

(MS559) COVID-19 SOCIAL NETWORKS [FOLLOW MS518 AND MS537]

**intro**

Thank you for choosing to continue participating in the ALP Health Networks study! This survey is the first of two in a special new series focused on behaviors during COVID-19. Each survey will be conducted on the ALP platform and labeled as part of Health Networks. You should see the ALP Health Networks logo on the surveys and in invitation emails. Your consistent and continued participation in these surveys is very important. Your reward for completing this survey will be \$13. You will be invited to complete another survey in this series before the next regular Health Networks survey in 2021. Each of these surveys have their own rewards.

We are interested in how people's health and social networks change during COVID-19. You will be asked to complete a two-part survey. The first part will be about your own health and health behaviors. The second part will be about your social network – your friends, family, co-workers, and people you pass the time with. Don't worry, we will not ask you for their full names.

We are interested in your perspective and opinions – there are no right or wrong answers to any of these questions. If you are uncertain about the answer to a question, please give your best estimate. This survey focuses on you specifically at the beginning. The last part of the survey will ask you about people that you know, how they might interact with each other, and what you know of their experiences and behaviors. You may notice that the web pages in the last part look a bit different from the usual ALP pages, but you will still see the ALP Health Networks Study logo. Please take the time to complete the whole survey, even if you need to take a break in between.

We recommend that you use a device with a large screen, like a desktop computer or a laptop, rather than a mobile phone or tablet to complete this survey. Please click "Next" to continue.

**s1**

[Not required]

During the LAST 12 MONTHS, how often did you usually have any kind of drink containing alcohol? Choose only one.

- Every day (1)
- 5 to 6 days a week (2)
- 3 to 4 days a week (3)
- Two days a week (4)
- One day a week (5)
- 2 to 3 days a month (6)
- One day a month (7)
- 3 to 11 days in the past year (8)
- 1 or 2 days in the past year (9)
- I did not drink at all in the past year (10)

CONDITION	f('s1').any('1','2','3','4','5','6','7','8','9')
	Info intro2 ()
	true
	false

**intro2**

The following questions ask about your alcohol use in the PAST MONTH (30 DAYS).

**s5**

[Open Text ♦ Numeric ♦ Not required ♦ Force Number of Items: Min 0 ♦ Force Number of Items: Max 30 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=30 ♦ Upper limit type=SmallerOrEqual]

In the PAST MONTH (30 DAYS), how many days did you drink at least one full drink of alcohol?

(1) \_\_\_\_\_

END	Condition f('s1').any('1','2','3','4','5','6','7','8','9')
CONDITION	f('s5').item('1').toNumber() >= 1
	-----
	true
	false
	Question s6()

**s6**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual]

In the PAST MONTH (30 DAYS), how many drinks containing alcohol did you have on a typical day when you were drinking? (By one drink, we mean a can of beer, a 5 oz. glass of wine, a mixed drink, or a 1.5 oz. shot of hard liquor.)

(1) \_\_\_\_\_

**s7**

[Open Text ♦ Numeric ♦ Not required ♦ Force Number of Items: Min 0 ♦ Force Number of Items: Max 30 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=30 ♦ Upper limit type=SmallerOrEqual]

In the PAST MONTH (30 DAYS), how many days did you drink ^f('q7\_fill').toBoolean() ? f('q7\_fill') : "" ^ or more drinks of alcohol in a row, that is, within a couple of hours?

(1) \_\_\_\_\_

**s8**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual]

What is the largest number of drinks you had on any day in the PAST MONTH (30 DAYS)?

(1) \_\_\_\_\_

**s9**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=30 ♦ Upper limit type=SmallerOrEqual]

During the PAST MONTH (30 DAYS), how many days have you driven a car, motorcycle, or other vehicle after drinking alcohol?

(1) \_\_\_\_\_

END || Condition f('s5').item('1').toNumber() >= 1

CONDITION || f('s5')['1']>0 || f('s1')!='10' || f('s5')['1'].toBoolean()  
 -----  
 true | false  
 Question s18()

**s18**

[Not required]

Here are a number of events that people sometimes experience.

