



### Appendix G8 Cover Sheet

Protocol Title	<i>All of Us</i> Research Program <u>C</u> Ovid-19 <u>P</u> articipant <u>E</u> xperience (COPE) Survey (PPI)
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## **Appendix G8: COvid-19 Participant Experience (COPE) Survey**

English language version

### **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 understand better 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 15 to 20 minutes to complete.

☐ Yes, I still want to take the survey.

☐ No, I do not want to take the survey.

### **Intro Text:**

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.

### **Outro Text:**

**In times of stress, it's important to take care of yourself. Taking short breaks throughout the day to get fresh air and connect with loved ones (while practicing social distancing guidelines) are good for your mental health and well-being.**

Thank you for answering these questions. Providing this information will help researchers better understand experience and health during a health crisis that is affecting the world. Your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers. The information is used for research purposes only and will not be shared with law enforcement.

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Question Source e.g. NHANES	Question Text and Response Options in Original Survey	Question Text and Response Options – Recommended for implementation in PMI survey	AoURP IRB Status  IRB Approved (Fielded)  IRB Reviewed (within the Mental Health and Well-Being PPI Submission)  New Question
<b>Section 1: Social Distancing Experiences</b>  The following questions ask about your experiences with social distancing. Social distancing means keeping space between yourself and other people outside of your home.			
CDC/NIH Common Data Element Bank	Have recommendations for socially distancing caused stress for you?  A lot Somewhat A little Not at all	In the past month, have recommendations for socially distancing caused stress for you?  A lot Somewhat A little Not at all	New Question
Thinking about your current social habits in the last 5 days			
Henry Ford Social Distancing Survey	In the last 5 days, I have stayed home all day.  None of the days (0 days) A few days (1-2 days) Most days (3-4 days) Every day	Use as-is	New Question
Henry Ford Social Distancing Survey	In the last 5 days, I have gone to my workplace or volunteer site that is outside my home.	Use as-is	New Question

	None of the days (0 days) A few days (1-2 days) Most days (3-4 days) Every day		
Henry Ford Social Distancing Survey	In the last 5 days, I have attended social gatherings, outside my home, of MORE than 10 people.  None of the days (0 days) A few days (1-2 days) Most days (3-4 days) Every day	Use as-is	New Question
Henry Ford Social Distancing Survey	In the last 5 days, I have attended social gatherings, outside my home, of LESS than 10 people.  None of the days (0 days) A few days (1-2 days) Most days (3-4 days) Every day	Use as-is	New Question
Henry Ford Social Distancing Survey	In the last 5 days, I have gone on shopping trips or outings that were "just for fun".  None of the days (0 days) A few days (1-2 days) Most days (3-4 days) Every day	Use as-is	New Question
Henry Ford Social Distancing Survey	In the last 5 days, I have visited nursing homes or long-term care facilities (outside of work duties).  None of the days (0 days) A few days (1-2 days) Most days (3-4 days) Every day	Use as-is	New Question

Henry Ford Social Distancing Survey	<p>In the last 5 days, I have been in person-to-person contact with someone who is in a risk group (adults age 50+, people with chronic medical conditions like heart, lung, liver, or kidney disease, diabetes, high blood pressure or a suppressed immune system).</p> <p>None of the days (0 days) A few days (1-2 days) Most days (3-4 days) Every day</p>	<p>In the last 5 days, I have been in close contact with someone who is in a risk group (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.</p> <p>None of the days (0 days) A few days (1-2 days) Most days (3-4 days) Every day I don't know</p>	New Question
Henry Ford Social Distancing Survey	<p>Thinking about these activities in the last 5 days, my social interaction with people outside my home was</p> <p>A lot less than normal Somewhat less than normal About the same as normal More than normal</p>	<p>Thinking about these activities in the last 5 days, my social interaction with people outside my home was</p> <p>A lot less than normal Somewhat less than normal About the same as normal More than normal A lot more than normal</p>	New Question
Now, thinking about the COVID-19 recommendations and mandates			
Henry Ford Social Distancing Survey	<p>How often are you doing the recommended pandemic hygiene, like washing hands frequently, avoiding touching your face, covering coughs, and avoiding frequently touched surfaces in public places?</p> <p>All of the time; I am being extra careful Most of the time; I try my best Sometimes; I do it if I think of it Rarely; I don't worry about these things</p>	<p>How often in the past month are you doing the recommended pandemic hygiene, like washing hands frequently, avoiding touching your face, covering coughs, and avoiding frequently touched surfaces in public places?</p> <p>All of the time Most of the time Sometimes Rarely</p>	New Question

