

Consent

University of Oregon Department of Psychology
Informed Consent for Participation as a Subject in:
COVID-19 Study
Consent Form

Important Information for you to consider (see more details below):

- **Why are we doing this?** The University of Oregon is investigating how the novel coronavirus COVID-19 has been impacting community mental health. You are invited to participate for this study if you are over 18 years of age.
- **Do I have to participate?** No! You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not, and you may drop out at any time. There will be no penalty or loss of benefits if you choose not to participate or decide to stop participating after you have started.
- **Time Involvement?** Your participation will take approximately 5 minutes to complete and is completely voluntary. If you provide your email address, then we can contact you in the future for more brief surveys to better understand your response to COVID-19.
- **What is involved?** You will be asked to fill in a questionnaire about who you are (e.g., age, gender) and your feelings as they relate to COVID-19.
- **What are the risks?** We have taken a lot of measures to make sure your data is as private as possible. Like all research studies, there is a small possibility that someone else might access your data, but this is very unlikely as your data is encrypted (i.e., stored in a form that is unreadable by anyone who does not have the “keys”).

- **What are the benefits?** Reflecting on mood when completing the questionnaires might give benefits by helping participants to understand their moods and feeling better. In a broader sense, by becoming involved in this project, they also will be contributing to the advancement of scientific research to help understand and prevent mental health problems due to global pandemics.
- **What are my choices?** Participation is totally voluntary so the only alternative is to not participate.

Description:

The purpose of this study is to evaluate mental health and stress in response to the novel COVID-19. You will have the option to provide your email address if you would be willing to complete future surveys to better understand how mental health and stress change over time in response to the COVID-19.

Description of the Study Procedures:

If you agree to be in this study, we would ask you to fill out a brief questionnaire. The research team will collect and use the following types of Study Data for this research.

- Email Address
- Gender
- Race/Ethnicity
- Income
- Health Information

Alternatives:

Since this study is not designed to treat people for anything, the only alternative to participating in the study is not to participate.

Risks/Discomforts of Being in the Study:

Participants will face no more than minimal risk, meaning that they will experience no more psychological discomfort greater than what they might experience in everyday life. However, some participants may find some questions to be boring, difficult, or uncomfortable. Participation is voluntary, that no question is required, and that they can stop the study at any time without penalty.

Benefits of Being in the Study:

Reflecting on mood when completing the questionnaires might provide benefits by helping participants to understand their moods and feeling better. In a broader sense, by becoming involved in this project, they also will be contributing to the advancement of scientific research to help understand and prevent mental health problems due to global pandemics.

Compensation:

There is no payment for participation in this study.

Costs:

There is no cost to you to participate in this research study.

Confidentiality:

All data will be encrypted and stored on highly secure servers. Data collected from you during this study may eventually be shared with other researchers for scientific purposes only; however, these data will not contain any identifying information that would allow others to link the data to you. When the results of this research are published or discussed at conferences, absolutely no information will be included that would reveal your identity. Access to the records will be limited to the researchers; however, please note that regulatory agencies, the Institutional Review Board and internal University of Oregon auditors may review the research records. Data will be stored indefinitely and may be used in conjunction with future data collected through this study.

Voluntary Participation/Withdrawal:

Your participation is voluntary. If you choose not to participate, it will not affect your current or future relations with the University of Oregon. If you decide to participate, you are free to withdraw your consent and discontinue participating at any time without penalty. There is no penalty or loss of benefits for not taking part or for stopping your participation.

General Data Protection Regulation (GDPR):

The GDPR gives you rights relating to your Study Data, including the right to:

- Access, correct or withdraw your Study Data; however, the research team may need to keep Study Data as long as it is necessary to achieve the purpose of this research.
- Restrict the types of activities the research team can do with your Study Data.
- Object to using your Study Data for specific types of activities.
- Withdraw your consent to use your Study data for the purposes outlined in the consent form and in this document (Please understand that you may withdraw your consent to use new Study Data, but Study Data already collected will continue to be used as outlined in the consent document and in this Notice).

Contacts and Questions:

The Principal Investigator conducting this study is Benjamin Nelson (bwn@uoregon.edu). For questions or more information concerning this research, or if you believe you may have suffered a research related injury, questions about GDPR data use, complaints about the use of your Study Data, or if you want to make a request relating to the rights listed above, you may contact him. If you have any questions about your rights as a research subject, you may contact: Research Compliance Services, University of Oregon at (541) 346-2510 or ResearchCompliance@uoregon.edu.

Statement of Consent:

By signing my name below, I affirm that I have read (or have had read to me) the contents of this consent form. I am aware that I can use the contact information provided if I have any questions. I give my consent to participate in this study.

Signature (Required)

 **SIGN HERE**

clear

Email Address (enter if you would like to be contacted for possible follow-up surveys)

PHQ-2

In the past two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

In the past two weeks, how often have you been bothered by any of the following problems?

Feeling down, depressed, or hopeless.

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

GAD-2

In the past two weeks, how often have you been bothered by the following problems?

Feeling Nervous, anxious, or on edge

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

In the past two weeks, how often have you been bothered by the following problems?

Not being able to stop or control worrying

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

How concerned do you feel about COVID-19?

