

# COVID-19 SURVEY

We want to know how the coronavirus (COVID-19) pandemic is affecting you. Are your needs being met? What are you experiencing due to the required self-isolation? Is there anything that you, your household or your caregiver need or have to do without because of isolation or inability to travel?

Please answer the following questions as completely as you are able.

**1. Tell us what you are experiencing because of COVID-19 and the required precautions and self-isolation (for example, I have lost my job/income; I find it harder to access healthcare; I am experiencing increased anxiety; etc.)**

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**2. Due to COVID-19 precautions and travel restrictions, is there anything that you've run out of and need to replace, or that you're running low on, or that you have not been able to acquire? (for example, I'm almost out of toilet paper; I'm almost out of groceries; I'm out of hand sanitizer; I have not been able to buy a thermometer for checking my/my caregiver's temperature; etc.)**

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**3. Have the coronavirus precautions impacted you in any other ways?**

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**4. What is your county of residence?**

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**Email to:**

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