

COVID-19 HISTORY PROJECT—WAUPACA HISTORICAL SOCIETY

Thank you for taking part in this questionnaire. You are a part of recording Waupaca's history!

FIRST: Please sign and date the attached Questionnaire Release Form (ON THE LAST PAGE).

NEXT: Please tell us what life was like for you during the COVID-19 pandemic. Answer any or all of the questions in the survey to help future generations understand the local impact of the global health crisis. Remember that the pandemic had several phases — pre-March 2020, severe quarantine until vaccinations started in January 2021, loose opening by May 2021, etc.

NOTE: If you have any photographs or objects that might tell the story of this time further, consider donating them to the Waupaca Historical Society for its permanent collections.

PLEASE RETURN TO:

Email: director@waupacahistoricalsociety.org

Mail: Waupaca Historical Society, 321 S. Main Street, Waupaca, WI 54981

1. Personal information (*include the date of survey, your name, age, address, phone, e-mail? May we contact you if we want to clarify your answers?*)

2. Home and family

- Who lived in your house, and how was daily life affected? For example, groceries, quarantining at home, childcare, etc.?

3. Children and School

- Did you or a relative give birth during the pandemic? If so, did you give birth in a hospital or home?
- What happened to your children's schooling (pre-K through college)? What kind of home or neighborhood play did they have?

4. COVID-19 and Other Health Situations

- How did any COVID-19 illnesses affect you or those close to you? Did anyone have a suspected COVID illness before quarantining began (between October 2019 and March 2020)?
- What type of mask did you use, if any? Why did you choose to wear a mask/not wear a mask?
- What was your decision about you and your family receiving a vaccination? If you received your vaccination, which one did you receive (Pfizer, Moderna, Johnson & Johnson) and were there any side effects?
- Did you have surgery or other major health issues under COVID conditions?
- Did you seek professional medical help for mental health issues?

5. Work and business

- What was your work situation in March 2020, if any? Were you able to work from home, or in a hands-on job? Were you considered an essential worker (for example, medical workers, grocery clerks, gas station attendants, pastors, etc.)
- Did you or your business receive any federal COVID-related benefits? (Unemployment, Payroll Protection Program loan, American Rescue Act?)
- How did your business change — any temporary or permanent close? Did you require masks and/or social distancing inside?

6. Religion/spirituality

- How did you follow your religious or spiritual practices? Did organized services change?

7. Activities

- Did you visit stores, restaurants, or bars during the pandemic? How did COVID impact these experiences?
- Did you attend any large gatherings such as family reunions, weddings, or holiday get-togethers? Did any COVID-19 cases result?
- What hobbies did you continue, give up, or change?

8. Elections

- What was your experience in the 2020 elections? Did you vote and, if so, did you vote early, via mail or on election day in person?

9. What else do you want history to remember about your experience in the COVID-19 pandemic?

- What has been the most difficult aspect of the pandemic for you? The best?
- What positive or negative things do you see about the pandemic?

Waupaca Historical Society COVID-19 Questionnaire Release Form

TO BE COMPLETED BY QUESTIONNAIRE RESPONDENT:

I, _____, am a participant in the Waupaca Historical Society's COVID-19 Questionnaire Project. I understand that the purpose of this project is to collect written and/or audio histories of people associated with Waupaca and the surrounding townships who lived during the COVID-19 pandemic, as well as to collect documentary and three-dimensional materials such as photographs, and objects, for inclusion in the permanent collections of the Waupaca Historical Society. These histories and objects will serve as a record of the residents' and visitors' experiences during the COVID-19 pandemic.

I understand that the Waupaca Historical Society plans to retain the product(s) of my participation in the COVID-19 Questionnaire Project, including but not limited to my interview, written or typed answers to the questionnaire, audio recording of my answers to the questionnaire, photographs, and objects ("My Collection").

I hereby grant to the Waupaca Historical Society ownership of the physical property comprising My Collection. Additionally, I hereby grant to the Waupaca Historical Society permission for My Collection to be used by researchers, the public, and the Waupaca Historical Society for educational purposes, including but not limited to publications, exhibitions, World Wide Web or online use, and presentations. By giving this permission, I understand that I do not give up any copyright or related rights that I might hold.

I hereby release the Waupaca Historical Society, and its assignees and designees, from all claims and demands arising out of or in connection with the use of My Collection.

SIGNATURE _____ DATE _____

PRINTED NAME _____

SIGNATURE OF PARENT (IF UNDER 18) _____

PRINTED NAME OF PARENT/GUARDIAN _____