

# COVID19 Sept/Oct 2020 One-Time Assessment

In an effort to determine the long-term impact of COVID19 on factors related to mental health and well-being, we will be releasing occasional additional one-time assessments and will be re-initiating the daily surveys from time to time, typically in two-week spans. This will provide us with further information to better understand the long-term effects, as well as risk and protective factors, which will help us manage future waves of this pandemic, as well as future pandemics.

IF YOU NEED A REMINDER OF YOUR SUBJECT ID - Please email us at [cunninaj@bc.edu](mailto:cunninaj@bc.edu). Your Subject ID is a 5 digit code composed of letters and/or numbers. It is really important that this is entered correctly so we can match up your current responses with your previous responses.

In this assessment, we will be asking you to report recent changes in sleep behavior and mental health measures. We will also ask you to reflect on your life and experiences since the onset of the COVID19 pandemic, and your emotional response to these events. We estimate this survey to take 45-60 min, but could take more or less time depending on how much detail you'd like to provide.

This is the only planned one-time assessment for the remainder of 2020, and we will also be re-starting the daily survey for two 2-week periods (the first two weeks of October and November). All of the assessments are optional and you can opt out of receiving notification or reminders about them at any time by emailing [cunninaj@bc.edu](mailto:cunninaj@bc.edu).

As compensation, for completion of this survey you will receive one entry into a raffle for one of 100 \$20 gift cards. You will also receive an additional entry for every four days of the daily survey you complete in October and November. In total you can earn 5 entries into the raffle for one of 100 \$20 gift cards. The drawing will be scheduled for December.

As always, your health and safety are our number one priority. If diagnosed with COVID-19, we hope and encourage you to seek the treatment and care that you need and recover quickly. Any information that you provide us moving forward will be useful in understanding the effects of COVID-19 and the culture of living through a pandemic, but please do not let keeping up with these surveys interfere with your care in any way.

Thank you!

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Subject ID

(If you can't remember your Subject ID, email us at [cunninaj@bc.edu](mailto:cunninaj@bc.edu))

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Click 'Now'

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**PSQI: The following questions relate to your usual sleep habits during the PAST MONTH only. Your answers should indicate the most accurate reply for the majority of days and nights in the PAST MONTH.**

**PLEASE ENTER ALL TIMES USING A 24-HOUR CLOCK (e.g., 10pm = 22:00, midnight = 00:00)**

During the past month, what time have you usually gone to bed at night?

\_\_\_\_\_  
(Bed time; Please use 24-hr Clock)

During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

\_\_\_\_\_  
(Number of minutes)

During the past month, what time have you usually gotten up in the morning?

\_\_\_\_\_  
(Getting up time)

During the past month, how many hours of ACTUAL SLEEP did you get at night? (This may be different than the number of hours you spent in bed.)

\_\_\_\_\_  
(Hours of sleep per night)

For each of the remaining questions, check the one best response. During the past month, how often have you had trouble sleeping because you . . .

Cannot get to sleep within 30 minutes

- ☐ Not during the past month  
☐ Less than once a week  
☐ Once or twice a week  
☐ Three or more times a week

Wake up in the middle of the night or early morning

- ☐ Not during the past month  
☐ Less than once a week  
☐ Once or twice a week  
☐ Three or more times a week

Have to get up to use the bathroom

- ☐ Not during the past month  
☐ Less than once a week  
☐ Once or twice a week  
☐ Three or more times a week

Cannot breathe comfortably

- ☐ Not during the past month  
☐ Less than once a week  
☐ Once or twice a week  
☐ Three or more times a week

Cough or snore loudly

- ☐ Not during the past month  
☐ Less than once a week  
☐ Once or twice a week  
☐ Three or more times a week

Feel too cold

- ☐ Not during the past month  
☐ Less than once a week  
☐ Once or twice a week  
☐ Three or more times a week

