COVID-19 Experiences (COVEX)

Suggested citation
Fisher, P.W., Desai, P., Klotz, J., Turner, J.B., Reyes-Portillo, J.A., Ghisolfi, I., Canino, G., and Duarte, C.S. (2020) COVID-19 Experiences (COVEX).

Section 5: Worries, Mental Health Changes

Now I'm going to ask you some questions about how you've been feeling lately.

1. **Over the last <u>two weeks</u>, how often have you been bothered by any of the following problems?**

1a. Little interest or pleasure in doing things

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

1b. Feeling down, depressed, or hopeless

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

1c. Trouble falling or staying asleep or sleeping too much

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

1d. Feeling tired or having little energy

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

1e. Poor appetite or overeating

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

1f. Feeling bad about yourself—or that you are a failure or have let yourself or family down

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

1g. Trouble concentrating on things, such as reading the newspaper or watching television

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

1h. 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

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

1i. Thoughts that you would be better off dead, or of hurting yourself

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

1j. Feeling nervous, anxious or on edge

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

1k. Not being able to stop or control worrying

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

1l. Being easily annoyed or irritable

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

1m. Feeling lonely

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

2. In the past month, how often did you drink alcohol?

- ☐ Daily or almost everyday
- ☐ 3-4 days a week
- ☐ 1-2 days a week
- ☐ 1-3 days a month
- ☐ Never → **GO TO 3**

If drinks alcohol, ask:

2a. On a day when you drink, how many drinks will you typically have?

- ☐ 1-2 drinks
- ☐ 3-4 drinks
- ☐ More than 4 drinks

3. In the past month, how often have you used other drugs to get high?

- ☐ Daily or almost everyday
- ☐ 3-4 days a week
- ☐ 1-2 days a week
- ☐ 1-3 days a month
- ☐ Less than once a month
- ☐ Never

4. **I am going to ask you the same questions again, but now you should think about the two weeks during the COVID-19 outbreak that were the <u>most difficult for you.</u>**

During the two weeks that were the most difficult, how often were you bothered by any of the following problems?

4a. Little interest or pleasure in doing things

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

4b. Feeling down, depressed, or hopeless

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

4c. Trouble falling or staying asleep or sleeping too much

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

4d. Feeling tired or having little energy

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

4e. Poor appetite or overeating

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

4f. Feeling bad about yourself—or that you are a failure or have let yourself or family down

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

4g. Trouble concentrating on things, such as reading the newspaper or watching television

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

4h. 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

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

4i. Thoughts that you would be better off dead, or of hurting yourself

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

4j. Feeling nervous, anxious or on edge

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

4k. Not being able to stop or control worrying

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

4l. Being easily annoyed or irritable

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

4m. Feeling lonely

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

5. During the two weeks that were the most difficult for you, how often did you drink alcohol?

- ☐ Daily or almost everyday
- ☐ 3-4 days a week
- ☐ 1-2 days a week
- ☐ Less than once a week
- ☐ None

If drank alcohol, ask:

5a. On a day when you drank, how many drinks will you typically have?

- ☐ 1-2 drinks
- ☐ 3-4 drinks
- ☐ More than 4 drinks

6. **During the two weeks that were the most difficult for you, how often did you use other drugs to get high?**
   - ☐ Daily or almost everyday
   - ☐ 3-4 days a week
   - ☐ 1-2 days a week
   - ☐ Less than once a week
   - ☐ None

7. **The next questions are about worries you might have (had) during the COVID-19 outbreak. For these questions, please think about the time during the outbreak that was the most difficult for you.**

During that time, how worried [have you been/were you] that …

7a. You, yourself, might get COVID-19?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7b. You might infect someone else with COVID-19?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7c. Someone in your family or a close friend might get very sick from COVID-19?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7d. Adequate health care wouldn't be available if you or your family got sick from COVID-19?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7e. You or your family members couldn't afford to pay for treatment or testing for COVID-19?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7f. You or your family wouldn't be able to get health care for another medical problem (not COVID 19)?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7g. About how other people in your family or who you are close to will cope with being isolated/alone?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7h. You wouldn't be able to take care of people in your family who needed help?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7i. You will lose income due to a workplace closure or reduced hours because of the COVID-19 outbreak?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

7j. You or your family will suffer a significant financial loss because of COVID-19?

Not at all worried	A little worried	Somewhat worried	Extremely worried	Don't know
☐	☐	☐	☐	☐

8. Overall, how much do you think that worry or stress related to the COVID-19 outbreak has had a negative impact on your mental health?

☐ No negative impact
☐ Small negative impact
☐ Moderate/medium negative impact
☐ Large negative impact

9. Overall, how much do you think that worry or stress related to the COVID-19 outbreak has had a negative impact on your physical health?

☐ No negative Impact
☐ Small negative impact
☐ Moderate/medium negative impact
☐ Large negative impact

Optional
The remaining questions in this section may be useful to assess changes in clinical state during the COVID-19 outbreak. If not relevant to your study, go to Section 6.

10. Many people (have) experienced changes in their emotions and behaviors during the COVID-19 outbreak.

Compared with how you were doing before the outbreak started in your area, how much [were you/have you been] bothered by the following:

10a. Feeling nervous or anxious

No change	A lot more than usual	A little more than usual	A little less than usual	A lot less than usual
☐	☐	☐	☐	☐

10b. Not being able to stop worrying

No change	A lot more than usual	A little more than usual	A little less than usual	A lot less than usual
☐	☐	☐	☐	☐

10c. Feeling sad

No change	A lot more than usual	A little more than usual	A little less than usual	A lot less than usual
☐	☐	☐	☐	☐

10d. Feeling annoyed or irritable

No change	A lot more than usual	A little more than usual	A little less than usual	A lot less than usual
☐	☐	☐	☐	☐

10e. Experiencing lack of motivation

No change	A lot more than usual	A little more than usual	A little less than usual	A lot less than usual
☐	☐	☐	☐	☐

10f. Feeling lonely

No change	A lot more than usual	A little more than usual	A little less than usual	A lot less than usual
☐	☐	☐	☐	☐

10g. Feeling hopeless

No change ☐ | A lot more than usual ☐ | A little more than usual ☐ | A little less than usual ☐ | A lot less than usual ☐

11. Now I'd like to know about some changes in behaviors since the outbreak. Again, compared to how things were before the outbreak have you experienced any of the following:

11a. Changes in amount you're eating

No change ☐ | A lot more than usual ☐ | A little more than usual ☐ | A little less than usual ☐ | A lot less than usual ☐

11b. Changes in amount you're sleeping

No change ☐ | A lot more than usual ☐ | A little more than usual ☐ | A little less than usual ☐ | A lot less than usual ☐

11c. Changes in amount of sexual activity

No change ☐ | A lot more than usual ☐ | A little more than usual ☐ | A little less than usual ☐ | A lot less than usual ☐

11d. Changes in alcohol or substance use

No change ☐ | A lot more than usual ☐ | A little more than usual ☐ | A little less than usual ☐ | A lot less than usual ☐

11e. Other change (specify) ________________________________

No change ☐ | A lot more than usual ☐ | A little more than usual ☐ | A little less than usual ☐ | A lot less than usual ☐