

EXPERIENCES RELATED TO COVID-19 (EC19-R) (Father/Mother/Youth)

Thinking about your thoughts, feelings, and behaviors around the COVID-19 (coronavirus) illness, please answer the following questions, focusing on your thoughts and behaviors in the last three months.

Scale:

- 1 = Strongly disagree
- 2 = Somewhat disagree
- 3 = Somewhat agree
- 4 = Strongly agree

1. We recognize that many local, state, and federal government agencies are involved in the response to COVID-19. Balancing your perspective on all of these agencies...I am confident the government is handling the COVID-19 response in the best possible manner.... **EC19R_1_F/EC19R_1_M/EC19R_1_Y**
2. I am hopeful that the COVID-19 virus will resolve over time and I have a good outlook toward the future.
..... **EC19R_2_F/EC19R_2_M/EC19R_2_Y**
3. I complied with the rules and suggestions of the government and health care system to try to contain the virus..... **EC19R_3_F/EC19R_3_M/EC19R_3_Y**

COVID-19 may have many impacts on you and your family life. Thinking about your life right now and in the last 3 months, how has the COVID-19 pandemic affected each of the following?

Scale:

- 1 = Made it a lot better
- 2 = Made it a little better
- 3 = No change
- 4 = Made it a little worse
- 5 = Made it a lot worse

4. Parenting (if you have a child) **EC19R_4_F/EC19R_4_M/EC19R_4_Y**
5. How family members get along with each other **EC19R_5_F/EC19R_5_M/EC19R_5_Y**
6. Your exercise..... **EC19R_6_F/EC19R_6_M/EC19R_6_Y**
7. Your eating..... **EC19R_7_F/EC19R_7_M/EC19R_7_Y**
8. Your sleep..... **EC19R_8_F/EC19R_8_M/EC19R_8_Y**
9. Your feelings of anxiety **EC19R_9_F/EC19R_9_M/EC19R_9_Y**
10. Your feelings of depression/sadness..... **EC19R_10_F/EC19R_10_M/EC19R_10_Y**
11. Your anger..... **EC19R_11_F/EC19R_11_M/EC19R_11_Y**

- 12. Your getting into arguments..... EC19R_12_F/EC19R_12_M/EC19R_12_Y
- 13. Spending time doing fun things with family EC19R_13_F/EC19R_13_M/EC19R_13_Y
- 14. Spending time doing fun things with friends..... EC19R_14_F/EC19R_14_M/EC19R_14_Y
- 15. Your social support network EC19R_15_F/EC19R_15_M/EC19R_15_Y
- 16. Your smoking EC19R_16_F/EC19R_16_M/EC19R_16_Y
- 17. Your alcohol use..... EC19R_17_F/EC19R_17_M/EC19R_17_Y
- 18. Your illicit drug use..... EC19R_18_F/EC19R_18_M/EC19R_18_Y
- 19. Your working conditions EC19R_19_F/EC19R_19_M/EC19R_19_Y
- 20. Your income EC19R_20_F/EC19R_20_M/EC19R_20_Y

Scale:

0 = No

1 = Yes

- 21. Have you been tested for the COVID-19 virus?..... EC19R_21_F/EC19R_21_M/EC19R_21_Y
- 22. Have you tested positive for the COVID-19 virus? EC19R_22_F/EC19R_22_M/EC19R_22_Y
- 23. Do you have a close friend or loved one who has tested positive for the COVID-19 virus?
..... EC19R_23_F/EC19R_23_M/EC19R_23_Y
- 24. This may be a difficult question, but has someone close to you lost their life due to the COVID-19
..... EC19R_24_F/EC19R_24_M/EC19R_24_Y
- 25. Please rate how much the COVID-19 outbreak has been disruptive to you personally. Think about your daily
routines, work, and family life..... EC19R_25_F/ EC19R_25_M/ EC19R_25_Y

1	2	3	4	5	6	7	8	9	10
Not at all disruptive			somewhat disruptive				extremely disruptive		