

THE COVID-19 PANDEMIC MENTAL HEALTH QUESTIONNAIRE

(CoPaQ) - Rek, Freeman, Reinhard, Keeser, & Padberg (2020).

This screening tool will help in understanding how COVID is affecting our mental health.
Please feel free to share / discuss this with your friends and relatives.

1. Are you feeling more nervous, anxious or on edge?

- Not at all (0)
- Several days (1)
- More than half the days (2) Your score_____
- Nearly every day (3)

2. Are you worrying too much about its effect on your health and safety?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

3. Are you worrying too much about its effect on your family's health and safety?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

4. Are you worrying too much about its effect on your job and financial health?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

5. Are you worrying too much about its effect on the nation?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

6. Are you worrying too much about its effect on the world?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

7. Are you becoming so restless that it is hard to sit still?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

8. Are you getting easily annoyed or irritable?

- Not at all (0)
- Several days (1)
- More than half the days (2) Your score_____
- Nearly every day (3)

9. Are you feeling afraid as if something awful might happen?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

10. Are you losing interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

11. Are you facing trouble falling asleep or staying asleep, or sleeping too much?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

12. Are you feeling tired or having little energy?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

13. Are you overeating or experiencing poor appetite?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

14. Are you having trouble concentrating on things, such as reading the newspaper or watching television?

- Not at all
- Several days
- More than half the days Your score_____
- Nearly every day

15. Are you feeling bad about not being able to help yourself, your family or the community in this difficult time?

- Not at all (0)
 - Several days (1)
 - More than half the days (2)
 - Nearly every day (3)
- Your score _____

16. Are other people noticing that you are moving or speaking slowly or are fidgety or moving around unusually?

- Not at all
 - Several days
 - More than half the days
 - Nearly every day
- Your score _____

17. Are you feeling down, depressed, or hopeless?

- Not at all
 - Several days
 - More than half the days
 - Nearly every day
- Your score _____

18. Are you feeling helpless or frustrated?

- Not at all
 - Several days
 - More than half the days
 - Nearly every day
- Your score _____

SCORING

Total the scores to achieve the interpretation.

INTERPRETATION

- Scoring 15 or below indicates low levels of distress.
- Scoring 16 – 40 indicates moderate levels of distress.
- Scoring 40 onwards indicates extreme levels of distress.