

## COVID-19 Participant Experience (COPE) Survey

What should I know before participating?

The All of Us Research Program is interested in understanding the changes in your experiences and health during the time of the coronavirus disease 2019 (COVID-19) pandemic. Help us learn more by completing this survey. Participating in this survey may help researchers around the world better understand the impact of COVID-19 during this challenging time. The All of Us Research Program will repeat this survey throughout the pandemic.

The questions in this survey may be sensitive and may cause worry or anxiety. Remember, your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers.

No one will monitor your answers in real time. But, based on your answers, the system may suggest free phone and text resources to help you.

You can choose not to answer any question at any time. This survey will take approximately 20 to 30 minutes to complete.

- Yes, I still want to take the survey. No, I do not want to take the survey.
- Yes, I would like to take the survey at a later time.  
*Implementation note: this answer option was added to the June version and after. It did not appear in the May version.*
- No, I do not want to take the survey.

Please answer each question as honestly as possible. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you must spend a long time on each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the options given.

Some questions also let you say if you don't know an answer or would rather not answer. Some of the questions may be sensitive. You can choose not to answer any question.

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## Social Distancing Experiences

The following questions ask about your experiences with social distancing. Social distancing means keeping space between yourself and other people outside of your home.

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**In the past month, have recommendations for socially distancing caused stress for you?<sup>1</sup>**

- A lot
- Somewhat
- A little
- Not at all

**Thinking about your current social habits, in the last 5 days:**

**I have stayed home all day (aside from time spent outdoors, but never closer than 6 feet from people who are not from my home).<sup>2</sup>**

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

**Thinking about your current social habits, in the last 5 days:**

**I have gone to my workplace or volunteer site that is outside my home.<sup>2</sup>**

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

**Thinking about your current social habits, in the last 5 days:**

**I have attended social gatherings outside my home of MORE than 10 people.<sup>2</sup>**

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

**Thinking about your current social habits, in the last 5 days:**

**I have attended social gatherings outside my home of LESS than 10 people.<sup>2</sup>**

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)

- Every day

**Thinking about your current social habits, in the last 5 days:**

**I have gone on shopping trips or outings that were "just for fun".<sup>2</sup>**

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

**Thinking about your current social habits, in the last 5 days:**

**I have visited nursing homes or long-term care facilities (outside of work duties).<sup>2</sup>**

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day

**Thinking about your current social habits, in the last 5 days:**

**I have been in close contact with someone who is in a risk group for COVID-19 (adults age 50+, people with chronic medical conditions like heart, lung, liver, or kidney disease, diabetes, high blood pressure, or a suppressed immune system). This includes someone inside or outside of your household.<sup>2</sup>**

- None of the days (0 days)
- A few days (1-2 days)
- Most days (3-4 days)
- Every day
- I don't know

**Thinking about these activities in the last 5 days, my social interaction with people outside my home was<sup>2</sup>**

- A lot less than normal
- Somewhat less than normal
- About the same as normal
- More than normal
- A lot more than normal

**Now, thinking about the COVID-19 recommendations and mandates...How often in the past month are you doing the recommended pandemic hygiene, like washing hands frequently, avoiding touching your face, covering coughs, wearing a mask, and avoiding frequently touched surfaces in public places?<sup>2</sup>**

- All of the time
- Most of the time

- Sometimes
- Rarely

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## COVID-19 Related Symptoms

The next questions ask about your experience with COVID-19 or flu-like symptoms.

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In the past month, have you been sick for more than one day with a new illness related to COVID-19 or flu-like symptoms?<sup>1</sup>

- Yes  
*Branching Logic: when "Yes" selected, then:*  
Approximate date of onset<sup>1</sup>

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Which of the following symptoms did you have? (select all that apply)<sup>1</sup>

- ☐ A fever/feverish
- ☐ Cough
- ☐ Sore or painful throat
- ☐ Runny or stuffy nose
- ☐ Difficulty breathing or shortness of breath
- ☐ Unusual fatigue
- ☐ Unusually strong muscle pains/aches
- ☐ Headache
- ☐ Dizziness or light-headedness
- ☐ Confusion, disorientation, or drowsiness  
*Implementation note: This option is new to June version.*
- ☐ Loss of smell or taste
- ☐ Unusual eye soreness or discomfort (e.g., light sensitivity or excessive tears)
- ☐ Unusually hoarse voice
- ☐ Unusual chest pain or tightness in your chest
- ☐ Unusual abdominal pain or stomachache
- ☐ Diarrhea
- ☐ Nausea
- ☐ Skipping meals
- ☐ Raised, red, itchy, welts on the skin or sudden swelling of the face or lips  
*Implementation note: This option is new to June version.*
- ☐ Red/purple sores or blisters on your feet, including your toes  
*Implementation note: This option is new to June version.*

