

DAILY ACTIVITIES:

1. In the past TWO WEEKS, have you engaged in any of the following? If yes, please check all that apply and rate the extent of your overall engagement in these activities relative to before the COVID-19 outbreak.

Exercise (check all that apply):

Walking Running Spinning Yoga Weights Dancing

Biking Hiking Other: _____

My activity level has been:

Less than
normal...

Same as normal

... More than normal

1 2 3 4 5 6 7 8 9 10

2. Mindfulness (check all that apply):

Meditation Deep Breathing Body Scan Visualization Prayer

religious/faith service Other: _____

Overall, how much have you been engaging in mindfulness activities:

Less than
normal...

Same as normal

... More than normal

1 2 3 4 5 6 7 8 9 10

3. Hobbies (check all that apply):

Gardening Arts/Crafts Reading Writing Watching TV/movies

Video Games Cooking/Baking Music Other: _____

Overall, how much have you been engaging in these activities:

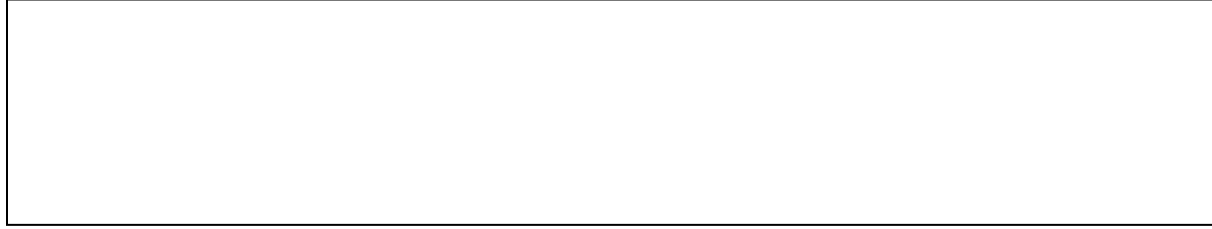
Less than
normal...

Same as normal

... More than normal

1 2 3 4 5 6 7 8 9 10

Is there anything else you would like to tell us that might be important that we did not ask about?



We appreciate your responses. Please know that because the study is being done online and your responses will not be monitored in real time, we will not be making contact with you. If you have any emergent issues or are feeling unsafe, please use the crisis text line, text “home” to 741 741, the SAMHSA National Hotline 1-800-622-4357 or the National Suicide Lifeline 1-800-273-TALK (8255) which is operated 24 hrs. a day, 7 days a week.

