COVID-19v2

Start of Block: Consent

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consent   
**Consent**   
You are being asked to participate in a research study. If you chose, you may participate in this survey every week for 4 weeks.  Completing one survey does not oblige you to participate again. The questions may change each week. Your participation is voluntary.  You can withdraw at any time prior to submitting the survey, however to receive compensation you must respond to all questions and submit the survey. You must be a U.S. resident and 18 or older to participate.  
   
    
**Compensation**   
It is anticipated that each survey will take less than 12 minutes to complete. You indicate that you voluntarily agree to participate in this research study by submitting the survey.  Upon completion of the survey, you will receive compensation in the amount that you have agreed to when entering this HIT on Mechanical Turk.  
   
    
If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researcher:   
    
**Contact**  
 Annette M. O’Connor BVSc, MVSc, DVSc, FANZCVS  
 Department of Large Animal Clinical Sciences  
 College of Veterinary Medicine  
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 517-355-9593  
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 If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University’s Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail [irb@msu.edu](mailto:irb@msu.edu) or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.  
  

* YES, I consent (1)

End of Block: Consent

Start of Block: GeneralizedPsychologicalDistress - Kessler-10 (K-10)

Kessler1 During the past two weeks, how often did you feel ***tired for no good reason***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler2 During the past two weeks, how often did you feel ***nervous***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler3 During the past two weeks, how often did you feel ***so nervous that nothing could calm you down***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler4 During the past two weeks, how often did you feel ***hopeless***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler5 During the past two weeks, how often did you feel ***restless or fidgety***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler6 During the past two weeks, how often did you feel ***so restless that you could not sit still***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler7 During the past two weeks, how often did you feel ***depressed***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler8 During the past two weeks, how often did you feel ***so depressed that nothing could cheer you up***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler9 During the past two weeks, how often did you feel ***that everything was an effort***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Kessler10 During the past two weeks, how often did you feel ***worthless***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

End of Block: GeneralizedPsychologicalDistress - Kessler-10 (K-10)

Start of Block: GeneralizedAnxietyDisorder (GAD-7) (Spitzer et al 2006)

Gad1 During the past two weeks, how often have you been bothered by ***feeling nervous, anxious or on edge***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Gad2 During the past two weeks, how often have you been bothered by ***not being able to stop or control worrying***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Gad3 During the past two weeks, how often have you been bothered by ***worrying too much about different things***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Gad4 During the past two weeks, how often have you ***had trouble relaxing***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Gad5 During the past two weeks, how often have you ***been so restless that it's hard to sit still***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Gad6 During the past two weeks, how often have you ***become easily annoyed or irritable***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Gad7 During the past two weeks, how often have you been bothered by ***feeling afraid as if something awful might happen***?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Q66 It is important to know if you are paying attention. So please select 'All of the time' if you are?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

End of Block: GeneralizedAnxietyDisorder (GAD-7) (Spitzer et al 2006)

Start of Block: LonelinessShortForm (Hughes et al 2004)

Lonely1 During the past two weeks, how often did you feel you lack companionship?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Lonely2 During the past two weeks, how often did you feel left out?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

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| Page Break |  |

Lonely3 During the past two weeks, how often did you feel isolated from others?

* None of the time (1)
* A little of the time (2)
* Some of the time (3)
* Most of the time (4)
* All of the time (5)

End of Block: LonelinessShortForm (Hughes et al 2004)

Start of Block: COVIDRiskPerceptions

Risk1 In your opinion, how likely is it that you will contract COVID-19?

* Extremely unlikely (1)
* Moderately unlikely (2)
* Slightly unlikely (3)
* Neither likely nor unlikely (4)
* Slightly likely (5)
* Moderately likely (6)
* Extremely likely (7)

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| Page Break |  |

Risk2 How serious do you think COVID-19 would be if you contracted it?

