In the past 7 days:\(^{54}\)

- I have been able to laugh and see the funny side of things
  - As much as I always could
  - Not quite so much now
  - Definitely not so much now
  - Not at all

- I have looked forward with enjoyment to things
  - As much as I ever did
  - Rather less than I used to
  - Definitely less than I used to
  - Hardly at all

- I have blamed myself unnecessarily when things went wrong
  - Yes, most of the time
  - Yes, some of the time
  - Not very often
  - No, never

- I have been anxious or worried for no good reason
  - No, not at all
  - Hardly ever
  - Yes, sometimes
  - Yes, very often

- I have felt scared or panicky for no very good reason
  - Yes, quite a lot
  - Yes, sometimes
  - No, not much
  - No, not at all

- Things have been getting on top of me
  - Yes, most of the time I haven’t been able to cope at all
  - Yes, sometimes I haven’t been coping as well as usual
  - No, most of the time I have coped quite well
  - No, have been coping as well as ever

- I have been so unhappy that I have had difficulty sleeping
  - Yes, most of the time
  - Yes, sometimes
  - Not very often
  - No, not at all

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\(^{54}\) PhenX: Edinburgh Postnatal Depression Scale (EPDS)
• I have felt sad or miserable
  o Yes, most of the time
  o Yes, quite often
  o Not very often
  o No, not at all

• I have been so unhappy that I have been crying
  o Yes, most of the time
  o Yes, quite often
  o Only occasionally
  o No, never

• The thought of harming myself has occurred to me
  o Yes, quite often
  o Sometimes
  o Hardly ever
  o Never

COVID-19 Related Anxiety
Below is a list of difficulties people sometimes have after stressful life events. Please read each item and then indicate how distressing each difficulty has been for you.\(^5\)

• **DURING THE PAST SEVEN DAYS** with respect to the COVID-19 pandemic, how much were you distressed or bothered by these difficulties?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other things kept making me think about it.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. I thought about it when I didn’t mean to.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. I tried not to think about it.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. I had trouble concentrating.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. I felt watchful and on-guard.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**General Anxiety Disorder Symptoms**
• Over the last 2 weeks, how often have you been bothered by the following problems?\(^6\)

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^5\) Impact of Event Scale-6  
\(^6\) GAD 7
### Coping Mechanisms

- What have you done to cope with your stress related to the COVID-19 outbreak? (Mark all that apply)\(^{57}\)
  - Meditation and/or mindfulness practices
  - Talking with friends and family (e.g., by phone, text, or video)
  - Engaging in more family activities (e.g., games, sports)
  - Increased television watching or other “screen time” activities (e.g., video games, social media)
  - Getting exercise
  - Eating more often, including snacking
  - Increasing time reading books, or doing activities like puzzles and crosswords
  - Going outside, enjoying nature and the outdoors
  - Drinking alcohol
  - Using tobacco (e.g., smoking, vaping)
  - Using marijuana (e.g., vaping, smoking, eating) or cannabidiol (CBD)
  - Talking to my healthcare providers more frequently, including mental healthcare provider (e.g., therapist, psychologist, counselor)
  - Volunteer work
  - I have not done any of these things to cope with the COVID-19 outbreak

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\(^{57}\) **Environmental Influences on Child Health Outcomes (ECHO) COVID-19 Questionnaire**
• These items deal with ways you've been coping with the stress in your life since the onset of the coronavirus pandemic. Consider how well the following statements describe your behavior and actions.  

<table>
<thead>
<tr>
<th></th>
<th>Does not describe me at all</th>
<th>Does not describe me</th>
<th>Neutral</th>
<th>Describes me</th>
<th>Describes me very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>I look for creative ways to alter difficult situations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regardless of what happens to me, I believe I can control my reaction to it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I believe I can grow in positive ways by dealing with difficult situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I actively look for ways to replace the losses I encounter in life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources of Support**

• In the **past month**, has there been someone you can talk to about things that are important to you – someone you can count on for understanding or support? 
  - Very infrequently
  - Infrequently
  - Neutral
  - Frequently
  - Very frequently

In the **past month**, please describe how often...

• There is someone around to help you if you need it (like taking you to the doctor, taking you grocery shopping, or making meals, watching your kids)
  - Never
  - Rarely
  - Sometimes
  - Usually
  - Always
  - Don’t Know

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58 Brief Resilient Coping Scale (from MACS-WIHS Baseline COVID-19 Abbreviated Questionnaire)
59 MACS-WIHS Baseline COVID-19 Abbreviated Questionnaire
60 Pittsburgh Hill / Homewood Research on Neighborhood Change and Health (PHRESH)
• Do you have someone who you can depend on in an emergency (going into labor, Emergency expense of more than you can afford)?
  o Definitely
  o Most likely
  o Unsure
  o Most likely not
  o Definitely not

Loneliness / Social Isolation (Tier 2)
• How often do you feel that you lack companionship: Hardly ever, some of the time, or often?
  o Hardly Ever
  o Some of the Time
  o Often
• How often do you feel left out: Hardly ever, some of the time, or often?
  o Hardly Ever
  o Some of the Time
  o Often
• How often do you feel isolated from others? (Is it hardly ever, some of the time, or often?)
  o Hardly Ever
  o Some of the Time
  o Often

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61 Pittsburgh Hill / Homewood Research on Neighborhood Change and Health (PHRESH)
62 PhenX: 3-item loneliness scale, UCLA Loneliness Scale
63 PhenX: 3-item loneliness scale, UCLA Loneliness Scale
64 PhenX: 3-item loneliness scale, UCLA Loneliness Scale
65 All of Us Research Program: COVID-19 Participant Experience Survey (COPE)
66 All of Us Research Program: COVID-19 Participant Experience Survey (COPE)