## Section 2: COVID-19 Related Symptoms

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

<p>CDC/NIH Common Data Element Bank</p>	<p>In the past 30 days, have you been sick for more than one day with an illness that included any of the following: fever, cough, sore throat, or runny or stuffy nose?</p> <p>Yes No</p> <p>If yes: Approximate date of onset [mm/dd/yyyy]</p> <p>Which of the following symptoms did you have?</p> <p>A fever/feverish Cough Sore throat Runny or stuffy nose Difficulty breathing Unusual fatigue Headache Loss of Smell or Taste Unusually hoarse voice Unusual chest pain or tightness in your chest Unusual abdominal pain Diarrhea Nausea Skipping meals</p>	<p>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?</p> <p>Yes No</p> <p><b>Branching logic:</b> <b>If 'Yes' ask:</b></p> <p>If yes: Approximate date of onset [mm/dd/yyyy]</p> <p>Which of the following symptoms did you have? (select all that apply)</p> <p>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 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</p>	<p>New Question</p>
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		Skipping meals	
COPE Consortium Tool	<p>Have you EVER been exposed to someone with documented or presumed COVID-19 infection (such as co-workers, family members, or others)? Please check all that apply.</p> <p>Yes, documented COVID-19 case Yes, presumed COVID-19 cases Not that I know of</p>	<p>Have you EVER been near someone that you know, or suspect, had COVID-19 (such as co-workers, family members, or others)? Please select all that apply.</p> <p>Yes, known COVID-19 Yes, suspected COVID-19 Not that I know of</p>	New Question
COPE Consortium Tool	<p>Do you think you have already had COVID-19, but were not tested?</p> <p>No Yes</p> <p>If "Yes" show: Did you have the classic symptoms (high fever and persistent cough) for several days? 1. No 2. Yes</p> <p>How many days ago did your symptoms start?</p>	<p>Do you think you have had COVID-19?</p> <p>No Yes Maybe</p>	New Question
<b>Section 3: COVID-19 Related Testing</b> <p>The next questions ask about your experiences with testing related to COVID-19 symptoms in the past month.</p>			
CDC/NIH Common Data Element bank and COPE Consortium Tool/C-19 App	<p>Were you tested for novel coronavirus (COVID-19)?</p> <p>Yes No Unknown</p>	<p>Were you tested for COVID-19 in the past month?</p> <p>Yes No Unknown</p>	New Question



	<p>If 'Yes' or 'Unknown', ask: Was the test for novel coronavirus positive?</p> <p>Yes No Unknown Waiting for results</p> <p>How were you tested?</p> <p>Nasal swab Throat Swab Blood Sample</p>	<p><b>Branching logic:</b> <b>If 'Yes' ask:</b> Was the test for COVID-19 positive?</p> <p>Yes No Unknown Waiting for results</p> <p><b>Branching logic:</b> <b>If 'Yes' ask:</b> How were you tested? Please select all that apply.</p> <p>Nasal swab Throat Swab Blood Sample</p>	
CDC/NIH Common Data Element bank	<p>Were you tested for influenza?</p> <p>Yes No Unknown</p>	<p>Were you tested for influenza (flu) in the past month?</p> <p>Yes No Unknown</p>	New Question
<p><b>Section 4: COVID-19 Related Treatment</b></p> <p>The next questions ask about treatments you might have received that are associated with COVID-19 in the past month.</p>			
COPE Consortium Tool	<p>What treatment are you (did you) receiving right now?</p> <p>None Oxygen and fluids* (*Breathing support through an oxygen mask, no pressure applied)</p>	<p>In the past month, if you were sick with COVID-19 symptoms, how did you receive treatment(s)? Please select all that apply.</p> <p>I didn't, I wasn't sick I recovered at home</p>	New Question

	<p>Non-invasive ventilation* (*Breathing support through an oxygen mask, which pushes oxygen into your lungs)</p> <p>Invasive ventilation* (*Breathing support through an inserted tube. People are usually asleep for this procedure)</p> <p>Other</p>	<p>I spoke with a healthcare professional and wasn't admitted to the hospital I was admitted to the hospital for at least one night</p> <p><b>Branching logic:</b> <b>For those that select "I was admitted to the hospital for at least one night", ask:</b></p> <p>What breathing treatment did you receive? Please select all that apply.</p> <p>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 <u>pushes</u> oxygen into your lungs) A breathing machine (ventilator) with a tube down my throat Other breathing treatment (open text response)</p>	
<p><b>Section 5: COVID-19 Related Impact</b></p> <p>Please indicate how much you felt each of the following within the last week. Please choose the answer that best applies to your situation within the past 7 days.</p>			
IES-R-6	<p>In the past 7 days, I thought about Ebola when I didn't mean to.</p> <p>Options: Not at all A little bit Moderately</p>	<p>In the past 7 days, I thought about COVID-19 when I didn't mean to.</p> <p>Options: Not at all A little bit Moderately</p>	New Question

	Quite a bit Extremely	Quite a bit Extremely	
IES-R-6	In the past 7 days, I felt watchful or on-guard.  Options: Not at all A little bit Moderately Quite a bit Extremely	In the past 7 days, I felt watchful or on-guard.  Options: Not at all A little bit Moderately Quite a bit Extremely	New Question
IES-R-6	In the past 7 days, other things kept making me think about Ebola.  Options: 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.  Options: Not at all A little bit Moderately Quite a bit Extremely	New Question
IES-R-6	In the past 7 days, I was aware that I still had a lot of feelings about Ebola, but I didn't deal with them.  Options: 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.  Options: Not at all A little bit Moderately Quite a bit Extremely	New Question
IES-R-6	In the past 7 days, I tried not to think about Ebola.  Options: Not at all A little bit	In the past 7 days, I tried not to think about COVID-19.  Options: Not at all A little bit	New Question

