

Survey

Thank you for your interest in completing this survey. There are no direct benefits to you for participating, but we hope to learn about the impact of the COVID-19 social distancing guidelines on the activity and mood states of adults living in the United States and Canada.

This is a research study led by Dr. J. Carson Smith, Ph.D., at the University of Maryland, School of Public Health. This study is open to anyone at least 18 years old who currently resides in the United States or Canada. Please answer all questions, but you may skip any questions that you are not comfortable answering.

Participation in the survey is completely voluntary. By continuing the survey, you are giving your consent to participate in this research study. If you do participate, you have the right to withdraw your consent by sending an email to exercisebrainhealth@gmail.com. This survey will take about 12 minutes to complete.

Confidentiality: Your responses and data will be kept strictly confidential, as required by law. Your responses will be combined with all other participants and will never be reported individually. If you provide your email address at the end of the survey, we will use it only to contact you with an invitation to volunteer to complete follow-up surveys once per month until the CDC removes the COVID-19 social distancing guidelines. If you provide your email address, there is a risk to the loss of confidentiality. To reduce this risk, we will store your data on a secure password protected server operated by the University of Maryland.

This study has been approved by the University of Maryland IRB under IRBNet ID# 1590110. If you have any questions or concerns about this study, you may contact the IRB office (irb@umd.edu) or the Principal Investigator (carson@umd.edu).

By continuing with this survey, you indicate that you are at least 18 years of age and live in the U.S./Canada; you have read this consent form; and you voluntarily agree to participate in this research study. You may print a copy of this consent form for your records.

If you agree to participate, please continue.

Are you willing to answer some questions today?

- Yes
- No

What is your age?

- 18 -29
- 30 - 39
- 40 - 49

- 50 - 59
- 60 - 69
- 70 - 79
- 80 - 89
- 90+

What is your sex?

- Male
- Female

What is your highest level of education?

- Some High school
- High School Diploma/GED
- Some College/Associates Degree/Vocational Degree
- College degree (BA/BS)
- Graduate degree (MA/MS)
- Doctoral Degree (professional doctorate, PhD, MD, JD)

What is your race/ethnicity?

- American Indian/Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- White
- Hispanic, Latino, or Spanish origin
- More than one race
- Prefer not to say

What is your zip code/postal code?

Are you a native English speaker?

- Yes
- No, but I am fluent in English.
- No, but I am proficient at responding to questions in English.
- No and I cannot answer questions in English confidently.

Have you tested positive for COVID-19?

- Yes
- No

Including yourself, how many people (adults and children) live in your home?

- 1
- 2
- 3
- 4
- 5
- 6 - 10
- 11+

Has anyone living in your home tested positive for COVID-19?

- Yes
- No

Are you in self-imposed quarantine due to your own travel history, your own symptoms, or recent exposure to a confirmed or suspected COVID-19 case?

- Yes
- No

Are you in a health department directed quarantine due to your own travel history, your own symptoms, or recent exposure to a confirmed or suspected COVID-19 case?

- Yes
- No

Are you following official guidelines in your area on social distancing?

- Strictly
- Most of the time
- Sometimes
- Seldom
- Not at all

What are the reasons that you leave your home? Select all that apply.

- Food/groceries
- Medical needs
- Travel related to my job
- To visit friends/family
- To be physically active/exercise
- I do not leave my home

Are you a first responder (Doctor, Nurse, Paramedic, Police, EMT, Firefighter, etc.)?

- Yes
- No

Since COVID-19 started, how lonely have you felt?

- Very
- Somewhat
- Neutral
- Not lonely most of the time
- Never lonely

Since COVID-19 started, how socially isolated have you felt from friends and relatives?

- Very
- Somewhat
- Neutral
- Not isolated most of the time
- Never isolated

Have you maintained contact with friends and/or family outside of your home?

- No contact
- Occasional contact
- Contact most days of the week
- Contact everyday

Do you have a history of any of the following medical conditions?

