



COPE: Coronavirus Perinatal Experiences - Impact Survey (COPE-IS)

ALL RESPONDENTS

PART 7: COVID-19 OUTBREAK EMOTIONS AND FEELINGS

[Sources for question 24, below: (items 1-17): Derogatis, L.R.(1993). BSI Brief Symptom Inventory: Administration, Scoring, and Procedure Manual (4th Ed.). Minneapolis, MN: National Computer Systems; (items 18-27) Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.gov.]

1. In the past 7 days, including today, how often were you distressed by:

Each Q is given response options:

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

- 1. Faintness or dizziness
- 2. Feeling no interest in things
- 3. Nervousness or shakiness inside
- 4. Pains in the heart or chest
- 5. Feeling lonely
- 6. Feeling tense or keyed up
- 7. Nausea or upset stomach
- 8. Feeling blue

9. Suddenly scared for no reason 1
0. Trouble getting your breath
11. Feeling of worthlessness
12. Spells of terror or panic
13. Numbness or tingling in parts of your body
14. Feeling hopeless about the future
15. Feeling so restless you couldn't sit still
16. Feeling weak in parts of your body
17. Feeling fearful
18. Feeling super alert or watchful or on guard
19. Feeling jumpy or easily startled
20. Having difficulty concentrating
21. Trouble experiencing positive feelings
22. Feeling guilty or blaming yourself
23. Feeling irritable, angry or aggressive
24. Repeated disturbing and unwanted thoughts about the COVID-19 outbreak
25. Repeated disturbing dreams about the COVID-19 outbreak
26. Trying to avoid information or reminders about the COVID-19 outbreak
27. Taking too many risks or doing things that could cause you harm

2. How has the COVID-19 outbreak changed your stress levels or mental health?

- (1) Worsened them significantly
- (2) Worsened them moderately
- (3) No change
- (4) Improved them moderately
- (5) Improved them significantly

3. How has the COVID-19 outbreak changed your sleep?

- (1) Worsened my sleep significantly
- (2) Worsened my sleep moderately

- (3) No change
- (4) Improved my sleep moderately

4. How has the COVID-19 outbreak changed your daily energy levels?

- (1) Worsened my energy significantly
- (2) Worsened my energy moderately
- (3) No change
- (4) Improved my energy moderately
- (5) Improved my energy significantly

5. How much has the COVID-19 outbreak disrupted your ability to engage in...

a. Social activities

- i. Extreme disruption
- ii. Moderate disruption
- iii. Some disruption
- iv. No disruption

b. Work activities

- i. Extreme disruption
- ii. Moderate disruption
- iii. Some disruption
- iv. No disruption

c. Physical activities (any form of exercise, including walking, running, playing on sports teams and exercise classes)

- i. Extreme disruption
- ii. Moderate disruption
- iii. Some disruption
- iv. No disruption

d. Access to healthy meals

- i. Extreme disruption
- ii. Moderate disruption

iii. Some disruption

iv. No disruption

6. Overall level of impact to your daily life due to the COVID-19 outbreak.

Likert scale (1-7, 1 = nothing, 7 = extreme)

7. Overall level of stress related to the COVID-19 outbreak.

Likert scale (1-7, 1 = nothing, 7 = extreme)

8. Please indicate the extent to which you view the COVID-19 outbreak as having either a positive or negative impact on your life.

(1) Extremely Negative

(2) Moderate Negative

(3) Somewhat Negative

(4) No Impact

(5) Slightly Positive

(6) Moderately Positive

(7) Extremely Positive

9. How long do you think it will be before things “go back to normal”?

(1) < 1 month

(2) 2-3 months

(3) 3-6 months

(4) 6-12 months

(5) 12 months +

(6) never

10. What is the single greatest source of stress due to the COVID-19 outbreak right now? (check only one)

(1) Health concerns

(2) Financial concerns

(3) Impact on your child

(4) Impact on your partner

(5) Impact on your community

- (6) Impact on family members (e.g. elderly parents)
 - (7) Impact on close friends
 - (8) Impact on society
 - (9) Access to food
 - (10) Access to baby supplies (e.g. formula, diapers, wipes)
 - (11) Access to mental health care
 - (12) General well-being due to social distancing and/or quarantine
 - (13) Stress about other (open field)
 - (14) I am not stressed
- Other sources of stress: _____

****Questions #1-10 are listed as questions 26 – 35 in original survey***

Suggested citation: Thomason, M.E., Graham, A., VanTieghem, M.R. (2020). The COPE-IS: Coronavirus Perinatal Experiences – Impact Survey.