

COVID-19 Participant Experience (COPE) Survey

What should I know before participating?

The All of Us Research Program is interested in understanding the changes in your experiences and health during the time of the coronavirus disease 2019 (COVID-19) pandemic. Help us learn more by completing this survey. Participating in this survey may help researchers around the world understand better the impact of COVID-19 during this challenging time. The All of Us Research Program will repeat this survey throughout the pandemic.

The questions in this survey may be sensitive and may cause worry or anxiety. Remember, your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers.

No one will monitor your answers in real time. But, based on your answers, the system may suggest free phone and text resources to help you.

You can choose not to answer any question at any time. This survey will take approximately 20 to 30 minutes to complete.

- Yes, I still want to take the survey.
- Yes, I would like to take the survey at a later time.
Implementation note: This answer option was added to the June version and after. It did not appear in the May version.
- No, I do not want to take the survey.

Please answer each question as honestly as possible. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you must spend a long time over each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the options given.

Some questions also let you say if you don't know an answer or would rather not answer. Some of the questions may be sensitive. You can choose not to answer any question.

Social Distancing Experiences

The following questions ask about your experiences with social distancing. Social distancing means keeping space between yourself and other people outside of your home.

In the past month, have recommendations for socially distancing caused stress for you?¹

[Original Source Question Text: Have recommendations for socially distancing caused stress for you?]

- A lot
- Somewhat
- A little
- Not at all

Thinking about your current social habits, in the last 5 days:

I have stayed home all day (aside from time spent outdoors, but never closer than 6 feet from people who are not from my home).²

[Original Source Question Text: Thinking about your current social habits, in the last 5 days: I have stayed home all day.]

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

Thinking about your current social habits, in the last 5 days:

I have gone to my workplace or volunteer site that is outside my home.²

[Original Source Question Text: Thinking about your current social habits, in the last 5 days: I have gone to my workplace or volunteer site that is outside my home.]

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

Thinking about your current social habits, in the last 5 days:

I have attended social gatherings outside my home of MORE than 10 people.²

[Original Source Question Text: Thinking about your current social habits, in the last 5 days: I have attended social gatherings, outside my home, of MORE than 10 people.]

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

Thinking about your current social habits, in the last 5 days:

I have attended social gatherings outside my home of LESS than 10 people.²

[Original Source Question Text: Thinking about your current social habits, in the last 5 days: I have attended social gatherings, outside my home, of LESS than 10 people.]

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

Thinking about your current social habits, in the last 5 days:

I have gone on shopping trips or outings that were “just for fun.”²

[Original Source Question Text: Thinking about your current social habits, in the last 5 days: I have gone on shopping trips or outings that were “just for fun”.]

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

Thinking about your current social habits, in the last 5 days:

I have visited nursing homes or long-term care facilities (outside of work duties).²

[Original Source Question Text: Thinking about your current social habits, in the last 5 days: I have visited nursing homes or long-term care facilities (outside of work duties).]

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

Thinking about your current social habits, in the last 5 days:

I have been in close contact with someone who is in a risk group for COVID-19 (adults age 50+, people with chronic medical conditions like heart, lung, liver, or kidney disease, diabetes, high blood pressure, or a suppressed immune system). This includes someone inside or outside of your household.²

[Original Source Question Text: Thinking about your current social habits, in the last 5 days: In the last 5 days, I have been in person-to-person contact with someone who is in a risk group (adults age 50+, people with chronic medical conditions like heart, lung, liver, or kidney disease, diabetes, high blood pressure or a suppressed immune system).]

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day
- I don't know

Thinking about these activities in the last 5 days, my social interaction with people outside my home was²

[Original Source Question Text: Thinking about these activities in the last 5 days, my social interaction with people outside my home was]

- A lot less than normal
- Somewhat less than normal
- About the same as normal
- More than normal
- A lot more than normal

Now, thinking about the COVID-19 recommendations and mandates...How often in the past month are you doing the recommended pandemic hygiene, like washing hands frequently, avoiding touching your face, covering coughs, wearing a mask, and avoiding frequently touched surfaces in public places?²

[Original Source Question Text: Now, thinking about the COVID-19 recommendations and mandates...How often in the past month are you doing the recommended pandemic hygiene, like washing hands frequently, avoiding touching your face, covering coughs, wearing a mask, and avoiding frequently touched surfaces in public places?]

- All of the time
- Most of the time
- Sometimes
- Rarely

COVID-19 Related Symptoms

The next questions ask about your experience with COVID-19 or flu-like symptoms.

In the past month, have you been sick for more than one day with a new illness related to COVID-19 or flu-like symptoms?¹

[Original Source Question Text: In the past 30 days, have you been sick for more than one day with an illness that included any of the following: fever, cough, sore throat, or runny or stuffy nose?]

- No
- Yes

Branching Logic: When "Yes" selected, then:

Approximate date of onset¹

[Original Source Question Text: Approximate date of onset]

Which of the following symptoms did you have? (select all that apply)¹

[Original Source Question Text: Which of the following symptoms did you have?]

- A fever/feverish
- Cough
- Sore or painful throat
- Runny or stuffy nose
- Difficulty breathing or shortness of breath
- Unusual fatigue
- Unusually strong muscle pains/aches
- Headache
- Dizziness or light-headedness
- Confusion, disorientation, or drowsiness
- Implementation note: This option is new to June version.*
- Loss of smell or taste
- Unusual eye soreness or discomfort (e.g., light sensitivity or excessive tears)
- Unusually hoarse voice
- Unusual chest pain or tightness in your chest
- Unusual abdominal pain or stomachache
- Diarrhea
- Nausea
- Skipping meals
- Raised, red, itchy, welts on the skin or sudden swelling of the face or lips
- Implementation note: This option is new to June version.*
- Red/purple sores or blisters on your feet, including your toes
- Implementation note: This option is new to June version.*

Have you EVER been near someone that you know, or suspect, had COVID-19 (such as co-workers, family members, or others)? Select all that apply.³

[Original Source Question Text: Have you EVER been exposed to someone with documented or presumed COVID-19 infection (such as co-workers, family members, or others)? Please check all that apply.]

