**SONA System Script (Prior to Informed Consent)**

We are researchers at Southern Illinois University conducting a research study designed to increase our knowledge of the ways COVID has affected people. In this study, you will be asked to complete an online survey to answer questions about your experiences. This study will require approximately up to 30 minutes, and you will receive 0.5 credits towards your Psych 102 class.

**Informed Consent** on Qualtrics

Title: COVID Impact

**Description:** My name is Bryant Stone, and I am doing this research study which is designed to increase our knowledge of the COVID-19 has affected people in the School of Psychological & Behavioral Sciences at Southern Illinois University. This project is being supervised by Dr. David Gilbert in the Psychology Department at Southern Illinois University. The minimum age to participate is 18 years of age.

You understand that as a participant in this study, you will be asked to complete an online survey to answer questions about how COVID-19 has affected you. You understand that the questions asked will at times be personal and sensitive. Your participation is voluntary and you may withdraw from the study at any time, without penalty. Not participating or withdrawing from the survey has no impact on class grades or standing. It is possible that you may find some of the questions uncomfortable and you may refuse to answer or withdraw from the study at any time without penalty.

**Incentives:** This study will require approximately up to 30 minutes and you will receive 0.5 credits towards your Psych 102 class. All material received from your participation will be kept confidential and your name/identity will in no way be connected with your answers.

PLEASE NOTE: This study contains attention checks to make sure that participants are finishing the tasks honestly and completely.

**Risks and Benefits:** Your participation in this study does not involve any risk to you beyond that of everyday life. Taking part in this research study may not benefit you personally, but we may learn new things that could help others. Compensation in the amount of 0.5 credits for class and will be offered for participating in this study.

**Confidentiality:** No identifying information will be linked to your responses.

**Withdrawal:** If you decide to withdraw, data collected up until the point of withdrawal may still be included in analysis. If you decide to withdraw, simply close the browser and contact Bryant Stone at [bryant.stone@siu.edu](mailto:bryant.stone@siu.edu) to let him know you withdrew.

**Contacts & Questions:** If you have any questions about this study, you may contact the main researcher Bryant Stone at bryant.stone@siu.edu or Dr. David Gilbert at 618-453-3527 or dgilbert@siu.edu for more information.

By continuing with the survey and checking the box below, you acknowledge that you have read and understand the information above.

I agree that I have read and understand the above information and am willingly choosing to participate in the study and I am at least 18 years of age or older.

I do NOT agree to participate in the research. (This will take you to a screen that exits you from the survey. Thank you for your consideration).

This project has been reviewed and approved by the SIUC Institutional Review Board. Questions concerning your rights as a participant in this research may be addressed to the committee chairperson, Office of Research Compliance, SIUC, Carbondale, IL 62901. Phone (618) 453-4534. E-mail: [siuhsc@siu.edu](about:blank)

**Demographics Questionnaire**

* + 1. Age
    2. Gender
       1. Male
       2. Female
       3. Nonbinary
       4. Other
    3. Race
       1. White
       2. Hispanic or Latino/Latina
       3. Black or African American
       4. Asian
       5. Indian
       6. Native Hawaiian or another Pacific Islander
       7. Native American or Alaskan Native
       8. Prefer to self-describe (please specify)
    4. Ethnicity
       1. Hispanic
       2. Non-Hispanic
    5. Have you had COVID-19
       1. Yes
       2. No
    6. If yes, how severe were your symptoms?
       1. I never had COVID-19
       2. I was asymptomatic
       3. They were mild
       4. They were moderate
       5. They were severe
       6. I had to be hospitalized
    7. Who do you know that had COVID-19 (check all that apply)?
       1. Friends
       2. Family
       3. Children
       4. Colleague
       5. Partner
       6. Other
    8. If other, who?

**Item Pool**

Please indicate how much the following questions apply to you.