	Moderately Quite a bit Extremely	Moderately Quite a bit Extremely	
IES-R-6	In the past 7 days, I had trouble concentrating.  Options: Not at all A little bit Moderately Quite a bit Extremely	Use as is	New Question
CDC/NIH Common Data Element bank	How has the COVID-19 outbreak affected you?  Worked remotely or from home more than you usually do Worked more hours than usual Worked reduced hours Was not able to work Had difficulty arranging for childcare Incurred increased costs for childcare expenses Income or pay has been reduced Not paid at all Had serious financial problems I became unemployed	How has the COVID-19 outbreak affected you in the past month? Please select all that apply.  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	New Question
CDC/NIH Common Data Element bank	In the past two weeks have you experienced the following as a result of COVID-19?  Not enough money to pay rent Not enough money to pay for gas Not enough money to pay for food Did not have a regular place to sleep or stay	In the past month, have you experienced the following as a result of COVID-19? Please select all that apply.  Not enough money to pay rent Not enough money to pay for gas Not enough money to pay for food	New Question

		Not enough money to pay for medications Did not have a regular place to sleep or stay	
CDC/NIH Common Data Element bank	<p>In the past week have the following behaviors increased in your household:</p> <p>Interpersonal conflict with family members or loved ones  Snapping at or yelling at family members  Corporal punishment of children  Corporal punishment of pets  Interpersonal conflict with friends or coworkers</p>	<p>In the past month, have the following behaviors increased in your household. Please select all that apply.</p> <p>Interpersonal conflict with family members or loved ones  Snapping at or yelling at family members  Interpersonal conflict with friends or coworkers</p>	New Question
CDC/NIH Common Data Element bank	<p>To cope with social distancing and isolation, are you doing any of the following?</p> <p>Taking breaks from 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  Using prescription drugs (like valium, etc.)  Using non-prescription drugs  Using cannabis or marijuana  Eating high fat or sugary foods  Cutting or self-injury  Over exercise</p>	<p>In the past month, to cope with social distancing and isolation, are you doing any of the following? Please select all that apply.</p> <p>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</p>	New Question

	Eating more food than usual Eating less food 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 more than usual Eating more food than usual Eating less food than usual	
<b>Section 6: General Well-Being</b>  We would like to know how you feel about things in general. Choose the answer that best describes how you feel in the past month.			
Optimism: Life Orientation Test-Revised	In uncertain times, I usually expect the best.  Options: I agree a lot I agree a little I neither agree nor disagree I Disagree a little I Disagree a lot	Use as-is	IRB Reviewed
UK Biobank MH Questionnaire	In general, how happy are you?  Options: Extremely happy Very happy Moderately happy Moderately unhappy Very unhappy Extremely unhappy Don't know Prefer not to answer	Use as-is	IRB Reviewed

UK Biobank MHWB Questionnaire	<p>To what extent do you feel your life to be meaningful?</p> <p>Options:  Not at all  A little  A moderate amount  Very much  An extreme amount  Don't know  Prefer not to answer</p>	Use as-is	IRB Reviewed
<p><b>Section 7: Basic Information</b></p> <p>The next questions ask about circumstances that affect your general health.</p>			
The Basics	<p>Not including yourself, how many other people live at home with you?</p> <ul style="list-style-type: none"> <li>• Free text (Integer value)</li> </ul> <p>Branching logic, if any number other than '0' is entered, display the following: Think of other people who live with you. How many are under the age of 18 years?</p> <ul style="list-style-type: none"> <li>• Free text (Integer value)</li> </ul>		IRB Approved (Fielded; included based on the recommendation from IRB)
Columbia COVID-19 Questionnaire	<p>What type of household do you live in?</p> <p>Studio  One-bedroom apartment  Two-bedroom apartment  Three-bedroom (or more) apartment  Townhouse  Free-standing house</p>	Use as is	New Question (included based on the recommendation from IRB)

	Nursing home, or rehab facility Homeless Other (specify) Prefer not to answer		
The Basics	What is your current employment status? Please select 1 or more of these categories.  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	Use as is	IRB Approved (Fielded)
The Basics	Are you covered by health insurance or some other kind of health care plan?  Yes No Don't know Prefer not to answer  <b>Branching logic:</b> <b>If "Yes" selected, ask:</b>  Are you currently covered by any of the following types of health insurance or health care plans? Select all that apply. <ul style="list-style-type: none"> <li>• Insurance purchased directly from an insurance company (by you or another family member)</li> <li>• Insurance through a current or former employer or union (by you or another family member)</li> </ul>	Use as-is	IRB Approved (Fielded)



