

Appendix K

COVID-19 Module Items for the 15th NSOAAP

| ITEM | Participant/Client Type | | | | | |
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| | HDM | Cong Meals | Case Mgmt | Transp | Homemaker | Caregiver |
| Core Items (1-9) | | | | | | |
| <p>1. In the past 12 months since COVID, have you been able to communicate with people in a virtual way? Examples are Zoom, Skype, FaceTime, a GrandPad, or some other type of meeting over a computer or phone? YES or NO</p> <p>If No, was the reason:</p> <ul style="list-style-type: none"> a. No computer, tablet, or cell phone b. No internet c. Internet, but poor connection d. Don't know how e. Don't want to f. No one to meet or socialize with | X | X | X | X | X | X |
| <p>2. In the past 12 months, would you say that since COVID you move around more or less (such as walking, exercising, working in the yard)?</p> <ul style="list-style-type: none"> a. Much less b. A little bit less c. Same d. A little bit more e. A lot more | X | X | X | X | X | X |
| <p>Interviewer: "I am going to read you two statements that people have made about their food situation at home. Thinking about you and your household, please tell me if the statements is often true, sometimes true, or never true:"</p> <p>3. Since COVID, I worry whether food would run out before more can be bought or more can be delivered or picked up from a meals program.</p> <ul style="list-style-type: none"> a. Often true b. Sometimes true c. Never true | X | X | X | X | X | X |

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| <p>4. Since COVID, the food that (I/we) have just didn't last and (I/we) didn't have money to get more.</p> <p>a. Often true b. Sometimes true c. Never true</p> | X | X | X | X | X | X |
| <p>5. In the past 12 months, have you lost or gained weight without trying to lose or gain this weight? Would you say (Interviewer to read all for them to pick from)</p> <p>a. Yes, I gained 10 pounds or more b. Yes, I gained less than 10 pounds c. No, I stayed the same d. Yes, I lost 10 pounds or more e. Yes, I lost less than 10 pounds f. Don't know g. Yes, but I tried to lose or gain weight (if said)</p> | X | X | X | X | X | X |
| <p>6. In the past 12 months since COVID, did you need health care but were not able to get it because of the coronavirus pandemic?</p> <p>a. Yes b. Unsure / Don't Know c. No d. Not Applicable</p> <p>If Yes, which types of care (interviewer will say the list):</p> <ul style="list-style-type: none"> • Urgent care for an accident or illness • A surgical procedure • Diagnostic or medical screening test • Treatment for an ongoing condition • A regular check-up • Prescription drugs or medications • Dental care • Vision care • Hearing care <p><u>Note:</u> Medicare Current Beneficiary Survey (MCBS)¹ Item</p> | X | X | X | X | X | X |

¹ The MCBS COVID-19 Fall 2020 Supplement included a series of items measuring disruption to basic needs caused by the pandemic, including ability to pay rent or mortgage and access to medication, health care, food, household supplies, and face

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| <p>7. In the past 12 months since COVID, have you felt more stressed or anxious, less stressed or anxious, or about the same?²</p> <p>a. More stressed or anxious b. Less stressed or anxious c. About the same d. Don't know e. Refused</p> <p><u>Note:</u> MCBS Item³</p> | X | X | X | X | X | X |
| <p>8. Thinking about support services for older adults provided by Area Agencies on Aging, such as meals, transportation, homemaker support, and care management, are you receiving all the help you need?</p> <p>YES or NO</p> <p>If No, what is your most pressing need that is not being met?</p> <p>a. Meals b. Transportation c. Homemaker services d. Care management e. Other (specify): _____</p> | X | X | X | X | X | |

_____ masks. These items were adapted from the National Center for Health Statistics' (NCHS) Research and Development surveys (RANDS).

² From the SUMMER 2020 MCBS results: Anxious/stressed was the most common of the 4 Well-Being items asked, more so than lonely/sad, less socially connected, and less financially secure. Other studies have found the same.

³ The COVID-19 Fall 2020 Supplement included a series on impacts of the outbreak, including financial security, and feelings of stress or anxiety, loneliness or sadness, and social connection. These items were adapted from the NCHS RANDS survey.

