

2020 National Survey on Mental Health Wellness in the United States

Start of Block: Default Question Block

Q1 This study from Johns Hopkins University seeks to understand the impact on COVID-19 social distancing and stay at home measures on your mental wellness. You will be asked to answer a series of questions regarding your feelings, emotional wellbeing, and behaviors. There are no right or wrong answers. Your responses are anonymous and completely confidential. It should take you about 15 minutes to complete this survey. There is minimal risk as a result of participating in this survey. Your answers will help researchers better identify the communities at greatest risks from social distancing during COVID-19. If you have questions about this study, please contact Professor Phillip Phan at pphan@jhu.edu.

☐ I am giving consent to participate in this research by completing this survey (please check this box before continuing). (2)

Page Break

Q2 We would like to follow up with a shorter survey to see how you are doing in 3 months. Do we have permission? Please check the box if you give permission.

☐ Yes (1)

☐ No (2)

Page Break

Q3 Gender

- ☐ Male (1)
- ☐ Female (2)
- ☐ Other (specify) (3) _____
- ☐ Choose not to say (4)

Q4 Year of Birth

▼ 1920 (4) ... 2004 (90)

Q5 In which State do you currently reside?

▼ Alabama (1) ... I do not reside in the United States (53)

Q6 In which County do you currently reside?

Q7 What is your current occupation?

▼ Management, Business, and Finance (20) ... Transportation and Logistics (31)

Q8 Classified as NON-healthcare essential worker?

- ☐ Yes (1)
- ☐ No (2)

Q9 Number of persons in household (including yourself)

▼ 1 (4) ... More than 12 (18)

Q10 Children at home

- ☐ none (1)
- ☐ under age 5 (2)
- ☐ 6-10 (3)
- ☐ 11-17 (4)
- ☐ 18+ (5)

Q11 Marital Status

- ☐ Married (1)
- ☐ Divorced (2)
- ☐ Single (3)
- ☐ Cohabiting (4)

Q12 Race/Ethnicity

- ☐ White (1)
- ☐ African American (2)
- ☐ Asian/ Pacific Islander (3)
- ☐ Latin/Hispanic (4)
- ☐ Other (5)
-

Q13 Sexual Identify

- ☐ Straight (1)
- ☐ Bisexual (2)
- ☐ Gay (3)
- ☐ Other (specify) (4) _____
- ☐ Choose not to say (5)
-

Q14 Education

- ☐ up to high school (1)
- ☐ up to 2 yr college (2)
- ☐ up to 4 yr college (3)
- ☐ postgraduate (4)
-

Q15 Number of times you have left the house since March:

- ☐ Never (1)
 - ☐ About once a month (2)
 - ☐ About once a week (3)
 - ☐ Several times a week (4)
 - ☐ Daily (5)
-

Q16 Hours working a week

- ☐ 40 or more (1)
 - ☐ Less than 40 (2)
 - ☐ Laid off (3)
 - ☐ Furloughed (4)
 - ☐ Retired (5)
 - ☐ Unemployed prior to March 2020 (6)
-

Q17 Military service

- ☐ Veteran (1)
 - ☐ Active (2)
 - ☐ None (3)
-

Q18 Small business owner

☐ Yes (1)

☐ No (2)

Q19 Annual household income prior to March 2020

☐ less than \$30,000 (1)

☐ \$31,000-\$80,000 (2)

☐ \$81,000-\$120,000 (3)

☐ \$121,000-\$160,000 (4)

☐ \$161,000-\$200,000 (5)

☐ more than \$200,000 (6)

Q20 Diagnosed with COVID-19

☐ Yes (1)

☐ No (2)

Page Break

Q21 Have you been affected by a traumatic event in the past or recent past?