**Health**

1. My health problems from the COVID-19 pandemic hold me back in life
2. I experienced health problems after I was no longer sick with COVID-19
3. I am not as healthy as I used to be because of the COVID-19 pandemic
4. My fears about my health have increased because of the COVID-19 pandemic
5. I am not as in shape as I was before the COVID-19 pandemic
6. Others have been concerned about my health because of the COVID-19 pandemic
7. I worry that I am vulnerable to getting seriously ill if I catch COVID-19
8. I am not as physically active as I was before the COVID-19 pandemic
9. I am worried that symptoms of common afflictions (e.g., allergies or common cold) are actually symptoms of COVID-19
10. COVID-19 has directly (e.g., catching COVID-19) made an existing health condition worse
11. COVID-19 has indirectly (e.g., living in a pandemic) made an existing health condition worse

**Quality of Life**

1. My quality of life is worse now than it was before the COVID-19 pandemic
2. I worry that the quality of my life will not return to how it was before the COVID-19 pandemic
3. the COVID-19 pandemic has made my life miserable
4. My well-being is worse now than it was before the COVID-19 pandemic
5. My life seems dull in comparison to how it was before the COVID-19 pandemic
6. Basic parts of life I used to enjoy are no longer available because of the COVID-19 pandemic
7. I hate what my life has become because of the COVID-19 pandemic
8. I mourn the quality of life I used to have before the COVID-19 pandemic
9. I have not been able to live the life I want because of the COVID-19 pandemic
10. I do not enjoy my life like I used to before the COVID-19 pandemic
11. I do not find life to be as meaningful as it was before the COVID-19 pandemic
12. I experience less positive emotions now than I did before the COVID-19 pandemic
13. I experience more negative emotions now than I did before the COVID-19 pandemic
14. I experience less peace of mind now than I did before the COVID-19 pandemic
15. I feel nostalgic of the way things used to be before the COVID-19 pandemic

**Finances**

1. I am not as financially secure as I was before COVID-19
2. I find that money has become a bigger issue for me than it was before the COVID-19 pandemic
3. I struggle to pay for things more now than before the COVID-19 pandemic
4. Hospitals bills from COVID-19 are limiting my financial security
5. I lost a significant amount of money because of the COVID-19 pandemic
6. Government assistance has not helped me enough during the COVID-19 pandemic
7. I found it challenging to pay my rent/mortgage because of the COVID-19 pandemic
8. I found it challenging to pay my credit card because of the COVID-19 pandemic
9. I can no longer buy as many things that I enjoy because of the COVID-19 pandemic
10. I had to change my spending habits because of the COVID-19 pandemic
11. I have not been able to save money because of the COVID-19 pandemic

**Loved Ones**

1. I worry about my loved ones' future more now than I did before the COVID-19 pandemic
2. I feel like my some of my loved ones are less safe than they were before the COVID-19 pandemic
3. I am grieving over the loss of a loved because of COVID-19
4. The COVID-19 pandemic changed the way I thought about a loved one
5. I missed out on quality time with a loved one because of the COVID-19 pandemic
6. My relationship with a loved one is not as strong as it was compared to before the COVID-19 pandemic
7. I feel bad because I missed out on important holidays with my loved ones because of the COVID-19 pandemic
8. I am struggling to move on after losing a loved one to the COVID-19 pandemic
9. It has been hard to stay connected with a loved one during the COVID-19 pandemic
10. I grew emotionally distant from with a loved one because of the COVID-19 pandemic

**Job**

1. The work at my job is not as meaningful now as it was because of the COVID-19 pandemic
2. I struggled to find a job because of the COVID-19 pandemic
3. My performance job suffered because of the COVID-19 pandemic
4. The COVID-19 pandemic made engaging with my job more challenging
5. I wanted to leave my job because of the COVID-19 pandemic
6. I worried that I would lose my job because of the COVID-19 pandemic
7. I missed seeing my colleagues during the COVID-19 pandemic
8. I worried that I would get laid off/fired because of the COVID-19 pandemic
9. I wanted to find a better job because of the COVID-19 pandemic
10. I had to work harder at my job because of the COVID-19 pandemic
11. I felt more cynical about my job because of the COVID-19 pandemic

**Safety**

1. I no longer feel as safe as I did compared to before the COVID-19 pandemic
2. I worry that I am in danger because of the COVID-19 pandemic
3. I do not feel as safe in public places as I used to because of the COVID-19 pandemic
4. I feel like no matter what I do I will catch COVID-19
5. I do not feel as safe around other people as I used to because of the COVID-19 pandemic
6. I take extra precautions so that I can feel safer because of the COVID-19 pandemic
7. I worry that I will become severely ill because of COVID-19
8. I do not feel safe around my family because of COVID-19
9. I do not feel safe around my friends because of COVID-19
10. I worry that I will endanger another person because of COVID-19

