

# **Epidemic – Pandemic Impacts Inventory Supplemental Healthcare Module (EPII-SHM)**

Julian D. Ford, Ph.D., ABPP<sup>1</sup>  
Alice S. Carter, Ph.D.<sup>2</sup>  
Damion J. Grasso, Ph.D.<sup>1</sup>  
Margaret J. Briggs-Gowan, Ph.D.<sup>1</sup>

<sup>1</sup>University of Connecticut School of Medicine

<sup>2</sup>University of Massachusetts, Boston

**PURPOSE:** The EPII Supplemental Healthcare Module (EPII-SHM) includes supplemental items to assess the impact of the coronavirus pandemic across personal and social domains on individuals working in healthcare settings. There is a brief version of this module available. The intent is to administer this supplement along with the main EPII module.

**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 the measure, which was accomplished via expert consensus.

**PSYCHOMETRICS:** Because the EPII-SHM 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](mailto: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**

Grasso, D.J., Briggs-Gowan, M.J., Ford, J.D., & Carter, A.S. (2020). *The Epidemic – Pandemic Impacts Inventory (EPII)*. University of Connecticut School of Medicine.

## **Suggested Citation for EPII Supplemental Healthcare Module**

Ford, J.D., Carter, A.S., & Grasso, D.J., & Briggs-Gowan, M.J. (2020) *The Epidemic – Pandemic Impacts Inventory (EPII) Supplemental Healthcare Module (EPII-SHM)*. University of Connecticut School of Medicine.

## Epidemic-Pandemic Impacts Inventory (EPPI) Supplemental Healthcare Module

### INSTRUCTIONS

Front-line healthcare workers caring for coronavirus pandemic patients may be impacted in many ways, both at work and at home. Healthcare workers include medical, dental, nursing, physician assistant, respiratory therapy, and other clinicians, and medical and nursing aides and assistants, patient services staff, social work, food service, janitorial/environmental services, and all other employees and volunteers who have direct contact with or work in the immediate settings where coronavirus pandemic patients receive health care. Please choose the answer for each item that best describes your experience "N/A" means that the item is not applicable to you.

#### **Have you experienced the following safety or health concerns at your workplace since the beginning of the coronavirus disease pandemic?**

1.	Being at risk of contracting COVID-19 virus from patients or co-workers.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2.	Inadequate/unhygienic personal protective equipment (PPE).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3.	Insufficient staffing or equipment to properly care for COVID-19 patients.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4.	Inadequate/unavailable cleaning/disinfectant supplies.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5.	Insufficient/unavailable vital drugs or medical supplies.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6.	Insufficient/unavailable viral infection testing kits.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7.	Insufficient support (e.g., PPE, equipment, supplies) from government or other external authorities.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8.	Delays in receiving results from testing for viral infection.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

#### **Have you had the following stressful experiences at your workplace since the beginning of the coronavirus disease pandemic?**

9.	Extreme suffering and desperation of patients.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10.	Contact with distressed family members who cannot be with a loved one.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11.	Telling family members they cannot be with severely ill or dying loved ones.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12.	Making update phone calls to patients' families with no positive news.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13.	Comforting family members whose loved one is dying or has died.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
14.	Being with severely ill patients who remind you of your own loved ones.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
15.	Being with severely ill patients who remind you of yourself or your health risks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
16.	Helping severely ill patients phone or video chat with loved ones.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
17.	Comforting patients in severe physical and emotional distress, or who are close to death.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

