

The CoRoNaVirus Health Impact Survey (CRISIS) V0.3

Youth Self-Report Follow Up 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).

Identification Number:

Country:

State/Providence/Region:

Your age (years):

CORONAVIRUS/COVID-19 HEALTH/EXPOSURE STATUS

During the PAST TWO WEEKS:

- 1. ... have you been exposed to someone likely to have Coronavirus/COVID-19? (check all that apply)**
 - a. Yes, someone with positive test
 - b. Yes, someone with medical diagnosis, but no test
 - c. Yes, someone with possible symptoms, but no diagnosis by doctor
 - d. No, not to my knowledge

- 2. ... have you been suspected of having Coronavirus/COVID-19 infection?**
 - a. Yes, has positive test
 - b. Yes, medical diagnosis, but no test
 - c. Yes, have had some possible symptoms, but no diagnosis by doctor
 - d. No symptoms or signs

- 3. ... have you had any of the following symptoms? (check all that apply)**
 - a. Fever
 - b. Cough
 - c. Shortness of breath
 - d. Sore throat
 - e. Fatigue
 - f. Loss of taste or smell
 - g. Eye infection
 - h. Other _____

- 4. ... has anyone in your family been diagnosed with Coronavirus/COVID-19? (check all that apply)**
 - a. Yes, member of household
 - b. Yes, non-household member
 - c. No

- 5. ... have any of the following happened to your family members because of Coronavirus/COVID-19? (check all that apply)**
 - a. Fallen ill physically
 - b. Hospitalized
 - c. Put into self-quarantine with symptoms
 - d. Put into self-quarantine without symptoms (e.g., due to possible exposure)
 - e. Lost job or been laid off from job
 - f. Reduced ability to earn money
 - g. Passed away
 - h. None of the above

During the **PAST TWO WEEKS**, how worried have you been about:

6. being infected?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

7. ... friends or family being infected?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

8. ... your *Physical health* being influenced by Coronavirus/COVID-19?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

9. ... your *Mental/Emotional health* being influenced by Coronavirus/COVID-19?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

10. How much are you reading or talking about Coronavirus/COVID-19?

- a. Never
- b. Rarely
- c. Occasionally
- d. Often
- e. Most of the time

11. Has the Coronavirus/COVID-19 crisis in your area led to any positive changes in your life?

- a. None
- b. Only a few
- c. Some

If answered b or c to question 11, please specify: _____