

Fear of Illness and Virus Evaluation (FIVE) – Parent Report Form

Rate how often *your child* felt afraid or worried about each item in the last week on the 1-4 scale below:

1. My child is not afraid of this at all.
2. My child is afraid of this some of the time.
3. My child is afraid of this most of the time.
4. My child is afraid of this all of the time.

Part 1. Fears about Contamination and Illness

	My child is not afraid of this at all.	My child is afraid of this some of the time.	My child is afraid of this most of the time.	My child is afraid of this all of the time.
1. My child is afraid they may get a bad illness or virus.	1	2	3	4
2. My child is afraid they will get very, very sick if they catch a bad illness or virus.	1	2	3	4
3. My child is afraid they will have to go to the hospital because of a bad illness or virus.	1	2	3	4
4. My child is afraid they might die if they get a bad illness or virus.	1	2	3	4
5. My child is afraid their pet might get a bad illness or virus.	1	2	3	4
6. My child is afraid that a family member might get sick or die because of a bad illness or virus.	1	2	3	4
7. My child is afraid they may do something that would cause someone else to get a bad illness or virus.	1	2	3	4
8. My child is afraid that a friend might get sick or die because of a bad illness or virus.	1	2	3	4
9. My child is afraid that people in the world might get sick or die because of a bad illness or virus.	1	2	3	4

Part 2. Fears about Social Distancing

	My child is not afraid of this at all.	My child is afraid of this some of the time.	My child is afraid of this most of the time.	My child is afraid of this all of the time.
10. My child is afraid they will be stuck at home because of a bad illness or virus.	1	2	3	4
11. My child is afraid it will be hard to do things they like because of a bad illness or virus.	1	2	3	4
12. My child is afraid they will miss a lot of school because of a bad illness or virus.	1	2	3	4
13. My child is afraid they will not be able to see friends (for a long time) because of a bad illness or virus.	1	2	3	4
14. My child is afraid they will do poorly in school because of a bad illness or virus.	1	2	3	4
15. My child is afraid they will lose friends because of a bad illness or virus.	1	2	3	4
16. My child is afraid they will be sad and lonely because of a bad illness or virus.	1	2	3	4
17. My child is afraid they will not be able to celebrate good things (e.g. graduation, birthday, etc.) because of a bad illness or virus.	1	2	3	4
18. My child is afraid they will not have enough food to eat because of a bad illness or virus.	1	2	3	4
19. My child is afraid that our family will not have enough money because of a bad illness or virus.	1	2	3	4

Now please rate how often *your child* has done the things listed below in the last week on this 1-4 scale:

1. My child did not do this last week.
2. My child did this some of the time last week.
3. My child did this most of the time last week.
4. My child did this all of the time last week.

Part 3. Behaviors Related to Illness and Virus Fears

	My child did not do this last week.	My child did this some of the time last week.	My child did this most of the time last week.	My child did this all of the time last week.
20. My child stays away from people (other than those who live in my house).	1	2	3	4
21. My child asks people if they are sick.	1	2	3	4
22. My child avoids news or information about bad illnesses or viruses.	1	2	3	4
23. My child washes their hands at times other than just after they use the bathroom or before eating.	1	2	3	4
24. My child wears a mask over their face or protective gear (e.g. gloves, things to cover clothes).	1	2	3	4
25. My child uses Purell/other sanitizer.	1	2	3	4
26. My child uses Clorox/cleaners to wipe down surfaces.	1	2	3	4
27. My child avoids touching things (e.g., phone, door knobs).	1	2	3	4
28. My child avoids touching people (e.g., hugging, shaking hands).	1	2	3	4
29. My child checks the internet for illness or virus updates.	1	2	3	4
30. My child uses social media/FaceTime, etc. to stay connected to friends.	1	2	3	4
31. My child exercises or plays outside.	1	2	3	4
32. My child stays away from people inside the house (e.g., stays in another room or a certain distance away).	1	2	3	4
33. My child does schoolwork on a computer.	1	2	3	4

For these next two items, please indicate how true the statement is *for your child* on the following scale:

1. Not true for my child at all.
2. Somewhat true.
3. Mostly true.
4. Definitely true.

Part 4. Impact of Illness and Virus Fears.

	Not true for my child at all.	Somewhat true.	Mostly true.	Definitely true.
34. On average in the last week, being afraid of an illness or virus has caused my child to experience very strong emotions (e.g. anger, anxiety, sadness, irritable feelings, etc.).	1	2	3	4
35. On average in the last week, being afraid of an illness or virus has gotten in the way of my child enjoying their life (e.g. caused fights in the house, kept them from connecting with others, made them feel isolated or hopeless about the future, etc.).	1	2	3	4

The FIVE may be freely used with permission from Jill Ehrenreich-May, Ph.D. (j.ehrenreich@miami.edu). You are welcome to use this scale for your study, but please credit it appropriately as Ehrenreich-May (2020) in your work. We appreciate you sharing your findings with us too!