

# Follow-up Covid-19 Stress Questionnaire

Thank you so much for helping us gather information on how the virus that causes COVID-19 is affecting the lives of NYU CHES participants. We appreciate your taking less than 5 minutes to answer the following few questions.

Please enter today's date:

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**In order to make sure this questionnaire is correctly linked to your records in our study, please provide us with your name.**

First name:

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Last name:

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**Some families are relocating because of concerns about COVID-19. To make sure we have your most up-to-date information, please enter your current address below:**

House Number

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Street Name

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City

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State

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**We'd like to begin with a few questions about your feelings.**

1. On a scale of 1 to 10, where 1 means you have little or no stress and 10 means you have a great deal of stress, how would you rate your stress level right now?

- 1    2    3    4  
 5    6    7    8  
 9    10

**2. In the last two weeks, how often have you felt:**

	Never	Almost never	Sometimes	Fairly often	Very often
That you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That things were going your way? Difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. In the last two weeks, how often have you:**

	not at all	rarely	sometimes	often	very often
Had difficulty sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Startled easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had angry outbursts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt a sense of time slowing down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt in a daze	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to avoid thoughts and feelings about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to avoid reading or watching information about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had distressing dreams about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been distressed when you saw something that reminded you of COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In the last two weeks, has a healthcare provider told you or any other person in your house (adult or child) that they have, or might have, COVID-19?  Yes  No

5. How would you describe the money situation in your household right now?  Comfortable with extra  Enough but no extra  Have to cut back  Cannot make ends meet

6. Finally, is there any particular worry that you are experiencing related to COVID-19 that you would like to tell us about?  Yes  No

Please describe: \_\_\_\_\_

Completed by staff?  Yes