

# June Covid19 Participant Experience Cope Survey

What should I know before participating?

The All of Us Research Program is interested in understanding the changes in your experiences and health during the time of the coronavirus disease 2019 (COVID-19) pandemic. Help us learn more by completing this survey. Participating in this survey may help researchers around the world better understand the impact of COVID-19 during this challenging time. The All of Us Research Program will repeat this survey throughout the pandemic.

The questions in this survey may be sensitive and may cause worry or anxiety. Remember, your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers.

No one will monitor your answers in real time. But, based on your answers, the system may suggest free phone and text resources to help you.

You can choose not to answer any question at any time. This survey will take approximately 20 to 30 minutes to complete.

Yes, I'm ready to take the survey now. Yes, I would like to take the survey at a later time. No, I do not want to take the survey.

Please answer each question as honestly as possible. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you must spend a long time on each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the options given.

Some questions also let you say if you don't know an answer or would rather not answer. Some of the questions may be sensitive. You can choose not to answer any question.

## Social Distancing Experiences

The following questions ask about your experiences with social distancing. Social distancing means keeping space between yourself and other people outside of your home.

In the past month, have recommendations for socially distancing caused stress for you?

A lot  
Somewhat A  
little Not at all

Thinking about your current social habits, in the last 5 days: I have stayed home all day (aside from time spent outdoors, but never closer than 6 feet from people who are not from my home).

None of the days (0 days) A  
few days (1-2 days) Most  
days (3-4 days) Every day

Thinking about your current social habits, in the last 5 days: I have gone to my workplace or volunteer site that is outside my home.

None of the days (0 days) A  
few days (1-2 days) Most  
days (3-4 days) Every day

Thinking about your current social habits, in the last 5 days: I have attended social gatherings outside my home of MORE than 10 people.

None of the days (0 days) A  
few days (1-2 days) Most  
days (3-4 days) Every day

Thinking about your current social habits, in the last 5 days: I have attended social gatherings outside my home of LESS than 10 people.

None of the days (0 days) A  
few days (1-2 days) Most  
days (3-4 days) Every day

Thinking about your current social habits, in the last 5 days: I have gone on shopping trips or outings that were "just for fun".

None of the days (0 days) A  
few days (1-2 days) Most  
days (3-4 days) Every day

Thinking about your current social habits, in the last 5 days: I have visited nursing homes or long-term care facilities (outside of work duties).

None of the days (0 days) A  
few days (1-2 days) Most  
days (3-4 days) Every day

Thinking about your current social habits, in the last 5 days: I have been in close contact with someone who is in a risk group for COVID-19 (adults age 50+, people with chronic medical conditions like heart, lung, liver, or kidney disease, diabetes, high blood pressure, or a suppressed immune system). This includes someone inside or outside of your household.

None of the days (0 days) A  
few days (1-2 days) Most  
days (3-4 days) Every day I  
don't know

Thinking about these activities in the last 5 days, my social interaction with people outside my home was

A lot less than normal  
Somewhat less than normal  
About the same as normal More  
than normal A lot more than  
normal

Now, thinking about the COVID-19 recommendations and mandates...How often in the past month are you doing the recommended pandemic hygiene, like washing hands frequently, avoiding touching your face, covering coughs, wearing a mask, and avoiding frequently touched surfaces in public places?

All of the time Most  
of the time  
Sometimes Rarely

## COVID-19 Related Symptoms

The next questions ask about your experience with COVID-19 or flu-like symptoms.

In the past month, have you been sick for more than one day with a new illness related to COVID-19 or flu-like symptoms?

Yes No

Approximate date of onset

\_\_\_\_\_

Which of the following symptoms did you have? (select all that apply)

A fever/feverish Cough Sore or painful throat Runny or stuffy nose Difficulty breathing or shortness of breath Unusual fatigue Unusually strong muscle pains/aches Headache Dizziness or light-headedness Confusion, disorientation, or drowsiness Loss of smell or taste Unusual eye soreness or discomfort (e.g., light sensitivity, pink eye, or excessive tears) Unusually hoarse voice Unusual chest pain or tightness in your chest Unusual abdominal pain or stomachache Diarrhea Nausea Skipping meals Raised, red, itchy, welts on the skin or sudden swelling of the face or lips Red/purple sores or blisters on your feet, including your toes

Have you EVER been near someone that you know, or suspect, had COVID-19 (such as co-workers, family members, or others)? Select all that apply.