- No

Have you EVER been near someone that you know, or suspect, had COVID-19 (such as co-workers, family members, or others)? Select all that apply.<sup>3</sup>

- ☐ Yes, known COVID-19
- ☐ Yes, suspected COVID-19

- ☐ Not that I know of

*Implementation note: In the June version, the “Not that I know of” response was made exclusive; this option was non-exclusive in May version.*

**Do you think you have had COVID-19?<sup>3</sup>**

- Yes
- No
- Maybe

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## COVID-19 Related Testing

The next questions ask about your experiences with testing related to COVID-19 symptoms in the past month.

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**Were you tested for COVID-19 in the past month?<sup>1 & 3</sup>**

- Yes
- Branching Logic: when “Yes” selected, then:*

**Was the test for COVID-19 positive?<sup>1</sup>**

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Waiting for results

**How were you tested? Select all that apply.<sup>1</sup>**

- ☐ Nasal swab
- ☐ Throat Swab
- ☐ Blood Sample

- No
- Unknown

**Were you tested for influenza (flu) in the past month?<sup>1 & 3</sup>**

- Yes
- No
- Unknown

*Implementation note: This question appeared in May and June, but not July version.*

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## COVID-19 Related Treatment

**The next questions ask about treatments you might have received that are associated with COVID-19 in the past month.**

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**In the past month, if you were diagnosed with COVID-19 symptoms, how did you receive treatment(s)? Please select all that apply.<sup>3</sup>**

- ☐ I didn't, I wasn't sick
- ☐ I recovered at home
- ☐ I spoke with a healthcare professional and wasn't admitted to the hospital
- ☐ I was admitted to the hospital for at least one night

*Branching Logic: when "I was admitted to the hospital for at least one night" selected, then:*

**What breathing treatment did you receive? Please select all that apply.<sup>3</sup>**

- ☐ I did not receive breathing treatment
- ☐ Oxygen (through an oxygen mask or tube under my nose, no pressure applied)
- ☐ Oxygen (through an oxygen mask, which pushes oxygen into your lungs)
- ☐ A breathing machine (ventilator) with a tube down my throat
- ☐ Other breathing treatment

*Branching Logic: when "Other breathing treatment" selected, then:*

**What other breathing treatment did you receive? Please specify<sup>3</sup>**

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## COVID-19 Related Impact

**Please indicate how much you felt each of the following within the last week. Please choose the answer that best applies to your situation.**

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**In the past 7 days, I thought about COVID-19 when I didn't mean to.<sup>4</sup>**

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

**In the past 7 days, I felt watchful or on guard.<sup>4</sup>**

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

**In the past 7 days, other things kept making me think about COVID-19.<sup>4</sup>**

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

**In the past 7 days, I was aware that I still had a lot of feelings about COVID-19, but I didn't deal with them.<sup>4</sup>**

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

**In the past 7 days, I tried not to think about COVID-19.<sup>4</sup>**

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

**In the past 7 days, I had trouble concentrating.<sup>4</sup>**

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

**In the past month, how has the COVID-19 outbreak affected you? Please select all that apply.<sup>1</sup>**

- ☐ Worked remotely or from home more than you usually do
- ☐ Worked more hours than usual
- ☐ Worked reduced hours
- ☐ Was not able to work due to COVID-19 related illness
- ☐ I became unemployed
- ☐ Had difficulty arranging for childcare
- ☐ Incurred increased costs for childcare expenses
- ☐ Worked with children at home with me
- ☐ Income or pay has been reduced
- ☐ Not paid at all

- ☐ Had serious financial problems
- ☐ None of the above

*Implementation note: "None of the above" was added in the June version. This option was not available in the May version.*

