

COVID-19 Worry (Cambridge Worry Scale, Green JM, et al., modified and adapted for COVID-19 EMBRACE by Kuppermann et al.)

Most of us worry about something. This list is not meant to give you more things to worry about - we would just like to know if any of these things are worrying you at all. Please rate how much of a worry each thing is to you at the moment, on a scale of 1 to 10, where 1 means it is not a worry and 10 means it is a major worry for you.

1. How COVID-19 has affected your relationship with your partner.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> NA-no partner
2. How COVID-19 has affected your relationship with your family and friends.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
3. The possibility that you will get COVID-19.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
4. The possibility that someone you live with will get COVID-19.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
5. The possibility that your baby will get COVID-19.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
6. Going to the hospital during the COVID-19 outbreak.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
7. Giving birth during the COVID-19 outbreak.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
8. Coping with a new baby during the COVID-19 outbreak.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
9. Not being able to work (if applicable) because of COVID-19.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> NA-not working
10. Whether the person you want to be with you will be there for the birth because of COVID-19.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	

COVID-19 Stress (Cheryl Moyer, University of Michigan)

Now, let's talk about stress related to COVID-19. Please tell us the extent to which you agree or disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Not applicable	Don't know	Refuse to answer
1. Because of COVID-19, I have felt stressed about food running out or being unavailable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Because of COVID-19, I have felt stressed about losing a job or a decrease in family income.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Because of COVID-19, I have felt stressed about loss of childcare or taking care of children at home.	○	○	○	○	○	○	○	○
4. Because of COVID-19, I have felt stressed about tension or conflict between household members.	○	○	○	○	○	○	○	○

General Discrimination (Kreiger and Braveman, modified)

Now we are going to turn to discrimination you may have felt over your lifetime and in the past month. If any of these questions are difficult to answer or upsetting, please feel free to take a break for a few minutes before answering.

1. Have you ever felt that you, personally, were discriminated against because of your race, ethnicity, or color? (Choose the response that best represents how you feel.)
 - Yes
 - No

2. Have you ever worried that you might be treated or judged unfairly because of your race or ethnic group?
 - Yes
 - No

3. Have you ever worried that you might be treated or judged unfairly because of your COVID-19 status?
 - Yes
 - No

4. In the past month, how often did you feel that you, personally, were discriminated against because of your race, ethnicity, or color? (Choose the response that best represents how you feel.)
 - Never
 - Rarely
 - Sometimes
 - Often
 - [Don't know]
 - [Refuse to Answer]

5. In the past month, how often did you feel that you, personally, were discriminated against because of your COVID-19 status? (Choose the response that best represents how you feel.)
 - Never
 - Rarely
 - Sometimes
 - Often
 - [Don't know]

Posting Date 2/22/2021

- [Refuse to Answer]
- 6. In the past month, how often have you worried that you might be treated or judged unfairly because of your race or ethnic group?
 - Very often
 - Somewhat often
 - Not very often
 - Never
 - [Don't know]
 - [Refuse to Answer]

Income

Next, we'd like to ask you about your total household income. By total income, we mean the gross income, before taxes, you receive from your job, from your partner or anyone else that contributes to your household's support, and any government or other types of financial assistance. Remember, like everything else we have been discussing, this information is for research purposes only and will not be shared with anyone outside of the study.

(Federal Reserve, Economic Well-Being of U.S. Households, 2015)

1. Overall, which one of the following best describes how well you are managing financially these days:
 - Living comfortably
 - Doing okay
 - Just getting by
 - Finding it difficult to get by
 - [Don't know]
 - [Refuse to answer]
2. In the past month, how would you say your total household income has changed as a result of COVID-19? Would you say it's...
 - A lot less
 - Slightly less
 - Roughly the same
 - Slightly more
 - A lot more
 - [Don't know]
 - [Refuse to answer]
3. Based on your current financial situation, what is the largest emergency expense that you could pay right now using cash or money in your checking/savings account?
 - Under \$50
 - \$50-\$99
 - \$100 to \$199
 - \$200 to \$299
 - \$300 to \$399
 - Over \$400
 - [Don't know]
 - [Prefer not to answer]