

CARES Wave 1 Survey

Start of Block: Screener

D1 Thank you for your interest in the COVID19 Adult Resilience Experiences Study (CARES)! This longitudinal study is a collaboration between the Boston University School of Social Work and Brigham and Women's Hospital, Harvard Medical School. In this study, we will ask young adults about their personal experiences, physical health, and mental well being following the COVID-19 pandemic. This study will consist of a **30-40 minute online survey**. You may also be asked to participate in a 30-minute survey in July and October 2020. Some participants will also be asked to participate in a 20-minute video interview at each time point. In order to determine your eligibility for our study, we ask that you share the following information about yourself. If you are eligible, you will be invited to proceed with our survey.



elig_US (1) Are you living **in the United States**?

- No (0)
- Yes (1)
-



elig_school (2) Are you currently receiving education from a **U.S. institution**?

- No (0)
- Yes (1)
-



elig_age (3) Are you between the ages of 18-30?

No (0)

Yes (1)

End of Block: Screener

Start of Block: Ineligible

D4 Thank you for your interest in our research study! Unfortunately, based on your answers to our screening questions, we have determined that you are ineligible to participate.

End of Block: Ineligible

Start of Block: Consent

D5 Thank you for your interest in our research study, the COVID-19 Adult Resilience Experiences Study (CARES).

You are eligible to participate in this research study.

Below, please read our consent form for important information about your rights as a research participant. **At the end of this document, you will be asked to select "agree" if you agree to participate.**

C1 CONSENT FORM

Study Summary

The purpose of this research study is to learn about young adults' experiences, mental well being, and health outcomes following the COVID-19 pandemic.

Participants who take part in this research study will be in this research study for 6 months (April – October). During this time, participants may participate in the research study for up to three time points. These surveys and interviews will ask about stress, social support, and your experiences during the COVID-19 pandemic.

Participants taking part in this study will complete the following: A 30-40 minute online survey on Qualtrics about stress, social support, and your experiences during the COVID-19 pandemic.

You may also be asked to participate in surveys at two additional time points in July/August and October/November.

At each time point, some participants may be asked to participate in an in-depth video interview online via Zoom (a video-conferencing application) following completion of their survey.

The risks of taking part in this research study are minimal, including possible discomfort when being asked to recall experiences of COVID-19 and potential loss of confidentiality. We make efforts to address these risks, as detailed in depth next page.

C2 Introduction

Please read this form carefully. The purpose of this form is to provide you with important information about taking part in a research study. If you have any questions about the research or any portion of this form, please ask us. Taking part in this research study is up to you. If you decide to take part in this research study, we will ask you to select "I agree" at the end of this form. We will provide a copy of the consent form as a PDF for download.

The two people in charge of this study are **Hyeouk Chris Hahm, PhD, LCSW** and **Cindy H. Liu, PhD**. Dr. Hahm can be reached at hahm@bu.edu or (617) 353-3925, and Dr. Liu may be reached at chliu@bwh.harvard.edu or (617) 525-4131. We will refer to these two people as the "researcher" throughout this form.

What should I know about this research study?

Participation in research is voluntary, which means that it is something for which you volunteer. It is your choice to participate in the study, or not to participate. If you choose to participate now, you may change your mind and stop participating later. If you decide not to participate, that decision will not result in any penalty or loss of benefits to which you are otherwise entitled.

Why is this study being done?

The purpose of this study is to learn about the effects of the COVID-19 pandemic on stress, resilience, and physical/mental health among young adults.

We are asking you to take part in this study because you are: Between the ages of 18-30 years old; Living within the United States and/or receiving education within the United States.

About **1000 participants** will take part in this research study nationwide.

Who is Funding the Study?

This study is not currently funded.

C3 How long will I take part in this research study?

We expect that you will be in this research study for approximately **6 months** for up to **three**

time points. At each time point, we may ask you to participate in a **30-45 minute online survey**. A select number of participants at each time point (20 participants) will be asked to participate in an additional 20-minute in-depth interview.

What will happen if I take part in this research study?

If you agree to take part in this study, we will ask you to sign this consent form before we conduct any study procedures. Below, please see the details for each time point. We will ask you to complete a 30-40 minute online Qualtrics survey regarding demographics, stress, social support, and experiences following the COVID-19 pandemic. A link to these surveys will be emailed to you prior to each time point. You may be contacted for two subsequent time points in July/August and October/November to additional online surveys. At each time point, we will select 20 participants to participate in a 20-minute online interview over Zoom, a video-conferencing application. During this interview, we will ask you about your personal experiences during the COVID-19 pandemic. You will have the option to conduct a video interview or audio only.

Are you willing to potentially be contacted for an interview?

Yes (please provide initials below): (4)

No (please provide initials below): (5)

C4 What are the risks of taking part in this research study?

Risks of Completing Tasks

You may get tired during the tasks. You can rest at any time.

Questionnaire/Survey Risks

You may feel emotional or upset when answering some of the questions. Tell the interviewer at any time if you want to take a break or stop the interview.

You may be uncomfortable with some of the questions and topics we will ask about. You do not have to answer any questions that make you feel uncomfortable.

Loss of Confidentiality

The main risk of allowing us to use and store your information for research is a potential loss of privacy. We will protect your privacy by labeling your information with a code and keeping the key to the code in a password-protected computer.

Reporting Suicidal Risk: If, during your participation of this study, we have reason to believe that you are at risk for being suicidal or otherwise harming yourself, we are required to take the

necessary actions. This may include notifying your doctor, your therapist, or other individuals. If this were to occur, we would not be able to assure confidentiality.

You will be informed of any significant new findings developed during the course of this research which may affect your willingness to continue participation.

Are there any benefits from being in this research study?

There are no direct benefits to you from taking part in this research. However, others may benefit in the future from the information that is learned in this study.

What alternatives are available?

You may choose not to take part in this research study.

Study Participation and Early Withdrawal

Taking part in this study is your choice. You are free not to take part or to withdraw at any time for any reason. No matter what you decide, there will be no penalty or loss of benefit to which you are entitled. If you decide to withdraw from this study, the information that you have already provided will be kept confidential.

You may choose not to be in the study or to stop being in the study before it is over at any time. If you are a student at Boston University, your decision to participate or stop the study will not affect your class standing or your grades. You will not be offered or receive any special consideration if you take part in this research study.

Also, the researcher may take you out of this study without your permission. This may happen because:

| | |
|---|--|
| The researcher thinks it is in your best interest | You can't make the required study visits |
| Other administrative reasons | |

C5 Audio/Video Recording

We may ask you to participate in a video or audio-only interview (depending on your preference). If you are audio/video recorded it will be possible to identify you. We will store these recordings on our computer and only approved study staff will have access to the recordings. We will label these recordings with a code instead of your name. The key to the code connects your name to your recording. The researcher will keep the key to the code in a password-protected computer. The recordings will be kept until all data processing and analysis (interview transcriptions and subsequent analyses) are complete and will be stored for no more than one year after the analyses are completed.

Do you agree to allow us to audio/video record you during this study if you are willing to participate in an interview?

Yes (Please provide your initials below): (1)

No (Please provide your initials below): (2)

C6 Note: If we invite you to participate in an audio interview, we will also remind you of audio/video recording, when the interview takes place. You are allowed to change your mind at any time.

C7 Use of Your Study Information

Samples and private information collected from you during this study will NOT be used for future research studies or shared with other researchers for future research, even if the information identifying you are removed from the sample and/or private information.

How Will You Keep My Study Records Confidential?

We will keep the records of this study confidential by de-identifying your data to the extent possible. The identifiable information we do keep, such as your name and contact information when you sign the consent form, will be kept separate from our de-identified data. All data will be accessible to research staff only and will not be shared with anyone outside of the research group. We will make every effort to keep your records confidential. However, there are times when federal or state law requires the disclosure of your records.

