

# Mental Health of Undergraduate Students Survey

## Survey Flow

Block: Consent Form (2 Questions)  
Standard: Demographic Information (16 Questions)  
Standard: Block 11 (1 Question)  
Standard: Orientation to Recreation and Academics (2 Questions)  
Standard: Exercise (5 Questions)  
Standard: Sleep (4 Questions)  
Standard: Social Support (2 Questions)  
Standard: Mindfulness (2 Questions)  
Standard: Emotion Regulation (1 Question)  
Standard: Mental Health (2 Questions)  
Standard: COVID 19: Pre (4 Questions)  
Standard: Covid-19: Post (4 Questions)

Page Break

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**Q2 The Mental Health of Undergraduate Students and the Impact of COVID-19** You are invited to participate in a study entitled Mental Health of Undergraduate Students that is being conducted by Dr. Theone Paterson and Jennifer Reeves at the University of Victoria. This document describes what will be required of you if you choose to participate in this study, and the potential risks and benefits of participation. As an undergraduate honours student, Jennifer Reeves is required to conduct research as part of her requirements for her degree in Psychology. This research is being conducted under the supervision of Dr.

Paterson. **Purpose and Objectives** The purpose of this research project is to investigate the impacts of various factors, including the COVID-19 pandemic and public health response, year of study, self-care habits, and orientation to academics and recreation, on the mental health of undergraduate students in Canada. **Importance of this Research** Research of this type is important because it will give us a better understanding of how mental health differs for students across the years of an undergraduate degree, and will further our understanding of how self-care habits impact this fluctuation. Additionally, this research will examine the impact of COVID-19 on undergraduate students. **Participants Selection** You are being asked to participate in this study because you have expressed an interest in participation, and you are enrolled in a 4-year undergraduate program in Canada.

**What is involved** If you consent to voluntarily participate in this research, your participation will entail completing the following survey which will take approximately 15 minutes of your time, and can be completed within an internet browser, on a desktop or laptop computer, smartphone, or tablet. The survey will ask you about aspects of your mental health, as well as your self-care habits and the importance you place on various activities. This survey will also ask demographic questions, including but not limited to your age, ethnicity, gender identity, and biological sex. The purpose of these questions is to better understand how these factors may impact mental health. **Inconvenience** Participation in this study may cause some inconvenience to you, however, this is limited to your time spent completing the survey.

**Risks** There are no anticipated risks to you by participating in this research. However, the survey does include questions regarding your mental health and COVID-19. As such, if you were able to experience any level of distress while completing this survey, please consider accessing the resources provided at the bottom of this consent form (and provided again at the end of the survey). There is some minimal risk regarding data security because this survey is hosted online.

However, the study is hosted by QualtricsCoreXM using a UVic license. This platform complies with the BC Freedom of Information and Protection of Privacy Act (FIPPA), and thus your data is safely secured in Canada. Qualtrics uses Transport Layer Security encryption, password-protection, and trusted servers to protect data. Some identifying information (i.e., your email) will be collected if you express interest in being contacted about future research opportunities and/or request entry in the prize draw. This data will be collected into a separate Qualtrics form, and stored separately from your anonymous survey responses. Thus, in the event of a security threat, the anonymity of your survey responses will continuously be protected. **Benefits** The potential benefits of your participation in this research include increasing our knowledge of the mental health of undergraduate students. This type of research is essential for developing

appropriate and effective interventions and policies. **Compensation** Although there is no specific compensation for completing this survey, participants can opt to be entered to win one of two \$50.00 gift cards for a Major Canadian Retailer (such as Amazon.ca, Bestbuy.ca, Starbucks Canada, Tim Hortons, Roots Canada, or Chapters/Indigo). If you wish to be entered in to the draw for the gift card, you may provide your email at the end of the survey.

**Voluntary Participation** Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study the data you have provided up to the point in the survey where you discontinue may be retained and where useable, included in data analyses. If you discontinue the survey before reaching the end, you will not be provided the option of entering the draw to win a gift card, as this is at the end of the survey.

