

Psychosocial Impact of COVID-19 Survey

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

1. Has your ability to enjoy things decreased due to the COVID-19 outbreak?

| | | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|----|--------------------------------------|
| Not at all decreased... | | | | | | | | | | ...decreased an extreme amount |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

2. How well have you been able to concentrate or focus?

| | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|----|----------------------|
| Not at all... | | | | | | | | | | ...Extremely well |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

3. Has your ability to solve problems decreased?

| | | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|----|--------------------------------------|
| Not at all decreased... | | | | | | | | | | ...decreased an extreme amount |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

SOCIAL DISTANCING:

Social distancing means remaining away from settings where one would gather with others, avoiding mass gatherings, and maintaining a distance of approximately 6 feet (or 2 meters) from others whenever possible, outside of family members.

In the LAST TWO WEEKS:

4. How much has your time with other people changed compared to how you acted before the COVID-19 outbreak?

| | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|----|-------------------------|
| Not at all... | | | | | | | | | | ...An extreme amount |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

5. How much have you been social distancing?

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Not at all...

...At all times

1 2 3 4 5 6 7 8 9 10

6. How stressful has it been for you to maintain social distancing?

Not at all
stressful ...

...Extremely stressful

1 2 3 4 5 6 7 8 9 10

HOPES AND WORRIES:

Please rate how you have felt about the following in the **LAST TWO WEEKS**:

7. How worried have **you** been about coronavirus (COVID-19)?

Not at all
worried...

...Extremely
worried

1 2 3 4 5 6 7 8 9 10

8. How worried are you that **you** will be infected with coronavirus (COVID-19)?

Not at all
worried...

...Extremely worried

1 2 3 4 5 6 7 8 9 10

9. How worried are you that a **family member** will be infected with coronavirus (COVID-19)?

Not at all
worried...

...Extremely worried

1 2 3 4 5 6 7 8 9 10

10. How worried are you that **others around you** will be infected with coronavirus (COVID-19)?

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Not at all
worried...

...Extremely worried

1 2 3 4 5 6 7 8 9 10

11. Over the past two weeks, how worried have you been about not being able to afford or access food?

Not at all
worried...

...Extremely worried

1 2 3 4 5 6 7 8 9 10

12. Over the past two weeks, how worried have you been about access to important resources such as transportation or housing due to the COVID19 outbreak?

Not at all
worried...

...Extremely worried

1 2 3 4 5 6 7 8 9 10

13. To what degree has the COVID19 crisis in your area created financial problems for you or your family?

Not at all...

...Extremely

1 2 3 4 5 6 7 8 9 10

14. How much of the day do you actively seek information (read/hear) about coronavirus (COVID-19)?

Not at all <1 hour 1-3 hours 4-6 hours >6 hours

14b. Which sources do you consult? (check all that apply)

- Social media (Facebook, Twitter, Instagram)
- Online journalism
- TV or radio news
- Word of mouth
- Other (please specify) _____

15. How excessive is your need to seek information on COVID-19?

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Not at all excessive... ...Extremely excessive

1 2 3 4 5 6 7 8 9 10

16. To what extent are you avoiding information about COVID-19?

Not at all avoiding... ...Complete avoidance

1 2 3 4 5 6 7 8 9 10

17. How hopeful are you that the coronavirus (COVID-19) problem will end soon?

Not at all hopeful... ...Extremely hopeful

1 2 3 4 5 6 7 8 9 10

18. How likely is it that the coronavirus (COVID-19) problem will end soon?

Not at all likely... ...Extremely likely

1 2 3 4 5 6 7 8 9 10

19. How hopeful are you that there will be a vaccine or a cure for coronavirus (COVID-19) within the coming year?

Not at all hopeful... ...Extremely hopeful

1 2 3 4 5 6 7 8 9 10

20. How likely is it that there will be a vaccine or a cure for coronavirus (COVID-19) within the coming year?

Not at all likely... ...Extremely likely

1 2 3 4 5 6 7 8 9 10

FAMILY & RELATIONSHIPS:

21. How many people live in your house at the present time (including you)?

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1 2 3 4 5 6 7 8 9 10+
(I live alone)

22. Please describe your household members (indicate who and number):

- Child/children below the age of 5
- Child/children between 5-11
- Child/children between 12-17
- Child/children 18 or above
- Romantic partner/spouse
- Parent/parents
- Other relative/relatives
- Roommate/roommates

- Other _____
- I am pregnant/expecting child
- Someone in my household is pregnant/expecting child
- N/A, I live alone

23. Do you live with any pets?

- Yes
- No

If yes, please specify _____

24. In the last two weeks, are you experiencing any of the following due to COVID-19? (check all that apply)

- You lost your job
- Your salary, hours, or contracts were significantly reduced
- You are working outside the home as an essential worker
- You are physically returning to your workplace
- You are taking on increased childcare duties
- You are spending increased time to educate or support your child/children's education
- You have fallen physically ill

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- Family/household member lost their job
- Family/household member's salary, hours, or contracts were significantly reduced
- Family/household member or friend fallen physically ill
- Family/household member with a mental illness is showing increased symptoms
- Family/household member died of COVID19
- Family/household member died unrelated to COVID19
- Someone you know has died of the Coronavirus
- Someone you know has lost a friend or family member to the Coronavirus
- None of the above

25. How have the relationships between members of your family/household been over the past two weeks?

Extremely negative... 1 2 3 4 5 6 7 8 9 10 ...Extremely positive

26. In the last two weeks, how often did you feel that you lack companionship?

- Hardly ever Some of the time Often

27. In the last two weeks, how often did you feel left out?

- Hardly ever Some of the time Often

28. In the last two weeks, how often did you feel isolated from others?

- Hardly ever Some of the time Often

HEALTH CONCERNS:

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

29. 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)_____

30. Have you sought advice from or visited a medical professional about symptoms related to COVID-19?

- Yes No N/A

31. Have you sought mental health treatment in the past two weeks?

- Yes No N/A

32. Have you sought substance use treatment in the past two weeks?

- Yes No N/A

33. Have you been exposed to someone known to have coronavirus (COVID-19)?

- Yes No I don't know

34. Have you been tested for coronavirus (COVID-19)?

- Yes No

35. If you have been tested, have you tested positive for coronavirus (COVID-19)?

- Yes No N/A

36. Has anyone in your family/household tested positive for coronavirus (COVID-19)?

- Yes No

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

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Not at all
worried...

...Extremely worried

1 2 3 4 5 6 7 8 9 10

38. 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

39. How has your **sleep** changed in the past two weeks?

Sleeping much
less...

No change

...Sleeping much
more

1 2 3 4 5 6 7 8 9 10

40. How much has your **physical activity** changed?

Much less
active...

No change

...Much more active

1 2 3 4 5 6 7 8 9 10

DAILY ACTIVITIES:

41. 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

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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.