



PSYCHOSOCIAL WELLBEING- PARTICIPANT

ID NUMBER:

FORM CODE:

DATE: 06/01/2020
Version 1.0

ADMINISTRATIVE INFORMATION

Instructions: This form is completed during a call that is separate from the NCG Telephone Assessment. This may be a stand-alone call or combined with NCG scheduling, the Annual Follow-Up call or the Semi-Annual Follow-Up call, depending on field center scheduling. Importantly, the timing will be optimized for participant convenience. The date is the day the interview was attempted or completed.

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Interviewer: Read the script in the QxQ.

0c. Is this a good time to talk?

Yes..... Y → **Go to item 1**

No N

0d. Can I call you back at a convenient time to ask these questions?

Yes..... Y

No N → **Save and close form**

0e. When would it be convenient to call back? / /
Month Day Year

0f. Staff Notes:

[allow for 150 characters; same as CIU0g]

Interviewer: Read the consent script in the QxQ.

A. GENERAL QUESTIONS

1. Have you been diagnosed with COVID-19?

Yes....._Y

No_N

Do not know_D

2. How concerned are you about the COVID-19 pandemic?

Not at all_N → **Go to item 4**

Somewhat Concerned_S

Very Concerned_V

3. Are you concerned about:

	Yes	No
a. Your own health or well-being?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
b. The health or well-being of someone else?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
c. Daily necessities (for example, obtaining groceries)?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
d. Money?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
e. Anything else?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N

e1. Please specify: _____

4. Do you feel that the COVID-19 pandemic has changed your daily life?

Yes....._Y

No_N → **Go to item 6**

Do not know_D → **Go to item 6**

5. How much has your daily life changed?

Somewhat _s

Very much _v

6. During the past week, how often would you say that you felt...:

	Hardly Ever	Some of the time	All of the time
a. Anxious?	<input type="checkbox"/> _H	<input type="checkbox"/> _S	<input type="checkbox"/> _A
b. Nervous?	<input type="checkbox"/> _H	<input type="checkbox"/> _S	<input type="checkbox"/> _A
c. Fearful?	<input type="checkbox"/> _H	<input type="checkbox"/> _S	<input type="checkbox"/> _A

B. MEDICAL CARE

[script] **“The following questions are about your medical care during the COVID-19 pandemic.”**

7. Did you have a scheduled, in-person medical or dental appointment, which you were unable to attend in-person?

Yes _Y

No _N → **Go to item 9**

Do not know _D → **Go to item 9**

8. Was that because:

	Yes	No
a. You had no transportation to get to the doctor’s office?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
b. The in-person visit was changed to a telephone or video visit?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
c. Your appointment was cancelled?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
d. Some other reason?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N

d1. Please specify: _____

9. Were you able to get medications or have treatments you normally take?

Yes.....Y

NoN

Do not knowD

10. Did you delay, postpone, or refuse a visit to an emergency room or hospital for a medical event or concern?

Yes.....Y

NoN

Do not knowD

11. Compared to the months before the pandemic began, how much has your sleep been interrupted or disturbed?

Not at allN

SomewhatS

A Lot.....A

C. UCLA LONELINESS SCALE

[script] **“The following questions ask about your feelings during this time of COVID-19.”**

12. How often do you now feel that you lack companionship?

Hardly EverH

Some of the timeS

Often.....O

13. How often do you now feel left out?

Hardly EverH

Some of the timeS

Often.....O

14. How often do you now feel isolated from others?

Hardly Ever _H

Some of the time _S

Often..... _O

D. SOCIAL NETWORK

[script] **“The following questions ask about how you have been able to stay in touch with your family and friends during the COVID-19 pandemic.”**

15. Do you live alone?

Yes..... _Y → **Go to item 19**

No _N

Prefer not to say _P → **Go to item 19**

16. How many adults do you live with? # [if 0, answer 17 and go to 19]

17. How many children (age <18 years) do you live with? #

18. How are the adults related to you? Are they:

	Yes	No
a. Spouse?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
b. Children?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
c. Other family member(s)?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
d. Friend(s)?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N
e. Other?	<input type="checkbox"/> _Y	<input type="checkbox"/> _N

e.1. Please specify: _____

19. Have the COVID social distancing rules changed how often you stay in touch with family and friends?

Yes.....Y

NoN

Do not knowD

20. How often do you stay in touch with family and friends?

Every dayE

Several times a week.....S

Once a week.....O

Less than once a week.....L

21. Are you staying in touch with your family members and friends:

	Yes	No
a. By speaking in person?	<input type="checkbox"/> Y	<input type="checkbox"/> N
b. With phone calls?	<input type="checkbox"/> Y	<input type="checkbox"/> N
c. With video calls?	<input type="checkbox"/> Y	<input type="checkbox"/> N
d. By email?	<input type="checkbox"/> Y	<input type="checkbox"/> N
e. Texting?	<input type="checkbox"/> Y	<input type="checkbox"/> N
f. Through social media?	<input type="checkbox"/> Y	<input type="checkbox"/> N
g. By postal mail?	<input type="checkbox"/> Y	<input type="checkbox"/> N
h. By other means?	<input type="checkbox"/> Y	<input type="checkbox"/> N

h1. Please specify: _____

E. SOCIAL SUPPORT

[script] “Now we want to ask you about the kind of support you have from your family and friends during the COVID-19 pandemic.”

22. Can you count on anyone to help you when you need to make difficult decisions or talk over problems?

Yes.....Y

NoN

Do not knowD

23. Can you count on anyone to help you with daily tasks like grocery shopping, house cleaning, cooking, telephoning, or giving you a ride?

Yes.....Y

NoN

Do not knowD

24. How often would you say that you tend to bounce back quickly after hard times?

Always.....A

UsuallyU

SometimesS

RarelyR

NeverN

F. PHYSICAL ACTIVITY

[script] “For the following two questions, please think about an average day before the COVID-19 pandemic compared to an average day now.”

25. Think about the time you spent being physically active (for example, gardening or walking) before the COVID-19 pandemic. Would you say that the time you spend being physically active now is:

MoreM

The SameS

Less.....L

26. Think about the time you spent sitting (for example, watching television or reading) before the COVID-19 pandemic. Would you say that the amount of time you spend sitting now is:

More M

The Same S

Less L

G. CLOSING

27. Is there anything else you would like us to know or coder in our research?

[allow for 2,000 characters]

Interviewer: If you will be requesting permission to contact the closest support person, proceed to the next tab. Otherwise, read the script below and save and close the form.

"Thank you very much for contributing for the past 30 years to the ARIC study and its mission of 'Research with Heart!'"

H. PERMISSION

Interviewer: Read the script in the QxQ and answer the question below.

28. Permission to contact closest support person?

Yes Y → **Save this form and open the PSI form**

No N → **Read the script below then SAVE and CLOSE this form**

"Thank you very much for contributing for the past 30 years to the ARIC study and its mission of 'Research with Heart!'"