

# The CoRonavIruS Health Impact Survey (CRISIS) V0.3

## *Parent/Caregiver Baseline 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](mailto: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](mailto:argyris.stringaris@nih.gov)).

**Identification Number:**

**Country:**

**State/Province/Region:**

**Your age (years):**

**Your child's age (years):**

## **BACKGROUND:**

**First, before we get started with the main questions, we would like to obtain some background information about your child.**

**1. What is your relationship to the child?**

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

**2. Please specify your child's sex:**

- a. Male
- b. Female
- c. Other \_\_\_\_\_

- 3. Thinking about what you know of your child's family history, which of the following best describes the geographic regions from where your child's ancestors (i.e. great-great-grandparents) came from? You may select as many choices as needed.**
- a. England, Ireland, Scotland or Wales
  - b. Australia – not of Aboriginal or Torres Strait Islander descent
  - c. Australia – of Aboriginal or Torres Strait Islander descent
  - d. New Zealand – not of Maori descent
  - e. New Zealand – of Maori descent
  - f. Northern Europe including Sweden, Norway, Finland and surrounding countries
  - g. Western Europe including France, Germany, the Netherlands and surrounding countries
  - h. Eastern Europe, including Russia, Poland, Hungary and surrounding countries
  - i. Southern Europe including Italy, Greece, Spain, Portugal and surrounding countries
  - j. Middle East including Lebanon, Turkey and surrounding countries
  - k. Eastern Asia including China, Japan, South Korea, North Korea, Taiwan and Hong Kong
  - l. South-East Asia including Thailand, Malaysia, Indonesia, Singapore and surrounding countries
  - m. South Asia including India, Pakistan, Sri Lanka and surrounding countries
  - n. Polynesia, Micronesia or Melanesia including Tonga, Fiji, Papua New Guinea and surrounding countries
  - o. Africa
  - p. North America - not of First Nations, Native American, Inuit or Métis descent
  - q. North America - of First Nations, Native American, Inuit or Métis descent
  - r. Central or South America
  - s. Don't know
  - t. Other
- 4. Is your child of Hispanic or Latino descent - that is, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, South or Central American or other Spanish culture or origin?**
- a. Yes
  - b. No
- 5. Is your child enrolled in school/college for the current academic year?**
- a. Not in school
  - b. Elementary school
  - c. Junior High or Middle School
  - d. High School
  - e. College/Vocational
  - f. Graduate
- 6. Which best describes the area in which your child lives?**
- a. Large city
  - b. Suburbs of a large city
  - c. Small city
  - d. Town or village
  - e. Rural area

**7. What is the highest level of education YOU completed?**

- a. Some grade school
- b. Some high school
- c. High school diploma or GED
- d. Some college or 2-year degree
- e. 4-year college graduate
- f. Some school beyond college
- g. Graduate or professional degree

**8. What is the highest level of education your child's second parent/caregiver completed?**

- a. Some grade school
- b. Some high school
- c. High school diploma or GED
- d. Some college or 2-year degree
- e. 4-year college graduate
- f. Some school beyond college
- g. Graduate or professional degree
- h. No second parent/caregiver

**9. How many people currently live in your child's home (excluding your child)? \_\_\_\_**

**10. Please specify their relationships to your child (check all that apply):**

- a. One parent
- b. Two parents
- c. Grandparents
- d. Siblings
- e. Other children
- f. Other relatives
- g. Unrelated person

**11. Are any adults living in the home an ESSENTIAL WORKER (e.g., healthcare, delivery worker, store worker, security, building maintenance)? Y/N**

**a. If yes,**

**• Do they come home each day?**

- Yes
- No, separated due to COVID-19
- No separated due to other reasons

**• Are they a FIRST RESPONDER, HEALTHCARE PROVIDER or OTHER WORKER in a facility treating COVID-19? Y/N**

**12. How many rooms (total) are in your child's home? \_\_\_\_**

**13. Is your child covered by health insurance?**

- a. Yes, military
- b. Yes, employer-sponsored
- c. Yes, individual
- d. Yes, Medicare
- e. Yes, Medicaid or CHIP
- f. Yes, other
- g. No

**14. In the 3 months prior to the Coronavirus/COVID-19 crisis in your area, did you or your family receive money from government assistance programs like welfare, Aid to Families with Dependent Children, General Assistance, or Temporary Assistance for Needy Families?**

