

February/March 2021: One-time Assessment

In an effort to determine the long-term impact of COVID19 on factors related to sleep, 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 - You can enter the email address at which you received this invitation or please email us at 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, as well as collect more information about your traits and previous experiences that will help us understand different reactions to the pandemic. 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.

In conjunction with this one-time survey, we will be reinitiating the daily surveys from February 22 - March 8 (EST). 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.

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 3 days of the daily survey you complete. In total you can earn 6 entries into the raffle for one of 100 \$20 gift cards. The drawing will be scheduled for late March/early April.

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!

Subject ID:

Click 'Now'

Please read the instructions at the top of each page carefully, as they may be asking you to reflect on different periods of time (e.g. the last month, the last two weeks, etc.)

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.

For questions asking about time, please use military time. For assistance, you may open the attachment or copy and paste this link into a new tab: <https://bit.ly/2HG8yuk>

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

(Bed time)

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

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:

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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MCTQ: Now, 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 MILITARY TIME as in the daily surveys

For assistance, you may open the attachment or copy and paste this link into a new tab: <https://bit.ly/2HG8yuk>

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)

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

PROMIS Survey: Please respond to the following based on your personal experience.**In the past 7 days....**

How often did you feel tired?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

How often did you experience extreme exhaustion?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

How often did you run out of energy?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

How often did your fatigue limit you at work
(including work at home)?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

How often were you too tired to think clearly?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

How often were you too tired to take a bath or shower?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

How often did you have enough energy to exercise
strenuously?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

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"/>

Perceived Stress Scale: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Memory Questionnaire: Below are statements about feelings that people may have about their memory. Read each statement and think about your feelings over the past two weeks. Then, check the box next to the response that best describes how much you agree or disagree.

I am generally pleased with my memory abilities.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

There is something seriously wrong with my memory.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

If something is important, I will probably remember it.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

When I forget something, I fear that I may have a serious memory problem, like Alzheimer's disease.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

My memory is worse than most other people my age.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

I have confidence in my ability to remember things.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

I feel unhappy when I think about my memory ability.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

I worry that others will notice that my memory is not very good.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

When I have trouble remembering something, I'm not too hard on myself.

- ☐ Strongly Agree
☐ Agree
☐ Undecided
☐ Disagree
☐ Strongly Disagree

I am concerned about my memory.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

My memory is really going downhill lately.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

I am generally satisfied with my memory ability.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

I don't get upset when I have trouble remembering something.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

I worry that I will forget something important.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

I am embarrassed about my memory.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

I get annoyed or irritated with myself when I am forgetful.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

My memory is good for my age.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

I worry about my memory ability.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Undecided
- ☐ Disagree
- ☐ Strongly Disagree

Demographic Updates

What country have you been in for a majority of the last 3 months?

The following two geographic questions are optional, but information on your location during the pandemic will allow researchers to make a timeline of response measures taken in your area and determine their associations with alterations in your sleep and mood

If US/Canada, what State/Province have you been in for a majority of the last 3 months?

What City have you been in for a majority of the last 3 months?

Do you consider yourself to be at "high-risk" if you contracted COVID19?

- ☐ Yes
☐ No

Are you a member of any of the following high-risk groups for COVID-19? (Check all that apply)

- ☐ Healthcare worker
☐ Pre-existing/underlying health condition
☐ Essential worker (e.g. grocery clerk, delivery person)
☐ Smoker/vaper
☐ Taking immunosuppressive medication
☐ Live in a "Hot Zone" (e.g. New York City, Italy)
☐ Other
☐ None of the above

If other, please describe

Do you have a loved one considered to be at "high-risk" if they were to contract COVID19?

- ☐ Yes
☐ No

Do you live with some one considered to be at "high-risk" if they were to contract COVID19?

- ☐ Yes
☐ No

Are you a parent?

- ☐ Yes
☐ No

Did you have children at home with you for a majority of the last 3 months?

- ☐ Yes
☐ No
(Greater than 50% of the time)

How many children have you had at home with you?

(Number only)

What were the age ranges of the children (Select all that apply):

- ☐ 0-1 years old
☐ 2-3 years old
☐ 3-5 years old
☐ 6-9 years old
☐ 10-12 years old
☐ 13-15 years old
☐ 15-17 years old
☐ 18+ years old

In the fall of 2020, was your child(ren) in school, daycare, or watched by someone other than a parent on a weekly basis?