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Feel too hot	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
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Had bad dreams	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
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Had pain	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
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Other reason(s), please describe below	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
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If other, please describe:

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During the past month, how would you rate your sleep quality overall?	<input type="radio"/> Very good <input type="radio"/> Fairly good <input type="radio"/> Fairly bad <input type="radio"/> Very bad
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During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
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During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	<input type="radio"/> Not during the past month <input type="radio"/> Less than once a week <input type="radio"/> Once or twice a week <input type="radio"/> Three or more times a week
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During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?	<input type="radio"/> No problem at all <input type="radio"/> Only a very slight problem <input type="radio"/> Somewhat of a problem <input type="radio"/> A very big problem
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**ISI: For each question, please select the number that best describes your answer. Please rate the CURRENT (i.e. LAST 2 WEEKS) SEVERITY of your insomnia problem(s).**

	None	Mild	Moderate	Severe	Very Severe
Difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems waking up to early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

- ☐ Very Satisfied  
☐ Satisfied  
☐ Moderately Satisfied  
☐ Dissatisfied  
☐ Very Dissatisfied

How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

- ☐ Not at all Noticeable  
☐ A little  
☐ Somewhat  
☐ Much  
☐ Very Much Noticeable

How WORRIED/DISTRESSED are you about your current sleep problem?

- ☐ Not at all Worried  
☐ A little  
☐ Somewhat  
☐ Much  
☐ Very Much Worried

To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

- ☐ Not at all Interfering  
☐ A little  
☐ Somewhat  
☐ Much  
☐ Very Much Interfering

**Sept/Oct MTQ: Please estimate an average of your 'normal' sleep behavior over the past 6 weeks.**

I have been a shift- or night-worker in the past three months

☐ Yes  
☐ No

Normally, I work \_\_\_\_ days per week.

\_\_\_\_\_  
(Enter a number)

Please answer all of the following questions even if you do not work or work 7 days/week.

PLEASE CONTINUE TO ENTER ALL TIMES USING A 24-HOUR CLOCK (e.g., 10pm = 22:00, midnight = 00:00)

On WORKDAYS I normally fall asleep at:

\_\_\_\_\_  
(this is NOT when you get into bed, but rather when you fall asleep)

On WORKDAYS I normally wake up at:

\_\_\_\_\_  
(this is NOT when you get out of bed, but rather when you wake up)

On WORK-FREE DAYS when I DO NOT use an alarm clock, I normally fall asleep at:

\_\_\_\_\_  
(this is NOT when you get into bed, but rather when you fall asleep)

On WORK-FREE DAYS when I DO NOT use an alarm clock, I normally wake up at:

\_\_\_\_\_  
(this is NOT when you get out of bed, but rather when you wake up)

**GAD-7: Over the last 2 weeks, how often have you been bothered by the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Reflecting on past and future**

Entirely negative    Mostly negative    An equal mix    Mostly positive    Entirely positive

When I think about the past 8 weeks, my memories are:

☐    ☐    ☐    ☐    ☐

When I have thought about April-May during the past 8 weeks, my memories are:

☐    ☐    ☐    ☐    ☐

When I think about all that has happened, my memories are:

☐    ☐    ☐    ☐    ☐

When I think about the winter and spring, my predictions are

☐    ☐    ☐    ☐    ☐

Can you remember the moment when you realized that this was going to be a part of history?

☐ Yes  
☐ No

How vivid is the memory?

☐ Extremely vague  
☐ Fairly vague  
☐ Fairly vivid  
☐ Extremely vivid

How much do you feel like you're re-experiencing the event?

☐ Not at all  
☐ Somewhat  
☐ Moderately  
☐ Completely

How emotionally arousing was the event at the time of its occurrence?

☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

How emotionally arousing is the memory as you now reflect on it?

☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?

☐ a) Recall this from my own eyes  
☐ b) See myself as part of the scene

**Significant Closure**

Were you in school or employed at the start of the COVID pandemic?