The following people or groups may review your study records for purposes such as quality control or safety: The Researcher and any member of their research team The Institutional Review Board at Boston University. The Institutional Review Board is a group of people who review human research studies for safety and protection of people who take part in

the studies. The sponsor or funding agency for this study Federal and state agencies that oversee or review research Central University Offices

Data will be shared between Boston University and Brigham and Women's Hospital via Partners DropBox for Business, HIPAA compliant cloud-based storage. Qualtrics survey data will be accessible to research staff at both institutions and accessible only to members of the research team. All identifiable data and de-identified data for this research study will be stored separately on Partners DropBox for Business.

The results of this research study may be published or used for teaching. We will not include identifiable information on data that are used for these purposes.

C8 Future Contact

We may want to contact you in the future to see if you are interested in other studies taking place at Boston University.

May we contact you in the future?

Yes (Please provide your initials below): (1)

No (Please provide your initials below): (2)

C9 **Will I get paid for taking part in this research study?** We will compensate **one out of every 10** participants with a **\$25 gift card** for completion of **each** 30-40 minute online survey.

If you are selected to participate in the online Zoom interviews, you will be compensated with a **\$20 gift card**.

What will it cost me to take part in this research study?

There are no costs to you for taking part in this research study.

Who do I ask if I have questions or concerns about this research study?

Please contact us with any concerns or questions about the research, or any research-related problems: Research Team: cares@bu.edu **Hyeouk Chris Hahm, PhD, LCSW**

(Principal Investigator, Boston University School of Social Work) can be reached at hahm@bu.edu or (617) 353-3925. **Cindy Liu, PhD** (Co-Principal Investigator, Brigham and

Women's Hospital, Harvard Medical School) may be reached at chliu@bwh.harvard.edu or (617) 525-4131. Study staff will be available from Monday-Friday, 9 am-5 pm EST.

If you have questions about your rights as a research participant, or if you have any complaints or concerns and want to speak with someone independent of the research team, you may contact the Boston University Charles River Campus IRB at 617-358-6115. The IRB Office

webpage has information where you can learn more about being a participant in research, and you can also complete a Participant Feedback Survey.

C10 Statement of Consent

I have read the information in this consent form including risks and possible benefits. I have been given the chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in the study.

- I agree to participate in the study. (1)
- I do not agree to participate in the study. (2)

End of Block: Consent

Start of Block: Denied participation

D5 Thank you for your time! We hope you stay safe and healthy during this time. Should you have any questions or concerns, please contact us at cares@bu.edu.

End of Block: Denied participation

Start of Block: Count 0



count0_1 Please complete the task below to ensure you are not a bot!

This is a number counting task. Please count the number of 0s shown in the picture below. This survey will terminate after three attempts.

This is your first attempt.

Skip To: CAPTCHA1 If Condition: Please complete the task be... Is Equal to 9. Skip To: Before you proceed to the survey, ple...

Page Break



count0_2 This is a number counting task. Please count the number of 0s shown in the picture below. This survey will terminate after three attempts.

This is your second attempt.

Skip To: CAPTCHA1 If Condition: This is a number counting t... Is Equal to 9. Skip To: Before you proceed to the survey, ple....

Page Break



count0_3 This is a number counting task. Please count the number of 0s shown in the picture below. This survey will terminate after three attempts.

This is your final attempt.

Skip To: End of Survey If Condition: This is a number counting t... Is Not Equal to 9. Skip To: End of Survey.

Page Break

JS

CAPTCHA1 Before you proceed to the survey, please complete the CAPTCHA below.

End of Block: Count 0

Start of Block: Count 1

*

count1_1

Please complete the task below to ensure you are not a bot!

This is a number counting task. Please accurately count the number of 1s shown in the picture below. This survey will terminate after three attempts.

This is your first attempt.

Skip To: CAPTCHA2 If Condition: Please complete the task be... Is Equal to 16. Skip To: Before you proceed to the survey, ple...

Page Break



count1_2 This is a number counting task. Please count the number of 1s shown in the picture below. This survey will terminate after three attempts.

This is your ~~second~~ attempt.

Skip To: CAPTCHA2 If Condition: This is a number counting t... Is Equal to 16. Skip To: Before you proceed to the survey, ple....

Page Break



count1_3 This is a number counting task. Please count the number of 1s shown in the picture below. This survey will terminate after three attempts.

This is your final attempt.

Skip To: End of Survey If Condition: This is a number counting t... Is Not Equal to 16. Skip To: End of Survey.

Page Break



CAPTCHA2 Before you proceed to the survey, please complete the CAPTCHA below.

End of Block: Count 1

Start of Block: Demographics

ID Thank you for agreeing to participate in CARES (COVID-19 Adult Resilience Experience Study)! This is the **first of three online surveys** you will complete in the next 6 months. The following questions will ask about your demographics, relocation experiences, stress, social support, and health. This survey may take some time to complete - we estimate that it may take around 30-40 minutes of your time.

One out of every 10 participants who complete the survey will receive a \$25 gift card to Amazon.

At the end of this survey, we will ask you to provide your **e-mail address** in order for us to contact you in regard to a) study follow-ups in July and October, and b) about the gift card raffle. Providing your email address is optional.

D1 Demographics



DOB **What is your date of birth?**

| | Month | Day | Year |
|----------------------|-----------------------------------|--------------------|-----------------------------|
| Please Select: (DOB) | ▼ January (1 ... December (12) | ▼ 1 (1 ... 31 (31) | ▼ 1900 (1 ... 2049 (150) |

gender **What is your gender?**

- Woman (1)
 - Man (2)
 - Trans woman (3)
 - Trans man (4)
 - Self-identify (please indicate): (5)
-

sexorient **What is your sexual orientation?**

- Asexual (1)
 - Bisexual (2)
 - Gay (3)
 - Lesbian (4)
 - Questioning (5)
 - Straight/Heterosexual (6)
 - Self-identify (please indicate): (7)
-

- I prefer not to answer (8)
-



hispanic **Are you of Hispanic origin?**

- No (0)
- Yes (1)

race **What is your race/ethnicity?**

- Asian or Asian American, including Chinese, Japanese, and others (1)
- Black or African American (2)
- Hispanic or Latinx, including Mexican American, Central American, and others (3)
- White, Caucasian, Anglo, European American; not Hispanic (4)
- American Indian/Native American (5)
- Mixed; Parents are from two different groups (6)
- Other (please indicate): (7) _____



parentrace **My current parents/guardians' ethnicities are:**

| | Asian or Asian American, including Chinese, Japanese, and others (1) | Black or African American (2) | Hispanic or Latinx, including Mexican American, Central American, and others (3) | White, Caucasian, Anglo, European American; not Hispanic (4) | American Indian/Native American (5) | Mixed; Parents are from two different groups (6) | Other (7) |
|--------------|--|-------------------------------|--|--|-------------------------------------|--|-----------------------|
| Parent 1 (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parent 2 (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If My current parents/guardians' ethnicities are: = Parent 1 [Other]

parent1_0 If selected "Other" for Parent 1, please indicate:

Display This Question:

If My current parents/guardians' ethnicities are: = Parent 2 [Other]

parent2_0 If selected "Other" for Parent 2, please indicate:



bioparent_c **Are your current parent/guardians your biological parents?**

- No (0)
- Yes (1)

Display This Question:

If Are your current parent/guardians your biological parents? = No



bioparent_race **What are your biological parent's ethnicities:**

| | Asian or Asian American, including Chinese, Japanese, and others (1) | Black or African American (2) | Hispanic or Latinx, including Mexican American, Central American, and others (3) | White, Caucasian, Anglo, European American; not Hispanic (4) | American Indian/Native American (5) | Mixed; Parents are from two different groups (6) | Other (7) |
|--------------|--|-------------------------------|--|--|-------------------------------------|--|-----------------------|
| Parent 1 (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parent 2 (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If What are your biological parent's ethnicities: = Parent 1 [Other]

biopar1 **If selected "Other" for Parent 1, please indicate:**

Display This Question:

If What are your biological parent's ethnicities: = Parent 2 [Other]

biopar2 **If selected "Other" for Parent 2, please indicate:**

residence **What do you consider as your primary residence?**

- Within the U.S. (1)
- Outside the U.S. (2)

Display This Question:

If What do you consider as your primary residence? = Within the U.S.