Yes, known COVID-19 Yes, suspected COVID-19 Not that I know of

Do you think you have had COVID-19?

Yes

No Maybe

## COVID-19 Related Testing

**The next questions ask about your experiences with testing related to COVID-19 symptoms in the past month.**

Were you tested for COVID-19 in the past month?

Yes

No Unknown

Was the test for COVID-19 positive?

Yes No Unknown

Waiting for results

How were you tested? Select all that apply.

Nasal swab

Throat Swab

Blood Sample

Were you tested for influenza (flu) in the past month?

Yes

No Unknown

## COVID-19 Related Treatment

**The next questions ask about treatments you might have received that are associated with COVID-19 in the past month.**

In the past month, if you were sick with COVID-19 symptoms, how did you receive treatment(s)? Please select all that apply.

I didn't, I wasn't sick I recovered at home I spoke with a healthcare professional and wasn't admitted to the hospital I was admitted to the hospital for at least one night

What breathing treatment did you receive? Please select all that apply.

I did not receive breathing treatment Oxygen (through an oxygen mask or tube under my nose, no pressure applied) Oxygen (through an oxygen mask, which pushes oxygen into your lungs) A breathing machine (ventilator) with a tube down my throat Other breathing treatment

What other breathing treatment did you receive? Please specify

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## COVID-19 Related Impact

**Please indicate how much you felt each of the following within the last week. Please choose the answer that best applies to your situation within the past 7 days.**

In the past 7 days, I thought about COVID-19 when I didn't mean to.

Not at all A  
little bit  
Moderately  
Quite a bit  
Extremely

In the past 7 days, I felt watchful or on-guard.

Not at all A  
little bit  
Moderately  
Quite a bit  
Extremely

In the past 7 days, other things kept making me think about COVID-19.

Not at all A  
little bit  
Moderately  
Quite a bit  
Extremely

In the past 7 days, I was aware that I still had a lot of feelings about COVID-19, but I didn't deal with them.

Not at all A  
little bit  
Moderately  
Quite a bit  
Extremely

In the past 7 days, I tried not to think about COVID-19.

Not at all A  
little bit  
Moderately  
Quite a bit  
Extremely

In the past 7 days, I had trouble concentrating.

Not at all A  
little bit  
Moderately  
Quite a bit  
Extremely

In the past month, how has the COVID-19 outbreak affected you? Please select all that apply.

Worked remotely or from home more than you usually do  
Worked more hours than usual Worked reduced hours Was  
not able to work due to COVID-19 related illness I became  
unemployed Had difficulty arranging for childcare Incurred  
increased costs for childcare expenses Worked with children  
at home with me Income or pay has been reduced Not paid at  
all Had serious financial problems None of the above

In the past month, have you experienced the following as a result of COVID-19? Select all that apply.

Not enough money to pay rent Not enough  
money to pay for gas Not enough money to pay  
for food Not enough money to pay for  
medications Did not have a regular place to  
sleep or stay None of the above

In the past month, have the following behaviors increased in your household? Select all that apply.

Interpersonal conflict with family members or loved ones  
Snapping at or yelling at family members Interpersonal  
conflict with friends or coworkers None of the above

In the past month, to cope with social distancing and isolation, are you doing any of the following? Select all that apply.

