Epidemic – Pandemic Impacts Inventory
Adolescent Adaptation (EPII-A)

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PURPOSE: The EPII Adolescent Adaptation (EPII-A) is an adaptation of the main EPII designed to assess tangible impacts of epidemics and pandemics across personal and social life domains for use in adolescent populations.

DEVELOPMENT: Candidate items were constructed by a team of clinical and developmental psychologists with expertise in assessment of stress, trauma, resilience, and coping. Feedback from professionals across multiple disciplines (e.g., social work, pediatrics, medicine, anthropology) was incorporated in selecting and refining final items for of the measure, which was accomplished via expert consensus.

PSYCHOMETRICS: Because the EPII-A is newly developed, there are no psychometric properties yet available. Use of the EPII in research studies will help to establish psychometric properties and will likely result in refinement of the tool.

SCORING. Optimal scoring procedures are not yet determined and will be informed by future research.

PERMISSIONS. Researchers are welcome and encouraged to use the EPII in their research studies. Researchers may disseminate the survey using a paper format or may convert items to an online survey format so long as the integrity of the instructions and items is maintained. Users shall not modify items without permission from the developers. Please inform us of your intention to use the instrument by sending an Email to Dr. Damion Grasso at dgrasso@uchc.edu with the following information: (1) Principal Investigator(s), (2) Purpose of research study, (3) Population(s) studied, and (4) Study location(s).

Suggested Citation for Main EPII Module
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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 in the way described. Please choose the answer for each item that best describes your experience. "N/A" means that the item is not applicable to you.

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

	WORK AND EMPLOYMENT			
1.	Laid off from job or could no longer work.	YES	NO	N/A
2.	Reduced work hours.	YES	NO	N/A
3.	Unable to start new job.	YES	NO	N/A
4.	Had to continue to work even though in close contact with people who might be infected (for example, customers, patients, co-workers).	YES	NO	N/A
5.	Spend a lot of time disinfecting at home due to close contact with people who might be infected at work.	YES	NO	N/A
6.	Increase in workload or work responsibilities.	YES	NO	N/A
7.	Parent laid off or could no longer work.	YES	NO	N/A
8.	Parent had reduced work hours.	YES	NO	N/A
9.	Parent had to continue to work even though in close contact with people who might be infected (for example, customers, patients, co-workers).	YES	NO	N/A
10	Parent had to spend a lot of time disinfecting at home due to close contact with people who might be infected at work.	YES	NO	N/A
11.	Parent had to increase workload or work responsibilities.	YES	NO	N/A
	EDUCATION AND TRAINING			
12.	School closed or was unable to go to school.	YES	NO	N/A
13.	Hard time participating in virtual or distance learning from home.	YES	NO	N/A
14.	Hard time keeping up with schoolwork.	YES	NO	N/A
15.	Unable to attend important school events (for example, prom, graduation, senior trips, dances).	YES	NO	N/A
16.	Unable to attend afterschool activities (for example, groups, clubs, organizations).	YES	NO	N/A
17.	Unable to participate in school athletics (for example, training, games, sports banquets).	YES	NO	N/A
18.	Unable to participate in community or non-school related clubs and organizations.	YES	NO	N/A

19.	Unable to complete important life steps (for example, getting driver's permit or license, visiting college or trade school, moving to college or away from home).	YES	NO	N/A
20.	Returned home from college, boarding school, study abroad, or other away-from home living situation.	YES	NO	N/A

HOME LIFE				
21.	Difficulty taking care of siblings or other children in the home.	YES	NO	N/A
22.	Had to spend time teaching or helping a sibling do schoolwork.	YES	NO	N/A
23.	Changes in responsibilities or chores at home.	YES	NO	N/A
24.	More conflict with parent(s) or other adults who look after me.	YES	NO	N/A
25.	More conflict with siblings or other family members.	YES	NO	N/A
26.	Limited privacy or alone time.	YES	NO	N/A
27.	Family or friends had to move into my home.	YES	NO	N/A
28.	Had to spend a lot more time taking care of an adult family member.	YES	NO	N/A
29.	Had to move or relocate.	YES	NO	N/A
30.	Became homeless.	YES	NO	N/A