**In the past month, have you experienced the following as a result of COVID-19? Select all that apply.<sup>1</sup>**

- ☐ Not enough money to pay rent
- ☐ Not enough money to pay for gas
- ☐ Not enough money to pay for food
- ☐ Not enough money to pay for medications
- ☐ Did not have a regular place to sleep or stay
- ☐ None of the above

*Implementation note: "None of the above" was added in the June version. This option was not available in the May version.*

**In the past month, have the following behaviors increased in your household? Select all that apply.<sup>1</sup>**

- ☐ Interpersonal conflict with family members or loved ones
- ☐ Snapping at or yelling at family members
- ☐ Interpersonal conflict with friends or coworkers
- ☐ None of the above

*Implementation note: "None of the above" was added in the June version. This option was not available in the May version.*

**In the past month, to cope with social distancing and isolation, are you doing any of the following? Select all that apply.<sup>1</sup>**

- ☐ Taking breaks from watching, reading, or listening to news stories, including social media
- ☐ Increasing watching, reading, or listening to news stories, including social media
- ☐ Taking care of your body, such as taking deep breaths, stretching, or meditating
- ☐ Engaging in healthy behaviors like trying to eat healthy, well-balanced meals, exercising regularly, getting plenty of sleep, or avoiding alcohol and drugs
- ☐ Making time to relax
- ☐ Connecting with others, including talking with people you trust about your concerns and how you are feeling
- ☐ Contacting a healthcare provider
- ☐ Smoking more cigarettes or vaping more
- ☐ Drinking alcohol more than usual
- ☐ Using prescription drugs (like valium, etc.) more than usual
- ☐ Using non-prescription drugs more than usual
- ☐ Using cannabis or marijuana more than usual



- ☐ Eating high fat or sugary foods more than usual
- ☐ Cutting or self-injury more than usual
- ☐ Over exercise
- ☐ Eating more food than usual
- ☐ Eating less food than usual
- ☐ None of the above

*Implementation note: "None of the above" was added in the June version. This option was not available in the May version.*

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## General Well-Being

We would like to know how you feel about things in general.

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Choose the answer that best describes how you felt in the past month.

In uncertain times, I usually expect the best.<sup>5</sup>

- I agree a lot
- I agree a little
- I neither agree nor disagree
- I Disagree a little
- I Disagree a lot

Choose the answer that best describes how you felt in the past month.

In general, how happy are you?<sup>6</sup>

- Extremely happy
- Very happy
- Moderately happy
- Moderately unhappy
- Very unhappy
- Extremely unhappy
- Don't know
- Prefer not to answer

Choose the answer that best describes how you felt in the past month.

To what extent do you feel your life to be meaningful?<sup>6</sup>

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount
- Don't know

- Prefer not to answer

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## Basic Information

The next questions ask about circumstances that affect your general health.

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Not including yourself, how many other people live at home with you?<sup>7</sup>

*Branching Logic: when 1 or more is entered in response, then:*

Think of other people who live with you. How many are under the age of 18 years?<sup>7</sup>

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What type of household do you live in?<sup>8</sup>

- Studio
- One-bedroom apartment
- Two-bedroom apartment
- Three-bedroom (or more) apartment
- Townhouse
- Free-standing house
- Nursing home, or rehab facility
- Homeless
- Other

*Branching Logic: when "Other" selected, then:*

Please specify.<sup>8</sup>

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- Prefer not to answer

What is your current employment status? Select all that apply.<sup>7</sup>

- ☐ Employed for wages (part- time or full-time)
- ☐ Self-employed
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work (disabled)
- ☐ Prefer not to answer

Are you covered by health insurance or some other kind of health care plan?<sup>9</sup>

- Yes

*Branching Logic: when "Yes" selected, then:*

**Are you currently covered by any of the following types of health insurance or health care plans? Select all that apply.<sup>10</sup>**

- ☐ Insurance purchased directly from an insurance company (by you or another family member)
- ☐ Insurance through a current or former employer or union (by you or another family member)
- ☐ Medicare, for people 65 and older or people with certain disabilities
- ☐ Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability
- ☐ TRICARE or other military health care
- ☐ Veterans Affairs (VA) (including those who have ever used or enrolled for VA health care)
- ☐ Indian Health Service
- ☐ Any other type of health insurance or health coverage plan
- ☐ I don't have health insurance, self-pay
- ☐ Other health insurance or health coverage plan.

