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

The COVID-19 Exposure and Family Impact Scales – Adolescent and Young Adult version (CEFIS-AYA)\(^1\) is a self-report measure of the extent to which adolescents and young adults (ages 15-29) are affected by the COVID-19 pandemic. CEFIS-AYA was adapted from the COVID-19 Exposure and Family Impact Scales (CEFIS)\(^2,3\) and developed using a rapid iterative process in March-May 2020. At that time the COVID-19 pandemic was impacting most, if not all, American families to some extent. Communities were placed under “stay at home” orders, schools were closing, and health and financial implications of the COVID-19 pandemic were unfolding.

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).\(^4\) It is available as a REDCap survey. The CEFIS-AYA is copyrighted and may not be altered without written permission. We require that you register with us before using the CEFIS-AYA, 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. Interested users should contact Gabriela Vega (gabriela.vega@nemours.org).

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4. CPTS has several COVID-19 related resources for patients, families and healthcare providers at https://www.healthcaretoolbox.org/tools-and-resources/covid19.html
COVID-19 Exposure and Family Impact Scales - Adolescent and Young Adult Version (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. myself, 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 cancelled 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

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30. How family/household members get along

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31. Ability to care for your health

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32. Ability to be independent

1  Made it a lot better
2  Made it a little better
3  Made it a little worse
4  Made it a lot worse

☐  Not Applicable

33. Ability to care for others in your family

1  Made it a lot better
2  Made it a little better
3  Made it a little worse
4  Made it a lot worse

☐  Not Applicable

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

1  Made it a lot better
2  Made it a little better
3  Made it a little worse
4  Made it a lot worse

☐  Not Applicable

35. Your physical wellbeing – exercise/physical activity

1  Made it a lot better
2  Made it a little better
3  Made it a little worse
4  Made it a lot worse

☐  Not Applicable

36. Your physical wellbeing – eating

1  Made it a lot better
2  Made it a little better
3  Made it a little worse
4  Made it a lot worse

☐  Not Applicable

37. Your physical wellbeing – sleeping

1  Made it a lot better
2  Made it a little better
3  Made it a little worse
4  Made it a lot worse

☐  Not Applicable

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

1  Made it a lot better
2  Made it a little better
3  Made it a little worse
4  Made it a lot worse

☐  Not Applicable
39. Your emotional wellbeing – anxiety/ worry

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40. Your emotional wellbeing – mood

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41. Your emotional wellbeing – loneliness

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42. Your social well-being – relationships with friends

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

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

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<th>8</th>
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Part 3. Please tell us about other effects of COVID-19 on you and your family, both negative and/or positive.