## **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)	Not at all     Slightly     Moderately     Very     Extremely	CRISIS https://www.nlm.nih.gov/dr2/CRISIS_Adult_Self- Report_Baseline_Current_Form_V0.3.pdf	

Financial (money)     problems for you or your     family			
Since the start of the COVID-19 pandemic, to what degree have you been concerned about the following?  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> <li>Not at all</li> <li>Slightly</li> <li>Moderately</li> <li>Very</li> <li>Extremely</li> </ol>	CRISIS https://www.nlm.nih.gov/dr2/CRISIS_Adult_Self- Report_Baseline_Current_Form_V0.3.pdf	
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?  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 — mood  12. Your emotional wellbeing — loneliness	<ol> <li>Made it a lot better</li> <li>Made it a little better</li> <li>Made it a little worse</li> <li>Made it a lot worse</li> <li>Not applicable</li> </ol>	CEFIS-AYA (https://www.healthcaretoolbox.org/images/CEFIS-AYA_English_051820_final_sample.pdf)	

<ul> <li>13. Your social well-being – relationships with friends</li> <li>14. Your social well-being – romantic relationships or dating</li> </ul>			
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*	