	<ul style="list-style-type: none"> <li>• Medicare, for people 65 and older or people with certain disabilities</li> <li>• Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or disability</li> <li>• TRICARE or other military health care</li> <li>• Veterans Affairs (VA) (including those who have ever used or enrolled for VA health care)</li> <li>• Indian Health Service</li> <li>• Any other type of health insurance or health coverage plan</li> </ul> <p>Branching logic: If “Any other type of health insurance or health coverage plan” is selected, display the following:</p> <ul style="list-style-type: none"> <li>• Please specify: [FREE TEXT]</li> <li>• I don’t have health insurance, self-pay</li> </ul>		
COPE Consortium Tool	<p>Are you currently on chemotherapy or immunotherapy?</p> <p>No</p> <p>Yes</p>	Use as-is	New Question
COPE Consortium Tool	<p>Do you regularly take immunosuppressant medications (including steroids, methotrexate, biologic agents)?</p> <p>No</p> <p>Yes</p>	Use as-is	New Question
The Basics	<p>What is your current marital status?</p> <p>Married</p> <p>Divorced</p> <p>Widowed</p> <p>Separated</p> <p>Never married</p> <p>Living with partner</p> <p>Prefer not to answer</p>	Use as-is	IRB Approved (Fielded)

Overall Health	Are you currently pregnant?  No Yes Not sure Prefer not to answer	Use as-is Will only be asked if in Basics, sex at birth were answered Female, intersex, or (please specify)	IRB Approved (Fielded)
<b>Section 8: Social Support</b>  People sometimes look to others for friendship and help. We want to know how social support affects your health. Each statement below describes a type of social support. Choose the answer that best describes how often you can find that kind of support in the past month.			
RAND MOS Social Support Survey Instrument	Someone to help you if you were confined to bed  Options: None of the time A little of the time Some of the time Most of the time All of the time	Use as-is	IRB Reviewed
RAND MOS Social Support Survey Instrument	Someone to take you to the doctor if you needed it  Options: None of the time A little of the time Some of the time Most of the time All of the time	Use as-is	IRB Reviewed
RAND MOS Social Support Survey Instrument	Someone to prepare your meals if you were unable to do it yourself  Options: None of the time A little of the time Some of the time	Use as-is	IRB Reviewed

	Most of the time All of the time		
RAND MOS Social Support Survey Instrument	Someone to help with daily chores if you were sick  Options: None of the time A little of the time Some of the time Most of the time All of the time	Use as-is	IRB Reviewed
RAND MOS Social Support Survey Instrument	Someone to have a good time with  Options: None of the time A little of the time Some of the time Most of the time All of the time	Use as-is	IRB Reviewed
RAND MOS Social Support Survey Instrument	Someone to turn to for suggestions about how to deal with a personal problem  Options: None of the time A little of the time Some of the time Most of the time All of the time	Use as-is	IRB Reviewed
RAND MOS Social Support Survey Instrument	Someone who understands your problems  Options: None of the time A little of the time Some of the time	Use as-is	IRB Reviewed

	Most of the time All of the time		
RAND MOS Social Support Survey Instrument	Someone to love and make you feel wanted  Options: None of the time A little of the time Some of the time Most of the time All of the time	Use as-is	IRB Reviewed
RAND MOS Social Support Survey Instrument	Someone to confide in or talk to about yourself or your problems  Options: None of the time A little of the time Some of the time Most of the time All of the time	Use as-is	IRB Reviewed
	Someone to do things with to help you get your mind off things  Options: None of the time A little of the time Some of the time Most of the time All of the time	Use as-is	IRB Reviewed
<b>Section 9: Anxiety</b>  The next questions ask about worrying. In the past 2 weeks, how often have you been bothered by the following problems?			

GAD-7	Feeling nervous, anxious, or on edge  Options: Not at all Several days Over half of the days Nearly every day	Use as-is	IRB Reviewed
GAD-7	Not being able to stop or control worrying  Options: Not at all Several days Over half of the days Nearly every day	Use as-is	IRB Reviewed
GAD-7	Worrying too much about different things  Options: Not at all Several days Over half of the days Nearly every day	Use as-is	IRB Reviewed
GAD-7	Trouble relaxing  Options: Not at all Several days Over half of the days Nearly every day	Use as-is	IRB Reviewed
GAD-7	Being so restless that it's hard to sit still  Options: Not at all Several days Over half of the days Nearly every day	Use as-is	IRB Reviewed

GAD-7	Becoming easily annoyed or irritable  Options: Not at all Several days Over half of the days Nearly every day	Use as-is	IRB Reviewed
GAD-7	Feeling afraid as if something awful might happen  Options: Not at all Several days Over half of the days Nearly every day	Use as-is	IRB Reviewed
<b>Section 10: Mood</b>  <u>Over the last 2 weeks</u> , how often have you been bothered by any of the following problems?			
PHQ-9	Little interest or pleasure in doing things  Options: Not at all Several Days More than half the days Nearly every day	Use as-is	IRB Reviewed
PHQ-9	Feeling down, depressed, or hopeless  Options: Not at all Several Days More than half the days Nearly every day	Use as-is	IRB Reviewed

