

COVID19 One-Time Assessments: Round 3

In an effort to be able to use the daily survey data to more effectively understand the impact of COVID19 on factors related to mental health and well-being, we have been releasing a short series of additional assessments. This will provide us with further information to better understand risk and protective factors, which will help us manage future waves of this pandemic, as well as future pandemics.

In this assessment, we will be asking further demographic information to try to understand potential risk and protective factors during the COVID19 pandemic. As this additional demographic information will be very important, all participants that complete this survey will receive TWO entries into our raffle for gift cards. This survey also asks some questions about your emotional strategies during this time and your experience as a participant in our study. There has also been an interesting phenomenon about intense "COVID Dreams". As we included dream reports in our daily survey, we have an opportunity to explore these in substantial detail. As such, at the very end of the assessment there is also an opportunity to provide some additional information about your recent experiences while dreaming. As with everything this is entirely optional. If you prefer not to do it select "No" when asked. A dialogue box will open and ask you if you want to end the survey, and you can select "Yes" as that is the last part of the survey. We anticipate this survey to take 45-60 min.

As a reminder, this is the final of 3 assessment opportunities this month, but we are also planning a follow up survey at a later time in the future, such as this fall or winter. 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 each of the 3 assessments that you complete this month, you will receive raffle entries into a NEW raffle for one of 30 \$50 Amazon Gift cards. This raffle will be separate from the one we will be doing for the daily survey, so 40 Amazon Gift cards will be raffled off total. Again, completion of this survey will earn you TWO entries into the raffle.

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'

BSCS: Using the scale provided, please indicate how much each of the following statements reflects how you typically are.

	1 - Not at all like me	2	3	4	5 - Very much like me
I am good at resisting temptation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time breaking bad habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am lazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I say inappropriate things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do certain things that are bad for me, if they are fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I refuse things that are bad for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I had more self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People would say that I have iron self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pleasure and fun sometimes keep me from getting work done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to work effectively toward long-term goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I can't stop myself from doing something, even if I know it is wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often act without thinking through all the alternatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SIBS: Using the scale provided, please indicate how much each of the following statements reflects how you typically are.

	1- Disagree Strongly	2- Disagree Some	3- Agree Some	4- Agree Strongly
I usually think carefully before doing anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am really excited, I tend not to think on the consequences of my actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes like doing things that are a bit frightening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset I often act without thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I generally like to see things through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My thinking is usually careful and purposeful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the heat of an argument, I will often say things that I later regret	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I finish what I start	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I quite enjoy taking risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When overjoyed, I feel like I can't stop myself from going overboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once I start a project, I almost always finish it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often make matters worse because I act without thinking when I am upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually make up my mind through careful reasoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I generally seek new and exciting experiences and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to act without thinking when I am really excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a productive person who always gets the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel rejected, I will often say things that I later regret	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Before making up my mind, I
consider all the advantages and
disadvantages

☐☐☐☐

When I am very happy, I feel like
it is OK to give into cravings or
overindulge

☐☐☐☐

IU: You will find below a series of statements which describes how people may react to the uncertainties of life. Please use the scale to describe to what extent each item is characteristic of you. Please select the number (1 to 5) that describes you best.

	1- Not at all characteristic of me	2	3- Somewhat characteristic of me	4	5- Entirely characteristic of me
Unforeseen events upset me greatly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It frustrates me not having all the information I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One should always look ahead so as to avoid surprises.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A small unforeseen event can spoil everything, even with the best of planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always want to know what the future has in store for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't stand being taken by surprise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I should be able to organize everything in advance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty keeps me from living a full life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When it's time to act, uncertainty paralyzes me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am uncertain I can't function very well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The smallest doubt can stop me from acting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I must get away from all uncertain situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ERQ :We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer according to the following scale

	1 = Strongly disagree	2	3	4 = Neutral	5	6	7 = Strongly agree
When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep my emotions to myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling positive emotions, I am careful not to express them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my emotions by not expressing them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel more positive emotion, I change the way I'm thinking about the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I control my emotions by changing the way I think about the situation I'm in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am feeling negative emotions, I make sure not to express them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I want to feel less negative emotion, I change the way I'm thinking about the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXIT SURVEY

What is your age in years?

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

Quarantine

Were you ever in a *medically-ordered* quarantine either due to contacting COVID19 or known contact with the virus?