18.	Deaths of patients despite heroic efforts by the treatment team.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
19.	Deaths of patients who remind you of your loved ones.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
20.	Deaths of patients who remind you of the risks involved to yourself.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
21.	Caring for severely ill or dying patients who cannot communicate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
22.	Caring for frail elderly patients.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
23.	Caring for patients medically compromised due to pre-existing conditions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
24.	Providing care to coronavirus patients that involves high risk of exposure (for example, intubation, proning, nebulizer, high flow oxygen).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
25.	Providing outpatient healthcare services that involve high risk of exposure (for example, dental procedures, physical exams)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
26.	Being in close contact with patients without adequate PPE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
27.	Putting off your own basic needs (for example, food, bathroom breaks) for prolonged time periods due to continuous urgent demands.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
28.	Having no break from disruptive noise and wearing uncomfortable PPE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
29.	Not being able to comfort patients or their family members with physical closeness and touch.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
30.	Difficulty making a connection with patients because of wearing PPE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
31.	Not being able to get to know patients as a person.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
32.	Caring for patients who are nonresponsive in a coma for days or weeks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
33.	Having a supervisor give you duties or instructions that are inconsistent with what you believe is best and ethical practice.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
34.	Being given duties or directives without having the opportunity to have input or without your input being taken into account in ultimate decisions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
35.	Feeling fearful of reprisal from co-workers, supervisors, or administration if you voice concerns about the safety of yourself, your co-workers, or your patients.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>Have you experienced the following with your co-workers or supervisors since the beginning of the <u>coronavirus disease</u> pandemic?</b>				
36.	Separation from co-workers whom you usually count on for support.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
37.	Illness and uncertain recovery, or deaths, of co-workers.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
38.	Co-workers treat you or each other with irritability, impatience, or disrespect.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
39.	Supervisors treat you or your coworkers with irritability, impatience, or disrespect.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
40.	Stigma from others because of your (actual or perceived) coronavirus exposure as a healthcare professional/worker (“treated like we’re lepers”).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
41.	Not being able to comfort or support co-workers with physical closeness or touch.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
42.	Feeling blamed or judged negatively by co-workers.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

43.	Insufficient support from your workplace supervisors or administrators.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
44.	Insufficient support from co-workers on your immediate work team.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
<b>Have you had the following reactions to your work since the beginning of the <u>coronavirus disease</u> pandemic?</b>					
45.	Feeling unprepared for a catastrophic surge in severely ill patients.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
46.	Feeling unprepared to help patients who are dying.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
47.	Feeling unprepared to tell patients that their prognosis is bad or uncertain.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
48.	Feeling unprepared for the moral dilemma of having to deny lifesaving treatment due to shortages or rationing.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
49.	Feeling unprepared for the moral dilemma of choosing between being exposed to the virus with inadequate protection versus providing life-saving or palliative care.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
50.	Smelling or tasting death when you're with severely ill patients.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
51.	Mourning for patients who have died.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
52.	Feeling shocked and discouraged when patients seem to improve but then deteriorate severely or die.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
53.	Feeling guilty because you aren't suffering as much as your patients or co-workers.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
54.	Feeling guilty because you aren't in as much danger as other co-workers.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
55.	Feeling unable to stop thinking about your patients or co-workers or work responsibilities when not at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
56.	Feeling unable to stop thinking about patients who are alone and their families.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
57.	Feeling unable to stop thinking about patients who have died and their families.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
58.	Blaming yourself for not doing enough.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
59.	Blaming yourself for mistakes you believe you may have made.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A

**Have you experienced the following impacts on personal and family or home life since the beginning of the coronavirus disease pandemic?**

60.	Family and friends don't understand the danger that you face at work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
61.	Family and friends don't understand the emotional and physical exhaustion caused by your work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
62.	Having to thoroughly decontaminate yourself and all your clothes when you come home from work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
63.	Forced separation from your children or spouse/partner for a week or more due to work or self-quarantine.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
64.	Being unable to connect with friends because you're working so much or you feel too physically or emotionally exhausted.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
65.	Being unable to eat well, exercise, and maintain normal routines.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
66.	Being too busy or exhausted to do activities that give you pleasure and a sense of happiness.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
67.	Being unable to enjoy activities that should give you pleasure.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
68.	Being unable to share in childcare as much as usual or as you think you should.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
69.	Seeing or hearing misleading or false statements by people in authority on social media or the news media.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
70.	Feeling that the public is not being vigilant enough to prevent virus transmission.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
71.	Feeling that the public doesn't recognize or appreciate the danger that you and other front-line workers face.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
72.	Feeling that the public doesn't recognize or appreciate the physical and emotional exhaustion that you and other front-line workers are feeling.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**Have you had the following reactions while you were at work since the beginning of the coronavirus disease pandemic?**

