The **C**o**R**onav**I**ru**S** Health **I**mpact **S**urvey (CRISIS) V0.1 *Youth Self-Report Follow Up Form*

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The CRISISquestionnaires 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](mailto:argyris.stringaris@nih.gov)).

**Identification Number:**

**Country:**

**State/Providence/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)**
   1. Yes, someone with positive test
   2. Yes, someone with medical diagnosis, but no test
   3. Yes, someone with possible symptoms, but no diagnosis by doctor
   4. No
2. **… have you been suspected of having Coronavirus/COVID-19 infection?**
   1. Yes, has positive test
   2. Yes, medical diagnosis, but no test
   3. Yes, has some possible symptoms, but no diagnosis by doctor
   4. No symptoms or signs
3. **… have you had any of the following symptoms? (check all that apply)**
   1. Fever
   2. Cough
   3. Shortness of breath
   4. Sore throat
   5. Fatigue
   6. Other \_\_\_\_
4. **… has anyone in your family been diagnosed with Coronavirus/COVID-19?**

**(check all that apply)**

* 1. Yes, member of household
  2. Yes, non-household member
  3. No

1. **… have any of the following happened to your family members because of**

**Coronavirus/COVID-19? (check all that apply)**

* 1. Fallen ill physically
  2. Hospitalized
  3. Put into self-quarantine with symptoms
  4. Put into self-quarantine without symptoms (e.g., due to possible exposure)
  5. Lost job
  6. Reduced ability to earn money
  7. Passed away

**During the PAST TWO WEEKS, how worried have you been about:**

1. **…. being infected?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Very
   5. Extremely
2. **… friends or family being infected?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Very
   5. Extremely
3. **… your *physical health* being inﬂuenced by Coronavirus/COVID-19?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Very
   5. Extremely
4. **… your *Mental/Emotional health* being inﬂuenced by Coronavirus/COVID-19?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Very
   5. Extremely
5. **How much are you reading and talking about Coronavirus/COVID-19?**
   1. Never
   2. Rarely
   3. Occasionally
   4. Often
   5. Most of the time
6. **Has the Coronavirus/COVID-19 crisis in your area led to any positive changes in your life?**
   1. None
   2. Only a few
   3. Some
7. **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:**

1. **… has your school building been closed? Y/N**
   1. **If no,**
      * Are classes in session? Y/N
      * Are you attending classes in-person? Y/N
   2. **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
2. **… how many people, from outside of your household, have you had an in-person conversation with? \_\_\_\_**
3. **… how much time have you spent going outside of the home (e.g., going to stores, parks, etc.)?**
   1. No time
   2. Rarely
   3. Occasionally
   4. Often
   5. A lot of the time
4. **… how stressful have the restrictions on leaving home been for you?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Very
   5. Extremely
5. **… have your contacts with people outside of your home changed relative to *before* the Coronavirus/COVID-19 crisis in your area?**
6. A lot less
7. A little less
8. About the same
9. A little more
10. A lot more
11. **… how much difﬁculty have you had following the recommendations for keeping away from close contact with people?**
    1. None
    2. A little
    3. Moderate
    4. A lot
    5. A great amount
12. **… has the quality of the relationships between you and members of your family changed?**
13. A lot worse
14. A little worse
15. About the same
16. A little better
17. A lot better
18. **… how stressful have these changes in family contacts been for you?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
19. **… has the quality of your relationships with friends changed?**
20. A lot worse
21. A little worse
22. About the same
23. A little better
24. A lot better
25. **… how stressful have these changes in social contacts been for you?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
26. **… how much has cancellation of important events (such as graduation, prom, vacation, etc.) in your life been difficult for you?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
27. **… to what degree have changes related to the Coronavirus/COVID-19 crisis in your area created financial problems for your family?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
28. **… to what degree are you concerned about the stability of your living situation?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
29. **… did you worry whether your food would run out because of a lack of money?**
    1. Yes
    2. No
30. **… how hopeful are you that the Coronavirus/COVID-19 crisis in your area will end soon?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely

## DAILY BEHAVIORS (PAST TWO WEEKS)

**During the PAST TWO WEEKS:**

1. **… how many hours per night did you sleep on average?**
   1. <6 hours
   2. 6-8 hours
   3. 8-10 hours
   4. >10 hours
2. **… how many days per week did you exercise (e.g., increased heart rate, breathing) for at least 30 minutes?**
   1. None
   2. 1-2 days
   3. 3-4 days
   4. 5-6 days
   5. Daily
3. **… how many days per week did you spend time outdoors?**
   1. None
   2. 1-2 days
   3. 3-4 days
   4. 5-6 days
   5. Daily

## EMOTIONS/WORRIES (PAST TWO WEEKS)

**During the PAST TWO WEEKS:**

1. **… how worried were you generally?**
2. Not worried at all
3. Slightly worried
4. Moderately worried
5. Very worried
6. Extremely worried
7. **… how happy versus sad were you?**
8. Very sad/depressed/unhappy
9. Moderately sad/depressed/unhappy
10. Neutral
11. Moderately happy/cheerful
12. Very happy/cheerful
13. **… how much have you been able to enjoy your usual activities?**
14. Not at all
15. Slightly
16. Moderately
17. Very much
18. A lot
19. **… how relaxed versus anxious were you?**
20. Very relaxed/calm
21. Moderately relaxed/calm
22. Neutral
23. Moderately nervous/anxious
24. Very nervous/anxious
25. **… how fidgety or restless were you?**
26. Not restless at all
27. Slightly restless
28. Moderately restless
29. Very restless
30. Extremely restless
31. **… how fatigued or tired were you?**
32. Not fatigued or tired at all
33. Slightly fatigued or tired
34. Moderately fatigued or tired
35. Very fatigued or tired
36. Extremely fatigued or tired

1. **… how well have you been able to concentrate or focus?**
2. Very focused/attentive
3. Moderately focused/attentive
4. Neutral
5. Moderately unfocused/distracted
6. Very unfocused/distracted
7. **… how irritable or easily angered have you been?**
8. Not irritable or easily angered at all
9. Slightly irritable or easily angered
10. Moderately irritable or easily angered
11. Very irritable or easily angered
12. Extremely irritable or easily angered

1. **… how lonely have you been?**
   1. Not lonely at all
   2. Slightly lonely
   3. Moderately lonely
   4. Very lonely
   5. Extremely lonely
2. **… to what extent have you had negative thoughts, thought about unpleasant experiences or things that made you feel bad?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. A lot of the time

## MEDIA USE (PAST TWO WEEKS)

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

1. **… watching TV or digital media (e.g., Netflix, YouTube, web surfing)?**
   1. No TV
   2. Under 1 hour
   3. 1-3 hours
   4. 4-6 hours
   5. More than 6 hours
2. **... using social media (e.g., Facetime, Facebook, Instagram, Snapchat, Twitter**

**TikTok)?**

* 1. No social media
  2. Under 1 hour
  3. 1-3 hours
  4. 4-6 hours
  5. More than 6 hours

1. **… playing video games?**
2. No video games
3. Under 1 hour
4. 1-3 hours
5. 4-6 hours
6. More than 6 hours

## SUBSTANCE USE (PAST TWO WEEKS)

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

1. **... alcohol?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. Regularly
2. **… vaping?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. Regularly
3. **… cigarettes or other tobacco?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. Regularly
4. **... marijuana/cannabis (e.g., joint, blunt, pipe, bong)?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. Regularly
5. **... opiates, heroin, or narcotics?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. Regularly
6. **... other drugs including cocaine, crack, amphetamine, methamphetamine, hallucinogens, or ecstasy?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. Regularly
7. **… sleeping medications or sedatives/hypnotics?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. Regularly

## SUPPORTS

1. **Which of the following supports were in place for you before the Coronavirus/COVID-19 crisis and have been disrupted over the PAST TWO WEEKS? (check all that apply)**
   1. Resource room
   2. Tutoring
   3. Mentoring programs
   4. After school activity programs
   5. Volunteer programs
   6. Psychotherapy
   7. Psychiatric care
   8. Occupational therapy
   9. Physical therapy
   10. Speech/language therapy
   11. Sporting activities
   12. Medical care for chronic illnesses
   13. Other: Specify \_\_\_\_\_\_

## 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]**