

EPIDEMIC – PANDEMIC IMPACTS INVENTORY (EPII)

INSTRUCTIONS

We would like to learn how the coronavirus disease pandemic has changed people's lives. For each statement below, please indicate whether the pandemic has impacted you or a person in your home in the way described.

Check YES (Me) if you were impacted.

Check YES (Person in Home) if another person (or people) in your home were impacted.

Check NO if you and the people in your home were not impacted.

Check N/A if the statement does not apply to you or someone in the home.

If both YES (Me) and YES (Person in Home) are true, check both

Since the coronavirus disease pandemic began, what has changed for you or your family?

ECONOMIC			
37. Unable to get enough food or healthy food.	YES (Me) YES (Person in Home)	NO	N/A
38. Unable to access clean water.	YES (Me) YES (Person in Home)	NO	N/A
39. Unable to pay important bills like rent or utilities.	YES (Me) YES (Person in Home)	NO	N/A
40. Difficulty getting places due to less access to public transportation or concerns about safety.	YES (Me) YES (Person in Home)	NO	N/A
41. Unable to get needed medications (e.g., prescriptions or over-the-counter).	YES (Me) YES (Person in Home)	NO	N/A

Suggested Citation

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