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).

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Identification Number:

Country:

State/Providence/Region:

Your age (years):

Your child's age (years):

What is your relationship to the child?

- a. Mother
- b. Father
- c. Grandparent
- d. Aunt/Uncle
- e. Foster Parent
- f. Other: Specify_____

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

During the PAST TWO WEEKS:

- 1. ... has your child's school building been closed? Y/N/Not Applicable a. If no,
 - - □ Are classes in session? Y/N
 - Are they attending classes in-person? Y/N
 - b. If yes,
 - Have classes resumed online? Y/N
 - Do they have easy access to the internet and a computer? Y/N
 - Are there assignments for them to complete? Y/N
 - □ Are they able to receive meals from the school? Y/N
- 2. ... how many people, from outside of your household, has your child had an in- person conversation with? ____
- 3. ... how much time has your child 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
- 4. ... how stressful have the restrictions on leaving home been for your child?
 - a. Not at all
 - b. Slightly
 - c. Moderately

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d. Very

e. Extremely

5. ... have your child's 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

6. ... how much difficulty has your child 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
- 7. ... has the quality of the relationships between your child and members of his/her family changed?
 - a. A lot worse
 - b. A little worse
 - c. About the same
 - d. A little better
 - e. A lot better

8. ... how stressful have these changes in family contacts been for your child?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

9. ... has the quality of your child's relationships with his/her friends changed?

- a. A lot worse
- b. A little worse
- c. About the same
- d. A little better
- e. A lot better

10. ... how stressful have these changes in social contacts been for your child?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

11. ... how much has cancellation of important events (such as graduation, prom, vacation, etc.) in your child's life been difficult for him/her?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

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- 12. ... to what degree have changes related to the Coronavirus/COVID-19 crisis in your area created financial problems for your family?
 - a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Very
 - e. Extremely

13. ... to what degree is your child concerned about the stability of your living situation?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely
- 14. ... did your child worry whether your food would run out because of a lack of money?
 - a. Yes
 - b. No

15. How hopeful is your child that the Coronavirus/COVID-19 crisis in your area will end soon?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely