

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 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 15 to 20 minutes to complete.

- Yes, I still want to take the survey. No, I do not want to take the survey.
- 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?¹

- 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.²

- 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

- 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

- 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

- 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

- 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

- 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

- 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

- 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

- 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

- Yes
 - *If 'yes':* Approximate date of onset¹

- No

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

- 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
- 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

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

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

Do you think you have had COVID-19?³

- 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 & 3}

- Yes
 - *If 'yes':*
 - How many times were you tested?²⁵**

 - Was the test for COVID-19 positive?²⁵**
 - Yes
 - No
 - Unknown
 - Waiting for results
 - How were you tested? Select all that apply.²⁵**
 - Nasal swab
 - Throat Swab
 - Blood Sample
 - 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 diagnosed with COVID-19 symptoms, how did you receive treatment(s)? Please select all that apply.³

- 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

If 'I was admitted to the hospital for at least one night'

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

- 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

If 'Other breathing treatment'

What other breathing treatment did you receive? Please specify³

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

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

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

- 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

- 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

- 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

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

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

- 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

- 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

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

- 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

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

- Interpersonal conflict with family members or loved ones
- Snapping at or yelling at family members
- Interpersonal conflict with friends or coworkers

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

- 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
- Delaying medical care for conditions other than COVID-19 symptoms
- 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

Do you know someone who has died from COVID-19?²⁴

- Yes

If 'Yes'

Who do you know who has died? Check all that apply.²⁴

- Spouse, partner, boyfriend, girlfriend
- Parent
- Grandparent
- Child
- Sibling (brother or sister)
- Co-worker
- Friend
- Neighbor
- Other (free text)

-
- No

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

- 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

- 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

- 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

If 1 or more is entered in response

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

What type of household do you live in?⁸

- Studio
 - One-bedroom apartment
 - Two-bedroom apartment
 - Three-bedroom (or more) apartment
 - Townhouse
 - Free-standing house
 - Nursing home, or rehab facility
 - Homeless
 - Other
 - *If 'other':* Please specify
-
- Prefer not to answer

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

- 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?⁹

- Yes
 - *If 'yes'*

Are you currently covered by any of the following types of health insurance or health care plans? Select all that apply.¹⁰

- 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.
 - *If '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

- Yes
- No

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

- Yes
- No

What is your current marital status?⁷

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

Are you currently pregnant?¹¹

- 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 bed¹²

- 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 it¹²

- 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 yourself¹²

- 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 sick¹²

- 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 with¹²

- 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 problem¹²

- 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 problems¹²

- 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 wanted¹²

- 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 problems¹²

- 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 things¹²

- 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 edge¹³

- 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 worrying¹³

- 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 things¹³

- 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 relaxing¹³

- 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 still¹³

- 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 irritable¹³

- 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 happen¹³**

- 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 things¹⁴**

- 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 hopeless¹⁴**

- 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 much¹⁴**

- 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 energy¹⁴**

- 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 overeating¹⁴

- 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 down¹⁴

- 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 television¹⁴

- 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 usual¹⁴

- 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 way¹⁴

- 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?:¹⁵

- 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?¹⁵

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

In the last month, how often have you felt nervous and "stressed"?¹⁵

- 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?¹⁵

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

In the last month, how often have you felt that things were going your way?¹⁵

- 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?¹⁵

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

In the last month, how often have you been able to control irritations in your life?¹⁵

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

In the last month, how often have you felt that you were on top of things?¹⁵

- 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?¹⁵

- 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?¹⁵

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

Physical Activity

Next, we ask you questions about your physical activity in the last 7 days.

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?¹⁶

- Yes

- *If 'yes'*

- How many days per week?¹⁶

- How much time did you usually spend doing vigorous physical activities on one of those days (hours per day)?¹⁶

- How much time did you usually spend doing vigorous physical activities on one of those days (minutes per day)?¹⁶

- No

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?¹⁶

- Yes

- *If 'yes'*

- How many days per week?¹⁶

- How much time did you usually spend doing moderate physical activities on one of those days (hours per day)?¹⁶

- How much time did you usually spend doing moderate physical activities on one of those days (minutes per day)?¹⁶

- No

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?¹⁶

- Yes

- *If 'yes'*

- How many days per week?¹⁶**

- _____
 - How much time did you usually spend walking on one of those days (hours per day)?¹⁶**

- _____
 - How much time did you usually spend walking on one of those days (minutes per day)?¹⁶**

- No

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?¹⁶

- Enter the amount of time

- *If 'enter the amount of time':*

- Hours per day

- _____

- Minutes per day

- _____

- 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 companionship¹⁷

- Never
- Rarely
- Sometimes
- Often

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

There is no one I can turn to¹⁷

- Never
- Rarely
- Sometimes
- Often

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

I am an outgoing person¹⁷

- Never
- Rarely
- Sometimes
- Often

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

I feel left out¹⁷

- Never
- Rarely
- Sometimes
- Often

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

I feel isolated from others¹⁷

- Never
- Rarely
- Sometimes
- Often

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

I can find companionship when I want it¹⁷

- Never
- Rarely
- Sometimes
- Often

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

I am unhappy being so withdrawn¹⁷

- Never
- Rarely
- Sometimes
- Often

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

People are around me but not with me¹⁷

- 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 & 18}

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

How long has it been since you last smoked?³

- Weeks
 - *If 'weeks'*
Enter the number of weeks

- Months
 - *If 'months'*
Enter the number of months

- Years
 - *If 'years'*
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?¹⁸

- 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.¹⁹

- 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?¹⁹

- Weeks
 - *If 'weeks'*
Enter the number of weeks

- Months
 - *If 'months'*
Enter the number of months

- Years
 - *If 'years'*
Enter the number of years

In the past month:

How often do you have a drink containing alcohol?²⁰

- 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?²⁰

- 1 or 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?²⁰

- 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.²¹

In the past month, have you used any of the following drugs? Select all that apply.²¹

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

How often did you use cannabis?²¹

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

Did your use include smoking cannabis?²¹

- Yes
- No

Do you think you have used more or less cannabis in the past month than you used to?²¹

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

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

How often did you use synthetic marijuana or fake weed?²¹

- 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?²¹

- Yes
- No

Do you think you have used more or less synthetic marijuana or fake weed in the past month than you used to?²¹

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

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

How often did you use cocaine?²¹

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

Did your use include smoking cocaine?²¹

- Yes
- No

Do you think you have used more or less cocaine in the past month than you used to?²¹

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

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

How often did you use prescription stimulants?²¹

- 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?²¹

- Yes
- No

Do you think you have used more or less prescription stimulants in the past month than you used to?²¹

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

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

How often did you use methamphetamine?²¹

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

Did your use include smoking methamphetamine?²¹

- Yes
- No

Do you think you have used more or less methamphetamine in the past month than you used to?²¹

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

- Synthetic stimulants (also called bath salts, flakka, etc.)
 - *If 'Synthetic stimulants (also called bath salts, flakka, etc.)'*

How often did you use synthetic stimulants?²¹

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

Did your use include smoking synthetic stimulants?²¹

- Yes
- No

Do you think you have used more or less synthetic stimulants in the past month than you used to?²¹

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

- Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.)
 - *If 'Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.)'*

How often did you use inhalants?²¹

- 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?²¹

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

How often did you use prescription sedatives or prescription sleeping pills?²¹

- 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?²¹

- 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?²¹

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

How often did you use hallucinogens?²¹

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

Did your use include smoking hallucinogens?²¹

- Yes
- No

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

used to?²¹

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

Heroin

○ *If 'Heroin'*

How often did you use heroin?²¹

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

Did your use include smoking heroin?²¹

- Yes
- No

Do you think you have used more or less heroin in the past month than you used to?²¹

- 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.)

○ *If 'Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)'*

How often did you use prescription opioids?²¹

- 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?²¹

- Yes
- No

Did your use include smoking prescription opioids?²¹

- Yes
- No

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

you used to?²¹

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

None

Other substance

○ *If 'Other substance'*

Other substance - please specify²¹

How often did you use other substance?²¹

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

Did your use include smoking other substance?²¹

- Yes
- No

Do you think you have used more or less of the other substance in the past month than you used to?²¹

- 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.²²

- 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.²²**

- 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.²²**

- 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.²²**

- 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.²³**

- 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.²³**

- 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.²³**

- 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.²³**

- 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.²³**

- 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.²³**

- 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.²³**

- 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.²³**

- 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.²³

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

If 'Almost everyday', 'At least once a week', or 'A few times a month'

What do you think is the main reason for these experiences? Select all that apply.²³

- 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

If '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>

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 for answering these questions. Providing this information will help researchers better understand experience and health during a health crisis that is affecting the world. Your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers. The information is used for research purposes only and will not be shared with law enforcement.

In times of stress, it's important to take care of yourself. Taking short breaks throughout the day to get fresh air and connect with loved ones (while practicing social distancing guidelines) are good for your mental health and well-being.

You may find the following resources helpful.

Centers for Disease Control and Prevention

WebMD

Sources

1. [CDC/NIH Common Data Element Bank](#)
2. [Michigan Social Distancing Survey](#)
3. [COPE Consortium Tool](#)
4. [IES-R-6](#)
5. [Optimism: Life Orientation Test-Revised](#)
6. [UK Biobank Mental Health Questionnaire](#)
7. [Behavioral Risk Factor Surveillance System Survey Questionnaire](#) (2016)
8. [National Health Care for the Homeless Council \(NHCHC\)](#)
9. [National Health and Nutrition Examination Survey \(NHANES\)](#)
10. [U.S. 2020 Census](#)
11. [UK Biobank](#) (also in [Overall Health](#))
12. [RAND MOS Social Support Survey Instrument](#)
13. [GAD-7](#)
14. [PHQ-9](#)
15. [Cohen's Perceived Stress Scale](#)
16. [International Physical Activity Questionnaires \(IPAQ\)](#)
17. [UCLA Loneliness Scale](#)
18. Developed for use in *All of Us* – [Lifestyle](#) (modified)
19. [Population Assessment of Tobacco and Health Study \(PATH\)](#)
20. [AUDIT-C](#)
21. [TCU DRUG SCREEN 5](#)
22. [Brief Resilient Coping Scale](#)
23. [Everyday Discrimination Scale](#)
24. [Nurses' Health Study COVID-19 supplement](#)
25. Developed for use in *All of Us* – COPE surveys (beginning July 2020)