- ☐ Yes (1)
- ☐ No (2)

Skip To: Q25 If Have you been affected by a traumatic event in the past or recent past? = No

Q22 Please write down the traumatic event that you experienced

Q23 Approximate year of the traumatic event

▼ 1920 (4) ... 2020 (106)

Q24 Since March 1, 2020 please tell us changes to the thoughts, feelings, and behaviors related that traumatic event in your life.

| | Not at all (1) | A little bit (2) | Moderately (19) | Quite a bit (20) | Extremely (21) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Having "flashbacks," that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling very emotionally upset when something reminded you of a stressful experience? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Thinking that a stressful event happened because you or someone else (who didn't directly harm you) did something wrong or did not do everything possible to prevent it, or because of something about you? (4)

☐

☐

☐

☐

☐

Having a very negative emotional state (for example, you were experiencing lots of fear, anger, guilt, shame, or horror) after a stressful experience? (5)

☐

☐

☐

☐

☐

Losing interest in activities you used to enjoy before having a stressful experience? (6)

☐

☐

☐

☐

☐

Being "super alert," on guard, or constantly on the lookout for danger? (7)

☐

☐

☐

☐

☐

Feeling jumpy or easily startled when you hear an unexpected noise? (8)

Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things? (9)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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"/> |

Page Break

Q25

How well do the following statements describe you?

I see myself as:

| | Disagree Strongly (1) | Disagree Moderately (2) | Disagree a Little (3) | Neither agree or disagree (4) | Agree a Little (5) | Agree Moderately (6) | Agree Strongly (7) |
|--|-----------------------------|-------------------------------|-----------------------------|---|--------------------------|----------------------------|--------------------------|
| Extraverted, enthusiastic (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Critical, quarrelsome (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dependable, self- disciplined (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anxious, easily upset (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Open to new experiences, complex (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reserved, quiet (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sympathetic, warm (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disorganized, careless (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Calm, emotionally stable (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conventional, uncreative (13) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q26 How often do you feel...

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

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Q27 Have you had pain most days (more than half) over the past 6 months?

- ☐ Yes (1)
- ☐ No (2)

Skip To: Q30 If Have you had pain most days (more than half) over the past 6 months? = No

Q28 Since the start of the COVID-19 outbreak, how would you describe the change (if any) in your **pain severity**?

- ☐ Very much improved (1)
- ☐ Much improved (2)
- ☐ Minimally improved (3)
- ☐ No change (4)
- ☐ Minimally worse (5)
- ☐ Much worse (6)
- ☐ Very much worse (7)

Q29 Since the start of the COVID-19 outbreak, how would you describe the change (if any) in coping with pain?

- ☐ Very much improved (1)
- ☐ Much improved (2)
- ☐ Minimally improved (3)
- ☐ No change (4)
- ☐ Minimally worse (5)
- ☐ Much worse (6)
- ☐ Very much worse (7)

Page Break

Q30 Since March 1, 2020, how often have you been bothered by any of the following problems?

| | Not at all (1) | Several days (2) | More than half the days (3) | Nearly every day (4) |
|--|-----------------------|-----------------------|-----------------------------|-----------------------|
| Little interest or pleasure in doing things? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling down, depressed, or hopeless? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling nervous, anxious or on edge (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not being able to stop or control worrying (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Worrying too much about different things (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble relaxing (13) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being so restless that it's hard to sit still (14) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Becoming easily annoyed or irritable (15) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling afraid as if something awful might happen (16) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q31 How true are the following statements applied to you?

| | Not true at all (1) | Rarely true (2) | Sometimes true (3) | Often true (4) | True nearly all the time (5) |
|---|------------------------|-----------------------|-----------------------|-----------------------|------------------------------------|
| Able to adapt to change (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Close and secure relationships (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sometimes fate or God can help (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Can deal with whatever comes (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Past success gives confidence for new challenge (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| See the humorous side of things (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coping with stress strengthens (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tend to bounce back after illness or hardship (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Things happen for a reason (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Best effort no matter what (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I can achieve my goals (11) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| When things look hopeless, I don't give up (12) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Know where to turn for help (13) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Under pressure, focus and think clearly (14) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prefer to take the lead in problem solving (15) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not easily discouraged by failure (16) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Think of self as a strong person (17) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Make unpopular or difficult decisions (18) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Can handle unpleasant feelings (19) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have to act on a hunch (20) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Strong sense of purpose (21) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| In control of my life (22) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I like challenges (23) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pride in my achievements (24) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Q32 Read each item and then choose the appropriate answer

