



## COPE: Coronavirus Perinatal Experiences – Impact Update (COPE-IU)

Moriah E. Thomason, Ph.D.<sup>1</sup>

Alice Graham, Ph.D.<sup>2</sup>

Chris D. Smyser, M.D.<sup>3</sup>

Cynthia E. Rogers, M.D.<sup>4</sup>

1. Departments of Child and Adolescent Psychiatry, and Population Health, New York University Langone Health, New York, New York 10016
2. Departments of Behavioral Neuroscience and Psychiatry, Oregon Health and Science University, 3181 SW Sam Jackson Park Road, Portland, OR 97221
3. Departments of Neurology, Radiology, and Pediatrics, Washington University in St. Louis, St. Louis, MO 63110
4. Departments of Psychiatry and Pediatrics, Washington University in St. Louis, St. Louis, MO 63110

The Coronavirus Perinatal Experiences Impact Update (COPE-IU) is a newly developed measure designed to learn about the experiences of new and expectant mothers in the time of the Coronavirus COVID-19 (SARS-CoV-2) pandemic. COPE-IU is a companion to the Coronavirus Perinatal Experiences Impact Survey (COPE-IS) assessment tool. The COPE-IU is a shorter assessment (50-items) intended as a standalone instrument, or for brief, repeat longitudinal follow-up assessments, or updates.

All materials associated with this assessment tool are completely open source with no restrictions to their rights or use. At present, psychometric properties for this measure have yet to be established and scoring procedures have yet to be determined. In the future, those updates, along with language translations, and source materials (e.g., project REDCap files) will be available on the Open Science Framework (OSF) at <https://osf.io/uqhcv/>. For researchers planning to distribute this instrument, we welcome opportunity to join our COPE research collaborative; however, participation is entirely optional. If you wish to join, please email [moriah.thomason@nyulangone.org](mailto:moriah.thomason@nyulangone.org). We will add you to the distribution list of connected researchers using this instrument.

Select questions within the COPE-IU were adapted from existing assessment tools: *Items 29-45*: (1) Derogatis, L.R.(1993). BSI Brief Symptom Inventory: Administration, Scoring, and Procedure Manual (4<sup>th</sup> Ed.). Minneapolis, MN: National Computer Systems, and (2) Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5). These items were selected based on review of NYU Langone NYC survey data obtained in 281 pregnant women and mothers of babies <6 months old, analyzed 4/13/20. NYC data indicated that >5% of mothers endorsed retained items as occurring ‘quite often’ or ‘extremely’ (often); *Items 47-50*: Grasso, D.J., Briggs-Gowan, M.J., Ford, J.D., & Carter, A.S. (2020). The Epidemic – Pandemic Impacts Inventory (EPII).

**Suggested citation:** Thomason, M.E., Graham, A., Smyser, C.D., Rogers, C.E. (2020). The COPE-IU: Coronavirus Perinatal Experiences – Impact Update.



## COPE: Coronavirus Perinatal Experiences - Impact Update (COPE-IU)

### PART 1: COVID-19 EXPOSURES AND SYMPTOMS (SELF AND FAMILY)

We are interested in whether you and your family have been exposed to or are experiencing any symptoms like those seen in COVID-19.

Major symptoms: fever or chill, cough, shortness of breath.

Minor symptoms: sore throat, headache, muscle or body aches, runny nose, fatigue, diarrhea/nausea, vomiting, loss of smell or taste, itchy/red eyes.

**1. For all of the following people, please indicate which has occurred. Check all that apply.**

*ROWS (self, partner, newborn, other children, other living in home)*

*Section i. COLUMN: (1) No symptoms, (2) currently have symptoms, (3) symptoms in the past*

*Section ii. COLUMN: (1) Never tested, (2) Tested positive for COVID-19, (3) Tested negative for COVID-19, (4) Tested and waiting for results*

If click (self) tested, conditional response: **Date of test:** \_\_\_\_\_

**2. In general, how distressed are you about COVID-19 related symptoms or potential illness in you or your loved ones?**

*(Likert scale 1-7, 1 = No distress, 7 = Highly distressed)*

### PART 2: COVID-19 ADJUSTMENTS

We would like to learn how the coronavirus disease pandemic has changed your daily life, experiences and feelings. For each statement below, please describe how the coronavirus disease pandemic is affecting you.

