

Appendix B: Survey Questions

Title: Consumer Purchasing During the COVID-19 Pandemic (10-15 minutes)

Screening Questions

Our interest in this survey is in assessing behavior change you made as a result of COVID-19.

The behavior may be related to your fears or concerns:

- About COVID-19 itself
- The public health reaction or government restrictions in response to COVID-19
- For other societal consequences related to COVID-19 (e.g. increasing rates of job loss, increasing crime).

A behavior or action done in response to any of these would be counted as being **in response to COVID-19**.

1. Did you read the description of this survey?
 - a. Yes
 - b. No

2. Did you stock up with any of the following in response to COVID-19? (check all that apply)
 - a. Toilet paper
 - b. Hand sanitizer
 - c. Household cleaners
 - d. Masks/gloves
 - e. Non-perishable food
 - f. Bottled water
 - g. First aid supplies
 - h. Medications and prescriptions
 - i. Pepper spray
 - j. Home security products (not including a gun)
 - k. None of the above

3. Did you own a first aid kit on January 1, 2020?
 - a. Yes
 - b. No

4. Do you own a firearm now?
 - a. Yes
 - b. No

5. Did you personally own a firearm prior to January 1, 2020?
 - a. Yes
 - b. No

6. Have you acquired (bought, traded for, been given) a firearm since January 1, 2020 in response to COVID-19?
 - a. Yes
 - b. No

7. Does a current household member other than yourself own a firearm?

- a. Yes
- b. No

If yes to Question 5, yes to Question 6 → **Group 1: Prior owners with new firearms**

If no to Question 5, yes to Question 6, yes to Question 7 → **Group 2: New owners with household firearm ownership**

If no to Question 5, yes to Question 6, no to Question 7 → **Group 3: New owners without household firearm ownership**

If yes to Question 5, no to Question 6 → **Group 4: Prior owners without new firearms**

If no to Question 4, yes to Question 7 → **Group 5: Non-owners with household firearm ownership**

If no to Question 4, no to Question 7 → **Group 6: Non-owners without household firearm ownership**

Survey Questions

- 8. What is your age _____ (years)
- 9. What state do you live in? (drop down menu)
- 10. What is your sex?
 - a. Male
 - b. Female
 - c. Prefer not to say
- 11. What race/ethnicity are you? (check all that apply)
 - a. African American
 - b. Asian/Pacific Islander
 - c. White
 - d. Middle Eastern
 - e. American Indian/Alaskan Native
 - f. Hispanic
 - g. Other
- 12. Are you currently:
 - a. Working at your usual job
 - b. Working remotely from home, when your normal job is not remote
 - c. Laid off or furloughed due to COVID-19
 - d. Working in a different job than you normally do (e.g. college student who is now providing childcare for someone)
- 13. (If 'working at your usual job' for Question 12) Are you currently classified as an essential worker (e.g. medical professionals, public transportation personnel, childcare staff)?
 - a. Yes
 - b. No
 - c. I don't know

14. Do you or anyone in your current household have a chronic illness?
 - a. Yes
 - b. No
15. Are there individuals with diagnosed mood disorders (e.g. depression or bipolar disorder) in your current household? (check all that apply)
 - a. Yes
 - b. No
16. Are there individuals with dementia or other memory loss disorders in your current household?
 - a. Yes
 - b. No
17. Are there children under the age of 18 in your current household?
 - a. Yes
 - b. No
18. (If yes to Question 17) What ages are they? (check all that apply)
 - a. 0-5
 - b. 6-12
 - c. 13-17
19. When thinking about the COVID-19 pandemic, have you been concerned about any of the following: (select all that apply)
 - a. Economy (e.g. job security, ability to pay bills, stock market)
 - b. Supply chain disruptions (e.g. not being able to get groceries, car parts, etc. that you need)
 - c. Health (e.g. you or a loved one getting sick, access to medical care)
 - d. Crime (e.g. robberies, theft and burglary, and release of incarcerated persons)
 - e. Social Activities (e.g. disruption of social ties, regular activities)
 - f. Other: _____
 - g. None of the above
20. When thinking about COVID-19 and its spread, do you think: (radio buttons)
 - a. It is not a big deal.
 - b. It is a big deal for some people. It is not a big deal for me.
 - c. It is a big deal.
21. When thinking about the restrictions imposed by the government in response to COVID-19, do you think: (radio buttons)
 - a. The response is too little.
 - b. The response is just right.
 - c. The response is too much.
22. Over the past month, have your concerns about COVID-19 generally: (radio buttons)
 - a. Increased
 - b. Remained the same
 - c. Decreased
23. When thinking about the risk of COVID-19 to you and your family/friends, please select the following (check all that apply):

- a. I am worried for myself.
- b. I am worried for my family.
- c. I am worried for my friends.
- d. I am not worried.

