



## COPE: Coronavirus Perinatal Experiences - Impact Survey (COPE-IS)

### ALL RESPONDENTS

#### PART 8: COVID-19 OUTBREAK - HEALTH BACKGROUND, MENTAL HEALTH, AND SUBSTANCE USE

An important area for researchers is to understand the experiences of people that may be more vulnerable to stress associated with the COVID-19 outbreak. The results of this survey are private. This means that responses to this survey shared anywhere outside of the research team are anonymous and not linked to you.

**1. Do you have history of any of the following medical conditions? (check all that apply)**

- (1) Respiratory problems (e.g., Asthma, Tuberculosis)
- (2) Diabetes
- (3) Heart disease or hypertension
- (4) Lung disease
- (5) Liver disease
- (6) Cancer
- (7) A disease compromising the immune system
- (8) Mood and/or anxiety disorder
- (9) None apply

**2. Do members of your household have history of any of the following medical conditions? (check all that apply)**

	Partner	Child	Other member of household
Respiratory problems (e.g., Asthma, Tuberculosis)			
Diabetes			
Heart disease or hypertension			

Lung disease			
Liver disease			
Cancer			
A disease compromising the immune system			
Mood and/or anxiety disorder			
None apply			

**3. Are you currently receiving treatment for mental health concerns (for example, depression, anxiety, stress, ADHD, bipolar disorder, eating disorder, or PTSD)?**

- (1) Yes
- (2) No
- (3) I decline to answer

*(if yes...)*

Has your mental health treatment changed due to the COVID-19 outbreak?

- (1) Significantly worsened
- (2) Somewhat worsened
- (3) No change
- (4) Somewhat improved
- (5) Significantly improved

**4. Are you currently receiving treatment for substance abuse (problems with illicit drugs, prescription drugs or alcohol)?**

- (1) Yes
- (0) No
- (1) I decline to answer

*(if yes...)*

**Has your mental health/substance abuse treatment changed due to the COVID-19 outbreak?**

- (1) Significantly worsened
- (2) Somewhat worsened
- (3) No change

(4) Somewhat improved

(5) Significantly improved

**5. At any time in your past have you received treatment for any of the following? (check all that apply)**

1) Mental health

(2) Substance abuse (including problems with prescription drugs, illegal drugs or alcohol)

(3) I decline to answer

(4) I have had mental health concerns but have not been treated

(5) I have had substance abuse concerns but have not been treated

(6) None apply

**6. Please indicate which of the drugs and medications you have used at any time in your past.**

	Yes	No	Prefer not to answer
Marijuana or hashish			
Nicotine products (including cigarettes, cigars, vaping)			
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)			
Prescription antidepressants (e.g., Prozac, Zoloft, Celera)			
Methamphetamine (speed, crystal meth, ice, etc.)			
Cocaine (coke, crack, etc.)			
Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)			
Sedatives or sleeping pills (Valium, Serenax, Ativan, Librium, Xanax, Rohypnol, Ghb, etc.)			
Street opioids (heroin, opium, etc.)			
Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet],			

hydrocodone [Vicodin], methadone, buprenorphine, etc.)			
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)			

***\*Questions #1-6 are listed as questions 36 – 41 in original survey***

**Suggested citation:** Thomason, M.E., Graham, A., VanTieghem, M.R. (2020). The COPE-IS: Coronavirus Perinatal Experiences – Impact Survey.