	Please select yes or no	
	Yes	No
Heart Attack	<input type="radio"/>	<input type="radio"/>
Cardiovascular Disease	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
Pulmonary Disease (COPD/Asthma)	<input type="radio"/>	<input type="radio"/>

How would you describe your physical activity prior to COVID-19, compared to your level of physical activity since COVID-19 restrictions began?

- Much lower
- Somewhat lower
- About the same
- Somewhat greater
- Much greater

The following questions are about your current level of physical *activity and exercise* (**past 7 days**). Please indicate your response by choosing the appropriate answer so we can assess your **CURRENT** level of physical activity. Select the response that most closely matches your own, remembering that there are no right or wrong answers.

Over the past 7 days, how often did you participate in SITTING ACTIVITIES such as reading, watching TV, or doing handcrafts?

-
- Never
 - Seldom (1-2 days)
 - Sometimes (3-4 days)
 - Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these SITTING ACTIVITIES?

-
- Less than 1 hour
 - 1 but less than 2 hours
 - 2-4 hours
 - More than 4 hours

Over the past 7 days, how often did you take a WALK outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc. ?

-
- Never
 - Seldom (1-2 days)
 - Sometimes (3-4 days)
 - Often (5-7 days)

On average, how many hours per day did you spend WALKING?

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

Over the past 7 days, how often did you engage in LIGHT SPORT OR RECREATIONAL ACTIVITIES such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier, or other similar activities?

- Never
- Seldom (1-2 days)
- Sometimes (3-4 days)
- Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these LIGHT SPORT OR RECREATIONAL ACTIVITIES?

- Less than 1 hour
- 1 but less than 2 hours
- 2-4 hours
- More than 4 hours

Over the past 7 days, how often did you engage in MODERATE SPORT AND RECREATIONAL ACTIVITIES such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

- Never
- Seldom (1-2 days)
- Sometimes (3-4 days)

Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these MODERATE SPORT AND RECREATIONAL ACTIVITIES?

Less than 1 hour

1 but less than 2 hours

2-4 hours

More than 4 hours

Over the past 7 days, how often did you engage in STRENUOUS SPORT AND RECREATIONAL ACTIVITIES such as jogging, swimming, cycling, singles tennis, aerobic dancing, skiing (downhill or cross country) or similar activities?

Never

Seldom (1-2 days)

Sometimes (3-4 days)

Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these STRENUOUS SPORT AND RECREATIONAL ACTIVITIES?

Less than 1 hour

1 but less than 2 hours

2-4 hours

More than 4 hours

Over the past 7 days, how often did you do any EXERCISES SPECIFICALLY TO INCREASE MUSCLE STRENGTH AND ENDURANCE, SUCH AS WEIGHTS OR PUSHUPS, etc.?

Never

Seldom (1-2 days)

Sometimes (3-4 days)

Often (5-7 days)

What were these activities?

On average, how many hours per day did you engage in these EXERCISES TO INCREASE MUSCLE STRENGTH AND ENDURANCE?

Less than 1 hour

1 but less than 2 hours

2-4 hours

More than 4 hours

During the past 7 days, have you done any light housework, such as dusting or washing dishes?

No

Yes

During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing the floors, washing windows, or carrying wood?

No

Yes

During the past 7 days, did you engage in any of the following activities? For each activity please choose NO or YES.

Home repairs like painting, wallpapering, electrical work, etc.?

- No
 Yes

Lawn work or yard care, including snow or leaf removal, wood chopping, etc.?

- No
 Yes

Outdoor gardening?

- No
 Yes

Caring for another person, such as children, dependent spouse, or another adult?

- No
 Yes

During the past 7 days, did you work for pay or as a volunteer?

- No
 Yes

How many hours per week did you work for pay or as a volunteer?

Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?

- Mainly sitting with slight arm movements. (Examples: office worker, watchmaker, seated assembly line worker, bus driver, etc.)