- Yes, known COVID-19
- Yes, suspected COVID-19
- Not that I know of

Implementation note: In the June version, the “Not that I know of” response was made exclusive; this option was non-exclusive in May version.

Do you think you have had COVID-19?³

[Original Source Question Text: Do you think you have already had COVID-19, but were not tested?]

- Yes
- No
- Maybe

COVID-19 Related Testing

The next questions ask about your experiences with testing related to COVID-19 symptoms in the past month.

Were you tested for COVID-19 in the past month?¹

[Original Source Question Text: Were you tested for novel coronavirus (COVID-19)?]

- Yes

Branching Logic: When "Yes" selected, then:

Was the test for COVID-19 positive?¹

[Original Source Question Text: Was the test for novel coronavirus positive?]

- Yes
- No
- Unknown
- Waiting for results

How were you tested? Select all that apply.¹

[Original Source Question Text: How were you tested?]

- Nasal swab
- Throat Swab
- Blood Sample
- No
- Unknown

Were you tested for influenza (flu) in the past month?¹

[Original Source Question Text: Were you tested for influenza?]

- Yes
- No
- Unknown

Implementation note: This question appeared in May and June, but not July version.

COVID-19 Related Treatment

The next questions ask about treatments you might have received that are associated with COVID-19 in the past month.

In the past month, if you were diagnosed with COVID-19 symptoms, how did you receive treatment(s)? Please select all that apply.³

[Original Source Question Text: What treatment are you (did you) receiving right now?]

- I didn't, I wasn't sick
- I recovered at home
- I spoke with a healthcare professional and wasn't admitted to the hospital
- I was admitted to the hospital for at least one night

Branching Logic: When "I was admitted to the hospital for at least one night" selected, then:

What breathing treatment did you receive? Please select all that apply.³

[Original Source Question Text: N/A]

- I did not receive breathing treatment
- Oxygen (through an oxygen mask or tube under my nose, no pressure applied)
- Oxygen (through an oxygen mask, which pushes oxygen into your lungs)
- A breathing machine (ventilator) with a tube down my throat
- Other breathing treatment

Branching Logic: When "Other breathing treatment" selected, then:

What other breathing treatment did you receive? Please specify³

[Original Source Question Text: N/A]

COVID-19 Related Impact

Please indicate how much you felt each of the following within the last week. Please choose the answer that best applies to your situation.

In the past 7 days, I thought about COVID-19 when I didn't mean to.⁴

[Original Source Question Text: In the past 7 days, I thought about Ebola when I didn't mean to.]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past 7 days, I felt watchful or on guard.⁴

[Original Source Question Text: In the past 7 days, I felt watchful or on-guard.]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past 7 days, other things kept making me think about COVID-19.⁴

[Original Source Question Text: In the past 7 days, other things kept making me think about Ebola.]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past 7 days, I was aware that I still had a lot of feelings about COVID-19, but I didn't deal with them.⁴

[Original Source Question Text: In the past 7 days, I was aware that I still had a lot of feelings about Ebola, but I didn't deal with them.]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past 7 days, I tried not to think about COVID-19.⁴

[Original Source Question Text: In the past 7 days, I tried not to think about Ebola.]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past 7 days, I had trouble concentrating.⁴

[Original Source Question Text: In the past 7 days, I had trouble concentrating.]

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

In the past month, how has the COVID-19 outbreak affected you? Please select all that apply.¹

[Original Source Question Text: How has the COVID-19 outbreak affected you?]

- Worked remotely or from home more than you usually do
- Worked more hours than usual
- Worked reduced hours
- Was not able to work due to COVID-19 related illness
- I became unemployed
- Had difficulty arranging for childcare
- Incurred increased costs for childcare expenses

- Worked with children at home with me
- Income or pay has been reduced
- Not paid at all
- Had serious financial problems
- None of the above

Implementation note: "None of the above" was added in the June version. This option was not available in the May version.

In the past month, have you experienced the following as a result of COVID-19? Select all that apply.¹

[Original Source Question Text: In the past two weeks have you experienced the following as a result of COVID-19?]

- Not enough money to pay rent
- Not enough money to pay for gas
- Not enough money to pay for food
- Not enough money to pay for medications
- Did not have a regular place to sleep or stay
- None of the above

Implementation note: "None of the above" was added in the June version. This option was not available in the May version.

In the past month, have the following behaviors increased in your household? Select all that apply.¹

[Original Source Question Text: In the past week have the following behaviors increased in your household:]

- Interpersonal conflict with family members or loved ones
- Snapping at or yelling at family members
- Interpersonal conflict with friends or coworkers
- None of the above

Implementation note: "None of the above" was added in the June version. This option was not available in the May version.

In the past month, to cope with social distancing and isolation, are you doing any of the following? Select all that apply.¹

[Original Source Question Text: To cope with social distancing and isolation, are you doing any of the following?]

- Taking breaks from watching, reading, or listening to news stories, including social media
- Increasing watching, reading, or listening to news stories, including social media
- Taking care of your body, such as taking deep breaths, stretching, or meditating
- Engaging in healthy behaviors like trying to eat healthy, well-balanced meals, exercising regularly, getting plenty of sleep, or avoiding alcohol and drugs
- Making time to relax
- Connecting with others, including talking with people you trust about your concerns and how you are feeling

- Contacting a healthcare provider
- Smoking more cigarettes or vaping more
- Drinking alcohol more than usual
- Using prescription drugs (like valium, etc.) more than usual
- Using non-prescription drugs more than usual
- Using cannabis or marijuana more than usual
- Eating high fat or sugary foods more than usual
- Cutting or self-injury more than usual
- Over exercise
- Eating more food than usual
- Eating less food than usual
- None of the above

Implementation note: "None of the above" was added in the June version. This option was not available in the May version.

General Well-Being

We would like to know how you feel about things in general.

Choose the answer that best describes how you felt in the past month.

In uncertain times, I usually expect the best.⁵

[Original Source Question Text: In uncertain times, I usually expect the best.]

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I Disagree a little
- I Disagree a lot

Choose the answer that best describes how you felt in the past month.

In general, how happy are you?⁶

[Original Source Question Text: In general, how happy are you?]