PHQ-9	<p>Trouble falling or staying asleep, or sleeping too much</p> <p>Options: Not at all Several Days More than half the days Nearly every day</p>	Use as-is	IRB Reviewed
PHQ-9	<p>Feeling tired or having little energy</p> <p>Options: Not at all Several Days More than half the days Nearly every day</p>	Use as-is	IRB Reviewed
PHQ-9	<p>Poor appetite or overeating</p> <p>Options: Not at all Several Days More than half the days Nearly every day</p>	Use as-is	IRB Reviewed
PHQ-9	<p>Feeling bad about yourself or that you are a failure or have let yourself or your family down</p> <p>Options: Not at all Several Days More than half the days Nearly every day</p>	Use as-is	IRB Reviewed
PHQ-9	<p>Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>Options: Not at all Several Days</p>	Use as-is	IRB Reviewed

	More than half the days Nearly every day		
PHQ-9	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  Options: Not at all Several Days More than half the days Nearly every day	Use as-is	IRB Reviewed
PHQ-9	Thoughts that you would be better off dead or of hurting yourself in some way  Options: Not at all Several Days More than half the days Nearly every day	Use as-is <u>Display pop-up when PHQ9 Question 9 = 'Several Days', 'More than half the days', or 'Nearly every day'</u>  <u>Pop Up Message: "If this is how you feel, think about getting help. There are people who can help 24/7</u> <u><b>Text the Crisis Text Line at 741741</b></u> <u>Or</u> <u><b>Call the National Suicide Prevention Lifeline at 1-800-273-8255"</b></u>	IRB Reviewed
<b>Section 11: Stress</b>  The next 10 questions ask how often you felt stress in the <u>last month</u> . 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.			
Cohen's Perceived Stress Scale	In the last month, how often have you been upset because of something that happened unexpectedly?	Use as-is	IRB Reviewed



	Options: Never Almost Never Sometimes Fairly Often Very Often		
Cohen's Perceived Stress Scale	In the last month, how often have you felt that you were unable to control the important things in your life?  Options: Never Almost Never Sometimes Fairly Often Very Often	Use as-is	IRB Reviewed
Cohen's Perceived Stress Scale	In the last month, how often have you felt nervous and "stressed"?  Options: Never Almost Never Sometimes Fairly Often Very Often	Use as-is	IRB Reviewed
Cohen's Perceived Stress Scale	In the last month, how often have you felt confident about your ability to handle your personal problems?  Options: Never Almost Never Sometimes Fairly Often	Use as-is	IRB Reviewed

	Very Often		
Cohen's Perceived Stress Scale	<p>In the last month, how often have you felt that things were going your way?</p> <p>Options: Never Almost Never Sometimes Fairly Often Very Often</p>	Use as-is	IRB Reviewed
Cohen's Perceived Stress Scale	<p>In the last month, how often have you found that you could not cope with all the things that you had to do?</p> <p>Options: Never Almost Never Sometimes Fairly Often Very Often</p>	Use as-is	IRB Reviewed
Cohen's Perceived Stress Scale	<p>In the last month, how often have you been able to control irritations in your life?</p> <p>Options: Never Almost Never Sometimes Fairly Often Very Often</p>	Use as-is	IRB Reviewed

Cohen's Perceived Stress Scale	<p>In the last month, how often have you felt that you were on top of things?</p> <p>Options: Never Almost Never Sometimes Fairly Often Very Often</p>	Use as-is	IRB Reviewed
Cohen's Perceived Stress Scale	<p>In the last month, how often have you been angered because of things that were outside of your control?</p> <p>Options: Never Almost Never Sometimes Fairly Often Very Often</p>	Use as-is	IRB Reviewed
Cohen's Perceived Stress Scale	<p>In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</p> <p>Options: Never Almost Never Sometimes Fairly Often Very Often</p>	Use as-is	IRB Reviewed
<p><b>Section 12: Physical Activity</b></p> <p>Next, we ask you seven questions about your physical activity in the <u>last 7 days</u>.</p>			

<p>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 <i>only</i> about those physical activities that you did for at least 10 minutes at a time.</p>			
<p>International Physical Activity Questionnaires (IPAQ)</p>	<p>During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?</p> <p>_____ days per week</p> <p>No vigorous physical activities</p>	<p>During the last 7 days, did you do vigorous physical activity like heavy lifting, digging, aerobics, or fast bicycling?</p> <p>Yes No</p> <p><b>Branching logic:</b> <b>If yes, ask:</b></p> <p>How many days per week? _____ days per week</p>	<p>New Question</p>
<p>IPAQ</p>	<p>How much time did you usually spend doing vigorous physical activities on one of those days?</p> <p>_____ hours per day _____ minutes per day</p> <p>Don't know/Not sure</p>	<p>Use as-is</p>	<p>New Question</p>
<p>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 <i>only</i> about those physical activities that you did for at least 10 minutes at a time.</p>			
<p>IPAQ</p>	<p>During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.</p> <p>_____ days per week</p>	<p>During the last 7 days, did you do moderate physical activity like carrying light loads, bicycling at a regular pace, or doubles tennis?</p> <p>Yes No</p>	<p>New Question</p>