- Sitting or standing with some walking. (Examples: cashier, general office worker, light tool and machinery worker, etc)
- Walking, with some handling of materials generally weighing less than 50 lbs. (Examples: mailman, waiter/waitress, construction worker, heavy tool and machinery worker.)
- Walking and heavy manual labor often requiring handling of materials weighing over 50 lbs. (Examples: lumberjack, stone mason, farmer, or general laborer.)

For the following questions, choose the best answer for how you have felt over the **PAST WEEK**.

Are you basically satisfied with your life

- Yes
- No

Have you dropped many of your activities and interest?

- Yes
- No

Do you feel that your life is empty?

- Yes
- No

Do you often get bored?

- Yes
- No

Are you hopeful about the future?

- Yes
- No

Are you bothered by thoughts you can't get out of your head?

- Yes
 No

Are you in good spirits most of the time?

- Yes
 No

Are you afraid that something bad is going to happen to you?

- Yes
 No

Do you feel happy most of the time?

- Yes
 No

Do you often feel helpless?

- Yes
 No

Do you often get restless and fidgety?

- Yes
 No

Do you prefer to stay at home, rather than going out and doing new things?

- Yes
 No

Do you frequently worry about the future?

Yes

No

Do you feel you have more problems with memory than most?

Yes

No

Do you think it is wonderful to be alive now?

Yes

No

Do you often feel downhearted and blue?

Yes

No

Do you feel pretty worthless the way you are now?

Yes

No

Do you worry a lot about the past?

Yes

No

Do you find life very exciting?

Yes

No

Is it hard for you to get started on new projects?

Yes

No

Do you feel full of energy?

Yes

No

Do you feel that your situation is hopeless?

Yes

No

Do you think that most people are better off than you are?

Yes

No

Do you frequently get upset over little things?

Yes

No

Do you frequently feel like crying?

Yes

No

Do you have trouble concentrating?

Yes

No

Do you enjoy getting up in the morning?

Yes

No

Do you prefer to avoid social gatherings?

- Yes
- No

Is it easy for you to make decisions?

- Yes
- No

Is your mind as clear as it used to be?

- Yes
- No

Below is a list of common symptoms of anxiety or stress. Please read each item in the list carefully, and choose the answer that best describes how often you have expressed each symptom during the **PAST WEEK, including today**.

My heart raced or beat strongly.

- Not at all
- Sometimes
- Most of the time
- All of the time

My breath was short.

- Not at all
- Sometimes
- Most of the time

All of the time

I had an upset stomach.

Not at all

Sometimes

Most of the time

All of the time

I felt like things were not real or like I was outside of myself.

Not at all

Sometimes

Most of the time

All of the time

I felt like I was losing control.

Not at all

Sometimes

Most of the time

All of the time

I was afraid of being judged by others.

Not at all

Sometimes

Most of the time

All of the time

I was afraid of being humiliated or embarrassed.

Not at all

Sometimes

Most of the time

All of the time

I had difficulty falling asleep.

- Not at all
- Sometimes
- Most of the time
- All of the time

I had difficulty staying asleep.

- Not at all
- Sometimes
- Most of the time
- All of the time

I was irritable.

- Not at all
- Sometimes
- Most of the time
- All of the time

I had outbursts of anger.

- Not at all
- Sometimes
- Most of the time
- All of the time

I had difficulty concentrating.

- Not at all
- Sometimes
- Most of the time

All of the time

I was easily startled or upset.

Not at all

Sometimes

Most of the time

All of the time

I was less interested in doing something I typically enjoy.

Not at all

Sometimes

Most of the time

All of the time

I felt detached or isolated from others.

Not at all

Sometimes

Most of the time

All of the time

I felt like I was in a daze.

Not at all

Sometimes

Most of the time

All of the time

I had a hard time sitting still.

Not at all

Sometimes

Most of the time

All of the time

I worried too much.

Not at all

Sometimes

Most of the time

All of the time

I could not control my worry.

Not at all

Sometimes

Most of the time

All of the time

I felt restless, keyed up, or on edge.