**School**

1. My schoolwork is not as meaningful now as it was because of the COVID-19 pandemic
2. I struggled to go to class because of the COVID-19 pandemic
3. My grades suffered because of the COVID-19 pandemic
4. The COVID-19 pandemic made engaging with my schoolwork more challenging
5. I wanted to leave school because of the COVID-19 pandemic
6. My education suffered because of virtual learning
7. I found it hard to engage with school because of the COVID-19 pandemic
8. I missed seeing my classmates during the COVID-19 pandemic
9. I worried that I would fail out of school because of the COVID-19 pandemic
10. My prospects for a job after graduation were worse because of the COVID-19 pandemic
11. I worried about paying back student loans after I graduate because of the COVID-19 pandemic
12. I felt more cynical about school because of the COVID-19 pandemic

**Mental Health**

1. I feel like I am sadder/depressed now than I was before the COVID-19 pandemic
2. I am not as satisfied with how I am now than before the COVID-19 pandemic
3. I find that I am lonelier now than before the COVID-19 pandemic
4. I find that I am more anxious/scared now than before the COVID-19 pandemic
5. My mental health has suffered because of the COVID-19 pandemic
6. My mind is preoccupied with the COVID-19 pandemic
7. I experience burn out much quicker than I did before the COVID-19 pandemic
8. I experience more burn out than I did before the COVID-19 pandemic
9. I fear that the COVID-19 pandemic will never end
10. I feel despair when I think about things not returning to normal after the COVID-19 pandemic
11. I am more stressed now than I was before the COVID-19 pandemic
12. I use more cannabis to feel better now than I used before the COVID-19 pandemic
13. I use more nicotine to feel better now than I used before the COVID-19 pandemic
14. I use more alcohol to feel better now than I used before the COVID-19 pandemic
15. I dissociate more now than I used to before the COVID-19 pandemic
16. The COVID-19 pandemic has been traumatic for me

**Social**

1. The COVID-19 pandemic has made me miss out on important events in my life
2. I am no longer able to enjoy a meal at a restaurant now compared to before the COVID-19 pandemic
3. I missed out on concerts/sporting events because of the COVID-19 pandemic
4. I lost quality time with friends because of the COVID-19 pandemic
5. I missed out on holidays because of the COVID-19 pandemic
6. I was not able to carry out holiday traditions because of the COVID-19 pandemic
7. I do not go out/party as much as I used to because of the COVID-19 pandemic
8. I miss the way my social life used to be before the COVID-19 pandemic
9. I do not feel as connected with my friends as I did before the COVID-19 pandemic
10. I do not feel as close to some of my friends because of the COVID-19 pandemic

**Policy**

1. The state government has applied unreasonable restrictions on social, school, and other gatherings because of COVID-19.
2. The state government has not applied tight enough restrictions on social, school, and other gatherings to help control the spread of COVID-19.
3. My job/school has applied unreasonable restrictions on social, school, and other gatherings because of COVID-19.
4. My job/school has not applied tight enough restrictions on social, school, and other gatherings to help control the spread of COVID-19.
5. The government has exaggerated the risk of COVID-19
6. Mask mandates have negatively impacted my life
7. Vaccine mandates have negatively impacted my life
8. My job/school has exaggerated the risk of COVID-19
9. I think people use COVID-19 for political gain
10. Social distancing has negatively impacted my life

**Fear of COVID-19 Scale**

Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The Fear of COVID-19 Scale: Development and Initial Validation. International Journal of Mental Health and Addiction, 1–9. Advance online publication. https://doi.org/10.1007/s11469- 020-00270-8.

