

COVID-19 measures included in the PACE Vermont Study

Measure	Response options	Source	Notes
COVID-19 concerns			
How concerned about coronavirus (COVID-19) are you for your own health?	1 (not at all) to 10 (extremely)	*New*	
How concerned about coronavirus (COVID-19) are you for the health of your family?	1 (not at all) to 10 (extremely)	*New*	
Please choose one option per row. The novel coronavirus (COVID-19) to me feels ...	Close to me [*] [*] [*] [*] [*] [*] Far away from me New [*] [*] [*] [*] [*] Old Spreading fast [*] [*] [*] [*] [*] Spreading slowly Something I think about all the time [*] [*] [*] [*] [*] [*] Something I almost never think about Fear-inducing [*] [*] [*] [*] [*] Not fear-inducing Media hyped [*] [*] [*] [*] [*] Not media hyped Worrying [*] [*] [*] [*] [*] Not worrying Something that makes me feel helpless [*] [*] [*] [*] [*] Something I am able to combat with my own action Stressful [*] [*] [*] [*] [*] Not stressful	World Health Organization http://www.euro.who.int/__data/assets/pdf_file/0007/436705/COVID-19-survey-tool-and-guidance.pdf?ua=1	
Since the start of the COVID-19 pandemic, how much have the following things in your life been difficult for you? 1. Cancellation of important events (such as graduation, prom, vacation, etc.) 2. Changes in daily activities (e.g., afterschool activities, online school, sports)	1. Not at all 2. Slightly 3. Moderately 4. Very 5. Extremely	CRISIS https://www.nlm.nih.gov/dr2/CRISIS_Adult_Self-Report_Baseline_Current_Form_V0.3.pdf	

<p>3. Financial (money) problems for you or your family</p>			
<p>Since the start of the COVID-19 pandemic, to what degree have you been concerned about the following?</p> <ol style="list-style-type: none"> 1. The stability of your living situation (or having to move)? 2. The impact of COVID-19 on your school or work? 3. Whether your food would run out because of a lack of money? 	<ol style="list-style-type: none"> 1. Not at all 2. Slightly 3. Moderately 4. Very 5. Extremely 	<p style="text-align: center;">CRISIS https://www.nlm.nih.gov/dr2/CRISIS_Adult_Self-Report_Baseline_Current_Form_V0.3.pdf</p>	
<p>COVID-19 may have many impacts on you and your family life. In general, how has the COVID-19 pandemic affected each of the following?</p> <ol style="list-style-type: none"> 1. How family/household members get along 2. Ability to care for your health 3. Ability to be independent 4. Ability to care for others in your family 5. Your physical wellbeing – sedentary behavior (lack of movement, screen time, sitting, laying down) 6. Your physical wellbeing – exercise/physical activity 7. Your physical wellbeing – eating 8. Your physical wellbeing – sleeping 9. Your physical wellbeing – substance use (smoking/vaping, drinking alcohol, marijuana use, etc.) 10. Your emotional wellbeing – anxiety/worry 11. Your emotional wellbeing – mood 12. Your emotional wellbeing – loneliness 	<ol style="list-style-type: none"> 1. Made it a lot better 2. Made it a little better 3. Made it a little worse 4. Made it a lot worse 5. Not applicable 	<p style="text-align: center;">CEFIS-AYA (https://www.healthcaretoolbox.org/images/CEFIS-AYA_English_051820_final_sample.pdf)</p>	

13. Your social well-being – relationships with friends 14. Your social well-being – romantic relationships or dating			
Overall, how much distress have you experienced related to COVID-19?	1 (No distress) to 10 (Extreme distress)	CEFIS-AYA (https://www.healthcaretoolbox.org/images/CEFIS-AYA_English_051820_final_sample.pdf)	
Please describe anything else that concerns you about the impact of Coronavirus/COVID-19 on you, your friends, or family.	[open ended]	CRISIS	
What are you most looking forward to at the end of the COVID-19 pandemic?	[open ended]	*New*	
COVID-19/Substance use			
How has your cigarette use changed since you learned about the coronavirus pandemic (COVID-19)?	<ol style="list-style-type: none"> 1. My cigarette use has increased 2. My cigarette use has stayed the same 3. My cigarette use has decreased 4. I don't use cigarettes regularly 5. Other (please specify) 	*New*	Ask if ever cigarette user
How has your vaping changed since you learned about the coronavirus pandemic (COVID-19)?	<ol style="list-style-type: none"> 1. My vaping has increased 2. My vaping has stayed the same 3. My vaping has decreased 4. I don't vape regularly 5. Other (please specify) 	*New*	Ask if ever EVP user
How has your alcohol use changed since you learned about the coronavirus pandemic (COVID-19)?	<ol style="list-style-type: none"> 1. My alcohol use has increased 2. My alcohol use has stayed the same 3. My alcohol use has decreased 4. I don't use alcohol regularly 5. Other (please specify) 	*New*	Ask if ever alcohol user