* Not at all serious (1)
* Slightly serious (2)
* Moderately serious (3)
* Very serious (4)
* Extremely serious (5)

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| Page Break |  |

Risk3 How concerned are you about the COVID-19?

* Not at all concerened (1)
* Slightly concerned (2)
* Moderately concerned (3)
* Very concerned (4)
* Extremely concerned (5)

End of Block: COVIDRiskPerceptions

Start of Block: Pet Owner

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PetOwner Do you currently have or share responsibility for a pet/companion animal?

* Yes (1)
* No (0)

End of Block: Pet Owner

Start of Block: Sociodemographics

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age Age:

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gender Which gender do you identify as?

* Male (1)
* Female (2)
* Other (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ethnic Please specify your ethnicity:

* White (1)
* Hispanic or Latino (2)
* Black or African American (3)
* Native American or American Indian (4)
* Asian or Pacific Islander (5)
* Other (6)

state In which state do you currently reside?

* Alabama (1)
* Alaska (2)
* Arizona (3)
* Arkansas (4)
* California (5)
* Colorado (6)
* Connecticut (7)
* Delaware (8)
* District of Columbia (9)
* Florida (10)
* Georgia (11)
* Hawaii (12)
* Idaho (13)
* Illinois (14)
* Indiana (15)
* Iowa (16)
* Kansas (17)
* Kentucky (18)
* Louisiana (19)
* Maine (20)
* Maryland (21)
* Massachusetts (22)
* Michigan (23)
* Minnesota (24)
* Mississippi (25)
* Missouri (26)
* Montana (27)
* Nebraska (28)
* Nevada (29)
* New Hampshire (30)
* New Jersey (31)
* New Mexico (32)
* New York (33)
* North Carolina (34)
* North Dakota (35)
* Ohio (36)
* Oklahoma (37)
* Oregon (38)
* Pennsylvania (39)
* Puerto Rico (40)
* Rhode Island (41)
* South Carolina (42)
* South Dakota (43)
* Tennessee (44)
* Texas (45)
* Utah (46)
* Vermont (47)
* Virginia (48)
* Washington (49)
* West Virginia (50)
* Wisconsin (51)
* Wyoming (52)
* I do not reside in the United States (53)

ed What is the highest level of school you have completed or the highest degree you have received?

* Less than high school degree (1)
* High school graduate (high school diploma or equivalent including GED) (2)
* Some college but no degree (3)
* Associate degree in college (2-year) (4)
* Bachelor's degree in college (4-year) (5)
* Master's degree (6)
* Doctoral degree (7)
* Professional degree (JD, MD) (8)

income Please indicate the answer that includes your entire household income in (previous year) before taxes:

* Less than $10,000 (1)
* $10,000 to $19,999 (2)
* $20,000 to $29,999 (3)
* $30,000 to $39,999 (4)
* $40,000 to $49,999 (5)
* $50,000 to $59,999 (6)
* $60,000 to $69,999 (7)
* $70,000 to $79,999 (8)
* $80,000 to $89,999 (9)
* $90,000 to $99,999 (10)
* $100,000 to $149,999 (11)
* $150,000 or more (12)

married What is your marital status?

* Single, never married (1)
* Married or domestic partnership (2)
* Widowed (3)
* Divorced (4)
* Separated (5)

hhsize Including yourself, how many people 18 years of age or older live in your household?

* 1 ( I live alone ) (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 (6)
* 7 (7)
* More than 7 (8)

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children How many people less than 18 years of age live in your household?

* 0 ( no children ) (0)
* 1 (1)
* 2 (2)
* 3 (3)
* 4 (4)
* 5 (5)
* 6 (6)
* 7 (7)
* More than 7 (8)

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religion Please select the choice that best describes your political views?

* very liberal (7)
* liberal (6)
* somewhat liberal (5)
* middle of the road (4)
* somewhat conservative (3)
* conservative (2)
* very conservative (1)

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psychproblem Do you have a history of mental health problems?

