

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last month, how often have you felt nervous and stressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Please select 'Almost never'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the last month, how often have you been able to control irritations in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the last month, how often have you felt that you were on top of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.