☐ Yes
☐ No

Approximate start date of medically-ordered quarantine

(If multiple, put dates of longest stretch)

Approximate end date of medically ordered quarantine

(If ongoing, leave blank)

Were you ever in an area that was under "shelter-in-place" orders, "stay-at-home" orders, or an equivalent that you largely adhered to?

☐ Yes
☐ No

Approximate start date of orders

(If multiple, put dates of longest stretch)

Approximate end date of orders

(If ongoing, leave blank)

Did you ever take it upon yourself to engage in self-quarantine or extreme social distancing that was not ordered medically or by the government?

☐ Yes
☐ No

Approximate start date

(If multiple, put dates of longest stretch)

Approximate end date

(If ongoing, leave blank)

In this space, please provide any additional information that you think would be useful for us to know about your experience with quarantine, stay at home orders, and social distancing.

COVID Impact

Have you received a positive test for COVID19?

- ☐ Yes
☐ No

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, 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

Has a loved one perished due to COVID19?

- ☐ Yes
☐ No

Has anyone you know personally perished due to COVID19?

- ☐ Yes
☐ 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

☐☐☐☐☐

Since the start of the pandemic, I have been in more contact with extended family and/or friends

☐☐☐☐☐

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.

Impact on Employment

Before the COVID-19 pandemic, please select all that apply

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Unemployed
- ☐ Full-time student
- ☐ Part-time student
- ☐ Disabled

Occupation

- ☐ Pilot
 - ☐ Healthcare worker
 - ☐ Healthcare Support
 - ☐ Building and Grounds Cleaning and Maintenance
 - ☐ Grocery Store Worker
 - ☐ Protective Service and First Responders
 - ☐ Athlete
 - ☐ Business and Financial Operations
 - ☐ Community and Social Service
 - ☐ Computer and Mathematical Occupation
 - ☐ Construction
 - ☐ Teaching/Educational Instruction
 - ☐ Food Preparation and Serving
 - ☐ Legal Occupation
 - ☐ Management
 - ☐ Military (non-pilot)
 - ☐ Office and Administrative Support
 - ☐ Personal Care and Service occupations
 - ☐ Production
 - ☐ Life, Physical, and Social Science
 - ☐ Research
 - ☐ Sales and Related occupations
 - ☐ Transportation and Material Moving
 - ☐ Arts, Design, Entertainment, and Media
 - ☐ Installation, Maintenance, and Repair
 - ☐ Farming, Fishing, and Forestry
 - ☐ Architecture and Engineering
 - ☐ Other
- (Select the one that best describes your position)

If other, please describe

Do you work night shift or have an alternating night shift schedule?

- ☐ Yes
- ☐ No

Are you considered a frontline or essential services worker during the COVID-19 pandemic? e.g. nurse or doctor in a hospital, first responder, supermarket worker, teacher?

- ☐ Yes
- ☐ No

Have you transitioned to primarily working from home?

- ☐ Yes
- ☐ No

Has the COVID-19 pandemic impacted your employment status?

- ☐ Yes, I have lost my job
- ☐ Yes, my work hours/wages have been reduced
- ☐ Yes, my work hours/wages have been increased
- ☐ Yes, my business has been affected negatively
- ☐ Yes, my business has been affected positively
- ☐ No, but I expect it to change in future
- ☐ No

Does your job involve potentially increased exposure to COVID19?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Has the COVID-19 pandemic impacted your financial situation?

- ☐ Yes, positively
- ☐ Yes, negatively
- ☐ No

To what extent have you been engaging in the following behaviors since concerns about COVID19 began in your area?

	Not at all	Sometimes	Frequently	All the time
Washing your hands for at least 20 seconds after being outside of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using hand sanitizer when out in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding touching your face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sneezing or coughing into mask, tissue, or the inside of your elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfecting frequently used items or surfaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding in-person social gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding eating or drinking at bars, restaurants, or food courts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding unnecessary travel, shopping, or social visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not visiting family or loved ones in nursing homes or long-term facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping a distance of 6 feet (2 meters) when around others in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing a mask when out in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using delivery services instead of going to the grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sanitizing mail, packages, groceries, and food containers that come into your house	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much air travel have you engaged in since mid-March?

- ☐ No travel
☐ Some travel (1-5 trips)
☐ Moderate travel (5-10 trips)
☐ A lot of travel (10+ trips)

How seriously do you believe you need to follow the social distancing and shelter-in-place guidelines?

