decreased a lot	Decreased somewhat	Unchanged	Increased somewhat	Increased a lot	Don't know	
Meeting people in person	0	0	0	0	0	0	
Meeting people online Overall dating success	0	0	0	0	0	0	

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How do you think the pandemic will affect your plans for marriage or long-term relationships
O My plans are delayed by a lot.
O My plans are delayed somewhat.
O My plans are not affected.
O My plans are accelerated somewhat.
O My plans are accelerated by a lot.
O I don't plan to ever enter marriage/long-term relationships.
Do you have any children under age 12 who currently live with you part-time or full-time? Include biological, adopted, and step children.
O Yes.
O No.
Since the beginning of the pandemic, who spends the most time taking care of the child(ren)?
O Myself
O My spouse/partner
My spouse/partner and I split the responsibility equally
O Grandparent/family member/relative/friends
O Babysitter/nanny
O Daycare/school
O Others
Has your job performance been affected by the childcare responsibilities during the pandemic?
O _{Yes}
O No
O I haven't been working during the pandemic.

In what ways have the childcare responsibilities during the pandemic affected your job
performance or career development? Select all that apply.
☐ I lost promotion opportunities.
☐ I lost a salary raise/bonus.
☐ I have to work fewer hours.
☐ I had to quit my job.
☐ I am less productive.
☐ I was fired because childcare affected my work performance.
Other positive impact.
Other negative impact.
Before the pandemic, were you planning to have (more) children within two years, either by birth or through adoption or surrogacy? O Yes. O No. O Don't know / Undecided.
How has the pandemic changed your plans to have (more) children?
O The pandemic has made me postpone plans to have (more) children.
O The pandemic has made me accelerate plans to have (more) children.
O No effect.
Since the beginning of the COVID-19 pandemic, how much of the time have you felt lonely?
O All of the time
O Most of the time
O Some of the time
O A little of the time
O None of the time

Since the beginning of the COVID-19 pandemic, how often do you interact with <u>family</u> <u>members not living with you?</u>

			Several	Once	Several	Once	Several		No
		Once	times a	а	times a	а	times a		extended
	Never	a year	year	month	month	week	week	Daily	family
In-person visits	0	0	0	0	0	0	0	0	0
Phone calls	0	0	0	0	0	0	0	0	0
Video calls (e.g. Skype, Zoom, Facetime)	0	0	0	0	0	0	0	0	0
Emails or letters	0	0	0	0	0	0	0	0	0
Text messages/Whatsapp	0	0	0	0	0	0	0	0	0
Compared to the time before COVID-19, how have your interactions/connectedness with									
family members not living with you changed?									

O Decreased somewhat

O Unchanged

O Increased somewhat

O Increased a lot

O Don't have extended family.

Since the beginning of the COVID-19 pandemic, how often do you interact with **friends?**

	Never	Once a year	Several times a year	Once a month	Several times a month	Once a week	Several times a week	Daily	No friends
In-person visits	0	0	0	0	0	0	0	0	0
Phone calls	0	0	0	0	0	0	0	0	0
Video calls (e.g. Skype, Zoom, Facetime)	0	0	0	0	0	0	0	0	0
Emails or letters	0	0	0	0	0	0	0	0	0
Text messages/Whatsapp	0	0	0	0	0	0	0	0	0

Compared to the time before COVID-19, how have your interactions/connectedness with
<u>friends</u> changed?
O Decreased a lot
O Decreased somewhat
O Unchanged
O Increased somewhat
O Increased a lot
O Don't have friends.
Since the beginning of the COVID-19 pandemic, how often do you have a real conversation
or get together socially with any of your <u>neighbors</u> ?
O Never
O Less than once a week
O About once a week
O More than once a week
O I didn't have any neighbors.
Since the beginning of the COVID-19 pandemic, how often do you and your spouse or partner have a meaningful / good conversation about something important to you?
O Never
O Less than once a week
O About once a week
O More than once a week
O I don't have a spouse or partner.

Compared to the time before COVID-19, how often do you have <u>meaningful/good</u>
conversations with your spouse/partner?
O Decreased a lot
O Decreased somewhat
O Unchanged
O Increased somewhat
O Increased a lot
O I didn't have a spouse or partner.
Since the beginning of the COVID-19 pandemic, how often do you volunteer in person?
O Never
O Less than 2 hours a month
O About 2 hours a month
O More than 2 hours a month
Since the beginning of the COVID-19 pandemic, how often do you attend non-religious social activities in person?
These include sports/social club, reading groups, political/community meetings, other social gatherings. Don't include work meetings.
O Never
O Less than once a month
O About once a month
O More than once a month

Since the beginning of the COVID-19 pandemic, how often do you attend <u>religious social</u> <u>activities</u> in person?

These include religious or spiritual services, as well as activities organized by church/temple such as dinners and volunteer work.
O Never
O Less than once a month
O About once a month
O More than once a month
If faced with a serious problem, how much can you rely on your <u>family members not living</u> <u>with you</u> for help and support?
O Not at all
O A little
○ Some
O A lot
O I don't have any family not living with me.
If faced with a serious problem, how much can you rely on your <u>friends</u> for help and support?
O Not at all
O A little
O Some
O A lot
O I don't have any friends.