Read each one carefully, and indicate how often each one has happened to you in the PAST THREE MONTHS.

If an item does not apply to you, please select Never.

During the PAST 3 MONTHS, about how often have this happened to you?

	Never (1)	Once or a few times (2)	Once or Twice a Week (3)	Daily or almost daily (4)
I have been unhappy because of my drinking (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my drinking, I have not eaten properly (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have failed to do what is expected of me because of my drinking (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt guilty or ashamed because of my drinking (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have taken foolish risks when I have been drinking (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When drinking, I have done impulsive things that I regretted later (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical health has been harmed by my drinking (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had money problems because of my drinking (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical appearance has been harmed by my drinking (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has been hurt by my drinking (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friendship or close relationship has been damaged by my drinking (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My drinking has gotten in the way of my growth as a person (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My drinking has damaged my social life, popularity, or reputation (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (1)	Once or a few times (2)	Once or Twice a Week (3)	Daily or almost daily (4)
I have spent too much or lost a lot of money because of my drinking (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had an accident while drinking or intoxicated (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

END || Condition f('s5')['1']>0 || f('s1')!='10' || f('s5')['1'].toBoolean()

CONDITION || f('s5')['1']>0 || f('s1').any('1','2','3','4','5','6','7','8','9')

---

true | false

Question M108()

**M108**

[Open Text ♦ Numeric ♦ Not required ♦ Lower limit type=GreaterOrEqual ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=3]

Sometimes people drink when they are alone and sometimes they drink when they are with other people. Thinking about all the times you drank alcohol in the PAST MONTH, what percentage of these times did you:

*Note that your answers should add up to 100 percent*

- Drink while interacting with others who were also drinking? (1) \_\_\_\_\_
- Drink while interacting with others, but you were the only person drinking? (2) \_\_\_\_\_
- Drink while alone (not interacting with others)? (3) \_\_\_\_\_

END || Condition f('s5')['1']>0 || f('s1').any('1','2','3','4','5','6','7','8','9')

**s24**

[Not required]

Over the LAST TWO WEEKS, how often have you been bothered by any of the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Little interest or pleasure in doing things (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Trouble concentrating on things, such as reading the newspaper or watching television (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**s25**

[Not required]

Over the LAST TWO WEEKS, how often have you been bothered by any of the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious, or on edge (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**s27**

[Not required]

The questions in this section ask you about your feelings and thoughts during the LAST MONTH. In each case, you will be asked to indicate how often you felt or thought a certain way.

	Never (1)	Almost never (2)	Sometimes (3)	Fairly often (4)	Very often (5)
How often have you been upset because of something that happened unexpectedly? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that you were unable to control the important things in your life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt nervous and "stressed"? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt confident about your ability to handle your personal problems? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that things were going your way? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you found that you could not cope with all the things that you had to do? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you been able to control irritations in your life? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that you were on top of things? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you been angered because of things that were outside of your control? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt difficulties were piling up so high that you could not overcome them? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**s30**

[Not required]

Now we want to ask you some questions about the help and support you get from the people you know, as well as the help and support that you might give to the people you know.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)
How often do the people you spend time with help you by providing you emotional support or advice? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do the people you spend time with help and support you by providing you something tangible when you need it, like money or a place to stay? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you provide emotional support or advice to the people you spend time with? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you provide something tangible, like money or place to stay, to the people you spend time with when they need it? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**s33**

[Not required]

How satisfied are you....

	Very satisfied (1)	Satisfied (2)	Neither satisfied nor dissatisfied (3)	Dissatisfied (4)	Very dissatisfied (5)
...with the assistance you get from your FRIENDS in daily activities such as helping you with chores, giving you information, etc. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...with the emotional support you receive from your FRIENDS such as feeling cared about, discussing personal problems (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...with the socializing you do with your FRIENDS (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...with the assistance you get from your FAMILY in daily activities such as helping you with chores, giving you information, etc. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...with the emotional support you receive from your FAMILY such as feeling cared about, discussing personal problems (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...with the socializing you do with your FAMILY (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**s34**

[Not required]

	Hardly ever (1)	Some of the time (2)	Often (3)
How often do you feel that you lack companionship? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## NewCoronaIntro

[Not required]

Have you tested positive for COVID-19 (Have you been diagnosed with Coronavirus?)