**During the past 7 days, much has the COVID-19 outbreak disrupted your ability to ...**

**3. Engage in social activities?**

*Likert 1-7: No disruption – Extreme disruption*

**4. Engage in work activities?**

*Likert 1-7: No disruption – Extreme disruption*

**5. Engage in physical activities (any form of exercise, including walking, running, playing)?**

*Likert 1-7: No disruption – Extreme disruption*

**6. Leave your house?**

*Likert 1-7: No disruption – Extreme disruption*

**7. Receive emotional support from family or friends?**

*Likert 1-7: No disruption – Extreme disruption*

*(Overall level of disruption to be computed from the above measures)*

**During the past 7 days, how much has the COVID-19 outbreak caused...**

**8. Negative impact on your life?**

*Likert 1-7: No negative impact – Extreme negative impact*

**9. Conflict or fighting between family members?**

*Likert 1-7: No conflict – Extreme conflict*

**10. Feeling that you are not in control?**

*Likert 1-7: No loss of control – Extreme loss of control*

**11. Sleep problems?**

*Likert 1-7: No sleep problems – Extreme sleep problems*

**12. Reduced daily energy levels?**

*Likert 1-7: No loss in energy – Extreme loss in energy*

**During the past 7 days how much did COVID-19 change these aspects of your life...**

**13. Employment?**

*Likert 1-7: No change – Extreme change*

**14. Your living arrangements?**

*Likert 1-7: No change – Extreme change*

**15. Health of you or your family members?**

*Likert 1-7: No change – Extreme change*

**16. Your access to health care?**

*Likert 1-7: No change – Extreme change*

**17. Rules or restrictions about shelter-in-place in your community?**

*Likert 1-7: No change – Extreme change*

**During the past 7 days, on how many days did you...**

*(0-7 days are option, +decline to answer)*

**18. Meditate or use mindfulness strategies for more than 5 minutes?**

**19. Wake up feeling like you got a good night of sleep?**

20. Talk to friends or family on the phone more than 30 minutes?
21. Engage in a religious service or practice?
22. Engage in physical activity for more than 30 minutes (such as walking, hiking, climbing stairs, yoga, running, weight lifting, push-ups, sit-ups)?
23. Drink one or more drinks of an alcoholic beverage?
24. Use marijuana or hashish?
25. Use recreational or illegal drugs (not including marijuana)?
26. Use nicotine products (including cigarettes, e-cigarettes, cigars, vaping, chew, dip or JUUL)?
27. Watch TV/movies on any kind of screen for more than 3 hours (including TV and game shows, movies, sale channels like QVC, YouTube videos, documentaries)?
28. Use social media (such as Instagram, Facebook, Twitter, Snapchat, Pinterest, Viber, YouTube, LinkedIn, Tumblr, QZone)?

In the past 7 days, including today, how often were you distressed by:

*COLUMNS: Not at all, A little bit, Moderate, Quite often, Extremely*

29. Feeling no interest in things
30. Nervousness or shakiness inside
31. Feeling lonely
32. Feeling tense or keyed up
33. Nausea or upset stomach
34. Feeling blue
35. Suddenly scared for no reason
36. Feeling hopeless about the future
37. Feeling fearful
38. Feeling super alert or watchful or on guard
39. Having difficulty concentrating
40. Trouble experiencing positive feelings
41. Feeling guilty or blaming yourself
42. Feeling irritable, angry or aggressive
43. Repeated disturbing and unwanted thoughts about the COVID-19 outbreak
44. Repeated disturbing dreams about the COVID-19 outbreak
45. Trying to avoid information or reminders about the COVID-19 outbreak
  
46. What is your greatest source of stress due to the COVID-19 outbreak right now? (check only one)
  - a. Health concerns
  - b. Financial concerns
  - c. Impact on your child

- d. Impact on your partner
- e. Impact on your community
- f. Impact on family members (e.g. elderly parents)
- g. Impact on close friends
- h. Impact on society
- i. Access to food
- j. Access to baby supplies (e.g. formula, diapers, wipes)
- k. Access to mental health care
- l. General well-being due to social distancing and/or quarantine
- m. Stress about other (open field)
- n. I am not stressed

**COVID-19 can also provide positive change...**

**During the past 7 days, how much has the COVID-19 outbreak caused...**

- 47. Improved relationships with family or friends?**

*Likert 1-7: No improvement – Extreme improvement*

- 48. New connections made with supportive people?**

*Likert 1-7: No new support – Extreme new support*

- 49. More time doing enjoyable activities (e.g., reading books, puzzles)?**

*Likert 1-7: No increase – Extreme increase*

- 50. Feeling more appreciative of things usually taken for granted?**

*Likert 1-7: No changed appreciation – Extreme changed appreciation*