

The CoRonavIruS Health Impact Survey (CRISIS) V0.3

Parent/Caregiver Baseline Form: Current Form

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The CRISIS questionnaires were developed through a collaborative effort between the research teams of Kathleen Merikangas and Argyris Stringaris at the National Institute of Mental Health Intramural Research Program Mood Spectrum Collaboration, and those of Michael P. Milham at the Child Mind Institute and the NYS Nathan S. Kline Institute for Psychiatric Research.

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Our team encourages advanced notification of any media, scientific reports or publications of data that have been collected with the CRISIS (merikank@mail.nih.gov), though this is not required. We also encourage voluntary data sharing for the purpose of psychometric studies that will be led by Dr. Stringaris (argyris.stringaris@nih.gov).

Identification Number:

Country:

State/Province/Region:

Your age (years):

Your child's age (years):

CORONAVIRUS/COVID-19 HEALTH/EXPOSURE STATUS

During the PAST TWO WEEKS:

1. ... has your child been exposed to someone likely to have Coronavirus/COVID-19?

(check all that apply)

- a. Yes, someone with positive test
- b. Yes, someone with medical diagnosis, but no test
- c. Yes, someone with possible symptoms, but no diagnosis by doctor
- d. No, not to my knowledge

2. ... has your child been suspected of having Coronavirus/COVID-19 infection?

- a. Yes, has positive test
- b. Yes, medical diagnosis, but no test
- c. Yes, has had some possible symptoms, but no diagnosis by doctor
- d. No symptoms or signs

3. ... has your child had any of the following symptoms? (check all that apply)

- a. Fever
- b. Cough
- c. Shortness of breath
- d. Sore throat
- e. Fatigue
- f. Loss of taste or smell
- g. Eye infection
- h. Other _____

4. ... has anyone in your child's family been diagnosed with Coronavirus/COVID-19?

(check all that apply)

- a. Yes, member of household
- b. Yes, non-household member
- c. No

5. ... have any of the following happened to your child's family members because of Coronavirus/COVID-19? (check all that apply)
- a. Fallen ill physically
 - b. Hospitalized
 - c. Put into self-quarantine with symptoms
 - d. Put into self-quarantine without symptoms (e.g., due to possible exposure)
 - e. Lost job or been laid off from job
 - f. Reduced ability to earn money
 - g. Passed away
 - h. None of the above

During the **PAST TWO WEEKS**, how worried has your child been about:

6. being infected?
- a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Very
 - e. Extremely
7. ... friends or family being infected?
- a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Very
 - e. Extremely
8. ... his/her *Physical health* being influenced by Coronavirus/COVID-19?
- a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Very
 - e. Extremely
9. ... his/her *Mental/Emotional health* being influenced by Coronavirus/COVID-19?
- a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Very
 - e. Extremely

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10. How much is your child asking questions, reading, or talking about Coronavirus/COVID-19?

- a. Never
- b. Rarely
- c. Occasionally
- d. Often
- e. Most of the time

11. Has the Coronavirus/COVID-19 crisis in your area led to any positive changes in your child's life?

- a. None
- b. Only a few
- c. Some

• If answered b or c to question 11, please specify: _____

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