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... 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
7. Your eating....................................................................................... EC19R_7_F/EC19R_7_M/EC19R_7_Y
8. Your sleep........................................................................................ EC19R_8_F/EC19R_8_M/EC19R_8_Y
10. Your feelings of depression/sadness........................................... EC19R_10_F/EC19R_10_M/EC19R_10_Y
12. Your getting into arguments ..........................................................
13. Spending time doing fun things with family .................................
14. Spending time doing fun things with friends ..............................
15. Your social support network ......................................................
16. Your smoking ...........................................................................
17. Your alcohol use ........................................................................
18. Your illicit drug use ....................................................................
19. Your working conditions ............................................................
20. Your income .............................................................................

Scale:
0 = No
1 = Yes

21. Have you been tested for the COVID-19 virus? .........................
22. Have you tested positive for the COVID-19 virus? ......................
23. Do you have a close friend or loved one who has tested positive for the COVID-19 virus? ..............................................................
24. This may be a difficult question, but has someone close to you lost their life due to the COVID-19?
25. Please rate how much the COVID-19 outbreak has been disruptive to you personally. Think about your daily routines, work, and family life ...............................................................