73.	Feeling that going to work is more of an ordeal than usual.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
74.	Having periods at work when you can't seem to concentrate or remember things.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
75.	Having periods at work when you space out and don't remember what's happened.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
76.	Feeling emotionally numb or in emotional shock, like you don't have any emotions at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
77.	Feeling unusually frustrated, angry, impatient, or irritable at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
78.	Feeling unusually on-edge, worried, anxious, or insecure at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A

79.	Feeling guilty when you're not at work or taking a break.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
80.	Feeling hypervigilant, like you can't ever let down your guard and relax at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
81.	Feeling unable to stop worrying about and missing your loved ones when you're at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
<b>Have you had the following reactions in your personal or family life since the beginning of the <u>coronavirus disease</u> pandemic?</b>					
82.	Feeling unable to be involved with your children or spouse/partner due to work or exhaustion.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
83.	Feeling unable to be involved with friends with whom you live due to work or exhaustion.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
84.	Feeling more frustrated, irritable, and impatient than usual with family members.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
85.	Feeling afraid that you are contaminating your family members.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
86.	Feeling guilty that you're putting your family at risk of virus exposure.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
87.	Feeling disconnected from friends.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
88.	Difficulty falling asleep due to feeling on-edge or unable to stop thinking or worrying about your or others' safety or your responsibilities.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
89.	Waking up at night and not being able to go back to sleep.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
90.	Having nightmares that wake you up or that you can't seem to get over.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
91.	Feeling vaguely unsafe and insecure even when you know you are safe.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
92.	Feeling as if something terrible you can't anticipate will happen to you or your loved ones.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
93.	Thinking that your family would be better off without you.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A

94.	Feeling guilty that you're letting your family down due to your work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
95.	Feeling guilty that your emotional state burdens your family members.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
96.	Feeling hypervigilant, like you can never let down your guard and relax when you're not at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
97.	Feeling as if your home and neighborhood are no longer a familiar place.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
98.	Feeling unable to stop worrying about and missing loved ones when you're separated due to quarantining.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
99.	Feeling hopeless, like the future is not going to get better.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
100.	Feeling helpless or like you're failing because you can't accomplish your most important goals.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
101.	Feeling alone, even when you're with other people.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
102.	Feeling unexpectedly sad, tearful, or despairing.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
103.	Feeling hypervigilant, like you can't ever let down your guard and relax.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
104.	Feeling as though you'll never have a normal happy life again.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
<b>Reactions with your children or spouse/primary partner...</b>					
105.	Feeling more frustrated, irritable, and impatient than usual with your children.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
106.	Feeling emotionally numb and distant when you're with your children.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
107.	Feeling guilty that you're letting your children down when they need your help.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
108.	Feeling more frustrated, irritable, and impatient than usual with your spouse or partner.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
109.	Feeling emotionally numb and distant when you're with your spouse or partner.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
110.	Feeling afraid that your relationship with your spouse or partner is in trouble or falling apart.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
111.	Feeling guilty that you're letting your spouse or partner down when s/he needs your help.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A

112.	Feeling confident that your spouse or partner can count on you.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
113.	Feeling that your relationship with your spouse or partner has grown better or stronger this crisis.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A

**Have you had the following thoughts or feelings since the beginning of the coronavirus disease pandemic?**

114.	Feeling proud about what you've been able to accomplish at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
115.	Feeling as though you've made an important difference in patients' lives.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
116.	Feeling confident that your patients and their families can count on you.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
117.	Feeling as though you've made an important difference for co-workers.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
118.	Feeling confident that your co-workers can count on you.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
119.	Feeling that you have handled your work effectively and with skill.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
120.	Feeling better prepared for your work in the future by what you've learned.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
121.	Feeling that you've grown as a person in this crisis.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
122.	Feeling that you have been able to grieve losses you've experienced.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
123.	Feeling that you've grown as a worker or professional in the crisis.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
124.	Feeling as though you've made an important difference for your family.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
125.	Feeling confident that your family can count on you.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
126.	Feeling optimistic about the future.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A

Has your work providing healthcare or support services for patients with the coronavirus illness had other impacts? **Please briefly describe these here:**

**Thank you for sharing your experiences.**