*Branching Logic: when "Other health insurance or health coverage plan" selected, then:*

**Other health insurance or health coverage plan. Please specify.<sup>10</sup>**

- 
- No
  - Don't know
  - Prefer not to answer

**Are you currently on chemotherapy or immunotherapy?<sup>3</sup>**

- Yes
- No

**Do you regularly take immunosuppressant medications (including steroids, methotrexate, biologic agents)?<sup>3</sup>**

- Yes
- No

**What is your current marital status?<sup>7</sup>**

- Married
- Divorced
- Widowed
- Separated
- Never married
- Living with partner

- Prefer not to answer

**Are you currently pregnant?**<sup>11</sup>

- No
- Yes
- Not sure
- Prefer not to answer

*Implementation note: this question does not appear for participants whose biological sex is not “Female.”*

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## Social Support

People sometimes look to others for friendship and help. We want to know how social support affects your health. Each of the following statements describes a type of social support.

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**Choose the answer that best describes how often you can find this kind of support in the past month. Someone to help you if you were confined to bed**<sup>12</sup>

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past month. Someone to take you to the doctor if you needed it**<sup>12</sup>

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past month. Someone to prepare your meals if you were unable to do it yourself**<sup>12</sup>

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past**

**month. Someone to help with daily chores if you were sick<sup>12</sup>**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past month. Someone to have a good time with<sup>12</sup>**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past month. Someone to turn to for suggestions about how to deal with a personal problem<sup>12</sup>**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past month. Someone who understands your problems<sup>12</sup>**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past month. Someone to love and make you feel wanted<sup>12</sup>**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past month. Someone to confide in or talk to about yourself or your problems<sup>12</sup>**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**Choose the answer that best describes how often you can find this kind of support in the past month. Someone to do things with to help you get your mind off things<sup>12</sup>**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

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## Anxiety

**The next questions ask about worrying.**

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**In the past 2 weeks, how often have you been bothered by the following problem?**

**Feeling nervous, anxious, or on edge<sup>13</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by the following problem?**

**Not being able to stop or control worrying<sup>13</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by the following problem?**

**Worrying too much about different things<sup>13</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by the following problem?**

**Trouble relaxing<sup>13</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by the following problem?**

**Being so restless that it's hard to sit still<sup>13</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by the following problem?**

**Becoming easily annoyed or irritable<sup>13</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by the following problem?**

**Feeling afraid as if something awful might happen<sup>13</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

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## **Mood**

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

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**In the past 2 weeks, how often have you been bothered by:**

**Little interest or pleasure in doing things<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by:**

**Feeling down, depressed, or hopeless<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by:**

**Trouble falling or staying asleep, or sleeping too much<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by:**

**Feeling tired or having little energy<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by:**

**Poor appetite or overeating<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by:**

**Feeling bad about yourself or that you are a failure or have let yourself or your family down<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by:**

**Trouble concentrating on things, such as reading the newspaper or watching television<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by:**



**Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

**In the past 2 weeks, how often have you been bothered by:**

**Thoughts that you would be better off dead or of hurting yourself in some way<sup>14</sup>**

- Not at all
- Several days
- More than half the days
- Nearly every day

*Branching Logic: Pop-up appears if ...*

**If this is how you feel, think about getting help. There are people who can help 24/7.**

**Text the Crisis Text Line at 741741 or Call the National Suicide Prevention Lifeline at 1-800-273-8255.**

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## Stress

**The next 10 questions ask how often you felt stress in the last month. This includes stress about events that you did not expect or could not predict or control, and how much you worry about your life. Your answers will help us understand how often stress impacts daily life.**

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**In the last month, how often have you been upset because of something that happened unexpectedly?:<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you felt that you were unable to control the important things in your life?:<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you felt nervous and "stressed"?<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you felt confident about your ability to handle your personal problems?<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you felt that things were going your way?<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you found that you could not cope with all the things that you had to do?<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you been able to control irritations in your life?<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you felt that you were on top of things?<sup>15</sup>**

- Never

- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you been angered because of things that were outside of your control?<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

**In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?<sup>15</sup>**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

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## Physical Activity

Next, we ask you questions about your physical activity in the last 7 days. We will ask you about time spent doing vigorous activity, then moderate activity, and then walking activity.