- ☐ Yes  
☐ No

Did your school or work close YOUR on-sight operations in response to the COVID-19 pandemic?

- ☐ Yes  
☐ No  
(Even if the establishment remained open for essential employees, mark yes if your work was ended or made virtual. )

Was another significant entity or access in your life closed or canceled due to the COVID19 pandemic (e.g. community/senior centers, nursing home visitation abilities, etc.)?

- ☐ Yes  
☐ No

Can you remember the moment when you heard of this closure?

- ☐ Yes  
☐ No

How vivid is the memory?

- ☐ Extremely vague  
☐ Fairly vague  
☐ Fairly vivid  
☐ Extremely vivid

How much do you feel like you're re-experiencing the event?

- ☐ Not at all  
☐ Somewhat  
☐ Moderately  
☐ Completely

How emotionally arousing was the event at the time of its occurrence?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

How emotionally arousing is the memory as you now reflect on it?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?

- ☐ a) Recall this from my own eyes  
☐ b) See myself as part of the scene



**Children School Closure**

Are you the parent/guardian/caretaker for school-age children that have been living with you during the pandemic?

- ☐ Yes  
☐ No

Was your primary childcare service closed or cancelled in response to the COVID19 pandemic?

- ☐ Yes  
☐ No  
(School, daycare, nannys, access to family members, etc.)

Can you remember the moment when you heard of this closure?

- ☐ Yes  
☐ No

How vivid is the memory?

- ☐ Extremely vague  
☐ Fairly vague  
☐ Fairly vivid  
☐ Extremely vivid

How much do you feel like you're re-experiencing the event?

- ☐ Not at all  
☐ Somewhat  
☐ Moderately  
☐ Completely

How emotionally arousing was the event at the time of its occurrence?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

How emotionally arousing is the memory as you now reflect on it?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?

- ☐ a) Recall this from my own eyes  
☐ b) See myself as part of the scene

**Negative Emotions**

Can you remember a moment when you felt consumed by negative emotions related to the pandemic?

- ☐ Yes  
☐ No

How vivid is the memory?

- ☐ Extremely vague  
☐ Fairly vague  
☐ Fairly vivid  
☐ Extremely vivid

How much do you feel like you're re-experiencing the event?

- ☐ Not at all  
☐ Somewhat  
☐ Moderately  
☐ Completely

How emotionally arousing was the event at the time of its occurrence?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

How emotionally arousing is the memory as you now reflect on it?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?

- ☐ a) Recall this from my own eyes  
☐ b) See myself as part of the scene

**Improvement**

Can you remember when you first felt that things were starting to get "better"?

- ☐ Yes  
☐ No

How vivid is the memory?

- ☐ Extremely vague  
☐ Fairly vague  
☐ Fairly vivid  
☐ Extremely vivid

How much do you feel like you're re-experiencing the event?

- ☐ Not at all  
☐ Somewhat  
☐ Moderately  
☐ Completely

How emotionally arousing was the event at the time of its occurrence?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

How emotionally arousing is the memory as you now reflect on it?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?

- ☐ a) Recall this from my own eyes  
☐ b) See myself as part of the scene

**COVID Information**

Please do not use any outside references for these responses. Just provide your best guess based on your memory alone.

If you moved during the pandemic, please respond according to the area that you spent the MOST time during our primary data collection phase (March 20, 2020 - June 20, 2020)

How many people in your country had been diagnosed with COVID19 by mid-March?

\_\_\_\_\_

How many people in your country had been diagnosed with COVID19 by mid-April?

\_\_\_\_\_

Were you in the United States for a majority of the time from March 20 - June 20, 2020?

- ☐ Yes  
☐ No

How many people in your state had been diagnosed with COVID19 by mid-March?

\_\_\_\_\_

How many people in your state had been diagnosed with COVID19 by mid-April?

