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The Influence of Social Isolation on the Psychological Well-Being of Jamaicans during COVID-19

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AbSTRACT: *Socialization is an important aspect of health, especially as it relates to psychological health. With the many safety measures implemented during COVID-19, including social distancing and self-quarantining, social interaction was severely impeded during this on-going impasse. So, this paper poses a crucial question; does social isolation due to COVID-19 affect the psychological well-being of Jamaicans? As we, the researchers, scoured the internet among other sources, we found it difficult to find materials on the subject matter. As such, we found it prudent to fill in this gap. We aim to determine the effects of multiple factors such as age and employment status on the psychological well-being as it relates to social isolation of Jamaicans during COVID-19. This descriptive research seeks to determine the correlation between the variables by the data collection method, survey in the form of a questionnaire which was formulated using surveys previously used in established research. The questionnaire was distributed via various social media platforms and the data retrieved from said questionnaire was analysed using the SPSS statistical tool. The findings of this research revealed that current psychological well-being of Jamaicans have declined since the COVID-19 pandemic (High-to-Very High Well-being: Before 97%; during 87.8% or means of the scores were 47.4±6.2, 45.7±9.1, respectively). The current psychological well-being model of Jamaica is determined by four factors (psychological well-being for the past period, G means the gender, SI denotes voluntary social isolation, and A being the age at last birthday), and they account for 47.1% of the variance in current psychological well-being. This shows that the COVID-19 pandemic is influencing the psychosocial state of Jamaicans, and so effective intervention programmes are needed to aid people in coping with this infectious pandemic.*

Keywords: *COVID-19, Psychological well-being, Influence, Social isolation, Well-being, Jamaicans*

INTRODUCTION

On December 31st, 2019 a cluster of pneumonia cases were reported in Wuhan, Hubei Province, China and were later identified as SARS-CoV-2, which caused the novel coronavirus or COVID-19 (Leung et al., 2020; Palacios Cruz et al., 2021; Reuters, 2021; World Health Organization 2020). From there, the virus spread worldwide (Du et al., 2020; Srivastava et al., 2020), and eventually reaching the shores of Jamaica. On March 10th, 2020 Jamaica recorded its first COVID-19 case (MOH Jamaica, 2020). Globally, governmental agencies offered travel advisories for certain countries as well as eventually the closing of schools, churches and business places (Center for Diseases Control and Prevention (CDC), 2021; Government of Canada, 2020; Gov.UK, 2020; Jamaican Ministry of Health and Wellness, 2020). Social gatherings were prohibited, and social interactions came with restrictions. Persons were urged to wear a mask, remain home, avoid crowds, frequently wash hands, and practice social distancing (CDC, ud). Schools and churches were moved to online platforms. Persons who were accustomed to seeing their friends and colleagues daily were now only able to interact with them through a device screen.

Social interaction is important to human beings. It has a role to play in overall health, but most importantly mental health. With stay at home orders being in place for the past several

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months in Jamaica, one begins to think that there must be some effect on the psychological wellbeing of Jamaicans at this time in the pandemic. The persons who would be most affected by social isolation would be children and adolescents as well as the elderly. Persons from lower socio-economic groups would be greatly affected as well (Perrin et al., 2009).

The research conducted wanted to focus on finding a correlation between social isolation and the psychological well-being of Jamaicans during the COVID-19 pandemic. Researchers were guided by the question, "Does social isolation affect the psychological well-being of Jamaicans during the COVID-19 pandemic". The hypotheses that were tested were the alternative hypothesis "Social isolation negatively affects the psychological well-being of Jamaicans during the COVID-19" pandemic and the null hypothesis used is "Social isolation does not affect the psychological well-being of Jamaicans during the COVID-19 Pandemic". Online surveys were issued to a vast amount of people via various social media platforms, however only 405 persons participated in the survey. The survey consisted of 37 questions pertaining to social isolation and psychological well-being both before and during the COVID-19 pandemic. The responses from the survey were then tabulated using the SPSS software. This research article contains the methodology used to conduct this research as well as the literature review which will give a comprehensive review of previous researchers done on a similar topic as well as concepts used during the research. The research also includes the findings from the survey distributed and a discussion which will discuss in detail the implications of the findings.