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Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

**During the last 7 days, did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?<sup>16</sup>**

- Yes  
*Branching Logic: when "Yes" selected, then:*  
**How many days per week?<sup>16</sup>**

\_\_\_\_\_

**Minutes per day (Please enter a number)**

**Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes<sup>16</sup>**

\_\_\_\_\_

*Implementation note: This answer option appears differently in May version only. It appears the exact same in the July/August version.*

- No

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, did you do moderate physical activity like carrying light loads, bicycling at a regular pace, or doubles tennis?<sup>16</sup>

- Yes  
*Branching Logic: when "Yes" selected, then:*  
How many days per week?<sup>16</sup>

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Minutes per day (Please enter a number)

Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes<sup>16</sup>

*Implementation note: This answer option appears differently in May version only. It appears the exact same in the July/August version.*

- No

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the last 7 days, did you walk for at least 10 minutes at a time?<sup>16</sup>

- Yes  
*Branching Logic: when "Yes" selected, then:*  
How many days per week?<sup>16</sup>

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Minutes per day (Please enter a number)

Note: Half an hour=30 minutes, 1 hour=60 minutes, 1 and a half hours=90 minutes<sup>16</sup>

*Implementation note: This answer option appears differently in May version only. It appears the exact same in the July/August version.*

- No

The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on a weekday?<sup>16</sup>

- Enter a response in hours  
*Branching Logic: when “Enter a response in hours” selected, then:*  
**Hours per day (Please enter a number between 0-24)<sup>16</sup>**

---

*Implementation note: this branching logic is represented differently in the May version.*

- Enter a response in minutes  
*Branching Logic: when “Enter a response in minutes” selected, then:*  
**Minutes per day (Please enter a number between 0-1440)<sup>16</sup>**

---

*Implementation note: this branching logic is represented differently in the May version.*

- Don’t know

---

## Loneliness

The next questions ask about your relationships with others.

---

Choose the answer that is true for you in the past month.

I lack companionship<sup>17</sup>

- Never
- Rarely
- Sometimes
- Often

Choose the answer that is true for you in the past month.

There is no one I can turn to<sup>17</sup>

- Never
- Rarely
- Sometimes

- Often

**Choose the answer that is true for you in the past month.**

**I am an outgoing person<sup>17</sup>**

- Never
- Rarely
- Sometimes
- Often

**Choose the answer that is true for you in the past month.**

**I feel left out<sup>17</sup>**

- Never
- Rarely
- Sometimes
- Often

**Choose the answer that is true for you in the past month.**

**I feel isolated from others<sup>17</sup>**

- Never
- Rarely
- Sometimes
- Often

**Choose the answer that is true for you in the past month.**

**I can find companionship when I want it<sup>17</sup>**

- Never
- Rarely
- Sometimes
- Often

**Choose the answer that is true for you in the past month.**

**I am unhappy being so withdrawn<sup>17</sup>**

- Never
- Rarely
- Sometimes
- Often

**Choose the answer that is true for you in the past month.**

**People are around me but not with me<sup>17</sup>**

- Never
- Rarely

- Sometimes
- Often

---

## Substance Use

The following questions ask about your use of alcohol, tobacco, and other substances in the past month.

---

**In the past month:**

**Did you smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all?**<sup>3 & 18</sup>

- Yes, every day
- Yes, some days
- Not currently, but in the past

*Branching Logic: when "Not currently, but in the past" selected, then:*

**How long has it been since you last smoked?**<sup>3</sup>

- Weeks

*Branching Logic: when "Weeks" selected, then:*

**Enter the number of weeks**<sup>3</sup>

\_\_\_\_\_

- Months

*Branching Logic: when "Months" selected, then:*

**Enter the number of months**<sup>3</sup>

\_\_\_\_\_

- Years

*Branching Logic: when "Years" selected, then:*

**Enter the number of years**<sup>3</sup>

\_\_\_\_\_

- No, never

**In the past month:**

**Did someone in your home smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all?**<sup>18</sup>

- Yes, every day
- Yes, some days
- Not currently, but in the past
- No, never

**In the past month:**

**Did you use any type of electronic nicotine product? This includes e- cigarettes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, and e-**

