

## Mental Health

### Mental Health Symptoms

*You may choose not to answer any of questions.*

**If you are having suicidal thoughts, these free helplines are available 24/7 to offer support:**

**US:** 1-800-273-8255 (Crisis Text Line: text TALK to 741741)

**UK:** 116 123

**Netherlands:** 0800 0113

**Canada:** 833-456-4566

Find [additional crisis lines](#) for your country

Have you ever (before COVID-19 symptoms) been diagnosed with a mental health condition (e.g. depression, anxiety, panic disorder, psychosis, etc.)?

Yes

No

Do you believe you have or have had a mental health condition that has not been diagnosed?

- Yes
- No

If you answered yes to either question above, Which of the following have you experienced? (check all that apply)

- Depression
- Bipolar Disorder
- Anxiety Disorder
- Substance Use Disorder
- Eating Disorder
- Personality Disorder
- Psychotic Disorder
- Delirium
- Post-traumatic stress disorder (PTSD)
- Other

For each condition that apply to you, please specify:

	N/A	No change during COVID-19	Onset during COVID-19	Significant worsening during COVID-19	Moderate worsening during COVID-19	Mo imp CO
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bipolar Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Anxiety Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Substance Use Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eating Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Personality Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychotic Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delirium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-traumatic stress disorder (PTSD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other					
<input style="width: 250px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optionally describe how the conditions felt or affected you during COVID-19.

### Depressive Symptoms

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More Than Half the Days	Nearly Every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trouble falling/staying  
asleep, sleeping too  
much

Feeling tired or  
having little energy

Not at all

Several Days

More Than  
Half the Days

Nearly Every  
day

Feeling bad about  
yourself or that you  
are a failure or have  
let yourself or your  
family down

Moving or speaking  
so slowly that other  
people could have  
noticed. Or the  
opposite; being so  
fidgety or restless  
that you have been  
moving around a lot  
more than usual.

Thoughts that you  
would be better off  
dead or of hurting  
yourself in some way.

Not at all

Several Days

More Than  
Half the Days

Nearly Every  
day

If you checked off any of the above problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

(Optional) If desired, please share more about your experience.

## Anxiety Symptoms

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More Than Half the Days	Nearly Every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at all	Several Days	More Than Half the Days	Nearly Every day
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not at all	Several Days	More Than Half the Days	Nearly Every day

If you checked off any of the above problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

(Optional) If desired, please share more about your experience.

## Suicidal Thoughts

**If you are having suicidal thoughts, these free helplines are available 24/7 to offer support:**

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At any time during the COVID-19 pandemic, have you ever:

- Wished you were dead or wished you could go to sleep and not wake up
- Had thoughts of killing yourself
- Had thoughts of harming yourself
- Done anything to harm yourself
- I did not have any suicidal thoughts
- Other

## Psychiatric Medication

Have you been taking prescribed psychiatric medication while in recovery?

- Yes
- No

At any time during the COVID-19 pandemic, were there changes to your psychiatric medication?

- Yes, a dose adjustment was made to my prior medication
- Yes, new medications were prescribed to me
- No, I continued taking medication at the prior dose
- No, I have not required psychiatric medication

If you were prescribed NEW medications, what were they?

- Antidepressant (Not Bupropion)
- Wellbutrin (Bupropion)
- Benzodiazepine (anti-anxiety medication)
- Antipsychotic
- 
- Z-drug for insomnia (e.g. zolpidem, zopiclone, zaleplon)
- Melatonin for insomnia
- Mood stabilizer (e.g. lithium, valproic acid, topiramate, etc)
- Stimulant
- Other
- 

Have you been taking any of these medications, please indicate how they affected your condition. (Answer any that apply)

	Much better	Moderately better	Slightly better	About the same	Slightly worse	Moderately worse
Antidepressant (SSRI/SNRI/Wellbutrin, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzodiazepine (anti-anxiety medication)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antipsychotic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Z-drug for insomnia (e.g. zolpidem, zopiclone, zaleplon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Much better	Moderately better	Slightly better	About the same	Slightly worse	Moderately worse
Melatonin for insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood stabilizer (e.g. lithium, valproic acid, topiramate, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Other

Much  
betterModerately  
betterSlightly  
betterAbout  
the  
sameSlightly  
worseModerately  
worse

If you required psychiatric treatment during COVID-19, please check all that apply:

- I received treatment from my primary care provider / GP
- I received treatment from my prior mental health practitioner
- I received treatment from a new mental health practitioner
- I was unable to obtain the treatment that I needed

If you were not able to get psychiatric treatment, which of the following factored into the inability to receive care?