Participants can opt not to respond to specific items within the survey if they do not wish to, and are still eligible for the prize draw once they reach the end of the survey.

**Anonymity** All of your survey responses will be collected anonymously, and no identifying information is being collected as part of the study. If you choose to provide your email for the prize draw at the end of the survey, or because you would like to be contacted about future research opportunities by Dr. Paterson, your email will be securely stored in a separate secure online or local digital database, and will be completely dissociated from your survey responses. Email data provided only for the prize draw will be securely destroyed after prizes have been claimed. Email data provided because you would like to be contacted for future research opportunities will be stored in an encrypted database file only accessible to Dr. Paterson and her research team.

**Confidentiality** Your survey data is anonymous and will not be connected to any personally identifying information. Anonymous survey response data will be stored in a secure online or local digital database at UVic. Your identifying data (your email address, if you provide it) will never be shared outside of the research team, and will only be used for purposes you agree to (i.e., participation in the prize draw and/or to contact you about future research opportunities).

**Dissemination of Results** It is anticipated that the results of this study will be shared with others in the following ways: Results may be published in academic journals, dissertations or theses, blogs, and in the media, or infographics describing study results, and may also be presented in-person to peers. This could include PowerPoint presentations or academic conference posters. In all cases, only aggregate data will be presented, and no personally identifying information will be included.

**Storage and Disposal of Data** Email addresses provided for the prize draws will be securely deleted immediately following the prizes being claimed. Email addresses provided so that Dr. Paterson's research team may contact you about future research opportunities will be retained by the research team and stored in an encrypted file on a local UVic hard-drive or server completely separate from the anonymous survey data. If at any time you wish to no longer be contacted about future research opportunities, you may contact Dr. Paterson and ask to have this information deleted from the database. Anonymous survey data will be stored in password protected/encrypted digital files on encrypted external hard-drives or UVic based network storage server within Canada.

Anonymous data will be kept in perpetuity (i.e., securely stored locally at UVic, or deposited into a Canadian data repository). Anonymous data may also be shared with other researchers to support replication and/or secondary analysis of data. By completing this survey, you are providing your consent to the UVic research team to share the anonymous survey data with

other research teams, and for it to be used in future research. **Contacts** Individuals that may be contacted regarding this study include Jennifer Reeves, at [jenniferreeves@uvic.ca](mailto:jenniferreeves@uvic.ca), and the Principal Investigator, Dr. Theone Paterson, who may be contacted via the Behavioral Research on Aging and Illness in Neuropsychology (BRAIN) Laboratory at [brain@uvic.ca](mailto:brain@uvic.ca) or by phone at 250-721-7547. In addition, you may verify the ethical approval of this study (HREB #20-0360), or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or [ethics@uvic.ca](mailto:ethics@uvic.ca)). **Resources** If, in completing this survey, you feel you have been affected by any of the issues described in this questionnaire and need access to mental health support, please consult the Government of Canada's guide to accessing services [here](#), contact your doctor/health professional, or contact one of the following services:

- Crisis Services Canada: <https://www.crisisservicescanada.ca/en/looking-for-local-resources-support/>
- Canadian Mental Health Association: <https://cmha.ca>
- To find a suicide prevention crisis centre phone number or website in your province, visit the Canadian Association for Suicide Prevention's webpage at <http://suicideprevention.ca/need-help>.
- To find a rape crisis or women's centre phone number or website in your province, visit the Canadian Association of Sexual Assault Centres' webpage at [www.casac.ca/content/anti-violence-centres](http://www.casac.ca/content/anti-violence-centres).
- Teens can call at 1-800-668-6868 or visit <http://org.kidshelpphone.ca>.
- 211 is a free service that provides referrals for community, government, and social services. Dial 211 or visit the 211 webpage at <http://211.ca> for more information and availability. You can download a list of resources for your province or territory [Here](#).

By clicking the arrow below to complete the survey, **YOUR FREE AND INFORMED CONSENT IS IMPLIED** and doing so indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers. If you would like to download a PDF copy of this consent form, please click [Informed consent](#).



