



COPE: Coronavirus Perinatal Experiences - Impact Update (COPE-IU)

PART 2: COVID-19 ADJUSTMENTS

We would like to learn how the coronavirus disease pandemic has changed your daily life, experiences and feelings. For each statement below, please describe how the coronavirus disease pandemic is affecting you.

During the past 7 days, much has the COVID-19 outbreak disrupted your ability to ...

1. Engage in social activities?

Likert 1-7: No disruption – Extreme disruption

2. Engage in work activities?

Likert 1-7: No disruption – Extreme disruption

3. Engage in physical activities (any form of exercise, including walking, running, playing)?

Likert 1-7: No disruption – Extreme disruption

4. Leave your house?

Likert 1-7: No disruption – Extreme disruption

5. Receive emotional support from family or friends?

Likert 1-7: No disruption – Extreme disruption

(Overall level of disruption to be computed from the above measures)

During the past 7 days, how much has the COVID-19 outbreak caused...

6. Negative impact on your life?

Likert 1-7: No negative impact – Extreme negative impact

7. Conflict or fighting between family members?

Likert 1-7: No conflict – Extreme conflict

8. Feeling that you are not in control?

Likert 1-7: No loss of control – Extreme loss of control

9. Sleep problems?

Likert 1-7: No sleep problems – Extreme sleep problems

10. Reduced daily energy levels?

Likert 1-7: No loss in energy – Extreme loss in energy

During the past 7 days how much did COVID-19 change these aspects of your life...

11. Employment?

Likert 1-7: No change – Extreme change

12. Your living arrangements?

Likert 1-7: No change – Extreme change

13. Health of you or your family members?

Likert 1-7: No change – Extreme change

14. Your access to health care?

Likert 1-7: No change – Extreme change

15. Rules or restrictions about shelter-in-place in your community?

Likert 1-7: No change – Extreme change

During the past 7 days, on how many days did you...

(0-7 days are option, +decline to answer)

16. Meditate or use mindfulness strategies for more than 5 minutes?

17. Wake up feeling like you got a good night of sleep?

18. Talk to friends or family on the phone more than 30 minutes?

19. Engage in a religious service or practice?

20. Engage in physical activity for more than 30 minutes (such as walking, hiking, climbing stairs, yoga, running, weight lifting, push-ups, sit-ups)?

21. Drink one or more drinks of an alcoholic beverage?

22. Use marijuana or hashish?

23. Use recreational or illegal drugs (not including marijuana)?

24. Use nicotine products (including cigarettes, e-cigarettes, cigars, vaping, chew, dip or JUUL)?

25. Watch TV/movies on any kind of screen for more than 3 hours (including TV and game shows, movies, sale channels like QVC, YouTube videos, documentaries)?

26. Use social media (such as Instagram, Facebook, Twitter, Snapchat, Pinterest, Viber,

YouTube, LinkedIn, Tumblr, QZone)?

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

COLUMNS: Not at all, A little bit, Moderate, Quite often, Extremely

27. Feeling no interest in things:

Not at all	A little bit	Moderate	Quite often	Extremely
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28. Nervousness or shakiness inside

Not at all	A little bit	Moderate	Quite often	Extremely
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29. Feeling lonely

Not at all	A little bit	Moderate	Quite often	Extremely
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30. Feeling tense or keyed up

Not at all	A little bit	Moderate	Quite often	Extremely
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31. Nausea or upset stomach

Not at all	A little bit	Moderate	Quite often	Extremely
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32. Feeling blue

Not at all	A little bit	Moderate	Quite often	Extremely
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33. Suddenly scared for no reason

Not at all	A little bit	Moderate	Quite often	Extremely
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34. Feeling hopeless about the future

Not at all	A little bit	Moderate	Quite often	Extremely
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35. Feeling fearful

Not at all	A little bit	Moderate	Quite often	Extremely
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36. Feeling super alert or watchful or on guard

Not at all	A little bit	Moderate	Quite often	Extremely
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37. Having difficulty concentrating

Not at all	A little bit	Moderate	Quite often	Extremely
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38. Trouble experiencing positive feelings

Not at all	A little bit	Moderate	Quite often	Extremely
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39. Feeling guilty or blaming yourself

Not at all	A little bit	Moderate	Quite often	Extremely
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40. Feeling irritable, angry or aggressive

Not at all	A little bit	Moderate	Quite often	Extremely
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41. Repeated disturbing and unwanted thoughts about the COVID-19 outbreak

Not at all	A little bit	Moderate	Quite often	Extremely
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42. Repeated disturbing dreams about the COVID-19 outbreak

Not at all	A little bit	Moderate	Quite often	Extremely
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43. Trying to avoid information or reminders about the COVID-19 outbreak

Not at all	A little bit	Moderate	Quite often	Extremely
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44. What is your greatest source of stress due to the COVID-19 outbreak right now?
(check only one)

- a. Health concerns
- b. Financial concerns
- c. Impact on your child
- d. Impact on your partner
- e. Impact on your community
- f. Impact on family members (e.g. elderly parents)
- g. Impact on close friends
- h. Impact on society
- i. Access to food
- j. Access to baby supplies (e.g. formula, diapers, wipes)
- k. Access to mental health care
- l. General well-being due to social distancing and/or quarantine
- m. Stress about other (open field)
- n. I am not stressed

COVID-19 can also provide positive change...

During the past 7 days, how much has the COVID-19 outbreak caused:

45. Improved relationships with family or friends?

Likert 1-7: No improvement – Extreme improvement

46. New connections made with supportive people?

Likert 1-7: No new support – Extreme new support

47. More time doing enjoyable activities (e.g., reading books, puzzles)?

Likert 1-7: No increase – Extreme increase

48. Feeling more appreciative of things usually taken for granted?

Likert 1-7: No changed appreciation – Extreme changed appreciation

***(Select questions were renumbered and adapted from COPE-IU, Part 2, questions #3 – #50)**

Suggested citation: Thomason, M.E., Graham, A., Smyser, C.D., Rogers, C.E. (2020). The COPE-IU: Coronavirus Perinatal Experiences – Impact Update.