

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).

Identification Number:

Country:

State/Province/Region:

Your age (years):

CORONAVIRUS/COVID-19 HEALTH/EXPOSURE STATUS

During the PAST TWO WEEKS:

- 1. ... have you 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
- 2. ... have you been suspected of having Coronavirus/COVID-19 infection?**
 - a. Yes, has positive test
 - b. Yes, medical diagnosis, but no test
 - c. Yes, have had some possible symptoms, but no diagnosis by doctor
 - d. No symptoms or signs
- 3. ... have you 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 _____
- 4. ... has anyone in your family been diagnosed with Coronavirus/COVID-19? (check all that apply)**
 - a. Yes, member of household
 - b. Yes, non-household member
 - c. No
- 5. ... have any of the following happened to your 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 job 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 have you been about:

6. being infected?

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

7. ... friends or family being infected?

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

8. ... your *Physical health* being influenced by Coronavirus/COVID-19?

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

9. ... your *Mental/Emotional health* being influenced by Coronavirus/COVID-19?

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

10. How much are you reading or talking about Coronavirus/COVID-19?

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

11. Has the Coronavirus/COVID-19 crisis in your area led to any positive changes in your life?

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

- If answered b or c to question 11, please specify: _____

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

During the PAST TWO WEEKS:

12. ... has your school building been closed? Y/N/Not Applicable

a. **If no,**

- Are classes in session? Y/N
- Are you attending classes in-person? Y/N

b. **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

13. ... how many people, from outside of your household, have you had an in-person conversation with? _____

14. ... how much time have you 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

15. ... how stressful have the restrictions on leaving home been for you?

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

16. ... have your contacts with people outside of your home changed relative to *before* the Coronavirus/COVID-19 crisis in your area?

- a. A lot less
- b. A little less
- c. About the same
- d. A little more
- e. A lot more

17. ... 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

18. ... has the quality of the relationships between you and members of your family changed?

- a. A lot worse
- b. A little worse
- c. About the same
- d. A little better
- e. A lot better

19. ... how stressful have these changes in family contacts been for you?

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

20. ... 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

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

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

22. ... 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

23. ... 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

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

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

25. ... did you worry whether your food would run out because of a lack of money?

- a. Yes
- b. No

26. 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

DAILY BEHAVIORS (PAST TWO WEEKS)

During the **PAST TWO WEEKS**:

27. ... on average, what time did you go to bed on WEEKDAYS?

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

28. ... on average, what time did you go to bed on WEEKENDS?

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

29. ... on average, how many hours per night did you sleep on WEEKDAYS?

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

30. ... on average, how many hours per night did you sleep on average on WEEKENDS?

- e. <6 hours
- f. 6-8 hours
- g. 8-10 hours
- h. >10 hours

31. ... how many days per week did you 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

32. ... how many days per week did you 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**:

33. ... how worried were you generally?

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

34. ... how happy versus sad were you?

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

35. ... how relaxed versus anxious were you?

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

36. ... how fidgety or restless were you?

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

37. ... how fatigued or tired were you?

- 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

38. ... how well were you able to concentrate or focus?

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

39. ... how irritable or easily angered were you?

- 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

40. ... how lonely were you?

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

MEDIA USE (PAST TWO WEEKS)

During the PAST TWO WEEKS, how much time per day did you spend:

41. ... 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

42. ... 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

43. ... 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 you use:

44. ... 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

45. ... 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

46. ... 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

47. ... 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

48. ... opiates, heroin, 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

ADDITIONAL CONCERNS AND COMMENTS

Please describe anything else that concerns you about the impact of Coronavirus/COVID-19 on you, your friends, or family.

[TEXT BOX]

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

[TEXT BOX]