COVID – 19 Coping Scale

Below is a list of statements that describe how people sometimes feel during the past months of COVID-19. Please read each item carefully, then circle the one number next to each item which best describes **how true each statement is for you today**.

| | 0 Not at all | 1 A little | 2 Moderately | 3 Quite a Bit | 4 Extremely |
|---|--------------|------------|--------------|---------------|-------------|
| 1. I feel in control of my work processes | | | | | |
| 2. I feel fed up with COVID | | | | | |
| 3. I feel angry | | | | | |
| 4. I feel worried | | | | | |
| 5. I don't care about protections | | | | | |
| 6. I feel calm | | | | | |
| 7. I can focus | | | | | |
| 8. I can remember things | | | | | |
| 8. I feel uncertain | | | | | |
| 9. I can enjoy things | | | | | |
| 10. I feel supported at work | | | | | |
| 11. I feel like I am coping | | | | | |
| 12. I feel confused | | | | | |
| 13. feel tired | | | | | |
| 14. I am worried about my mental health | | | | | |

Overall, today I am coping (circle the face that represents how you feel today)



I need help with ______

I need information about ______

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