

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?**

EMOTIONAL HEALTH AND WELL-BEING			
42. Increase in child behavioral or emotional problems.	YES	NO	N/A
43. Increase in child’s sleep difficulties or nightmares.	YES	NO	N/A
44. Increase in mental health problems or symptoms (e.g., mood, anxiety, stress).	YES (Me) YES (Person in Home)	NO	N/A
45. Increase in sleep problems or poor sleep quality.	YES (Me) YES (Person in Home)	NO	N/A
46. Increase in use of alcohol or substance.	YES (Me) YES (Person in Home)	NO	N/A
47. Unable to access mental health treatment or therapy.	YES (Me) YES (Person in Home)	NO	N/A
48. Not satisfied with changes in mental health treatment or therapy.	YES (Me) YES (Person in Home)	NO	N/A
49. Spent more time on screens and devices (e.g., looking at phone, playing video games, watching TV).	YES (Me) YES (Person in Home)	NO	N/A

**Suggested Citation**

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