The **C**o**R**onav**I**ru**S** Health **I**mpact **S**urvey (CRISIS) V0.1 *Parent/Caregiver 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 advance 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: \_(pre-populated field)\_\_\_\_**

**Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Providence/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. **Please specify your child’s sex:** 
   1. Male
   2. Female
   3. Other \_\_\_\_
2. **Please select the following items that best describe your child’s race:**
   1. Black/African American
   2. Asian
   3. American Indian or Alaska Native
   4. Native Hawaiian or other Pacific Islander
   5. White/Caucasian
   6. Other
3. **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?**
   1. Yes
   2. No
4. **Is your child enrolled in school/college for the current academic year?**
   1. Not in school
   2. Elementary school
   3. Junior High or Middle School
   4. High School
   5. College/Vocational
   6. Graduate
5. **Which best describes the area in which you live?**
   1. Large city
   2. Suburbs of a large city
   3. Small city
   4. Town or village
   5. Rural area
6. **How many people currently live in your child’s home (excluding your child)**? \_\_\_
7. **Please specify each of their relationships to your child (check all that apply):**
   1. One parent
   2. Two parents
   3. Grandparents
   4. Siblings
   5. Other children
   6. Other relatives
   7. Unrelated person
8. **How many rooms (total) are in your child’s home?** \_\_\_
9. **Are you and your child covered by health insurance?**
   1. Yes, military
   2. Yes, employer-sponsored
   3. Yes, individual
   4. Yes, Medicare
   5. Yes, Medicaid or CHIP
   6. Yes, other
   7. No
10. **In the 3 months prior to Coronavirus/COVID-19, did your family receive money from government assistance programs like welfare, Aid to Families with Dependent Children, General Assistance, or Temporary Assistance for Needy Families?**
    1. Yes
    2. No
11. **How would you rate your child’s overall physical health?**
    1. Excellent
    2. Very Good
    3. Good
    4. Fair
    5. Poor
12. **Has a health professional ever told you that your child had any of the following health conditions (check all that apply)?**
    1. Seasonal allergies
    2. Asthma or other lung problems
    3. Heart problems
    4. Kidney problems
    5. Immune disorder
    6. Diabetes or high blood sugar
    7. Cancer
    8. Arthritis
    9. Frequent or very bad headaches
    10. Epilepsy or seizures
    11. Serious stomach or bowel problems
    12. Serious acne or skin problems
    13. Emotional or mental health problems such as Depression or Anxiety
    14. Problems with alcohol or drugs
13. **How tall is your child? \_\_\_ cm/inches**
14. **How much does your child weigh? \_\_\_ kilo/pounds**
15. **How would you rate your child’s overall Mental/Emotional health before Coronavirus/COVID 19?**
    1. Excellent
    2. Very Good
    3. Good
    4. Fair
    5. Poor

## **EXPOSURE 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?**
   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. **Has your child been suspected to have 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. **Has your child had any of the following symptoms? [checkbox]**
   1. Fever
   2. Cough
   3. Shortness of breath
   4. Sore throat
   5. Fatigue
   6. Other \_\_\_\_
4. **Has anyone in your child’s family been diagnosed with Coronavirus/COVID-19?**
   1. Yes, member of household
   2. Yes, non-household member
   3. No
5. **In the last week, have any of the following happened to your child’s family members because of Coronavirus/COVID-19: [checkbox]**
   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 has your child 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. **… his/her *physical health* being inﬂuenced by Coronavirus/COVID-19?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Very
   5. Extremely
4. **… his/her *Mental/Emotional health* being inﬂuenced by Coronavirus/COVID-19?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Very
   5. Extremely
5. **How much is your child asking questions, reading or talking about Coronavirus/COVID-19?**
   1. Never
   2. Rarely
   3. Occasionally
   4. Often
   5. Most of the time

:

1. **Has the Coronavirus/COVID-19 situation led to any positive changes in your child’s life?**
   1. None
   2. Only a few
   3. Some
2. **If answered b or c to question 26, please specify: \_\_\_\_**