Q43 I am currently enrolled in a 4-year Canadian university or college program

- ☐ Yes (1)
- ☐ No (2)

End of Block: Consent Form

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Start of Block: Demographic Information

Q4 What is your age?

▼ 16 (1) ... 60 or older (45)

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Q6 What is your ethnicity?

- ☐ Caucasian (1)
  - ☐ Asian (2)
  - ☐ Indigenous (3)
  - ☐ Metis (7)
  - ☐ Hispanic or Latino (4)
  - ☐ Black (5)
  - ☐ Other (6) \_\_\_\_\_
- 

Q8 What is your biological sex? (Sex assigned at birth)

- ☐ Male (1)
  - ☐ Female (2)
  - ☐ Intersex (3)
- 

Q7 What is your gender identity?

- ☐ Male (1)
  - ☐ Female (2)
  - ☐ Non-binary / Genderqueer (3)
  - ☐ Other / Not listed above (12)
-

Q9 What is your current academic year of study? This is based on the number of credits you have completed.

- ☐ Year 1 (Freshman) (1)
  - ☐ Year 2 (Sophomore) (2)
  - ☐ Year 3 (Junior) (3)
  - ☐ Year 4 (Senior) (4)
  - ☐ Post-Year 4 (e.g., "Victory lap", "super senior", etc.) (5)
- 

Q26 What is your actual year of study, based on the number of calendar years you have spent attending a postsecondary institution?

- ☐ Year 1 (1)
  - ☐ Year 2 (2)
  - ☐ Year 3 (8)
  - ☐ Year 4 (3)
  - ☐ Year 5 (4)
  - ☐ Year 6 (5)
  - ☐ Year 7 (6)
  - ☐ Year 8 + (7)
- 

Q45 What is your program of study?

▼ Business (1) ... Social Science (8)

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Q10 Are you a part-time or a full-time student?

- ☐ Part-time (1)
  - ☐ Full-time (2)
- 

Q46 Will this be your first undergraduate university or college degree?

- ☐ Yes (1)
  - ☐ No, I have previously completed one degree (2)
  - ☐ No, I have previously completed two degrees (4)
  - ☐ No, I have previously completed three or more degrees (3)
- 

Q40 Do you identify as a student with a disability?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Prefer to not answer (4)
- 

Q11 What is your current living situation

- ☐ Residences/ On-campus (1)
  - ☐ Off-campus with family (2)
  - ☐ Off-campus with friends/roommates (3)
  - ☐ Off-campus alone (4)
-

Q44 Which province or territory do you typically reside in during your program?

▼ British Columbia (1) ... Nunavut (13)

Q47 Are you an international student?

☐ Yes (1)

☐ No (2)

Q12 Are you currently employed?

☐ Yes, full-time (1)

☐ Yes, part-time (2)

☐ No (3)

Q27 Do you participate in volunteer work, and if so, how many hours per week on average do you volunteer?

☐ No (5)

☐ Yes, between 1-5 hours per week (1)

☐ Yes, between 6-10 hours per week (2)

☐ Yes, between 11-15 hours per week (3)

☐ Yes, more than 15 hours per week (4)



Q13 What are your plans for after graduation?

- ☐ Pursue employment/Begin career (2)
- ☐ Enter a trade (e.g., carpentry, plumbing apprenticeship, Gold Seal training culinary arts, etc.) (4)
- ☐ Pursue a professional program (e.g., law, or medical, nursing, veterinary school, etc.) (3)
- ☐ Pursue graduate studies, such as a Masters/PhD program (1)
- ☐ Neither employment or further studies (e.g., planning to be a homemaker; not planning to enter the labour market, etc.) (5)
- ☐ Undecided (6)

End of Block: Demographic Information

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Start of Block: Block 11

Q45 Please select all of the fruit

- ☐ Apple (1)
- ☐ Car (3)
- ☐ Dog (4)
- ☐ Banana (2)

End of Block: Block 11

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Start of Block: Orientation to Recreation and Academics

Q24 The following questions will evaluate how important you view certain activities to be.