USres **Please indicate the U.S. state (two-letter state abbreviation) of your primary residence:**

Display This Question:

If What do you consider as your primary residence? = Outside the U.S.

nonUSres **Please indicate the country of your primary residence:**

X→

usborn **Were you born within the U.S.?**

- No (0)
- Yes (1)

Display This Question:

If Were you born within the U.S.? = No

X→

nonUSage **How old were you when you first arrived the U.S.?**

- Under 12 (1)
- 12 and over (2)

Display This Question:

If How old were you when you first arrived the U.S.? , 12 and over Is Displayed

And How old were you when you first arrived the U.S.? , Under 12 Is Displayed

homecountry **Please indicate your home country:**

X→

immigrant **Do you consider yourself to be a first or second generation immigrant (you or one of your parents immigrated to the U.S. from a different country)?**

- No (0)
- Yes (1)

X→

married **Are you married?**

No (0)

Yes (1)

X→

children **Do you currently have children?**

No (0)

Yes (1)

Display This Question:

If Do you currently have children? = Yes

*

child_num **How many children?**

X→

income **Last year, what was your individual income before taxes in USD? Please include income from all sources such as social security/disability, stocks, alimony and child support in the past year.**

- No income (0)
- Under \$25,000 (1)
- \$25,000-50,000 (2)
- \$50,000-74,999 (3)
- \$75,000-99,999 (4)
- \$100,000-124,999 (5)
- \$125,000-149,999 (6)
- \$150,000-174,999 (7)
- \$175,000-199,999 (8)
- \$200,000-224,999 (9)
- \$225,000-249,999 (10)
- \$250,000+ (11)



famSSS **Next, think of this ladder as representing where people stand in the country from which you were raised.**

At the **top** of the scale are the people who are the best off - those who have the most money, the most education, and the most respected jobs. At the **bottom** of the scale are the people who are the worst off - who have the least money, the least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place your family when you were growing up on this ladder?

▼ 1 (1) ... 10 (10)



prevevict **Have you ever been forced to relocate or evicted?**

- No (0)
- Yes (1)

housing **How stable is your current housing?**

- Not at all stable (1)
- Slightly stable (2)
- Moderately stable (3)
- Stable (4)
- Extremely stable (5)



insurance **During this past year, did you have health insurance?**

- No (0)
 - Yes, part of the time (1)
 - Yes, all the time (2)
-



insur_curr **Do you currently have health insurance?**

- No (0)
 - Yes (1)
 - I don't know (2)
-



insur_source **This past year, what was your primary source of health insurance?**

- I did not have health insurance (0)
 - Private insurance through my school (e.g., student health insurance) (1)
 - Private insurance from my job or the job of my spouse (2)
 - Private insurance from my parents (3)
 - Private health insurance from the Health Insurance Marketplace or Healthcare.gov (4)
 - Medicaid (5)
 - State-specific option (other government plan or program such as SCHIP/CHIP) (6)
 - State-specific option (other government plan or program not listed above) (7)
 - State-specific option (TRICARE or other military health care) (8)
 - State-specific option (HIS or tribal) (9)
 - Other health insurance, please indicate: (10)
-

credit **Financial well being may affect health. How would you rate your consumer credit?**

- Poor (1)
- Fair (2)
- Good (3)
- Very good (4)
- Excellent (5)
- Do not know/do not have any consumer credit (6)
- Prefer not to respond (7)

X→

welfare **In your household, there was at least one time when the household:**

| | As a child (up to age 11) | | | As a teenager (age 12-18) | | | As an adult (age 19 to present) | | |
|---|---------------------------|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|---------------------------------|-----------------------|-----------------------|
| | Yes (1) | No (0) | Don't know (2) | Yes (1) | No (0) | Don't know (2) | Yes (1) | No (0) | Don't know (2) |
| Did not have enough money for food or housing (welfare_1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Received public assistance or welfare (welfare_2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* X→

mhdiag **Have you ever been diagnosed with the following? Please scroll to the right to see all response options.**

| | No (0) | Suspected, but not diagnosed (1) | Yes, diagnosed but not treated (2) | Yes, diagnosed and treated (3) |
|---|-----------------------|----------------------------------|------------------------------------|--------------------------------|
| ADHD (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Generalized Anxiety Disorder (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Insomnia (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Obsessive Compulsive Disorder (OCD) (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Panic Disorder (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Post-traumatic Stress Disorder (PTSD) (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance abuse or addiction (alcohol or other drugs) (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other mental health condition, please indicate: (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

education **What is your highest level of education?**

- Completed part of high school but didn't finish (1)
 - GED (2)
 - High school graduate (3)
 - Some college, vocational or technical school (4)
 - Vocational or technical school graduate (5)
 - Associate's degree (6)
 - College degree (BS/BA) (7)
 - Some advanced work, but no graduate degree (8)
 - Master's degree (MS/MA) (9)
 - Some work toward doctorate or advanced degree (10)
 - Doctoral or advanced degree (i.e., MD, JD, DO, DDS, or PhD) (11)
-



student **Are you currently a student?**

- No (0)
 - Yes (1)
-

Display This Question:

If Are you currently a student? = Yes



stud_type **I am currently a...**

- College student (undergraduate) (1)
- Graduate student (2)

Display This Question:

If I am currently a... = College student (undergraduate)

undergrad **What year are you?**

- 1st year undergraduate (1)
- 2nd year undergraduate (2)
- 3rd year undergraduate (3)
- 4th year undergraduate (4)
- 5th year undergraduate (5)
- Other, please indicate: (6) _____

Display This Question:

If I am currently a... = Graduate student

gradstud **What year are you?**

- 1st year graduate student (1)
 - 2nd year graduate student (2)
 - 3rd year graduate student (3)
 - 4th year graduate student (4)
 - 5th year graduate student (5)
 - 6 or more years, graduate student (6)
 - Other, please indicate: (7)
-



jobstatus **What is your current job status?**

- Employed (1)
 - Not employed (0)
-

Display This Question:

If What is your current job status? = Employed

employed **During the COVID-19 pandemic, I am currently...**

- Employed and working as I normally do (1)
 - Employed but my job responsibilities have changed (e.g., working remotely) (2)
 - Employed but cannot perform my job responsibilities due to the COVID-19 pandemic (3)
-

Display This Question:

If What is your current job status? = Employed

workhrs **How many hours do you work per week?**

- 40 or more hours per week (1)
- 21-39 hours per week (2)
- 20 hours per week or less (3)

Display This Question:

If What is your current job status? = Not employed

unemployed **During the COVID-19 pandemic...**

- I have been unemployed due to COVID-19 pandemic-related circumstances (e.g., economic downturn) (1)
- I am unemployed for other reasons (2)
- I am not employed an am **not** currently seeking a job (3)

Display This Question:

If Are you currently a student? = Yes

school **What school do you currently attend?**

- Name of Institution (1) _____
- City (2) _____
- State (3) _____

Display This Question:

If Are you currently a student? = Yes

schoolstat **What is your school enrollment status?**

- Full time (1)
- Part time (2)
- Other (3)

Display This Question:

If Are you currently a student? = Yes



intlstudent **Are you an international student?**

- No (0)
- Yes (1)

Display This Question:

If Are you currently a student? = Yes



studemploy **During the academic year, how many hours a week do you typically work for pay?**

- 0 hours (0)
- 1-9 hours (1)
- 10-19 hours (2)
- 20-29 hours (3)
- 30-39 hours (4)
- 40 hours (5)
- More than 40 hours (6)

Display This Question:

If Are you currently a student? = Yes



finaid **Do you currently receive financial aid?**

No (0)

Yes (1)

Display This Question:

If Do you currently receive financial aid? = Yes



finaid_need **Is this financial aid need-based (not merit-based)?**

No (0)

Yes (1)

Display This Question:

If Is this financial aid need-based (not merit-based)? , Yes Is Displayed



finaid_per **Please estimate the percentage of your tuition covered by financial aid.**

Please indicate %:

Display This Question:

If I am currently a... = College student (undergraduate)



firstgen **Are you a first-generation college student (i.e., your parents have not completed a bachelor's degree)?**

No (0)

Yes (1)

Display This Question:

If I am currently a... = College student (undergraduate)



transfer **Have you transferred to this college or university in the last 12 months?**

No (0)

Yes (1)

Display This Question:

If Have you transferred to this college or university in the last 12 months? = Yes

transfer_school **What was the previous school you attended?**

Please indicate:

Name of Institution (1) _____

City (2) _____

State (3) _____

Display This Question:

If Are you currently a student? = Yes

acyrhousing **Where did you live for school during the most recent academic year (2019-2020)?**

- Campus residence hall (1)
- Fraternity or sorority house (2)
- Other college/university housing (3)
- Parent/guardian's home (4)
- Other off-campus housing (5)
- Other, please indicate: (6) _____

Display This Question:
If Are you currently a student? = Yes



relocation **Were you mandated to vacate from your residence by your university due to the COVID-19 outbreak and thus required to find new living arrangements?**

- No (0)
- Yes (1)

Display This Question:
If Were you mandated to vacate from your residence by your university due to the COVID-19 outbreak a... = Yes



reloc_days **How many days did you have to move out of your residence following your university's campus closing announcement?**

Please indicate:

Display This Question:

If Were you mandated to vacate from your residence by your university due to the COVID-19 outbreak a... = Yes

reloc_stress How stressed were you about finding a place to stay following your university's campus closure?

- Not stressed at all (1)
- A little stressed (2)
- Somewhat stressed (3)
- Stressed (4)
- Extremely stressed (5)

Page Break

Display This Question:
 If Were you mandated to vacate from your residence by your university due to the COVID-19 outbreak a... = Yes

location

Now we are going to ask your current location. Where do you live right now?

| | Living Space | Was payment required for you to stay at this location | | Location | |
|----------------------------------|---|---|-----------------------|-----------------------|-----------------------|
| | | No (1) | Yes (2) | In the U.S. (1) | Outside the U.S. (2) |
| Current residence (currlocation) | ▼ Parent/guardian's home (1 ... Other (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:
 If Now we are going to ask your current location. Where do you live right now? : Living Space = Current residence [Other]

location_oth **If you selected "other" for your current living space, please indicate:**

Display This Question:
 If Now we are going to ask your current location. Where do you live right now? : Location = Current residence [In the U.S.]

locationzip **Please provide the zip code of your current residence.**

Zip code (1) _____

Display This Question:
 If Now we are going to ask your current location. Where do you live right now? : Location = Current residence [Outside the U.S.]

loc_country **Please provide the country of your current location.**

Country (1) _____

Display This Question:

If Were you mandated to vacate from your residence by your university due to the COVID-19 outbreak a... = Yes



reloc_multi **Is the current location the first place you moved to after the university announced that you had to leave campus?**

No (0)

Yes (1)

Display This Question:

If Is the current location the first place you moved to after the university announced that you had... = No

reloc_moves **How many other places did you stay at before your current location?**

▼ 1 (1) ... 5+ (5)

Display This Question:

If Is the current location the first place you moved to after the university announced that you had... = No

reloc_housing **For each place you stayed, indicate the number of days you stayed at each place, the type of housing, whether payment was required, and the location (in the U.S. or outside the U.S.)**

| | Number of Days | Type of housing | Was payment required for you to stay at this location? | Location |
|--|----------------|-----------------|--|----------|
| | | | | |

| | Please indicate: (1) | | No (1) | Yes (2) | In the U.S. (1) | Outside the U.S. (2) |
|---------------------------------------|-------------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| First residence (reloc_housing_1) | | ▼ Parent/guardian's home (1 ... Other (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Second residence (reloc_housing_2) | | ▼ Parent/guardian's home (1 ... Other (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Third residence (reloc_housing_3) | | ▼ Parent/guardian's home (1 ... Other (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fourth residence (reloc_housing_4) | | ▼ Parent/guardian's home (1 ... Other (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fifth residence (reloc_housing_5) | | ▼ Parent/guardian's home (1 ... Other (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Type of housing = First residence [Other]

reloc_hous1 If you selected "other" for your **first** residence, please indicate:

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = First residence [In the U.S.]

reloc_hous1US Please provide the location of your **first** residence.

City (1) _____

State (3) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = First residence [Outside the U.S.]

reloc_hous1nonUS Please provide the location of your **first** residence.

Country (1) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Type of housing = Second residence [Other]

reloc_hous2 If you selected "other" for your **second** residence, please indicate:

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = Second residence [In the U.S.]

reloc_hous2US **Please provide the zip code of your second residence.**

Zip code (1) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = Second residence [Outside the U.S.]

reloc_hous2nonUS **Please provide the location of your second residence.**

Country (1) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Type of housing = Third residence [Other]

reloc_hous3 **If you selected "other" for your third residence, please indicate:**

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = Third residence [In the U.S.]

reloc_hous3US **Please provide the zip code of your third residence.**

Zip code (1) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = Third residence [Outside the U.S.]

reloc_hous3nonUS **Please provide the location of your third residence.**

Country (1) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Type of housing = Fourth residence [Other]

reloc_hous4 **If you selected "other" for your fourth residence, please indicate:**

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = Fourth residence [In the U.S.]

reloc_hous4US **Please provide the zip code of your fourth residence.**

Zip code (1) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = Fourth residence [Outside the U.S.]

reloc_hous4nonUS **Please provide the location of your fourth residence.**

Country (1) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Type of housing = Fifth residence [Other]

reloc_hous5 **If you selected "other" for your fifth residence, please indicate:**

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = Fifth residence [In the U.S.]

reloc_hous5US **Please provide the zip code of your fifth residence.**

Zip code (1) _____

Display This Question:

If For each place you stayed, indicate the number of days you stayed at each place, the type of hous... : Location = Fifth residence [Outside the U.S.]

reloc_hous5nonUS **Please provide the location of your fifth residence.**

Country (1) _____

Display This Question:

If Were you mandated to vacate from your residence by your university due to the COVID-19 outbreak a... = Yes



reloc_items **After being told to relocate, did you have to leave behind any valuable personal belongings?**

No (0)

Yes (1)

Display This Question:

If After being told to relocate, did you have to leave behind any valuable personal belongings? = Yes

reloc_items2 **How stressed were you about gathering your personal belongings?**

Not stressed at all (1)

A little stressed (2)

Somewhat stressed (3)

Stressed (4)

Extremely stressed (5)

End of Block: Demographics

Start of Block: FSS

finance1_T1 We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

| | Strongly disagree (1) | Mildly disagree (2) | Mildly agree (3) | Strongly agree (4) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I feel stressed about my personal finances in general. (finance_T1_1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I worry about being able to pay monthly expenses. (finance_T1_2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I worry about having enough money to pay for school. (finance_T1_3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



finance2_T1 **How much stress do the following items cause you?**

| | Does not apply/No debt (0) | None (1) | Small amount (2) | Medium amount (3) | Large amount (4) | Extreme amount (5) |
|--|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4. The total amount of money you owe (finance_T1_4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Credit card debt (finance_T1_5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Student loan debt (finance_T1_6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: FSS

Start of Block: COVID-19 Experiences

D2 COVID-19 Experiences



diagnosisT1 **Have you been diagnosed with COVID-19?**

- No, I have not been diagnosed with COVID-19 (0)
 - Yes, I received a test and tested positive for COVID-19 (1)
 - Yes, I have been presumed to have COVID-19 (based on doctor's diagnosis) (2)
 - I am currently being tested for COVID-19 and am waiting for my results (3)
 - I do not know (4)
-



diag_othT1 **Has a significant person in your life (e.g., close friend/acquaintance of family member) been diagnosed with COVID-19?**