* Yes (1)
* No (0)

genhealth How would you describe your general health lately?

* Bad (1)
* Not so good (2)
* So So (3)
* Good (4)
* Excellent (5)

End of Block: Sociodemographics

Start of Block: PetOwner2

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PetTypes For each species, please indicate the number of pets/companion animal(s) you currently have or share responsibility for:

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|  | 0 (0) | 1 (1) | 2 (2) | 3 (3) | 4 (4) | More than 4 (5) |
| Dogs (1) |  |  |  |  |  |  |
| Cats (2) |  |  |  |  |  |  |
| Horses (3) |  |  |  |  |  |  |
| Birds (4) |  |  |  |  |  |  |
| Reptiles (5) |  |  |  |  |  |  |
| Other small mammal(s) (e.g. rabbit, ferret, hamster, etc.) (6) |  |  |  |  |  |  |
| Fishes (7) |  |  |  |  |  |  |
| Other (please describe) (8) |  |  |  |  |  |  |

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| Page Break |  |

MostAttach Among your pets/companion animal(s), which one you feel the greatest attachment to?

* Dog (1)
* Cat (2)
* Horse (3)
* Bird (4)
* Reptile (5)
* Other small mammal(s) (e.g. rabbit, ferret, hamster, etc.) (6)
* Fishes (7)
* Other (please describe (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MostAttachTime How long have you had this animal?

* Less than 1 month (1)
* 1-12 months (2)
* More than 12 months (3)

End of Block: PetOwner2

Start of Block: Impact of COVID on Pets

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Compliance Does your pet/companion animal(s) influence your compliance with quarantine recommendations and requirements in your region?

* Yes (1)
* No (0)

CompB Please explain

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Interact Has COVID-19 affected your normal activities and interactions with your pet/companion animal(s)?

* Yes (1)
* No (0)

InteractB Please explain

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Plans Since the COVID-19 outbreak, have you made plans for caring for your pet/companion animal(s) should you become sick and unable to care for them?

* Yes (1)
* No (0)

Skip To: Concern If Since the COVID-19 outbreak, have you made plans for caring for your pet/companion animal(s) shou... != Yes

Plans Who Who did you discuss this with?

* Family member (1)
* Friend (2)
* Neighbor (3)
* Animal care service provider (e.g. pet-sitter) (4)
* Boarding facility (5)
* Veterinary clinic (6)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concern Overall, how concerned are you about your ability to care for your pets/companion animal(s)?

* Not at all concerned (1)
* A little concerned (2)
* Moderately concerened (3)
* Very concerned (4)
* Extremely concerned (5)

ConcernB Please explain

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End of Block: Impact of COVID on Pets

Start of Block: Comfort from Companion Animals Scale (Zasloff, 1996)

Q66   
You said you feel closet to your **${MostAttach/ChoiceGroup/SelectedChoicesTextEntry}.**  
 Please answer the following questions about your **${MostAttach/ChoiceGroup/SelectedChoicesTextEntry}**.

CCAS1 My pet/animal provides me with companionship

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS2 Having a pet/animal gives me something to care for

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS3 My pet/animal provides me with pleasurable activity

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS4 My pet/animal is a source of constancy in my life

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS5 My pet/animal makes me feel needed

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS6 My pet/animal makes me feel safe

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS7 My pet/animal makes me play and laugh

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS8 Having a pet/animal gives me something to love

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS9 I get more exercise because of my pet/animal

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS10 I get comfort from touching my pet/animal

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS11 I enjoy watching my pet/animal

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS12 My pet/animal makes me feel loved

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

CCAS13 My pet/animal makes me feel trusted

* Strongly disagree (1)
* Disagree (2)
* Somewhat disagree (3)
* Neither agree nor disagree (4)
* Somewhat agree (5)
* Agree (6)
* Strongly agree (7)

End of Block: Comfort from Companion Animals Scale (Zasloff, 1996)