Not at all concerned

A little concerned

Moderately concerned

Very concerned

Extremely concerned

Flu Questions

1. In past 4-6 weeks have you had any flu like symptoms (e.g., fever, dry cough, shortness of breath)?

Yes

No

Which symptoms have you had? (select all that apply)

1. Fever

2. Dry Cough

3. Fatigue

4. Sputum production (thick mucus from lungs)

- 5. Sore Throat
- 6. Shortness of Breath
- 7. Headache
- 8. Muscle or Joint Pain
- 9. Diarrhea
- 10. Nausea or Vomiting
- 11. Chills
- 12. Nasal Congestion

1. In the past 4-6 weeks have you personally known anyone that has had flu like symptoms?

Yes

No

If so, how many (enter numeric number)?

1. Have you been tested for COVID-19 by a medical doctor?

- a. Yes, I was tested for COVID-19 and the results were positive.
- b. Yes, I was tested for COVID-19 and the results were negative.
- c. Yes, I was tested for COVID-19 and I am waiting for results.
- d. No, I was not tested for COVID-19, because I could not get a test.
- e. No, I have not tried to get a test.

1. Do you personally know anyone that has been hospitalized due to COVID-19?

Yes

No

If so, how many (enter numeric number)?

1. Do you personally know anyone that has passed away due to COVID-19?

Yes

No

If so, how many (enter numeric number)?

Behavior Change

Have you made any changes to your daily lifestyle due to COVID-19?

Yes, I have made changes to my daily schedule to reduce risk.

No, I have not made changes to my daily schedule to reduce risk.

How much are you self-quarantining?

None of the time. I am continuing my normal daily schedule.

Some of the time. I have reduced some of the time that I am in public spaces, social

gatherings, and work.

Most of the time. I only leave for food, doctor appointments, and other essentials.

All of the time. I am staying home almost all of the time.

Financial Strain

Have you lost your job due to COVID-19?

Yes

No

Have you been unable to go to work due to COVID-19 related work changes?

Yes

No

Have you lost income due to COVID-19 related work changes?

Yes

No

How would you describe the money situation in your household right now?

- a. Comfortable with extra
- b. Enough but no extra
- c. Have to cut back
- d. Cannot make ends meet

In the past 12 months, how often has the following statement been true in your household: The food we bought ran out and we didn't have money to get more.

- a. Never true
- b. Sometimes true
- c. Often true

Demographics

What gender identity do you most identify with?

Male/Man

Female/Woman

Nonbinary

Prefer to self describe

Prefer not to answer

Please describe with which racial group(s) you identify (check all that apply)

- a. White/Caucasian
- b. Black/African-American
- c. Latino/Latina/Latinx
- d. Asian
- e. Pacific Islander/Native Hawaiian
- f. Native American/Alaskan Native
- g. Race not listed

h. Prefer to self-describe

i. Prefer not to answer

Please select answer B

- A
- B
- C
- D

Please describe with which ethnic group(s) you identify

- a. Hispanic
- b. Non-Hispanic
- c. Prefer not to answer

Highest education level of self

- a. Some high school
- b. High school diploma/GED
- c. Vocational/Technical school (2 years)
- d. Some college
- e. College graduate (4 years)
- f. Graduate or Professional degree
- g. Other

Your total yearly income before taxes over the last year?

- a. Less than \$4,999
- b. \$5,000-\$9,999
- c. \$10,000-\$19,999

- d. \$20,000-\$49,999
- e. \$50,000-\$99,999
- f. \$100,000-\$149,999
- g. \$150,000+
- h. Don't know
- i. Prefer not to answer

What is your current zipcode?

How old are you (in years)?

Date of Birth (mm/dd/yy)?

Do you have any physical or mental disabilities? [check all that apply]

- a. Yes, I have a PHYSICAL disability/disabilities (or previously had a disability/disabilities)
- b. Yes, I have a MENTAL disability/disabilities (or previously had a disability/disabilities)
- c. No, I don't have a disability
- d. Prefer not to answer

What is your political orientation

Very Conservative

Conservative

Moderate

Liberal

Very Liberal

What is your occupation?

Management Occupations

Business and Financial Operations
Occupations

Computer and Mathematical Occupations

Architecture and Engineering Occupations

Life, Physical, and Social Science
Occupations

Community and Social Service Occupations

Legal Occupations

Educational Instruction and Library
Occupations

Arts, Design, Entertainment, Sports, and
Media Occupations

Healthcare Practitioners and Technical
Occupations

Healthcare Support Occupations

Protective Service Occupations

Food Preparation and Serving Related
Occupations

Building and Grounds Cleaning and
Maintenance Occupations

Personal Care and Service Occupations

Sales Occupations

Office and Administrative Support
Occupations

Farming, Fishing, and Forestry Occupations

Construction and Extraction Occupations

Installation, Maintenance, and Repair
Occupations

Production Occupations

Transportation and Material Moving
Occupations

Military Specific Occupations

Student

Other

Block 7

What best describes your household make up?

live alone

live with roommate or housemate

live with partner

live with partner and children under 18 years old

live with partner and relative over the age of 65 years old

live with children under 18 years old (no partner)

live with relative over the age of 65 years old (no partner)

other: please describe

How many children and ages?

How many relatives and ages?

Since hearing about COVID-19, has household conflict increased?

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

Where did you find out about this study?

Twitter

Facebook

Instagram

Other

Powered by Qualtrics