

# April 18

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. Feel free to only respond to the study on days that you are feeling up to it.

This survey includes an additional questionnaire and a few questions on Vaccination and COVID Diagnosis status as we are planning a bit of a break before any further assessments.

If you are feeling up to it today, please take a few minutes to fill out this form at your earliest possible convenience, while the information is still fresh in your memory.

Thank you!

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Subject ID

\_\_\_\_\_  
(Provided to you in initial email with link to demographic survey)

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Today's Date (Click 'Now')

\_\_\_\_\_

**Last Night's Sleep**

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>

What time did you get into bed last night?

\_\_\_\_\_

What time did you try to fall asleep last night?

\_\_\_\_\_

How long did it take you to fall asleep last night (in minutes)?

\_\_\_\_\_

Approximately how many times did you wake up during the night last night?

- ☐ 0  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5 or more times

In total, how long were you up during the night due to these awakenings (in minutes)?

\_\_\_\_\_

What time did you wake up this morning?

\_\_\_\_\_

What time did you get out of bed this morning?

\_\_\_\_\_

How easy was it to fall asleep last night?

- ☐ It was easy  
☐ It took some time  
☐ It was difficult

Did you dream last night?

- ☐ Yes  
☐ No  
☐ I don't recall

Please describe in as much detail as you'd like the content of your dreams last night.

\_\_\_\_\_

Did you take a nap yesterday?

- ☐ Yes  
☐ No

How many minutes was your nap yesterday?

\_\_\_\_\_

Were the values reported here influenced/assisted by a sleep tracker of any kind (e.g. Fitbit, Apple Watch, etc)?

- ☐ Yes  
☐ No

Feel free to include any other relevant information about your sleep here, including any disturbances that contributed to you waking up during the night.

\_\_\_\_\_

**Yesterday's Activity**

Do you have a step counter?

- ☐ Yes  
☐ No

If yes, please record the number of steps you took yesterday.

\_\_\_\_\_

Did you leave your house yesterday?

- ☐ Yes  
☐ No

What places did you visit outside of your home yesterday?

\_\_\_\_\_

Outside of the people that you live with, approximately how many people did you come into face-to-face contact with yesterday?

\_\_\_\_\_  
(Within "social distance" of 6ft or 2 meters)

Did you do anything to socialize virtually or via phone with family or friends?

- ☐ Yes  
☐ No

How much time did you spend socializing virtually or via phone (in minutes)?

\_\_\_\_\_

Did you exercise for 20 minutes or more yesterday?

- ☐ No  
☐ Yes, in the morning  
☐ Yes, in the afternoon  
☐ Yes, in the evening

How many alcoholic beverages did you consume yesterday?

\_\_\_\_\_

**Coronavirus Status**

Are you in quarantine?

- ☐ Yes  
☐ No

How many days have you been in quarantine?

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Are you experiencing a fever?

- ☐ Yes  
☐ No

How severe has your fever been over the last 24 hours?

	Mild				Moderate				Severe
	<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"/>

What was your last recorded temperature?

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Temperature Units

- ☐ Celsius  
☐ Fahrenheit

Are you experiencing any respiratory symptoms?

- ☐ Yes  
☐ No  
(e.g. coughing, difficulty breathing)

If yes, please describe

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How severe have your respiratory symptoms been over the last 24 hours?

	Mild				Moderate				Severe
	<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"/>

Have you been tested for COVID-19 (i.e. coronavirus)?

- ☐ Yes  
☐ No

Have you been diagnosed with COVID-19 (i.e. coronavirus)?

- ☐ Yes  
☐ No

As a reminder, for confidentiality purposes we are not tracking your responses in real time, nor are we using your responses to generate any diagnoses. If experiencing any symptoms, please be sure to follow guidelines of medical professionals and seek appropriate treatment as needed.

**CURRENT FEELINGS AND MOOD**

For each of the following personal attributes, indicate which description best describes how you currently feel, right now in the moment.

	Very slightly/not at all	A little	Moderately	Quite a bit	Extremely
Interested	<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"/>
Excited	<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"/>
Strong	<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"/>
Scared	<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"/>
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"/>
Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alert	<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"/>
Inspired	<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"/>
Determined	<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"/>
Jittery	<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"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Completely  
isolated

Not  
isolated at  
all/ Socially  
fulfilled

How socially isolated do you feel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Completely  
consumed  
with worry

Not worried  
at all

How worried are you about your own health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How worried are you about the health of your family and friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How worried are you about the health of those in your community? ☐ ☐ ☐ ☐ ☐ ☐ ☐

How worried are you about COVID-19 as it is related to a national/global public health crisis? ☐ ☐ ☐ ☐ ☐ ☐ ☐

How worried are you about your own finances or the impact of COVID-19 on national/global markets? ☐ ☐ ☐ ☐ ☐ ☐ ☐

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Completely  
consumed  
by stress

Not  
stressed at  
all

How stressed do you currently feel overall? ☐ ☐ ☐ ☐ ☐ ☐ ☐

**In the last several days, how often have you been bothered by any of the following problems?**

	Not at all	Some of the time	More than half the time	Almost all of the time
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling asleep, staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself- or that you are a failure or that you have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the news or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed? - or the opposite problem - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**LSAS**

Read each situation carefully and answer the two following questions about that situation. The first question asks how anxious or fearful you feel in the situation. The second question asks how often you avoid the situation. If you come across a situation that you ordinarily do not experience, imagine "what if you were faced with that situation," and then, rate the degree to which you would fear this hypothetical situation and how often you would tend to avoid it. Please respond to how you would feel about each situation right now, in the moment.

## Telephoning in Public

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Participating in small groups

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Eating in public places

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Drinking with others in public places

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Talking to people in authority

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Acting, performing, or giving a talk in front of an audience

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Going to a party

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Working while being observed

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Writing while being observed

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Calling someone you don't know very well

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Talking with people you don't know very well

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Meeting strangers

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Urinating in a public bathroom

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Entering a room when others are already seated

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Being the center of attention

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Speaking up at a meeting

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Taking a test

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Expressing a disagreement or disapproval to people you don't know very well

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Looking at people you don't know very well in the eyes

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Giving a report to a group

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trying to pick up someone

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Returning goods to a store

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Giving a party

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Resisting a high pressure salesperson

	None	Mild	Moderate	Severe
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never (0%)	Occasionally (1-33%)	Often (34-66%)	Usually (67-100%)
Avoidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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?

**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

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?

- ☐ Yes  
☐ No  
((e.g. "COVID long-hauler"))

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

OPTIONAL: Please let us know anything else you feel like sharing about the study or protocol prior to our next long break before our next assessment.

\_\_\_\_\_