Taking breaks from watching, reading, or listening to news stories, including social media Increasing watching,  
reading, or listening to news stories, including social media Taking care of your body, such as taking deep breaths,  
stretching, or meditating Engaging in healthy behaviors like trying to eat healthy, well-balanced meals, exercising  
regularly, getting plenty of sleep, or avoiding alcohol and drugs Making time to relax Connecting with others,  
including talking with people you trust about your concerns and how you are feeling Contacting a healthcare  
provider Smoking more cigarettes or vaping more Drinking alcohol more than usual Using prescription drugs (like  
valium, etc.) more than usual Using non-prescription drugs more than usual Using cannabis or marijuana more  
than usual Eating high fat or sugary foods more than usual Cutting or self-injury more than usual Over exercise  
Eating more food than usual Eating less food than usual None of the above



## General Well-Being

### We would like to know how you feel about things in general.

Choose the answer that best describes how you felt in the past month. In uncertain times, I usually expect the best.

I agree a lot I agree a little I  
neither agree nor disagree I  
Disagree a little I Disagree a lot

Choose the answer that best describes how you felt in the past month. In general, how happy are you?

Extremely happy Very  
happy Moderately happy  
Moderately unhappy  
Very unhappy Extremely  
unhappy Don't know  
Prefer not to answer

Choose the answer that best describes how you felt in the past month. To what extent do you feel your life to be meaningful?

Not at all A little A  
moderate amount Very  
much An extreme  
amount Don't know  
Prefer not to answer

**Basic Information**

**The next questions ask about circumstances that affect your general health.**

Not including yourself, how many other people live at home with you?

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Think of other people who live with you. How many are under the age of 18 years?

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What type of household do you live in?

- Studio One-bedroom apartment
- Two-bedroom apartment Three-bedroom (or more) apartment Townhouse
- Free-standing house Nursing home, or rehab facility Homeless Other Prefer not to answer

Please specify.

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What is your current employment status? Select all that apply.

Employed for wages (part- time or full-time)  
Self-employed Out of work for 1 year or more  
Out of work for less than 1 year A homemaker A  
student Retired Unable to work (disabled) Prefer  
not to answer

Are you covered by health insurance or some other kind of health care plan?

Yes No Don't know  
Prefer not to answer

Are you currently covered by any of the following types of health insurance or health care plans? Select all that apply.

Insurance purchased directly from an insurance company (by you or another family member) Insurance  
through a current or former employer or union (by you or another family member) Medicare, for people 65  
and older or people with certain disabilities Medicaid, Medical Assistance, or any kind of  
government-assistance plan for those with low incomes or disability TRICARE or other military health care  
Veterans Affairs (VA) (including those who have ever used or enrolled for VA health care) Indian Health  
Service Any other type of health insurance or health coverage plan I don't have health insurance, self-pay

Other health insurance or health coverage plan. Please specify.

\_\_\_\_\_

Are you currently on chemotherapy or immunotherapy?

Yes No

Do you regularly take immunosuppressant medications (including steroids, methotrexate, biologic agents)?

Yes No

What is your current marital status?

Married Divorced  
Widowed Separated  
Never married Living  
with partner Prefer not  
to answer

Are you currently pregnant?

No Yes Not sure Prefer  
not to answer

## **Social Support**

**People sometimes look to others for friendship and help. We want to know how social support affects your health. Each of the following statements describes a type of social support.**

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to help you if you were confined to bed

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to take you to the doctor if you needed it

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to prepare your meals if you were unable to do it yourself

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to help with daily chores if you were sick

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to have a good time with

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to turn to for suggestions about how to deal with a personal problem

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone who understands your problems

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to love and make you feel wanted

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to confide in or talk to about yourself or your problems

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

Choose the answer that best describes how often you can find this kind of support in the past month.  
Someone to do things with to help you get your mind off things

None of the time A  
little of the time Some  
of the time Most of  
the time All of the  
time

## **Anxiety**

### **The next questions ask about worrying.**

In the past 2 weeks, how often have you been bothered by the following problem?  
Feeling nervous, anxious, or on edge

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by the following problem? Not  
being able to stop or control worrying

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by the following problem?  
Worrying too much about different things

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by the following problem?  
Trouble relaxing

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by the following problem?  
Being so restless that it's hard to sit still

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by the following problem?

Becoming easily annoyed or irritable

Not at all   Several days

More than half the days

Nearly every day

In the past 2 weeks, how often have you been bothered by the following problem?

