

The CoRoNaVirus Health Impact Survey (CRISIS) V0.3

Parent/Caregiver Follow-Up 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):

LIFE CHANGES DUE TO CORONAVIRUS/COVID-19 CRISIS IN THE LAST TWO WEEKS

During the PAST TWO WEEKS:

- 1. ... if you attend school, has your school building been closed? Y/N/Not Applicable**
 - a. If no,**
 - Are classes in session? Y/N
 - Are you attending classes in-person? Y/N
 - b. If yes,**
 - Have classes resumed online? Y/N
 - Do you have easy access to the internet and a computer? Y/N
 - Are there assignments for you to complete? Y/N
 - Are you able to receive meals from the school? Y/N

- 2. If you had a job prior to the Coronavirus/COVID-19, are you still working? Y/N/Not Applicable**
 - a. If yes,**
 - Are you still going to your workplace? Y/N
 - Are you teleworking or working from home? Y/N
 - b. If no,**
 - Were you laid off from your job? Y/N
 - Did you lose your job? Y/N

- 3. ... how many people, from outside of your household, have you had an in-person conversation with? _____**

- 4. ... how much time have you spent going outside of the home (e.g., going to stores, parks, etc.)?**
 - a. Not at all
 - b. 1-2 days per week
 - c. A few days per week
 - d. Several days per week
 - e. Every day

5. ... **how stressful have the restrictions on leaving home been for you?**
 - a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Very
 - e. Extremely

6. ... **have your contacts with people outside of your home changed relative to *before* the Coronavirus/COVID-19 crisis in your area?**
 - a. A lot less
 - b. A little less
 - c. About the same
 - d. A little more
 - e. A lot more

7. ... **how much difficulty have you had following the recommendations for keeping away from close contact with people?**
 - a. None
 - b. A little
 - c. Moderate
 - d. A lot
 - e. A great amount

8. ... **has the quality of the relationships between you and members of your family changed?**
 - a. A lot worse
 - b. A little worse
 - c. About the same
 - d. A little better
 - e. A lot better

9. ... **how stressful have these changes in family contacts been for you?**
 - a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Very
 - e. Extremely

10. ... **has the quality of your relationships with your friends changed?**
 - a. A lot worse
 - b. A little worse
 - c. About the same
 - d. A little better
 - e. A lot better

- 11. ... how stressful have these changes in social contacts been for you?**
- Not at all
 - Slightly
 - Moderately
 - Very
 - Extremely
- 12. ... how much has cancellation of important events (such as graduation, prom, vacation, etc.) in your life been difficult for you?**
- Not at all
 - Slightly
 - Moderately
 - Very
 - Extremely
- 13. ... to what degree have changes related to the Coronavirus/COVID-19 crisis in your area created financial problems for you or your family?**
- Not at all
 - Slightly
 - Moderately
 - Very
 - Extremely
- 14. ... to what degree are you concerned about the stability of your living situation?**
- Not at all
 - Slightly
 - Moderately
 - Very
 - Extremely
- 15. ... did you worry whether your food would run out because of a lack of money?**
- Yes
 - No
- 16. ... how hopeful are you that the Coronavirus/COVID-19 crisis in your area will end soon?**
- Not at all
 - Slightly
 - Moderately
 - Very
 - Extremely