

COVID-19 Impact on Health and Wellbeing Survey

Please read the information about the study below and indicate whether or not you'd like to participate.

CONSENT FORM

This research is being conducted by Dr. Candace Robledo, Department of Population Health and Biostatistics at The University of Texas Rio Grande Valley School of Medicine.

The purpose of this study is to examine the impact of shelter in place/home orders on the mental health and wellbeing of individuals.

This anonymous survey is broken into several sections and should take about 20-30 minutes to complete.

Participation in this research is completely voluntary. If there are any questions which you are uncomfortable with answering, feel free to skip that question and leave the answer blank.

You must be at least 18 years old to participate. If you are not 18 or older, please do not complete the survey.

By completing this survey, you are granting your consent to participate in the survey and confirming that you are at least 18 years old.

All survey responses received will be treated confidentially and stored on a secure server. However, given that the surveys can be completed from any computer (e.g., personal, work, school), there is no guarantee of the security of the computer on which you choose to enter your responses. As a participant in this study, please be aware that certain technologies exist that can be used to monitor or record data and/or websites that are visited.

This survey is completely anonymous and will not collect individually identifiable information.

This research has been reviewed and approved by the University of Texas Rio Grande Valley Institutional Review Board for Human Subjects Protection (IRB). If you have any questions about your rights as a participant, or if you feel that your rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-3598 or irb@utrgv.edu.

Please tell us a little about yourself and your household.

Are you currently living under a shelter in place or shelter in home order?

- Yes
 No
 I don't know

When was the first day you were asked to stay home?

(If you can't remember the exact date, enter an approximate date)

Have you lived under a shelter in place or shelter in home order within the past 6 months?

- Yes
 No

First day you stayed home

(If you can't remember the exact date, enter an approximate date)

Last day you stayed home

(If you can't remember the exact date, enter an approximate date)

How likely do you think it is that you have COVID-19 right now?

- Very unlikely
 Unlikely
 Somewhat likely
 Likely
 Very likely

Are you or anyone in your household currently self-isolating because of a suspected COVID-19 infection?

- Yes
 No

What is the zip code of your current address?

What is your age?

(years)

What is your gender?

- Male
 Female
 Non-binary
 Transgender
 Other

Are you pregnant?

- Yes
 No

Are you currently...

- married?
 widowed?
 separated?
 divorced?
 single, never married?
 a member of an unmarried couple?

Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?

- Yes
 No

Please select one or more categories that best describe you.

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a, or Spanish origin

Choose one or more of the following categories that best describe your race.

- White
- Black
- Asian/Pacific Islander
- American Indian/Aleut/Eskimo
- Other (specify)

Please specify

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

- Yes
- No
- Don't know/Not sure

What was the highest level of school that you completed?

- Did not finish high school
- High school or GED
- Some college, Associate's Degree and/or technical school
- College, Post graduate, or professional school

What is your annual household income from all sources?

- \$10,000 or less (less than \$833 per month)
- \$10,000-\$19,999 (\$833-\$1,666 per month)
- \$20,000-\$29,999 (\$1,667-\$2,499 per month)
- \$30,000-\$39,999 (\$2,500-\$3,332 per month)
- \$40,000-\$49,999 (\$3,333-\$4,166 per month)
- \$50,000-\$59,999 (\$4,167-\$4,999 per month)
- \$60,000-\$69,999 (\$5,000-\$5,833 per month)
- \$70,000-\$79,999 (\$5,834-\$6,666 per month)
- \$80,000-\$89,999 (\$6,667-\$7,500 per month)
- \$90,000-\$99,999 (\$7,501-\$8,333 per month)
- \$100,000 and over (\$8,334 or over)

Which best describes your employment status?

- Employed for wages
- Self-employed
- Out of work for one year or more
- Out of work for less than one year
- Homemaker
- Student
- Retired
- Unable to work
- Other

Have you reported in person to your work site in the last week?

- Yes
- No

Did you lose your job or any wages because of the COVID-19 pandemic?

- Yes
- No

In the last two weeks have you worked or volunteered in a hospital, emergency room, clinic, medical office, long term care facility or nursing home, ambulance service, first responder services, or any healthcare setting or taking care of patients as a student or as part of your work?

- Yes
- No

What is the total number of people that live in your home?

- 1
 - 2
 - 3
 - 4
 - 5
 - 6 or more
- (include yourself, all other adults and children)
-

Of the total number of people in your household, how many are 65 years of age or older?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6 or more
-

Of the total number of people in your household, how many are 18 years of age or younger?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6 or more
-

Do you have a pet?

- Yes
 - No
-

How many pets do you have?

- 1
- 2
- 3
- 4
- 4 or more

COVID-19 Impact on Health and Wellbeing Survey

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

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

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

Little interest or pleasure in doing things

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

Feeling down, depressed or hopeless

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

Trouble falling asleep, staying asleep, or sleeping too much

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

Feeling tired or having little energy

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

Poor appetite or overeating

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

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

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

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

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

Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual

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

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

- Not at all
 - Several days
 - More than half the days
 - Nearly every day
- (If you are in immediate distress, please call 911. Call the national suicide prevention hotline at 1-800-273-8255.)

COVID-19 Impact on Health and Wellbeing Survey

This is section 3 of 17. This section of the survey will ask you questions about how you have been feeling for the past couple of weeks.

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

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

Feeling nervous, anxious, or on edge

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

Not being able to stop or control worrying

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

Worrying too much about different things

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

Trouble relaxing

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

Being so restless that it's hard to sit still

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

Becoming easily annoyed or irritable

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

Feeling afraid as if something awful might happen

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

COVID-19 Impact on Health and Wellbeing Survey

This is section 4 of 17. This section of the survey will ask you questions about your level of comfort with health forms and visiting the doctor.

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

During a pandemic, it is important to understand how you receive and process health information.

How often do you have someone help you read hospital materials?

- Always
- Often
- Sometimes
- Occasionally
- Never

How confident are you filling out medical forms by yourself?

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

How often do you have problems learning about your medical condition because of difficulty understanding written information?

- Always
- Often
- Sometimes
- Occasionally
- Never

How often do you have a problem understanding what is told to you about your medical condition?

- Always
- Often
- Sometimes
- Occasionally
- Never

COVID-19 Impact on Health and Wellbeing Survey

This is section 5 of 17. This section of the survey will ask you questions about how much you trust various sources of information about COVID-19.

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

How much do you trust the following sources of COVID-19 related health information?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Physician	<input type="radio"/>				
Pharmacist	<input type="radio"/>				
Private or public healthcare provider	<input type="radio"/>				
Family members	<input type="radio"/>				
Friends	<input type="radio"/>				
National television	<input type="radio"/>				
Cable television	<input type="radio"/>				
Magazines	<input type="radio"/>				
Newspapers	<input type="radio"/>				
Radio	<input type="radio"/>				
Social media	<input type="radio"/>				
Non-profit organizations	<input type="radio"/>				
Government organizations	<input type="radio"/>				

COVID-19 Impact on Health and Wellbeing Survey

This is section 6 of 17. This section of the survey will ask you questions about your opinions of shelter in place/at home orders.

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

How much do you agree with the following statements regarding COVID-19 shelter in place orders?

	Strongly disagree	Disagree	Agree	Strongly agree
I can safely stay in my home for at least 15 days.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will do my part to protect the health of everyone in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelter in place orders are inconvenient and unnecessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I only leave my home for essential reasons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I leave my home, my trip is as short as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I leave my home, I stay at least 6 feet (2 meters) away from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I leave my home, I go alone in order to protect the rest of my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID-19 Impact on Health and Wellbeing Survey

This is section 7 of 17. This section of the survey will ask you about your feelings and thoughts during sheltering in place/at home.

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

While sheltering in place/at home, how often have you...

been upset because of something that happened unexpectedly?

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

felt that you were unable to control the important things in your life?

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

felt nervous and stressed?

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

felt confident about your ability to handle your personal problems?

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

felt that things were going your way?

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

found that you could not cope with all the things you had to do?

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

been able to control irritations in your life?

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

felt that you were on top of things?

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

been angered because of things that happened that were outside of your control?

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

felt difficulties were piling up so high that you could not overcome them?

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

COVID-19 Impact on Health and Wellbeing Survey

This is section 8 of 17. This section of the survey will ask you questions about how you feel about your financial situation.

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

While sheltering in place/at home, how hard has it been for you to pay for the very basics like food, housing, medical care, and heating? Would you say...

- very hard
- hard
- somewhat hard
- not very hard

How would you describe the money situation in your household right now?

- comfortable with extra
- enough but no extra
- have to cut back
- cannot make ends meet

COVID-19 Impact on Health and Wellbeing Survey

This is section 9 of 17. This section will ask you about your resilience.

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

Consider how well the following statements describe your behavior and actions on a scale from 1 to 5, 1 being "Does not describe me at all" and 5 being "Describes me very well." Please select the number that best reflects your behavior.

	Does not describe me at all 1	2	3	4	Describes me very well 5
I look for creative ways to alter difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regardless of what happens to me, I believe I can control my reaction to it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can grow in positive ways by dealing with difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively look for ways to replace the losses I encounter in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID-19 Impact on Health and Wellbeing Survey

This is section 10 of 17. This section will ask you if you have been mistreated.

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

How often does anyone, including family,

	Never	Rarely	Sometimes	Fairly often	Frequently
physically hurt you?	<input type="radio"/>				
insult or talk down to you?	<input type="radio"/>				
threaten you with harm?	<input type="radio"/>				
scream or curse at you?	<input type="radio"/>				

COVID-19 Impact on Health and Wellbeing Survey

This is section 11 of 17. This section of the survey will ask you how you feel about different aspects of your life.

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

For each question, choose how often you feel that way.

How often do you feel that you lack companionship?

- hardly ever
 - some of the time
 - often
-

How often do you feel left out?

- hardly ever
 - some of the time
 - often
-

How often do you feel isolated from others?

- hardly ever
- some of the time
- often

COVID-19 Impact on Health and Wellbeing Survey

This is section 12 of 17. This section of the survey will ask you about your neighborhood.

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

Consider your neighborhood to be the area within 5 minutes walking distance from your home.

Please rate how much the following affect you in your neighborhood:

	Not a problem	Some problem	A big problem
Loud noise (e.g. traffic, construction, loud music)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Litter on the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People using or selling drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime (e.g. robberies, assaults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No safe place for children to play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not safe to walk alone at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stray dogs and other animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How does your neighborhood compare to others in your region?

- Worse than others
 The same as others
 Better than others

What do you think of your neighborhood as a place to live?

- Not at all a good place to live
 Not a very good place to live
 A fairly good place to live
 A very good place to live

COVID-19 Impact on Health and Wellbeing Survey

This is section 13 of 17.

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

In answering the next set of questions, think about your current relationship with friends, family members, coworkers, community members, and so on. Please indicate to what extent you agree that each statement describes your current relationships with other people. Use the following scale to give your opinion. For example, if you feel a statement is very true of your current relationships, you would select "strongly agree". If you feel a statement clearly does not describe your relationships, you would select "strongly disagree".

There are people I can depend on to help me if I really need it.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

There are people who enjoy the same social activities I do.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

I have close relationships that provide me with a sense of emotional security and well-being.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

There is someone I could talk to about important decisions in my life.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

I have relationships where my competence and skills are recognized.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

There is a trustworthy person I could turn to for advice if I were having problems.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

I feel part of a group of people who share my attitudes and beliefs.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

I feel a strong emotional bond with at least one other person.

- Strongly disagree
 Disagree
 Agree
 Strongly agree

There are people who admire my talents and abilities.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

There are people I can count on in an emergency.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

COVID-19 Impact on Health and Wellbeing Survey

This is section 14 of 17. This section of the survey will ask you about exercise and healthy eating.

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

Staying active and healthy eating are important to maintaining your health.

During the LAST 7 days (a week) while COVID-19 restrictions were in place, how many times on average did you do strenuous exercise where your heart beats rapidly (e.g., running, jogging, football, soccer, basketball, roller skating, vigorous swimming, vigorous long distance bicycling, other) for more than 10 minutes during your free time?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days / every day last week

On occasions when you do strenuous exercise, what is the average number of minutes you exercise? _____

Compared to your normal level of strenuous exercise, is the amount of strenuous activity you did in the last 7 days...

- less?
- same?
- more?

During the LAST 7 days (a week) while COVID-19 restrictions were in place, how many times on average did you do moderate exercise, not exhausting, (e.g. fast walking, baseball, tennis, easy bicycling, volleyball, easy swimming, dancing, other) for more than 10 minutes during your free time?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days / every day last week

On occasions when you do moderate exercise, what is the average number of minutes you exercise? _____

Compared to your normal level of moderate exercise, is the amount of moderate activity you did in the last 7 days...

- less?
- same?
- more?

During the LAST 7 days (a week) while COVID-19 restrictions were in place, how many times on average did you do mild exercise, requiring minimal effort, (e.g. yoga, fishing from river bank, bowling, golf, easy walking, other) for more than 10 minutes during your free time?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days / every day last week

On occasions when you do mild exercise, what is the average number of minutes you exercise? _____

Compared to your normal level of mild exercise, is the amount of Mild activity you did in the last 7 days...

- less?
- same?
- more?

How many portions of fruit, of any sort, do you eat on a typical day?

- 0
- 1
- 2
- 3
- 4
- 5 or more

How many portions of vegetables, excluding potatoes, do you eat on a typical day?

- 0
- 1
- 2
- 3
- 4
- 5 or more

COVID-19 Impact on Health and Wellbeing Survey

This is section 15 of 17. This section will ask you about your social networks.

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

FAMILY: Considering the people to whom you are related by birth, marriage, adoption, etc.

	0	1	2	3-4	5-8	9 or more
How many relatives do you see or hear from at least once a month?	<input type="radio"/>					
How many relatives do you feel at ease with that you can talk about private matters?	<input type="radio"/>					
How many relatives do you feel close to such that you could call on them for help?	<input type="radio"/>					

FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood

	0	1	2	3-4	5-8	9 or more
How many of your friends do you see or hear from at least once a month?	<input type="radio"/>					
How many friends do you feel at ease with that you can talk about private matters?	<input type="radio"/>					
How many friends do you feel close to such that you could call on them for help?	<input type="radio"/>					

COVID-19 Impact on Health and Wellbeing Survey

This is section 16 of 17.

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

This section of the survey will ask you questions about faith, spirituality, and religion.

Which best describes your religious denomination/affiliation?

- None
- Protestant
- Catholic
- Mormon
- Jehovah's Witness
- Jewish
- Muslim
- Buddhist
- Hindu
- Other

I look to my faith as providing meaning and purpose in my life.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

My faith is an important part of who I am as a person.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

My faith impacts many of my decisions.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

How often have you attended religious/spiritual services in the past 12 months?

- Never/Not applicable
- Yearly/A few times a year
- Monthly/A few times a month
- About weekly
- More than once a week
- About daily
- More than once a day

In an average week, about how many hours do you spend in religious/spiritual activities in your home (such as praying, meditating, or reading religious books)?

- 0
- 1
- 2
- 3
- 4
- 5 or more

COVID-19 Impact on Health and Wellbeing Survey

This is section 17 of 17. This section of the survey will ask you questions about your family.

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

Please read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family.

Planning family activities is difficult because we misunderstand each other.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

In time of crisis we can turn to each other for support.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

We cannot talk to each other about sadness we feel.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

Individuals are accepted for what they are.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

We avoid discussing our fears and concerns.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

We can express feelings to each other.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

There are lots of bad feelings in the family.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

We feel accepted for what we are.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Making decisions is a problem for our family.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

We are able to make decisions about how to solve problems.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

We don't get along well together.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

We confide in each other.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

COVID-19 Impact on Health and Wellbeing Survey

This is section 16 of 16. This section of the survey will ask you questions about your childhood.

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

While you were growing up, during the first 18 years of your life:

Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? Yes No

Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? Yes No

Did an adult or person at least five years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? Yes No

Did you often or very often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? Yes No

Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes No

Were your parents ever separated or divorced? Yes No

Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife? Yes No

Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes No

Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes No

Did a household member go to prison? Yes No

CoVid19 Community Survey

This is section 12 of 15. This section will ask you about your emotions. Before you answer the questions in this section, please think about your current situation in relation to the COVID19 pandemic.

If you do not want to answer one or more of the following questions, simply skip them. When you're ready to move on to the next section, click the submit button at the end of this section.

Please select the choice that best reflects you.

	Almost never	Sometimes	About half the time	Most of the time	Almost always
When I'm upset, it takes me a long time to feel better.	<input type="radio"/>				
When I'm upset, I believe there is nothing I can do to make myself feel better.	<input type="radio"/>				
When I'm upset, I believe that I will end up feeling very depressed.	<input type="radio"/>				
When I'm upset, I become embarrassed for feeling that way.	<input type="radio"/>				
When I'm upset, I feel guilty for feeling that way.	<input type="radio"/>				
When I'm upset, I become irritated at myself for feeling that way.	<input type="radio"/>				
When I'm upset, I become out of control.	<input type="radio"/>				
When I'm upset, I lose control over my behavior.	<input type="radio"/>				
When I'm upset, I have difficulty controlling my behavior.	<input type="radio"/>				
When I'm upset, I have difficulty focusing on other things.	<input type="radio"/>				
When I'm upset, I have difficulty concentrating.	<input type="radio"/>				
When I'm upset, I have difficulty getting work done.	<input type="radio"/>				
I care about what I am feeling.	<input type="radio"/>				
When I'm upset, I acknowledge my emotions.	<input type="radio"/>				
I pay attention to how I feel.	<input type="radio"/>				
I am confused about how I feel.	<input type="radio"/>				

I have difficulty making sense
out of my feelings

I have no idea how I am feeling.