Feeling afraid as if something awful might happen

Not at all   Several days

More than half the days

Nearly every day

## **Mood**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

In the past 2 weeks, how often have you been bothered by: Little interest or pleasure in doing things

Not at all   Several days

More than half the days

Nearly every day

In the past 2 weeks, how often have you been bothered by:

Feeling down, depressed, or hopeless

Not at all   Several days

More than half the days

Nearly every day



In the past 2 weeks, how often have you been bothered by:  
Trouble falling or staying asleep, or sleeping too much

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by:  
Feeling tired or having little energy

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by: Poor  
appetite or overeating

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by: Feeling bad about yourself or that  
you are a failure or have let yourself or your family down

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by: Trouble concentrating on things,  
such as reading the newspaper or watching television

Not at all   Several days  
More than half the days  
Nearly every day

In the past 2 weeks, how often have you been bothered by: Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

- Not at all
- Several days
- More than half the days
- Nearly every day

In the past 2 weeks, how often have you been bothered by: Thoughts that you would be better off dead or of hurting yourself in some way

- Not at all
- Several days
- More than half the days
- Nearly every day

If this is how you feel, think about getting help. There are people who can help 24/7.

Text the Crisis Text Line at 741741 or Call the National Suicide Prevention Lifeline at 1-800-273-8255.

## **Stress**

**The next 10 questions ask how often you felt stress in the last month. This includes stress about events that you did not expect or could not predict or control, and how much you worry about your life. Your answers will help us understand how often stress impacts daily life.**

In the last month, how often have you been upset because of something that happened unexpectedly?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt that you were unable to control the important things in your life?

Never Almost  
never  
Sometimes Fairly  
often Very often

In the last month, how often have you felt nervous and "stressed"?

Never Almost  
never  
Sometimes Fairly  
often Very often

In the last month, how often have you felt confident about your ability to handle your personal problems?

Never Almost  
never  
Sometimes Fairly  
often Very often

In the last month, how often have you felt that things were going your way?

Never Almost  
never  
Sometimes Fairly  
often Very often

In the last month, how often have you found that you could not cope with all the things that you had to do?

Never Almost  
never  
Sometimes Fairly  
often Very often

In the last month, how often have you been able to control irritations in your life?

Never Almost  
never  
Sometimes Fairly  
often Very often

In the last month, how often have you felt that you were on top of things?

Never Almost  
never  
Sometimes Fairly  
often Very often

In the last month, how often have you been angered because of things that were outside of your control?

Never Almost  
never  
Sometimes Fairly  
often Very often

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never Almost  
never  
Sometimes Fairly  
often Very often

## **Physical Activity**

**Next, we ask you questions about your physical activity in the last 7 days. We will ask you about time spent doing vigorous activity, then moderate activity, and then walking activity.**

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Yes No

How many days per week?

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Minutes per day (Please enter a number)

Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes

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Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, did you do moderate physical activity like carrying light loads, bicycling at a regular pace, or doubles tennis?

Yes No

How many days per week?

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Minutes per day (Please enter a number)

Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes

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Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the last 7 days, did you walk for at least 10 minutes at a time?

Yes No

How many days per week?

\_\_\_\_\_

\_\_\_\_\_

Minutes per day (Please enter a number)

Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes

\_\_\_\_\_

\_\_\_\_\_

The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on a weekday?

Please select below to enter the amount of time in minutes OR hours.

Enter a response in hours Enter  
a response in minutes Don't  
know

Hours per day (Please enter a number between 0-24)

\_\_\_\_\_

\_\_\_\_\_

Minutes per day (Please enter a number between 0-1440)

\_\_\_\_\_

\_\_\_\_\_

## Loneliness

### The next questions ask about your relationships with others.

Choose the answer that is true for you in the past month. I lack companionship

Never Rarely  
Sometimes  
Often

Choose the answer that is true for you in the past month. There is no one I can turn to

Never Rarely  
Sometimes  
Often

Choose the answer that is true for you in the past month. I am an outgoing person

Never Rarely  
Sometimes  
Often

Choose the answer that is true for you in the past month. I feel left out

Never Rarely  
Sometimes  
Often

Choose the answer that is true for you in the past month. I feel isolated from others