Compared with the time before COVID-19, how has your life satisfaction changed?
O Decreased a lot
O Decreased somewhat
O Unchanged
O Increased somewhat
O Increased a lot
What has caused your life satisfaction to decrease since COVID-19?
What has caused your life satisfaction to increase since COVID-19?
Compared with the time before COVID-19, are you more or less grateful now?
O I am <u>less</u> grateful
O Unchanged
O I am more grateful
Healthy living
Section 3: Healthy Living
In this section, we ask questions about your health, longevity, and healthy living behaviors.
What is your general health status compared to other people your age?
O Poor
O Fair
O Good
O Very good
O Excellent

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Since the beginning of the COVID-19 pandemic, how many hours do you sleep on a typical night?
Compared to the time before COVID-19, how has the quality of your sleep changed? O Decreased a lot O Decreased somewhat O Unchanged O Increased somewhat O Increased a lot
Since the beginning of the COVID-19 pandemic, do you exercise for at least two and half hours per week (i.e., an average of 30 minutes/day, 5 days a week)? O Yes O No
Compared to the time before COVID-19, do you exercise more or less now? O A lot less O Somewhat less O Unchanged O Somewhat more O A lot more O I don't exercise
Since the beginning of the COVID-19 pandemic, <u>how many hours</u> do you usually spend sitting on a typical day?
Please include time sitting at work, at home, getting to and from places, while with friends, traveling in a car or bus, reading, playing cards, watching television, or using a computer. Do not include time spent sleeping.

Compared to the time before COVID-19, do you sit more or less in a day now?
O A lot less
O Somewhat less
O Unchanged
O Somewhat more
O A lot more
Do you eat at least five servings of fruit and vegetables a day? A serving would be 1/2 cup of fruit, 1 medium fruit, 1/4 cup of dried fruit, 1 cup of leafy vegetables, 1/2 cup of 100% fruit or vegetable juice.
O Yes
O No
Compared to the time before COVID-19, how has your diet changed?
O I eat a less healthy diet now.
O Unchanged
O I eat a more healthy diet now.
Compared to the time before COVID-19, how has your weight changed?
O Decreased a lot
O Decreased somewhat
O Unchanged / About the same
O Increased somewhat
O Increased a lot

Compared to the time before COVID-19, how has your smoking of cigarettes changed?
O Decreased a lot
O Decreased somewhat
O Unchanged
O Increased somewhat
O Increased a lot
O I don't smoke.
On average, do you drink at least once a month, and each time at least 5 drinks a day? A drink can be a glass of whiskey or gin, a beer, a glass of wine, wine coolers, and any other type of alcoholic beverage.
O Yes
O No
O I don't drink alcohol.
Compared to the time before COVID-19, how has your drinking of alcohol changed?
O Decreased a lot
O Decreased somewhat
O Unchanged
O Increased somewhat
O Increased a lot
O I don't drink alcohol.

Compared to the time before COVID-19, how often are you bothered by the following problems?

	Less than before	Unchanged	More than before	Never experience the problem
Little interest or pleasure in doing things	0	0	0	0
Feeling down, depressed, or hopeless	0	0	0	0
Trouble falling or staying asleep, or sleeping too much	0	0	0	0
Feeling tired or having little energy	0	0	0	0
Poor appetite or overeating	0	0	0	0
Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0	0	0	0
Trouble concentrating on things, such as reading.	0	0	0	0
Moving or speaking so slowly other people could have noticed.	Ο	0	0	0
So fidgety or restless that you have been moving around a lot more than usual.	0	0	0	0
Thoughts that you would be better off dead, or of hurting yourself	0	0	0	0

Background block

In the following, we will ask some background questions that will help researchers understand how the impact of COVID-19 varies across geographic areas and socio-economic background.

In which state do you currently reside?

O Yes

O No

O I'm not sure

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What is your race? Check all that apply.
□ White
Black
American Indian or Alaska Native
Asian
☐ Native Hawaiian or Pacific Islander
Other
What's the highest level of education that you have completed?
O Less than a high school diploma
O High school graduate or GED
O Some college or some technical school
O Associate's degree or professional certificate
O Bachelor's degree
O Master's or doctorate degrees
Marital status / cohabitation
O Married
O Not married, but living with a partner.
O Widowed
O Divorced
O Separated
O Never married
Including you, how many people live in your household full-time?

Have v	ou been	diagnosed	with any	of the	following	health	conditions

- Cancer
- Chronic kidney disease
- COPD (chornic obstructive pulmonary disease)
- Hypertension/high blood pressure
- Diabetes
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathy
- Autoimmune disorder
- Obesity or severe obesity
- Respiratory disease such as asthma, chronic bronchitis, or chronic obstructive pulmonary
- Pregnancy (pregnant during the pandemic).

0	Yes
\bigcirc	No

What are your height and weight?

	Height		Weight
	Feet	Inches	Lbs
Measurement			

Generally speaking, how would you describe your political affiliation?

0	Democrat
0	Republican
0	Independent
0	Libertarian
0	The Green Party
0	The American Freedom Party
\bigcirc	Something else

Among all the months since March 2020, in which month did you experience **the worst overall well-being**? This is comprehensive wellness across financial security, social interactions, and health.

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Sightlines in COVID-19

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