THEORETICAL FRAMEWORK

On an extensive review of literature, empirical studies have established that social isolation negatively influenced psychological well-being of humans (Zavaleta et al., 2014; Sepùlveda-Loyola et al., 2020; Loades et al., 2020; Laceya et al., 2014) designed a conceptual framework that linked social isolation in childhood to psychological distress (i.e., psychological well-being) as well as other factors. Laceya et al.'s work used multiply-imputed data on 7462 participants of the National Child Development Study in Great Britain. Using path analysis and concurrent measurements, they developed model highlighting the pathway between child social isolation and adult psychological distress. Laceya et al.'s study established that five variables influenced psychological wellbeing. These variables are education attainment, adult social class, inflammation, health behaviours and social isolation (Figure 1).

Laceya et al.'s study did not state the extent of the relationship among the variable independent (education attainment, adult social class, inflammation, health behaviours and social isolation) and dependent variable (psychological well-being). Laceya et al.'s work aptly fits the current study as it seeks to establish an association between social isolation and psychological well-being of adult Jamaicans as well as other demographic variables during COVID-19. The current work expands the work of Laceya et al. by including employment status, age, past psychological well-being, and voluntary social isolation, and gender (Figure 2).

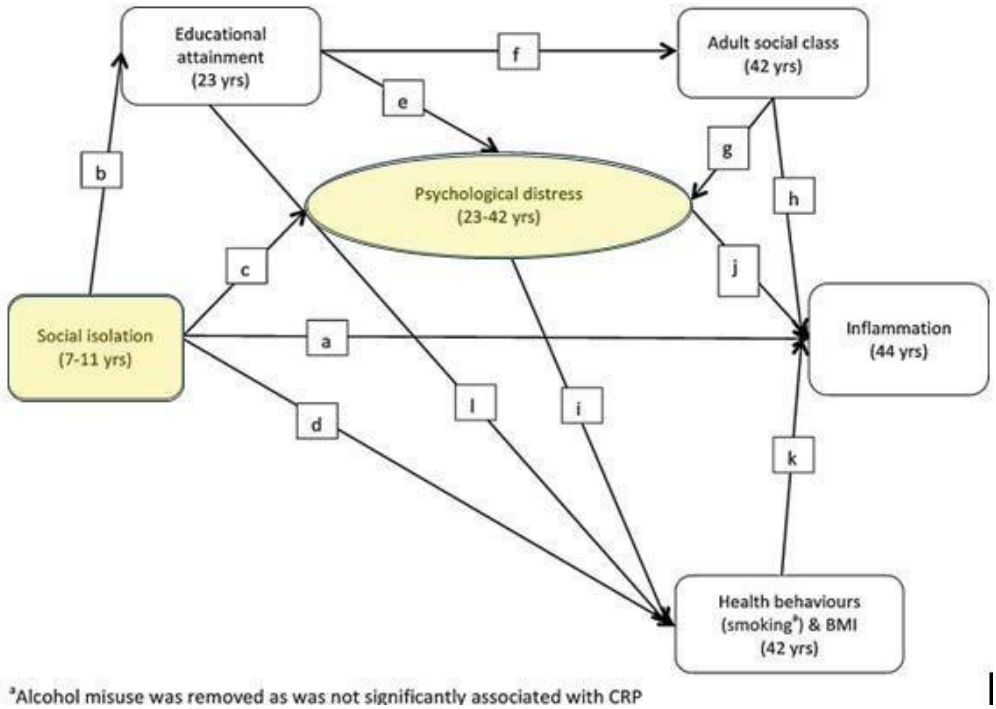

Figure 1. Model highlighting the pathway between child social isolation and adult psychological distress. (Source Laceya et al.,2014.)

