COVID-19 Exposure and Family Impact Survey (CEFIS)

The COVID-19 Exposure and Family Impact Survey (CEFIS) was developed using a rapid iterative process in late March/early April 2020.¹ At that time the COVID-19 pandemic was impacting most, if not all, American families to some extent. Communities were coming under "stay at home" orders, schools were closing, and health and financial implications of the COVID-19 pandemic were unfolding.

Various aspects of the COVID epidemic are likely to impact families and may influence the findings of research in pediatric health. CEFIS was designed to be used in ongoing and new studies where COVID-19 may influence study outcomes. It conceptualizes exposure to potentially traumatic aspects of COVID-19 and assesses the impact of the pandemic on the family. CEFIS should be completed by caregivers. Each caregiver can complete CEFIS. It is available in English and Spanish.

CEFIS is available for use without charge through the Center for Pediatric Traumatic Stress (CPTS).² CEFIS is available as a REDCap survey. We ask that you register with us before using it and provide us with information about your use and share de-identified data with us to that we can refine the measure. We will provide a REDCap data dictionary to facilitate this process. There is no normative data nor clinical cutoffs available at this point. Interested users should contact Gabriela Vega (gabriela.vega@nemours.org).

Scoring

- Part 1 (Exposure) consists of 25 items (Yes/No responses) that measure the participants' "exposure" to COVID-19 and related events. The Exposure Score is a count of "yes" responses and may range from 0 to 25.
- Part 2 (Impact) consists of 12 items that measure the impact of COVID-19. 10 items use a four-point Likert scale rating impact on participant's and family's life; 2 items use a 10-point distress scale. Higher scores denote more negative impact / higher distress. The Impact Score (sum of items 26-37) may range from 12 to 60.
- Part 3 is an open-ended question so that participants can expand upon their experiences and add effects of COVID not covered in the other questions.

¹ The following contributed to the development of CEFIS. Nemours Center for Healthcare Delivery Science (Anne Kazak, Ph.D., ABPP; Kimberly Canter, Ph.D.; Thao-Ly Phan-Vo, M.D., MPH; Glynnis McDonnell, Ph.D., Aimee Hildenbrand, Ph.D., Melissa Alderfer, Ph.D., Corinna Schultz, M.D.); The Children's Hospital of Philadelphia (Lamia Barakat, Ph.D.; Nancy Kassam-Adams, Ph.D.); Cincinnati Children's Hospital Medical Center (Ahna Pai, Ph.D.); University of Pennsylvania (Janet Deatrick, Ph.D., FAAN). We appreciate the helpful feedback provided by Darlene Barkman and Kerry Doyle-Shannon. General inquires may be sent to Dr. Kazak (anne.kazak@nemours.org).

² CPTS has several COVID-19 related resources for patients, families and healthcare providers at <u>https://www.healthcaretoolbox.org/tools-and-resources/covid19.html</u>

Family Number_____ Caregiver 1 Caregiver 2 Gender: M F O Today's Date_____

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 \Box Yes \Box No
- 2. Our schools / child care centers were closed \Box Yes \Box No
- 3. Our child/ren's education was disrupted \Box Yes \Box No
- 4. We were unable to visit or care for a family member \Box Yes \Box No
- 5. Our family lived separately for health, safety or job demands \Box Yes \Box No
- 6. Someone moved into (or back into) our home \Box Yes \Box No
- 7. We had to move out of our home \Box Yes \Box No
- 8. Someone in the family kept working outside the home (essential personnel) \Box Yes \Box No
- 9. Someone in the family is a healthcare provider/first responder providing direct care □Yes
 □No
- 10. We had difficulty getting food \Box Yes \Box No
- 11. We had difficulty getting medicine \Box Yes \Box No
- 12. We had difficulty getting health care when we needed it \Box Yes \Box No
- 13. We had difficulty getting other essentials \Box Yes \Box No (if Yes, specify)
- 14. We self-quarantined due to travel or possible exposure \Box Yes \Box No
- 15. Our family income decreased \Box Yes \Box No
- 16. A member of the family had to cut back hours at work \Box Yes \Box No
- 17. A member of the family was required to stop working (expect to be called back) \Box Yes \Box No

- 18. A member of the family lost their job permanently \Box Yes \Box No
- 19. We lost health insurance/benefits \Box Yes \Box No
- 20. We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) □Yes □No
- 21. Someone in the family was exposed to someone with COVID-19 □Yes □No Who (e.g. myself, my child, my spouse, my parent, etc)
- 22. Someone in the family had symptoms or was diagnosed with COVID-19 □Yes □No Who
- 23. Someone in the family was hospitalized for COVID-19 \Box Yes \Box No
 - Who ______
- 24. Someone in the family was in the Intensive Care Unit (ICU) for COVID-19 \Box Yes \Box No

25. Someone in the family died from COVID-19 \Box Yes \Box No

Who

Who_____

<u>Part 2</u>. 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?

26. Parenting

1	2	3	4
Made it a	Made it a	Made it a	Made it a
lot better	little better	little worse	lot worse

27. How family members get along with each other

1	2	3	4
Made it a	Made it a	Made it a	Made it a
lot better	little better	little worse	lot worse

28. Ability to care for your child with [add illness/condition]

1	2	3	4
Made it a	Made it a	Made it a	Made it a
lot better	little better	little worse	lot worse

29. Ability to care for other children in your family

1 Made it a lot better	2 Made it a little better	4 Made it a lot worse				
30. Ability to care for older adults or people with disabilities in your family						
1 Made it a lot better	234Made it aMade it aMade it alittle betterlittle worselot work					
31. Your physical wellbeing – exercise						
1 Made it a lot better	2 Made it a little better	3 Made it a little worse	4 Made it a lot worse			
32. Your physical wellbeing - eating1234Made it aMade it aMade it aMade it aIot betterlittle betterlittle worselot worse						
33. Your physical wellbeing – sleeping						
1 Made it a lot better	2 Made it a little better	3 Made it a little worse	4 Made it a lot worse			
34. Your emotional wellbeing – anxiety						
1 Made it a lot better	2 Made it a little better	3 Made it a little worse	4 Made it a lot worse			
35. Your emotional wellbeing – mood						
1 Made it a lot better	2 Made it a little better	3 Made it a little worse	4 Made it a lot worse			

36. Overall, how much distress have you experienced related to COVID-19?

1	2	3	4	5	6	7	8	9	10
No									Extreme
Distre	ess								Distress
37. In general, across all your children, how much distress have your children experienced									
related to COVID-19?									
1	2	3	4	5	6	7	8	9	10
No									Extreme
Distre	ess								Distress

<u>Part 3</u>. Please tell us about other effects of COVID-19 on your child/ren and your family, both negative and/or positive.