

1. How concerned are you about yourself or a loved contracting COVID-19?

- Very
- Somewhat
- Neutral
- Not at all

2. Do you know anyone who has contracted COVID-19?

- Yes
- No
- Unsure

3. Do you feel well-informed about the steps you can take to protect yourself from COVID-19?

- Very
- Somewhat
- Neutral
- Not at all

4. Have you or someone in your household experienced any of the following impacts as a result of COVID-19? (check all that apply)

- Had to start working from home
- Child's school or university closed
- Had to stop or reduce work to take care of children
- Had to stop or reduce work to take care of someone with COVID-19
- Took a pay cut due to reduced hours or work demand
- Laid off due to job loss (COVID-19 related)
- None of the above

5. Regardless of current restrictions, do you feel comfortable doing the following? (check all that apply)

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Going to the grocery store | <input type="checkbox"/> | Attending a large event at a venue |
| <input type="checkbox"/> | Going to a retail establishment | <input type="checkbox"/> | Visiting a medical provider or hospital |
| <input type="checkbox"/> | Have a personal service (haircut, massage) | <input type="checkbox"/> | Playing organized sports |
| <input type="checkbox"/> | Dining at an indoor restaurant | <input type="checkbox"/> | Visiting a playground/park |
| <input type="checkbox"/> | Dining at an outdoor restaurant/seating area | <input type="checkbox"/> | Attending a religious service |
| <input type="checkbox"/> | Using a public restroom | <input type="checkbox"/> | Visiting a movie theatre |
| <input type="checkbox"/> | Order take-out food/delivery from restaurant | <input type="checkbox"/> | Placing my child in daycare or a day camp |
| <input type="checkbox"/> | Going to a bar/tavern/distillery | <input type="checkbox"/> | Visiting a casino |
| | | <input type="checkbox"/> | None of the above |

6. As the region begins to return to normal activities, which concerns do you have? (check all that apply)

- I or a loved one will contract COVID-19
- Hospitals will be overwhelmed
- Concerns for our vulnerable populations including seniors
- People not wearing masks
- People not properly social distancing
- Financial impacts to businesses or me personally
- Tourists bringing COVID-19 to our region
- None of the above

7. If you have reduced household spending due to COVID-19, what led to the decrease? (check all that apply)

- Closure of retail stores
- Closure of restaurants / bars / dine in service
- Concerns with exposure to COVID-19 around deliveries, open businesses, take out
- Concerned with potential recession and am saving money
- Unemployment or fear of unemployment
- I have not reduced household spending

8. What health and safety measures make you feel most comfortable in returning to a commercial establishment (restaurant, salon, retail store, etc.)? (check all that apply)

- Disinfection according to CDC guidelines
- All employees wearing masks
- All customers wearing masks
- Limiting capacity to ensure social distancing
- Regular testing/monitoring/screening of employees for COVID-19 symptoms
- Antibody testing to determine potential immunity
- Contact tracing to track positive cases
- None of the above

9. Which statement about reopening aligns more closely with your beliefs?

- Most of us need to stay home until we have a vaccine and know more about the nature of the virus
- We need to keep the economy open and deal with the health consequences as we build immunity and economically recover
- None of the above

10. Are you currently employed?

- Yes
- No
- Unemployed due to COVID-19
- Retired
- Student
- Other

11. How do you feel returning to work under the current guidelines set forth by the Governor?

- Very safe
- Safe
- Somewhat safe
- Somewhat unsafe
- Unsafe
- Very unsafe
- I am not employed

12. What, if any, are barriers for you to return to work? (check all that apply)

- My work is no longer open due to current reopening guidelines
- Company policy (delayed opening, modified work hours, etc.)
- Availability of daycare, childcare, summer camp, etc.
- Concerns about someone in my household getting sick
- Concerns about contributing to the spread of the virus
- Needing to take care of a sick family member
- Transportation availability or concerns
- My preference to work remotely
- Not applicable, I work at home
- None of the above

13. If you qualify, have you applied for and received unemployment benefits through the State of Nevada's Department of Education, Training, and Rehabilitation (DETR)?

