

COVID-19 Experiences (COVEX)

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The COVID-19 Experiences (COVEX) questionnaire was developed by investigators from the Division of Child and Adolescent Psychiatry at Columbia University/New York State Psychiatric Institute for use in our ongoing and new research studies and by affiliated clinical settings to document the experiences of research participants and patients in the time of the COVID-19 pandemic. COVEX can be administered either as an interview or as a self-report measure. It is being translated in other languages.

The questionnaire comprises nine sections:

- Section 1: COVID-19 Symptoms & Diagnoses**
- Section 2: Vulnerability to COVID and Direct Exposure**
- Section 3: Living Situation**
- Section 4: Employment/School Changes**
- Section 5: Worries, Mental Health Changes**
- Section 6: Problems and Support during COVID-19 outbreak**
- Section 7: Coping**
- Section 8: Pregnancy-Related Questions (*optional*)**
- Section 9: Media Use**

Section 5 incorporates the nine symptom items from the Patient Health Questionnaire (PHQ-9) and three items from the Generalized Anxiety Disorder 7-Item (GAD-7) scale. It also includes questions about loneliness, alcohol and drug use and worries arising from COVID-19. This section ends with some “optional questions” which assess changes in emotional state and behavior during the outbreak.

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COVID-19 Experiences (COVEX)

These questions are about your experiences during the coronavirus pandemic, also known as the COVID-19 outbreak.

Section 1: COVID-19 Symptoms & Diagnoses

1. Since the start of the outbreak, did you have symptoms of COVID-19? That is, have you had a fever, shortness of breath, sore throat, body aches, fatigue, runny nose or congestion, diarrhea, chills, muscle pain, headache, or a loss of taste or smell?

- No
- Yes
- Not Sure

2. Which of the following symptoms have you experienced since the COVID-19 outbreak began in your area (that is, since [date])? [check all that apply]

- Fever (above 100 degrees Fahrenheit or above 37.8 degrees Celsius)
- Cough
- Runny nose
- Shortness of breath
- Repeated shaking with chills
- Chills (without shaking)
- Sore throat
- Headache
- Muscle or body aches
- Tingling or burning sensation
- Fatigue
- Excessive sleepiness
- Diarrhea
- Nausea or vomiting
- Loss of sense of smell
- Loss of sense of taste
- Itchy/red eyes
- Discoloration of toes or fingers (look “dusky”)
- Sores/rashes on feet or hands
- Stroke
- None of the above → **GO TO 3**

2a. How would you rate the severity of your illness?

- Mild illness (dry cough, headache, nausea/diarrhea, aches and pains, low-grade fever – no need to see a doctor or hospitalization)
- Moderate illness (coughing, high fever (above 100.0 degrees Fahrenheit or above 37.8 degrees Celsius), chills, feeling that you can't get out of bed, shortness of breath)
- Severe illness (breathlessness, complications leading to pneumonia)
- Critical illness (respiratory failure, septic shock, and/or organ dysfunction or failure)
- Don't Know

2b. Which of the following occurred as a result of your symptoms? [check all that apply]

- I was kept overnight in a hospital → **GO TO 2C**
- I saw a healthcare provider in person, such as in a clinic, doctor's office, urgent care, or Emergency Room (ER)/Emergency Department (ED)
- I spoke to a healthcare provider over the phone, by email, or online
- I self-isolated or quarantined at home
- None of the above

If kept overnight in a hospital; ask:

2c. How many nights were you kept in the hospital _____ [days]

3. Has a healthcare provider ever told you that you have, or likely [have/have had] COVID-19 (Coronavirus)?

- No
- Yes

4. Have you been tested for COVID-19?

- No
- Yes, tested positive
- Yes, but never tested positive
- Yes, but haven't got the results yet

If yes, ask:

4a. What type of test was this?

