

CAIR Pandemic Impact Questionnaire (C-PIQ)

For each of the items below, please check the boxes to indicate whether it has happened to you personally or to someone close to you *IN THE PAST TWO WEEKS*.

Experience	Happened to me	Happened to someone close to me
1. Became ill with coronavirus symptoms (fever, dry cough, shortness of breath).	<input type="checkbox"/> Yes, with positive test <input type="checkbox"/> Yes, diagnosis by doctor but no test <input type="checkbox"/> Yes, symptoms but no diagnosis <input type="checkbox"/> No	<input type="checkbox"/> Yes, with positive test <input type="checkbox"/> Yes, diagnosis by doctor but no test <input type="checkbox"/> Yes, symptoms but no diagnosis <input type="checkbox"/> No
2. Hospitalized from exposure to the coronavirus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Died of complications of the coronavirus		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Job has increased risk of exposure to coronavirus Specify occupation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Lost job or lost income due to the coronavirus pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Struggled with responsibilities at home due to the coronavirus pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Difficulty getting food, medication, medical help or other necessities due to the coronavirus pandemic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Negatively impacted relationships with family or friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please respond to the following questions about the way that the COVID-19 pandemic has affected you *IN THE PAST TWO WEEKS*.

9. ...how much are you reading, watching/listening, talking or thinking about coronavirus/COVID-19?
- a. Never
 - b. Rarely
 - c. Occasionally
 - d. Often
 - e. Most of the time

10. ... how much do you worry about your health or the health of your friends or family?

- a. Never
- b. Rarely
- c. Occasionally
- d. Often
- e. Most of the time

11. ... how stressful have changes in social (family and friends) contacts been for you?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

12. ... how stressful have changes in your way of life (financial, education, living situation, childcare, etc.) been for you?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

13. ...how much has your mental/emotional health been worsened by the COVID-19 pandemic?

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

14. ... how much has your sleep been worsened by the pandemic on the average night?

- a. No loss of sleep
- b. <1 hour less sleep
- c. 1-3 hours less sleep
- d. >3 hours less sleep

Has the COVID-19 pandemic led to any of the following positive changes in your life IN THE PAST TWO WEEKS?

15. ...strengthened your relationships with others or your community

- a. Not at all
- b. Slightly
- c. Moderately

- d. Very
- e. Extremely

16. ...created new possibilities

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

17. ...helped you identify personal strengths

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

18. ...created spiritual change

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely

19. ...increased your appreciation of life

- a. Not at all
- b. Slightly
- c. Moderately
- d. Very
- e. Extremely