\_\_\_\_\_

Was there a stay-at-home order, or equivalent, in your state during this time?

- ☐ Yes  
☐ No

When did it begin? (please enter date as Month/Day/Year)

\_\_\_\_\_

When did it or when is it scheduled to end? (please enter date as Month/Day/Year)

\_\_\_\_\_  
(If order or recommendation was extended, put the most recently released end date)

I think my state's actions to prevent the spread of COVID19 were:

- ☐ Too severe  
☐ Appropriate  
☐ Not severe enough

Was there a stay-at-home order, or equivalent, in your country during this time?

- ☐ Yes  
☐ No

When did it begin? (please enter date as Month/Day/Year)

\_\_\_\_\_

When did it or when is it scheduled to end? (please enter date as Month/Day/Year)

\_\_\_\_\_  
(If order or recommendation was extended, put the most recently released end date)

I think my country's actions to prevent the spread of COVID19 were:

- ☐ Too severe  
☐ Appropriate  
☐ Not severe enough

**Thoughts during the past 8 weeks**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
When I have thought about March-May during the past 8 weeks, I remember my fears related to the spread of the illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have thought about March-May during the past 8 weeks, I remember the social isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have thought about March-May during the past 8 weeks, I remember the financial uncertainty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have thought about March-May during the past 8 weeks, I remember the community working together under difficult circumstances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have thought about March-May during the past 8 weeks, I remember feeling hope that the efforts will save lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have thought about March-May during the past 8 weeks, I remember feeling interconnected with others even while being physically distant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about all that has happened, I remember my fears related to the spread of the illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about all that has happened, I remember the social isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about all that has happened, I remember the financial uncertainty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about all that has happened, I remember the community working together under difficult circumstances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When I think about all that has happened, I remember feeling hope that the efforts will save lives

☐☐☐☐☐

When I think about all that has happened, I remember feeling interconnected with others even while being physically distant

☐☐☐☐☐

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Compared to March-May, I now think about my fears related to the spread of the illness:

- ☐ More  
☐ Less  
☐ About the same

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Compared to March-May, I now think about the social isolation:

- ☐ More  
☐ Less  
☐ About the same

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Compared to March-May, I now think about the financial uncertainty:

- ☐ More  
☐ Less  
☐ About the same

---

Compared to March-May, I now think about the community working together under difficult circumstances:

- ☐ More  
☐ Less  
☐ About the same

---

Compared to March-May, I now think about the hope that the efforts will save lives:

- ☐ More  
☐ Less  
☐ About the same

---

Compared to March-May, I now think about the feeling of being interconnected with others even while being physically distant:

- ☐ More  
☐ Less  
☐ About the same

**Since March,**

	March	April	May	June	July	August	September	now
when was your peak negative emotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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How intense was that peak negative emotion?

- ☐ Low  
☐ Moderate  
☐ High

**Since March,**

	March	April	May	June	July	August	September	now
when was your peak positive emotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How intense was that peak positive emotion?

- ☐ Low  
☐ Moderate  
☐ High

	March	April	May	June	July	August	September	now
When was your most sustained period of negative emotion (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When was your most sustained period of positive emotion (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**OPTIONAL Free Response Questions**

In 250 words or less, describe one of the most challenging moments since the beginning of the COVID19 outbreak.

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How vivid is the memory?

- ☐ Extremely vague
- ☐ Fairly vague
- ☐ Fairly vivid
- ☐ Extremely vivid

How much do you feel like you're re-experiencing the event?

- ☐ Not at all
- ☐ Somewhat
- ☐ Moderately
- ☐ Completely

How emotionally arousing was the event at the time of its occurrence?

- ☐ Completely neutral
- ☐ Fairly neutral
- ☐ Fairly arousing
- ☐ Completely arousing

How emotionally arousing is the memory as you now reflect on it?