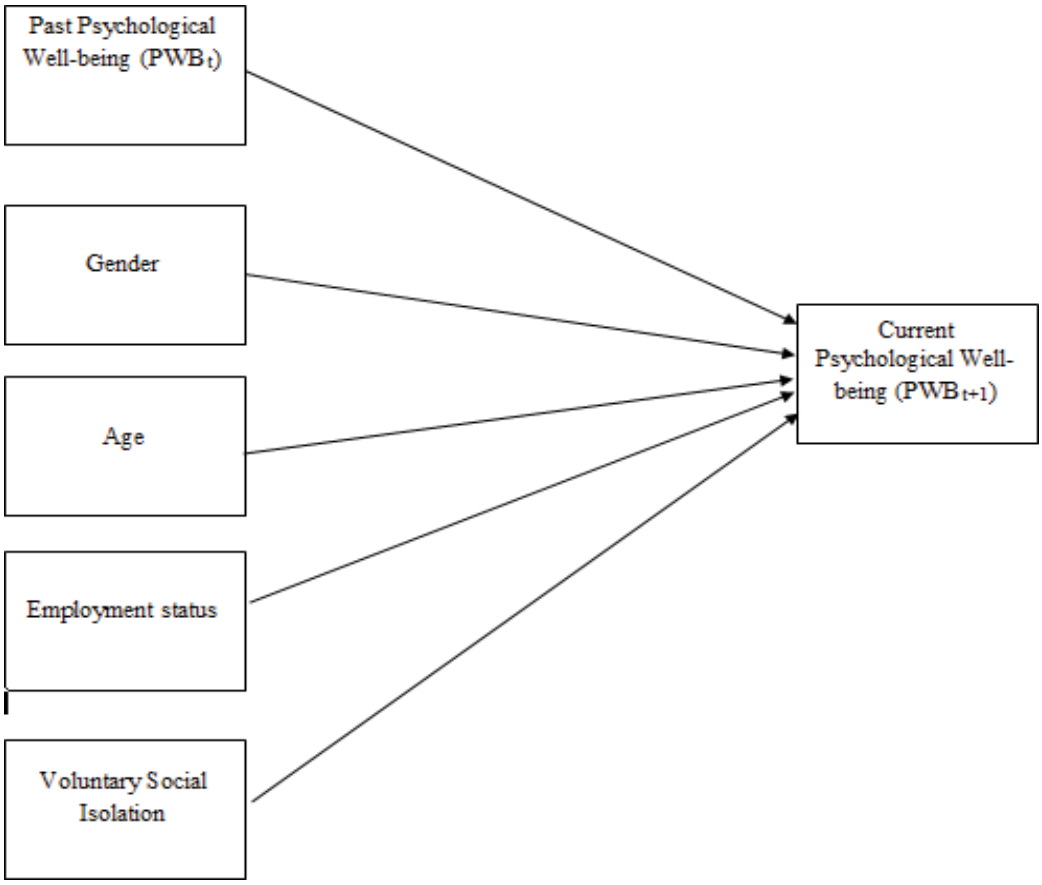

Figure 2. Current Researchers.

LITERATURE REVIEW

The first human case of COVID-19 was first reported by officials in Wuhan China in December 2019. COVID-19 is a disease caused by a new strain of the coronavirus. It is linked to the same family of viruses as severe acute respiratory syndrome (SARS) and some types of common colds. (Bender 2020) By January 2020 the World Health Organization announced that the coronavirus disease had become a public health emergency. In March 2020 they made the assessment that COVID-19 could be characterized as a pandemic. Since then there have been a myriad of research studies done on the psychological effects of social isolation during COVID-19 (WHO 2020).

Zavalla, Samuel and Mills (2014) defines Social Isolation as the state of having inadequacies of social interaction, an absence of contacts and connections with people, relatives, and companions or even with acquaintances and reduced engagements with the wider society on a macro level. Huppert (2009) states that Psychological well-being is about lives going well; It is the combination of feeling good and functioning effectively and that the concept of functioning effectively (in a psychological sense) involves the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships. This is of particular relevance due to the fact that social isolation has been identified as one of the most effective ways of treating with COVID-19 pandemic (WHO 2020).

In a study published June 3, 2020. Entitled "Rapid systemic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19", done by Maria Loades. It is also theorized and concluded that children and adults are more likely to experience high rates of depression and anxiety during and after the enforced isolation ends – and this may increase as enforced isolation continues. The researchers proposed that clinical services through early intervention should offer preventative support where possible and the society should be prepared for an increase in mental health problems.

The article comes in the form of a rapid review and includes articles published between January 1st 1946 and March 29 2020. Included were 83 studies of which 80 met the criteria established for the study. A total of 63 of these studies reported on the impact of social isolation and loneliness on the mental health of provisional healthy children and adolescents. In addition, 51 of the research projects

representing 576 participants at the mean age of 15.3 years were further considered observational longitudinal and cross sectional studies that assessed self-reported loneliness in healthy children and adolescents. The duration of loneliness was more strongly correlated with mental health symptoms than the intensity of loneliness (Loades, 2020).

