

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?

SOCIAL ACTIVITIES			
27. Separated from family or close friends.	YES (Me) YES (Person in Home)	NO	N/A
28. Did not have the ability or resources to talk to family or friends while separated.	YES (Me) YES (Person in Home)	NO	N/A
29. Unable to visit loved one in a care facility (e.g., nursing home, group home) .	YES (Me) YES (Person in Home)	NO	N/A
30. Family celebrations cancelled or restricted.	YES (Me) YES (Person in Home)	NO	N/A
31. Planned travel or vacations cancelled.	YES (Me) YES (Person in Home)	NO	N/A
32. Religious or spiritual activities cancelled or restricted.	YES (Me) YES (Person in Home)	NO	N/A
33. Unable to be with a close family member in critical condition.	YES (Me) YES (Person in Home)	NO	N/A
34. Unable to attend in-person funeral or religious services for a family member or friend who died.	YES (Me) YES (Person in Home)	NO	N/A
35. Unable to participate in social clubs, sports teams, or usual volunteer activities.	YES (Me) YES (Person in Home)	NO	N/A
36. Unable to do enjoyable activities or hobbies.	YES (Me) YES (Person in Home)	NO	N/A

Suggested Citation

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