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| 1. COVID-19 presents a lot of uncertainty about the future.   In the PAST TWO WEEKS, including today, how stressful have you found this uncertainty to be? | * + Not at all   + Very Slightly   + Slightly   + Moderately   + Quite a Bit   + Extremely |  |
| 1. The COVID-19 outbreak has changed and disrupted many existing plans.   In the PAST TWO WEEKS, including today, how stressful do you find these disruptions to be? | * Not at all * Very Slightly * Slightly * Moderately * Quite a Bit * Extremely |  |
| 1. During the PAST TWO WEEKS, how worried have you been about being infected? | * Not at all * Very Slightly * Slightly * Moderately * Quite a Bit * Extremely |  |
| 1. During the PAST TWO WEEKS, how worried have you been about friends or family being infected? | * Not at all * Very Slightly * Slightly * Moderately * Quite a Bit * Extremely |  |
| 1. During the PAST TWO WEEKS, how worried have you been about your ***physical health*** being influenced by Coronavirus/COVID-19? | * Not at all * Very Slightly * Slightly * Moderately * Quite a Bit * Extremely |  |
| 1. During the PAST TWO WEEKS, how worried have you been about your ***mental/emotional health*** being influenced by Coronavirus/COVID-19, and the resulting changes to daily life? | * Not at all * Very Slightly * Slightly * Moderately * Quite a Bit * Extremely |  |
| 1. During the PAST TWO WEEKS, how stressful have the restrictions on leaving home been for you? | * Not at all * Very Slightly * Slightly * Moderately * Quite a Bit * Extremely |  |
| 1. Please indicate to what extent the emotions or feelings below describe how you have been feeling in the PAST TWO WEEKS, including today, because of the COVID-19 outbreak, and the resulting changes to daily life? | 1. Anxious 2. Angry 3. Content 4. Afraid 5. Happy 6. Sad 7. Worried 8. Irritable 9. Concerned 10. Stressed 11. Relieved 12. Distressed 13. Lonely 14. Bored 15. Hopeless 16. Frustrated 17. Disappointed 18. Calm 19. Appreciative 20. Other: \_\_\_\_\_\_\_\_\_\_\_\_ | * Not at all * Very slightly * Slightly * Moderately * Quite a bit * Extremely |
| 1. In the PAST TWO WEEKS, including today, how concerned are you about the impact of COVID-19 outbreak on the following: | 1. Getting infected 2. Having to stay at home 3. Not seeing friends in person 4. I might get sick 5. Family might get sick 6. Friends might get sick 7. Falling behind with schoolwork 8. Having to spend more time with family 9. People might die if they get sick 10. Parent/guardian might lose their job 11. Not having enough to eat 12. Conflict between parents 13. Conflict with parents 14. Sibling conflicts 15. Not getting into college 16. Not having enough money 17. Missing events that were important to me (e.g., graduation) 18. Other: \_\_\_\_\_\_\_\_ | * Not at all * Very slightly * Slightly * Moderately * Quite a bit * Extremely |
| 1. Compared to before the COVID-19 outbreak, how much more have you felt this way in the past 7 days, including today? | 1. Relaxed 2. Hopeful 3. Confident about the future 4. Hopeless 5. Anxious/stressed 6. Content | * Very Little or Not at All * A Little * Some * A Lot * A Great Deal |
| 1. Overall, how much has the COVID-19 outbreak, and the resulting changes to daily life, affected your life in a negative way? | * Not at all * Very slightly * Slightly * Moderately * Quite a bit * Extremely |  |
| 11.1 Why?    Check all that apply,  and then identify  the event/change  that has been the  most negative. | * You or someone you love has the virus * Having to stay at home * Not seeing friends in person * Many people are dying because of the virus * Not going to school * Spending more time with family * Other: \_\_\_\_\_\_\_\_\_\_ |  |
| 1. Overall, how much has the COVID-19 outbreak, and the resulting changes to daily life, affected your life in a positive way? | * Not at all * Very slightly * Slightly * Moderately * Quite a bit * Extremely |  |
| 12.1 Why?    Check all that apply,  and then identify  the event/change  that has been the  most positive. | * Reduced amount of schoolwork * Get more sleep * Spend more time with family * Not having to deal with kids at school * Get more time on the phone/computer (texting, social media) * Other: \_\_\_\_\_\_\_\_\_ |  |
| 1. How long do you think it will be before things “go back to normal”? | * Less than 1 month * 2-3 months * 3-6 months * 6-12 months * 12 months + * Never |  |
| 1. In the PAST TWO WEEKS, how much are you reading and talking about Coronavirus/COVID-19? | * Never * Once * Twice (about once a week) * Several times a week * About once a day * Multiple times a day * Almost constantly |  |