- ☐ Yes
☐ No

In the fall of 2020, how many children were at school/daycare/watched by a non-parent?

In the fall of 2020, how many days a week (on average) was the child(ren) out of the house at school/daycare/watched by a non-parent?

0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your child was enrolled in school in the fall of 2020, how would you describe the format?

- ☐ Child(ren) were not enrolled in school in fall of 2020
☐ Mostly in-person
☐ Mostly hybrid
☐ Mostly remote from the home

Currently, is your child(ren) in school, daycare, or watched by someone other than a parent on a weekly basis?

- ☐ Yes
☐ No

Currently, how many children are at school/daycare/watched by a non-parent?

Currently, how many days a week (on average) is the child(ren) out of the house at school/daycare/watched by a non-parent?

0	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If your child is currently enrolled in school, how would you describe the format?

- ☐ Child(ren) are not currently enrolled in school
☐ Mostly in-person
☐ Mostly hybrid
☐ Mostly remote from the home

COVID Impact

Have you received a positive test for COVID19?	<input type="radio"/> Yes <input type="radio"/> No
Have you been diagnosed with COVID19 by a doctor without a formal test?	<input type="radio"/> Yes <input type="radio"/> No
Do you believe you have contracted COVID19 at any point, even without a test or formal diagnosis by a doctor?	<input type="radio"/> Yes <input type="radio"/> No
How would you rate the severity of the symptoms you experienced/are experiencing?	<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe, but recovered at home <input type="radio"/> Severe and hospitalized <input type="radio"/> Hospitalized and needed a ventilator or other lifesaving treatment
Approximate date you contracted COVID19 (Format: Day/Month/Year)	_____
Additional details of COVID19 diagnosis (including additional dates if contracted more than once)	_____
Have you had long-lasting physical impacts due to your COVID19 diagnosis?	<input type="radio"/> Yes <input type="radio"/> No ((e.g. "COVID long-hauler"))
Has anyone you have lived with contracted COVID19?	<input type="radio"/> Yes <input type="radio"/> No
Was this confirmed by a test or medical diagnosis?	<input type="radio"/> Yes <input type="radio"/> No
Has a loved one (family or friend) contracted COVID19?	<input type="radio"/> Yes <input type="radio"/> No
Was this confirmed by a test or medical diagnosis?	<input type="radio"/> Yes <input type="radio"/> No
Has a loved one perished due to COVID19?	<input type="radio"/> Yes <input type="radio"/> No
Has anyone you know personally perished due to COVID19?	<input type="radio"/> Yes <input type="radio"/> No

It is important to recognize that the devastating impacts of COVID19 have not directly impacted everyone equally, and in fact some people may have experienced some positive outcomes or "silver linings". We will ask some questions about these situations now.

	1 = Completely disagree	2	3	4	5 = Completely agree
Since the start of the pandemic, I have spent more quality time with my immediate family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the start of the pandemic, I have been in more contact with extended family and/or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the start of the pandemic, I have had more time for creative pursuits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the start of the pandemic, I have had more time to prioritize sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the start of the pandemic, I have benefited financially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the start of the pandemic, I have had more time for my hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since the start of the pandemic, I have had more time to exercise/focus on my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe other positive impacts of the COVID19 pandemic and the response to it on your life, if any.

	1 = Entirely Negative	2	3	4 = Net Neutral	5	6	7 = Entirely Positive
My experience during the COVID19 pandemic has been...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If COVID19 has impacted you directly or indirectly in other ways (both positive and negative) that we have not asked about, please feel free to describe them here.

COVID19 Expectations - We are now going to ask you to reflect on some questions you replied to previously. We are going to ask you to try to recall the dates that you predicted some events to occur, and whether or not your expectations were met. If you have not responded to these questions previously, just reply based on your recollection of your expectations.