**hookahs.**<sup>19</sup>

- Yes, every day
- Yes, some days
- Not currently, but in the past

*Branching Logic: when “Not currently, but in the past” selected, then:*

**How long has it been since you last used an electronic nicotine product?**<sup>19</sup>

- Weeks

*Branching Logic: when “Weeks” selected, then:*

**Enter the number of weeks**<sup>19</sup>

---

- Months

*Branching Logic: when “Months” selected, then:*

**Enter the number of months**<sup>19</sup>

---

- Years

*Branching Logic: when “Years” selected, then:*

**Enter the number of years**<sup>19</sup>

---

- No, never

**In the past month:**

**How often do you have a drink containing alcohol?**<sup>20</sup>

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

*Branching Logic: when any response other than “Never” selected, then:*

**In the past month:**

**How many standard drinks containing alcohol do you have on a typical day?**<sup>20</sup>

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

*Branching Logic: when “5 or 6,” “7 to 9,” or “10 or more” selected, then:*

**In the past month:**

**How often do you have six or more drinks containing alcohol on one occasion?**<sup>20</sup>

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily



**In the past month, have you used any of the following drugs? Select all that apply.<sup>21</sup>**

- ☐ Cannabis (also called marijuana, pot, weed, grass, hash, concentrates, etc.). Please exclude your use of CBD or hemp products

*Branching Logic: when "Cannabis (also called marijuana, pot, weed, grass, hash, concentrates, etc.). Please exclude your use of CBD or hemp products:" selected, then:*

**How often did you use cannabis?<sup>21</sup>**

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did your use include smoking cannabis?<sup>21</sup>**

- ☐ Yes
- ☐ No

**Do you think you have used more or less cannabis in the past month than you used to?<sup>21</sup>**

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

- ☐ Synthetic marijuana or fake weed (also called K2 or Spice)

*Branching Logic: when "Synthetic marijuana or fake weed (also called K2 or Spice)" selected, then:*

**How often did you use synthetic marijuana or fake weed?<sup>21</sup>**

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did your use include smoking synthetic marijuana or fake weed?<sup>21</sup>**

- ☐ Yes
- ☐ No

**Do you think you have used more or less synthetic marijuana or fake weed in the past month than you used to?<sup>21</sup>**

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

- ☐ Cocaine (also called coke, crack, free base, coca paste, etc.)

*Branching Logic: when "Cocaine (also called coke, crack, free base, coca paste, etc.)" selected, then:*

**How often did you use cocaine?<sup>21</sup>**

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did your use include smoking cocaine?<sup>21</sup>**

- ☐ Yes
- ☐ No

**Do you think you have used more or less cocaine in the past month than you used to?<sup>21</sup>**

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

- ☐ Prescription stimulants (for example, Ritalin, Concerta, Dexedrine, Adderall, Focalin, Didrex, etc.)

*Branching Logic: when "Prescription stimulants (for example, Ritalin, Concerta, Dexedrine, Adderall, Focalin, Didrex, etc.)" selected, then:*

**How often did you use prescription stimulants?<sup>21</sup>**

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did you use prescription stimulants in any way a doctor did not direct you to use it?<sup>21</sup>**

- ☐ Yes
- ☐ No

**Do you think you have used more or less prescription stimulants in the past month than you used to?<sup>21</sup>**

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

- ☐ Methamphetamine (also called meth, crank, ice, crystal meth, glass, etc.)

*Branching Logic: when “Methamphetamine (also called meth, crank, ice, crystal meth, glass, etc.)” selected, then:*

**How often did you use methamphetamine?<sup>21</sup>**

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did your use include smoking methamphetamine?<sup>21</sup>**

- ☐ Yes
- ☐ No

**Do you think you have used more or less methamphetamine in the past month than you used to?<sup>21</sup>**

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

☐ Synthetic stimulants (also called bath salts, flakka, etc.)

*Branching Logic: when “Synthetic stimulants (also called bath salts, flakka, etc.)” selected, then:*

**How often did you use synthetic stimulants?<sup>21</sup>**

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did your use include smoking synthetic stimulants?<sup>21</sup>**

- ☐ Yes
- ☐ No

**Do you think you have used more or less synthetic stimulants in the past month than you used to?<sup>21</sup>**

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

☐ Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.)

*Branching Logic: when “Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.)” selected, then:*

**How often did you use inhalants?<sup>21</sup>**

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

**Do you think you have used more or less inhalants in the past month than you used to?**<sup>21</sup>

- Less often than usual
- The same as usual
- More often than usual

- ☐ Prescription sedatives or prescription sleeping pills (for example, Valium, Ambien, Serepax, Ativan, Xanax, Libriu, etc.)