- Yes (1)  
 No / Have not been tested (2)

## CoronaCatch - DescriptiveVaccNorm

[Numeric ♦ Not required ♦ Lower limit=0 ♦ Lower limit type=GreaterOrEqual ♦ Upper limit=100 ♦ Upper limit type=SmallerOrEqual ♦ Total Digits=4 ♦ Decimal places=1]

This question will ask you about the percent chance of something happening. The percent chance must be a number from 0 to 100. Here are some descriptions corresponding to different chances of something happening:

Absolutely will not happen= 0 % chance    A very small chance= Less than 1% chance    A small chance= 2 to 15 % chance  
A reasonable chance= 15 to 40 % chance    A pretty even chance= 40 to 60% chance    A big chance= 60 to 85 % chance  
A very big chance= 85 to 98 % chance    Almost certain= More than 99% chance    Absolutely certain= 100% chance

You can also think of percent chance as the number of times something happens out of 100.

What do you think is the percent chance that you will get infected with coronavirus (COVID-19) in the NEXT TWELVE MONTHS?

## M41

[Not required]

To what extent has the coronavirus (COVID-19) outbreak affected how frequently you interact in-person, face-to-face with the following people? Do not consider “virtual” interactions (e.g., Skype, Zoom, Facetime) in your response.

	More frequent (1)	About the same (2)	Less frequent (3)	N/A (4)
People who live with me (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Significant others (i.e., partner, fiancé, girlfriend/boyfriend) who does not live with me (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relatives who do not live with me (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close friends (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casual friends (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers, colleagues, employers, employees (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people who I would usually have face-to-face interactions with (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**n42**

[Not required]

In the past SEVEN (7) DAYS, how often have you done these things due to the COVID-19 outbreak?

	Not at all or less than 1 day (1)	1-2 days (2)	3-4 days (3)	5-7 days (4)
Felt nervous, anxious, or on edge? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt depressed? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt lonely? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt hopeful about the future? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**n43**

Which of these recommendations did you follow during the PAST WEEK due to the COVID-19 outbreak?

Check all that apply

- Avoided crowded places (1)
- Avoided public places (2)
- Kept your distance from others (6 feet) (3)
- Changed school or work arrangements (4)
- Isolated yourself if you have symptoms (5)
- Quarantined yourself even if you do not have symptoms (6)
- Worn a face mask (7)
- Washed your hands with soap or used hand sanitizer several times per day (8)
- None of the above (9) [Exclusive]

CONDITION	f('s1').any('1','2','3','4','5','6','7','8','9')			
	<table border="1"> <tr> <td>true</td> <td>false</td> </tr> <tr> <td>Question M42()</td> <td></td> </tr> </table>	true	false	Question M42()
true	false			
Question M42()				

**M42**

[Not required]

During the coronavirus (COVID-19) outbreak, have you tended to:

- Drink alcohol a lot more than usual. (1)
- Drink alcohol a little more than usual. (2)
- Drink alcohol about the same as usual. (3)
- Drink alcohol a little less than usual. (4)
- Drink alcohol a lot less than usual. (5)

END	Condition f('s1').any('1','2','3','4','5','6','7','8','9')



## **alterMatching**

*[Alphabetic answerlist ♦ Scale display order=Alphabetic ♦ Not required]*

Below you will see a table that shows the network members you named this time across the top and the network members you named last year along the left-hand side. We would like you to mark whether those network members you described last time match to any of the ones you described this time. It's OK if the network members are new this time, because people's networks are always changing! If they are new, you can simply mark that option (No Match) from the list. We have included some information about the network members you told us about last year (gender, age, and how they are connected to you) to help jog your memory and make this matching task easier.

[Alter table]

## **CS\_001 - CS\_001**

*[Not required]*

Could you tell us how interesting or uninteresting you found the questions in this interview?

- Very interesting (1)
- Interesting (2)
- Neither interesting nor uninteresting (3)
- Uninteresting (4)
- Very uninteresting (5)