In an article published June of 2020 done by Caitlin Tyrrell, entitled "The paradox of social distancing: Implications for older adults in the context of COVID-19", it was theorized and proven that loneliness and social isolation have tangible effects on the mental and physical health of older adults over the age of 60. It was affirmed by the report that this group of participants were extremely vulnerable to the isolation measures associated with the pandemic and may be uniquely at risk for experiencing the impact of loneliness. It was alluded to in the report that social distancing may in fact introduce further complications to the health and well-being of older adults who find themselves more isolated secondary to the pandemic (Tyrrell, 2020).

This evidence of older adults being more susceptible to isolation measures is also supported by Sepùlveda-Loyola et al. (2020) who discovered that mental and physical health in older people is affected negatively during social distancing implemented by COVID-19. Anxiety, depression, poor sleep quality and physical inactivity were highlighted as major adverse effects resulting from social isolation measures. In the article entitled "Impact of social isolation due to COVID-19 on the health of older people: Mental and physical effects and recommendations there is a narrative review of 41 documents, of which 31 articles included recommendations and 10 addressed the impact of social distancing on the mental or physical health. The research employed a sample of 20,069 from a non-institutionalized community of living persons.

The review suggested a general negative effect on mental health in the general population during social isolation for COVID-19. This implied higher levels of anxiety and depression as well as poor sleep quality for the impacted participants. The researcher pointed out the prevalence of anxiety and depression during COVID-19 which varied across the studies having touch points averaging from 8.3% to 49.7% for anxiety and 14.6% to 47.2% for depression (Sepùlveda-Loyola, 2020).

AIM: The aim of this research paper is to ascertain whether multiple factors associated with social isolation have any effect on the psychological well-being of the citizens of Jamaica due to COVID-19.

The research objectives would facilitate the achievement of this aim: 1.) determine the psychological well-being of Jamaicans before and during COVID-19; 2.) determine why and also the conditions under which individuals self-isolate and 3.) Determine whether factors such as age, gender and employment status have an effect on psychological well-being as it relates to social isolation.

METHOD AND MATERIALS: This article utilizes an explanatory research design, it is utilized in this objective study that highlights two key variables within the hypothesis (independent variable being social isolation) and (the dependent variable being psychological well-being) to unearth the effects of social isolation on Jamaicans during COVID-19 as well as the psychological well-being of Jamaicans prior to COVID-19. Using a population size of 296,167(estimate of 2020), of which 24, 977 (estimate December 3 2020) have been subjected to home quarantine MOH (2020) at a 95% confidence interval with a 0.02% margin the actual sample size is if 405 randomly selected respondents.

This research takes a qualitative methodology in the form of a survey collected through a questionnaire consisting of 27 questions carefully structured to garner data necessary to fulfil the objective of this research. The questions were formulated based on surveys used in previously established research in the same subject area. Which were interpreted using the PWB scale (Psychological Well-being scale) This scale is made up of eight items describing integral aspects of human functioning ranging from positive relationships, to feelings of competence, to having meaning and purpose in life. Each item is answered on a 1–7 scale that ranges from Strong Disagreement to Strong Agreement (Diener, 2009). To ensure anonymity and to protect their privacy, participants were not required to attach a name to the questionnaire.

The Statistical Packages for the Social Sciences (SPSS version 27 software for windows) was used to evaluate the findings, presenting them in a diagrammatic format. Pearson's correlation coefficients (r) were calculated in SPSS to determine the relation between the independent variables age, gender, and employment status, and the dependent variable psychological well-being.

PSYCHOLOGICAL WELL-BEING SCALE (PWB): Using factor analysis, Diener and colleagues developed a psychological well-being scale from seven Likert scale items (Biswas-Diener et al., 2004; Diener, 2009; Diener & Biswas-Diener, 2008), which is employed for the current study. The items were I lead a purposeful and meaningful life, My social relationships are supportive and rewarding, I am engaged and interested in my daily activities, I actively contribute to the happiness and well-being of others, I am competent and capable in the activities that are important to me, I am a good person and live a good life, and I am optimistic about my future by way of 7-point Likert scale (7 Strongly agree; 6 Agree; 5 Slightly agree; 4 Mixed or neither agree nor disagree; 3 Slightly disagree; 2 Disagree; and, 1 Strongly disagree), with the total scale ranging