- Nasal swab
- Blood test for active infection
- Blood test for antibodies
- Saliva test
- Other: _____

Section 2: Vulnerability to COVID and Direct Exposure

1. Prior to the COVID-19 outbreak, did you have a medical condition that could cause you to get very sick if you were to get COVID-19? (e.g., asthma, a breathing or lung problem, suppressed immune system, diabetes, high blood pressure, obesity, or some other significant health problem)

- No → GO TO 2
 Yes

If yes, ask:

1.a. What was that? _____

2. During or in the few months prior to the COVID-19 outbreak, were you a smoker or vaper?
[check all that apply]

- No → GO TO 3
 Yes, smoker
 Yes, vaper

If smoker, ask:

2a. How much [do/did] you smoke?

- A pack or more a day (a pack is 20 cigarettes)
 Daily, 10-19 cigarettes
 Daily, 4-9 cigarettes
 Daily 1-3 cigarettes
 Less than one cigarette per day

If vaper, ask:

2b. How often did you vape?

- More than once a day
 Daily or almost every day
 3-4 days a week
 1-2 days a week
 Less than that

3. During or after the COVID-19 outbreak started, were you pregnant?

- No
 Yes

4. During the COVID-19 outbreak, did you ever live with someone that was sick with COVID-19?

- No → **GO TO 5**
- Yes
- Not sure, I think someone I lived with might have had COVID-19

If yes or not sure, ask:

4a. Who was this? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Roommate
- Other: _____

4b. Were they (any of them) hospitalized for COVID-19?

- No
- Yes

4c. Did they (any of them) die because of COVID-19?

- No → **GO TO 5**
- Yes

If yes, ask:

4d. Who died? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Roommate
- Other

5. Has anyone in your family who you did not live with or any of your close friends been diagnosed or been sick with COVID-19?

- No → **GO TO 6**
- Yes
- Not sure, I think someone in my family or a close friend might have had COVID-19

If yes or not sure, ask:

5a. Who was this? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Close friend
- Other

5b. Were you around (any of) them when they were sick or just before, in the 2 weeks before they got sick?

- No
- Yes

5c. Were they (any of them) hospitalized for COVID-19?

- No
- Yes

5d. Did they (any of them) die because of COVID-19?

- No
- Yes

If yes, ask:

5e. Who died? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Close friend
- Other

6. Has anyone (else) that you interact with regularly, by this we mean at least twice a week, been diagnosed or been sick with COVID-19?

- No
- Yes
- Not sure, I think someone I interacted with might have had COVID-19

If yes or not sure, ask:

6a. Were you around (any of) them when they were sick or just before, in the 2 weeks before they got sick?

- No
- Yes

Section 3: Living Situation

The next set of questions ask about your living situation during the COVID-19 outbreak.

1. [Was there/Has there been] a change in where you live or who you live(d) with during the COVID-19 outbreak? This could mean temporarily living in a different place or a change in the people you live with.

- Yes **[check all that apply]**
 - Moved in “parents” or into family home (e.g., returned home from school, etc.)
 - Moved to a different location/situation (e.g., moved in with other family members or friends)
 - Other people added to household
 - People moved out of your household
 - Moved away from your family
 - Lost housing
 - Moved into a shelter
 - Other _____
- No

2. During the COVID-19 outbreak, many people were “quarantined”. Which of the following most closely describes what you (and the people you live with) did during the COVID-19 outbreak? [check all that apply]

- Voluntary quarantine (stay at home and severely limit contact with people outside of your home and only leave the house for necessities) due to fear of exposure
- Voluntary quarantine due to confirmed/suspected case in household
- Mandated self-isolation/quarantine by medical professional due to confirmed/suspected case (not allowed to go out for any reason including groceries)
- Stay-at-home order by local government and/or employer urging people to stay home (e.g., can still take walks and socialize outdoors while maintaining social distancing)
- Shelter-in-place order
- None of the above → **GO TO 3**

2a. How many days did you stay at home and limit contact with people outside of your home as much as possible? _____ [WEEKS] OR _____ [MONTHS]

3. Did anyone you lived with during the COVID-19 outbreak go to work outside of the household?

- No
- Yes
- Not sure

4. Did you leave the household to take care of or check in with other people you generally take care of?

- No
- Yes

5. During the period of the COVID-19 outbreak, about how much time daily did you spend outside of your household?

- No time
- <30 minutes
- 30 minutes - < 1 hour
- 1 hour - < 2 hours
- 2 hours - < 3 hours
- 3 hours or more

6. Not including yourself, how many people [have/were] you (been) living with in your household during most of the COVID-19 outbreak? _____ (if living alone, enter 0)

If not living alone, ask:

6a. Who [lives/lived] there? What was their relationship to you?