- ☐ Not serious at all
☐ Mildly serious
☐ Moderately serious,
☐ Very serious

How seriously do you believe you need to follow mask and other PPE guidelines to be?

- ☐ Not serious at all
☐ Mildly serious
☐ Moderately serious,
☐ Very serious

Since the start of the pandemic have you voluntarily self-isolated without showing COVID19 symptoms?

- ☐ Yes
☐ No

Please rank-order your motivations for self-isolating (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 motivations for not self-isolating (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 isolation is 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 self-isolating	<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 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"/>
The financial costs of self-isolating 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the new coronavirus (COVID19) started to spread, certain resources have become scarcer than usual due to fear that these resources might run out. Specifically, toilet paper and hand sanitizer are becoming more difficult to find.

Since the spread of the new coronavirus (COVID19) have you purchased extra amounts of toilet paper and hand sanitizer?

☐ Yes
☐ No

Please rank order your motivations for buying extra amounts of these goods (Each column can only be selected once)

	1) Least Important	2	3	4	5	6	7	8) Most Important
I was looking out for myself	<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 seemed like the smart thing to do	<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 thought stores might close	<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 thought these goods might become unavailable	<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 had an increased need due to more people at home throughout the day	<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 was shopping for a family member who could not get to the store	<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 was shopping for a non-family member at risk	<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 was shopping for a community resource (i.e Food Pantry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rank order your motivations for refraining from purchasing extra amounts of these goods (Each column can only be selected once)

	1) Least Important	2	3) Most Important
I did not want to contribute to the shortage of toilet paper and hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't need extra toilet paper or hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't realize that people were buying extra toilet paper and hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the coronavirus (COVID19) started to spread, certain medical supplies have become scarcer than usual due to fear that these resources might run out. Specifically, medical masks and gloves are becoming more difficult to find.

Since the spread of the new coronavirus (COVID19) have you purchased medical masks or gloves? ☐ Yes ☐ No

Please rank order your motivations for buying these medical supplies (Each column can only be selected once)

	1) Least Important	2	3	4	5	6) Most Important
I was looking out for ways to protect myself from exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was looking out for ways to protect others in case I became exposed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I thought stores might close	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought these goods might become unavailable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was purchasing them for a family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was purchasing them for a non-family member at risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was purchasing them for a community resource	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you using these medical supplies?

- ☐ Yes
☐ No

Please rank order your motivations for refraining from purchasing extra amounts of these medical supplies (Each column can only be selected once)

	1) Least Important	2	3	4) Most Important
I did not want to contribute to the shortage of medical masks and gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't need medical masks or gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't realize that people were buying medical masks and gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I already have medical masks and gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you, if possible, offered financial support for rent, groceries, or other necessities to people that lost their job?

- ☐ Yes
☐ No
☐ Not possible

In general, how serious do you believe the pandemic is?

- ☐ Not serious at all
☐ Mildly serious
☐ Moderately serious,
☐ Very serious

Since the start of the pandemic, your use of sleep aids has:

- ☐ Started for the first time
☐ Increased
☐ Decreased
☐ Stayed the same
☐ I did not use sleep aids

Since the start of the pandemic, your use of alcohol has:

- ☐ Started for the first time
☐ Increased
☐ Decreased
☐ Stayed the same
☐ I did not drink alcohol

Since the start of the pandemic, your use of marijuana has:

- ☐ Started for the first time
- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same
- ☐ I did not use marijuana

Since the start of the pandemic, your use of caffeine has:

- ☐ Started for the first time
- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same
- ☐ I did not use caffeine

Since the start of the pandemic, your use of other non-prescription drugs:

- ☐ Started for the first time
- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same
- ☐ I did not use other non-prescription drugs

Since the start of the pandemic, your use of prescription drugs:

- ☐ Started for the first time
- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same
- ☐ I do not have any prescription drugs

Since the start of the pandemic, the food I'm now eating is

- ☐ A lot healthier than what I ate before
- ☐ Somewhat healthier than what I ate before
- ☐ About the same, health-wise, as what I ate before
- ☐ Somewhat healthier than what I ate before
- ☐ A lot healthier than what I ate before

Since the start of the pandemic, I have engaged in

- ☐ A lot less physical activity
- ☐ Somewhat less physical activity
- ☐ About the same amount of physical activity
- ☐ Somewhat more physical activity
- ☐ A lot more physical activity

Since the start of the COVID19 pandemic, I have slept:

- ☐ A lot less
- ☐ Somewhat less
- ☐ About the same amount
- ☐ Somewhat more
- ☐ A lot more

Since the start of the COVID19 pandemic, I have gone to bed:

- ☐ Earlier
- ☐ Later
- ☐ About the same

Since the start of the COVID19 pandemic, I have woken up the next day:

- ☐ Earlier
- ☐ Later
- ☐ About the same

If there has been a substantial change in your sleep behavior during the pandemic, please use this space to describe any specific reasons why that might be.

