

## 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?**

PHYSICAL DISTANCING AND QUARANTINE			
58. Isolated or quarantined due to possible exposure to this disease.	YES (Me) YES (Person in Home)	NO	N/A
59. Isolated or quarantined due to symptoms of this disease.	YES (Me) YES (Person in Home)	NO	N/A
60. Isolated due to existing health conditions that increase risk of infection or disease.	YES (Me) YES (Person in Home)	NO	N/A
61. Limited physical closeness with child or loved one due to concerns of infection.	YES (Me) YES (Person in Home)	NO	N/A
62. Moved out or lived away from family due to a high-risk job (e.g., health care worker, first responder).	YES (Me) YES (Person in Home)	NO	N/A
63. Close family member not in the home was quarantined.	YES (Me) YES (Person in Home)	NO	N/A
64. Family member was unable to return home due to quarantine or travel restrictions.	YES (Me) YES (Person in Home)	NO	N/A
65. Entire household was quarantined for a week or longer.	YES	NO	N/A

### Suggested Citation

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