Not at all

Sometimes

Most of the time

All of the time

I felt tired.

Not at all

Sometimes

Most of the time

All of the time

My muscles were tense.

Not at all

Sometimes

Most of the time

All of the time

I had back pain, neck pain, or muscle cramps.

Not at all

Sometimes

Most of the time

All of the time

I felt like I had no control over my life.

Not at all

Sometimes

Most of the time

All of the time

I felt like something terrible was going to happen to me.

Not at all

Sometimes

Most of the time

All of the time

I was concerned about my finances.

Not at all

Sometimes

Most of the time

All of the time

I was concerned about my health.

Not at all

Sometimes

Most of the time

All of the time

I was concerned about my children.

- Not at all
- Sometimes
- Most of the time
- All of the time

I was afraid of dying.

- Not at all
- Sometimes
- Most of the time
- All of the time

I was afraid of becoming a burden to my family or children.

- Not at all
- Sometimes
- Most of the time
- All of the time

Occasionally we must contend with difficult and upsetting events. Unfortunately, sometimes we are confronted with events that might be traumatic and disruptive to the course of our lives. The COVID-19 global pandemic has caused widespread disruption to our daily lives. Below you will find a list of different kinds of behaviors and strategies that people sometimes use to cope with a traumatic event.

Please rate the extent that **you can** do each of these behaviors and strategies during the COVID-19 global pandemic **if you need to**.

Keep my schedule and activities as constant as possible.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Comfort other people.

- 1 -Not at all
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Look for a silver lining.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Stay focused on my current goals and plans.

- 1 -Not at all able
- 2
- 3

- 4
- 5
- 6
- 7 - Extremely able

Find activities to help me keep the event off my mind.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Let myself fully experience some of the painful emotions linked with the event.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Spend time alone.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6

7 - Extremely able

I would be able to laugh.

1 -Not at all able

2

3

4

5

6

7 - Extremely able

Try to lessen the experience of painful emotions.

1 -Not at all able

2

3

4

5

6

7 - Extremely able

Reduce my normal social obligations.

1 -Not at all able

2

3

4

5

6

7 - Extremely able

Alter my daily routine.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Reflect upon the meaning of the event.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Distract myself to keep from thinking about the event.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Face the grim reality head on.

- 1 -Not at all able
- 2
- 3

- 4
- 5
- 6
- 7 - Extremely able

Enjoy something that I would normally find funny or amusing.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Focus my attention on or care for the needs of other people.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6
- 7 - Extremely able

Remind myself that things will get better.

- 1 -Not at all able
- 2
- 3
- 4
- 5
- 6

7 - Extremely able

Keep myself serious and calm.

1 -Not at all able

2

3

4

5

6

7 - Extremely able

Remember the details of the event.

1 -Not at all able

2

3

4

5

6

7 - Extremely able

Pay attention to the distressing feelings that result from the event.

1 -Not at all able

2

3

4

5

6

7 - Extremely able

During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed.)

How often during the past month have you had trouble sleeping?

- Daily
- 4-6 times a week
- 2-3 times a week
- Once a week
- Never

During the past month, how would you rate your sleep quality overall?

- Very good
- Good
- Acceptable
- Poor

Do you play a musical instrument?

- No, I do not.
- I used to, but don't anymore.
- Yes, I play the

Over the past month, I have practiced/played my instrument

- 1 - 2 days a week
- 3 - 4 days a week
- 5 - 6 days a week
- Everyday

What genre of music do you like to listen to? Please select all that apply.

- I do not listen to any music.
- Classical

- Light Rock/Pop
- Jazz/Blues
- Rock and roll/Heavy Metal
- Rap
- Showtunes/Broadway
- Christian/Gospel
- Reggae
- Country

Over the past month, I have listened to music

- 1 - 2 days a week
- 3 - 4 days a week
- 5 - 6 days a week
- Everyday

Are you willing to participate in a follow-up survey?

- Yes
- No

Please provide us with your email.

Email

Confirm email

Thank you for your participation.

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