24. For each question please select the answer option that you agree with the most:

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

25. In the last month, has your mental health generally:

- a. Improved a lot
- b. Improved a little
- c. No different
- d. Gotten a little worse
- e. Gotten a lot worse

26. You indicated that you stocked up on the following [*show only what respondent selected in Question 2*] in response to COVID-19:

- Toilet paper
- Hand sanitizer
- Household cleaners
- Masks/gloves
- Non-perishable food
- Bottled water

- First aid supplies
- Medications and prescriptions
- Pepper spray
- Home security products (not including a gun)
- None of the above

What, if any, of your COVID-19 concerns contributed to your decision to stock up on the above items? (check all that apply)

- a. Economy (e.g. job security, ability to pay bills, stock market)
- b. Supply chain disruptions (e.g. not being able to get groceries, car parts, etc. that you need)
- c. Health (e.g. you or a loved one getting sick, access to medical care)
- d. Crime (e.g. robberies, theft and burglary, and release of incarcerated persons)
- e. Social Activities (e.g. disruption of social ties, regular activities)
- f. Other: _____
- g. None of the above

27. (Ask for Groups 1-3) Can you tell us the primary reason why you bought a firearm in response to COVID-19? (radio button)

- a. For protection against people
- b. For protection against animals
- c. For hunting
- d. For other sporting use
- e. For a collection
- f. For some other reason: _____

28. Which, if any, of your COVID-19 concerns contributed to your decision to buy a firearm [show only the COVID-19 concerns they selected in Question 12]? (check all that apply)

- a. Economy (e.g. job security, ability to pay bills, stock market)
- b. Supply chain disruptions (e.g. not being able to get groceries, car parts, etc. that you need)
- c. Health (e.g. you or a loved one getting sick, access to medical care)
- d. Crime (e.g. robberies, theft and burglary, and release of incarcerated persons)
- e. Social Activities (e.g. disruption of social ties, regular activities)
- f. Other: _____
- g. None of the above

29. (Ask for Groups 1, 2, 4 and 5) Did your household member who owns a firearm(s) own it prior to January 1, 2020?

- a. Yes
- b. No

30. (Ask if Group 3 and 6) Have you ever previously lived in a home with a firearm?

- a. Yes
- b. No

31. (If 'yes' for Question 30) When you lived in a home with a firearm, who owned the firearm? (check all that apply)

- a. You
- b. Partner
- c. A family member
- d. Roommate

- e. Other: _____
32. (*Ask if 'yes' to Question 7*) What is your relation to your current household member who owns a firearm(s)? (check all that apply)
- Partner
 - A family member
 - Roommate
 - Other: _____
33. (*Ask for Groups 1 and 4*) Please indicate how the firearms(s) **you owned** were stored **on January 1, 2020**: (check all that apply)
- At least one firearm stored loaded and unlocked
 - At least one firearm stored loaded and locked up (with a trigger lock, cable lock, in a lock box or other locked container)
 - At least one firearm stored unloaded and unlocked
 - At least one firearm stored unloaded and locked up
34. (*Ask for Groups 1, 2, 3, and 4*) Please indicate how the firearm(s) **you own** are stored **now**: (check all that apply)
- At least one firearm stored loaded and unlocked
 - At least one firearm stored loaded and locked up (with a trigger lock, cable lock, in a lock box or other locked container)
 - At least one firearm stored unloaded and unlocked
 - At least one firearm stored unloaded and locked up
35. (*Ask for Groups 2 and 3 as well as respondents in Group 1 and 4 who answered 'yes' to Question 7*) Please indicate how the firearm(s) **owned by a household member** were stored **on January 1, 2020**: (check all that apply)
- At least one firearm stored loaded and unlocked
 - At least one firearm stored loaded and locked up (with a trigger lock, cable lock, in a lock box or other locked container)
 - At least one firearm stored unloaded and unlocked
 - At least one firearm stored unloaded and locked up
 - I do not know how their firearm(s) were stored
36. (*Ask for Groups 2 and 3 as well as respondents in Group 1 and 4 who answered 'yes' to Question 7*) Please indicate how the firearm(s) **owned by a household member** are stored **now**: (check all that apply)
- At least one firearm stored loaded and unlocked
 - At least one firearm stored loaded and locked up (with a trigger lock, cable lock, in a lock box or other locked container)
 - At least one firearm stored unloaded and unlocked
 - At least one firearm stored unloaded and locked up
 - I do not know how their firearm(s) were stored
37. (*Ask for Groups 1 and 4*) Did your storage practices change in response to COVID-19?
- Yes
 - No

38. (*Ask for Groups 1 and 4*) Please indicate why your firearm storage practices changed: (select all that apply)
- To prevent child access
 - To reduce risk of mishandling and accidental discharge
 - To reduce risk of suicide
 - To prevent access to persons newly living with you
 - To allow for quick access in case of a robbery, theft or burglary
 - Ran out of room in the gun safe
 - You no longer have your usual storage means available
 - You have moved temporarily due to COVID-19
 - Other
39. For this question, please enter the word 'green' in the text box.
- [text box]
40. Have you ever received firearm safety training?
- Yes
 - No
41. (*If 'yes' to Question 33*) Did the training include information on: (check all that apply)
- Safe handling of firearms
 - Safe storage of firearms
 - Preventing firearm accidents
 - Preventing firearm theft
 - Suicide prevention
42. (*If 'yes' to Question 33*) Please provide month and year of most recent safety training:
- Date field box for month and year

End survey message: Thank you for participating in our survey. We appreciate the time you have taken and value your responses.