Please use this space to describe any information relevant to medication or supplement changes since you joined our study that you would like to share.

Pre-existing Conditions

We believe that it is important to have a more complete health history in order to best understand how the pandemic and social isolation impacts individuals with different pre-existing conditions and health concerns. This information will likely be important in navigating both the current and future pandemics, so we are asking for any information on the following that you feel comfortable sharing.

Prior to or since the start of the COVID19 pandemic, have you been diagnosed with any physical or health conditions?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
(Either in the past or currently)

Please select all that apply

- ☐ Anemia
- ☐ Anesthetic Complication
- ☐ Arthritis
- ☐ Asthma
- ☐ Autoimmune Problems
- ☐ Birth Defects
- ☐ Bladder Problems
- ☐ Bleeding Disease
- ☐ Blood Clots
- ☐ Blood Transfusion(s)
- ☐ Bowel Disease
- ☐ Breast Cancer
- ☐ Cervical Cancer
- ☐ Colon Cancer
- ☐ Diabetes
- ☐ Growth/Development Disorder
- ☐ Hearing Impairment
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Heart Pain/Angina
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ HIV
- ☐ Hives
- ☐ Kidney Disease
- ☐ Liver Cancer
- ☐ Liver Disease
- ☐ Lung Cancer
- ☐ Lung/Respiratory Disease
- ☐ Migraines
- ☐ Osteoporosis
- ☐ Prostate Cancer
- ☐ Rectal Cancer
- ☐ Reflux/GERD
- ☐ Seizures/Convulsions
- ☐ Severe Allergy
- ☐ Sexually Transmitted Disease
- ☐ Skin Cancer
- ☐ Stroke/CVA of the Brain
- ☐ Thyroid Problems
- ☐ Ulcer
- ☐ Visual Impairment
- ☐ Other Disease, Cancer, or Significant Medical Illness
- ☐ NONE of the Above

If other, please describe

Prior to the start of the COVID19 pandemic, were you diagnosed with any mental health conditions?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Please select all that apply

- ☐ Alcohol Abuse
- ☐ Depression
- ☐ Bipolar Disorder
- ☐ Persistent Depressive Disorder (Dysthymic Disorder)
- ☐ Other Mood Disorder
- ☐ Generalized Anxiety Disorder
- ☐ Agoraphobia
- ☐ Panic Disorder
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Social Anxiety Disorder
- ☐ Social Phobia
- ☐ Specific Phobia
- ☐ Other Anxiety Disorder
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Anorexia Nervosa
- ☐ Attention-Deficit/Hyperactivity Disorder (ADHD)
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Binge Eating Disorder
- ☐ Borderline Personality Disorder
- ☐ Bulimia Nervosa
- ☐ Other Eating Disorders
- ☐ Personality Disorders
- ☐ Schizophrenia
- ☐ History of Suicide Attempts
- ☐ Other major mental health disorder not listed above
- ☐ None of the above

If other, please describe

Since the start of the COVID19 pandemic, were you diagnosed with any mental health conditions?

- ☐ Yes
- ☐ No

Please select all that apply

- ☐ Alcohol Abuse
- ☐ Depression
- ☐ Bipolar Disorder
- ☐ Persistent Depressive Disorder (Dysthymic Disorder)
- ☐ Other Mood Disorder
- ☐ Generalized Anxiety Disorder
- ☐ Agoraphobia
- ☐ Panic Disorder
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Social Anxiety Disorder
- ☐ Social Phobia
- ☐ Specific Phobia
- ☐ Other Anxiety Disorder
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Anorexia Nervosa
- ☐ Attention-Deficit/Hyperactivity Disorder (ADHD)
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Binge Eating Disorder
- ☐ Borderline Personality Disorder
- ☐ Bulimia Nervosa
- ☐ Other Eating Disorders
- ☐ Personality Disorders
- ☐ Schizophrenia
- ☐ Other major mental health disorder not listed above
- ☐ None of the above

If other, please describe

Are you currently receiving any treatment for mental health concerns?

