

COVID-19 Pandemic Psychosocial Functioning Measure

The Pandemic Psychosocial Functioning Measure measures changes in social interaction, mental health, health behavior, and global functioning during the COVID19 pandemic.

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INSTRUCTIONS: Below is a list of things that may have changed in your life during the pandemic. Please read each item, and then select the response that fits best.

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|---|------------|-----------|
| 1. Were you diagnosed with COVID19? | YES | NO |
| 2. Was someone who lives with you diagnosed with COVID19? | YES | NO |
| 3. Did you have a close family member or friend diagnosed with COVID19? | YES | NO |
| 4. Did you experience a loss or reduction in household income because of COVID19? | YES | NO |
| 5. Did you work from home or complete educational courses from home because of COVID19? | YES | NO |
| 6. Did you provide at-home care to others during the pandemic, when normally would not have to? | YES | NO |
| 7. Were you an essential employee who had to continue going to work during the pandemic? | YES | NO |

How has COVID-19 affected the following areas of your life relative to what is normal for you?	A lot less	Somewhat less	A little less	About the same (no change)	A little more	Somewhat more	A lot more
1. Amount of time you spend at home?							
2. Amount of time you spend physically with other people (e.g., friends, family, roommates, neighbors).							
3. Amount of time you spend physically with <u>friends</u> ?							
4. Amount of time you spend physically with the <u>people you live with</u> ?							
5. Amount of time you spend physically with <u>family</u> ?							
6. Ability to get started on tasks or "get going"?							
7. Ability to concentrate on tasks?							

8. Amount of time you spend physically with coworkers and/or classmates?							
9. Amount of time you spend physically with romantic partner(s)?							
10. Amount of time you spend talking to others on the phone or computer?							
11. Amount of time you spend worrying or feeling afraid?							
12. Feeling sad?							
13. Feeling angry or irritable?							
14. Feeling lonely?							
15. Amount of time you spend exercising or going for walks?							
16. Are you taking prescribed medications?							
17. Drinking alcohol?							
18. Using marijuana or other nonprescribed recreational substances?							
19. Engaging in sexual activity?							
20. Difficulty falling asleep at night?							
21. Difficulty staying asleep at night?							
22. Access to housing?							
23. Access to water and food?							
22. Seeing the "bright side" of things and focusing on the positives (i.e. spending more time with family, having time to watch shows)?							

SCORING INSTRUCTIONS: Items are scored -3 = A lot less; -2 = Somewhat less; -1 = A little less; 0 = About the same; 1 = A little more; 2 = Somewhat more; 3 = A lot more. Higher scores are equivalent to positive psychosocial functioning and lower scores are equivalent to worse psychosocial functioning. *[Note reverse score shaded items: Item 11, Item 12, Item 13, Item 14, Item 17, Item 18, Item 20, and Item 21]*

