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 better understand 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'm ready to take the survey now. Yes, I would like to take the survey at a later time. 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 on 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?
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).

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.

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.

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.

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".

- 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).

- 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.

- 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 was

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

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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?
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?

Yes  No

Approximate date of onset

______________________________

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

- 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
- Loss of smell or taste
- Unusual eye soreness or discomfort (e.g., light sensitivity, pink eye, 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
- Red/purple sores or blisters on your feet, including your toes

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.

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

Do you think you have had COVID-19?

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?

Yes
No
Unknown

Was the test for COVID-19 positive?

Yes
No
Unknown
Waiting for results

How were you tested? Select all that apply.

Nasal swab
Throat Swab
Blood Sample

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

Yes
No
Unknown

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 sick with COVID-19 symptoms, how did you receive treatment(s)? Please select all that apply.
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

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

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

What other breathing treatment did you receive? Please specify

______________________________

____

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 within the past 7 days.

In the past 7 days, I thought about COVID-19 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.

Not at all A little bit Moderately

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In the past 7 days, other things kept making me think about COVID-19.

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.

Not at all A little bit Moderately Quite a bit Extremely

In the past 7 days, I tried not to think about COVID-19.

Not at all A little bit Moderately Quite a bit Extremely

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.

- 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

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

- 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

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

- 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

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

- 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
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.

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?

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?

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?

__________________________________

____

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?

- Studio
- One-bedroom apartment
- Two-bedroom apartment
- Three-bedroom (or more) apartment
- Townhouse
- Free-standing house
- Nursing home, or rehab facility
- Homeless
- Other
- Prefer not to answer

Please specify.
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?

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

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

- 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. Please specify.

Are you currently on chemotherapy or immunotherapy?

- Yes
- No
Do you regularly take immunosuppressant medications (including steroids, methotrexate, biologic agents)?

Yes  No

What is your current marital status?

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

Are you currently pregnant?

No  Yes  Not sure  Prefer not to answer

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 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 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 yourself
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 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 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 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 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 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 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 things

None of the time A
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 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 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 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 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 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 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 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 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 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 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 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 overeating

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

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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 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 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 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 way

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

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?

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?

Never Almost
ever
Sometimes Fairly
often Very often

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?

Never Almost
never
Sometimes Fairly
often Very often

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?

Never Almost
never
Sometimes Fairly
often Very often

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?
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?

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?

Yes No
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 minutes

______________________________
____

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?

    Yes No

How many days per week?

______________________________
____
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?

Yes No

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 minutes

______________________________

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?

Please select below to enter the amount of time in minutes OR hours.

Enter a response in hours Enter a response in minutes Don't know

Hours per day (Please enter a number between 0-24)

______________________________

Minutes per day (Please enter a number between 0-1440)

______________________________
Loneliness

The next questions ask about your relationships with others.

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

   Never  Rarely
   Sometimes
   Often

Choose the answer that is true for you in the past month. I am an outgoing person

   Never  Rarely
   Sometimes
   Often

Choose the answer that is true for you in the past month. I feel
left out

    Never  Rarely
    Sometimes
    Often

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

    Never  Rarely
    Sometimes
    Often

Choose the answer that is true for you in the past month. 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 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? Yes, every day Yes, some days Not currently, but in the past No, never

How long has it been since you last smoked?

- Weeks
- Months
- Years

Enter the number of weeks

______________________________

____

Enter the number of months

______________________________

____

Enter the number of years

______________________________

____

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?

- 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.

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

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

Weeks
Months
Years

Enter the number of weeks

______________________________
____

Enter the number of months

______________________________
____

Enter the number of years

______________________________
____
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

In the past month: How many standard drinks containing alcohol do you have on a typical day?

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

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

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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 Synthetic marijuana or fake weed (also called K2 or Spice) Cocaine (also called coke, crack, free base, coca paste, etc.) Prescription stimulants (for example, Ritalin, Concerta, Dextedrine, Adderall, Focalin, Didrex, etc.) Methamphetamine (also called meth, crank, ice, crystal meth, glass, etc.) Synthetic stimulants (also called bath salts, flakka, etc.) Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.) Prescription sedatives or prescription sleeping pills (for example, Valium, Ambien, Serepax, Ativan, Xanax, Libriu, etc.) Hallucinogens (for example, LSD, acid, Molly, mushrooms, PCP, Special K, ecstasy, Peyote, DMT, Foxy, etc.) Heroin Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) None Other substance
How often did you use cannabis?

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

Did your use include smoking cannabis?

Yes No

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

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

How often did you use synthetic marijuana or fake weed?

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?

Yes No

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

Less often than usual The
same as usual More often
than usual
How often did you use cocaine?

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

Did your use include smoking cocaine?

- Yes
- No

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

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

How often did you use prescription stimulants?

- 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?

- Yes
- No

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

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

How often did you use methamphetamine?

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

Did your use include smoking methamphetamine?

- Yes
- No

Do you think you have used more or less methamphetamine in the past month than you used to?
How often did you use synthetic stimulants?

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

Did your use include smoking synthetic stimulants?

- Yes
- No

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

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

How often did you use inhalants?

- 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?

- Less often than usual
- The same as usual
- More often than usual
How often did you use prescription sedatives or prescription sleeping pills?

- 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?

- 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?

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

How often did you use hallucinogens?

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

Did your use include smoking hallucinogens?

- Yes No

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

- Less often than usual The same as usual More often than usual
How often did you use heroin?

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

Did your use include smoking heroin?

Yes No

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

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

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

Yes No

How often did you use prescription opioids?

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

Did your use include smoking prescription opioids?

Yes No

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

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

Other substance - please specify

_____________________________________________
____
How often did you use the other substance?

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

Did your use include smoking the other substance?

- Yes No

Do you think you have used more or less of the other substance 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.

- 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.

- Does not describe me at all
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
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.

Does not describe me at all
Does not describe me Neutral
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.

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.

Almost everyday
At least once a week
A few times
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.

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.

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.

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.

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.
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.
Almost everyday At least once a week A few times a month Never
What do you think is the main reason(s) 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
Other reason - please specify.

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
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:
06-03-2020 https://www.nccih.nih.gov/health/meditation-in-depth
09:59 projectredcap.org