- Partner
- Parents
- My children
- Siblings
- Grandparents
- Other family members (e.g. aunt, uncle, cousin)
- Friend(s)
- Other household members/roommates
- Other, specify: _____

If not living alone, ask:

6b. Did this feel like this was too crowded? That there were too many people given the size of the space?

- No
- Yes
- Not sure

INTERVIEWER: IF CONDUCTING PHONE INTERVIEW AND RESPONDENT IS NOT IN A PRIVATE SETTING, PLEASE SAY THE FOLLOWING:

For the next several questions, please do not read your answer out loud, but instead read the number next to the answer on the card.

If living with only 1 person other than partner, child, or parent, ask:

7. In general, how [have/were] you (been) getting along with the other person you [are/were] living with during the COVID-19 outbreak?

- [1] Very well – no problems or tension
- [2] Well – occasional tension, some tension, but manageable
- [3] Okay – tension and sometimes things get out of hands (occasional heated arguments)
- [4] Not very well – tense, lots of arguing, unsettled feeling, definite problems
- [5] Terribly

7a. Is this a change from how you were getting along before the outbreak?

- No
- Yes

If living with 2 or more people, ask:

8. In general, how [have/were] people in your household (been) getting along during the COVID-19 outbreak?

- [1] Very well – no problems or tension
- [2] Well – occasional tension, some tension, but manageable
- [3] Okay – tension and sometimes things get out of hands (occasional heated arguments)
- [4] Not very well – tense, lots of arguing, unsettled feeling, definite problems
- [5] Terribly

8a. Is this a change from how it was before the outbreak?

- No
- Yes
- N/A, no relationship prior to outbreak

If living with partner, ask:

9. How [have/were] YOU and your partner (been) getting along during the COVID-19 outbreak?

- [1] Very well – no problems or tension
- [2] Well – occasional tension, some tension, but manageable
- [3] Okay – tension and sometimes things get out of hands (occasional heated arguments)
- [4] Not very well – tense, lots of arguing, unsettled feeling, definite problems
- [5] Terribly

9a. Is this a change from how you were getting along before the outbreak?

- No
 Yes

If living with child(ren), ask:

10. How [have/were] YOU and your child(ren) (been) getting along during the COVID-19 outbreak?

- [1] Very well – no problems or tension
[2] Well – occasional tension, some tension, but manageable
[3] Okay – some tension and sometimes things get out of hands (a few heated arguments)
[4] Not very well – tense, lots of arguing, unsettled feeling, definite problems
[5] Terribly

10a. Is this a change from how you were getting along before the outbreak?

- No
 Yes

If living with parent(s), ask:

11. How [have/were] YOU and your parent(s) (been) getting along during the COVID-19 outbreak?

- [1] Very well – no problems or tension
[2] Well – occasional tension, some tension, but manageable
[3] Okay – tension and sometimes things get out of hands (occasional heated arguments)
[4] Not very well – tense, lots of arguing, unsettled feeling, definite problems
[5] Terribly

11a. Is this a change from how you were getting along before the outbreak?

- No
 Yes

If study approval and privacy ensured;

INTERVIEWER: IF CONDUCTING PHONE INTERVIEW, PLEASE SAY THE FOLLOWING:

For the next 3 questions, I am going to ask you about some private matters, so please turn your speakerphone off.

12. During the COVID-19 outbreak, did things ever get to the point where an adult you were living with got physically violent with a child (for example, shoved, hit, kicked, or shook [her/him/them])?

- No
 Yes

13. During the COVID-19 outbreak, was an adult in your household ever physically violent with you (for example, shoved, hit, kicked, or shook you)?

- No
- Yes

14. During the COVID-19 outbreak, did things ever get to the point where an adult you were living with got physically violent with someone else (for example, shoved, hit, kicked, or shook someone else)?

- No
- Yes

Section 4: Employment/School Changes

Now we are going to change the subject and ask you about work.