SOCIAL ACTIVITIES				
31.	Separated from family or family member.	YES	NO	N/A
32.	Separated from friend(s).	YES	NO	N/A
33.	Separated from a girlfriend/boyfriend or romantic partner.	YES	NO	N/A
34.	Had more arguments or conflicts with friends.	YES	NO	N/A
35.	Had more arguments or conflict with a girlfriend/boyfriend or romantic partner.	YES	NO	N/A
36.	Increased bullying or harassment on phone texts or social media.	YES	NO	N/A
37.	Broke-up with a girlfriend/boyfriend or romantic partner.	YES	NO	N/A
38.	Did not have the ability or resources to talk to family, friends, or a girlfriend/boyfriend or romantic partner while separated.	YES	NO	N/A
39.	Unable to visit a loved one in a care facility (for example, nursing home, group home).	YES	NO	N/A
40.	Family celebrations cancelled or restricted (for example, birthday parties, reunions).	YES	NO	N/A
41.	Planned travel or vacations cancelled.	YES	NO	N/A
42.	Religious or spiritual activities cancelled or restricted.	YES	NO	N/A
43.	Unable to be with a close family member in critical condition.	YES	NO	N/A
44.	Unable to attend in-person funeral or religious services for a family member or friend who died.	YES	NO	N/A

45.	Unable to participate in social clubs, sports teams, or usual volunteer activities.	YES	NO	N/A
46.	Unable to do enjoyable activities or hobbies.	YES	NO	N/A
ECONOMIC				
47.	Unable to get enough food or healthy food.	YES	NO	N/A
48.	Unable to access clean water.	YES	NO	N/A
49.	Unable to pay important bills like gas, car insurance, or phone bill.	YES	NO	N/A
50.	Had trouble getting places due to less access to public transportation or concerns about safety.	YES	NO	N/A
51.	Unable to get needed medications (for example, prescriptions or over-the-counter).	YES	NO	N/A
EMOTIONAL HEALTH AND WELL-BEING				
52.	Got into trouble more often.	YES	NO	N/A
53.	Had increased sleep difficulties, poor sleep quality, or nightmares.	YES	NO	N/A
54.	Had increased mental health problems or symptoms (for example, mood, anxiety, stress).	YES	NO	N/A
55.	Used more alcohol, tobacco, vaping, or other substances.	YES	NO	N/A
56.	Unable to access mental health treatment or therapy.	YES	NO	N/A
57.	Not satisfied with changes in mental health treatment or therapy.	YES	NO	N/A
58.	Spent more time on screens and devices (for example, looking at phone, playing video games, watching TV).	YES	NO	N/A
59	Parent had increased mental health problems or symptoms (for example, mood, anxiety, stress).	YES	NO	N/A
60	Parent increased use of alcohol or substances.	YES	NO	N/A
61	Parent unable to access mental health treatment or therapy.	YES	NO	N/A
PHYSICAL HEALTH PROBLEMS				
62.	Increased health problems not related to this disease.	YES	NO	N/A
63.	Less physical activity or exercise.	YES	NO	N/A
64.	Overate or ate more unhealthy foods (for example, junk food).	YES	NO	N/A
65.	Spent more time sitting down or being sedentary.	YES	NO	N/A
66.	Important medical procedure cancelled (for example, surgery).	YES	NO	N/A
67.	Unable to access medical care for a serious condition (for example, dialysis, chemotherapy).	YES	NO	N/A
68.	Got less medical care than usual (for example, routine or preventive care appointments).	YES	NO	N/A
69.	Elderly or disabled family member not in the home unable to get the help they need.	YES	NO	N/A