- No (0)
- Yes (tested positive or presumed to have COVID-19) (1)
- I do not know (2)



COVIDriskT1 **How much do you agree with the following statements about your risk for contracting COVID-19?**

| | Strongly disagree (1) | Disagree (2) | Somewhat agree/Somewhat disagree (3) | Agree (4) | Strongly agree (5) |
|--|-----------------------|-----------------------|--------------------------------------|-----------------------|-----------------------|
| a. I am highly likely to contract COVID-19 during this pandemic. (COVIDriskT1_1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I get sick more easily than other people my age. (COVIDriskT1_2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. If I developed COVID-19, I would not be able to manage daily activities. (COVIDriskT1_3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. COVID-19 is a life-threatening disease for me. (COVIDriskT1_4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

COVIDworryT1 **How worried do you feel about the following statements?**

I am worried...

| | Not worried at all (1) | A little worried (2) | Somewhat worried (3) | Worried (4) | Very worried (5) |
|---|---------------------------|-------------------------|-------------------------|-----------------------|-----------------------|
| a. ...that I won't have enough groceries during city lockdowns/social distancing protocols. (COVIDworryT1_1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...that I will not be able to obtain a COVID-19 test if I become sick. (COVIDworryT1_2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...that I will not be treated for COVID-19 if I contract it. (COVIDworryT1_3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ...about keeping in touch with loved ones during social distancing protocols. (COVIDworryT1_4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ...about maintaining employment during the subsequent economic downturn. (COVIDworryT1_5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ...about having enough money to pay for rent and buy basic necessities. (COVIDworryT1_6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

COVIDgriefT1 Please rate the extent to which you agree or disagree with the following statements about your COVID-19 experiences using the options below.

| | Strongly disagree (1) | Disagree (2) | Somewhat agree/Somewhat disagree (3) | Agree (4) | Strongly agree (5) |
|---|-----------------------|-----------------------|--------------------------------------|-----------------------|-----------------------|
| a. I will miss out on significant life events due to COVID-19. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I worry about losing touch with my friends due to social distancing. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I have lost vital resources due to COVID-19 (e.g., housing, mentorship, food access, health care). (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I feel stunned or dazed over what happened. (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I feel that life is empty. (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I feel bitter that COVID-19 caused me to experience loss in my routines and activities. (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

COVIDprevT1 **How effective do you perceive the following actions as preventative measures for contagion?**

| | Not at all effective (1) | A little effective (2) | Somewhat effective (3) | Effective (4) | Very effective (5) |
|---|--------------------------|------------------------|------------------------|-----------------------|-----------------------|
| a. Washing hands frequently (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Wearing a face mask and/or gloves (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Social distancing (i.e., switching to online classes, working from home, maintaining 6 feet away from others) (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Closing schools and non-essential businesses (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Social isolation of infected individuals (i.e., people who are infected are kept away from those who are not infected at home or a hospital/care facility) (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

COVIDcommT1 **Please complete the following table regarding communication with family and friends following the COVID-19 pandemic.**

| | How frequently do you communicate with them? | How does your frequency of communication compare to before COVID-19? |
|-------------------------------------|---|--|
| Family/Relatives (COVIDcommT1_1) | ▼ Multiple times a day (1 ... Once a month (5) | ▼ We communicate less (1 ... We communicate more (3) |
| Friends/Peers (COVIDcommT1_2) | ▼ Multiple times a day (1 ... Once a month (5) | ▼ We communicate less (1 ... We communicate more (3) |



COVIDnameT1 **Do you personally know people (e.g., friends and family) who have referred to the virus as the "Chinese/Wuhan virus" etc.?**

- No (0)
- Yes (1)

chin_virT1 **Do you agree with using the term "Chinese/Wuhan virus" to describe the virus?**

- Strongly disagree (1)
- Disagree (2)
- Neither agree nor disagree (3)
- Agree (4)
- Strongly agree (5)



COVID_discrimT1 Have you experienced discrimination that was specifically directed at you or your family due to your race/ethnicity because of COVID-19 in the following ways?

| | No (0) | Yes (1) |
|--|-----------------------|-----------------------|
| a. Someone has actively avoided physical contact with me or my family because of my or my family member's race/ethnicity (e.g., on the street, inviting me to their home). (2) | <input type="radio"/> | <input type="radio"/> |
| b. Someone has made a comment about Chinese/Asian people being the source of the virus. (3) | <input type="radio"/> | <input type="radio"/> |
| c. Someone has made a comment about Chinese/Asian people being dirty. (4) | <input type="radio"/> | <input type="radio"/> |
| d. Someone has made a comment that they avoid eating Chinese/Asian food because they are worried about contracting COVID-19. (5) | <input type="radio"/> | <input type="radio"/> |
| e. Someone has made a comment about Chinese/Asian eating habits (e.g., eating bat soup) (6) | <input type="radio"/> | <input type="radio"/> |
| f. I or my family member have been verbally assaulted because of my or my family member's race/ethnicity due to COVID-19. (7) | <input type="radio"/> | <input type="radio"/> |
| g. I or my family member have been physically assaulted because of my or my family member's race/ethnicity due to COVID-19. (8) | <input type="radio"/> | <input type="radio"/> |
| h. Other (please indicate): (9) | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If Have you experienced discrimination that was specifically directed at you or your family due to y...
= Yes

discrim_upsetT1 **How upset were you by these incidents of discrimination?**

| | Not at all (1) | A little upset (2) | Somewhat upset (3) | Upset (4) | Very upset (5) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <p><i>Have you experienced discrimination that was specifically directed at you or your family due to y... = a. Someone has actively avoided physical contact with me or my family because of my or my family member's race/ethnicity (e.g., on the street, inviting me to their home). [Yes]</i></p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>a. Someone has actively avoided physical contact with me or my family because of my or my family member's race/ethnicity (e.g., on the street, inviting me to their home). (2)</p> | | | | | |
| <p><i>Have you experienced discrimination that was specifically directed at you or your family due to y... = b. Someone has</i></p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

made a comment about Chinese/Asian people being the source of the virus. [Yes]

b. Someone has made a comment about Chinese/Asian people being the source of the virus. (3)

Have you experienced discrimination that was specifically directed at you or your family due to y... = c. Someone has made a comment about Chinese/Asian people being dirty. [Yes]

c. Someone has made a comment directed at me or someone else about Chinese/Asian people being dirty. (4)

Have you experienced discrimination that was specifically directed at you or your family due to y... = d. Someone has made a comment that they avoid

eating Chinese/Asian food because they are worried about contracting COVID-19. [Yes]

d. Someone has made a comment that they avoid eating Chinese/Asian food because they are worried about contracting COVID-19. (5)

Have you experienced discrimination that was specifically directed at you or your family due to y... = e. Someone has made a comment about Chinese/Asian eating habits (e.g., eating bat soup) [Yes]

e. Someone has made a comment about Chinese/Asian eating habits (e.g., eating bat soup) (6)

Have you experienced discrimination that was specifically directed at you or your family due to y... = f. I

or my family member have been verbally assaulted because of my or my family member's race/ethnicity due to COVID-19. [Yes]

f. I or my family member have been verbally assaulted because of my or my family member's race/ethnicity due to COVID-19. (7)

Have you experienced discrimination that was specifically directed at you or your family due to y... = g. I or my family member have been physically assaulted because of my or my family member's race/ethnicity due to COVID-19. [Yes]

g. I or my family member have been physically assaulted because of my or my family member's race/ethnicity



due to COVID-19. (8)

Have you experienced discrimination that was specifically directed at you or your family due to y... = h. Other (please indicate): [Yes]

h. Other (please indicate): (9)

End of Block: COVID-19 Experiences

Start of Block: Experience

comments **Are there experiences we missed in the survey so far that you wish to describe?**

End of Block: Experience

Start of Block: SF-12

D3 This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure how to answer a question, please give the best answer you can.



health1_T1 In general, would you say your health is:

- Excellent (5)
- Very good (4)
- Good (3)
- Fair (2)
- Poor (1)



health2_T1 Does your health now limit you in these activities?

| | NO, not limited at all (3) | YES, limited a little (2) | YES, limited a lot (1) |
|---|-------------------------------|------------------------------|------------------------|
| Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Climbing several flights of stairs. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



health3_T1

The following questions ask about your experiences during the **past 4 weeks**.