Never Rarely  
Sometimes  
Often

Choose the answer that is true for you in the past month. I can find companionship when I want it

Never Rarely  
Sometimes  
Often

Choose the answer that is true for you in the past month. I am unhappy being so withdrawn

Never Rarely  
Sometimes  
Often

Choose the answer that is true for you in the past month. People are around me but not with me

Never Rarely  
Sometimes  
Often



## Substance Use

**The following questions ask about your use of alcohol, tobacco, and other substances in the past month.**

In the past month: Did you smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all? Yes, every day Yes, some days Not currently, but in the past No, never

How long has it been since you last smoked?

Weeks

Months

Years

Enter the number of weeks

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Enter the number of months

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Enter the number of years

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In the past month: Did someone in your home smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all?

Yes, every day Yes, some days

Not currently, but in the past No,  
never

In the past month: Did you use any type of electronic nicotine product? This includes e- cigarettes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, and e-hookahs.

Yes, every day Yes, some days

Not currently, but in the past No,  
never

How long has it been since you last used an electronic nicotine product?

Weeks

Months

Years

Enter the number of weeks

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Enter the number of months

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Enter the number of years

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In the past month: How often do you have a drink containing alcohol?

Never Monthly or less 2-4  
times a month 2-3 times a  
week 4 or more times a  
week

In the past month: How many standard drinks containing alcohol do you have on a typical day?

1 or 2 3 or 4 5  
or 6 7 to 9 10  
or more

In the past month: How often do you have six or more drinks containing alcohol on one occasion?

Never Less than  
monthly Monthly Weekly  
Daily or almost daily

In the past month, have you used any of the following drugs? Select all that apply.

Cannabis (also called marijuana, pot, weed, grass, hash, concentrates, etc.). Please exclude your use of CBD or hemp products Synthetic marijuana or fake weed (also called K2 or Spice) Cocaine (also called coke, crack, free base, coca paste, etc.) Prescription stimulants (for example, Ritalin, Concerta, Dexedrine, Adderall, Focalin, Didrex, etc.) Methamphetamine (also called meth, crank, ice, crystal meth, glass, etc.) Synthetic stimulants (also called bath salts, flakka, etc.) Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.) Prescription sedatives or prescription sleeping pills (for example, Valium, Ambien, Serepax, Ativan, Xanax, Libriu, etc.) Hallucinogens (for example, LSD, acid, Molly, mushrooms, PCP, Special K, ecstasy, Peyote, DMT, Foxy, etc.) Heroin Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) None Other substance

How often did you use cannabis?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking cannabis?

Yes No

Do you think you have used more or less cannabis in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use synthetic marijuana or fake weed?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking synthetic marijuana or fake weed?

Yes No

Do you think you have used more or less synthetic marijuana or fake weed in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use cocaine?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking cocaine?

Yes No

Do you think you have used more or less cocaine in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use prescription stimulants?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did you use prescription stimulants in any way a doctor did not direct you to use it?

Yes No

Do you think you have used more or less prescription stimulants in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use methamphetamine?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking methamphetamine?

Yes No

Do you think you have used more or less methamphetamine in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use synthetic stimulants?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking synthetic stimulants?

Yes No

Do you think you have used more or less synthetic stimulants in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use inhalants?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Do you think you have used more or less inhalants in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use prescription sedatives or prescription sleeping pills?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did you use prescription sedatives or prescription sleeping pills in any way a doctor did not direct you to use it?

Yes No

Do you think you have used more or less prescription sedatives or prescription sleeping pills in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use hallucinogens?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking hallucinogens?

Yes No

Do you think you have used more or less hallucinogens in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

How often did you use heroin?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking heroin?

Yes No

Do you think you have used more or less heroin in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

Did you use prescription opioids in any way a doctor did not direct you to use it?

Yes No

How often did you use prescription opioids?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking prescription opioids?

Yes No

Do you think you have used more or less prescription opioids in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

Other substance - please specify

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How often did you use the other substance?