*Branching Logic: when "Prescription sedatives or prescription sleeping pills (for example, Valium, Ambien, Serepax, Ativan, Xanax, Libriu, etc.)" selected, then:*

**How often did you use prescription sedatives or prescription sleeping pills?**<sup>21</sup>

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

**Did you use prescription sedatives or prescription sleeping pills in any way a doctor did not direct you to use it?**<sup>21</sup>

- Yes
- No

**Do you think you have used more or less prescription sedatives or prescription sleeping pills in the past month than you used to?**<sup>21</sup>

- Less often than usual
- The same as usual
- More often than usual

- ☐ Hallucinogens (for example, LSD, acid, Molly, mushrooms, PCP, Special K, ecstasy, Peyote, DMT, Foxy, etc.)

*Branching Logic: when "Hallucinogens (for example, LSD, acid, Molly, mushrooms, PCP, Special K, ecstasy, Peyote, DMT, Foxy, etc.)" selected, then:*

**How often did you use hallucinogens?**<sup>21</sup>

- Only a few times
- 1-3 times per month
- 1-5 times per week
- Daily

**Did your use include smoking hallucinogens?**<sup>21</sup>

- ☐ Yes
- ☐ No

**Do you think you have used more or less hallucinogens in the past month than you used to?**<sup>21</sup>

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

☐ Heroin

*Branching Logic: when "Heroin" selected, then:*

**How often did you use heroin?**<sup>21</sup>

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did your use include smoking heroin?**<sup>21</sup>

- ☐ Yes
- ☐ No

**Do you think you have used more or less heroin in the past month than you used to?**<sup>21</sup>

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

☐ Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)

*Branching Logic: when "Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)" selected, then:*

**How often did you use prescription opioids?**<sup>21</sup>

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did you use prescription opioids in any way a doctor did not direct you to use it?**<sup>21</sup>

- ☐ Yes

- ☐ No

**Did your use include smoking prescription opioids?**<sup>21</sup>

- ☐ Yes
- ☐ No

**Do you think you have used more or less prescription opioids in the past month than you used to?**<sup>21</sup>

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

- ☐ None
- ☐ Other substance

*Branching Logic: when "Other substance" selected, then:*

**Other substance - please specify**<sup>21</sup>

---

**How often did you use other substance?**<sup>21</sup>

- ☐ Only a few times
- ☐ 1-3 times per month
- ☐ 1-5 times per week
- ☐ Daily

**Did your use include smoking other substance?**<sup>21</sup>

- ☐ Yes
- ☐ No

**Do you think you have used more or less of the other substance in the past month than you used to?**<sup>21</sup>

- ☐ Less often than usual
- ☐ The same as usual
- ☐ More often than usual

---

## Resilience

**The next four questions ask about your behavior and actions in the past month.**

---

**Please select the response that best reflects your behavior in the past month.**

**I look for creative ways to alter difficult situations.**<sup>22</sup>

- Does not describe me at all
- Does not describe me
- Neutral
- Describes me
- Describes me very well

**Please select the response that best reflects your behavior in the past month.**

**Regardless of what happens to me, I believe I can control my reaction to it.<sup>22</sup>**

- Does not describe me at all
- Does not describe me
- Neutral
- Describes me
- Describes me very well

**Please select the response that best reflects your behavior in the past month.**

**I believe I can grow in positive ways by dealing with difficult situations.<sup>22</sup>**

- Does not describe me at all
- Does not describe me
- Neutral
- Describes me
- Describes me very well

**Please select the response that best reflects your behavior in the past month.**

**I actively look for ways to replace the losses I encounter in life.<sup>22</sup>**

- Does not describe me at all
- Does not describe me
- Neutral
- Describes me
- Describes me very well

---

## **Discrimination**

**The next statements describe how others may treat you.**

---

**In your day-to-day life, how often did this happen to you during the past month?**

**You are treated with less courtesy than other people are.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month
- Never

**In your day-to-day life, how often did this happen to you during the past month?**

**You are treated with less respect than other people are.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month
- Never

**In your day-to-day life, how often did this happen to you during the past month?**

**You receive poorer service than other people at restaurants or stores.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month
- Never