70.	Parent(s) had increased health problems not related to this disease.	YES	NO	N/A
71.	Parent(s) important medical procedures were cancelled.	YES	NO	N/A
72.	Parent(s) unable to access medical care for a serious condition (for example, dialysis, chemotherapy).	YES	NO	N/A
73.	Parent(s) got less medical care than usual (for example, routine or preventive care appointments.	YES	NO	N/A
PHYSICAL DISTANCING AND QUARANTINE				
74.	Isolated or quarantined due to possible exposure to this disease.	YES	NO	N/A
75.	Isolated or quarantined due to symptoms of this disease.	YES	NO	N/A
76.	Isolated due to existing health conditions that increase risk of infection or disease.	YES	NO	N/A
77.	Had limited physical closeness with a parent or loved one due to concerns of infection.	YES	NO	N/A
78.	A close family member not in the home was quarantined.	YES	NO	N/A
79.	A family member was unable to return home due to quarantine or travel restrictions.	YES	NO	N/A
80.	Entire household was quarantined for a week or longer.	YES	NO	N/A
INFECTION HISTORY				
81.	Currently have symptoms of this disease but have not been tested.	YES	NO	N/A
82.	Was tested and currently have this disease.	YES	NO	N/A
83.	Tested positive for this disease but no longer have it.	YES	NO	N/A
84.	Got medical treatment due to severe symptoms of this disease.	YES	NO	N/A
85.	Had to stay in the hospital due to this disease.	YES	NO	N/A
86.	Someone died of this disease while in our home.	YES	NO	N/A
87.	Death of close friend or family member from this disease.	YES	NO	N/A
88.	Parent(s) had symptoms of this disease but have not been tested.	YES	NO	N/A
89.	Parent(s) tested and currently has this disease.	YES	NO	N/A
90.	Parent(s) tested positive for this disease but no longer has it.	YES	NO	N/A
91.	Parent(s) got medical treatment due to severe symptoms of this disease.	YES	NO	N/A
92.	Parent(s) had to stay in the hospital due to this disease.	YES	NO	N/A
93.	Someone in my family had symptoms of this disease but was never tested.	YES	NO	N/A
POSITIVE CHANGE				
94.	More quality time with family, friends, or romantic partner in person or from a distance (for example, on the phone, Email, social media, video conferencing, online gaming).	YES	NO	N/A

95.	More quality time with parent(s) or other adults who look after me at home.	YES	NO	N/A
96.	More quality time with siblings and other family members.	YES	NO	N/A
97.	Improved relationships with family, friends, or a romantic partner.	YES	NO	N/A
98.	New connections made with supportive people.	YES	NO	N/A
99.	Spent more time playing and caring for pet(s).	YES	NO	N/A
100.	Increase in exercise or physical activity.	YES	NO	N/A
101.	More time in nature or being outdoors.	YES	NO	N/A
102.	More time doing enjoyable activities (for example, reading books, puzzles, playing games).	YES	NO	N/A
103.	Developed new hobbies or activities.	YES	NO	N/A
104.	More appreciative of things usually taken for granted.	YES	NO	N/A
105.	Paid more attention to personal health.	YES	NO	N/A
106.	Paid more attention to preventing physical injuries.	YES	NO	N/A
107.	Ate healthier foods.	YES	NO	N/A
108.	Less use of alcohol, tobacco, vaping, or other substances.	YES	NO	N/A
109.	Spent less time on screens or devices outside of work hours (for example, looking at phone, playing video games, watching TV).	YES	NO	N/A
110.	Volunteered time to help people in need.	YES	NO	N/A
111.	Donated time or goods to a cause related to this disease (for example, made masks, donated blood, volunteered).	YES	NO	N/A
112.	Found greater meaning in work or school.	YES	NO	N/A
113.	More efficient or productive in work or school.	YES	NO	N/A

Thank You for Completing this Important Survey