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

[COVEX (Version 1.0)]
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 ☐

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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 \( \rightarrow \) 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 ☐

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

Not at all worried ☐ A little worried ☐ Somewhat worried ☐ Extremely worried ☐ Don’t know ☐

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 ☐

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 ☐

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

Not at all worried  A little worried  Somewhat worried  Extremely worried  Don’t know
☐           ☐           ☐           ☐           ☐

7g. About how other people in your family or who you are close to will cope with being isolated/alone?

Not at all worried  A little worried  Somewhat worried  Extremely worried  Don’t know
☐           ☐           ☐           ☐           ☐

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

Not at all worried  A little worried  Somewhat worried  Extremely worried  Don’t know
☐           ☐           ☐           ☐           ☐

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

Not at all worried  A little worried  Somewhat worried  Extremely worried  Don’t know
☐           ☐           ☐           ☐           ☐

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

Not at all worried  A little worried  Somewhat worried  Extremely worried  Don’t know
☐           ☐           ☐           ☐           ☐

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:

<table>
<thead>
<tr>
<th>Question</th>
<th>No change</th>
<th>A lot more than usual</th>
<th>A little more than usual</th>
<th>A little less than usual</th>
<th>A lot less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. Feeling nervous or anxious</td>
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<td>10b. Not being able to stop worrying</td>
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<td>10c. Feeling sad</td>
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<td>10d. Feeling annoyed or irritable</td>
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<td>10e. Experiencing lack of motivation</td>
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<td>10f. Feeling lonely</td>
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</table>
10g. Feeling hopeless
No change A lot more than usual A little more than usual A little less than usual A lot less than usual

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 A lot more than usual A little more than usual A little less than usual A lot less than usual

11b. Changes in amount you’re sleeping
No change A lot more than usual A little more than usual A little less than usual A lot less than usual

11c. Changes in amount of sexual activity
No change A lot more than usual A little more than usual A little less than usual A lot less than usual

11d. Changes in alcohol or substance use
No change A lot more than usual A little more than usual A little less than usual A lot less than usual

11e. Other change (specify) ______________________________
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: ________________________________
2. Which of the following resources [have/did] you (or people in your household) use(d) during the COVID-19 outbreak?

- [ ] Picking up free meals from schools
- [ ] Food banks
- [ ] Free internet/WiFi access
- [ ] Laptop/iPad/tablet provided free of cost for my child’s education
- [ ] Shelter/housing accommodations from the government
- [ ] Unemployment benefits
- [ ] Medicaid
- [ ] SNAP (food stamps)
- [ ] Cash assistance
- [ ] Rent freeze
- [ ] Getting financial support from family, friends, partners, an organization or someone else
- [ ] Free counseling/therapy (phone, messaging, video chat)
- [ ] Suicide prevention and other crisis hotlines
- [ ] Domestic violence hotlines

3. Did you experience stigma or discrimination from other people due to COVID-19 related stereotypes (e.g., people treating you differently based on where you’re from, etc.)

- [ ] No
- [ ] Yes

---

Section 7: Coping

1. Which of the following strategies [have been/were] helpful to YOU during the COVID-19 outbreak?

1a. Texting, calling or video-calling family members or friends

   Not at all/I didn’t try this  Slightly  Somewhat  Moderately  Very much
   [ ]  [ ]  [ ]  [ ]  [ ]

1b. Talking to therapist

   Not at all/I didn’t try this  Slightly  Somewhat  Moderately  Very much
   [ ]  [ ]  [ ]  [ ]  [ ]

1c. Exercising/walking

   Not at all/I didn’t try this  Slightly  Somewhat  Moderately  Very much
   [ ]  [ ]  [ ]  [ ]  [ ]
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?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very much</th>
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</table>

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

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very much</th>
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3. **Has COVID-19 negatively impacted your expectations about your pregnancy/birth?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very much</th>
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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**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very much</th>
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   4b. **Quarantine/isolation**

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<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very much</th>
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   4c. **Separation from family members**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very much</th>
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   4d. **Loss of income/finances**

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<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very much</th>
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   4e. **Difficulty obtaining essential resources (food, water, cleaning supplies)**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Slightly</th>
<th>Somewhat</th>
<th>Moderately</th>
<th>Very much</th>
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</table>
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

<table>
<thead>
<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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</table>

3c. National government officials

<table>
<thead>
<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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3d. National and International Health officials (e.g. CDC, WHO)

<table>
<thead>
<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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</table>

3e. News (print or online news)

<table>
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<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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3f. Radio, Podcast

<table>
<thead>
<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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3g. Facebook

<table>
<thead>
<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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3h. Instagram, Snapchat

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<thead>
<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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3i. Twitter

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<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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3j. Other Social Media (e.g. Tik Tok, Reddit)

<table>
<thead>
<tr>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
<th>I don’t use this source</th>
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</table>
4. How often do you use or rely on the following sources to get information about the COVID-19 outbreak?

<table>
<thead>
<tr>
<th>Source</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
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<tbody>
<tr>
<td>4a. Friends, family or neighbors (not including Facebook or social media)</td>
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<td>4b. Providers (e.g., your Doctor, Pharmacist, etc.)</td>
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<td>4c. Local government officials (e.g., Governor, Mayor)</td>
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<td>4d. Federal Government (e.g., President, White House Coronavirus Task Force)</td>
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<td>4e. Medical/Health websites (e.g., CDC, WebMD)</td>
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<td>4f. Print or online news</td>
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<td>4g. TV or radio</td>
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<td>4h. Social Media (Instagram, Facebook, YouTube, TikTok)</td>
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</tbody>
</table>
The following measures were adapted for the development of this survey

  - Section 5 (7a, 7b, 7c, 7j)
  - Section 6 (2, 3)
  - Section 5 (1a-1i, 4a-4i)
  - Section 5 (1j, 1k, 4j, 4k)
  - Section 5 (8, 9)
  - Section 9 (4)