1. Which of the following best describes your work situation in the two weeks prior to the COVID-19 outbreak?

- Working full time → **GO TO 1B**
- Working part time → **GO TO 1B**
- Self-employed → **GO TO 1B**
- Looking for work, unemployed → **GO TO 1A**
- Unemployed, not looking → **GO TO 1A**
- Temporarily laid off → **GO TO 1A**
- Retired → **GO TO 1A**
- Homemaker → **GO TO 1A**
- Maternity Leave → **GO TO 1A**
- Illness/sick leave → **GO TO 1A**
- Disabled → **GO TO 1A**
- Other → **GO TO 1B**

If not working before COVID-19 outbreak, ask;

1a. Did you start a new job during the COVID-19 outbreak?

- No → **GO TO 5**
- Yes → **GO TO 4**

1b. What setting(s) were you working in the two weeks before the COVID-19 outbreak? [check all that apply]

- At home
- In a medical setting (hospital, clinic, doctor's office, urgent care center, etc.)
- In an office or apartment building
- In a private household(s) (nanny, housekeeper, etc.)
- In a setting with regular customer interaction (delivery, transport, retail, food service, restaurant, etc.)
- In the community as a first responder (police, EMS, firefighter, etc.)
- In a warehouse or factory
- Outside (gardening, construction, road work, etc.)
- Other _____

1c. What kind of work did you do? _____

if employed before COVID-19 outbreak, ask;

2. Did you lose any job(s) during the covid-19 outbreak?

- No → **GO TO 2B**
- Yes, I was laid off from a job
- Yes, I was furloughed from a job
- Yes, I lost all my jobs → **GO TO 2B**

If laid off or furloughed, ask;

2a. Did you continue to work at all during the COVID-19 outbreak?

- No → **GO TO 5**
- Yes

2b. Did you start or get [a new/another] job during the COVID-19 outbreak?

- No
- Yes

If currently working, ask:

3. Did you experience significant changes with your job (e.g. workload, hours, pay, etc.) because of or during the outbreak? [check all that apply]

- No
- Yes, switched to working remotely
- Yes, increase in work hours
- Yes, decrease in work hours
- Yes, increase in workload
- Yes, decrease in workload
- Yes, salary or wages cut
- Yes, salary or wages increased
- Yes, other significant change: _____

4. What setting(s) have you been working in since the COVID-19 outbreak began? [check all that apply]

- At home
- In a medical setting (hospital, clinic, doctor's office, urgent care center, etc.)
- In an office or apartment building
- In a private household(s) (nanny, housekeeper, etc.)
- In a setting with regular customer interaction (delivery, transport, retail, food service, restaurant, etc.)
- In the community as a first responder (police, EMS, firefighter, etc.)
- In a warehouse or factory
- Outside (gardening, construction, road work, etc.)
- Other _____

5. In the weeks before COVID-19 outbreak began, were you a student (enrolled in an academic program)?

- Full time student
- Part time student
- No → **GO TO 6 IF WORKING DURING OUTBREAK; GO TO 8 IF NOT WORKING**

If a full or part time student, ask:

5a. After the COVID-19 outbreak began, did you continue to be a student?

- No → **GO TO 6 IF WORKING DURING OUTBREAK; GO TO 8 IF NOT WORKING**
- No, graduated or finished program early → **GO TO 6 IF WORKING DURING OUTBREAK; GO TO 8 IF NOT WORKING**
- Yes

If still enrolled in school, ask:

5b. Since the COVID-19 outbreak, has your school offered classes remotely?

- No → **GO TO 6 IF WORKING DURING OUTBREAK; GO TO 8 IF NOT WORKING**
- Yes

If still enrolled in school, ask:

5c. Did you experience an increase or decrease in schoolwork (time spent working)?

- Increase
- Decrease
- No change

If working at home or in school virtually, ask:

6. [Has it been/Was it] hard to get your [work/schoolwork] done because of other responsibilities at home (taking care of children, family, tension, space)?

- No
 Yes

If working at home or in school virtually, ask:

7. [Has it been/Was it] hard to get your [work/school work] done because of your home environment (internet, computers, tension, space)?