1. I am most afraid of Corona

2. It makes me uncomfortable to think about Corona

3. My hands become clammy when I think about Corona

4. I am afraid of losing my life because of Corona

5. When I watch news and stories about Corona on social media, I become nervous or anxious.

6. I cannot sleep because I’m worrying about getting Corona.

7. My heart races or palpitates when I think about getting Corona.

**WHO Quality of Life Scale**

Please read the question, assess your feelings, for the last two weeks, and circle the number on the scale for each question that gives the best answer for you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  poor | Poor | Neither poor nor good | Good | Very  good |
| 1 | How would you rate your quality of life? | 1 | 2 | 3 | 4 | 5 |
|  | | | | | | |
|  |  | Very  dissatisfied | Fairly  Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
| 2 | How satisfied are you with your health? | 1 | 2 | 3 | 4 | 5 |
| The following questions ask about how much you have experienced certain things in the **last two weeks**. | | | | | | |
|  |  | Not  at all | A  Small amount | A  Moderate amount | A  great deal | An  Extreme amount |
| 3 | To what extent do you feel that physical pain prevents you from doing what you need to do? | 1 | 2 | 3 | 4 | 5 |
| 4 | How much do you need any medical treatment to function in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 5 | How much do you enjoy life? | 1 | 2 | 3 | 4 | 5 |
| 6 | To what extent do you feel your life to be meaningful? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | Slightly | Moderately | Very | Extremely |
| 7 | How well are you able to concentrate? | 1 | 2 | 3 | 4 | 5 |
| 8 | How safe do you feel in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 9 | How healthy is your physical environment? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  |  | Not at all | Slightly | Somewhat | To a great extent | Completely |
| 10 | Do you have enough energy for everyday life? | 1 | 2 | 3 | 4 | 5 |
| 11 | Are you able to accept your bodily appearance? | 1 | 2 | 3 | 4 | 5 |
| 12 | Have you enough money to meet your needs? | 1 | 2 | 3 | 4 | 5 |
| 13 | How available to you is the information you need in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 14 | To what extent do you have the opportunity for leisure activities? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | Slightly | | Moderately | | Very | Extremely | |
| 15 | How well are you able to get around physically? | 1 | 2 | | 3 | | 4 | 5 | |
| The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the over the **last two weeks**. | | | | | | | | | |
|  |  | Very Dissatisfied | | Fairly  Dissatisfied | | Neither  Satified nor Dissatisfied | | Satisfied | Very satisfied |
| 16 | How satisfied are you with your sleep? | 1 | | 2 | | 3 | | 4 | 5 |
| 17 | How satisfied are you with your ability to perform your daily living activities? | 1 | | 2 | | 3 | | 4 | 5 |
| 18 | How satisfied are you with your capacity for work | 1 | | 2 | | 3 | | 4 | 5 |
| 19 | How satisfied are you with yourself? | 1 | | 2 | | 3 | | 4 | 5 |
| 20 | How satisfied are you with your personal relationships? | 1 | | 2 | | 3 | | 4 | 5 |
| 21 | How satisfied are you with your sex life? | 1 | | 2 | | 3 | | 4 | 5 |
| 22 | How satisfied are you with the support you get from your friends? | 1 | | 2 | | 3 | | 4 | 5 |
| 23 | How satisfied are you with the conditions of your living place? | 1 | | 2 | | 3 | | 4 | 5 |
| 24 | How satisfied are you with your access to health services? | 1 | | 2 | | 3 | | 4 | 5 |
| 25 | How satisfied are you with your transport? | 1 | | 2 | | 3 | | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The following question refers to **how often** you have felt or experienced certain things in the last two weeks. | | | | | | |
|  |  | Never | Infrequently | Sometimes | Frequently | Always |
| 26 | How often do you have negative feelings such as blue mood, despair, anxiety or depression? | 1 | 2 | 3 | 4 | 5 |

**Positive and Negative Affect Schedule**

This scale consists of a number of words that describe different feelings and emotions. Read each item and then list the number from the scale below next to each word. Indicate to what extent you feel this way right now, that is, at the present moment OR indicate the extent you have felt this way over the past week (circle the instructions you followed when taking this measure)

1 = Very slightly or Not at All, 2 = A little, 3 = Moderately, 4 = Quite a bit, 5 = Extremely

1. Interested

2. Irritable

3. Distressed

4. Alert

5. Excited

6. Ashamed

7. Upset

8. Inspired

9. Strong

10. Nervous

11. Guilty

12. Determined

13. Scared

14. Attentive

15. Hostile

16. Jittery

17. Enthusiastic

18. Active

19. Proud

20. Afraid

**COVID Anxiety Scale**

1. I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus.

2. I had trouble falling or staying asleep because I was thinking about the coronavirus.

3. I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus.

4. I lost interest in eating when I thought about or was exposed to information about the coronavirus.

5. I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus

**Coronavirus Impact Scale**

Rate how much the Coronavirus pandemic has changed your life in each of the following ways.

