

COVID-19 Exposure and Family Impact Survey (CEFIS)

The COVID-19 Exposure and Family Impact Survey (CEFIS) was developed using a rapid iterative process in late March/early April 2020.¹ At that time the COVID-19 pandemic was impacting most, if not all, American families to some extent. Communities were coming under “stay at home” orders, schools were closing, and health and financial implications of the COVID-19 pandemic were unfolding.

Various aspects of the COVID epidemic are likely to impact families and may influence the findings of research in pediatric health. CEFIS was designed to be used in ongoing and new studies where COVID-19 may influence study outcomes. It conceptualizes exposure to potentially traumatic aspects of COVID-19 and assesses the impact of the pandemic on the family. CEFIS should be completed by caregivers. Each caregiver can complete CEFIS. It is available in English and Spanish.

CEFIS is available for use without charge through the Center for Pediatric Traumatic Stress (CPTS).² CEFIS is available as a REDCap survey. We ask that you register with us before using it and provide us with information about your use and share de-identified data with us so that we can refine the measure. We will provide a REDCap data dictionary to facilitate this process. There is no normative data nor clinical cutoffs available at this point. Interested users should contact Gabriela Vega (Gabriela.Vega@nemours.org).

Scoring

- Part 1 (Exposure) consists of 25 items (Yes/No responses) that measure the participants’ “exposure” to COVID-19 and related events. The Exposure Score is a count of “yes” responses and may range from 0 to 25.
- Part 2 (Impact) consists of 12 items that measure the impact of COVID-19. 10 items use a four-point Likert scale rating impact on participant’s and family’s life; 2 items use a 10-point distress scale. Higher scores denote more negative impact / higher distress. The Impact Score (sum of items 26-37) may range from 12 to 60.
- Part 3 is an open-ended question so that participants can expand upon their experiences and add effects of COVID not covered in the other questions.

¹ The following contributed to the development of CEFIS. Nemours Center for Healthcare Delivery Science (Anne Kazak, Ph.D., ABPP; Kimberly Canter, Ph.D.; Thao-Ly Phan-Vo, M.D., MPH; Glynnis McDonnell, Ph.D., Aimee Hildenbrand, Ph.D., Melissa Alderfer, Ph.D., Corinna Schultz, M.D.); The Children’s Hospital of Philadelphia (Lamia Barakat, Ph.D.; Nancy Kassam-Adams, Ph.D.); Cincinnati Children’s Hospital Medical Center (Ahna Pai, Ph.D.); University of Pennsylvania (Janet Deatrck, Ph.D., FAAN). We appreciate the helpful feedback provided by Darlene Barkman and Kerry Doyle-Shannon. General inquires may be sent to Dr. Kazak (anne.kazak@nemours.org).

² CPTS has several COVID-19 related resources for patients, families and healthcare providers at <https://www.healthcaretoolbox.org/tools-and-resources/covid19.html>

Family Number _____
Caregiver 1 Caregiver 2
Gender: M F O
Today's Date _____

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Please tell us about your family's experiences during the novel Coronavirus (COVID-19) pandemic. In answering these questions, please think about what has happened from March 2020 to the present, due to COVID-19. By family we mean people who live in your household, extended family, and close friends who you consider "like family."

Part 1. Please answer Yes or No for each of the following statements.

1. We had a "stay at home" order Yes No
2. Our schools / child care centers were closed Yes No
3. Our child/ren's education was disrupted Yes No
4. We were unable to visit or care for a family member Yes No
5. Our family lived separately for health, safety or job demands Yes No
6. Someone moved into (or back into) our home Yes No
7. We had to move out of our home Yes No
8. Someone in the family kept working outside the home (essential personnel) Yes No
9. Someone in the family is a healthcare provider/first responder providing direct care Yes No
10. We had difficulty getting food Yes No
11. We had difficulty getting medicine Yes No
12. We had difficulty getting health care when we needed it Yes No
13. We had difficulty getting other essentials Yes No (if Yes, specify)

14. We self-quarantined due to travel or possible exposure Yes No
15. Our family income decreased Yes No
16. A member of the family had to cut back hours at work Yes No
17. A member of the family was required to stop working (expect to be called back) Yes No

18. A member of the family lost their job permanently Yes No
19. We lost health insurance/benefits Yes No
20. We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) Yes No
21. Someone in the family was exposed to someone with COVID-19 Yes No
Who (e.g. myself, my child, my spouse, my parent, etc) _____
22. Someone in the family had symptoms or was diagnosed with COVID-19 Yes No
Who _____
23. Someone in the family was hospitalized for COVID-19 Yes No
Who _____
24. Someone in the family was in the Intensive Care Unit (ICU) for COVID-19 Yes No
Who _____
25. Someone in the family died from COVID-19 Yes No
Who _____

Part 2. COVID-19 may have many impacts on you and your family life. In general, how has the COVID-19 pandemic affected each of the following?

26. Parenting

- | | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

27. How family members get along with each other

- | | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

28. Ability to care for your child with [add illness/condition]

- | | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

29. Ability to care for other children in your family

| | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

30. Ability to care for older adults or people with disabilities in your family

| | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

31. Your physical wellbeing – exercise

| | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

32. Your physical wellbeing - eating

| | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

33. Your physical wellbeing – sleeping

| | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

34. Your emotional wellbeing – anxiety

| | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

35. Your emotional wellbeing – mood

| | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 1 | 2 | 3 | 4 | <input type="checkbox"/> |
| Made it a lot better | Made it a little better | Made it a little worse | Made it a lot worse | Not Applicable |