- ☐ Yes, treatment as usual including in person meetings
- ☐ Yes, but all treatment has transitioned to be virtual
- ☐ No
-

Feel free to provide any further information about any pre-existing conditions you may have

Additional Information

Do you have a pet? ☐ 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

Please rate your level of English fluency ☐ 0-25%
☐ 25-50%
☐ 50-75%
☐ 75-100%

Did you have any difficulty understanding questions asked during the survey due to language barriers? ☐ No difficulty at all
☐ Some difficulty
☐ Moderate difficulty
☐ Severe difficulty

Do you recall ever forgetting to use military time in any of the sleep logs? ☐ Yes
☐ No

If yes, any information that you may be able to provide (such as approximately how many days you believe you did so) could help us go back and fix it as we're processing the data.

Do you recall making any other mistakes on any of the surveys you have completed for us? ☐ Yes
☐ No

If yes, any information that you may be able to provide could help us go back and fix it as we're processing the data.

Please feel free to use this space to inform us about anything else that we did not ask about in this study.

Please feel free to use this space to inform us about your experience in this study.

COVID Dreams

There has been an increase in reports of intense dreaming during the COVID19 pandemic. Are you willing to answer some more questions related to your dreaming behavior and experiences over the last several months?

- ☐ Yes
☐ No

COVID Dream Experience

Do you believe that you have experienced "COVID Dreams"?

☐ Yes
☐ No

	1 = Not at all related	2	3	4	5	6	7 = Very related
How related to COVID are your dreams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did your COVID dreams scare you?

☐ Yes
☐ No

Do you think you COVID dreams prompted you to be more cautious or careful?

☐ Yes
☐ No

Please enter any features of your dreams (objects, emotions, people) that were related to COVID.

Please respond to the following questions while reflecting on your dreams over the last 3 months

	0 = Strongly disagree	1	2	3	4	5 = Strongly agree
While dreaming, I was aware of the fact that the things I was experiencing in the dream were not real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I was able to remember my intention to do certain things in the dream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I was aware that the self I experienced in my dream wasn't the same as my waking self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my dream, I was able to manipulate or control other dream characters in a way that would be impossible and waking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I thought about other dream characters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I was able to successfully perform supernatural actions (like flying or passing through walls)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The emotions I experienced in my dream were exactly the same as those I would experience in such a situation during wakefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I was aware of the fact that the body experience in the dream did not correspond to my real sleeping body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was very certain that the things I was experiencing in my dream wouldn't have any consequences on the real world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming I was able to successfully control or change the dream environment in a way that would be impossible during wakefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

While dreaming, I saw myself from outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I thought about my own actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I had the feeling that I had forgotten something important	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I was able to change or move objects (not persons) in a way that would be impossible in waking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming I was not myself but a completely different person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I often ask myself whether I was dreaming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The thoughts I had in my dream were exactly the same as I would have in a similar situation during wakefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I had the feeling that I could remember my waking life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I was aware of the fact that other dream characters in my dream were not real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most things that happened in my dream could have also happened during wakefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I watched the dream from outside, as if on a screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I often thought about the things I was experiencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to influence the story line of my dreams at will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I was able to remember certain plans for the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I felt euphoric/upbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While dreaming, I had strong negative feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

While dreaming, I had strong
positive feelings

☐☐☐☐☐☐

While dreaming, I felt very
anxious

☐☐☐☐☐☐

Please answer the following questions irrespective of how often you can remember your dreams.

'In my dreams, I feel . . . '.

	0 = Never	1	2	3	4= Always
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My dreams are vivid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have exciting dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mindwandering

	1 = Rarely	2	3	4	5	6	7 = A lot
I allow my thoughts to wander on purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy mind-wandering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I allow myself to get absorbed in pleasant fantasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find my thoughts wandering spontaneously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I mind-wander my thoughts tend to be pulled from topic to topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I mind-wander even when I'm supposed to be doing something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 = Not at all true	2	3	4	5	6	7 = Very true
I find mind-wandering is a good way to cope with boredom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 = Almost Never	2	3	4	5	6	7 = Almost Always
It feels like I don't have control over when my mind wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>