from eight (least possible) to 56 (the highest value for the index). High scores indicate psychological resources and strengths of the individual. For the purpose of interpreting this wide scale, the researchers consulted various statistical scholars and employed their approach in assessing the strength of statistical correlations (Cohen, 1988; Evans, 1996; Hemphill, 2003; Leard Statistics, 2018). Like Cohen (1988), Evans (1996), Hemphill (2003), and Leard Statistics (2018), the researchers used the strength of correlations of very week 1 – 19%; weak 20 – 39%; moderate 40 – 59%; strong 60 – 79%, and very strong 80 – 100% to convert the metric values of the psychological well-being scale. The conversions were very low ≤ 10; low 11 – 21; moderate 22 – 32; strong 33 – 43; and, very strong 44 – 54. The Cronbach alpha for the psychological well-being scale was 0.860 (before COVID-19) and 0.932 (during COVID-19), with the lowest value for the descriptive statistics being 5.28±0.997 and the maximum being 6.24±0.851.

DEFINITION OF KEY TERMS

1. COVID-19- On December 31st, 2019 a cluster of Pneumonia cases in Wuhan, Hubei Province, China was reported and later identified as the novel coronavirus. (World Health Organization 2020)
2. Psychological well-being- Huppert (2009) states that Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively and that the concept of functioning effectively (in a psychological sense) involves the development of one's potential, having some control over one's life, having a sense of purpose (e.g. working towards valued goals), and experiencing positive relationships.
3. Influence- "is the capacity or power of persons or things to be a compelling force on or produce effects on the actions, behavior, opinions, etc., of others." (Pedraza, 2016)
4. Social isolation- Zavalla, Samuel and Mills (2014) defines Social Isolation as the state of having inadequacies of social interaction, an absence of contacts and connections with people, relatives, and companions or even with acquaintances and with wider society on a macro level
5. Jamaicans- Jamaicans are the citizens of Jamaica and their descendants in the Jamaican diaspora. Table 1

FINDINGS

A majority (60.30%) of the respondents are or were isolated voluntarily to protect themselves or someone in their household due to the increased risked of exposure to COVID-19. 36.68% are or where isolated from others because of possible or likely exposure to COVID-19 and 3.02% are or were isolated from others because they have been diagnosed with COVID-19. A majority of 63.32% of respondents reported that they lived with others in a private home, while 14.7% lived with others in an apartment, dorm or connected housing, 11.3% lived alone in a private home and11.3% alone in an apartment, dorm or connected housing. A majority of 49.87% of respondents reported 'People I live with ARE NOT isolating them from me BUT ARE from others outside the home' and 29.33% reported 'People I live with ARE isolating themselves from me AND from others outside of the home'. Table 2

PSYCHOLOGICAL WELL-BEING: Table 3 presents the descriptive statistics on the psychological well-being scale of Jamaicans before and during the COVID-19 pandemic. The findings showed that Jamaicans' psychological well-being has declined during the COVID-19 pandemic ($P < 0.0001$). In fact, before the COVID-19 pandemic, 80% of Jamaicans indicated that their general psychological well-being was very high compared to 74.5% during the COVID-19 pandemic.

Table 1.

Demographic characteristics of sample respondents, n=405.

Details	N (%)
Gender:	
Male	29.1(118)
Female	70.4(285)
Age:	
18-24	42.8(173)
25-34	31.2(126)
35-44	14.1(57)
45-54	8.2(33)
55-64	2.7(11)
65+	1.0(4)
Employment Status:	
Employed part time	9.5(38)
Employed full time	38.1(153)
Unemployed	52.5(211)

Table 2.

Matters on Social Isolation, N=405.

Details	% (N)
Best description of the reason you are or were isolated	
I isolated voluntarily to protect myself or someone in my household due to increased risk if exposed to COVID-19	60.3 (240)
I isolated from others because of possible or likely exposure to COVID-19.	36.7 (146)
I isolated from others because I have been diagnosed with COVID-19.	3.0 (12)
Living situation where you are or where isolated	
I live alone in a private home	11.3 (45
I live alone in an apartment, dorm or connected housing	11.3 (45
I live with others in a private home	63.3 (252
I live with others in an apartment, dorm or connected housing	14.1 (56
Living with others please describe their isolation behaviors	
People I live with ARE isolating themselves from me AND from others outside of the home	29.3 (110)
People I live with ARE isolating themselves from me BUT NOT from others outside of the home	8.5 (32)
People I live with ARE NOT isolating themselves from me BUT ARE from others outside the home	49.9 (18)7
People I live with ARE NOT isolating themselves from me OR from others outside the home	12.3 (46)
Getting needed SUPPLIES while in isolation (e.g. food, medicines, toiletries, etc.)	
Family	35.7 (101)
Friends	2.1 (6)
Neighbors	0.7 (2)
Community and/or faith-based resource	2.1 (6)
Sometimes I go out to get needed supplies	59.4 (168)

Table 3.

