

CAIR Pandemic Impact Questionnaire (C-PIQ)*

For each of the items below, please check the boxes to indicate whether it has happened to you personally or to someone close to you *IN THE PAST TWO WEEKS*.

Experience	Happened to me	Happened to someone close to me
1. Became ill with coronavirus symptoms (fever, dry cough, shortness of breath).	<input type="checkbox"/> Yes, with positive test <input type="checkbox"/> Yes, diagnosis by doctor but no test <input type="checkbox"/> Yes, symptoms but no diagnosis <input type="checkbox"/> No	<input type="checkbox"/> Yes, with positive test <input type="checkbox"/> Yes, diagnosis by doctor but no test <input type="checkbox"/> Yes, symptoms but no diagnosis <input type="checkbox"/> No
2. Hospitalized from exposure to the coronavirus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Died of complications of the coronavirus		<input type="checkbox"/> Yes (2) <input type="checkbox"/> No
4. Job has increased risk of exposure to coronavirus Specify occupation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Lost job or lost income due to the coronavirus pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Struggled with responsibilities at home due to the coronavirus pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Difficulty getting food, medication, medical help or other necessities due to the coronavirus pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Negatively impacted relationships with family or friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	

An exposure total score is calculated by summing "yes" responses (note that yes to item 3 contributes 2 points for a range of 0-15)