**Pandemic Stress Index (PSI)**

1. What are you doing/did you do during COVID-19 (coronavirus)? (check all that apply)

\_\_ no changes to my life or behavior

\_\_ practicing social distancing (i.e., reducing your physical contact with other people in social, work, or school settings by avoiding large groups and staying 3-6 feet away from other people)

(if yes – how long have you been doing/did you do this for? [days])

Of these X days, how many did you end up needing to be physically near people (i.e., you were not able to practice social distancing on those days)?

(if yes – did you choose to do this yourself or did someone else require you to?)

(if yes – did you do this to protect someone else in your household?)

\_\_ isolating or quarantining yourself (i.e., while you are sick or if you have been exposed, separating yourself from other people to prevent others from getting it)

(if yes – how long have you been doing/did you do this for? [days])

Of these X days, how many did you end up breaking the isolation or quarantine (i.e., you were not isolated or quarantined on those days)?

(if yes – did you choose to do this yourself or did someone else require you to?)

(if yes – did you do this to protect someone else in your household?)

\_\_ caring for someone at home

(if yes –

\_\_ a child or children

\_\_ an elderly person

\_\_ working from home

(if yes – did you have to balance this with taking care of others [e.g., parents, kids, partners?])

\_\_ not working

(if yes – did you lose your source of income because of COVID-19/coronavirus?)

(if yes – why? (check all that apply)

\_\_ because I am/was sick or under quarantine

\_\_ because someone in my household was sick/under quarantine

\_\_ because my place of work was closed and didn’t offer a remote work option

\_\_ because I was laid off or lost my employment

\_\_ a change in use of healthcare services (e.g., calling your healthcare provider, going to urgent care, etc.)

(if yes – was this an increase or decrease?)

\_\_ following media coverage related to COVID-19 (e.g., watching or reader the news, following social media coverage, etc.)

(if yes: on average, how many hours per day did you spend on this?)

\_\_ changing travel plans

(if yes – did you travel more or less?)

1. How much is/did COVID-19 (coronavirus) impact your day-to-day life?
2. Not at all
3. A little
4. Much
5. Very Much
6. Extremely
7. Decline to answer
8. Which of the following are you experiencing (or did you experience) during COVID-19 (coronavirus)? (check all that apply)

\_\_ being diagnosed with COVID-19

\_\_ fear of getting COVID-19

\_\_ fear of giving COVID-19 to someone else

\_\_ worrying about friends, family, partners, etc.

if yes:

\_\_ locally

\_\_ in other parts of the US

\_\_ outside the US

\_\_ stigma or discrimination from other people (e.g., people treating you differently because of your identity, having symptoms, or other factors related to COVID-19)

\_\_ personal financial loss (e.g., lost wages, job loss, investment/retirement loss, travel-related cancelations)

\_\_ frustration or boredom

\_\_ not having enough basic supplies (e.g., food, water, medications, a place to stay)

\_\_ more anxiety

\_\_ more depression

\_\_ more sleep, less sleep, or other changes to your normal sleep pattern

\_\_ increased alcohol or other substance use

\_\_ a change in sexual activity

(if yes – was this an increase or decrease?)

\_\_ loneliness

\_\_ confusion about what COVID-19 is, how to prevent it, or why social distancing/isolation/quarantines are needed

\_\_ feeling that I was contributing to the greater good by preventing myself or others from getting COVID-19

\_\_ getting emotional or social support from family, friends, partners, a counselor, or someone else

\_\_ getting financial support from family, friends, partners, an organization, or someone else

\_\_ other difficulties or challenges (We want to hear from you! Please tell us more\_\_\_\_\_\_\_\_\_\_)

Please use the following citation:

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