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| <p>9. In the past 12 months since COVID, have you tried to get meals, food, or groceries from {AAA} but were unable to? YES or NO</p> <p>If Yes, why? (check all)</p> <ul style="list-style-type: none"> a. No response from {AAA} b. You were put on a waiting list c. You were told that you could not have more meals/food d. You were told there was no more food available e. You were told there was not enough staff f. You were unable to pick up the meals or get to the meal pick-up place g. Other | X | X | X | X | X | X |
| Meal Items (10-13) | | | | | | |
| <p>10. In the past 12 months, compared to before COVID, would you say that how much you rely on meals or food from {AAA} has:</p> <ul style="list-style-type: none"> a. Increased b. Stayed the same c. Decreased <p><u>Note:</u> Clients who didn't use the service before COVID will not be asked this item.</p> | X | X | | | | |

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| | HDM | Cong Meals | Case Mgmt | Transp | Homemaker | Caregiver | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. In the past 12 months since COVID, how have you been receiving meals or food from {AAA}: (List options, Record all that apply)</p> <p>If they say YES to a, c, d, or e (i.e., new services) ask: “Would you like for this to continue to be available to you after the pandemic is over?”</p> <p>Interviewer to use this table (example responses shown)</p> <table border="1"> <thead> <tr> <th>Food Received</th> <th>Check if YES</th> <th>Continue: Yes, No, Unsure</th> </tr> </thead> <tbody> <tr> <td>a. Grab-n-go service (such as pick-up, carry-out, drive-through)</td> <td>X</td> <td>Y</td> </tr> <tr> <td>b. Meals delivered to your home</td> <td></td> <td>n/a</td> </tr> <tr> <td>c. Groceries or food boxes delivered to your home</td> <td>X</td> <td>N</td> </tr> <tr> <td>d. Food box with random ingredients</td> <td></td> <td></td> </tr> <tr> <td>e. Food box (containing food items to make meals; may come with instructions)</td> <td></td> <td></td> </tr> <tr> <td>f. Sit-down meal at a senior center or other place</td> <td>X</td> <td>n/a</td> </tr> <tr> <td>g. Other (specify):</td> <td></td> <td></td> </tr> </tbody> </table> | Food Received | Check if YES | Continue: Yes, No, Unsure | a. Grab-n-go service (such as pick-up, carry-out, drive-through) | X | Y | b. Meals delivered to your home | | n/a | c. Groceries or food boxes delivered to your home | X | N | d. Food box with random ingredients | | | e. Food box (containing food items to make meals; may come with instructions) | | | f. Sit-down meal at a senior center or other place | X | n/a | g. Other (specify): | | | X | X | | | | |
| Food Received | Check if YES | Continue: Yes, No, Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Grab-n-go service (such as pick-up, carry-out, drive-through) | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Meals delivered to your home | | n/a | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Groceries or food boxes delivered to your home | X | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Food box with random ingredients | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Food box (containing food items to make meals; may come with instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Sit-down meal at a senior center or other place | X | n/a | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12. In the past 12 months since COVID, which type of food or meal do you most often receive from {AAA}? (Interviewer reads list - ask to choose one)</p> <ul style="list-style-type: none"> a. A hot meal b. A cold meal like a sandwich or submarine c. A frozen meal that needs to be heated up and/or microwaved d. Shelf-stable – unopened food in their original can, jar, or box. e. Delivery of groceries that you ordered f. Food box (containing food items to make meals; may come with instructions) g. Food box with random ingredients | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>13. In the past 12 months since COVID, have you eaten any of your {AAA}-provided meals in an in-person group setting? YES or NO</p> <p><i>If No</i>, what have you missed <u>the most</u> about the in-person meal program?</p> <ul style="list-style-type: none"> a. Eating a good meal b. Seeing friends, peers, staff c. Someplace to go and get out of the house d. Socializing in general e. The feeling of being supported by others. f. Accessing other programming: classes, activities g. Other, specify: _____ <p><i>If yes</i>, how? Specify: _____</p> | | X | | | | |
| Transportation Items (14-15) | | | | | | |
| <p>14. In the past 12 months since COVID, how have you been receiving transportation services from {AAA}? <i>(check all that apply)</i></p> <ul style="list-style-type: none"> a. Car b. Voucher for taxi, Uber, etc. c. Voucher for public transportation d. Shuttle bus or van e. Other, specify: _____ | | | | X | | |
| <p>15. In the past 12 months, compared to before COVID, would you say that how much you rely on transportation from {AAA} has:</p> <ul style="list-style-type: none"> a. Increased b. Stayed the same c. Decreased <p><u>Note:</u> Clients who didn't use the service before COVID will not be asked this item.</p> | | | | X | | |

