HEALTH CONCERNS:

Please answer the questions below by selecting the number that best represents how much you agree with the following statements...

1. In the PAST TWO WEEKS: Have you had any of the following symptoms (check all that apply)?
   - I don’t have any symptoms
   - Congestion
   - Runny nose
   - Sore throat
   - Cough
   - Fever
   - Headache
   - Fatigue
   - Diarrhea
   - Shortness of breath
   - Chills
   - Shaking with Chills
   - Muscle pain
   - New loss of taste
   - New loss of smell
   - Other (please specify)

2. Have you sought advice from or visited a medical professional about symptoms related to COVID-19?
   - Yes
   - No
   - N/A

3. Have you sought mental health treatment in the past two weeks?
   - Yes
   - No
   - N/A

4. Have you sought substance use treatment in the past two weeks?
   - Yes
   - No
   - N/A

5. Have you been exposed to someone known to have coronavirus (COVID-19)?
   - Yes
   - No
   - I don’t know

6. Have you been tested for coronavirus (COVID-19)?
   - Yes
   - No

7. If you have been tested, have you tested positive for coronavirus (COVID-19)?
   - Yes
   - No
   - N/A

8. Has anyone in your family/household tested positive for coronavirus (COVID-19)?
   - Yes
   - No

9. How worried were you that your physical health could be affected by the coronavirus (COVID-19) pandemic?
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10. How worried were you that your **mental health** could be affected by the coronavirus (COVID-19) pandemic?

Not at all worried... ...Extremely worried

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.

These are questions 29-38 in the original full NIMH Psychosocial Impact of COVID-19 Survey and have been renumbered 1-10.