Have you had any of the following problems with your work or other regular daily activities...

As a result of your physical health?

| | NO (2) | YES (1) |
|--|-----------------------|-----------------------|
| Accomplished less than you would like. (1) | <input type="radio"/> | <input type="radio"/> |
| Were limited in the kind of work or other activities. (2) | <input type="radio"/> | <input type="radio"/> |



health4_T1 **As a result of your emotional problems (such as feeling depressed or anxious)?**

| | NO (2) | YES (1) |
|---|-----------------------|-----------------------|
| Accomplished less than you would like. (1) | <input type="radio"/> | <input type="radio"/> |
| Did work or activities less carefully than usual . (2) | <input type="radio"/> | <input type="radio"/> |



health5_T1 **How much did pain interfere with your normal work (including work outside the home and housework)?**

- Not at all (5)
- A little bit (4)
- Moderately (3)
- Quite a bit (2)
- Extremely (1)

health6_T1 **How much of the time...**

| | None of the time (1) | A little of the time (2) | Some of the time (3) | A good bit of the time (4) | Most of the time (5) | All of the time (6) |
|---|-----------------------|--------------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Have you felt calm and peaceful? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did you have a lot of energy? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have you felt down-hearted and blue? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

health7_T1 **How much of the time has your physical health or emotional problems interfered with your social activities (like connecting with friends or family, etc.)?**

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

End of Block: SF-12

Start of Block: MOS

D5 The following questions ask about your experiences during the past 4 weeks.

sleeptime_T1 **How long does it take for you to fall asleep?**

- 0-15 minutes (1)
 - 16-30 minutes (2)
 - 31-45 minutes (3)
 - 46-60 minutes (4)
 - More than 60 minutes (5)
-

sleephrs_T1 **On the average, how many hours did you sleep each night?**

- Number of hours per night (1)
-



sleep_T1 **How often did you...**

| | None of the time (6) | A little of the time (5) | Some of the time (4) | A good bit of the time (3) | Most of the time (2) | All of the time (1) |
|--|-----------------------|--------------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| a) ...feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) ...get enough sleep to feel rested upon walking in the morning? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) ...awaken short of breath or with a headache? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) ...feel drowsy or sleepy during the day? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) ...have trouble falling asleep? (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) ...awaken during your sleep time and have trouble | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

falling
asleep
again? (6)

g) ...have
trouble
staying
awake
during the
day? (7)

h) ...snore
during your
sleep? (8)

i) ...take
naps (5
minutes or
longer)
during the
day? (9)

j) ...get the
amount of
sleep you
needed?
(10)

End of Block: MOS

Start of Block: CD-RISC-10



CDRISC_T1 For each item, please select an option below that best indicates how much you agree with the following statements as they apply to you over the last **month**. If a particular situation has not occurred recently, answer according to how you think you would have felt.

| | Not true at all (0) | Rarely true (1) | Sometimes true (2) | Often true (3) | True nearly all of the time (4) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------|
| 1. I am able to adapt when changes occur. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I can deal with whatever comes my way. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I try to see the humorous side of things when I am faced with problems. (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Having to cope with stress can make me stronger. (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I tend to bounce back after illness, injury, or other hardships. (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I believe I can achieve my goals, even if there are obstacles. (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Under pressure, I stay focused and think clearly. (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. I am not easily discouraged by failure. (8)

9. I think of myself as a strong person when dealing with life's challenges and difficulties. (9)

10. I am able to handle unpleasant or painful feelings like sadness, fear, and anger. (10)



attn1_T1 **What is the recommended number of seconds for washing your hands?**

Please wash your hands for at least 20 seconds in real life, but select 7 seconds as the answer so we know that you are paying attention.

- 15 seconds (0)
- 20 seconds (0)
- 13 seconds (0)
- 10 seconds (0)
- 7 seconds (1)

End of Block: CD-RISC-10

Start of Block: LS-SF

encouragement1 **You are doing great! Thank you for participating in this important study!**

Page Break

lonely_T1

These questions are about how you feel about different aspects of your life over the **last 2 weeks**. For each one, tell us how often you feel that way.

| | Hardly ever (1) | Some of the time (2) | Often (3) |
|---|-----------------------|-----------------------|-----------------------|
| 1. How often do you feel that you lack companionship? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. How often do you feel left out? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How often do you feel isolated from others? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: LS-SF

Start of Block: MSPSS

MSPSS_T1 We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel over the **last 2 weeks** about each statement.

| | Very strongly disagree (1) | Strongly disagree (2) | Mildly disagree (3) | Neutral (4) | Mildly agree (5) | Strongly agree (6) | Very strongly agree (7) |
|---|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------|
| 1. There is a special person who is around when I am in need. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. There is a special person with whom I can share my joys and sorrows. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My family really tries to help me. (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I get the emotional help and support I need from my family. (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have a special person who is a real source of comfort to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

me. (5)

6. My friends really try to help me. (6)

7. I can count on my friends when things go wrong. (7)

8. I can talk about my problems with my family. (8)

9. I have friends with whom I can share my joys and sorrows. (9)

10. There is a special person in my life who cares about my feelings. (10)

11. My family is willing to help me make decisions. (11)

12. I can talk about my problems with my friends.
(12)

End of Block: MSPSS

Start of Block: FCS



FCS1_T1 1. Can you talk to a parent/guardian about problems you are having?

- No (0)
 - Yes (1)
-

FCS2_T1 2. How much do you feel...

| | Not at all 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | 9 (9) | Very much 10 (10) |
|---|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| a. Your parents care about you? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Your family cares about your feelings? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Your family understands you? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Your family has lots of fun together? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Your family respects your privacy? (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: FCS

Start of Block: Block 27

Start of Block: Received Instrumental Support



instru_suppT1 The following statements relate to your experience of receiving social support. Please read each statement and then indicate the degree to which the statement is generally true for you over the **last 2 weeks**.

| | Not at all 0 (0) | 1 (1) | 2 (2) | 3 (3) | 4 (4) | Always 5 (5) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. If stranded somewhere there is someone who would get me. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I have someone to help me if I am physically unwell. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. There is someone who would give me financial assistance. (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. There is someone who can help me fulfill my responsibilities when I am unable. (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Received Instrumental Support

Start of Block: PSS



PSS_T1 The questions in this scale ask you about your feelings and thoughts **during the last month**. In each case, you will be asked to indicate by selecting how often you felt or thought a certain way.