	<p>____ No moderate physical activities</p>	<p><b>Branching logic:</b>  <b>If yes, ask:</b></p> <p>How many days per week?          ____ days per week</p>	
IPAQ	<p>How much time did you usually spend doing moderate physical activities on one of those days?</p> <p>____ hours per day          ____ minutes per day</p> <p>Don't know/Not sure</p>	<p>Use as-is</p>	New Question
<p>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.</p>			
IPAQ	<p>During the last 7 days, on how many days did you walk for at least 10 minutes at a time?</p> <p>____ days per week</p> <p>No walking <i>Skip to question 7</i></p>	<p>During the last 7 days, did you do walk for at least 10 minutes at a time?</p> <p>Yes          No, Skip to last question in this section</p> <p><b>Branching logic:</b>  <b>If yes, ask:</b></p> <p>How many days per week?          ____ days per week</p>	New Question
IPAQ	<p>How much time did you usually spend walking on one of those days?</p> <p>____ hours per day          ____ minutes per day</p> <p>Don't know/Not sure</p>	<p>Use as-is</p>	New Question

<p>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.</p>			
IPAQ	<p>During the last 7 days, how much time did you spend sitting on a weekday?</p> <p>_____ hours per day</p> <p>_____ minutes per day</p> <p>Don't know/Not sure</p>	Use as-is	New Question
<p><b>Section 13: Loneliness</b></p> <p>The next questions ask about your relationships with others. Choose the answer that is true for you in the past month.</p>			
UCLA Loneliness Scale	<p>I lack companionship</p> <p>Options: Never Rarely Sometimes Often</p>	Use as-is	IRB Reviewed
UCLA Loneliness Scale	<p>There is no one I can turn to</p> <p>Options: Never Rarely Sometimes Often</p>	Use as-is	IRB Reviewed
UCLA Loneliness Scale	<p>I am an outgoing person</p> <p>Options: Never Rarely Sometimes Often</p>	Use as-is	IRB Reviewed

UCLA Loneliness Scale	I feel left out  Options: Never Rarely Sometimes Often	Use as-is	IRB Reviewed
UCLA Loneliness Scale	I feel isolated from others  Options: Never Rarely Sometimes Often	Use as-is	IRB Reviewed
UCLA Loneliness Scale	I can find companionship when I want it  Options: Never Rarely Sometimes Often	Use as-is	IRB Reviewed
UCLA Loneliness Scale	I am unhappy being so withdrawn  Options: Never Rarely Sometimes Often	Use as-is	IRB Reviewed
UCLA Loneliness Scale	People are around me but not with me  Options: Never Rarely Sometimes Often	Use as-is	IRB Reviewed

## Section 14: Substance Use

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

COPE Consortium Tool/Lifestyle	<p>Do you smoke?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Not currently, but in the past</li> <li>3. Never</li> </ol> <p>If "Not currently, but in the past" show:</p> <p>How many years since you last smoked?</p>	<p>Did you smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all?</p> <p>Yes, Every day Yes, Some days Not currently, but in the past No, Never Prefer not to answer</p> <p><b>Branching logic:</b> <b>If "Not currently, but in the past" ask:</b></p> <p>How long has it been since you last smoked?</p> <p>response options: (enter a number, and choose a unit)</p> <p>___ weeks ___ months ___ years</p>	IRB Reviewed
COPE Consortium Tool	<p>Do you smoke?</p> <ol style="list-style-type: none"> <li>1. Yes</li> <li>2. Not currently, but in the past</li> <li>3. Never</li> </ol> <p>If "Not currently, but in the past" show:</p> <p>How many years since you last smoked?</p>	<p>Did someone in your home smoke tobacco/nicotine (including cigarettes, cigar, cigarillos, pipes, hookah) every day, some days, or not at all?</p> <p>Yes, Every day Yes, Some days Not currently, but in the past No, Never Prefer not to answer</p>	New Question



Lifestyle (significantly modified)	<p>Have you ever used an electronic nicotine product, even one or two times? (Electronic nicotine products include e- cigarettes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, and e-hookahs.)</p> <p>Yes No Don't Know/Prefer Not To Answer</p> <p><i>Branching Logic if NCTP1= "Yes", display the following:</i></p> <p>Do you now use electronic nicotine products...</p> <ul style="list-style-type: none"> <li>○ Every day</li> <li>○ Somedays</li> <li>○ Not at all</li> <li>○ Don't know</li> <li>○ Prefer not to answer</li> </ul>	<p>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.</p> <p>Yes, Every day Yes, Some days Not currently, but in the past No, Never Prefer not to answer</p> <p><b>Branching logic:</b> <b>If "Not currently, but in the past" ask:</b></p> <p>How long has it been since you last used?</p> <p>Options: (enter a number, and choose a unit)</p> <p>___ weeks ___ months ___ years</p>	Modified from IRB approved (fielded) question
Lifestyle Module	<p>How often do you have a drink containing alcohol?</p> <p>Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week</p>	<p>How often do you have a drink containing alcohol?</p> <p>Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week Prefer not to answer</p>	IRB Approved (Fielded)
AUDIT-C	<p>How many standard drinks containing alcohol do you have on a typical day?</p> <p>1 or 2 3 or 4 5 or 6</p>	<p>How many standard drinks containing alcohol do you have on a typical day?</p> <p>1 or 2 3 or 4</p>	IRB Approved (Fielded)