Psychological Well-being Scale, N=405.

Details	Before	During
	% (N)	% (N)
Psychological Well-being Scale[1]		
Very Low	0.0 (0)	0.5 (2)
Low	0.5 (2)	2.4 (9)
Moderate	2.5 (10)	9.2 (34)
High	17.1 (69)	13.3 (49)
Very High	80.0 (323)	74.5 (275)
Overall PWB[2]	47.44±6.18	45.68±9.10

[1]χ^2(12=155.472, P < 0.0001

[2]t=4.902, P < 0.0001

FACTORS DETERMINING PSYCHOLOGICAL WELL-BEING OF JAMAICANS

$$PWB_{t+1} = f\,(PWB_t, G, SI, A, E) \quad [1]$$

where PWB_{t+1} denotes the psychological well-being for the current period, PWB_t symbolizes the psychological well-being for the past period, G means the gender, SI denotes voluntary social isolation, A being the age at last birthday, and E symbolizes the employment status of respondents.

A linear function can be used to examine factors that influence current psychological well-being of Jamaicans (R^2 = 0.471, F[4, 356]= 79.266, P < 0.0001). The current psychological well-being model of Jamaica is determined by four factors (psychological well-being for the past period, G means the gender, SI denotes voluntary social isolation, and A being the age at last birthday), and they account for 47.1% of the variance in current psychological well-being.

Table 4 presents the factors that influence current psychological well-being of Jamaicans. Using stepwise linear regression, the final model (4) was determined by way of examining the strength of each significant factor that influences current psychological well-being. Of the five factors identified in the equation [1] only employment was not established as a factor of current psychological well-being (P > 0.05). The most influential factors of current psychological well-being is past psychological well-being of the individual (R^2= 44.7%) followed by gender (R^2= 1.0%), social isolation (R^2= 0.7%), and age of respondents (R^2= 0.6%). Furthermore, all the factors positively influence current psychological well-being of Jamaicans (Equation [2]):

$$PWB_{t+1} = -4.623 + 1.001(PWB_t) + 1.691(G) + 1.612(SI) + 1.492(A) \quad [2]$$

Table 4.

Current Psychological Well-being Model of Jamaicans, N=359.

Model		Unstandardized Coefficients			t	Sig.	95.0% Confidence Interval
		B	Std. Error	Beta			Lower - Upper
1	Constant	-3.059	2.884		-1.060	.290	-8.731 - 2.614
	PWB_t	1.026	.060	.669	17.039	.000	.908 - 1.145
2	Constant	-3.273	2.863		-1.143	.254	-8.904 - 2.357
	PWB_t	1.001	.061	.652	16.520	.000	.882 - 1.120
	Gender (1=Female, 0=Male)	2.031	.787	.102	2.581	.010	.483 - 3.579
3	Constant	-3.619	2.852		-1.269	.205	-9.228 - 1.989
	PWB_t	.991	.060	.645	16.394	.000	.872 - 1.110
	Gender (1=Female, 0=Male)	1.838	.788	.092	2.334	.020	.289 - 3.387
	Voluntary Social Isolation (1=yes)	1.614	.727	.087	2.220	.027	.184 - 3.044
4	Constant	-4.623	2.879		-1.606	.109	-10.284 - 1.039
	PWB_t	1.001	.060	.652	16.584	.000	.882 - 1.119
	Gender (1=Female,)=Male)	1.691	.787	.085	2.149	.032	.143 - 3.239
	Voluntary Social Isolation (1=yes, 0=otherwise)	1.612	.724	.087	2.227	.027	.189 - 3.035
	Young Adults (1=yes, ages less than 25 years)	1.492	.715	.081	2.087	.038	.086 - 2.897