	Not at all important (1)	Slightly important (2)	Moderately important (3)	Very important (4)	Extremely important (5)
How important is participating in athletics, such as varsity sports or intramurals, to you? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is partying or going out to bars and clubs to you? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is playing games, such as video games or board games, with friends to you? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is watching online recreational content such as on Netflix or Youtube to you? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is participating in academic organizations and research to you? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

studying to  
you? (6)

How  
important is  
attending  
office hours  
to you? (7)

How  
important is  
utilizing  
educational  
resources,  
such as the  
library and  
online tools,  
to you? (8)

☐☐☐☐☐☐☐☐☐☐

Q24 The following questions will evaluate how much time you spend **per week** on certain activities.

	Less than 1 hour (1)	1-2 hours (2)	3-5 hours (3)	6-10 hours (4)	11-15 hours (5)	16-20 hours (6)	More than 20 hours (7)
How many hours per week do you spend participating in athletics, such as varsity sports or intramurals? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many hours per week do you spend partying or going out to bars and clubs? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many hours per week do you spend playing games, such as video games or board games, with friends? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many hours per week you do spend watching online recreational content such as on Netflix or Youtube (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many hours per week do you spend participating in academic organizations and research? (5)

☐☐☐☐☐☐☐

How many hours per week do you spend studying? (6)

☐☐☐☐☐☐☐

How many hours per week do you spend attending office hours? (7)

☐☐☐☐☐☐☐

How many hours per week do you spend utilizing educational resources, such as the library and online tools? (8)

☐☐☐☐☐☐☐

End of Block: Orientation to Recreation and Academics

Start of Block: Exercise

Q17 During a typical **7-day period** (a week), **how many times** on average do you do the following kinds of exercise for **more than 15 minutes** during your free time?

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Q18 Strenuous exercise (Heart beats rapidly)

( e.g., running, jogging, hockey, football, soccer, squash, basketball, cross country skiing, judo, roller skating, vigorous swimming, vigorous long distance bicycling)

▼ 0 (20) ... 28 + (57)

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Q19 Moderate exercise (Not exhausting)

(e.g., fast walking, baseball, tennis, easy bicycling, volleyball, badminton, easy swimming, alpine skiing, popular and folk dance)

▼ 0 (4) ... 28 + (32)

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Q20 Mild exercise (minimal effort)

(e.g., yoga, archery, fishing from river bank, bowling, horseshoes, golf, snowmobiling, easy walking)

▼ 0 (4) ... 28 + (32)

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Q22 When you exercise, are you engaging primarily in aerobic or anaerobic exercise?

- ☐ Aerobic exercise - exercise where you are moving your body for longer periods in a sustained manner (e.g., jogging, walking, cycling, lane swimming). (1)
- ☐ Anaerobic exercise - exercise that requires maximum physical effort that can only be sustained for short periods of time (e.g., sprinting, heavy weight lifting). (2)
- ☐ Both equally (3)

End of Block: Exercise

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Start of Block: Sleep

Q21

Below is a list of several statements reflecting people's beliefs and attitudes about sleep. Please **indicate to what extent you personally agree or disagree with each statement**. There is no right or wrong answer. For each statement, use the scale provided to mark the number that corresponds to your own personal belief. Please respond to all items even though some may not apply directly to your own situation.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Neither Agree Nor Disagree (4)	Somewhat Agree (5)	Agree (6)	Strongly Agree (7)
Sleep is a necessity. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am inclined to skip sleep in order to socialize longer. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a good night's sleep makes me happy (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually choose schoolwork as a more important activity than my sleep schedule. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look forward to a full night of sleep. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past, I haven't made time for adequate sleep in my schedule. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often pick other activities over going to bed early. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a full night of sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

is satisfying to  
me. (8)

I enjoy a good  
night's sleep.  
(9)

I sleep less so  
I have more  
hours during  
the day to get  
work  
accomplished.  
(10)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q32 How many hours of sleep do you get on an average night?