How has your marijuana use changed since you learned about the coronavirus pandemic (COVID-19)?	<ol style="list-style-type: none"> 1. My marijuana use has increased 2. My marijuana use has stayed the same 3. My marijuana use has decreased 4. I don't use marijuana regularly 5. Other (please specify) 	*New*	Ask if ever marijuana user
COVID-19/School/work			
Are you currently a student?	<ol style="list-style-type: none"> 1. Yes 2. No 		
Do you currently work for pay?	<ol style="list-style-type: none"> 1. Yes 2. No 		
During the PAST TWO WEEKS: has your work or school building been closed?	<ol style="list-style-type: none"> 1. Yes 2. No 	CRISIS	
[IF NO TO PREVIOUS Q about work/school building being closed]	<ol style="list-style-type: none"> A. Are classes in session? <ol style="list-style-type: none"> 1. Yes 2. no B. Are you attending classes in-person? <ol style="list-style-type: none"> 1. Yes 2. no 	CRISIS	If currently student and building not closed
[IF YES TO PREVIOUS Q about work/school building being closed]	<ol style="list-style-type: none"> A. Are you attending classes online? <ol style="list-style-type: none"> 1. Yes 2. No <p>If Yes, answer B, C, D:</p> <ol style="list-style-type: none"> B. Do you have easy access to the internet and a computer? <ol style="list-style-type: none"> 1. Yes 2. no C. Are there assignments for you to complete? <ol style="list-style-type: none"> 1. Yes 2. no D. Are you able to receive meals from the school? <ol style="list-style-type: none"> 1. Yes 2. no 	CRISIS	If currently student and building closed

During the PAST TWO WEEKS: Have you been unable to work due to the coronavirus pandemic (COVID-19)	1. Yes 2. No	*new*	If currently works for pay
COVID-19 Activities			
How many hours per week did you typically participate in afterschool activities (such as band, drama, or clubs run by their schools or community groups) BEFORE the COVID-19 pandemic? Please do NOT count the time that you participated in team sports.	Enter number of hours	Personal communication, VT AfterSchool	Youth only
How many hours per week did you typically participate in team sports BEFORE the COVID-19 pandemic?	Enter number of hours	Personal communication, VT AfterSchool	Youth only
How many hours per week do you currently participate in IN-PERSON activities outside the school day?	Enter number of hours	Personal communication, VT AfterSchool	Youth only
How many hours per week do you currently participate in VIRTUAL activities outside the school day?	Enter number of hours	Personal communication, VT AfterSchool	Youth only
Policy awareness and support			
During the pandemic there were changes made in the way alcohol could be sold in Vermont: restaurants and bars could sell to-go alcohol and the delivery of alcohol to buildings or residences was allowed. Did this policy change how much you used alcohol?	1. Yes 2. No 3. Don't Know	*New*	
How did this policy change your alcohol use?	1. I increased my alcohol use 2. My alcohol use has stayed the same	*New*	[If yes or don't know to Question re: COVID alcohol policy]

	<ol style="list-style-type: none"> 3. I decreased my alcohol use 4. Other (please specify) 		
Respiratory Symptoms			
In the past 12 months, have you received a COVID vaccine?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 	*New*	Respiratory Symptoms - Brief
Additional COVID-19 Questions			
How concerned about coronavirus (COVID-19) are you for the health of others in your community?	1 (not at all) to 7 (extremely)	*New*	
Do you think your cigarette use increases your risk of harm from coronavirus (COVID-19)?	1(definitely no) to 7 (definitely yes)	*New*	
How has your motivation to quit smoking changed since you learned about the coronavirus pandemic (COVID-19)?	<ol style="list-style-type: none"> 1. My motivation to quit has increased 2. My motivation to quit has stayed the same 3. My motivation to quit has decreased 4. Other (please specify) 	*New*	
In response to the coronavirus pandemic, are you:	<ol style="list-style-type: none"> 1. Yes 2. No <ol style="list-style-type: none"> 1. buying more packs per visit? 2. buying cartons instead of packs? 3. buying cheaper cigarette brands? 4. buying cigarettes online? 5. going to the store more frequently to buy cigarettes 6. buying cigarettes from an Indian Reservation 7. buying fewer cigarettes than normal? 	Personnel communication, Shyanika Rose	

8. buying other tobacco products instead of cigarettes (e.g., filtered cigars, cigarillos, smokeless tobacco)			
Since the coronavirus pandemic (COVID-19), to what extent have cigarettes been: <ol style="list-style-type: none"> 1. Much easier to find – much harder to find 2. Much cheaper – much more expensive 	5 pt scale	Personal communication, Shyanika Rose	
What have you found useful for coping during the coronavirus pandemic (COVID-19)?	[open-ended response]	*New*	