

Patient Health Questionnaire Somatic Symptom Severity Scale (PHQ-15)

During the past month, how much have you been bothered by any of the following problems:

	Not bothered at all (1)	Bothered a little (2)	Bothered a lot (3)
Stomach pain (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain in your arms or legs or other joints (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual cramps or other problems with your periods (women only) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest Pain (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fainting spells (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling your heart pound or race (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or problems during sexual intercourse (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation, loose bowels, or diarrhea (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea, gas, or indigestion (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired, or having low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(14)

Trouble sleeping (15)



Five Factor Mindfulness Questionnaire (FFMQ)

Below is a collection of statements about your everyday experience. Using the 1-5 scale below, please indicate, in the box to the right of each statement, how frequently or infrequently you have had each experience in the last month. Please answer according to what really reflects your experience rather than what you think your experience should be.

	never or very rarely true (1)	not often true (2)	sometimes true, sometimes not true (3)	often true (4)	very often or always true (5)
I'm good at finding the words to describe my feelings (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily put my beliefs, opinions, and expectations into words (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I watch my feelings without getting carried away by them (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tell myself that I shouldn't be feeling the way I'm feeling (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to find the words to describe what I'm thinking (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention to physical experiences,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

such as the
wind in my
hair or sun on
my face (6)

I make
judgments
about
whether my
thoughts are
good or bad
(7)

I find it
difficult to
stay focused
on what's
happening in
the present
moment (8)

When I have
distressing
thoughts or
images, I
don't let
myself be
carried away
by them (9)

Generally, I
pay attention
to sounds,
such as
clocks ticking,
birds
chirping, or
cars passing
(10)

When I feel
something in
my body, it's
hard for me
to find the
right words to
describe it
(11)

It seems I am
"running on
automatic"

without much awareness of what I'm doing (12)

When I have distressing thoughts or images, I feel calm soon after (13)

I tell myself I shouldn't be thinking the way I'm thinking (14)

I notice the smells and aromas of things (15)

Even when I'm feeling terribly upset, I can find a way to put it into words (16)

I rush through activities without being really attentive to them (17)

Usually when I have distressing thoughts or images I can just notice them without reacting (18)

I think some of my emotions are bad or inappropriate and I

shouldn't feel
them (19)

I notice visual
elements in
art or nature,
such as
colors,
shapes,
textures, or
patterns of
light and
shadow (20)

When I have
distressing
thoughts or
images, I just
notice them
and let them
go (21)

I do jobs or
tasks
automatically
without being
aware of
what I'm
doing (22)

I find myself
doing things
without
paying
attention (23)

I disapprove
of myself
when I have
illogical ideas
(24)

General Health Questionnaire (GHQ)

We would like to know how your health has been in general, over the past month. Please select the answer that best applies to your experience of then last month.

	Much less than usual (1)	Less than usual (2)	Same as usual (3)	More than usual (4)	Much more than usual (5)
Been able to concentrate on whatever you are doing? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lost much sleep over worry? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you were playing a useful part in things? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt capable of making decisions about things? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt constantly under strain? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you couldn't overcome your difficulties? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been able to enjoy your normal day-to-day activities? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been able to face up to your problems? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been feeling unhappy and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

depressed?
(9)

Been losing
self-
confidence in
yourself? (10)

Been thinking
of yourself as
a worthless
person? (11)

Been feeling
reasonably
happy, all
things
considered?
(12)

Perceived Vulnerability to Disease (PVD)

Please rate the extent to which you agree with each of the statements below.

	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
It really bothers me when people sneeze without covering their mouths. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If an illness is 'going around', I will get it. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable sharing a water bottle with a friend. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to write with a pencil someone else has obviously chewed on. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My past experiences make me believe I am not likely to get sick even when my friends are sick. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a history of susceptibility to infectious diseases. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I prefer to wash my hands pretty soon after shaking someone's hand. (7)

In general, I am very susceptible to colds, flu, and other infectious diseases. (8)

I dislike wearing used clothes because you don't know what the past person who wore it was like. (9)

I am more likely than the people around me to catch an infectious disease. (10)

My hands do not feel dirty after touching money. (11)

I am unlikely to catch a cold, flu, or other illness, even if it is going around. (12)

It does not make me anxious to be around sick people. (13)

My immune system protects me from most illnesses that other people get. (14)

I avoid using public telephones because of the risk that I may catch something from the previous user. (15)

Intolerance of Uncertainty Scale (IOUS)

Please rate how much you agree with each item:

	Not at all characteristic of me (1)	A little characteristic of me (2)	Somewhat characteristic of me (3)	Very characteristic of me (4)	Entirely characteristic of me (5)
Unforeseen events upset me greatly. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It frustrates me not having all the information I need. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty keeps me from living a full life. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One should always look ahead so as to avoid surprises. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A small unforeseen event can spoil everything, even with the best of planning. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When it's time to act, uncertainty paralyzes me. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am uncertain I can't function very well. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always want to know what the future has	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

in store for
me. (8)

I can't stand
being taken
by surprise.
(9)

The smallest
doubt can
stop me from
acting. (10)

I should be
able to
organize
everything in
advance. (11)

I must get
away from all
uncertain
situations.
(12)

Preventive Action Taken Scale (PATS)

Please read each statement and rate how much the statement applies to you. There are no right or wrong answers. Do not spend too much time on any statement.

