



Supplementary materials:

RANG Survey

1. Would you like to participate in this study?
 - a. Yes
 - b. No

2. Do you currently garden?
 - a. Yes
 - b. No

3. What type of garden do you work in (select all that apply)?
 - a. Vegetable garden
 - b. Flower garden
 - c. Container garden
 - d. Raised beds
 - e. In-ground garden
 - f. Member of a public or community garden
 - g. Other

4. How long have you been gardening?
 - a. 0–3 months
 - b. 4–12 months
 - c. 13 months–5 years
 - d. 6–10 years
 - e. 11–15 years
 - f. 15+ years

5. What motivated you to start gardening (select all that apply)?
 - a. Grow my own food
 - b. Exercise
 - c. Stress reduction
 - d. Landscaping
 - e. Family members (parents, grandparents, etc.)
 - f. Other

6. Are you a Master Gardener?
 - a. Yes
 - b. No
 - c. I don't know what a Master Gardener is

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7. How long have you been a Master Gardener?
 - a. 0–5 years
 - b. 6–10 years
 - c. 11–15 years
 - d. 15+ years

 8. How much time have you spent gardening over the last 2 weeks?
 - a. None
 - b. Less than 1 hour
 - c. 1–2 hours
 - d. 3–8 hours
 - e. More than 8 hours

 9. How much time have you spent outdoors per weekday over the last 2 weeks?
 - a. None
 - b. Less than 1 hour
 - c. 1–2 hours
 - d. 3–8 hours
 - e. More than 8 hours

 10. Last year at this time, how much time did you spend outdoors per weekday?
 - a. None
 - b. Less than 1 hour
 - c. 1–2 hours
 - d. 3–8 hours
 - e. More than 8 hours

 11. How much time have you spent outdoors per weekend over the last 2 weeks?
 - a. None
 - b. Less than 1 hour
 - c. 1–2 hours
 - d. 3–8 hours
 - e. More than 8 hours

 12. Last year at this time, how much time did you spend outdoors per weekend?
 - a. None
 - b. Less than 1 hour
 - c. 1–2 hours

- d. 3–8 hours
 - e. More than 8 hours
13. Have you done any type of bicycling for fun, exercise, or commuting over the last 2 weeks?
- a. Yes
 - b. No
14. Did you go picnicking over the last 2 weeks?
- a. Yes
 - b. No
15. Have you done any type of outdoor walking, hiking, backpacking, or camping over the last 2 weeks?
- a. Yes
 - b. No
16. Have you done any outdoor nature viewing, photography, or identification of animal wildlife, (birds, wildlife, fish, deer, bears, snakes, butterflies, turtles, and so on) over the last 2 weeks?
- a. Yes
 - b. No
17. Have you done any outdoor viewing, photography, or identification of vegetation (wildflowers, grasses, trees, etc.) over the last 2 weeks?
- a. Yes
 - b. No
18. Have you gone sailing, motor boating, water skiing, jet skiing, canoeing, kayaking, rafting, tubing, surfing, sailboarding, or any other form of boating over the last 2 weeks?
- a. Yes
 - b. No
19. Have you done any other outdoor or nature-related activities over the last 2 weeks? (If yes, please specify)
- a. Yes (If you choose yes, please write down the specific outdoor or nature-related activities in the box below.)
 - b. No
20. Since the shelter-in-place orders for the COVID-19 (coronavirus) pandemic began, have you spent more time in your home garden than last year?
- a. Yes
 - b. No

21. Have your gardening practices changed since the COVID-19 (coronavirus) pandemic began?

- a. Yes
- b. No

22. How have your gardening practices changed?

23. How important have each of the following activities been in helping you manage stress since the shelter-in-place requirements began?

	Not Important	At All	Slightly Important	Moderately Important	Very Important	Extremely Important
Gardening	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nature activities	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meditation	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connecting with friends and family	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Have you experienced any COVID-19 symptoms (cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell)?

- a. Yes
- b. No

25. Has anyone in your family experienced any COVID-19 symptoms?

- a. Yes
- b. No

26. Do you have any underlying health issues that make you more susceptible to COVID-19 (65 years or older, chronic lung disease, asthma, serious heart conditions, compromised immune system, severe obesity, diabetes, chronic kidney disease undergoing dialysis, or liver disease)?

- a. Yes
- b. No

27. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid, as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Our project team will be developing educational events and materials to provide information and best practices for gardening as a stress management technique. How would you like to receive this information? (select all that apply):

- a. Online workshop or class
- b. Virtual one-on-one consultation
- c. In-person one-on-one consultation
- d. Written materials or guides
- e. Online videos
- f. Other

29. What information would be helpful regarding gardening? (Select all that apply)

- a. Basic gardening techniques
- b. Container gardening
- c. Vegetable gardening
- d. Indoor plants
- e. Pest management
- f. Edible gardening
- g. Gardening and health
- h. Other

30. Please select your state of residence

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31. Please enter your zip code:
32. What is your ethnicity?
- Hispanic or Latino
 - Not Hispanic or Latino
 - I prefer not to answer
33. Which category best describes your race (check all that apply)?
- American Indian/Alaskan Native
 - Asian (Includes India and Middle East)
 - Black/African-American
 - Native Hawaiian/Other Pacific
 - White
 - Other
 - I prefer not to answer
34. What is your age?
- 18–29
 - 30–49
 - 50–69
 - 70–89
 - Over 90
 - I prefer not to answer
35. What is your sex?
- Male
 - Female
 - Other
 - I prefer not to answer
36. What is the highest level of education you have completed?
- Less than high school
 - High-school graduate/GED
 - Some college or associate's degree
 - Bachelor's degree
 - Graduate or professional degree
 - I prefer not to answer
37. Is there anything else you would like us to know?