- Cost
- Access to a device compatible with tele-health
- Preferred provider does not take my insurance
- Preferred provider does not see patients via telehealth

- Other

## Coping

What wellbeing activities have you done/participated in to help you cope? (check all that apply)

- Online COVID-19 specific support groups/communities
- Online non-COVID-19 specific support groups/communities
- Therapy
- Yoga
- Aerobic exercise
- Meditation
- None of the above

If you have joined an online COVID-19 community, what is the effect of participation on your psychological wellbeing?

- Significantly improved my psychological wellbeing
- Moderately improved my psychological wellbeing
- Had no effect on my psychological wellbeing
- Moderately worsened my psychological wellbeing
- Significantly worsened my psychological wellbeing

Do you agree with this statement? "I was not believed by one or more of my physicians"

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

(Optional) Describe how participation in online communities affect your wellbeing.

Being physically secluded from others has:

- Had a strong negative impact on my mental wellbeing
- Had a negative impact on my mental wellbeing
- Had no impact on my mental wellbeing
- Had a positive impact on my mental wellbeing
- Had a strong positive impact on my mental wellbeing
- I have not been physically secluded from others

(Optional) Rate the below 28 statements about methods of coping

	I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
I've been turning to work or other activities to take my mind off things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been concentrating my efforts on doing something about the situation I'm in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been saying to myself "this isn't real"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I've been using alcohol or other drugs to make myself feel better

I've been getting emotional support from others

I've been giving up trying to deal with it

I've been taking action to try to make the situation better

I haven't been doing this at all

A little bit

A medium amount

I've been doing this a lot

I've been refusing to believe that it has happened

I've been saying things to let my unpleasant feelings escape

I've been getting help and advice from other people

I've been trying to see it in a different light, to make it seem more positive

I've been criticizing myself

I've been trying to come up with a strategy about what to do

I've been getting comfort and understanding from someone

I haven't been doing this at all

A little bit

A medium amount

I've been doing this a lot

I've been giving up the attempt to cope

I've been looking for something good in what is happening

I've been making jokes about it

I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping

I've been accepting the reality of the fact that it has happened

I've been expressing my negative feelings

I've been trying to find comfort in my religion or spiritual beliefs

I haven't been doing this at all

A little bit

A medium amount

I've been doing this a lot

I've been trying to get advice or help from other people about what to do

I've been learning to live with it

I've been thinking hard about what steps to take

I've been blaming myself for things that happened

I've been praying or meditating

I've been making fun of the situation

I haven't been  
doing this at all

A little bit

A medium  
amount

I've been doing  
this a lot

Anything else you'd like to share regarding coping.

### Structural Support

How would you describe the support or lack of support from the following people during your illness?

	Harmful	Dismissive	Skeptical	Apathetic	Slightly concerne
Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse / Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family (not Spouse/Partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Optional) If you'd like, feel free to share your experience of the

support or lack of support of people during your illness.

While you have been ill, which of these scenarios matched your experience?

- I lived alone and felt well-equipped to take care of myself
- I lived alone and needed more help than I could get
- I lived with someone and they took care of me well
- I lived with someone and needed more help than I could get
- Other

If you were isolating, either in a space within the same house or in a different house, which of these scenarios matched your experienced best?

Please consider 'reunited' to mean you began living with others again, not just visiting/socializing with others.

- I was not isolating/I have been living with others throughout my illness.
- I reunited with others at some point during weeks 1-3 and they got infected (most likely from me)
- I reunited with others at some point during weeks 1-3 and they did not get infected
- I reunited with others at some point during weeks 4-6 and they got infected

- I reunited with others at some point during weeks 4-6 and they did not get infected
- I reunited with others at some point after week 6 and they got infected
- I reunited with others at some point after week 6 and they did not get infected
- I am still isolating/have not reunited with others
- N/A

Do you have any animal pets at home? \*

- Yes
- No

If yes, please specify: \*

- Cats
- Dogs
- Rodents
- Others

Regarding the medical care you have received during the COVID-19 pandemic: \*

- I believe I received the appropriate amount of care
- I believe I received somewhat below the appropriate amount of care
- I believe I received significantly below the appropriate amount of care
- I did not require any medical care



Regarding financial status during the COVID-19 pandemic (choose all that apply): \*

- I lost my job or have been unable to work if self-employed
- I have been unable to afford basic necessities like food and rent
- I have been under financial pressure but have been able to make ends meet
- I have not felt any financial pressures

(Optional) I believe my federal government and national public health institutions did the best they possibly could in handling the COVID-19 pandemic.

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

If you have children, have your children been sick with COVID (or suspected COVID) for over three weeks?

- I don't have children.
- My children did not get sick.
- My children got sick but recovered in less than 3 weeks.
- One or more of my children have been sick for over 3 weeks, and one or more of my children have recovered before 3 weeks.
- All of my children have been sick for over 3 weeks.