▼ 4 or less (1) ... 12 or more (9)

Q33 Do you feel well rested when you wake up?

- ☐ Yes, I do (1)
- ☐ Somewhat (2)
- ☐ No, I do not (3)

Q34 Do you wish that you were able to sleep more?

- ☐ Yes, I wish I could sleep more (1)
- ☐ No, I am happy with how much sleep I am currently getting (2)
- ☐ No, I sleep too much now (3)

End of Block: Sleep



## Start of Block: Social Support

Q19 The following questions relate to the amount of social support you actively seek from others.

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Q20 To what extent, if at all, do you....

	Not at all (1)	Rarely (2)	Occasionally (3)	Sometimes (4)	A lot (5)
Join new groups (e.g. sporting, hobby, interest groups) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make an effort to catch up with friends and/or family that you have not seen/heard from in a while (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use going to university as an opportunity to make new friends (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invite friends or family to your home (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organise a day or an evening out with friends or family (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask for emotional support from family or close friends (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend social functions organised by your work, university or community (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Remain open  
to developing  
new  
relationships  
(8)

☐☐☐☐☐

Participate  
with friends in  
activities that  
are unrelated  
to study (9)

☐☐☐☐☐

When I am  
feeling  
unhappy, I  
phone or visit  
a  
friend/family  
member (10)

☐☐☐☐☐

Make an  
effort to  
balance your  
study time  
and your  
social life (11)

☐☐☐☐☐

Use social  
media sites to  
connect with  
friends. (12)

☐☐☐☐☐

End of Block: Social Support

Start of Block: Mindfulness

Q17

People have a variety of ways of relating to their thoughts and feelings. For each of the items below, rate how much each of these ways applies to *you*.

	Rarely/ Not at all (1)	Sometimes (2)	Often (3)	Almost always (4)
It is easy for me to concentrate on what I am doing. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am preoccupied by the future. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can tolerate emotional pain. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can accept things I cannot change. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can usually describe how I feel at the moment in considerable detail. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am easily distracted. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am preoccupied by the past. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's easy for me to keep track of my thoughts and feelings. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to notice my thoughts without judging them. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to accept the thoughts and feelings I have. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am able to focus on the present moment. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to pay close attention to one thing for a long period of time. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31 Below, rate the frequency of with which you engage in mindfulness. Mindfulness practice is time dedicated to bringing your conscious awareness towards yourself, including your feelings, thoughts, and body. For example, this may include sitting meditation.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Very often (5)
How often do you purposefully engage in mindfulness or meditation? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Mindfulness

Start of Block: Emotion Regulation

Q18 Please indicate how often the following statements apply to you by clicking the appropriate number on the scale below on the line beside each item.

	Almost never (0-10%) (1)	Sometimes (11-35%) (2)	About half the time (36- 65%) (3)	Most of the time (66- 90%) (4)	Almost always (91- 100%) (5)
I have difficulty making sense out of my feelings. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confused about how I feel. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset, I have difficulty getting work done. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset, I become out of control. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset, I believe that I will remain that way for a long time. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset, I believe that I'll end up feeling very depressed. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset, I have difficulty focusing on other things. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am upset, I feel out of control. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When I am  
upset, I feel  
ashamed with  
myself for  
feeling that  
way. (9)

☐☐☐☐☐

When I am  
upset, I feel  
like I am  
weak. (10)

☐☐☐☐☐

When I am  
upset, I have  
difficulty  
controlling my  
behaviors.  
(11)

☐☐☐☐☐

When I am  
upset, I  
believe that  
there is  
nothing I can  
do to make  
myself feel  
better. (12)

☐☐☐☐☐

When I am  
upset, I  
become  
irritated with  
myself for  
feeling that  
way. (13)

☐☐☐☐☐

When I am  
upset, I start  
to feel very  
bad about  
myself. (14)

☐☐☐☐☐

When I am  
upset, I have  
difficulty  
thinking about  
anything else.  
(15)

☐☐☐☐☐

When I am  
upset, my  
emotions feel  
overwhelming.