- No
 Yes

8. Did anyone in your house lose their job or lose a significant amount of their income as a result of the COVID-19 outbreak?

- No
 Yes

If yes, ask:

8a. Who lost their job or a significant amount of income as a result of the COVID-19 outbreak?

- Partner
 Parents
 My children
 Siblings
 Grandparents
 Other family members (e.g. aunt, uncle, cousin)
 Friend(s)
 Other household members/roommates
 Other, specify: _____

Section 5: Worries, Mental Health Changes

Now I'm going to ask you some questions about how you've been feeling lately.

1. Over the last two weeks, how often have you been bothered by any of the following problems?

1a. Little interest or pleasure in doing things

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

1b. Feeling down, depressed, or hopeless

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

1c. Trouble falling or staying asleep or sleeping too much

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

1d. Feeling tired or having little energy

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

1e. Poor appetite or overeating

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

1f. Feeling bad about yourself—or that you are a failure or have let yourself or family down

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

1g. 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

1h. 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

1i. Thoughts that you would be better off dead, or of hurting yourself

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

1j. Feeling nervous, anxious or on edge

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

1k. Not being able to stop or control worrying

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

1l. Being easily annoyed or irritable

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

1m. Feeling lonely

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

2. In the past month, how often did you drink alcohol?

- Daily or almost everyday
- 3-4 days a week
- 1-2 days a week
- 1-3 days a month
- Never → **GO TO 3**

If drinks alcohol, ask:

2a. On a day when you drink, how many drinks will you typically have?

- 1-2 drinks
- 3-4 drinks
- More than 4 drinks

3. In the past month, how often have you used other drugs to get high?

- Daily or almost everyday
- 3-4 days a week
- 1-2 days a week
- 1-3 days a month
- Less than once a month
- Never

4. I am going to ask you the same questions again, but now you should think about the two weeks during the COVID-19 outbreak that were the most difficult for you.

During the two weeks that were the most difficult, how often were you bothered by any of the following problems?

4a. Little interest or pleasure in doing things

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

4b. Feeling down, depressed, or hopeless

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

4c. Trouble falling or staying asleep or sleeping too much

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

4d. Feeling tired or having little energy

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

4e. Poor appetite or overeating

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

4f. Feeling bad about yourself—or that you are a failure or have let yourself or family down

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

4g. 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

4h. 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

4i. Thoughts that you would be better off dead, or of hurting yourself

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

4j. Feeling nervous, anxious or on edge

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

4k. Not being able to stop or control worrying

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

4l. Being easily annoyed or irritable

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

4m. Feeling lonely

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

5. During the two weeks that were the most difficult for you, how often did you drink alcohol?

- Daily or almost everyday
- 3-4 days a week
- 1-2 days a week
- Less than once a week
- None

If drank alcohol, ask:

5a. On a day when you drank, how many drinks will you typically have?

- 1-2 drinks
- 3-4 drinks
- More than 4 drinks

6. During the two weeks that were the most difficult for you, how often did you use other drugs to get high?

- Daily or almost everyday
- 3-4 days a week
- 1-2 days a week
- Less than once a week
- None

7. The next questions are about worries you might have (had) during the COVID-19 outbreak. For these questions, please think about the time during the outbreak that was the most difficult for you.

During that time, how worried [have you been/were you] that ...

7a. You, yourself, might get COVID-19?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all
worried | A little
worried | Somewhat
worried | Extremely
worried | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7b. You might infect someone else with COVID-19?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all
worried | A little
worried | Somewhat
worried | Extremely
worried | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7c. Someone in your family or a close friend might get very sick from COVID-19?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all
worried | A little
worried | Somewhat
worried | Extremely
worried | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7d. Adequate health care wouldn't be available if you or your family got sick from COVID-19?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all
worried | A little
worried | Somewhat
worried | Extremely
worried | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7e. You or your family members couldn't afford to pay for treatment or testing for COVID-19?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not at all
worried | A little
worried | Somewhat
worried | Extremely
worried | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7f. You or your family wouldn't be able to get health care for another medical problem (not COVID 19)?