- ☐ Completely neutral
- ☐ Fairly neutral
- ☐ Fairly arousing
- ☐ Completely arousing

How important do you think this event will be to you in 6 months?

- ☐ Very unimportant
- ☐ Fairly unimportant
- ☐ Fairly important
- ☐ Very important

Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?

- ☐ a) Recall this from my own eyes
- ☐ b) See myself as part of the scene

If you answered this question in a previous survey, was this the same memory reported?

- ☐ Yes
- ☐ No
- ☐ I don't remember
- ☐ This is the first time I answered this question

In 250 words or less, describe one of the most positive moments since the beginning of the COVID19 outbreak.

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How vivid is the memory?

- ☐ Extremely vague
- ☐ Fairly vague
- ☐ Fairly vivid
- ☐ Extremely vivid

How much do you feel like you're re-experiencing the event?

- ☐ Not at all
- ☐ Somewhat
- ☐ Moderately
- ☐ Completely

How emotionally arousing was the event at the time of its occurrence?

- ☐ Completely neutral
- ☐ Fairly neutral
- ☐ Fairly arousing
- ☐ Completely arousing

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How emotionally arousing is the memory as you now reflect on it?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

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How important do you think this event will be to you in 6 months?

- ☐ Very unimportant  
☐ Fairly unimportant  
☐ Fairly important  
☐ Very important

---

Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?

- ☐ a) Recall this from my own eyes  
☐ b) See myself as part of the scene

---

If you answered this question in a previous survey, was this the same memory reported?

- ☐ Yes  
☐ No  
☐ I don't remember  
☐ This is the first time I answered this question

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In 250 words or less, describe one typical or mundane event (e.g. shopping, work, lines) that took on new meaning since the beginning of the COVID19 outbreak.

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How vivid is the memory?

- ☐ Extremely vague  
☐ Fairly vague  
☐ Fairly vivid  
☐ Extremely vivid

---

How much do you feel like you're re-experiencing the event?

- ☐ Not at all  
☐ Somewhat  
☐ Moderately  
☐ Completely

---

How emotionally arousing was the event at the time of its occurrence?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

---

How emotionally arousing is the memory as you now reflect on it?

- ☐ Completely neutral  
☐ Fairly neutral  
☐ Fairly arousing  
☐ Completely arousing

---

How important do you think this event will be to you in 6 months?

- ☐ Very unimportant  
☐ Fairly unimportant  
☐ Fairly important  
☐ Very important

---

Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?

- ☐ a) Recall this from my own eyes  
☐ b) See myself as part of the scene

---

If you answered this question in a previous survey, was this the same memory reported?

- ☐ Yes  
☐ No  
☐ I don't remember  
☐ This is the first time I answered this question

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In 250 words or less, describe one moment that, to you, best reflects the unusual circumstances since the beginning of the COVID19 outbreak.

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How vivid is the memory?	<input type="radio"/> Extremely vague <input type="radio"/> Fairly vague <input type="radio"/> Fairly vivid <input type="radio"/> Extremely vivid
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How much do you feel like you're re-experiencing the event?	<input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Moderately <input type="radio"/> Completely
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How emotionally arousing was the event at the time of its occurrence?	<input type="radio"/> Completely neutral <input type="radio"/> Fairly neutral <input type="radio"/> Fairly arousing <input type="radio"/> Completely arousing
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How emotionally arousing is the memory as you now reflect on it?	<input type="radio"/> Completely neutral <input type="radio"/> Fairly neutral <input type="radio"/> Fairly arousing <input type="radio"/> Completely arousing
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How important do you think this event will be to you in 6 months?	<input type="radio"/> Very unimportant <input type="radio"/> Fairly unimportant <input type="radio"/> Fairly important <input type="radio"/> Very important
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Do you (a) recall this from your own eyes or (b) see yourself as part of the scene?	<input type="radio"/> a) Recall this from my own eyes <input type="radio"/> b) See myself as part of the scene
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If you answered this question in a previous survey, was this the same memory reported?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't remember <input type="radio"/> This is the first time I answered this question
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**People may differ in the types of details they might remember about past events. Think about the way that you typically remember events occurring at least one week prior, and rate how much you agree with the following items. You should rate how you remember events typically, not just the ones that you reported in other parts of the survey.**