How often have you...

| | Never (0) | Almost never (1) | Sometimes (2) | Fairly often (3) | Very often (4) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. ...been upset because of something that happened unexpectedly? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. ...felt that you were unable to control the important things in your life? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. ...felt nervous and "stressed"? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. ...felt confident about your ability to handle your personal problems? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. ...felt that things were going your way? (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. ...found that you could not cope with all the things that you had to do? (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. ...been able to control irritations in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

your life? (7)

8. ...felt that
you were on
top of things?
(8)

9. ...been
angered
because of
things that
were outside
of your
control? (9)

10. ...felt
difficulties
were piling up
so high that
you could not
overcome
them? (10)

End of Block: PSS

Start of Block: DTS



DTS_T1 We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

| | Strongly disagree (5) | Mildly disagree (4) | Agree and disagree equally (3) | Mildly agree (2) | Strongly agree (1) |
|---|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|
| 1. Feeling distressed or upset is unbearable to me. (DTS1_T1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. When I feel distressed or upset, all I can think about is how bad I feel. (DTS2_T1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I can't handle feeling distressed or upset. (DTS3_T1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My feelings of distress are so intense that they completely take over. (DTS4_T1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. There's nothing worse than feeling distressed or upset. (DTS5_T1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. My feelings of distress or being upset are just an acceptable part of life. (DTSX_T1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. I can tolerate being distressed or upset as well as most people.
(DTS6_T1)

8. My feelings of distress or being upset are not acceptable.
(DTS7_T1)

9. I'll do anything to avoid feeling distressed or upset.
(DTS8_T1)

10. Other people seem to be able to tolerate feeling distressed or upset better than I can.
(DTS9_T1)

11. Being distressed or upset is always a major ordeal for me.
(DTS10_T1)

12. I am ashamed of myself when I feel distressed or upset.
(DTS11_T1)

13. My feelings of distress or being upset

scare me.
(DTS12_T1)

14. I'll do
anything to
stop feeling
distressed or
upset.

(DTS13_T1)

15. When I
feel
distressed or
upset, I must
do something
about it
immediately.

(DTS14_T1)

16. When I
feel
distressed or
upset, I
cannot help
but
concentrate
on how bad
the distress
actually feels.

(DTS15_T1)



attn2_T1 **How large is the size of a coronavirus particle?**

The correct answer is 125 nanometers, but please select 125 millimeters as the answer so we know that you are paying attention.

- 125 nanometers (0)
- 125 millimeters (1)
- 125 micrometers (0)
- 125 centimeters (0)
- 125 picometers (0)

End of Block: DTS

Start of Block: GAD-7

encouragement2 **Hang in there! You are doing a fabulous job!**

Page Break



GAD1_T1

Over the **last two weeks**, how often have you been bothered by the following problems?

| | Not at all (0) | Several days (1) | Over half the days (2) | Nearly everyday (3) |
|--|-----------------------|-----------------------|------------------------|-----------------------|
| 1. Feeling nervous, anxious, or on edge (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Not being able to stop or control worrying (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Worrying too much about different things (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Trouble relaxing (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Being so restless that it's hard to sit still (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Being easily annoyed or irritable (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Feeling afraid as if something awful might happen (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display This Question:

If Over the last two weeks, how often have you been bothered by the following problems? != 1. Feeling nervous, anxious, or on edge [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 2. Not being able to stop or control worrying [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 3. Worrying too much about different things [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 4. Trouble relaxing [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 5. Being so restless that it's hard to sit still [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 6. Being easily annoyed or irritable [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 7. Feeling afraid as if something awful might happen [Not at all]

GAD2_T1 If you checked off **any problems**, how **difficult** have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all (1)
- Somewhat difficult (2)
- Very difficult (3)
- Extremely difficult (4)

End of Block: GAD-7

Start of Block: PCL-C

ptsd_T1 Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully and select an option to indicate how much you have been bothered by that problem in the last month.

| | Not at all (1) | A little bit (2) | Moderately (3) | Quite a bit (4) | Extremely (5) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? (ptsd_T1_1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Repeated, disturbing dreams of a stressful experience from the past? (ptsd_T1_2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? (ptsd_T1_3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Feeling very upset when something reminded you of a stressful experience from the past? (ptsd_T1_4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Having physical reactions (e.g., heart pounding, trouble breathing, or | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

sweating)
when
something
reminded you
of a stressful
experience
from the past?
(ptsd_T1_5)

6. Avoid
thinking about
or talking
about a
stressful
experience
from the past
or avoid
having
feelings
related to it?
(ptsd_T1_6)

7. Avoid
activities or
situations
because they
remind you of
a stressful
experience
from the past?
(ptsd_T1_7)

8. Trouble
remembering
important
parts of a
stressful
experience
from the past?
(ptsd_T1_8)

9. Loss of
interest in
things that you
used to enjoy?
(ptsd_T1_9)

10. Feeling
distant or cut
off from other
people?
(ptsd_T1_10)

11. Feeling emotionally numb or being unable to have loving feelings for those close to you?
(ptsd_T1_11)

12. Feeling as if future will somehow be cut short?
(ptsd_T1_12)

13. Trouble falling or staying asleep?
(ptsd_T1_13)

14. Feeling irritable or having angry outbursts?
(ptsd_T1_14)

15. Having difficulty concentrating?
(ptsd_T1_15)

16. Being "super alert" or watchful on guard?
(ptsd_T1_16)

17. Feeling jumpy or easily startled?
(ptsd_T1_17)

End of Block: PCL-C

Start of Block: PHQ-8



PHQ1_T1 Over the **last two weeks**, how often have you been bothered by the following problems?

| | Not at all (0) | Several days (1) | Over half the days (2) | Nearly everyday (3) |
|---|-----------------------|-----------------------|------------------------|-----------------------|
| 1. Little interest or pleasure doing things (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Feeling down, depressed, or hopeless (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Trouble falling or staying asleep, or sleeping too much (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Feeling tired or having little energy (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Poor appetite or overeating (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television. (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

lot more than
usual (8)

Display This Question:

If Over the last two weeks, how often have you been bothered by the following problems? != 1. Little interest or pleasure doing things [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 2. Feeling down, depressed, or hopeless [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 3. Trouble falling or staying asleep, or sleeping too much [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 4. Feeling tired or having little energy [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 5. Poor appetite or overeating [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 7. Trouble concentrating on things, such as reading the newspaper or watching television. [Not at all]

Or Over the last two weeks, how often have you been bothered by the following problems? != 8. 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]

PHQ2_T1 If you checked off **any problems**, how **difficult** have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all (1)
- Somewhat difficult (2)
- Very difficult (3)
- Extremely difficult (4)

End of Block: PHQ-8

Start of Block: Substance use



drugs_T1

The following is a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the **past 12 months**.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right.

| | No (0) | Yes (1) |
|--|-----------------------|-----------------------|
| 1. Have you used drugs other than those required for medical reasons? (1) | <input type="radio"/> | <input type="radio"/> |
| 2. Do you abuse more than one drug at a time? (2) | <input type="radio"/> | <input type="radio"/> |
| 3. Are you always able to stop using drugs when you want to? If never use drugs, answer "Yes." (3) | <input type="radio"/> | <input type="radio"/> |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? (4) | <input type="radio"/> | <input type="radio"/> |
| 5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No." (5) | <input type="radio"/> | <input type="radio"/> |
| 6. Does your partner (or parents) ever complain about your involvement with drugs? (6) | <input type="radio"/> | <input type="radio"/> |
| 7. Have you neglected your family because of your use of drugs? (7) | <input type="radio"/> | <input type="radio"/> |
| 8. Have you engaged in illegal activities in order to obtain drugs? (8) | <input type="radio"/> | <input type="radio"/> |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? (9) | <input type="radio"/> | <input type="radio"/> |
| 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, | <input type="radio"/> | <input type="radio"/> |

bleeding, etc.)? (10)

D4 Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Please select an option that best describes your answer.



alcohol_T1 How often do you have a drink containing alcohol?

- Never (0)
 - Monthly or less (1)
 - 2-4 times a month (2)
 - 2-3 times a week (3)
 - 4 or more times a week (4)
-



alcdrinks_T1 How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2 (1)
 - 3 or 4 (2)
 - 5 or 6 (3)
 - 7 or 8 (4)
 - 9 or 10 (5)
 - 10+ (6)
-



attn3_T1 **What is the recommended distance for social distancing?**

The CDC's recommendation for social distancing is to stay at least 6 feet apart from other people. It would be sad if we had to stay away from our friends at a distance of 15 feet, but please select this answer option so we know that you are paying attention.