	7 to 9 10 or more	5 or 6 7 to 9 10 or more Prefer not to answer	
AUDIT-C	How often do you have six or more drinks on one occasion?  Never Less than monthly Monthly Weekly Daily or almost daily	How often do you have six or more drinks on one occasion?  Never Less than monthly Monthly Weekly Daily or almost daily Prefer not to answer	IRB Approved (Fielded)
TCU DRUG SCREEN 5; similar to Lifestyle for lifetime exposure	How often did you use each type of drug during the past 30 days?  Cannabis (also called marijuana, pot, weed, grass, hash, concentrates, etc.). Please exclude your use of CBD or hemp products.  Synthetic marijuana or fake weed (also called K2 or Spice)  Cocaine (also called coke, crack, free base, coca paste, etc.)  Prescription stimulants (for example, Ritalin, Concerta, Dexedrine, Adderall, Focalin, Didrex, etc.) follow-up. Prescription stimulants in any way a doctor did not direct you to use it?  Methamphetamine (also called meth, crank, ice, crystal meth, glass, etc.)	In the past month, have you used any of the following drugs? Select all that apply (see list below)  <b>Branching logic for any drug selected, ask:</b>  <b>How often did you use the drug?</b>  Options: Only a few times 1-3 times per month 1-5 times per week Daily  Cannabis (also called marijuana, pot, weed, grass, hash, concentrates, etc.). Please exclude your use of CBD or hemp products.  Synthetic marijuana or fake weed (also called K2 or Spice)  Cocaine (also called coke, crack, free base, coca paste, etc.)	New Question

	<p>Synthetic Stimulants (also called bath salts, flakka, etc.)</p> <p>Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.)</p> <p>Prescription sedatives or prescription sleeping pills (for example, Valium, Ambien, Serepax, Ativan, Xanax, Libriu, etc.)</p> <p>follow-up. Prescription sedatives in any way a doctor did not direct you to use it?</p> <p>Hallucinogens (for example, LSD, acid, Molly, mushrooms, PCP, Special K, ecstasy, Peyote, DMT, Foxy, etc.)</p> <p>Heroin</p> <p>Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)</p> <p>follow-up. Prescription opioids in any way a doctor did not direct you to use it?</p> <p>Other – specify: (open text)</p> <p>Options for a-l: Never Only a few times 1-3 times per month 1-5 times per week Daily</p> <p><b>Follow Up Questions:</b></p>	<p>Prescription stimulants (for example, Ritalin, Concerta, Dexedrine, Adderall, Focalin, Didrex, etc.)</p> <p><b>Branching logic: if yes for prescription stimulants, ask:</b></p> <p>Did you use prescription stimulants in any way a doctor did not direct you to use it?</p> <p>Yes No</p> <p>Methamphetamine (also called meth, crank, ice, crystal meth, glass, etc.)</p> <p>Synthetic Stimulants (also called bath salts, flakka, etc.)</p> <p>Inhalants (for example, nitrous oxide, glue, gas, paint thinner, etc.)</p> <p>Prescription sedatives or prescription sleeping pills (for example, Valium, Ambien, Serepax, Ativan, Xanax, Libriu, etc.)</p> <p><b>Branching logic: if yes for prescription sedatives or prescription sleeping pills, ask:</b></p> <p>Did you use prescription sedatives in any way a doctor did not direct you to use it?</p> <p>Yes No</p> <p>Hallucinogens (for example, LSD, acid, Molly, mushrooms, PCP, Special K, ecstasy, Peyote, DMT, Foxy, etc.)</p>	
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	<p>1. If 13 a-c, e-g, i-l = any response except for “Never”, ask:</p> <p>Did your use include smoking this? Options: Yes No</p> <p>2. If 13a - 13l = “Only a few times”, “1-3 times per month”, “1-5 times per week”, or “Daily”:</p> <p>Do you think you have used more or less in the past 30 days than you used to?</p> <p>Options: Less often than usual The same as usual More often than usual</p>	<p>Heroin</p> <p>Prescription opioids (for example, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)</p> <p><b>Branching logic: if yes for prescription opioids, ask:</b> Did you use Pprescription opioids in any way a doctor did not direct you to use it? Yes No</p> <p>None</p> <p>Prefer not to answer</p> <p>Other – specify: (open text)</p> <p><b>Branching logic: for any response option except “never” for cannabis, cocaine, synthetic marijuana, methamphetamine, synthetic stimulants, hallucinogens, heroin, prescription opioid, or other ask:</b></p> <p>Did your use include smoking this?</p> <p>Options: Yes No</p> <p><b>Branching logic: for yes to all substances marked as “Only a few times”, “1-3 times</b></p>	
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		<p><b>per month”, “1-5 times per week”, or “Daily” ask:</b></p> <p>Do you think you have used more or less in the past month than you used to?</p> <p>Options:  Less often than usual  The same as usual  More often than usual</p>	
<p><b>Section 15: Resilience</b></p> <p>The next four questions ask about your behavior and actions. Please select the response that best reflects your behavior in the past month.</p>			
Brief Resilient Coping Scale	<p>I look for creative ways to alter difficult situations.</p> <p>Does not describe me at all  Does not describe me  Neutral  Describes me  Describes me very well</p>	Use as-is	New Question
Brief Resilient Coping Scale	<p>Regardless of what happens to me, I believe I can control my reaction to it.</p> <p>Does not describe me at all  Does not describe me  Neutral  Describes me  Describes me very well</p>	Use as-is	New Question