Not at all worried <input type="checkbox"/>	A little worried <input type="checkbox"/>	Somewhat worried <input type="checkbox"/>	Extremely worried <input type="checkbox"/>	Don't know <input type="checkbox"/>
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7g. About how other people in your family or who you are close to will cope with being isolated/alone?

Not at all worried <input type="checkbox"/>	A little worried <input type="checkbox"/>	Somewhat worried <input type="checkbox"/>	Extremely worried <input type="checkbox"/>	Don't know <input type="checkbox"/>
---------------------------------------------------	-------------------------------------------------	-------------------------------------------------	--------------------------------------------------	----------------------------------------

7h. You wouldn't be able to take care of people in your family who needed help?

Not at all worried <input type="checkbox"/>	A little worried <input type="checkbox"/>	Somewhat worried <input type="checkbox"/>	Extremely worried <input type="checkbox"/>	Don't know <input type="checkbox"/>
---------------------------------------------------	-------------------------------------------------	-------------------------------------------------	--------------------------------------------------	----------------------------------------

7i. You will lose income due to a workplace closure or reduced hours because of the COVID-19 outbreak?

Not at all worried <input type="checkbox"/>	A little worried <input type="checkbox"/>	Somewhat worried <input type="checkbox"/>	Extremely worried <input type="checkbox"/>	Don't know <input type="checkbox"/>
---------------------------------------------------	-------------------------------------------------	-------------------------------------------------	--------------------------------------------------	----------------------------------------

7j. You or your family will suffer a significant financial loss because of COVID-19?

Not at all worried <input type="checkbox"/>	A little worried <input type="checkbox"/>	Somewhat worried <input type="checkbox"/>	Extremely worried <input type="checkbox"/>	Don't know <input type="checkbox"/>
---------------------------------------------------	-------------------------------------------------	-------------------------------------------------	--------------------------------------------------	----------------------------------------

8. Overall, how much do you think that worry or stress related to the COVID-19 outbreak has had a negative impact on your mental health?

- No negative impact
- Small negative impact
- Moderate/medium negative impact
- Large negative impact

9. Overall, how much do you think that worry or stress related to the COVID-19 outbreak has had a negative impact on your physical health?

- No negative Impact
- Small negative impact
- Moderate/medium negative impact
- Large negative impact

Optional

The remaining questions in this section may be useful to assess changes in clinical state during the COVID-19 outbreak. If not relevant to your study, go to Section 6.

10. Many people (have) experienced changes in their emotions and behaviors during the COVID-19 outbreak.

Compared with how you were doing before the outbreak started in your area, how much [were you/have you been] bothered by the following:

10a. Feeling nervous or anxious

No change	A lot more	A little more	A little less	A lot less
<input type="checkbox"/>	than usual	than usual	than usual	than usual
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10b. Not being able to stop worrying

No change	A lot more	A little more	A little less	A lot less
<input type="checkbox"/>	than usual	than usual	than usual	than usual
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10c. Feeling sad

No change	A lot more	A little more	A little less	A lot less
<input type="checkbox"/>	than usual	than usual	than usual	than usual
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10d. Feeling annoyed or irritable

No change	A lot more	A little more	A little less	A lot less
<input type="checkbox"/>	than usual	than usual	than usual	than usual
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10e. Experiencing lack of motivation

No change	A lot more	A little more	A little less	A lot less
<input type="checkbox"/>	than usual	than usual	than usual	than usual
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10f. Feeling lonely

No change	A lot more	A little more	A little less	A lot less
<input type="checkbox"/>	than usual	than usual	than usual	than usual
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10g. Feeling hopeless

No change <input type="checkbox"/>	A lot more than usual <input type="checkbox"/>	A little more than usual <input type="checkbox"/>	A little less than usual <input type="checkbox"/>	A lot less than usual <input type="checkbox"/>
---------------------------------------	------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------

11. Now I'd like to know about some changes in behaviors since the outbreak. Again, compared to how things were before the outbreak have you experienced any of the following:

11a. Changes in amount you're eating

No change <input type="checkbox"/>	A lot more than usual <input type="checkbox"/>	A little more than usual <input type="checkbox"/>	A little less than usual <input type="checkbox"/>	A lot less than usual <input type="checkbox"/>
---------------------------------------	------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------