Only a few times 1-3  
times per month 1-5  
times per week Daily

Did your use include smoking the other substance?

Yes No

Do you think you have used more or less of the other substance in the past month than you used to?

Less often than usual The  
same as usual More often  
than usual

## **Resilience**

**The next four questions ask about your behavior and actions in the past month.**

Please select the response that best reflects your behavior in the past month. I  
look for creative ways to alter difficult situations.

Does not describe me at all  
Does not describe me Neutral  
Describes me Describes me  
very well

Please select the response that best reflects your behavior in the past month.  
Regardless of what happens to me, I believe I can control my reaction to it.

Does not describe me at all  
Does not describe me Neutral  
Describes me Describes me  
very well

Please select the response that best reflects your behavior in the past month. I believe I can grow in positive ways by dealing with difficult situations.

Does not describe me at all  
Does not describe me Neutral  
Describes me Describes me  
very well

Please select the response that best reflects your behavior in the past month. I actively look for ways to replace the losses I encounter in life.

Does not describe me at all  
Does not describe me Neutral  
Describes me Describes me  
very well

## **Discrimination**

**The next statements describe how others may treat you.**

In your day-to-day life, how often did this happen to you during the past month? You are treated with less courtesy than other people are.

Almost everyday At least  
once a week A few times  
a month Never

In your day-to-day life, how often did this happen to you during the past month? You are treated with less respect than other people are.

Almost everyday At least  
once a week A few times  
a month Never

In your day-to-day life, how often did this happen to you during the past month? You receive poorer service than other people at restaurants or stores.

Almost everyday At least  
once a week A few times  
a month Never

In your day-to-day life, how often did this happen to you during the past month? People act as if they think you are not smart.

Almost everyday At least  
once a week A few times  
a month Never

In your day-to-day life, how often did this happen to you during the past month? People act as if they are afraid of you.

Almost everyday At least  
once a week A few times  
a month Never

In your day-to-day life, how often did this happen to you during the past month? People act as if they think you are dishonest.

Almost everyday At least  
once a week A few times  
a month Never

In your day-to-day life, how often did this happen to you during the past month? People act as if they're better than you are.

Almost everyday At least  
once a week A few times  
a month Never

In your day-to-day life, how often did this happen to you during the past month? You are called names or insulted.

Almost everyday  
At least once a week  
A few times a month  
Never

In your day-to-day life, how often did this happen to you during the past month? You are threatened or harassed.  
Almost everyday  
At least once a week  
A few times a month  
Never

What do you think is the main reason(s) for these experiences? Select all that apply.

Your ancestry or national origins  
Your gender  
Your race  
Your age  
Your religion  
Your height  
Your weight  
Some other aspect of your physical appearance  
Your sexual orientation  
Your education or income level  
Other  
Other reason - please specify.

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To learn more about COVID-19: <https://www.cdc.gov> and <https://www.coronavirus.gov/>  
For more information on mental health topics and research: <https://www.nimh.nih.gov/health/index.shtml> If you or someone you care about needs help: National Institute of Mental Health Getting Help page: <https://www.nimh.nih.gov/health/find-help/index.shtml>

Substance Abuse and Mental Health Services Administration Treatment Locator:  
<https://findtreatment.samhsa.gov>

For immediate assistance: National Suicide Prevention Lifeline:  
<https://suicidepreventionlifeline.org/talk-to-someone-now> or at 1-800-273-8255 (En Español: 1-888-628-9454; TTY: Deaf and Hard of Hearing: 1-800-799-4889)

Crisis Text Line by texting HOME to 741741

Thank You! Your responses are making a difference in health research.

Every day we learn more about COVID-19 and its impact. Your answers help researchers understand how people cope during a crisis like this.

Your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers.

Did You Know? Meditation can be done safely from home and can help lower stress.

Adding meditation to your day can lower stress and improve your health. More and more people are finding it helpful. One survey showed that 14.2 percent of adults in the U.S. began meditating in 2017. That's three times more than in 2012!

Click the link for more information about the benefits of meditation:  
06-03-2020 <https://www.nccih.nih.gov/health/meditation-in-depth>

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