- a. Yes
- b. No

**15. How would you rate your child's overall physical health?**

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

**16. Has a health or educational professional ever told you that your child had any of the following health conditions (check all that apply)?**

- a. Seasonal allergies
- b. Asthma or other lung problems
- c. Heart problems
- d. Kidney problems
- e. Immune disorder
- f. Diabetes or high blood sugar
- g. Cancer
- h. Arthritis
- i. Frequent or very bad headaches
- j. Epilepsy or seizures
- k. Serious stomach or bowel problems
- l. Serious acne or skin problems
- m. Emotional or mental health problems such as Depression or Anxiety
- n. Problems with alcohol or drugs
- o. Intellectual disability
- p. Autism Spectrum Disorder
- q. Learning Disorder

**17. How tall is your child? \_\_\_\_ centimeters(cm)/inches(in)**

**18. How much does your child weigh? \_\_\_\_ kilograms(kg)/pounds(lbs)**

**19. How would you rate your child's overall Mental/Emotional health before the Coronavirus/COVID-19 crisis in your area?**

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

## **CORONAVIRUS/COVID-19 HEALTH/EXPOSURE STATUS**

During the **PAST TWO WEEKS**:

**20. ... has your child been exposed to someone likely to have Coronavirus/COVID-19? (check all that apply)**

- a. Yes, someone with positive test
- b. Yes, someone with medical diagnosis, but no test
- c. Yes, someone with possible symptoms, but no diagnosis by doctor
- d. No, not to my knowledge

**21. ... has your child been suspected of having Coronavirus/COVID-19 infection?**

- a. Yes, has positive test
- b. Yes, medical diagnosis, but no test
- c. Yes, has had some possible symptoms, but no diagnosis by doctor
- d. No symptoms or signs

**22. ... has your child had any of the following symptoms? (check all that apply)**

- a. Fever
- b. Cough
- c. Shortness of breath
- d. Sore throat
- e. Fatigue
- f. Loss of taste or smell
- g. Eye infection
- h. Other \_\_\_\_\_

**23. ... has anyone in your child's family been diagnosed with Coronavirus/COVID-19? (check all that apply)**

- a. Yes, member of household
- b. Yes, non-household member
- c. No

**24. ... have any of the following happened to your child's family members because of Coronavirus/COVID-19? (check all that apply)**

- a. Fallen ill physically
- b. Hospitalized
- c. Put into self-quarantine with symptoms
- d. Put into self-quarantine without symptoms (e.g., due to possible exposure)
- e. Lost or been laid off from job
- f. Reduced ability to earn money
- g. Passed away
- h. None of the above

During the **PAST TWO WEEKS**, how worried has your child been about:

**25. .... being infected?**

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

**26. ... friends or family being infected?**

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

**27. ... his/her *Physical health* being influenced by Coronavirus/COVID-19?**

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

**28. ... his/her *Mental/Emotional health* being influenced by Coronavirus/COVID-19?**

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

**29. How much is your child asking questions, reading or talking about Coronavirus/COVID-19?**

- a. Never
- b. Rarely
- c. Occasionally
- d. Often
- e. Most of the time

**30. Has the Coronavirus/COVID-19 crisis in your area led to any positive changes in your child's life?**

- a. None
- b. Only a few
- c. Some

- If answered b or c to question 30, please specify: \_\_\_\_\_

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

During the **PAST TWO WEEKS**:

**31. ... 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

**32. ... how many people, from outside of your household, has your child had an in-person conversation with? \_\_\_\_**

**33. ... 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

**34. ... how stressful have the restrictions on leaving home been for your child?**

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

**35. ... 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. little less
- c. About the same
- d. A little more
- e. A lot more

**36. ... 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



**37. ... 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

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

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

**39. ... 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

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

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

**41. ... 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

**42. ... 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

**43. ... 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

**44. ... did your child worry whether your food would run out because of a lack of money?**

- a. Yes
- b. No

**45. 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

## **DAILY BEHAVIORS (THREE MONTHS PRIOR TO CRISIS)**

During the THREE MONTHS PRIOR to the onset of the Coronavirus/COVID-19 crisis in your area:

**46. ...on average, what time did your child go to bed on WEEKDAYS?**

- a. Before 8 pm
- b. 8 pm -10 pm
- c. 10 pm-12 am
- d. After midnight

**47. ... on average, what time did your child go to bed on WEEKENDS?**

- a. Before 8 pm
- b. 8 pm -10 pm
- c. 10 pm-12 am
- d. After midnight

**48. ... on average, how many hours per night did your child sleep on WEEKDAYS?**

- a. <6 hours
- b. 6-8 hours
- c. 8-10 hours
- d. >10 hours

**49. ... on average, how many hours per night did your child sleep on WEEKENDS?**

- a. <6 hours
- b. 6-8 hours
- c. 8-10 hours
- d. >10 hours

**50. ... how many days per week did your child exercise (e.g., increased heart rate, breathing) for at least 30 minutes?**

- a. None
- b. 1-2 days
- c. 3-4 days
- d. 5-6 days
- e. Daily

**51. ... how many days per week did your child spend time outdoors?**

- a. None
- b. 1-2 days
- c. 3-4 days
- d. 5-6 days
- e. Daily

## **EMOTIONS/WORRIES (THREE MONTHS PRIOR TO CRISIS)**

During the THREE MONTHS PRIOR to the onset of the Coronavirus/COVID-19 crisis in your area:

**52. ... how worried was your child generally?**

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

**53. ... how happy versus sad was your child?**

- a. Very sad/depressed/unhappy
- b. Moderately sad/depressed/unhappy
- c. Neutral
- d. Moderately happy/cheerful
- e. Very happy/cheerful

**54. ... how much was your child able to enjoy his/her usual activities?**

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very much
- e. A lot

**55. ... how relaxed versus anxious was your child?**

- a. Very relaxed/calm
- b. Moderately relaxed/calm
- c. Neutral
- d. Moderately nervous/anxious
- e. Very nervous/anxious

**56. ... how fidgety or restless was your child?**

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

**57. ... how fatigued or tired was your child?**

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

**58. ... how well was your child able to concentrate or focus?**

- a. Very focused/attentive
- b. Moderately focused/attentive
- c. Neutral
- d. Moderately unfocused/distracted
- e. Very unfocused/distracted

**59. ... how irritable or easily angered was your child?**

- a. Not irritable or easily angered at all
- b. Slightly irritable or easily angered
- c. Moderately irritable or easily angered
- d. Very irritable or easily angered
- e. Extremely irritable or easily angered

**60. ... how lonely was your child?**

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

**61. ... to what extent did your child express negative thoughts or things that made them feel bad?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. A lot of the time

## **MEDIA USE (THREE MONTHS PRIOR TO CRISIS)**

During the THREE MONTHS PRIOR to the onset of the Coronavirus/COVID-19 crisis in your area, how much time per day did your child spend:

**62. ... watching TV or digital media (e.g., Netflix, YouTube, web surfing)?**

- a. No TV or digital media
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

**63. ... using social media (e.g., Facetime, Facebook, Instagram, Snapchat, Twitter, TikTok)?**

- a. No social media
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

**64. ... playing video games?**

- a. No video games
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

## **SUBSTANCE USE (THREE MONTHS PRIOR TO CRISIS)**

During the THREE MONTHS PRIOR to the onset of the Coronavirus/COVID-19 crisis in your area, how frequently did your child use:

**65. ... alcohol?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**66. ... vaping products?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**67. ... cigarettes or other tobacco products ?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**68. ... marijuana/cannabis (e.g., joint, blunt, pipe, bong)?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**69. ... opiates, heroin, or narcotics?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**70. ... other drugs including cocaine, crack, amphetamine, methamphetamine, hallucinogens, or ecstasy?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**71. ... sleeping medications or sedatives/hypnotics?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**DAILY BEHAVIORS (PAST TWO WEEKS)**

During the **PAST TWO WEEKS**:

**72. ...on average, what time did your child go to bed on WEEKDAYS?**

- a. Before 8 pm
- b. 8 pm-10 pm
- c. 10 pm-12 am
- d. After midnight

**73. ... on average, what time did your child go to bed on WEEKENDS?**

- a. Before 8 pm
- b. 8 pm-10 pm
- c. 10 pm-12 am
- d. After midnight

**74. ... on average, how many hours per night did your child sleep on WEEKDAYS?**

- a. <6 hours
- b. 6-8 hours
- c. 8-10 hours
- d. >10 hours

**75. ... on average, how many hours per night did your child sleep on WEEKENDS?**

- a. <6 hours
- b. 6-8 hours
- c. 8-10 hours
- d. >10 hours

**76. ... how many days per week did your child exercise (e.g., increased heart rate, breathing) for at least 30 minutes?**

