# The CoRonaviruS Health Impact Survey (CRISIS) V0.3 Youth Self-Report 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).

ldent	ification	Numb	er:
Coun	try:		
State	/Provide	ence/Re	gion:
Your	age (ye	ars):	
	_		DUE TO THE CORONAVIRUS/COVID-19 CRISIS IN WEEKS
Durin	g the P	AST TV	O WEEKS:
1.		your so	chool building been closed? Y/N/Not Applicable
			Are classes in session? Y/N
	h		Are you attending classes in-person? Y/N
	D.	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.			people, from outside of your household, have you had an in-person with?
3.	parks, etc.)?		
	a. Not at all b. 1-2 days per week		
			ys per week days per week
			al days per week
		Every	, ·
4.	how	stress	ful have the restrictions on leaving home been for you?
		Not at	
		Slightly	
		Moder	ately
		Very Extrem	nely
5.			contacts with people outside of your homechanged ore the Coronavirus/COVID-19 crisis in your area?
	a. A lot less		
		A little	
			the same
		A little A lot m	
	ᠸ.		OIG

6. ... 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

### 7. ... has the quality of the relationships between you and members of yourfamily 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 you?

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

#### 9. ... 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

#### 10. ... how stressful have these changes in social contacts been for you?

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

### 11.... how much has cancellation of important events (such as graduation, prom, vacation, etc.) in your life been difficult for you?

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

## 12. ... to what degree have changes related to the Coronavirus/COVID-19 crisis in your area created financial problems for you or your family?

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

#### 13. ... to what degree are you concerned about the stability of your living situation?

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

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- e. Extremely
- 14. ... did you worry whether your food would run out because of a lack of money?
  - a. Yes
  - b. No
- 15. How hopeful are you that the Coronavirus/COVID-19 crisis in your area will end soon?
  - a. Not at all
  - b. Slightly
  - c. Moderately
  - d. Very
  - e. Extremely