1. Routines:
   1. No change.
   2. Mild. Change in only one area (e.g. work, education, social life, hobbies, religious activities).
   3. Moderate. Change in two areas (e.g. work, education, social life, hobbies, religious activities).
   4. Severe. Change in three or more areas (e.g. work, education, social life, hobbies, religious activities).
2. Family Income/Employment:
   1. 0. No change.
   2. Mild. Small change: able to meet all needs and pay bills.
   3. Moderate. Having to make cuts but able to meet basic needs and pay bills.
   4. Severe. Unable to meet basic needs and/or pay bills.
3. Food Access:
   1. No change.
   2. Mild. Enough food but difficulty getting to stores and/or finding needed items.
   3. Moderate. Occasionally without enough food and/or good quality (e.g., healthy) foods.
   4. Severe. Frequently without enough food and/or good quality (e.g., healthy) foods.
4. Medical health care access:
   1. No change.
   2. Mild. Appointments moved to telehealth.
   3. Moderate. Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact on health.
   4. Severe. Unable to access needed care resulting in moderate to severe impact on health.
5. Mental health treatment access:
   1. No change.
   2. Mild. Appointments moved to telehealth.
   3. Moderate. Delays or cancellations in appointments and/or delays in getting prescriptions; changes have minimal impact.
   4. Severe. Unable to access needed care resulting in severe risk and/or significant impact.
6. Access to extended family and non-family social supports:
   1. No change.
   2. Mild. Continued visits with social distancing and/or regular phone calls and/or televideo or social media contacts.
   3. Moderate. Loss of in person and remote contact with a few people, but not all supports.
   4. Severe. Loss of in person and remote contact with all supports.
7. Experiences of stress related to coronavirus pandemic:
   1. None.
   2. Mild. Occasional worries and/or minor stress-related symptoms (e.g., feel a little anxious, sad, and/or angry; mild/rare trouble sleeping).
   3. Moderate. Frequent worries and/or moderate stress-related symptoms (e.g., feel moderately anxious, sad, and/or angry; moderate/occasional trouble sleeping).
   4. Severe. Persistent worries and/or severe stress-related symptoms (e.g., feel extremely anxious, sad, and/or angry; severe/frequent trouble sleeping).
8. Stress and discord in the family:
   1. None.
   2. Mild. Family members occasionally short-tempered with one another; no physical violence.
   3. Moderate. Family members frequently short-tempered with one another; and/or children in the home getting in physical fights with one another.
   4. Severe. Family members frequently short-tempered with one another and adults in the home throwing things at one another, and/or knocking over furniture, and/or hitting and/or harming one another.
9. Personal diagnosis of coronavirus.
   1. None.
   2. Mild. Symptoms effectively managed at home.
   3. Moderate. Symptoms severe and required brief hospitalization.
   4. Severe. Symptoms severe and required ventilation.
10. Number of immediate family members diagnosed with coronavirus: \_\_\_ Rate the symptoms of the person who was most sick:
    1. Mild. Symptoms effectively managed at home.
    2. Moderate. Symptoms severe and required brief hospitalization.
    3. Severe. Symptoms severe and required ventilation.
    4. Immediate family member died from coronavirus.
11. Number of Extended family member(s) and/or close friends diagnosed with coronavirus: \_\_\_\_ Rate the symptoms of the person who was most sick:
    1. Mild. Symptoms effectively managed at home.
    2. Moderate. Symptoms severe and required brief hospitalization.
    3. Severe. Symptoms severe and required ventilation.
    4. Extended family member and/or close friend died of coronavirus.

**Debriefing Form**

Debriefing Form

Thank you for taking part in our research! Now that your contribution has finished, let us explain the rationale behind this work.

There are currently no available self-report measures on the impact that COVID-19 has had on individual’s lives. The current study aims to validate a self-report measure that assess the effects of COVID-19 across life domains including health, quality of life, finances, loved ones, job, safety, school, mental health, social, and policy.

Data from this study will help us understand how COVID-19 has affected people. We ultimately hope that the information learned from this study will help people assess the effects of COVID-19. Your participation is greatly appreciated! We cannot associate your responses with identifying information.

Contacts & Questions:If you have any questions about this study, you may contact the main researcher Bryant Stone at bryant.stone@siu.edu or my faculty advisor Dr. David Gilbert at 618-453-3527 or dgilbert@siu.edu for more information.

This project has been reviewed and approved by the SIUC Institutional Review Board. Questions concerning your rights as a participant in this research may be addressed to the committee chairperson, Office of Research Compliance, SIUC, Carbondale, IL 62901. Phone (618)453-4534. E-mail: [siuhsc@siu.edu](about:blank)