



COVID-19 Coping Study

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1-MONTH FOLLOW-UP SURVEY

Launched 5/1/2020

Thank you for your continued participation in the COVID-19 Coping Study!

This follow-up survey is meant to check in with you. Your responses will help us better understand ongoing experiences, perspectives, and ways of coping with the COVID-19 pandemic.

After today, we will email you the next follow-up survey in about a month. Our intent is to send you a copy of some early results soon. We are so grateful for your continuing engagement.

Thanks again!
Jessica & Lindsay

You can revisit the information about the study
here: <https://sph.umich.edu/covid19copingstudy/>

By providing further data you are consenting to your continued involvement in this study. If you would like to withdraw from this study, simply close this web browser page.

We think that it should take about 8 minutes to complete this follow-up survey.

Please feel free to reach out with any questions or concerns. If you have questions later or if you have a research-related problem, you can email or call either of the study investigators:

- Dr. Lindsay Kobayashi: lkob@umich.edu, 734-763-0322
- Dr. Jessica Finlay: jmfinlay@umich.edu, 734-647-0858

If you have questions about your rights as a research participant, or you have complaints about this research, you call the University of Michigan Institutional Review Board at (734) 936-0933 or email irbhsbs@umich.edu.

Before we begin, please confirm the email address that you would like us to use to contact you. This information will NOT be shared with third parties.

Please click “Next” to continue.

Questions about current impacts of the COVID-19 pandemic

We’d like to ask you about your experiences and feeling related to the ongoing COVID-19 pandemic. Please answer openly and truthfully.

1. How worried are you **right now** about the COVID-19 pandemic? [*not at all worried; slightly worried; somewhat worried; moderately worried; extremely worried*]
2. In the past **two weeks**, have you had COVID-19? [*yes, diagnosed with a test and recovered; yes, diagnosed with a test and still sick; not diagnosed or tested, but I have had a cough, fever, or other flu-like symptoms; no*]
3. In the past **two weeks**, have any of your family members or friends had COVID-19? [*yes, diagnosed with a test and recovered; diagnosed with a test and still sick; not diagnosed or tested, but they have had a cough, fever, or other flu-like symptoms; no*]
4. In the past **two weeks**, have any of your family members or friends been hospitalized? [*yes; no*]
If no → skip 4a
 - a. Was the hospitalization of your family member(s) or friend(s) due to COVID-19? [*yes; no; don't know*]
5. In the past **two weeks**, have any of your family members or friends passed away? [*yes; no*]
→ skip 5a
 - a. Did your family member(s) or friend(s) pass away due to COVID-19? [*yes; no; don't know*]
6. In the past **two weeks**, has there been a change in your employment status? [*yes; no*]
if no → skip 6a

- a. What change in your employment have you experienced in the past **two weeks**? [*I have lost my job; I have been furloughed or placed on a leave of absence; I have reduced work hours/income; I am now working from home; I am on a leave of absence because of temporary illness or family leave; other [please describe]*]
7. Have you received a stimulus check from the federal government? The stimulus check is also known as the Economic Impact Payment from the Internal Revenue Service (IRS) [*yes; not yet, but I expect to; no, I am not eligible; don't know*]
8. Has the COVID-19 pandemic affected any of the following: [*a lot more; a little more; a little less; a lot less; no*]
 - a. How you are saving money?
 - b. How you are spending money?
 - c. How you are borrowing money?
 - d. How you using public assistance or charity (e.g. unemployment benefits, food stamps, food banks)?
9. On a scale of 0 to 100 percent, what is the percent chance you will run out of money because of the COVID-19 pandemic within in the next six months? [*slider from 0-100*]
10. In the **past week**, how many days have you: [*response options for all: 0 days, 1-3 days, 4-6 days, 7 days*]
 - a. Been self-isolating (i.e., not left your residence except for essential purposes such as work, obtaining food, medications, or other supplies, outdoor exercise, or taking care of pets)?
 - b. Washed your hands with soap or used hand sanitizer more than normal (before COVID-19)?
 - c. Worn a face mask?
 - d. Stayed at least 6 feet away from other people when outside your home?
 - e. Been outside for 15 minutes or more?
 - f. Had in-person face-to-face contact with another person for 15 minutes or more (including someone you live with)?
 - g. Had a phone or video call with another person for 15 minutes or more?
 - h. Communicated with family, friends, and/or community members over text message, email, or other social media or messaging applications such as Facebook or WhatsApp?
11. In the past **two weeks**, have you expanded the number of people with whom you have face-to-face contact? [*yes-indicate how many (text box); no*]
12. In the **past week**, have any of these things been causing you significant stress (e.g., constantly on your mind or keeping you awake at night)? Please select all that apply.
 - a. Marriage or other romantic relationship
 - b. Friends or family
 - c. Neighbors
 - d. Your pet
 - e. Work (even if your job is safe)
 - f. Losing your job/unemployment

- g. Everyday finances
 - h. Retirement savings
 - i. Getting medication and/or medical care
 - j. Getting food
 - k. Having somewhere to live
 - l. Internet and/or computer access
 - m. Boredom
 - n. Future plans
 - o. Concerns about your own health (not related to COVID-19)
 - p. Concerns about family or friends' health (not related to COVID-19)
 - q. Catching COVID-19
 - r. Becoming seriously ill from COVID-19
 - s. Family members or friends becoming seriously ill from COVID-19
 - t. Your own physical safety or security
 - u. Re-opening society
 - v. Federal government response to COVID-19
 - w. My state government's response to COVID-19
 - x. Impact of COVID-19 on the US or global economy
 - y. Other [please describe]
13. Overall, **how satisfied are you with your life** in the current situation, all things considered? Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied) [*response options from (completely dissatisfied to 10 (completely satisfied))*]
14. The next questions are about how you feel about different aspects of your life. For each one, please say how often you felt that way during the **past week**. [*response options for all: hardly ever; some of the time; often*]
- a. How often do you feel you lack companionship?
 - b. How often do you feel left out?
 - c. How often do you feel isolated from others?
15. Now, think about the **past week** and the feelings you have experienced. Are any of the following true for you? In the past week, [*response options for all: yes; no*]
- a. much of the time, you felt depressed?
 - b. ... much of the time, you felt that everything you did was an effort?
 - c. ... much of the time, your sleep was restless?
 - d. ... much of the time, you were happy?
 - e. ... much of the time, you felt lonely?
 - f. ... much of the time, you enjoyed life?
 - g. ... much of the time, you felt sad?
 - h. ... much of the time, you could not get going?
16. After each statement, please indicate how often you felt that way during the **past week**. The best answer is usually the one that comes to your mind first, so do not spend too much time on any one statement. [*response options: most of the time, some of the time, hardly ever, never*]
- i. I had fear of the worst happening.
 - ii. I was nervous.
 - iii. I felt my hands trembling.

- iv. I had a fear of dying.
- v. I felt faint.

17. How would you rate your **health** at the present time? *[excellent; good; very good; good; fair; poor]*
18. How would you rate your **memory** at the present time? *[excellent; good; very good; good; fair; poor]*
19. As the COVID-19 pandemic continues, is there anything that you are grieving, mourning the loss of, or sad about? Please describe below. *[open text box]*
20. As the COVID-19 pandemic continues, what is helping you the most to cope with it? Please describe below. *[open text box]*
21. Is there anything else that you would like to tell us about your ongoing experiences during the COVID-19 pandemic? *[large text box]*