When did you expect things to feel "normal" again?
(please enter date as Month/Day/Year)

(Try to recall the approximate date you entered previously (if done previously))

In reality this occurred:

- ☐ earlier than expected
☐ when expected
☐ later than expected,
☐ hasn't happened yet

When did you expect that you would first feel comfortable going to the grocery store without wearing a mask? (please enter date as Month/Day/Year)

(Try to recall the approximate date you entered previously (if done previously))

In reality this occurred:

- ☐ earlier than expected
☐ when expected
☐ later than expected,
☐ hasn't happened yet

When did you expect that you would return to having mostly in-person meetings? (please enter date as Month/Day/Year)

(Try to recall the approximate date you entered previously (if done previously))

In reality this occurred:

- ☐ earlier than expected
☐ when expected
☐ later than expected,
☐ hasn't happened yet

When did you expect large events (concerts, sporting events, conferences) to resume? (please enter date as Month/Day/Year)

(Try to recall the approximate date you entered previously (if done previously))

In reality this occurred:

- ☐ earlier than expected
☐ when expected
☐ later than expected,
☐ hasn't happened yet

When did you expect that people would be shaking hands again? (please enter date as Month/Day/Year)

(Try to recall the approximate date you entered previously (if done previously))

In reality this occurred:

- ☐ earlier than expected
☐ when expected
☐ later than expected,
☐ hasn't happened yet

How many people in your country did you predict would be diagnosed with COVID19 by March 2021

Vaccination Information

Have you received any doses of COVID-19 vaccine?

- ☐ Yes
☐ No

What was the date of your first vaccine dose?

(Format: Month/Day/Year)

Which vaccine did you receive?

(e.g. Pfizer, Moderna, Johnson & Johnson, AstraZeneca)

How many doses of vaccine have you received to date?

- ☐ 0
☐ 1
☐ 2

Did you have any side effects to any doses of vaccination?

- ☐ No
☐ Yes, mild side effects
☐ Yes, moderate side effects
☐ Yes, severe side effects

The vaccine for the new coronavirus (COVID19) is effective in preventing the virus for those individuals who receive the vaccine. However, it is currently unclear whether the COVID19 vaccine prevents vaccinated individuals from spreading the virus to others.

- ☐ Yes
☐ No

Since being vaccinated, have you continued to take safety precautions regarding COVID19?

Do you plan to receive a COVID-19 vaccination when the opportunity arrives?

- ☐ Yes
☐ No

The vaccine for the new coronavirus (COVID19) is effective in preventing the virus for those individuals who receive the vaccine. However, it is currently unclear whether the COVID19 vaccine prevents vaccinated individuals from spreading the virus to others.

- ☐ Yes
☐ No

If you receive the vaccine (even if you are not currently planning to), will you continue to take safety precautions regarding COVID19?

Please rank order your primary motivations for continuing to take safety precautions. (Each column can only be selected once)

	1) Least Important	2	3	4	5) Most Important
To avoid contracting the coronavirus (COVID19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I don't want to endanger my loved ones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want to contribute to community spread of the disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am trying to follow what public health officials recommend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about the number of hospital resources available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rank-order your your primary motivation for not continuing to take safety precautions. (Each column can only be selected once)

	1) Least Important	2	3	4	5	6	7	8) Most Important
I am healthy and not at risk even if I get sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is not my responsibility to prevent the spread of the disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't think the safety precautions are the solution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't think this virus is a threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is conflicting information coming from places of authority regarding the benefits of taking safety precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost to my freedom outweighs the public health risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The financial costs of taking safety precautions outweigh the public health risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have the option to stay at home/take safety precautions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter on the answer sheet next to the item number. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

	A = Does NOT describe me well	B	C	D	E = Describes me very well
I daydream and fantasize, with some regularity, about things that might happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often have tender, concerned feelings for people less fortunate than me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes find it difficult to see things from the "other guy's" point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I don't feel very sorry for other people when they are having problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really get involved with the feelings of the characters in a novel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In emergency situations, I feel apprehensive and ill-at-ease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to look at everybody's side of a disagreement before I make a decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone being taken advantage of, I feel kind of protective towards them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes feel helpless when I am in the middle of a very emotional situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes try to understand my friends better by imagining how things look from their perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming extremely involved in a good book or movie is somewhat rare for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When I see someone get hurt, I tend to remain calm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people's misfortunes do not usually disturb me a great deal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After seeing a play or movie, I have felt as though I were one of the characters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being in a tense emotional situation scares me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone being treated unfairly, I sometimes don't feel very much pity for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually pretty effective in dealing with emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often quite touched by things that I see happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that there are two sides to every question and try to look at them both.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would describe myself as a pretty soft-hearted person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I watch a good movie, I can very easily put myself in the place of a leading character.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to lose control during emergencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset at someone, I usually try to "put myself in his shoes" for a while.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see someone who badly needs help in an emergency, I go to pieces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Before criticizing somebody, I try
to imagine how I would feel if I
were in their place.



