COVID-19 Exposure and Family Impact Scales (CEFIS)

The COVID-19 Exposure and Family Impact Survey (CEFIS) is a caregiver-report measure of the extent to which families are affected by the COVID-19 pandemic.\(^1\)\(^2\) The CEFIS was developed using a rapid iterative process in late March/early April 2020.\(^2\) 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 families and may influence the findings of research in health. CEFIS 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 family. CEFIS should be completed by caregivers. Each caregiver can complete CEFIS. It is available in English and Spanish.

CEFIS is available for use without charge through the Center for Pediatric Traumatic Stress (CPTS).\(^3\) CEFIS is available as a REDCap survey. The CEFIS is copyrighted and may not be altered without written permission. We require that you register with us before using the CEFIS, 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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3 CPTS has several COVID-19 related resources for patients, families and healthcare providers at [https://www.healthcaretoolbox.org/tools-and-resources/covid19.html](https://www.healthcaretoolbox.org/tools-and-resources/covid19.html)
COVID-19 Exposure and Family Impact Scales (CEFIS)

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 who live in your household, extended family, and close friends who you consider “like family.”

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

1. We had a “stay at home” order ☐ Yes ☐ No
2. Our schools / child care centers were closed ☐ Yes ☐ No
3. Our child/ren’s education was disrupted ☐ Yes ☐ No
4. We were unable to visit or care for a family member ☐ Yes ☐ No
5. Our family lived separately for health, safety or job demands ☐ Yes ☐ No
6. Someone moved into (or back into) our home ☐ Yes ☐ No
7. We had to move out of our home ☐ Yes ☐ No
8. Someone in the family kept working outside the home (essential personnel) ☐ Yes ☐ No
9. Someone in the family is a healthcare provider/first responder providing direct care ☐ Yes ☐ No
10. We had difficulty getting food ☐ Yes ☐ No
11. We had difficulty getting medicine ☐ Yes ☐ No
12. We had difficulty getting health care when we needed it ☐ Yes ☐ No
13. We had difficulty getting other essentials ☐ Yes ☐ No (if Yes, specify)
   __________________________

14. We self-quarantined due to travel or possible exposure ☐ Yes ☐ No
15. Our family income decreased ☐ Yes ☐ No
16. A member of the family had to cut back hours at work ☐ Yes ☐ No
17. A member of the family was required to stop working (expect to be called back) ☐ Yes ☐ No

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18. A member of the family lost their job permanently ☐Yes ☐No

19. We lost health insurance/benefits ☐Yes ☐No

20. We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) ☐Yes ☐No

21. Someone in the family was exposed to someone with COVID-19 ☐Yes ☐No
   Who (e.g. myself, my child, my spouse, my parent, etc.) ____________________________

22. Someone in the family had symptoms or was diagnosed with COVID-19 ☐Yes ☐No
   Who ____________________________

23. Someone in the family was hospitalized for COVID-19 ☐Yes ☐No
   Who ____________________________

24. Someone in the family was in the Intensive Care Unit (ICU) for COVID-19 ☐Yes ☐No
   Who ____________________________

25. Someone in the family died from COVID-19 ☐Yes ☐No
   Who ____________________________

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?

26. Parenting
   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

27. How family members get along with each other
   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

28. Ability to care for your child with [add illness/condition]
   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
29. Ability to care for other children in your family

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30. Ability to care for older adults or people with disabilities in your family

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31. Your physical wellbeing – exercise

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32. Your physical wellbeing - eating

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33. Your physical wellbeing – sleeping

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34. Your emotional wellbeing – anxiety

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35. Your emotional wellbeing – mood

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

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

37. In general, across all your children, how much distress have your children experienced related to COVID-19?

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

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