**In your day-to-day life, how often did this happen to you during the past month?**

**People act as if they think you are not smart.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month
- Never

**In your day-to-day life, how often did this happen to you during the past month?**

**People act as if they are afraid of you.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month
- Never

**In your day-to-day life, how often did this happen to you during the past month?**

**People act as if they think you are dishonest.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month
- Never

**In your day-to-day life, how often did this happen to you during the past month?**

**People act as if they're better than you are.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month



- Never

**In your day-to-day life, how often did this happen to you during the past month?**

**You are called names or insulted.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month
- Never

**In your day-to-day life, how often did this happen to you during the past month?**

**You are threatened or harassed.<sup>23</sup>**

- Almost everyday
- At least once a week
- A few times a month
- Never

**What do you think is the main reason for these experiences? Select all that apply.<sup>23</sup>**

Your ancestry or national origins

Your gender

Your race

Your age

Your religion

Your height

Your weight

Some other aspect of your physical appearance

Your sexual orientation

Your education or income level

Other

*Branching Logic: when “Other” selected, then:*

**Other reason – please specify.<sup>23</sup>**

---

*Implementation note: in May, this question was shown to all respondents. In June and later, this was shown only when “Almost everyday,” “At least once a week,” or “A few times a month” was selected as an answer to any of the questions in this section.*

---

**To learn more about COVID-19: <https://www.cdc.gov> and <https://www.coronavirus.gov/>**

**For more information on mental health topics and research:  
<https://www.nimh.nih.gov/health/index.shtml>**

**If you or someone you care about needs help:**

All of Us Research Program  
Participant Provided Information (PPI)  
Version: May 7, 2020

**National Institute of Mental Health Getting Help page:**  
<https://www.nimh.nih.gov/health/find-help/index.shtml>

**Substance Abuse and Mental Health Services Administration Treatment Locator:**  
<https://findtreatment.samhsa.gov>

**For immediate assistance: National Suicide Prevention Lifeline:**  
<https://suicidepreventionlifeline.org/talk-to-someone-now> or at 1-800-273-8255  
(En Español: 1-888-628-9454; TTY: Deaf and Hard of Hearing: 1-800-799-4889)

**Crisis Text Line by texting HOME to 741741**

---

**Thank You! Your responses are making a difference in health research.**

**Every day we learn more about COVID-19 and its impact. Your answers help researchers understand how people cope during a crisis like this.**

**Your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers.**

**Did You Know? Meditation can be done safely from home and can help lower stress.**

**Adding meditation to your day can lower stress and improve your health. More and more people are finding it helpful. One survey showed that 14.2 percent of adults in the U.S. began meditating in 2017. That's three times more than in 2012!**

**Click the link for more information about the benefits of meditation:**  
<https://www.nccih.nih.gov/health/meditation-in-depth>

*Implementation note: this “outro” text is different for each of the implemented versions, i.e. this “outro” text is unique to the June version.*

## **Sources**

1. [CDC/NIH Common Data Element Bank](#)
2. [Michigan Social Distancing Survey](#)
3. [COPE Consortium Tool](#)
4. [IES-R-6](#)
5. [Optimism: Life Orientation Test-Revised](#)
6. [UK Biobank Mental Health Questionnaire](#)
7. [Behavioral Risk Factor Surveillance System Survey Questionnaire](#) (2016)
8. [National Health Care for the Homeless Council \(NHCHC\)](#)
9. [National Health and Nutrition Examination Survey \(NHANES\)](#)
10. [U.S. 2020 Census](#)
11. [UK Biobank](#) (also in Overall Health)
12. [RAND MOS Social Support Survey Instrument](#)
13. [GAD-7](#)
14. [PHQ-9](#)
15. [Cohen's Perceived Stress Scale](#)
16. [International Physical Activity Questionnaires \(IPAQ\)](#)
17. [UCLA Loneliness Scale](#)

*All of Us* Research Program

Participant Provided Information (PPI)

Version: May 7, 2020

18. Developed for use in *All of Us* – Lifestyle (modified)
19. [Population Assessment of Tobacco and Health Study \(PATH\)](#)
20. [AUDIT-C](#)
21. [TCU DRUG SCREEN 5](#)
22. [Brief Resilient Coping Scale](#)
23. [Everyday Discrimination Scale](#)
24. [Nurses' Health Study COVID-19 supplement](#)