

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 (2) <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	

An exposure total score is calculated by summing "yes" responses (note that yes to item 3 contributes 2 points for a range of 0-15)

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 (0)
 - b. Rarely (1)
 - c. Occasionally (2)
 - d. Often (3)
 - e. Most of the time (4)

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

- a. Never (0)
- b. Rarely (1)
- c. Occasionally (2)
- d. Often (3)
- e. Most of the time (4)

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

- a. Not at all (0)
- b. Slightly (1)
- c. Moderately (2)
- d. Very (3)
- e. Extremely (4)

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

- a. Not at all (0)
- b. Slightly (1)
- c. Moderately (2)
- d. Very (3)
- e. Extremely (4)

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

- a. Not at all (0)
- b. Slightly (1)
- c. Moderately (2)
- d. Very (3)
- e. Extremely (4)

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

- a. No loss of sleep (0)
- b. <1 hour less sleep (1)
- c. 1-3 hours less sleep (2)
- d. >3 hours less sleep (3)

An impact total score is created by summing responses to items 9-14 for a range of 0-23.

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 (0)
- b. Slightly (1)

- c. Moderately (2)
- d. Very (3)
- e. Extremely (4)

16. ...created new possibilities

- a. Not at all (0)
- b. Slightly (1)
- c. Moderately (2)
- d. Very (3)
- e. Extremely (4)

17. ...helped you identify personal strengths

- a. Not at all (0)
- b. Slightly (1)
- c. Moderately (2)
- d. Very (3)
- e. Extremely (4)

18. ...created spiritual change

- a. Not at all (0)
- b. Slightly (1)
- c. Moderately (2)
- d. Very (3)
- e. Extremely (4)

19. ...increased your appreciation of life

- a. Not at all (0)
- b. Slightly (1)
- c. Moderately (2)
- d. Very (3)
- e. Extremely (4)

A growth total score is created by summing responses to items 15-19 for a range of 0-20

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