1. What are you doing/did you do during COVID-19 (coronavirus)? (check all that apply)
   __ no changes to my life or behavior

   __ practicing social distancing (i.e., reducing your physical contact with other people in social, work, or school settings by avoiding large groups and staying 3-6 feet away from other people)
   (if yes – how long have you been doing/did you do this for? [days])
   Of these X days, how many did you end up needing to be physically near people (i.e., you were not able to practice social distancing on those days)?
   (if yes – did you choose to do this yourself or did someone else require you to?)
   (if yes – did you do this to protect someone else in your household?)

   __ isolating or quarantining yourself (i.e., while you are sick or if you have been exposed, separating yourself from other people to prevent others from getting it)
   (if yes – how long have you been doing/did you do this for? [days])
   Of these X days, how many did you end up breaking the isolation or quarantine (i.e., you were not isolated or quarantined on those days)?
   (if yes – did you choose to do this yourself or did someone else require you to?)
   (if yes – did you do this to protect someone else in your household?)

   __ caring for someone at home
   (if yes –
   __ a child or children
   __ an elderly person

   __ working from home
   (if yes – did you have to balance this with taking care of others [e.g., parents, kids, partners?]?)

   __ not working
   (if yes – did you lose your source of income because of COVID-19/coronavirus?)
   (if yes – why? (check all that apply)
   __ because I am/was sick or under quarantine
   __ because someone in my household was sick/under quarantine
   __ because my place of work was closed and didn’t offer a remote work option
   __ because I was laid off or lost my employment

   __ a change in use of healthcare services (e.g., calling your healthcare provider, going to urgent care, etc.)
   (if yes – was this an increase or decrease?)

   __ following media coverage related to COVID-19 (e.g., watching or reader the news, following social media coverage, etc.)
   (if yes: on average, how many hours per day did you spend on this?)

   __ changing travel plans
   (if yes – did you travel more or less?)
2. How much is/did COVID-19 (coronavirus) impact your day-to-day life?
   1. Not at all
   2. A little
   3. Much
   4. Very Much
   5. Extremely
   6. Decline to answer

3. Which of the following are you experiencing (or did you experience) during COVID-19 (coronavirus)?
   (check all that apply)
   __ being diagnosed with COVID-19
   __ fear of getting COVID-19
   __ fear of giving COVID-19 to someone else
   __ worrying about friends, family, partners, etc.
     if yes:
       __ locally
       __ in other parts of the US
       __ outside the US
   __ stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to COVID-19)
   __ personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancelations)
   __ frustration or boredom
   __ not having enough basic supplies (e.g., food, water, medications, a place to stay)
   __ more anxiety
   __ more depression
   __ more sleep, less sleep, or other changes to your normal sleep pattern
   __ increased alcohol or other substance use
   __ a change in sexual activity
     (if yes – was this an increase or decrease?)
   __ loneliness
   __ confusion about what COVID-19 is, how to prevent it, or why social distancing/isolation/quarantines are needed
   __ feeling that I was contributing to the greater good by preventing myself or others from getting COVID-19
   __ getting emotional or social support from family, friends, partners, a counselor, or someone else
   __ getting financial support from family, friends, partners, an organization, or someone else
other difficulties or challenges (We want to hear from you! Please tell us more)

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