Instructions: This is a list of things different people might say about themselves. We are interested in how you would describe yourself. There are no right or wrong answers. So you can describe yourself as honestly as possible, we will keep your responses confidential. We'd like you to take your time and read each statement carefully, selecting the response that best describes you.

	Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True
People would describe me as reckless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I act totally on impulse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even though I know better, I can't stop making rash decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel like nothing I do really matters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others see me as irresponsible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not good at planning ahead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My thoughts often don't make sense to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about almost everything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get emotional easily, often for very little reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fear being alone in life more than anything else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get stuck on one way of doing things, even when it's clear it won't work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have seen things that weren't really there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I steer clear of romantic relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not interested in making friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get irritated easily by all sorts of things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to get too close to people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's no big deal if I hurt other peoples' feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rarely get enthusiastic about anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I crave attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I often have to deal with people who are less important than me.

☐☐☐☐

I often have thoughts that make sense to me but that other people say are strange.

☐☐☐☐

I use people to get what I want.

☐☐☐☐

I often "zone out" and then suddenly come to and realize that a lot of time has passed.

☐☐☐☐

Things around me often feel unreal, or more real than usual.

☐☐☐☐

It is easy for me to take advantage of others.

☐☐☐☐

JHACS: Please respond to each of the following as to how true or false each prompt is when describing yourself.

I've always felt that I could make of my life pretty much what I wanted to make of it

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

Once I make up my mind to do something, I stay with it until the job is completely done

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

I like doing things that other people thought could not be done

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

When things don't go the way I want them to, that makes me work even harder

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

Sometimes I feel if anything is going to be done right, I have to do it myself

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

It's not always easy, but I manage to find a way to do the things I really need to get done

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

Very seldom have I been disappointed with the results of my work.

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

I feel that I am the kind of individual who stands up for what she believes in, regardless of the consequences

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

In the past, even when things got really tough, I never lost sight of my goals

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

It's important for me to be able to do things in the way I want to do them rather than the way other people want me to do them

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

I don't let my personal feelings get in the way of doing a job

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

Hard work helped me to get ahead in life.

- ☐ Completely false
- ☐ Somewhat false
- ☐ Neutral
- ☐ Somewhat true
- ☐ Completely true

Adverse Childhood Experience Survey

Please answer the following questions in relation to this prompt.

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

Did a parent or other adult in the household often or very often...

☐ Yes
☐ No

Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?

Did a parent or other adult in the household often or very often...

☐ Yes
☐ No

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Did an adult or person at least 5 years older than you ever...

☐ Yes
☐ No

Touch or fondle you or have you touch their body in a sexual way?

or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Did you often or very often feel that...

☐ Yes
☐ No

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Did you often or very often feel that ...

☐ Yes
☐ No

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Were your parents ever separated or divorced?

☐ Yes
☐ No

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

Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	<input type="radio"/> Yes
	<input type="radio"/> No

Was a household member depressed or mentally ill, or did a household member attempt suicide?	<input type="radio"/> Yes
	<input type="radio"/> No

Did a household member go to prison?	<input type="radio"/> Yes
	<input type="radio"/> No

Did you experience peer victimization (assault, physical intimidation, or emotional victimization by a non-sibling peer)?	<input type="radio"/> Yes
	<input type="radio"/> No

Was there a time in your life when your parents were always arguing?	<input type="radio"/> Yes
	<input type="radio"/> No

Did you experience property victimization (experience of a robbery, theft, or vandalism by a non-sibling perpetrator)?	<input type="radio"/> Yes
	<input type="radio"/> No

Did someone close to you have a bad accident or illness?	<input type="radio"/> Yes
	<input type="radio"/> No

Were you exposed to community violence (including witnessing an assault, experiencing a household theft, having someone close murdered, witnessing a murder, experiencing a riot, or being in a war zone)?	<input type="radio"/> Yes
	<input type="radio"/> No

Did you ever have below average grades in school?	<input type="radio"/> Yes
	<input type="radio"/> No

Did one of your parents ever lose their job or couldn't find work?	<input type="radio"/> Yes
	<input type="radio"/> No

Did you ever not have any good friends?	<input type="radio"/> Yes
	<input type="radio"/> No