11b. Changes in amount you're sleeping

No change <input type="checkbox"/>	A lot more than usual <input type="checkbox"/>	A little more than usual <input type="checkbox"/>	A little less than usual <input type="checkbox"/>	A lot less than usual <input type="checkbox"/>
---------------------------------------	------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------

11c. Changes in amount of sexual activity

No change <input type="checkbox"/>	A lot more than usual <input type="checkbox"/>	A little more than usual <input type="checkbox"/>	A little less than usual <input type="checkbox"/>	A lot less than usual <input type="checkbox"/>
---------------------------------------	------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------

11d. Changes in alcohol or substance use

No change <input type="checkbox"/>	A lot more than usual <input type="checkbox"/>	A little more than usual <input type="checkbox"/>	A little less than usual <input type="checkbox"/>	A lot less than usual <input type="checkbox"/>
---------------------------------------	------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------

11e. Other change (specify) _____

No change <input type="checkbox"/>	A lot more than usual <input type="checkbox"/>	A little more than usual <input type="checkbox"/>	A little less than usual <input type="checkbox"/>	A lot less than usual <input type="checkbox"/>
---------------------------------------	------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------

Section 6: Problems and Support during COVID-19 outbreak

1. Since the COVID-19 outbreak, have you experienced any of the following? [check all that apply]

- Difficulty obtaining childcare that you needed
- Difficulty obtaining food
- Difficulty obtaining water
- Difficulty obtaining cleaning/hygiene products (soap, detergent, wipes, hand sanitizer, paper towels, etc.)
- Difficulty obtaining paper products (toilet paper, paper towels, etc.)
- Difficulty obtaining diapers, formula, other baby care products
- Difficulty obtaining medical care or prescriptions

If difficulty obtaining medical care or prescriptions;

1a. Does this include prenatal care?

- No
- Yes
- N/A

If difficulty obtaining medical care or prescriptions;

1b. Does this include psychiatric care?

- No
- Yes
- N/A

If difficulty obtaining medical care or prescriptions;

1c. Does this include prescriptions?

- No
- Yes
- N/A

If difficulty obtaining medical care or prescriptions;

1d. Did you experience other difficulties related to obtaining medical care or prescriptions

- No
- Yes, please describe other difficulties: _____

1d. Cooking/baking

Not at all/I didn't try this Slightly Somewhat Moderately Very much

1e. Arts and crafts project

Not at all/I didn't try this Slightly Somewhat Moderately Very much

1f. Cleaning/doing household chores

Not at all/I didn't try this Slightly Somewhat Moderately Very much

1g. Playing games with family members

Not at all/I didn't try this Slightly Somewhat Moderately Very much

1h. Playing online games

Not at all/I didn't try this Slightly Somewhat Moderately Very much

1i. Virtual entertainment (concerts, live shows, sports, museums, etc.)

Not at all/I didn't try this Slightly Somewhat Moderately Very much

1j. Other (specify) _____

Not at all/I didn't try this Slightly Somewhat Moderately Very much

2. Overall, do you think the COVID-19 outbreak has had a positive impact on your life?

- No positive impact
- Small positive impact
- Moderate/medium positive impact
- Large positive impact

If respondent had children, ask;

3. Which of the following strategies [have been/were] helpful to YOUR CHILD while staying at home because of the COVID-19 outbreak?

3a. Texting, calling or video-calling family members or friends

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3b. Virtual learning/school

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3c. Talking to therapist

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3d. Exercising/walking

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3e. Cooking/baking

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3f. Arts and crafts project

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3g. Playing Board games, cards with family members

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3h. Playing online games

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3i. Virtual entertainment (concerts, live shows, sports, museums, etc.)

Not at all/Didn't try this Slightly Somewhat Moderately Very much

3j. Other (specify) _____

Not at all/Didn't try this Slightly Somewhat Moderately Very much

Section 8: Pregnancy-Related Questions

This section may be useful to assess pregnant women during the COVID-19 outbreak. If not relevant to your study, go to Section 9.