- Extremely happy
- Very happy
- Moderately happy
- Moderately unhappy
- Very unhappy
- Extremely unhappy
- Don't know
- Prefer not to answer

Choose the answer that best describes how you felt in the past month.

To what extent do you feel your life to be meaningful?⁶

[Original Source Question Text: To what extent do you feel your life to be meaningful?]

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount
- Don't know
- Prefer not to answer

Basic Information

The next questions ask about circumstances that affect your general health.

Not including yourself, how many other people live at home with you?⁷

[Original Source Question Text: Not including yourself, how many other people live at home with you?]

Branching Logic: When 1 or more is entered in response, then:

Think of other people who live with you. How many are under the age of 18 years?⁷

[Original Source Question Text: Think of other people who live with you. How many are under the age of 18 years?]

What type of household do you live in?⁸

[Original Source Question Text: What type of household do you live in?]

- Studio
- One-bedroom apartment
- Two-bedroom apartment
- Three-bedroom (or more) apartment
- Townhouse
- Free-standing house
- Nursing home, or rehab facility
- Homeless
- Other

Branching Logic: When "Other" selected, then:

Please specify.⁹

[Original Source Question Text: Please specify]

-
- Prefer not to answer

What is your current employment status? Select all that apply.⁷

[Original Source Question Text: What is your current employment status? Select all that apply.]

- Employed for wages (part- time or full-time)
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work (disabled)
- Prefer not to answer

Are you covered by health insurance or some other kind of health care plan?¹⁰

[Original Source Question Text: Are you covered by health insurance or some other kind of health care plan?]

- Yes

Branching Logic: When “Yes” selected, then:

Are you currently covered by any of the following types of health insurance or health care plans? Select all that apply.¹¹

[Original Source Question Text: Are you currently covered by any of the following types of health insurance or health care plans?]

- Insurance purchased directly from an insurance company (by you or another family member)
- Insurance through a current or former employer or union (by you or another family member)
- Medicare, for people 65 and older or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability
- TRICARE or other military health care
- Veterans Affairs (VA) (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- Any other type of health insurance or health coverage plan
- I don't have health insurance, self-pay
- Other health insurance or health coverage plan.

Branching Logic: When “Other health insurance or health coverage plan” selected:

Other health insurance or health coverage plan. Please specify.¹¹

[Original Source Question Text: Other health insurance or health coverage plan. Please specify]

- No
- Don't know
- Prefer not to answer

Are you currently on chemotherapy or immunotherapy?³

[Original Source Question Text: Are you currently on chemotherapy or immunotherapy?]

- Yes
- No

Do you regularly take immunosuppressant medications (including steroids, methotrexate, biologic agents)?³

[Original Source Question Text: Do you regularly take immunosuppressant medications (including steroids, methotrexate, biologic agents)?]

- Yes
- No

What is your current marital status?⁷

[Original Source Question Text: What is your current marital status?]

- Married
- Divorced
- Widowed
- Separated
- Never married
- Living with partner
- Prefer not to answer

Are you currently pregnant?¹²

[Original Source Question Text: N/A]

- No
- Yes
- Not sure
- Prefer not to answer

Implementation note: this question does not appear for participants whose biological sex is not "Female."

Social Support

People sometimes look to others for friendship and help. We want to know how social support affects your health. Each of the following statements describes a type of social support.

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to help you if you were confined to bed¹³

[Original Source Question Text: Someone to help you if you were confined to bed]

- None of the time
- A little of the time

- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to take you to the doctor if you needed it¹³

[Original Source Question Text: Someone to take you to the doctor if you needed it]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to prepare your meals if you were unable to do it yourself¹³

[Original Source Question Text: Someone to prepare your meals if you were unable to do it yourself]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to help with daily chores if you were sick¹³

[Original Source Question Text: Someone to help with daily chores if you were sick]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to have a good time with¹³

[Original Source Question Text: Someone to have a good time with]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to turn to for suggestions about how to deal with a personal problem¹³

[Original Source Question Text: Someone to turn to for suggestions about how to deal with a personal problem]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone who understands your problems¹³

[Original Source Question Text: Someone who understands your problems]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to love and make you feel wanted¹³

[Original Source Question Text: Someone to love and make you feel wanted]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to confide in or talk to about yourself or your problems¹³

[Original Source Question Text: Someone to confide in or talk to about yourself or your problems]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Choose the answer that best describes how often you can find this kind of support in the past month. Someone to do things with to help you get your mind off things¹³

[Original Source Question Text: Someone to do things with to help you get your mind off things]

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Anxiety

The next questions ask about worrying.

In the past 2 weeks, how often have you been bothered by the following problem?

Feeling nervous, anxious, or on edge¹⁴

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Feeling nervous, anxious, or on edge]

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

In the past 2 weeks, how often have you been bothered by the following problem?

Not being able to stop or control worrying¹⁴

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Not being able to stop or control worrying]

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

In the past 2 weeks, how often have you been bothered by the following problem?

Worrying too much about different things¹⁴

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Worrying too much about different things]

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

In the past 2 weeks, how often have you been bothered by the following problem?

Trouble relaxing¹⁴

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Trouble relaxing]

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

In the past 2 weeks, how often have you been bothered by the following problem?

Being so restless that it's hard to sit still¹⁴

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Being so restless that it's hard to sit still]

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

In the past 2 weeks, how often have you been bothered by the following problem?

Becoming easily annoyed or irritable¹⁴

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Becoming easily annoyed or irritable]

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

In the past 2 weeks, how often have you been bothered by the following problem?

