



COVID-19 Coping Study

Drs. Lindsay Kobayashi and Jessica Finlay
University of Michigan

3-MONTH FOLLOW-UP SURVEY

Beginning 6/29/2020

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. We recognize that there are other significant stressors that may be impacting your life. Please feel free to use this space to share your broader thoughts and experiences.

After today, we will email you the next follow-up survey in about a month. 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 10 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 login ID included in the email. *[text box]*

Please click “Next” to continue.

Questions about current impacts of the COVID-19 pandemic

We’d like to ask you about your ongoing experiences and feelings related to the COVID-19 pandemic. Some questions are repeated from previous surveys, others are new. Please answer each question to the best of your ability, as your answers are very important to track changes over time.

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 month**, have you had any symptoms of COVID-19? Common symptoms include cough, fever, shortness of breath, new loss of taste or smell. *[Yes; No]*
3. In the **past month**, were you tested for COVID-19? *[Yes; No; Unknown]* **If no → skip**
 - a. Was the test for COVID-19 positive? Please select all that apply if you've had multiple tests in the past month. *[check all that apply: Yes; No; Unknown; Waiting for results]*
4. In the **past month**, to the best of your knowledge have any of your family members or friends had any symptoms of COVID-19? Common symptoms include cough, fever, shortness of breath, new loss of taste or smell. *[Yes; No; Unknown]*
5. In the **past month**, to the best of your knowledge were any of your family members or friends tested for COVID-19? *[Yes; No; Unknown]* **If no → skip**
 - a. Was their test(s) for COVID-19 positive? Please select all that apply. Please select all that apply. *[check all that apply: Yes; No; Unknown; Waiting for results]*
6. In the **past month**, have any of your family members or friends been hospitalized? *[Yes; No]* **If no → skip**

- a. Was the hospitalization of your family member(s) or friend(s) due to COVID-19? Please select all that apply. *[check all that apply: Yes; No; Don't know]*
7. In the **past month**, have any of your family members or friends passed away? *[yes; no]* **If no → skip**
- a. Did your family member(s) or friend(s) pass away due to COVID-19? *[check all that apply: Yes; No; Don't know]*
8. In the **past 3 months**, has your relationship status changed? *[yes; no]* **If no → skip**
- a. How has your relationship status changed in the **past 3 months**? Please select all that apply. *[check all that apply: In a new relationship; Married; Divorced; Separated; Widowed; Other [please describe]]*
9. In the **past month**, has your employment status or daily work situation changed? *[yes; no]* **If no → skip**
- a. What change in your employment or work situation have you experienced in the **past month**? Please select all that apply. *[check all that apply: I have a new job; I retired; I have lost a job; I have been furloughed; I have taken a leave of absence; I have taken vacation time; I have reduced work hours; I have increased work hours; I am now working from home, part- or full-time; I am now in a workplace away from home, part- or full-time; There are less people in my workplace; There are more people in my workplace; Other [please describe]]*
10. In the **past month**, has your living situation changed (e.g., changes in where you live or who you live with)? *[yes; no]* **If no → skip**
- a. What changes in living situation have you experienced in the **past month**? Please select all that apply. *[check all that apply: I have moved to a new residence and officially changed my address; I have temporarily moved in with others (e.g., family, friends, roommates); Others have moved in with me (e.g., family, friends, roommates); I have stayed in a private vacation home; I have stayed in a hotel, hostel, or other short-term rental; I am currently housing insecure; Other [please describe]]*
11. In the **past month**, have you received a personal 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 already received it more than one month ago; No, I am not eligible; Don't know]*
12. 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 face-to-face contact with another person for 15 minutes or more?
 - 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?
13. In the **past month**, have you expanded the number of people with whom you have face-to-face contact? [*Yes – Please indicate the number of approximately how many new people (text box); No*]
14. In the **past month**, have you expanded the number of places you go to and spend time in? [*yes – please indicate the number of approximately how many new places (text box); no*] → **If no, skip**
- a. Please indicate the **new** places you have gone to and spent time in over the **past month**. [*check all that apply: Grocery store; Pharmacy; Family member's home; Friend's home; Restaurant, coffee shop, or bar; Place of worship; Park or nature area; Gym or recreation center; Community center or senior center; Non-grocery retail or service store (e.g. clothing, home improvement/gardening, pet supply, car garage or auto service, convenience stores); Personal care establishment (e.g., hair or nail salon, barbershop, spa); Healthcare provider (e.g., doctor's office, dentist, or eye doctor); Hospital; Other (please describe)*]
15. How do you feel about the level of reopening of businesses in your area? Do you think that there should be more or less restrictions on public activity in your community right now? Why do you feel this way? [*large text box*]
16. In the **past month**, has anything been causing you significant stress (e.g., constantly on your mind or keeping you awake at night)? If yes, please describe. [*large text box*] → **If blank response, "no", or "No", skip**
- a. *If yes:* What, if anything, is helping you to cope with and manage this stress? [*large text box*]
17. 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 0 (completely dissatisfied) to 10 (completely satisfied)*]
18. 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 did you feel you lacked companionship?
 - b. How often did you feel left out?
 - c. How often did you feel isolated from others?
19. Now, think about the **past week** and the feelings you have experienced. Were 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?
20. 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.
21. How would you rate your **health** at the present time? *[Excellent; Very good; Good; Fair; Poor]*
22. How would you rate your **memory** at the present time? *[Excellent; Very good; Good; Fair; Poor]*
23. Before April 2020, has a doctor ever told you that you had either of the following health conditions? Please select all that apply. *[Depression; Anxiety]*
24. How has the COVID-19 pandemic affected your close personal relationships with others (i.e., family members or close friends)? Is there anything in particular that you value, miss, or find challenging in your close personal relationships and interactions during this time? *[large text box]*
25. Is there anything else that you would like to tell us about your ongoing experiences during the COVID-19 pandemic? *[large text box]*

Thank you so much! We really appreciate your continued participation.