

The CoRoNaVirus Health Impact Survey (CRISIS) V0.3

Parent/Caregiver Follow Up 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: (Drop down list)

State/Province/Region:

Your age (years):

Your child's age (years):

What is your relationship to the child?

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

CORONAVIRUS/COVID-19 HEALTH/EXPOSURE STATUS

During the PAST TWO WEEKS:

- 1. ... 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
- 2. ... has your child been suspected to have 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. ... 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 _____
- 4. ... 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

5. ... 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 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 has your child 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. ... his/her *Physical health* being influenced by Coronavirus/COVID-19?

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

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

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

10. 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

11. 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
 - i. Please specify:
- c. Some
 - i. Please specify:

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

During the PAST TWO WEEKS:

12. ... has your child's school building been closed?

- a. 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
- b. No
 - Are classes in session? Y/N
 - Are they attending classes in-person? Y/N
- c. Not Applicable

13. ... how many people, from outside of your household, has your child had an in-person conversation with? ____

14. ... 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

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

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

- 16. ... 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. A little less
 - c. About the same
 - d. A little more
 - e. A lot more
- 17. ... 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
- 18. ... 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
- 19. ... how stressful have these changes in family contacts been for your child?**
- a. Not at all
 - b. Slightly
 - c. Moderately
 - d. Very
 - e. Extremely
- 20. ... 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
- 21. ... how stressful have these changes in social contacts been for your child?**
- 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 child's life been difficult for him/her?

- 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 your family?

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

24. ... 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

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

- a. Yes
- b. No

26. 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 (PAST TWO WEEKS)

During the **PAST TWO WEEKS**:

27. ... 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

28. ... 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

29. ... 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

30. ... 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

31. ... 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

32. ... 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:

33. ... how worried was your child generally?

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

34. ... 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

35. ... 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

36. ... 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

37. ... 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

38. ... 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

39. ... 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

40. ... 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

41. ... how lonely was your child?

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

42. ... to what extent was your child expressing 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:

43. ... 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

44. ... 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

45. ... 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:

46. ... 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

47. ... 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

48. ... cigarettes or other tobacco?

- 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

49. ... 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

50. ... 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

51. ... 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

52. ... 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

53. 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 to share about this survey and/or related topics.

[TEXT BOX]