**When I remember events in the past, I can typically remember specific details about:**

	Definitely agree	Somewhat agree	Somewhat disagree	Definitely disagree
Where the event occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When the event occurred	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sequence of what happened during the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The people who were there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversations during the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own emotions during the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The visual appearance of things at the event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kinds of perceptual details (e.g., sounds, smells, tastes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Other types of details that you typically remember well:

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Other types of details that you typically forget:

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**Since the start of the COVID-19 pandemic, please indicate whether you have engaged in the following activities:**

Lent or donated books or clothes

☐ Yes  
☐ No

I have done this	Less than usual <input type="radio"/>	<input type="radio"/>	Same as usual <input type="radio"/>	<input type="radio"/>	More than usual <input type="radio"/>
	primarily for family/close friends		for both family/close friends and strangers		primarily for strangers
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Shared or donated food

☐ Yes  
☐ No

I have done this	Less than usual <input type="radio"/>	<input type="radio"/>	Same as usual <input type="radio"/>	<input type="radio"/>	More than usual <input type="radio"/>
	primarily for family/close friends		for both family/close friends and strangers		primarily for strangers
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Delivered food, medications, or other goods to immobilized individuals

☐ Yes  
☐ No

I have done this	Less than usual <input type="radio"/>	<input type="radio"/>	Same as usual <input type="radio"/>	<input type="radio"/>	More than usual <input type="radio"/>
	primarily for family/close friends		for both family/close friends and strangers		primarily for strangers
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Gave or donated PPE or other hard to find supplies

☐ Yes  
☐ No

I have done this	Less than usual <input type="radio"/>	<input type="radio"/>	Same as usual <input type="radio"/>	<input type="radio"/>	More than usual <input type="radio"/>
	primarily for family/close friends		for both family/close friends and strangers		primarily for strangers
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sewed homemade masks

☐ Yes  
☐ No

	Less than usual		Same as usual		More than usual
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	primarily for family/close friends		for both family/close friends and strangers		primarily for strangers
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checked in with an isolated person <input type="radio"/> Yes <input type="radio"/> No					
	Less than usual		Same as usual		More than usual
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	primarily for family/close friends		for both family/close friends and strangers		primarily for strangers
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lent or donated money to someone <input type="radio"/> Yes <input type="radio"/> No					
	Less than usual		Same as usual		More than usual
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	primarily for family/close friends		for both family/close friends and strangers		primarily for strangers
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donated blood or platelets <input type="radio"/> Yes <input type="radio"/> No					
	Less than usual		Same as usual		More than usual
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	primarily for family/close friends		for both family/close friends and strangers		primarily for strangers
I have done this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following statements refer to the US STATE that you live in, as a whole. If you are not from the United States, please respond about the COUNTRY that you live in. Please indicate whether you agree or disagree with the following statements using the following scale. Note that the statements sometimes refer to "social norms", which are standards for behavior that are generally unwritten.**

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree
There are many social norms that people are supposed to abide by in the state you live in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the state you live in, there are very clear expectations for how people should act in most situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People agree upon what behaviors are appropriate versus inappropriate in most situations in this state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this state have a great deal of freedom in deciding how they want to behave in most situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In this state, if someone acts in an inappropriate way, others will strongly disapprove.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this state almost always comply with social norms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following questions will ask you to think about how you have interacted with news/information related to the COVID-19 pandemic since March. For each type of information, please indicate whether you have:**

**a) Attempted to avoid this information**

**b) Neither avoided or sought out this information**

**c) Actively sought out new information**

New scientific developments related to the disease, treatments, and vaccine trials