1. How worried have you been that you might get COVID-19 while pregnant?

Not at all Slightly Somewhat Moderately Very much

2. How worried have you been that your baby might get COVID-19?

Not at all Slightly Somewhat Moderately Very much

3. Has COVID-19 negatively impacted your expectations about your pregnancy/birth?

Not at all Slightly Somewhat Moderately Very much

4. Now, I'm going to read a list of things that might have made you worry or feel more stressed about your pregnancy or giving birth.

Please tell me how much each of these might have caused you more stress or worry.

4a. Disruptions to prenatal care

Not at all Slightly Somewhat Moderately Very much

4b. Quarantine/isolation

Not at all Slightly Somewhat Moderately Very much

4c. Separation from family members

Not at all Slightly Somewhat Moderately Very much

4d. Loss of income/finances

Not at all Slightly Somewhat Moderately Very much

4e. Difficulty obtaining essential resources (food, water, cleaning supplies)

Not at all Slightly Somewhat Moderately Very much

4f. Giving birth/delivery in hospital because afraid of being exposed to COVID)

Not at all Slightly Somewhat Moderately Very much

4g. Giving birth/delivery in hospital because afraid I would be separated from baby

Not at all Slightly Somewhat Moderately Very much

5. What trimester were you in when you experienced the most stress due to COVID-19?

- First trimester
- Second trimester
- Third trimester

Section 9: Media Use

1. What is the most common way you get news? [check all that apply]

- Print newspaper or magazines
- Radio
- TV (local, network, cable)
- Social media
- News website or app
- Family, friends, or neighbors

2. During the COVID-19 outbreak, on average, how much time per day did you spend getting information about COVID-19 or the impact it is having on the city, state, country?

- None
- < 1 hour
- 1 hour - < 2 hours
- 2 hours - <3 hours
- 3 hours - <4 hours
- 4 hours - <5 hours
- 5 or more hours per day

3. Has your usage of the following sources of information contributed to your mental health in a positive or negative way?

3a. Friends, family or neighbors (on the phone or in person)

Positive Neutral Negative I don't use this source

3b. Local government officials

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3c. National government officials

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3d. National and International Health officials (e.g. CDC, WHO)

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3e. News (print or online news)

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3f. Radio, Podcast

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3g. Facebook

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3h. Instagram, Snapchat

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3i. Twitter

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3j. Other Social Media (e.g. Tik Tok, Reddit)

Positive	Neutral	Negative	I don't use this source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you use or rely on the following sources to get information about the COVID-19 outbreak?

4a. Friends, family or neighbors (*not including Facebook or social media*)

Never Rarely Sometimes Often Always

4b. Providers (e.g., your Doctor, Pharmacist, etc.)

Never Rarely Sometimes Often Always

4c. Local government officials (e.g., Governor, Mayor)

Never Rarely Sometimes Often Always

4d. Federal Government (e.g., President, White House Coronavirus Task Force)

Never Rarely Sometimes Often Always

4e. Medical/Health websites (e.g., CDC, WebMD)

Never Rarely Sometimes Often Always

4f. Print or online news

Never Rarely Sometimes Often Always

4g. TV or radio

Never Rarely Sometimes Often Always

4h. Social Media (Instagram, Facebook, YouTube, TikTok)

Never Rarely Sometimes Often Always

The following measures were adapted for the development of this survey

- Harkness, A. (2020). The Pandemic Stress Index. University of Miami.
 - Section 5 (7a, 7b, 7c, 7j)
 - Section 6 (2, 3)
- Kroenke, K. & Spitzer, R.L. (2002). The PHQ-9: A new depression and diagnostic severity measure.
 - Section 5 (1a-1i, 4a-4i)
- Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2007;146:317-25.
 - Section 5 (1j, 1k, 4j, 4k)
- [KFF Coronavirus Poll (conducted March 11-15, 2020)], (KFF, [March 17, 2020]), (<http://files.kff.org/attachment/Topline-KFF-Coronavirus-Poll.pdf>, accessed March 31, 2020)
 - Section 5 (8, 9)
- Featherstone, J. D., Bell, R. A., & Ruiz, J. B. (2019). Relationship of people's sources of health information and political ideology with acceptance of conspiratorial beliefs about vaccines. *Vaccine*, 37(23), 2993-2997.
 - Section 9 (4)