

The CoRoNaVirus Health Impact Survey (CRISIS) V0.3

Adult Self-Report Follow Up Form: Current Form

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The CRISIS questionnaires were developed through a collaborative effort between the research teams of Kathleen Merikangas and Argyris Stringaris at the National Institute of Mental Health Intramural Research Program Mood Spectrum Collaboration, and those of Michael P. Milham at the Child Mind Institute and the NYS Nathan S. Kline Institute for Psychiatric Research.

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Our team encourages advanced notification of any media, scientific reports or publications of data that have been collected with the CRISIS (merikank@mail.nih.gov), though this is not required. We also encourage voluntary data sharing for the purpose of psychometric studies that will be led by Dr. Stringaris (argyris.stringaris@nih.gov).

Identification Number:

Country:

State/Province/Region:

Your age (years):

SUBSTANCE USE (PAST TWO WEEKS)

During the PAST TWO WEEKS, how frequently did you use:

1. ... alcohol?

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

2. ... vaping products?

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

3. ... cigarettes or other tobacco products?

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

4. ... **marijuana/cannabis (e.g., joint, blunt, pipe, bong)?**
 - a. Not at all
 - b. Rarely
 - c. Once a month
 - d. Several times a month
 - e. Once a week
 - f. Several times a week
 - g. Once a day
 - h. More than once a day

5. ... **opiates, heroin, cocaine, crack, amphetamine, methamphetamine, hallucinogens, or ecstasy?**
 - a. Not at all
 - b. Rarely
 - c. Once a month
 - d. Several times a month
 - e. Once a week
 - f. Several times a week
 - g. Once a day
 - h. More than once a day

ADDITIONAL CONCERNS AND COMMENTS

Please describe anything else that concerns you about the impact of Coronavirus/COVID-19 on you, your friends, or your family.

[TEXT BOX]

Please provide any comments that you want to share about this survey and/or related topics.

[TEXT BOX]