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

**During the PAST TWO WEEKS:**

1. **… has your child’s school building been closed ? Y/N**
   1. **If no,**
      1. Are classes in session? Y/N
      2. Are you sending your child to school? Y/N
   2. **If yes,**
      1. Have classes resumed online? Y/N
      2. Does your child have easy access to the internet and a computer?Y/N
      3. Are there assignments for your child to complete? Y/N
      4. Is your child able to receive lunch from the school? Y/N
2. **… how many people, from outside of your household, has your child had an in-person conversation with? \_\_\_\_**
3. **… how much time has your child 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 your child?**
   1. Not at all
   2. Slightly
   3. Moderately
   4. Very
   5. Extremely
5. **… have your child’s contacts with people outside of your home changed relative to *before* the Coronavirus/COVID-19 outbreak?**
6. A lot less
7. A little less
8. About the same
9. A little more
10. A lot more
11. **… how much difﬁculty has your child 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 your child and members of his/her 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 your child?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
19. **… has the quality of your child’s relationships with his/her 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 your child?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
26. **… how much has cancellation of important events (such a graduation, prom, vacation, etc.) in your child’s life been difficult for him/her?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
27. **… to what degree have changes related to Coronavirus/COVID-19 created financial problems for your family?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
28. **… to what degree is your child concerned about the stability of your living situation?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely
29. **… did your child worry whether your food would run out because of a lack of money?**
    1. Yes
    2. No
30. **… how hopeful is your child that the Coronavirus/COVID-19 problem will end soon?**
    1. Not at all
    2. Slightly
    3. Moderately
    4. Very
    5. Extremely

## SUBSTANCE USE

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

## **MEDIA USE:**

**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:**

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

## **EMOTIONS/WORRIES**

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

1. **… how worried was your child generally?**
2. Not worried at all
3. Slightly worried
4. Moderately worried
5. Very worried
6. Extremely worried
7. **… how happy versus sad was your child?**
8. Very sad/depressed/unhappy
9. Moderately sad/depressed/unhappy
10. Neutral
11. Moderately happy/cheerful
12. Very happy/cheerful
13. **… how much had your child been able to enjoy his/her usual activities?**
14. No fun, enjoyment at all
15. Slightly fun, enjoyment
16. Moderate fun, enjoyment
17. Very fun, enjoyment
18. Extreme fun, enjoyment
19. **… how relaxed versus anxious was your child?**
20. Very relaxed/calm
21. Moderately relaxed/calm
22. Neutral
23. Moderately nervous/anxious
24. Very nervous/anxious
25. **… how fidgety or restless was your child?**
26. Not fidgety/restless at all
27. Slightly fidgety/restless
28. Moderately fidgety/restless
29. Very fidgety/restless
30. Extremely fidgety/restless
31. **… how fatigued or tired was your child?**
32. Not fatigued or tired at all
33. Slightly fatigued or tired
34. Moderately fatigued or tired

d. Very fatigued or tired

e. Extremely fatigued or tired

1. **… how well was your child 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 was your child?**
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 was your child?**
   1. Not lonely at all
   2. Slightly lonely
   3. Moderately lonely
   4. Very lonely
   5. Extremely lonely
2. **… to what extent did your child express negative thoughts, thinking about unpleasant experiences or things that make them feel bad?**
   1. Not at all
   2. Rarely
   3. Occasionally
   4. Often
   5. A lot of the time

## DAILY BEHAVIORS

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

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

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25. **… how fidgety or restless was your child?**
26. Not restless at all
27. Slightly restless
28. Moderately restless
29. Very restless
30. Extremely restless
31. **… how fatigued or tired was your child?**
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11. Very irritable or easily angered
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   4. Very lonely
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## **DAILY BEHAVIORS**

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2. **… how many days per week did your child exercise (e.g., increased heart rate, breathing) for at least 30 minutes?**
   1. None
   2. 1-2
   3. 3-4
   4. 5-6
   5. Daily
3. **… how many days per week did your child spend time outdoors?**
   1. None
   2. 1-2
   3. 3-4
   4. 5-6
   5. Daily

## **SUPPORTS**

1. **Which of the following supports for your child were in place before the Coronavirus/COVID-19 crisis, and have been disrupted over the past two weeks?**
   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

## **ADDITIONAL CONCERNS AND COMMENTS**

**Please describe anything else that concerns you about the impact of the 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]**