

The CoRonaviruS Health Impact Survey (CRISIS) V0.3

Parent/Caregiver Baseline Form: Current Form

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The CRISIS questionnaires 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 advanced 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).

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Identification Number:

Country:

State/Province/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. What is your relationship to the child?

- a. Mother
- b. Father
- c. Grandparent
- d. Aunt/Uncle
- e. Foster Parent
- f. Other: Specify _____

2. Please specify your child's sex:

- a. Male
- b. Female
- c. Other _____

- 3. Thinking about what you know of your child's family history, which of the following best describes the geographic regions from where your child's ancestors (i.e. great-great-grandparents) came from? You may select as many choices as needed.**
- a. England, Ireland, Scotland or Wales
 - b. Australia – not of Aboriginal or Torres Strait Islander descent
 - c. Australia – of Aboriginal or Torres Strait Islander descent
 - d. New Zealand – not of Maori descent
 - e. New Zealand – of Maori descent
 - f. Northern Europe including Sweden, Norway, Finland and surrounding countries
 - g. Western Europe including France, Germany, the Netherlands and surrounding countries
 - h. Eastern Europe, including Russia, Poland, Hungary and surrounding countries
 - i. Southern Europe including Italy, Greece, Spain, Portugal and surrounding countries
 - j. Middle East including Lebanon, Turkey and surrounding countries
 - k. Eastern Asia including China, Japan, South Korea, North Korea, Taiwan and Hong Kong
 - l. South-East Asia including Thailand, Malaysia, Indonesia, Singapore and surrounding countries
 - m. South Asia including India, Pakistan, Sri Lanka and surrounding countries
 - n. Polynesia, Micronesia or Melanesia including Tonga, Fiji, Papua New Guinea and surrounding countries
 - o. Africa
 - p. North America - not of First Nations, Native American, Inuit or Métis descent
 - q. North America - of First Nations, Native American, Inuit or Métis descent
 - r. Central or South America
 - s. Don't know
 - t. Other
- 4. 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?**
- a. Yes
 - b. No
- 5. Is your child enrolled in school/college for the current academic year?**
- a. Not in school
 - b. Elementary school
 - c. Junior High or Middle School
 - d. High School
 - e. College/Vocational
 - f. Graduate

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6. Which best describes the area in which your child lives?

- a. Large city
- b. Suburbs of a large city
- c. Small city
- d. Town or village
- e. Rural area

7. What is the highest level of education YOU completed?

- a. Some grade school
- b. Some high school
- c. High school diploma or GED
- d. Some college or 2-year degree
- e. 4-year college graduate
- f. Some school beyond college
- g. Graduate or professional degree

8. What is the highest level of education your child's second parent/caregiver completed?

- a. Some grade school
- b. Some high school
- c. High school diploma or GED
- d. Some college or 2-year degree
- e. 4-year college graduate
- f. Some school beyond college
- g. Graduate or professional degree
- h. No second parent/caregiver

9. How many people currently live in your child's home (excluding your child)? ____

10. Are any adults living in the home an ESSENTIAL WORKER (e.g., healthcare, delivery worker, store worker, security, building maintenance)? Y / N

- a. If yes,
 - Do they come home each day?
 - Yes
 - No, separated due to COVID-19
 - No separated due to other reasons
 - Are they a FIRST RESPONDER, HEALTHCARE PROVIDER or OTHER WORKER in a facility treating COVID-19? Y / N

11. How many rooms (total) are in your child's home? ____

12. Is your child covered by health insurance?

- a. Yes, military
- b. Yes, employer-sponsored
- c. Yes, individual
- d. Yes, Medicare
- e. Yes, Medicaid or CHIP
- f. Yes, other
- g. No

13. How would you rate your child's overall physical health?

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

14. Has a health or educational professional ever told you that your child had any of the following health conditions (check all that apply)?

- a. Seasonal allergies
- b. Asthma or other lung problems
- c. Heart problems
- d. Kidney problems
- e. Immune disorder
- f. Diabetes or high blood sugar
- g. Cancer
- h. Arthritis
- i. Frequent or very bad headaches
- j. Epilepsy or seizures
- k. Serious stomach or bowel problems
- l. Serious acne or skin problems
- m. Emotional or mental health problems such as Depression or Anxiety
- n. Problems with alcohol or drugs
- o. Intellectual disability
- p. Autism Spectrum Disorder
- q. Learning Disorder

15. How would you rate your child's overall Mental/Emotional health before the Coronavirus/COVID-19 crisis in your area?

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

Document contains items 1-15 of original document