	Does not apply to me at all (1)	Applies to me to some degree, or some of the time (2)	Applies to me to a considerable degree or a good part of time (3)	Applies to me very much or most of the time (4)
I engage in precautionary purchases of masks, medicinal alcohol, gloves, medicine or treatment for flu. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid public events and crowded places. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid using public transport. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid going to highly affected places, such as New York or Washington at the moment. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid physical contact with other people. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I increase my hygiene behavior (e.g. wash my hands more often) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wear a face mask outside of my home. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wear a face mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

everywhere. (8)

I wear gloves
outside of my
home. (9)

Please answer
"applies to me
very much or
most of the time"
for this item (10)

I wear gloves
everywhere. (11)

I avoid eating
any wild animal.
(12)

I avoid eating
any animal meat
(pork, chicken,
beef, ect.). (13)

Impact of Events Scale (IOES)

The following is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **during the past 7 days** with respect to the disaster. How much were you distressed or bothered by these difficulties?

	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
Any reminder brought back feelings about it. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble staying asleep. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other things kept making me think about it. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt irritable and angry. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoided letting myself get upset when I thought about it or was reminded of it. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought about it when I didn't mean to. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt as if it hadn't happened or wasn't real (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stayed away from reminders about it. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pictures about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

popped into my mind. (9)

I was jumpy and easily startled. (10)

I tried not to think about it. (11)

I was aware that I still had a lot of feelings about it, but I didn't deal with them. (12)

My feelings about it were kind of numb. (13)

I found myself acting or feeling like I was back at that time. (14)

I had trouble falling asleep. (15)

I had waves of strong feelings about it. (16)

I tried to remove it from my memory. (17)

I had trouble concentrating. (18)

Reminders of it caused me to have physical reactions, such as

seating,
trouble
breathing,
nausea, or a
pounding
heart. (19)

I had dreams
about it. (20)

I felt watchful
and on guard.
(21)

I tried not to
talk about it.
(22)

<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"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DEMOGRAPHICS

Age

Please enter your age: _____

Sex

What is your sex?

Male (2)

Female (1)

Other (3) _____

Employment COVID

Which of the following best describes your CURRENT employment arrangements?

- Employed, working 1-24 hours per week (1)
- Employed, working 24-39 hours per week (2)
- Employed, working 40 or more hours per week (3)
- Not employed, looking for work (4)
- Not employed, NOT looking for work (5)
- Retired (6)
- Disabled, not able to work (7)

Marital Status

What is your marital status?

- Single (1)
- Cohabiting (not married) (2)
- Long term relationship (not married or cohabiting) (3)
- Married (4)
- Divorced (5)
- Widowed (6)
- Other (please specify) (7) _____

Children

Do you have children?

- yes (1)
- no (2)

Income

Please indicate your pretax annual income in dollars

- 0 - 10,000
- 10,001 - 20,000
- 20,001 - 30,000
- 30,001 - 40,000
- 40,001 - 50,000
- 50,001 - 60,000
- 60,001 - 70,000
- 70,001 - 80,000
- 80,001 - 90,000
- 90,001 - 100,000
- 100,001 - 120,000
- 120,001 - 140,000
- 140,001 - 160,000
- 160,001 - 180,000
- 180,001 - 200,000

200,001 +

Illnesses

Do you have any medical conditions (not coronavirus)?

Yes, please list (2) _____

No (1)

Medication

Are you currently taking any medicine?

Yes, please list (2) _____

No (1)

Height

What is your height?

Feet _____

Inches _____

Weight

What is your weight in pounds?

Country

In what country are you currently staying?

State

In what state are you currently staying?

City

In what city are you currently staying?

Accommodation

What type of accommodation are you currently staying?

- Own home/apartment (1)
- Parent's home/apartment (2)
- Friend's home/apartment (3)
- Hotel (4)
- University accommodation (5)
- Other temporary home/apartments (6)
- Hospital (7)
- Nursing home/Assisted living (8)
- Quarantine (9)
- Other (please specify) (10)

Isolation

Are you currently in self-isolation?

- Yes (2)
- No (1)

How many times do you leave your place in a typical day?

Have you been anywhere in the last 14 days that you think is risky for Coronavirus?

- Yes
- No

If you have been to a place in the last 14 days that you think is risky for Coronavirus, please rate the level of risk.

- Extremely low risk
- Slight risk
- Moderate risk
- High risk
- Extremely high risk

COVID-19 Testing

Have you been tested for COVID-19 infection using a nasal swab for active virus infection?

Yes

No

Have you been tested for COVID-19 antibodies using a blood test?

Yes

No

Perceived Susceptibility to COVID-19

How likely is it that you will contract the Coronavirus (COVID-19)? Please base your estimate on the following rating scale?

No chance (1)

Unlikely (2)

About equally likely to happen or not happen (3)

Likely (4)

Certain (5)

How likely is it that you already contracted the Coronavirus (COVID-19) **IN THE PAST**?

No chance (1)

Unlikely (2)

About equally likely to happen or not happen (3)

Likely (4)

Certain (5)

Compared to the average person in your country, how likely is it that you will contract the Coronavirus? Base your estimates on the following rating scale:

- Greatly below average
- Below average
- About average
- Above average
- Greatly above average

COVID Status

Regarding Coronavirus (COVID-19), I (check all that apply):

- am not infected, but I have not been tested
- am not infected, based on negative results from a COVID-19 antibody test or nasal swab
- could be currently infected, but I have not been tested
- am currently infected based on a positive COVID-19 test result
- was not infected in the past, but I have not been tested
- could have been infected in the past, but I have not been tested
- was infected in the past based on positive results from a COVID-19 antibody test or nasal swab