Feeling afraid as if something awful might happen¹⁴

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Feeling afraid as if something awful might happen]

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

Mood

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

In the past 2 weeks, how often have you been bothered by:

Little interest or pleasure in doing things¹⁵

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Little interest or pleasure in doing things]

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

**In the past 2 weeks, how often have you been bothered by:
Feeling down, depressed, or hopeless¹⁵**

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Feeling down, depressed, or hopeless]

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

**In the past 2 weeks, how often have you been bothered by:
Trouble falling or staying asleep, or sleeping too much¹⁵**

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Trouble falling or staying asleep, or sleeping too much]

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

**In the past 2 weeks, how often have you been bothered by:
Feeling tired or having little energy¹⁵**

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Feeling tired or having little energy]

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

**In the past 2 weeks, how often have you been bothered by:
Poor appetite or overeating¹⁵**

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Poor appetite or overeating]

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

**In the past 2 weeks, how often have you been bothered by:
Feeling bad about yourself or that you are a failure or have let yourself or your family down¹⁵**

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? Feeling bad about yourself or that you are a failure or have let yourself or your family down]

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

In the past 2 weeks, how often have you been bothered by:

Trouble concentrating on things, such as reading the newspaper or watching television¹⁵

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? 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

In the past 2 weeks, how often have you been bothered by:

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 usual¹⁵

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? 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

In the past 2 weeks, how often have you been bothered by:

Thoughts that you would be better off dead or of hurting yourself in some way¹⁵

[Original Source Question Text: How often have they been bothered by the following over the past 2 weeks? 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

Branching Logic: Pop-up appears when “Several days,” “More than half the days,” or “Nearly every day” is selected:

If this is how you feel, think about getting help. There are people who can help 24/7.

Text the Crisis Text Line at 741741 or Call the National Suicide Prevention Lifeline at 1-800-273-8255.

Stress

The next 10 questions ask how often you felt stress in the last month. This includes stress about events that you did not expect or could not predict or control, and how much you worry about your life. Your answers will help us understand how often stress impacts daily life.

In the last month, how often have you been upset because of something that happened unexpectedly?¹⁶

[Original Source Question Text: In the last month, how often have you been upset because of something that happened unexpectedly?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt that you were unable to control the important things in your life?¹⁶

[Original Source Question Text: In the last month, how often have you felt that you were unable to control the important things in your life?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt nervous and “stressed”?¹⁶

[Original Source Question Text: In the last month, how often have you felt nervous and “stressed”?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt confident about your ability to handle your personal problems?¹⁶

[Original Source Question Text: In the last month, how often have you felt confident about your ability to handle your personal problems?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt that things were going your way?¹⁶

[Original Source Question Text: In the last month, how often have you felt that things were going your way?]

- Never
- Almost never

- Sometimes
- Fairly often
- Very often

In the last month, how often have you found that you could not cope with all the things that you had to do?¹⁶

[Original Source Question Text: In the last month, how often have you found that you could not cope with all the things that you had to do?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you been able to control irritations in your life?¹⁶

[Original Source Question Text: In the last month, how often have you been able to control irritations in your life?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt that you were on top of things?¹⁶

[Original Source Question Text: In the last month, how often have you felt that you were on top of things?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you been angered because of things that were outside of your control?¹⁶

[Original Source Question Text: In the last month, how often have you been angered because of things that were outside of your control?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?¹⁶

[Original Source Question Text: In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?]

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

Physical Activity

Next, we ask you questions about your physical activity in the last 7 days. We will ask you about time spent doing vigorous activity, then moderate activity, and then walking activity.

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?¹⁷

[Original Source Question Text: Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?]

- No
- Yes

Branching Logic: When "Yes" selected, then:

How many days per week?¹⁷

[Original Source Question Text: How many days per week?]

Minutes per day (Please enter a number)

Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes¹⁷

[Original Source Question Text: How much time did you usually spend doing vigorous physical activities on one of those days (minutes per day)?]

Implementation note: This answer option appears differently in May version only. It appears the exact same in the July/August version.

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, did you do moderate physical activity like carrying light loads, bicycling at a regular pace, or doubles tennis?¹⁷

[Original Source Question Text: Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis?]

- No
- Yes

Branching Logic: When “Yes” selected, then:

How many days per week?¹⁷

[Original Source Question Text: How many days per week?]

Minutes per day (Please enter a number)

Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes¹⁷

[Original Source Question Text: How much time did you usually spend doing moderate physical activities on one of those those days (minutes per day)?]

Implementation note: This answer option appears differently in May version only. It appears the exact same in the July/August version.

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the last 7 days, did you walk for at least 10 minutes at a time?¹⁷

[Original Source Question Text: Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure. During the last 7 days, did you walk for at least 10 minutes at a time?]

- No
- Yes

Branching Logic: When “Yes” selected, then:

How many days per week?¹⁷

[Original Source Question Text: How many days per week?]

Minutes per day (Please enter a number)

Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes¹⁷

[Original Source Question Text: [Original Source Question Text: How much time did you usually spend walking on one of those days (minutes per day)?]

Implementation note: This answer option appears differently in May version only. It appears the exact same in the July/August version.

The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on a weekday?¹⁷

[Original Source Question Text: The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television. During the last 7 days, how much time did you spend sitting on a weekday?]

- Enter a response in hours
Branching Logic: When “Enter a response in hours” selected, then:
Hours per day (Please enter a number between 0-24)¹⁷
[Original Source Question Text: Hours per day]

Implementation note: this branching logic is represented differently in the May version.

- Enter a response in minutes
Branching Logic: When “Enter a response in minutes” selected, then:
Minutes per day (Please enter a number between 0-1440)¹⁷
[Original Source Question Text: Minutes per day]

Implementation note: this branching logic is represented differently in the May version.

- Don't know

Loneliness

The next questions ask about your relationships with others.

Choose the answer that is true for you in the past month.

I lack companionship¹⁸

[Original Source Question Text: I lack companionship]

- Never
- Rarely

- Sometimes
- Often

Choose the answer that is true for you in the past month.

There is no one I can turn to¹⁸

[Original Source Question Text: There is no one I can turn to]

- Never
- Rarely
- Sometimes
- Often

Choose the answer that is true for you in the past month.

I am an outgoing person¹⁸

[Original Source Question Text: I am an outgoing person]

- Never
- Rarely
- Sometimes
- Often

Choose the answer that is true for you in the past month.

I feel left out¹⁸

[Original Source Question Text: I feel left out]

- Never
- Rarely
- Sometimes
- Often

Choose the answer that is true for you in the past month.

I feel isolated from others¹⁸

[Original Source Question Text: I feel isolated from others]

- Never
- Rarely
- Sometimes
- Often

Choose the answer that is true for you in the past month.