☐☐☐☐☐

(16)

End of Block: Emotion Regulation

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Start of Block: Mental Health



Q16 Please read each statement and pick a response which indicates how much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

	Did not apply to me at all (1)	Applied to me to some degree, or some of the time (2)	Applied to me to a considerable degree or a good part of time (3)	Applied to me very much or most of the time (4)
I found it hard to wind down (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of dryness of my mouth (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't seem to experience any positive feeling at all (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to work up the initiative to do things (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tended to over-react to situations (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced trembling (e.g. in the hands) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was using a lot of nervous energy (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(9)				
I felt that I had nothing to look forward to (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself getting agitated (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to relax (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt down-hearted and blue (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was intolerant of anything that kept me from getting on with what I was doing (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was close to panic (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was unable to become enthusiastic about anything (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I wasn't worth much as a person (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was rather touchy (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I felt scared without any good reason (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that life was meaningless (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q30 Have you been officially diagnosed with any specific mental health/psychological/psychiatric disorder by a health care practitioner? If so, please specify

- ☐ Yes (1) \_\_\_\_\_
- ☐ No (2)
- ☐ Prefer to not answer (3)

End of Block: Mental Health

Start of Block: COVID 19: Pre

Q41 For the following items, please try to specifically think about how you were feeling **before the COVID-19 outbreak** (i.e., before March 2020).

Q36 **During the two weeks prior to the COVID-19 outbreak**, how often were you been bothered by the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious, or on edge (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q48 During the two weeks prior to the COVID-19 outbreak, how often were you been bothered by the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Little interest or pleasure in doing things (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q38 The questions in this scale ask you about your feelings and thoughts **in the month before the COVID-19 outbreak**. In each case, you will be asked to indicate **how often** you felt or thought a certain way **in the month before the COVID-19 outbreak**.

	Never (1)	Almost Never (2)	Sometimes (3)	Fairly often (4)	Very Often (5)
How often hve you been upset because of something that happened unexpectedly? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that you were unable to control the important things in your life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt nervous and "stressed"? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt confident about your ability to handle your personal problems? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that things were going your way? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that you could not cope with all the things that you had to do? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often  
have you  
been able to  
control  
irritations in  
your life? (7)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How often  
have you felt  
that you were  
on top of  
things? (8)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How often  
have you  
been angered  
because of  
things that  
were outside  
of your  
control? (9)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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How often  
have you felt  
difficulties  
were piling up  
so high that  
you could not  
overcome  
them? (10)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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End of Block: COVID 19: Pre

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Start of Block: Covid-19: Post

Q42 For the following items, please now specifically think about how you have been feeling **since the COVID-19 outbreak began**.

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**Q37 In a two week period since the COVID-19 outbreak began, how often have you been bothered by the following problems?**

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Feeling nervous, anxious, or on edge (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Q49 In a two week period since the COVID-19 outbreak began, how often have you been bothered by the following problems?**

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
Little interest or pleasure in doing things (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q39 The questions in this scale ask you about your feelings and thoughts **in a one month period since the COVID-19 outbreak started**. In each case, you will be asked to indicate by circling how often you felt or thought a certain way **in a one month period since the COVID-19 outbreak started**.

	Never (1)	Almost Never (2)	Sometimes (3)	Fairly Often (4)	Very Often (5)
How often have you been upset because of something that happened unexpectedly? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that you were unable to control the important things in your life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt nervous and "stressed"? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt confident about your ability to handle your personal problems? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that things were going your way? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you felt that you could not cope with all the things that you had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



to do? (6)

How often  
have you  
been able to  
control  
irritations in  
your life? (7)

☐☐☐☐☐

How often  
have you felt  
that you were  
on top of  
things? (8)

☐☐☐☐☐

How often  
have you  
been angered  
because of  
things that  
were outside  
of your  
control? (9)

☐☐☐☐☐

How often  
have you felt  
difficulties  
were piling up  
so high that  
you could not  
overcome  
them? (10)

☐☐☐☐☐

End of Block: Covid-19: Post

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