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| Case Management Items (16-17) | | | | | |
| <p>16. In the past 12 months since COVID, how have you been receiving case management from {AAA}?</p> <p>a. Scheduled and/or routine phone calls with case manager b. Non-scheduled check-in calls from case manager c. Virtual meetings from case manager d. Group virtual meetings e. Case manager comes to home</p> | | | X | | |
| <p>17. In the past 12 months, compared to before COVID, would you say that how much you rely on case management from {AAA} has:</p> <p>a. Increased b. Stayed the same c. Decreased</p> <p><u>Note:</u> Clients who didn't use the service before COVID will not be asked this item.</p> | | | X | | |
| Homemaker Item (18) | | | | | |
| <p>18. In the past 12 months since COVID, which homemaker services have you received from {AAA}?</p> <p><i>Interviewer will choose all that apply from response:</i></p> <p>a. Light housekeeping b. Shopping c. Laundry d. Paying bills e. Other, specify: _____</p> | | | | X | |

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| Caregiver Items (19-22) | | | | | | |
| <p>19. Caregiver support organizations offer help to family caregivers through services such as caregiver education, training, counseling, respite care from a home health aide, help finding resources, home equipment, or a day-care program. Thinking about these services, as a caregiver, are you receiving all the help you need? YES or NO?</p> <p>If No, what is the one, most pressing need that is not being met? <i>Interviewer to listen and pick from this list or document in Other (specify):</i></p> <ul style="list-style-type: none"> a. Education and information b. Training c. Counseling d. Support groups e. Respite care (i.e., getting a break) f. Day care for care recipient g. Home equipment h. Help finding resources i. Other (specify): _____ | | | | | | X |
| <p>20. In the past 12 months, compared to before COVID, would you say that how much you use caregiver support services has:</p> <ul style="list-style-type: none"> a. Increased b. Stayed the same c. Decreased <p><u>Note:</u> Clients who didn't use the service before COVID will not be asked this item.</p> | | | | | | X |

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| | HDM | Cong Meals | Case Mgmt | Transp | Homemaker | Caregiver | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>21. In the past 12 months since COVID, have you used any caregiver support services that were provided by phone, online (also called “virtual”), or in a socially distant manner, and if so, would you like for this type of support to continue to be available to you after the pandemic is over?</p> <p><i>Interviewer to use this table (example responses shown)</i></p> <table border="1"> <thead> <tr> <th>Service Received (for Caregiver unless stated CR)</th> <th>Check if YES</th> <th>Continue: Yes, No, Unsure</th> </tr> </thead> <tbody> <tr> <td>h. Virtual support group(s)</td> <td>X</td> <td>Y</td> </tr> <tr> <td>i. Education or training class/program</td> <td></td> <td></td> </tr> <tr> <td>j. Fun activity online or socially distant</td> <td>X</td> <td>N</td> </tr> <tr> <td>k. Package or fun activity mailed or dropped off</td> <td></td> <td></td> </tr> <tr> <td>l. Class or program with CR (i.e., memory café)</td> <td></td> <td></td> </tr> <tr> <td>m. Fun activity for CR (online or socially distant)</td> <td>X</td> <td>U</td> </tr> <tr> <td>n. Other (specify):</td> <td></td> <td></td> </tr> </tbody> </table> | Service Received (for Caregiver unless stated CR) | Check if YES | Continue: Yes, No, Unsure | h. Virtual support group(s) | X | Y | i. Education or training class/program | | | j. Fun activity online or socially distant | X | N | k. Package or fun activity mailed or dropped off | | | l. Class or program with CR (i.e., memory café) | | | m. Fun activity for CR (online or socially distant) | X | U | n. Other (specify): | | | | | | | | X |
| Service Received (for Caregiver unless stated CR) | Check if YES | Continue: Yes, No, Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Virtual support group(s) | X | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Education or training class/program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Fun activity online or socially distant | X | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Package or fun activity mailed or dropped off | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Class or program with CR (i.e., memory café) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Fun activity for CR (online or socially distant) | X | U | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n. Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>22. In the past 12 months since COVID, have you used any support services that allowed for you to have a break in caregiving? This does not include visits from family members or friends.</p> <p>If Yes, what type of support services did you use?</p> <ol style="list-style-type: none"> in-home respite, where someone comes into the home to care for {Care Recipient} and you feel comfortable enough that you could take a nap or leave the home while that person is there? adult daycare, where {Care Recipient} goes to a facility for care during the day? overnight respite care in a facility? overnight respite in the home? some other kind of respite care? | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ITEMS BY PARTICIPANT/CLIENT TYPE | 12 | 13 | 11 | 11 | 10 | 12 | | | | | | | | | | | | | | | | | | | | | | | | |