I can find companionship when I want it¹⁸

[Original Source Question Text: I can find companionship when I want it]

- Never
- Rarely
- Sometimes
- Often

Choose the answer that is true for you in the past month.

I am unhappy being so withdrawn¹⁸

[Original Source Question Text: I am unhappy being so withdrawn]

- Never
- Rarely
- Sometimes
- Often

Choose the answer that is true for you in the past month.

People are around me but not with me¹⁸

[Original Source Question Text: People are around me but not with me]

- Never
- Rarely
- Sometimes
- Often

Substance Use

The following questions ask about your use of alcohol, tobacco, and other substances in the past month.

In the past month:

Did you smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all?^{3, 19}

[Original Source Question Text: In the past month: Did you smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all?]

- No, never
- Yes, every day
- Yes, some days
- Not currently, but in the past

Branching Logic: When “Not currently, but in the past” selected, then:

How long has it been since you last smoked?³

[Original Source Question Text: How long has it been since you last smoked?]

- Weeks

Branching Logic: When “Weeks” selected, then:

Enter the number of weeks³

[Original Source Question Text: N/A]

- Months

Branching Logic: When “Months” selected, then:

Enter the number of months³

[Original Source Question Text: N/A]

- Years _____
Branching Logic: When “Weeks” selected, then:
Enter the number of years³
[Original Source Question Text: N/A]

In the past month:

Did someone in your home smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all?¹⁹

[Original Source Question Text: N/A]

- Yes, every day
- Yes, some days
- Not currently, but in the past
- No, never

In the past month:

Did you use any type of electronic nicotine product? This includes e- cigarettes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, and e-hookahs.²⁰

[Original Source Question Text: In the past month: Did you use any type of electronic nicotine product? This includes e- cigarettes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, and e-hookahs.]

- No, never
- Yes, every day
- Yes, some days
- Not currently, but in the past

Branching Logic: When “Not currently, but in the past” selected, then:

How long has it been since you last used an electronic nicotine product?²⁰

[Original Source Question Text: N/A]

- Weeks _____
Branching Logic: When “Weeks” selected, then:
Enter the number of weeks²⁰
[Original Source Question Text: N/A]
- Months _____
Branching Logic: When “Months” selected, then:
Enter the number of months²⁰
[Original Source Question Text: N/A]
- Years _____
Branching Logic: When “Years” selected, then:
Enter the number of years²⁰
[Original Source Question Text: N/A]

In the past month:

How often do you have a drink containing alcohol?²¹

[Original Source Question Text: In the past month: How often do you have a drink containing alcohol?]

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

Branching Logic: When any response other than "Never" selected, then:

In the past month:

How many standard drinks containing alcohol do you have on a typical day?²¹

[Original Source Question Text: In the past month: How many standard drinks containing alcohol do you have on a typical day?]

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

Branching Logic: When "5 or 6," "7 to 9," or "10 or more" selected, then:

In the past month:

How often do you have six or more drinks containing alcohol on one occasion?²¹

[Original Source Question Text: In the past month: How often do you have six or more drinks containing alcohol on one occasion?]

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

In the past month, have you used any of the following drugs? Select all that apply.²²

[Original Source Question Text: In the past month, have you used any of the following drugs? Select all that apply.]

- Cannabis (also called marijuana, pot, weed, grass, hash, concentrates, etc.). Please exclude your use of CBD or hemp products

Branching Logic: When "Cannabis (also called marijuana, pot, weed, grass, hash, concentrates, etc.). Please exclude your use of CBD or hemp products:" selected, then:

How often did you use cannabis?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did your use include smoking cannabis?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less cannabis in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Synthetic marijuana or fake weed (also called K2 or Spice)

Branching Logic: When “Synthetic marijuana or fake weed (also called K2 or Spice)” selected, then:

How often did you use synthetic marijuana or fake weed?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did your use include smoking synthetic marijuana or fake weed?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less synthetic marijuana or fake weed in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Cocaine (also called coke, crack, free base, coca paste, etc.)

Branching Logic: When “Cocaine (also called coke, crack, free base, coca paste, etc.)” selected, then:

How often did you use cocaine?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did your use include smoking cocaine?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less cocaine in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Prescription stimulants (for example, Ritalin, Concerta, Dexedrine, Adderall, Focalin, Didrex, etc.)

Branching Logic: When "Prescription stimulants (for example, Ritalin, Concerta, Dexedrine, Adderall, Focalin, Didrex, etc.)" selected, then:

How often did you use prescription stimulants?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did you use prescription stimulants in any way a doctor did not direct you to use it?²²

[Original Source Question Text: Did using the same amount of a drug lead to it having less of an effect as it did before?]

- Yes
- No

Do you think you have used more or less prescription stimulants in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Methamphetamine (also called meth, crank, ice, crystal meth, glass, etc.)

Branching Logic: When "Methamphetamine (also called meth, crank, ice, crystal meth, glass, etc.)" selected, then:

How often did you use methamphetamine?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month

- 1-5 times per week
- Daily

Did your use include smoking methamphetamine?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less methamphetamine in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Synthetic stimulants (also called bath salts, flakka, etc.)
Branching Logic: When “Synthetic stimulants (also called bath salts, flakka, etc.)” selected, then:

How often did you use synthetic stimulants?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did your use include smoking synthetic stimulants?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less synthetic stimulants in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.)
Branching Logic: When “Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.)” selected, then:

How often did you use inhalants?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Do you think you have used more or less inhalants in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Prescription sedatives or prescription sleeping pills (for example, Valium, Ambien, Serepax, Ativan, Xanax, Libriu, etc.)

Branching Logic: When “Prescription sedatives or prescription sleeping pills (for example, Valium, Ambien, Serepax, Ativan, Xanax, Libriu, etc.)” selected, then:

How often did you use prescription sedatives or prescription sleeping pills?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did you use prescription sedatives or prescription sleeping pills in any way a doctor did not direct you to use it?²²

[Original Source Question Text: Did using the same amount of a drug lead to it having less of an effect as it did before?]

