

Now we will turn to thoughts and feelings you may have about your life or yourself. By asking about your thoughts and feelings in addition to your physical health, we can paint a more complete picture of your life.

1. If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole?

- 1 Unhappy usually
- 2 Unhappy sometimes
- 3 Pretty happy
- 4 Very happy
- 5 Extremely happy

2. Would you say that your mental health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

3. Is your mental health better, worse, or about the same as before the start of the COVID-19 pandemic?

- 1 Better
- 2 Worse
- 3 About the same

The following questions ask how you have felt during the past month.

4. During the past month, how often have you been bothered by feeling nervous, anxious, or on edge?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

5. During the past month, how often have you been bothered by not being able to stop or control worrying?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

6. During the past month, how often have you felt depressed?

- 1 Rarely or none of the time
- 2 Some of the time
- 3 Occasionally
- 4 Most of the time

7. During the past month, how often did you feel that you lacked companionship?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

8. During the past month, how often did you feel left out?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

9. During the past month, how often did you feel isolated from others?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

10. During the past month, how often have you felt lonely?

- 1 Never
- 2 Hardly ever
- 3 Some of the time
- 4 Often

For these next questions, please think about ways that people close to you behave towards you.

11. Since the start of the COVID-19 pandemic, has anyone close to you called you names, put you down, or made you feel badly?

- 1 Yes
- 2 No → If No, END HERE

12. How serious of a problem was this for you?

- 1 Not serious
- 2 Somewhat serious
- 3 Very serious