- a. None
- b. 1-2 days
- c. 3-4 days
- d. 5-6 days
- e. Daily

**77. ... how many days per week did your child spend time outdoors?**

- a. None
- b. 1-2 days
- c. 3-4 days
- d. 5-6 days
- e. Daily

## **EMOTIONS/WORRIES (PAST TWO WEEKS)**

During the **PAST TWO WEEKS**:

**78. ... how worried was your child generally?**

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

**79. ... how happy versus sad was your child?**

- a. Very sad/depressed/unhappy
- b. Moderately sad/depressed/unhappy
- c. Neutral
- d. Moderately happy/cheerful
- e. Very happy/cheerful

**80. ... how much was your child able to enjoy his/her usual activities?**

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very much
- e. A lot

**81. ... how relaxed versus anxious was your child?**

- a. Very relaxed/calm
- b. Moderately relaxed/calm
- c. Neutral
- d. Moderately nervous/anxious
- e. Very nervous/anxious

**82. ... how fidgety or restless was your child?**

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



**83. ... how fatigued or tired was your child?**

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

**84. ... how well has your child been able to concentrate or focus?**

- a. Very focused/attentive
- b. Moderately focused/attentive
- c. Neutral
- d. Moderately unfocused/distracted
- e. Very unfocused/distracted

**85. ... how irritable or easily angered was your child?**

- a. Not irritable or easily angered at all
- b. Slightly irritable or easily angered
- c. Moderately irritable or easily angered
- d. Very irritable or easily angered
- e. Extremely irritable or easily angered

**86. ... how lonely was your child?**

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

**87. ... to what extent did your child express negative thoughts or things that made them feel bad?**

- a. Not at all
- b. Rarely
- c. Occasionally
- d. Often
- e. A lot of the time

## **MEDIA USE (PAST TWO WEEKS)**

During the **PAST TWO WEEKS**, how much time per day did your child spend:

**88. ... watching TV or digital media (e.g., Netflix, YouTube, web surfing)?**

- a. No TV or digital media
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

**89. ... using social media (e.g., Facetime, Facebook, Instagram, Snapchat, Twitter, TikTok)?**

- a. No social media
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

**90. ... playing video games?**

- a. No video games
- b. Under 1 hour
- c. 1-3 hours
- d. 4-6 hours
- e. More than 6 hours

## **SUBSTANCE USE (PAST TWO WEEKS)**

During the **PAST TWO WEEKS**, how frequently did your child use:

**91. ... alcohol?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**92. ... vaping products?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**93. ... cigarettes or other tobacco products?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

**94. ... marijuana/cannabis (e.g., joint, blunt, pipe, bong)?**

- a. Not at all
- b. Rarely
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- f. Several times a week
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**95. ... opiates, heroin, or narcotics?**

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- c. Once a month
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**96. ... other drugs including cocaine, crack, amphetamine, methamphetamine, hallucinogens, or ecstasy?**

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**97. ... sleeping medications or sedatives/hypnotics?**

- a. Not at all
- b. Rarely
- c. Once a month
- d. Several times a month
- e. Once a week
- f. Several times a week
- g. Once a day
- h. More than once a day

## SUPPORTS

**98. Which of the following supports for your child were in place before the Coronavirus/COVID-19 crisis in your area and have been disrupted over the PAST TWO WEEKS? (check all that apply)**

- a. Resource room
- b. Tutoring
- c. Mentoring programs
- d. After school activity programs
- e. Volunteer programs
- f. Psychotherapy
- g. Psychiatric care
- h. Occupational therapy
- i. Physical therapy
- j. Speech/language therapy
- k. Sporting activities
- l. Medical care for chronic illnesses
- m. Other: Specify \_\_\_\_\_

## ADDITIONAL CONCERNS AND COMMENTS

**Please describe anything else that concerns you about the impact of Coronavirus/COVID-19 on your child.**

[TEXT BOX]

**Please provide any comments that you would like about this survey and/or related topics.**

[TEXT BOX]