- Yes
- No

Do you think you have used more or less prescription sedatives or prescription sleeping pills in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Hallucinogens (for example, LSD, acid, Molly, mushrooms, PCP, Special K, ecstasy, Peyote, DMT, Foxy, etc.)

Branching Logic: When “Hallucinogens (for example, LSD, acid, Molly, mushrooms, PCP, Special K, ecstasy, Peyote, DMT, Foxy, etc.)” selected, then:

How often did you use hallucinogens?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did your use include smoking hallucinogens?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less hallucinogens in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Heroin

Branching Logic: When “Heroin” selected, then:

How often did you use heroin?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did your use include smoking heroin?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less heroin in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

- Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)

Branching Logic: When “Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)”, then:

How often did you use prescription opioids?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did you use prescription opioids in any way a doctor did not direct you to use it?²²

[Original Source Question Text: Did using the same amount of a drug lead to it having less of an effect as it did before?]

- Yes
- No

Did your use include smoking prescription opioids?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less prescription opioids in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
 - The same as usual
 - More often than usual
 - None
 - Other substance
- Branching Logic: When "Other substance" selected, then:*
- Other substance - please specify**²²

[Original Source Question Text: N/A]

How often did you use other substance?²²

[Original Source Question Text: N/A]

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

Did your use include smoking other substance?²²

[Original Source Question Text: N/A]

- Yes
- No

Do you think you have used more or less of the other substance in the past month than you used to?²²

[Original Source Question Text: Do you think you have used more or less of the (substance selected) in the past month than you used to?]

- Less often than usual
- The same as usual
- More often than usual

Resilience

The next four questions ask about your behavior and actions in the past month.

Please select the response that best reflects your behavior in the past month.

I look for creative ways to alter difficult situations.²³

[Original Source Question Text: Please select the response that best reflects your behavior in the past month. I look for creative ways to alter difficult situations.]

- Does not describe me at all
- Does not describe me
- Neutral
- Describes me
- Describes me very well

Please select the response that best reflects your behavior in the past month.

Regardless of what happens to me, I believe I can control my reaction to it.²³

[Original Source Question Text: Please select the response that best reflects your behavior in the past month. Regardless of what happens to me, I believe I can control my reaction to it.]

- Does not describe me at all
- Does not describe me
- Neutral
- Describes me
- Describes me very well

Please select the response that best reflects your behavior in the past month.

I believe I can grow in positive ways by dealing with difficult situations.²³

[Original Source Question Text: Please select the response that best reflects your behavior in the past month. I believe I can grow in positive ways by dealing with difficult situations.]

- Does not describe me at all
- Does not describe me
- Neutral
- Describes me
- Describes me very well

Please select the response that best reflects your behavior in the past month.

I actively look for ways to replace the losses I encounter in life.²³

[Original Source Question Text: Please select the response that best reflects your behavior in the past month. I actively look for ways to replace the losses I encounter in life.]

- Does not describe me at all
 - Does not describe me
 - Neutral
 - Describes me
 - Describes me very well
-

Discrimination

The next statements describe how others may treat you.

In your day-to-day life, how often did this happen to you during the past month?

You are treated with less courtesy than other people are.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? You are treated with less courtesy than other people are.]

- Almost everyday
- At least once a week
- A few times a month
- Never

In your day-to-day life, how often did this happen to you during the past month?

You are treated with less respect than other people are.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? You are treated with less respect than other people are.]

- Almost everyday
- At least once a week
- A few times a month
- Never

In your day-to-day life, how often did this happen to you during the past month?

You receive poorer service than other people at restaurants or stores.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? You receive poorer service than other people at restaurants or stores]

- Almost everyday
- At least once a week
- A few times a month
- Never

In your day-to-day life, how often did this happen to you during the past month?

People act as if they think you are not smart.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? People act as if they think you are not smart.]

- Almost everyday
- At least once a week
- A few times a month
- Never

In your day-to-day life, how often did this happen to you during the past month?

People act as if they are afraid of you.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? People act as if they are afraid of you.]

- Almost everyday
- At least once a week
- A few times a month
- Never

In your day-to-day life, how often did this happen to you during the past month?

People act as if they think you are dishonest.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? People act as if they think you are dishonest.]

- Almost everyday
- At least once a week
- A few times a month
- Never

In your day-to-day life, how often did this happen to you during the past month?

People act as if they're better than you are.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? People act as if they're better than you are.]

- Almost everyday
- At least once a week
- A few times a month
- Never

In your day-to-day life, how often did this happen to you during the past month?

You are called names or insulted.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? You are called names or insulted.]

- Almost everyday
- At least once a week
- A few times a month
- Never

In your day-to-day life, how often did this happen to you during the past month?

You are threatened or harassed.²⁴

[Original Source Question Text: In your day-to-day life, how often did this happen to you during the past month? You are threatened or harassed.]

- Almost everyday
- At least once a week
- A few times a month
- Never

What do you think is the main reason for these experiences? Select all that apply.²⁴

[Original Source Question Text: What do you think is the main reason for these experiences?

Select all that apply.]

- Your ancestry or national origins
- Your gender
- Your race
- Your age
- Your religion
- Your height
- Your weight
- Some other aspect of your physical appearance
- Your sexual orientation
- Your education or income level
- Other

Branching Logic: When "Other" selected, then:

Other reason – please specify.²⁴

[Original Source Question Text: Other reason – please specify.]

Implementation note: In May, this question was shown to all respondents. In June and later, this was shown only when "Almost every day," "At least once a week," or "A few times a month" was selected as an answer to any of the questions in this section.

To learn more about COVID-19: <https://www.cdc.gov> and <https://www.coronavirus.gov/>

For more information on mental health topics and research:

<https://www.nimh.nih.gov/health/index.shtml>

If you or someone you care about needs help:

National Institute of Mental Health Getting Help page: <https://www.nimh.nih.gov/health/find-help/index.shtml>

Substance Abuse and Mental Health Services Administration Treatment Locator:

<https://findtreatment.samhsa.gov>

For immediate assistance: National Suicide Prevention Lifeline:

<https://suicidepreventionlifeline.org/talk-to-someone-now> or at at 1-800-273-8255 (En Español:1-888-628-9454; TTY: Deaf and Hard of Hearing: 1-800-799-4889)

Crisis Text Line by texting HOME to 741741

Thank You! Your responses are making a difference in health research.

Every day we learn more about COVID-19 and its impact. Your answers help researchers understand how people cope during a crisis like this.

Your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers.

Did You Know? Meditation can be done safely from home and can help lower stress.

Adding meditation to your day can lower stress and improve your health. More and more people are finding it helpful. One survey showed that 14.2 percent of adults in the U.S. began meditating in 2017. That's three times more than in 2012!

Click the link for more information about the benefits of meditation:

<https://www.nccih.nih.gov/health/meditation-in-depth>

Implementation note: This “outro” text is different for each of the implemented versions, i.e. this “outro” text is unique to the June version.

Sources

1. [CDC COVID-19 Community Survey Question Bank](#). Bethesda, MD: National Library of Medicine.
 - a. Year of Original Source: 2020
 - b. Brief Description of Source: The CDC COVID-19 Community Survey Question Bank, an online resource maintained by the U.S. Centers for Control and Prevention, contains community survey questions made available for use in COVID-19 research efforts.
2. Cassidy-Bushrow AE, Baseer M, Kippen K, Levin AM, Li J, Loveless I, et al. [Social distancing during the COVID-19 pandemic: quantifying the practice in Michigan – a “hotspot state” early in the pandemic – using a volunteer-based online survey](#). BMC Public Health. 2021 Jan 29;21(1):245.
 - a. Year of Original Source: 2020
 - b. Brief Description of Source: The Michigan COVID-19 Social Distancing Survey was led by a team of researchers at Henry Ford Health System (HFHS) and administered online to Michigan residents. The survey is meant to assess Michigan residents’ support for and practice of social distancing measures during the COVID-19 pandemic.
3. Chan AT, Drew DA, Nguyen LH, Joshi AD, Ma W, Guo CG, et al. [The COronavirus Pandemic Epidemiology \(COPE\) Consortium: A Call to Action](#). Cancer Epidemiol Biomarkers Prev. 2020 Jul;29(7):1283–9.
 - a. Year of Original Source: 2020
 - b. Brief Description of Source: The COronavirus Pandemic Epidemiology (COPE) consortium, a community of epidemiology researchers from the United States and United Kingdom, was established in response to the coronavirus/COVID-19 pandemic. The consortium has developed resources, including mobile applications, to collect and assess COVID-19 risk factors, symptoms, and outcomes.
4. Weiss, D. S., Marmar, C. R. The Impact of Event Scale - Revised. In: J. Wilson, T. M. Keane, editors. Assessing psychological trauma and PTSD. Guilford; 1996. p. 399-411.
 - a. Year of Original Source: 1996
 - b. Brief Description of Source: The Impact of Event Scale (IES) is meant to assess individual responses to stressful events, providing measurable guidance on when clinical diagnosis and/or treatment may be needed.
5. Scheier MF, Carver CS, Bridges MW. [Distinguishing optimism from neuroticism \(and trait anxiety, self-mastery, and self-esteem\): a reevaluation of the Life Orientation Test](#). J Pers Soc Psychol. 1994 Dec;67(6):1063–78.
 - a. Year of Original Source: 1994
 - b. Brief Description of Source: The Life Orientation Test (LOT) was developed to assess individual differences in generalized optimism versus pessimism.

6. [UK Biobank](#). Stockport, UK: UK Biobank.
 - a. Year of Original Source: 2011
 - b. Brief Description of Source: UK Biobank recruited 500,000 people across the country aged between 40 and 69 years from 2006 to 2010. These half a million participants agreed to have their health followed so scientists across the globe can help improve the prevention, diagnosis and treatment of a wide range of diseases. Assessments were undertaken in 22 centres in Scotland, England and Wales. There were five parts to the UK Biobank assessment process, which lasted between 2-3 hours. These included: Written consent Touch screen questionnaires i.e. detailed diet recall Face-to-face interview with a study nurse Measurements i.e. hand grip, spirometry and bone density Sample collection of blood, urine and saliva In addition to information collected during the baseline assessment, 100,000 UK Biobank participants have worn a 24-hour activity monitor for a week, 20,000 have undertaken repeat measures, and nearly 50,000 have had their heart, brain and abdomen scanned as part of a major imaging project. UK Biobank has grown exponentially since this initial assessment and has become a powerful research resource. The database, which is regularly augmented with additional data, is globally accessible to approved researchers and scientists undertaking vital research into the most common and life-threatening diseases. anywhere in the world.
7. [Behavioral Risk Factor Surveillance System \(BRFSS\)](#). Atlanta, GA: Centers for Disease Control and Prevention.
 - a. Year of Original Source: 2016
 - b. Brief Description of Source: The Behavioral Risk Factor Surveillance System (BRFSS), established in 1984, is an annual national health-related telephone survey. Each year, data is collected on approximately 400,000 adults across the United States. about health-related risk behaviors, chronic health conditions, and use of preventive services.
8. Verma SS, Chung WK, Dudek S, Williamson JL, Verma A, Robinson S, et al. [Research on COVID-19 through patient-reported data: a survey for observational studies in the COVID-19 pandemic](#). Journal of Clinical and Translational Science. 2021 ed;5(1):e17.
 - a. Year of Original Source: 2020
 - b. Brief Description of Source: The Columbia COVID-19 Questionnaire is an electronic self-reported data collection instrument for patients with confirmed or suspected COVID-19 infections. It was developed by researchers at Columbia University.
9. Developed for *All of Us* Research Program
 - a. Year of Original Source: Not Applicable
 - b. Brief Description of Source: Not Applicable
10. [National Health and Nutrition Examination Survey \(NHANES\)](#). Hyattsville, MD: National Center for Health Statistics.
 - a. Year of Original Source: 2017

