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.

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

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