

COVID-19 Exposure and Family Impact Survey Adolescent and Young Adult Version (CEFIS-AYA)

The COVID-19 Exposure and Family Impact Survey (CEFIS) was developed using a rapid iterative process in late March/early April 2020.¹ At that time the COVID-19 pandemic was impacting most, if not all, American families to some extent. Communities were coming under “stay at home” orders, schools were closing, and health and financial implications of the COVID-19 pandemic were unfolding. This modification of CEFIS for adolescents and young adults, ages 15-29, was completed in early May 2020.

Various aspects of the COVID epidemic are likely to impact individuals and families and may influence the findings of research in health. CEFIS-AYA was designed to be used in ongoing and new studies where COVID-19 may influence study outcomes. It conceptualizes exposure to potentially traumatic aspects of COVID-19 and assesses the impact of the pandemic on the individual and family. It is available in English and Spanish.

CEFIS-AYA is available for use without charge through the Center for Pediatric Traumatic Stress (CPTS).² It is available as a REDCap survey. We ask that you register with us before using it and provide us with information about your use and share de-identified data with us so that we can refine the measure. We will provide a REDCap data dictionary to facilitate this process. There is no normative data nor clinical cutoffs available at this point. Interested users should contact Gabriela Vega (gabriela.vega@nemours.org).

Scoring

- Part 1 (Exposure) consists of 28 items (Yes/No responses) that measure the participants’ “exposure” to COVID-19 and related events. Items #17-20 have two parts. If either is marked “yes” the item scores as an exposure. The Exposure Score is a count of “yes” responses and may range from 0 to 28.
- Part 2 (Impact) consists of 16 items that measure the impact of COVID-19. 15 items use a four-point Likert scale rating impact on the participant’s and family’s life; 1 item uses a 10-point distress scale. Higher scores denote more negative impact / higher distress. The Impact Score (sum of items 29-44) may range from 15 to 70.
- Part 3 is an open-ended question so that participants can expand upon their experiences and add effects of COVID not covered in the other questions.

¹ The following contributed to the development of CEFIS. Nemours Center for Healthcare Delivery Science (Anne Kazak, Ph.D., ABPP; Kimberly Canter, Ph.D.; Thao-Ly Phan-Vo, M.D., MPH; Glynnis McDonnell, Ph.D., Aimee Hildenbrand, Ph.D., Melissa Alderfer, Ph.D., Corinna Schultz, M.D.); The Children’s Hospital of Philadelphia (CHOP: Lamia Barakat, Ph.D.; Nancy Kassam-Adams, Ph.D.); Cincinnati Children’s Hospital Medical Center (CCHMC: Ahna Pai, Ph.D.); University of Pennsylvania (Janet Deatrck, Ph.D., FAAN). We appreciate the helpful feedback provided by Darlene Barkman and Kerry Doyle-Shannon. The following contributed to the CEFIS-AYA: Lisa Schwartz, Ph.D., Sara King-Dowling, Ph.D., and Alexandra Psihogios, Ph.D. (CHOP) and Lori Crosby, Ph.D. (CCHMC). General inquires may be sent to Dr. Kazak (anne.kazak@nemours.org).

² CPTS has several COVID-19 related resources for patients, families and healthcare providers at <https://www.healthcaretoolbox.org/tools-and-resources/covid19.html>

Participant Number _____

Age _____

Gender: M F O

Today's Date _____

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(CEFIS-AYA)**

Please tell us about your family's experiences during the novel Coronavirus (COVID-19) pandemic. In answering these questions, please think about what has happened from March 2020 to the present, due to COVID-19. By family we mean people you are close with who live in your household, family members who live outside your home, and close friends who you consider "like family."

Part 1. Please answer Yes or No for each of the following statements.

1. I had a "stay at home" order Yes No
2. My school physically closed Yes No NA
3. My education was disrupted (e.g., put on hold, moved to virtual learning) Yes No NA
4. I was unable to visit or care for a family member Yes No
5. I had to start caring for a family member Yes No
6. People in our family lived separately for health, safety, or job demands Yes No
7. Someone moved into our home Yes No
8. I had to move Yes No
9. Someone in the family kept working outside the home (essential personnel) Yes No
Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)

10. Someone in the family/household is a healthcare provider/first responder providing direct care Yes No Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)

11. I/we had difficulty getting food Yes No
12. I/we had difficulty getting medicine Yes No
13. I/we had difficulty getting health care when we needed it Yes No
14. I/we had difficulty getting other essentials (e.g., cleaning supplies, masks, etc) Yes No
(if Yes, specify) _____

15. I/we self-quarantined due to travel or possible exposure Yes No

16. My/our income decreased Yes No

17. I had to cut back hours at work Yes No NA

A member of the family had to cut back hours at work Yes No NA

Who (e.g., my sibling, my child, my spouse/partner, my parent, etc)

18. I was required to stop working (expect to be called back) Yes No NA

A member of the family was required to stop working (expect to be called back) Yes No

Who (e.g., my sibling, my child, my spouse/partner, my parent, etc) _____

19. I lost my job permanently Yes No NA

A member of the family lost their job permanently Yes No

Who (e.g., my sibling, my spouse/partner, my parent, etc)

20. I lost health insurance/benefits Yes No NA

A member of the family lost their health insurance/benefits Yes No

Who (e.g., my sibling, my spouse/partner, my parent, etc)

21. I missed an important milestone event that was canceled or postponed (e.g., my graduation, my prom, my wedding) Yes No

22. I missed an important family event or it was canceled (e.g., birth, funeral, travel [including vacation]) Yes No

23. Someone in the family was exposed to someone with COVID-19 Yes No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)

24. Someone in the family had symptoms or was diagnosed with COVID-19 Yes No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)

25. Someone in the family tried to get tested for COVID-19, but couldn't Yes No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)

26. Someone in the family was hospitalized for COVID-19 Yes No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)

27. Someone in the family was in the Intensive Care Unit (ICU) for COVID-19 Yes No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)

28. Someone in the family died from COVID-19 Yes No

Who (e.g., my sibling, my child, my spouse/partner, my parent, etc)

Part 2. COVID-19 may have many impacts on you and your family life. In general, how has the COVID-19 pandemic affected each of the following?

29. Parenting your children

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

30. How family/household members get along

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

31. Ability to care for your health

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

32. Ability to be independent

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

33. Ability to care for others in your family

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

34. Your physical wellbeing – sedentary behavior (lack of movement--screen time, sitting, laying down)

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

35. Your physical wellbeing – exercise/ physical activity

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

36. Your physical wellbeing – eating

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

37. Your physical wellbeing – sleeping

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

38. Your physical wellbeing – substance use (smoking/vaping, drinking alcohol, marijuana use, etc)

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

39. Your emotional wellbeing – anxiety/ worry

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

40. Your emotional wellbeing – mood

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

41. Your emotional wellbeing – loneliness

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

42. Your social well-being – relationships with friends

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

43. Your social well-being – romantic relationships or dating

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

44. Overall, how much distress have you experienced related to COVID-19?

1	2	3	4	5	6	7	8	9	10
No Distress									Extreme Distress

Part 3. Please tell us about other effects of COVID-19 on you and your family, both negative and/or positive.