

EPIDEMIC – PANDEMIC IMPACTS INVENTORY (EPII)

INSTRUCTIONS

We would like to learn how the coronavirus disease pandemic has changed people's lives. For each statement below, please indicate whether the pandemic has impacted you or a person in your home in the way described.

Check YES (Me) if you were impacted.

Check YES (Person in Home) if another person (or people) in your home were impacted.

Check NO if you and the people in your home were not impacted.

Check N/A if the statement does not apply to you or someone in the home.

If both YES (Me) and YES (Person in Home) are true, check both

Since the coronavirus disease pandemic began, what has changed for you or your family?

INFECTION HISTORY			
66. Currently have symptoms of this disease but have not been tested.	YES (Me) YES (Person in Home)	NO	N/A
67. Tested and currently have this disease.	YES (Me) YES (Person in Home)	NO	N/A
68. Had symptoms of this disease but never tested.	YES (Me) YES (Person in Home)	NO	N/A
69. Tested positive for this disease but no longer have it.	YES (Me) YES (Person in Home)	NO	N/A
70. Got medical treatment due to severe symptoms of this disease.	YES (Me) YES (Person in Home)	NO	N/A
71. Hospital stay due to this disease.	YES (Me) YES (Person in Home)	NO	N/A
72. Someone died of this disease while in our home.	YES	NO	N/A
73. Death of close friend or family member from this disease.	YES (Me) YES (Person in Home)	NO	N/A

Suggested Citation

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