

COVID-19 Exposure and Family Impact Survey (CEFIS)

Please tell us about your family’s experiences during the novel Coronavirus (COVID-19) pandemic. In answering these questions, please think about what has happened from March 2020 to the present, due to COVID-19. By family we mean people who live in your household, extended family, and close friends who you consider “like family.”

Part 1.

	Please answer Yes or No for each of the following statements.	
1. We had a “stay at home” order	Yes (1)	No (0)
2. My school/university was closed	Yes (1)	No (0)
3. My education or someone in my family’s education was disrupted	Yes (1)	No (0)
4. We were unable to visit or care for a family member	Yes (1)	No (0)
5. Our family lived separately for health, safety or job demands	Yes (1)	No (0)
6. Someone moved into (or back into) our home	Yes (1)	No (0)
7. We had to move out of our home	Yes (1)	No (0)
8. Someone in the family kept working outside the home (essential personnel)	Yes (1)	No (0)
9. Someone in the family is a healthcare provider/first responder providing direct care	Yes (1)	No (0)
10. We had difficulty getting food	Yes (1)	No (0)
11. We had difficulty getting medicine	Yes (1)	No (0)
12. We had difficulty getting health care when we needed it	Yes (1)	No (0)
13. We had difficulty getting other essentials	Yes (1)	No (0)
(if Yes, specify)		
14. We self-quarantined due to travel or possible exposure	Yes (1)	No (0)
15. Our family income decreased	Yes (1)	No (0)
16. A member of the family had to cut back hours at work	Yes (1)	No (0)
17. A member of the family was required to stop working (expect to be called back)	Yes (1)	No (0)
18. A member of the family lost their job permanently	Yes (1)	No (0)
19. We lost health insurance/benefits	Yes (1)	No (0)
20. We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other)	Yes (1)	No (0)

Part 2. COVID-19 may have many impacts on you and your family life. In general, how has the COVID-19 pandemic affected each of the following?

	1 = Made it a lot better	2 = Made it a little better	3 = Made it a little worse	4 = Made it a lot worse	99 = not applicable
26. Parenting (if you have a child)	1	2	3	4	99
27. How family members get along with each other	1	2	3	4	99

28. Ability to care for your child	1	2	3	4	99					
29. Ability to care for other children in your family	1	2	3	4	99					
30. Ability to care for older adults or people with disabilities in your family	1	2	3	4	99					
31. Your physical wellbeing – exercise	1	2	3	4	99					
32. Your physical wellbeing - eating	1	2	3	4	99					
33. Overall, how much distress have you experienced related to COVID-19?										
	1	2	3	4	5	6	7	8	9	10
	No distress									Extreme Distress
34. In general, across all your children, how much distress have your children experienced related to COVID-19? (99=not applicable)										
	1	2	3	4	5	6	7	8	9	10
	No distress									Extreme Distress