Brief Resilient Coping Scale	<p>I believe I can grow in positive ways by dealing with difficult situations.</p> <p>Does not describe me at all Does not describe me Neutral Describes me Describes me very well</p>	Use as-is	New Question
Brief Resilient Coping Scale	<p>I actively look for ways to replace the losses I encounter in life.</p> <p>Does not describe me at all Does not describe me Neutral Describes me Describes me very well</p>	Use as-is	New Question
<b>Section 16: Discrimination</b> <p>The next statements describe how others may treat you. In your day-to-day life, how often did any of these happen to you during the past month?</p>			
The Everyday Discrimination Scale	<p>You are treated with less courtesy than other people are.</p> <p>Options:</p> <p>Almost everyday At least once a week A few times a month A few times a year Less than once a year Never</p>	<p>You are treated with less courtesy than other people are.</p> <p>Options:</p> <p>Almost everyday At least once a week A few times a month Never</p>	IRB Reviewed
The Everyday Discrimination Scale	<p>You are treated with less respect than other people are.</p> <p>Options:</p>	<p>You are treated with less respect than other people are.</p> <p>Options:</p>	IRB Reviewed

	Almost everyday At least once a week A few times a month A few times a year Less than once a year Never	Almost everyday At least once a week A few times a month Never	
The Everyday Discrimination Scale	You receive poorer service than other people at restaurants or stores  Options:  Almost everyday At least once a week A few times a month A few times a year Less than once a year Never	You receive poorer service than other people at restaurants or stores  Options:  Almost everyday At least once a week A few times a month Never	IRB Reviewed
The Everyday Discrimination Scale	People act as if they think you are not smart.  Options:  Almost everyday At least once a week A few times a month A few times a year Less than once a year Never	People act as if they think you are not smart.  Options:  Almost everyday At least once a week A few times a month Never	IRB Reviewed
The Everyday Discrimination Scale	People act as if they are afraid of you.  Options:  Almost everyday At least once a week A few times a month A few times a year	People act as if they are afraid of you.  Options:  Almost everyday At least once a week A few times a month Never	IRB Reviewed

	Less than once a year Never		
The Everyday Discrimination Scale	People act as if they think you are dishonest.  Options:  Almost everyday At least once a week A few times a month A few times a year Less than once a year Never	People act as if they think you are dishonest.  Options:  Almost everyday At least once a week A few times a month Never	IRB Reviewed
The Everyday Discrimination Scale	People act as if they're better than you are.  Options:  Almost everyday; At least once a week; A few times a month; A few times a year; Less than once a year; Never	People act as if they're better than you are.  Options:  Almost everyday At least once a week A few times a month Never	IRB Reviewed
The Everyday Discrimination Scale	You are called names or insulted.  Options:  Almost everyday At least once a week A few times a month A few times a year Less than once a year Never	You are called names or insulted.  Options:  Almost everyday At least once a week A few times a month Never	IRB Reviewed



The Everyday Discrimination Scale	<p>You are threatened or harassed.</p> <p>Options:</p> <p>Almost everyday At least once a week A few times a month A few times a year Less than once a year Never</p>	<p>You are threatened or harassed.</p> <p>Options:</p> <p>Almost everyday At least once a week A few times a month Never</p>	IRB Reviewed
The Everyday Discrimination Scale	<p>What do you think is the main reason for these experiences?</p> <p>Options:</p> <p>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 (specify)</p>	Use as-is	IRB Reviewed

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:

NIMH Getting Help page: <https://www.nimh.nih.gov/health/find-help/index.shtml>

SAMHSA Treatment Locator: <https://findtreatment.samhsa.gov/>

*All of Us Research Program* Appendix G8\_V1\_pre01

IRB Approval Date: 23 April 2020

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

Crisis Text Line by texting HOME to 741741