

Pandemic Stress Index (PSI)

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 reading 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 _____)

Please use the following citation:

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