| | None (1) | One (2) | Two (3) | Three or Four (4) | Five thru Eight (5) | Nine or more (6) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How many relatives do you see or hear from at least once a month? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many relatives do you feel at ease with that you can talk about private matters? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many relatives do you feel close to such that you could call on them for help? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many friends do you see or hear from at least once a month? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many friends do you feel at ease with that you can talk about private matters? (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How many friends do you feel close to such that you could call on them for help? (6)

Page Break

Q33 During the past 7 days, how often did you...

| | Never (1) | Rarely (once or twice) (2) | Sometimes (3 to 5 times) (3) | Often (about once a day) (4) | Very often (more than once a day) (5) |
|--|-----------------------|----------------------------|------------------------------|------------------------------|---------------------------------------|
| Have trouble getting things organized? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have trouble concentrating on what you were reading? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Forget the date unless you looked it up? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Forget what you talked about after a telephone conversation? (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feel like your mind went totally blank? (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Q34 Please indicate how often the following has happened to you since March 1, 2020

| | Never (1) | Once a month (2) | 2-4 times a month (3) | 2-3 times a week (4) | 4 or more times or daily (5) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------|
| I find myself continuing to consume certain foods even though I am no longer hungry (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I worry about cutting down certain foods (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel sluggish or fatigued from overeating (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have spent time dealing with negative feelings from overeating certain foods, instead of spending time in important activities such as time with family, friends, work, or recreation (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

I have had physical withdraw symptoms such as agitation and anxiety when I cut down on certain foods. (Do NOT include caffeinated drinks: coffee, tea, cola, energy drinks, etc.) (5)

My behavior with respect to food and eating causes significant distress (6)

Issues related to food and eating decrease my ability to function effectively (daily routine, job/school, social or family activities, health difficulties) (7)

Q35 Please indicate how often the following has happened to you since March 1, 2020

| | Yes (1) | No (2) |
|---|-----------------------|-----------------------|
| I keep consuming the same type or amounts of food despite significant emotional and/or physical problems related to my eating (1) | <input type="radio"/> | <input type="radio"/> |
| Eating the same amount of food does not reduce negative emotions or increase pleasurable feelings the way it used to (2) | <input type="radio"/> | <input type="radio"/> |

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Q36 Please tell us your alcohol use habits since March 1, 2020

| | Never (1) | Monthly or less (2) | 2-4 times a month (3) | 2-3 times a week (4) | 4 or more times a week (5) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| How often do you have a drink containing alcohol? (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many standard drinks containing alcohol do you have on a typical day? (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How often do you have six or more drinks on one occasion? (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Q37 Since March 1, 2020 about how often did you use any of the following *ON YOUR OWN*, that is, without a doctor's prescription?

| | Not at all (1) | One or two days (2) | Several days (3) | More than half the days (4) | Nearly every day (5) |
|--|-----------------------|-----------------------|-----------------------|-----------------------------|-----------------------|
| Painkillers (like Vicodin, Oxycontin) (1) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stimulants (like Ritalin, Adderall) (2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sedatives or tranquilizers (like sleeping pills or Valium) (3) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Marijuana (not medical cannabis) (4) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cocaine or crack (5) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Club drugs (like ecstasy) (6) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hallucinogens (like LSD, mushrooms) (7) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heroin (8) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inhalants or solvents (like glue) (9) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Methamphetamine (like speed) (10) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Q38 Describe the biggest source of stress in your life at the moment. What things have you done to deal with it?

Page Break

End of Block: Default Question Block