DISCUSSION

The issue of social isolation influencing human's psychological well-being is well established in research literature (Chappell & Badger, 1989; Laceya et al., 2014; Loades et al., 2020; Kobayashi et al., 2011; Zavaleta et al., 2014; Sepùlveda-Loyola et al., 2020). Like the literature, this study found that social isolation is a factor of human's psychological well-being. However, this study differs from other studies as it found a positive correlation between voluntary social isolation and psychological well-being, and that those involuntary social isolators have a lower psychological well-being than voluntary isolators. This finding adds to the literature as it is not merely being social isolated that lowers human's psychological well-being; but it is how the isolation occurs. Such results highlights that those who are forced to be socially isolated because of physical conditions will experience loneliness, separation anxiety, boredom, and frustration that are all elements of lowering one's psychological well-being, which have examined in the literature (Doman and Le Roux, 2012; Loades, 2020; Mushtaq et al., 2014).

The current study is clarifying issues highlighted in the literature on social isolation. Zavalla, Samuel and Mills (2014) opined that social isolation is a state of having inadequacies of social interaction, an absence of contacts and connections with people, relatives, and companions or even with acquaintances and with wider society on a macro level, which is not case among those who voluntary isolate themselves before of the fear of contracting COVID-19. Those who voluntary isolated themselves in this COVID-19 pandemic are still able to interact with those as well as perform many of their general duties at home. The issue arises when the individual is forced to isolate him/herself because of being ill or other incapacitations, which explains the inverse statistical correlation between ageing and psychological well-being found in this study as well as in the literature (Steptoe et al., 2015; Yeung, 2017; Springer et al., 2011).

The current concurs with the literature that age is a factor of psychological well-being; but Stonea et al., (2010) provided some context for the statistical correlation. They found that "339,708] = 209.4, P < 0.001). Reasons for the age patterns of WB were not explicitly hypothesized, but several variables could plausibly contribute to the increase in WB over age" Stonea et al., (2010). Despite this prospective, the current research found that age contributed the least to Jamaicans' present psychological well-being.

Gender was another factor of the psychological well-being of Jamaicans, which concurs with literature (Matud et al., 2020). Unlike Matud, et al.'s study, this research found that female Jamaicans have a greater general psychological well-being than males. However, Roothman et al., (2003) work contradicts both this and Matud et al. studies as they found no significant statistical difference between the genders' psychological well-being. Another contradiction in the literature is that married men have a greater psychological well-being than married women (Fuller et al., (2004). This study did not examine the matter from the perspective of marriage and so this nuance was not identified. Hori (2010) provided some context for the gender disparity in psychological well-being of human, and offered that "The results show that gender differences in mental health remain, though it is not as simple as women experiencing lower psychological well-being than men. Women show lower psychological well-being that is related to the extent of family responsibility, and caring roles are negatively

associated with women's psychological well-being more than men's" (p. v).

On reviewing the literature a key factor was omitted and this was past psychological well-being. This study found that Jamaicans' psychological state before now is a significant predictor of current psychological well-being ($R^2 = 44.7\%$). This factor undoubtedly provides the basis for one's current psychological state. In that, the past provides a platform for present situation. Oskrochi et al., (2018) excluded the past psychological well-being of respondents and found that selected demographic variables (age, gender, educational level, employment status, marital status, and fertility) had the greatest influence on psychological well-being. Owing to the fact that Oskrochi, Bani-Mustafa, and Oskrochi's study did not include past psychological well-being, it would be difficult for comparison between that work and the current.

CONCLUSION

COVID-19 has brought with its physiological and psychological issues and while much emphasis has been placed on the physical aspect of the matter, the psychological state of people is left languishing because of fear of the disease. A group of scholars refer to the fear of COVID-19 as corona phobia (Arora et al., 2020). Clearly corona phobia is influencing the psychological well-being of humans. This study has empirically established that Jamaicans psychological state has worsened during COVID-19. This infectious pandemic explains the introduction of hand sanitization, social distancing, facial mask wearing, and proper hygiene. Despite the good intention of social isolation is aiding in the worsening of people's psychological state. The fact is, many humans who are currently alive are not accustomed to such a life of social isolation, and the changes caused by the pandemic has resulted in a rise in fear, frustration, apprehension, job separation, income reduction and these are accounting for stress caused by COVID-19 (Mertens et al., 2020; U.S. Department of Health and Human Services, 2020). The fear and anxiety caused by the virus coupled with the previous psychological issues that people had before COVID-19 have placed additional strain on the mental health of Jamaicans.