| 1. How are you coping or dealing with the stress or anxiety related to the COVID-19 outbreak?   Check all that apply. | * Getting a good night’s sleep * Meditation and/or mindfulness practices * Prayer * Writing (i.e. poetry, journaling) * Talking with friends (i.e., FaceTime, Zoom) * Using text or other social media with friends * Engaging in more family activities (e.g., games, sports) * Exercising * Playing an instrument * Listening to music * Watching a movie * Spending time with my dog/cat or other pet * Talking to mental health care professionals (e.g., therapists, psychologists, psychiatrists) * Playing video games * Reading a book * Art or crafts * Playing board games or cards * Eating comfort foods (e.g., candy and chips) * Eating healthier * Increased self-care (e.g., taking baths, giving self a facial) * Taking vitamins or herbals for immune system * Drinking alcohol * Using tobacco (i.e. smoking, vaping) * Using marijuana (i.e. smoking, vaping, eating) * Using other recreational drugs * Not skipping my prescribed drugs * Using new prescription drugs * Helping others * None * Other (please describe): \_\_\_\_\_\_\_\_\_ |  |
| 16. Which activity do you  miss the most? (Choose  one) | * In-person contact with friends * In-person contact with extended family * Going to school * School work * Family activities in outdoor spaces (e.g., beaches, forests, national parks) * Family activities in public space (e.g., museums, playgrounds, theatres) * Joining in team sports * Going to restaurants and stores * Music, theater, art activities * In-person religious services * Having my job (if you were working before) * Other, please list: \_\_\_\_\_\_ |  |
| 17. Which activity do you  miss the least? (Choose  one) | * In-person contact with friends * In-person contact with extended family * Going to school * School work * Family activities in outdoor spaces (e.g., beaches, forests, national parks) * Family activities in public space (e.g., museums, playgrounds, theatres) * Joining in team sports * Going to restaurants and stores * Music, theater, art activities * In-person religious services * Having my job (if you were working before) * Other, please list: \_\_\_\_\_\_ |  |
| Refer to the following prompt for Questions 18-26:  Since the coronavirus disease pandemic began, what has changed for you and your family? | | |
| 18. More quality time with  family or friends in  person or from a distance  (e.g., on the phone,  Email, social media) | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 19. More quality time with  partner or spouse | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 20. More quality time with  children | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 21. Improved relationships  with family or friends | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 22. New connections made  with supportive people | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 23. Increase in exercise or  physical activity | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 24. More time in nature or  being outdoors | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 25. More time doing  enjoyable activities (e.g.,  reading books, puzzles) | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 26. Developed new hobbies  or activities | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 27. More appreciative of  things usually taken for  granted | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 28. Paid more attention to  personal health | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 29. Paid more attention to  preventing physical  injuries | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 30. Ate healthier foods | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 31. Less use of alcohol or  substances | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 32. Spent less time on  screens or devices  outside of work hours  (e.g., looking at phone,  playing video games,  watching TV) | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 33. Volunteered time to help  people in need | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 34. Donated time or goods to  a cause related to this  disease (e.g., made  masks, donated blood,  volunteered) | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 35. Found greater meaning  in work, employment, or  school | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 36. More efficient or  productive in work,  employment, or school | * Yes (Me) * Yes (Person in Home) * No * N/A |  |
| 37. What would you suggest  others do to cope with  difficulties during  COVID-19 outbreak? | [Textbox] |  |

**CASPE, CRISIS, and UO DSN Lab:** 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 11.1, 12, 12.1, 13, 14,

**CASPE- COVID-19 Adolescent Symptom & Psychological Experience Questionnaire:** 10, 15, 16, 17, 37

**The Epidemic-Pandemic Impacts Inventory (EPII):** 18-36