- b. **Brief Description of Source:** The National Health and Nutrition Examination Survey (NHANES) is a program conducted by the National Center for Health Statistics that aims to assess the health and nutritional status of the United States population. Approximately 5,000 participants from different counties across the nation complete the NHANES interview each year. Specific survey components include demographic, socioeconomic, dietary, and health-related questions.
11. [2020 Census](#). Washington, DC: United States Census Bureau.
 - a. **Year of Original Source:** 2020
 - b. **Brief Description of Source:** The Census Bureau’s mission is to serve as the nation’s leading provider of quality data about its people and economy. We honor privacy, protect confidentiality, share our expertise globally, and conduct our work openly. We are guided on this mission by scientific objectivity, our strong and capable workforce, our devotion to research-based innovation, and our abiding commitment to our customers. The Decennial Census is the once-a-decade population and housing count required by the U.S. Constitution. The Census Bureau counts all 50 states, the District of Columbia, Puerto Rico, and the Island Areas. The results of the decennial census determine the number of seats for each state in the U.S. House of Representatives and are used to draw congressional and state legislative districts and to distribute hundreds of billions of dollars in federal funds each year.
12. [UK Biobank](#). Stockport, UK: UK Biobank.
 - a. **Year of original Source:** 2011
 - b. **Brief Description of Source:** UK Biobank recruited 500,000 people across the country aged between 40 and 69 years from 2006 to 2010. These half a million participants agreed to have their health followed so scientists across the globe can help improve the prevention, diagnosis and treatment of a wide range of diseases. Assessments were undertaken in 22 centres in Scotland, England and Wales. There were five parts to the UK Biobank assessment process, which lasted between 2-3 hours. These included: Written consent Touch screen questionnaires i.e. detailed diet recall Face-to-face interview with a study nurse Measurements i.e. hand grip, spirometry and bone density Sample collection of blood, urine and saliva In addition to information collected during the baseline assessment, 100,000 UK Biobank participants have worn a 24-hour activity monitor for a week, 20,000 have undertaken repeat measures, and nearly 50,000 have had their heart, brain and abdomen scanned as part of a major imaging project. UK Biobank has grown exponentially since this initial assessment and has become a powerful research resource. The database, which is regularly augmented with additional data, is
13. [Social Support Survey](#). Santa Monica, CA: RAND Corporation.
 - a. **Year of Original Source:** 1993
 - b. **Brief Description of Source:** The Social Support Survey instrument was developed for the two-year Medical Outcomes Study (MOS), a two-year study of patients with chronic conditions.

14. Spitzer RL, Kroenke K, Williams JBW, Löwe B. [A brief measure for assessing generalized anxiety disorder: the GAD-7](#). Arch Intern Med. 2006 May 22;166(10):1092–7.
 - a. Year of Original Source: 2006
 - b. Brief Description of Source: GAD-7 is a self-administered patient questionnaire used as a screening tool and severity measure for generalized anxiety disorder (GAD).
15. Kroenke K, Spitzer RL, Williams JBW. [The PHQ-9](#). J Gen Intern Med. 2001 Sep;16(9):606–13.
 - a. Year of Original Source: 2001
 - b. Brief Description of Source: PHQ-9 is a self-administered diagnostic instrument for depression.
16. Cohen S, Kamarck T, Mermelstein R. [A global measure of perceived stress](#). J Health Soc Behav. 1983 Dec;24(4):385-96. PMID: 6668417.
 - a. Year of Original Source: 1983
 - b. Brief Description of Source: The Perceived Stress Scale is a widely-used instrument for assessing one’s perceived levels of stress specific to life events within a one month timeframe.
17. Craig CL, Marshall AL, Sjöström M, Bauman AE, Booth ML, Ainsworth BE, et al. [International physical activity questionnaire: 12-country reliability and validity](#). Med Sci Sports Exerc. 2003 Aug;35(8):1381–95.
 - a. Year of Original Source: 2003
 - b. Brief Description of Source: The purpose of the IPAQ is to provide common instruments that can be used to obtain internationally comparable data on health-related physical activity.
18. Hays RD, DiMatteo MR. [A short-form measure of loneliness](#). J Pers Assess. 1987 Spring;51(1):69-81. PMID: 3572711.
 - a. Year of Original Source: 1987
 - b. Brief Description of Source: The revised 1987 version of the short-form UCLA Loneliness Scale (ULS-8) was developed through factor analysis of the original 20-item, which was released in 1978 to measure one’s feelings of loneliness and social connection.
19. Developed for use in *All of Us* – Lifestyle (modified)
 - a. Year of Original Source: Not Applicable
 - b. Brief Description of Source: Not Applicable
20. [PATH \(Population Assessment of Tobacco and Health\) Study](#). Bethesda, MD: National Institutes of Health.
 - a. Year of Original Source: 2015
 - b. Brief Description of Source: The Population Assessment of Tobacco and Health (PATH) Study, started in 2013, is a national, longitudinal cohort study examining tobacco use and its effect on health. The PATH Study is a collaboration between

the National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH), and the Center for Tobacco Products (CTP) of the Food and Drug Administration (FDA).

21. [Instrument: AUDIT-C Questionnaire](#). Bethesda, MD: National Institute on Drug Abuse (NIDA).
 - a. Year of Original Source: 1998
 - b. Brief Description of Source: The Alcohol Use Disorders Identification Test-C (AUDIT-C) is a three-item screening test for identifying hazardous drinkers and individuals with alcohol use disorders. It was developed in 1998 as a short form of the World Health Organization's ten-item AUDIT questionnaire.
22. [TCU Drug Screen 5](#). Fort Worth, TX: Texas Christian University.
 - a. Year of Original Source: 2014
 - b. Brief Description of Source: The Texas Christian University (TCU) Drug Screen 5 was developed to assess severity of drug use problems and identify whether substance use treatment may be suitable for individuals entering a corrections facility through the U.S. criminal justice system.
23. Sinclair VG, Wallston KA. [The development and psychometric evaluation of the Brief Resilient Coping Scale. Assessment](#). 2004 Mar;11(1):94–101.
 - a. Year of Original Source: 2004
 - b. Brief Description of Source: The Brief Resilience Coping Scale is a 4-item measure designed to identify tendencies to cope with stress in a highly adaptive manner.
24. [Everyday Discrimination Scale](#). Cambridge, MA: Harvard University.
 - a. Year of Original Source: 1997
 - b. Brief Description of Source: The Everyday Discrimination Scale was developed to assess perceived discrimination in everyday societal life.