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APPENDIX 1

QUESTIONNAIRE:

The Effect of Social Isolation on the Psychological Well-being of Jamaicans during COVID-19:

The objective of this survey is to evaluate the effects of social isolation on the psychological well-being of Jamaicans during COVID-19 and the level of psychological well-being Jamaicans enjoy prior to the pandemic. This questionnaire consists of 26 items and they are to elicit data on selected research objectives. The data collect will be used to examine the previously mentioned issues, and so we are expecting your honest response. In order to protect your anonymity and privacy, you are not required to attach any personal identifier. Please take some time to consider each question and select appropriate responses. Thank you for your cooperation and participation.

1. What age range are you in?

   ◯ 18-24 years ◯ 25–34 years ◯ 35–44 years ◯ 45-54 years ◯ 55-64 years

   ◯ 65+ years

2. What is your gender?

   ◯ Female ◯ Male ◯ A sexual

3. What best describes the reason you are or were isolated? Please select a single response

   ◯ I isolated voluntarily to protect myself or someone in my household due to increased

   ◯ I isolated from others because of possible or likely exposure to COVID-19

   ◯ I isolated from others because I have been diagnosed with COVID-19

4. What is your LIVING situation? Please select only one response:
   - ◯ I live alone in a private home
   - ◯ I live alone in an apartment, dorm or connected home
   - ◯ I live with others in a private home
   - ◯ I live with others in an apartment, dorm or connected home

5. Additional comments that you would like to share about your living situation while in isolation:

   _____

   _____

6. If you are living with others, please describe their isolation behaviour. Please select only one option.
   - ◯ The people I live with isolate themselves from me and from other outside the home
   - ◯ The people I live with isolate themselves from me BUT NOT others outside the home
   - ◯ The people I live with DO NOT isolate themselves from me BUT DO others outside the home
   - ◯ The people I live DO NOT isolate themselves from me or others outside the home

7. Would you live to provide additional information about isolation of people you live with, is:

8. What best describe your employment status? Select one option
   - ◯ I am employed part time (20 hours or less per week)
   - ◯ I am employed full time (32 hours or more per week)
   - ◯ I am unemployed part time

9. If you are employed, has social isolation impacted your work and income Explain?

10. How are you getting needed supplies while socially isolated (e.g., good, medicine, toiletries, etc)? Check all that apply.
   - ◯ Family
   - ◯ Friend
   - ◯ Neighbors
   - ◯ Community (faith-based)
   - ◯ Myself

11. Additional comments, would you care to explain how you get needed supplies while in isolation?

PSYCHOLOGICAL WELL-BEING SCALE: Before COVID-19

This scale serves to assess your psychological well-being before COVID-19. Below are 8 statements and the options are ranged from strongly disagree (SD) to SA (strongly agree).

SD (strongly disagree); D (disagree); SLD (slightly disagree); N (neither agree nor disagree); SLA (slightly agree); A (agree); and, SA (strongly agree).

Kindly select the most appropriate response:

Details (Before March 10, 2020)	SD	D	SLD	N	A	SLA	SA
12. I live a purposeful and meaning life							
13. My social relationships are supportive and rewarding							
14. I am engaged and interesed in my daily activities							

15. I am actively contributing to the happiness and well-being of others							
16. I am competent and capable in the activities that are important to me							
17. I am a good person and live a good life							
18. I am optimistic about my future							
19. I am respected by others							

PSYCHOLOGICAL WELL-BEING SCALE: During COVID-19

This scale serves to assess your psychological well-being before COVID-19. Below are 8 statements and the options are ranged from strongly disagree (SD) to SA (strongly agree).

SD (strongly disagree); D (disagree); SLD (slightly disagree); N (neither agree or disagree); SLA (slightly agree); A (agree); and, SA (strongly agree)

Kindly select the most appropriate response:

Details (March 10, 2020–to-Present))	SD	D	SLD	N	A	SLA	SA
19. I live a purposeful and meaning life							
20. My social relationships are supportive and rewarding							
21. I am engaged and interesed in my daily activities							
22. I am actively contributing to the happiness and well-being of others							
23. I am competent and capable in the activities that are important to me							
24. I am a good person and live a good life							
25. I am optimistic about my future							
26. I am respected by others							