- Applied and currently receiving benefits
- Applied but have not yet received any benefits
- Did not apply as I don't qualify
- Did not apply for other reason

14. How concerned are you about your education or the education of your children?

- Very
- Somewhat
- Neutral
- Not at all
- Does not apply

15. With schools changing the frequency in which children are attending in person, has this impacted your ability to meet your child's food needs?

- Yes
- No
- Does not apply

16. During the past few weeks have you felt depressed or anxious?

- Most of the time
- Often
- Occasionally
- Rarely
- Never

17. Are you aware of local resources (phone numbers, websites, text lines) you can reach out to if you are feeling overwhelmed or depressed?

- Yes
- No
- Unsure

18. Has the COVID-19 situation impacted your ability to obtain food, and if so, in what way?

- I do not travel to the store as much as I should out of fear of contracting COVID-19
- I do not have access to fresh food (fruits, vegetables, meats, etc.)
- For financial reasons I need to access food pantries
- I receive home delivery of senior or other meals as a member of a vulnerable population
- I am unable to eat three meals a day (or adequate food) because of limited income or lack of access to healthy food
- No--the food/meals I eat are healthy and balanced (includes fresh produce)

19. Prior to the COVID-19 Pandemic did you or a member of your household seek food assistance from any of the following resources? (check all that apply)

- Community food pantries
- Mobile Harvest program
- Federal assistance programs (SNAP/free or reduces school lunch/WIC)
- Kids Café
- Summer Lunch
- Meals on Wheels
- None of the above

20. Has your usage of these assistance programs increased since the pandemic?

- Yes
- No
- Does not apply

21. How do you feel about your housing situation?

- I am secure in my housing situation
- I am concerned about my housing security
- I will need assistance to maintain my housing
- I have lost my housing due to COVID-19

22. If you have or will lose your housing in the near future due to COVID-19, will it be because:

- I will be evicted for non-payment of rent once restrictions are lifted
- I am unable to make my mortgage payment
- Does not apply

23. Do you feel that regional communication is adequate regarding information about COVID-19 and current health or governor's orders?

- Yes
- Somewhat
- No

24. Where do you receive information or news related to COVID-19? (check all that apply)

- Word of mouth (friends/family)
- Reno Gazette Journal or other newspaper
- Local television
- National television
- Local government website (www.covid19washoe.com)
- Local social media
- National social media
- Other

25. Which category below includes your age?

- 14 or younger
- 15-29
- 30-44
- 45-59
- 60 or older

26. Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or some other race?

- White
- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native

- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races

27. What is your gender?

- Female
- Male
- Transgender
- Nonbinary

28. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Graduate degree
- Doctoral degree

29. How much total combined money did all members of your household earn in 2019?

- Less than \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$250,000
- More than \$250,000

Thank you for taking the time to complete the Washoe County Community Survey

This survey is important, so we may be better prepared to address community shortfalls in future events.

Mental Health Resources:

- Lifeline USA: 1-800-273-8255
- Suicide Prevention Lifeline: 1-800-TALK (8255)
- De Prevencion del Suicidio: 1-888-628-9454
- Crisis Call Center text line: text "CARE" to 839863
- West Hills Hospital Reno: (775) 323-0478
- Crisis Support Services: 775-784-8090
- Hotline: 877-885-HOPE (4673)
- Mobile Crisis Response Team Hotline: 775-688-1670
- National Hopeline Network: 1-800-SUICIDE (784-2433)

Local Resources:

- City of Reno Rental Assistance: 775-334-3310. <https://www.reno.gov/community/emergency-preparedness/covid-19/coronavirus-relief-programs>
- Reno Housing Authority: 775-329-3630. www.renoha.org/CHAP/

3-1-1 is an easy-to-remember telephone number that connects citizens with knowledgeable Customer Service Representatives ready to help you with non-emergency government matters. Whether you are a local resident, visitor, or business, Washoe 311 will provide a prompt, courteous and professional customer service experience.