

# COVID-19 Impact on Health and Wellbeing Survey

This is section 2 of 17. This section of the survey will ask you questions about how you have been feeling for the past couple of weeks.

When you're ready to move on, click the submit button at the end of this section.

## Over the past two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling down, depressed or hopeless

- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble falling asleep, staying asleep, or sleeping too much

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling tired or having little energy

- Not at all
- Several days
- More than half the days
- Nearly every day

Poor appetite or overeating

- Not at all
- Several days
- More than half the days
- Nearly every day

Feeling bad about yourself - or that you're a failure or have let yourself or your family down

- Not at all
- Several days
- More than half the days
- Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television

- Not at all
- Several days
- More than half the days
- Nearly every day

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

- Not at all
- Several days
- More than half the days
- Nearly every day

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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 are in immediate distress, please call 911. Call the national suicide prevention hotline at 1-800-273-8255.)