- ☐ Attempted to avoid this information  
☐ Neither avoided or sought out this information  
☐ Actively sought out new information

Please rate, on a scale of 1-5, the extent to which you sought out additional information about new scientific developments related to the disease, treatments, and vaccine trials from the following sources:

	Never		Sometimes		Often
Newspaper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online news platforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer-reviewed Journal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Policies put in place by local or federal governments to control and manage the disease

- ☐ Attempted to avoid this information  
☐ Neither avoided or sought out this information  
☐ Actively sought out new information

Please rate, on a scale of 1-5, the extent to which you sought out additional information about policies put in place by local or federal governments to control and manage the disease from the following sources:

	Never		Sometimes		Often
Newspaper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online news platforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer-reviewed Journal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal stories from individuals who have been affected by the pandemic

- ☐ Attempted to avoid this information  
☐ Neither avoided or sought out this information  
☐ Actively sought out new information

Please rate, on a scale of 1-5, the extent to which you sought out additional information about personal stories from individuals who have been affected by the pandemic from the following sources:



	Never		Sometimes		Often
Newspaper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online news platforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer-reviewed Journal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Additional Information

We would like you to indicate the extent of your moral circle. By moral circle, we mean the circle of people or other entities for which you are concerned about right and wrong done toward them. At the innermost circle, some people care about their immediate family only, and the outermost circle, people care about the entire universe--all things in existence.

Please select the number that depicts the extent of your moral circle. Note that in this scale, the number you select includes the numbers below it as well. So, if you select 10 (all mammals), you are also including numbers 1-9 (up to 'all people on all continents') in your moral circle.

- ☐ 1- all of your immediate family
- ☐ 2- all of your extended family
- ☐ 3- all of your closest friends
- ☐ 4- all of your friends (including distant ones)
- ☐ 5- all of your acquaintances
- ☐ 6- all people you have ever met
- ☐ 7- all people in your country
- ☐ 8- all people on your continent
- ☐ 9- all people on all continents
- ☐ 10- all mammals
- ☐ 11- all amphibians, reptiles, mammals, fish and birds
- ☐ 12- all animals on earth including paramecia and amoebae
- ☐ 13- all animals in the universe, including alien lifeforms
- ☐ 14- all living things in the universe including plants and trees
- ☐ 15- all natural things in the universe including inert entities such as rocks
- ☐ 16- all things in existence

At any time since the start of the pandemic, have you received a positive test for COVID19?

- ☐ Yes
- ☐ No

At any time since the start of the pandemic, have you been diagnosed with COVID19 by a doctor without a formal test?

- ☐ Yes
- ☐ No

Do you believe you have contracted COVID19 at any point since the start of the pandemic, even without a test or formal diagnosis by a doctor?

- ☐ Yes
- ☐ No

How would you rate the severity of the symptoms you experienced/are experiencing?

- ☐ Mild
- ☐ Moderate
- ☐ Severe, but recovered at home
- ☐ Severe and hospitalized
- ☐ Hospitalized and needed a ventilator or other lifesaving treatment

Has anyone you have lived with contracted COVID19?

- ☐ Yes
- ☐ No

Was this confirmed by a test or medical diagnosis?

- ☐ Yes
- ☐ No

Has a loved one (family or friend) contracted COVID19?

- ☐ Yes
- ☐ No

Was this confirmed by a test or medical diagnosis?

- ☐ Yes
- ☐ No

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Please indicate your political ideology

(The terms in your country may differ. "Liberal" is intended to include the Left, progressives, and in some countries socialists. "Conservative" is intended to include the Right, traditionalists, and in some countries Christian Democrats.)

- ☐ Very liberal
- ☐ Liberal
- ☐ Slightly liberal
- ☐ Moderate
- ☐ Slightly conservative
- ☐ Conservative
- ☐ Very Conservative