- 10 feet (0)
- 6 feet (0)
- 15 feet (1)
- 8 feet (0)
- 4 feet (0)

End of Block: Substance use

Start of Block: MEIM

encouragement3 **Almost done! We appreciate your efforts!**

Page Break



MEIMeth

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

In terms of ethnic group, I consider myself to be (please indicate):

MEIM Please indicate how much you agree or disagree with each statement.

| | Strongly disagree (1) | Disagree (2) | Agree (3) | Strongly agree (4) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I have a clear sense of my ethnic background and what it means for me. (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I am happy that I am a member of the group I belong to. (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I have a strong sense of belonging to my own ethnic group. (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I understand pretty well what my ethnic group membership means to me. (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have a lot of pride in my ethnic group. (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I feel a strong attachment towards my own ethnic group. (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I feel good about my cultural or ethnic background. (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: MEIM

Start of Block: PDS



PDS1_T1 How many times in your life have you ever perceived discrimination or been actual discriminated against in each of the following ways because of such things as your race, ethnicity, gender, age, religion, physical appearance, sexual orientation, or other characteristics?

You were...

| | None (0) | 1-2 times (1) | 3-4 times (2) | 5 times or more (3) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. ...discouraged by a teacher or advisor from seeking higher education. (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. ...denied a scholarship. (13) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. ...not hired a job. (14) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. ...not given a promotion. (15) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. ...fired. (16) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. ...prevented from renting or buying a home in the neighborhood you wanted. (17) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. ...prevented from remaining in a neighborhood because neighbors made life so uncomfortable. (18) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. ...hassled by the police. (19) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. ...denied a bank loan. (20) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. ...denied or provided inferior medical care. (21)



11. ...denied or provided inferior service by a plumber, care mechanic, or other service provider. (22)



PDS2_T1 For questions 12-20, please select an option that best describes your experience.

| | Never (1) | Rarely (2) | Sometimes (3) | Often (4) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. You are treated with less courtesy than other people. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. You are treated with less respect than other people. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. You receive poorer service than other people at restaurants or stores. (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. People act as if they think you are not smart. (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. People act as if they are afraid of you. (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. People act as if they think you are dishonest. (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. People act as if they think you are not as good as they are. (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. You are called names or insulted. (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. You are threatened or harassed. (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: PDS

Start of Block: IDEA

IDEA_T1 Indicate how much you agree or disagree about your experience as a young adult

Is your life as a young adult a...

| | Strongly disagree (1) | Somewhat disagree (2) | Somewhat agree (3) | Strongly agree (4) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. time of many possibilities? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. time of exploration? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. time of experimentation? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. time of finding out who you are? (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. time of open choices? (16) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. time of trying out new things? (21) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. time of separating from parents? (23) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. time of defining yourself? (24) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. time of planning for the future? (25) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. time of seeking a sense of meaning? (26) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. time of deciding on your own beliefs and values? (27) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. time of learning to think for yourself? (28) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: IDEA

Start of Block: COBRAS

COBRAST1 Below is a set of questions that deal with social issues in the United States. Using the 6-point scale below, please give your honest rating about the degree to which you personally agree or disagree with each statement. Please be as open and honest as you can; there are no right or wrong answers.

| | Strongly disagree (1) | Moderately disagree (2) | Slightly disagree (3) | Slightly agree (4) | Moderately agree (5) | Strongly agree (6) |
|---|--------------------------|----------------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| 1. White people in the U.S. have certain advantages because of the color of their skin. (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Race is very important in determining who is successful and who is not. (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Race plays an important role in who gets sent to prison. (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Race plays a major role in the type of social services (such as type of health care or day care) that people receive in the U.S. (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Racial and ethnic minorities do not have the same opportunities as white people in the | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

U.S. (6)

6. Everyone who works hard, no matter what race they are, has an equal chance to become rich. (7)

7. White people are more to blame for racial discrimination than racial and ethnic minorities. (8)

8. Social policies, such as affirmative action, discriminate unfairly against white people. (9)

9. White people in the U.S. are discriminated against because of the color of their skin. (10)

10. English should be the only official language in the U.S. (11)

11. Due to racial discrimination, programs such as affirmative action are

necessary to help create equality. (12)

12. Racial and ethnic minorities in the U.S. have certain advantages because of the color of their skin. (13)

13. It is important that people begin to think of themselves as American and not African American, Mexican American or Italian American. (14)

14. Immigrants should try to fit into the culture and values of the U.S. (15)

15. Racial problems in the U.S. are rare, isolated situations. (16)

16. Talking about racial issues causes unnecessary tension. (17)

17. Racism is a major problem in the

U.S. (18)

18. It is important for public schools to teach about the history and contributions of racial and ethnic minorities.

(19)

19. It is important for political leaders to talk about racism to help work through or solve society's problems.

(20)

20. Racism may have been a problem in the past, it is not an important problem today. (21)



socialclimate **To what extent do you feel like the current social climate (e.g., racial, societal and political current events) has affected your well-being?**

- Not at all (1)
 - To a small extent (2)
 - To some extent (3)
 - To a great extent (4)
 - To a very great extent (5)
-

socpol_comments **What are your thoughts about the current social climate?**

politicalview **What is your political leaning?**

- Very liberal (1)
- Liberal (2)
- Middle of the road (3)
- Conservative (4)
- Very conservative (5)

End of Block: COBRAS

Start of Block: Contact info

contact **Please indicate your contact preferences below (optional):**

- I am willing to complete follow-up surveys so that the research team can understand how people's responses change over time (1)
- Please enter me into the raffle for gift cards (4)

Display This Question:

If Please indicate your contact preferences below (optional): = I am willing to complete follow-up surveys so that the research team can understand how people's responses change over time

Or Please indicate your contact preferences below (optional): = Please enter me into the raffle for gift cards



email **Please provide your email and a backup email. This information is used only to contact you according to the preferences that you have indicated above.**

Note: Please be sure to provide an email address that will be active in July and October 2020 if you would like to participate in follow-up studies.

- Primary email: (4) _____
- Backup email: (5) _____

Display This Question:

If Please indicate your contact preferences below (optional): = I am willing to complete follow-up surveys so that the research team can understand how people's responses change over time

And Please indicate your contact preferences below (optional): = Please enter me into the raffle for gift cards

Ending1 *Thank you for completing the April/May 2020 Online Survey! We look forward to hearing from you again at our next time point. One out of every 10 participants in this research study will receive a \$25 gift card. If you are selected, you will be contacted shortly by a research staff. We understand that this may be a difficult time for many people. For COVID-19 related resources on health prevention and well-being, please visit www.cares2020.com/resources. Should you have any questions or concerns related to this study, please contact us at cares@bu.edu.*

Display This Question:

If Please indicate your contact preferences below (optional): = I am willing to complete follow-up surveys so that the research team can understand how people's responses change over time

And Please indicate your contact preferences below (optional): != Please enter me into the raffle for gift cards

Ending2 Thank you for completing the April/May 2020 Online Survey! We look forward to hearing from you again at our next time point. We understand that this may be a difficult time for many people. For COVID-19 related resources on health prevention and well-being, please visit www.cares2020.com/resources. Should you have any questions or concerns, please contact us at cares@bu.edu.

Display This Question:

If Please indicate your contact preferences below (optional): != I am willing to complete follow-up surveys so that the research team can understand how people's responses change over time

And Please indicate your contact preferences below (optional): = Please enter me into the raffle for gift cards

Ending3 Thank you for completing the April/May 2020 Online Survey! One out of every 10 participants in this research study will receive a \$25 gift card. If you are selected, you will be contacted shortly by a research staff.

We understand that this may be a difficult time for many people. For COVID-19 related resources on health prevention and well-being, please visit www.cares2020.com/resources. Should you have any questions or concerns, please contact us at cares@bu.edu.

Display This Question:

If Please indicate your contact preferences below (optional): != I am willing to complete follow-up surveys so that the research team can understand how people's responses change over time

And Please indicate your contact preferences below (optional): != Please enter me into the raffle for gift cards

Ending4 Thank you for completing the April/May 2020 Online Survey! We understand that this may be a difficult time for many people. For COVID-19 related resources on health prevention and well-being, please visit www.cares2020.com/resources. Should you have any questions or concerns, please contact us at cares@bu.edu.

End of Block: Contact info
