

## **COVID-19 Exposure and Family Impact Scales Adolescent and Young Adult Version (CEFIS-AYA)**

The COVID-19 Exposure and Family Impact Scales – Adolescent and Young Adult version (CEFIS-AYA)<sup>1</sup> is a self-report measure of the extent to which adolescents and young adults (ages 15-29) are affected by the COVID-19 pandemic. CEFIS-AYA was adapted from the COVID-19 Exposure and Family Impact Scales (CEFIS)<sup>2,3</sup> and developed using a rapid iterative process in March – May 2020. At that time the COVID-19 pandemic was impacting most, if not all, American families to some extent. Communities were placed under “stay at home” orders, schools were closing, and health and financial implications of the COVID-19 pandemic were unfolding.

Various aspects of the COVID epidemic are likely to impact individuals and families and may influence the findings of research in health. CEFIS-AYA was designed to be used in ongoing and new studies where COVID-19 may influence study outcomes. It conceptualizes exposure to potentially traumatic aspects of COVID-19 and assesses the impact of the pandemic on the individual and family. It is available in English and Spanish.

CEFIS-AYA is available for use without charge through the Center for Pediatric Traumatic Stress (CPTS).<sup>4</sup> It is available as a REDCap survey. The CEFIS-AYA is copyrighted and may not be altered without written permission. We require that you register with us before using the CEFIS-AYA, provide us with information about your use, and share de-identified data with us so that we can refine the measure. We will provide a REDCap data dictionary to facilitate this process. Interested users should contact Gabriela Vega ([gabriela.vega@nemours.org](mailto:gabriela.vega@nemours.org)).

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<sup>1</sup> Schwartz, L. A., Lewis, A. M., Alderfer, M. A., Vega, G., Barakat, L. P., King-Dowling, S., Psihogios, A. M., Canter, K. S., Crosby, L., Arasteh, K., Enlow, P., Hildenbrand, A. K., Kassam-Adams, N., Pai, A., Phan, T. L., Price, J., Schultz, C. L., Sood, E., Wood, J., & Kazak, A. (2022). COVID-19 Exposure and Family Impact Scales for Adolescents and Young Adults. *Journal of pediatric psychology*, jsac036. Advance online publication. <https://doi.org/10.1093/jpepsy/jsac036>

<sup>2</sup> Kazak, A. E., Alderfer, M., Enlow, P. T., Lewis, A. M., Vega, G., Barakat, L., Kassam-Adams, N., Pai, A., Canter, K. S., Hildenbrand, A. K., McDonnell, G. A., Price, J., Schultz, C., Sood, E., & Phan, T. L. (2021). COVID-19 Exposure and Family Impact Scales: Factor Structure and Initial Psychometrics. *Journal of pediatric psychology*, 46(5), 504–513. <https://doi.org/10.1093/jpepsy/jsab026>

<sup>3</sup> Enlow, P. T., Phan, T. T., Lewis, A. M., Hildenbrand, A. K., Sood, E., Canter, K. S., Vega, G., Alderfer, M. A., & Kazak, A. E. (2022). Validation of the COVID-19 Exposure and Family Impact Scales. *Journal of pediatric psychology*, 47(3), 259–269. <https://doi.org/10.1093/jpepsy/jsab136>

<sup>4</sup> CPTS has several COVID-19 related resources for patients, families and healthcare providers at <https://www.healthcaretoolbox.org/tools-and-resources/covid19.html>

Participant ID Number: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: M F O

Today's Date: \_\_\_\_\_

**COVID-19 Exposure and Family Impact Scales - Adolescent and Young Adult Version  
(CEFIS-AYA)**

Please tell us about your family's experiences during the novel Coronavirus (COVID-19) pandemic. In answering these questions, please think about what has happened from March 2020 to the present, due to COVID-19. By family we mean people you are close with who live in your household, family members who live outside your home, and close friends who you consider "like family."

Part 1. Please answer Yes or No for each of the following statements.

1. I had a "stay at home" order  Yes  No
2. My school physically closed  Yes  No  NA
3. My education was disrupted (e.g., put on hold, moved to virtual learning)  Yes  No  NA
4. I was unable to visit or care for a family member  Yes  No
5. I had to start caring for a family member  Yes  No
6. People in our family lived separately for health, safety, or job demands  Yes  No
7. Someone moved into our home  Yes  No
8. I had to move  Yes  No
9. Someone in the family kept working outside the home (essential personnel)  Yes  No  
Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)  
\_\_\_\_\_
10. Someone in the family/household is a healthcare provider/first responder providing direct care  Yes  No Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)  
\_\_\_\_\_
11. I/we had difficulty getting food  Yes  No
12. I/we had difficulty getting medicine  Yes  No
13. I/we had difficulty getting health care when we needed it  Yes  No

14. I/we had difficulty getting other essentials (e.g., cleaning supplies, masks, etc) Yes No  
(if Yes, specify) \_\_\_\_\_

15. I/we self-quarantined due to travel or possible exposure Yes No

16. My/our income decreased Yes No

17. I had to cut back hours at work Yes No NA

A member of the family had to cut back hours at work Yes No NA

Who (e.g., my sibling, my child, my spouse/partner, my parent, etc)  
\_\_\_\_\_

18. I was required to stop working (expect to be called back) Yes No NA

A member of the family was required to stop working (expect to be called back) Yes No

Who (e.g. myself, my sibling, my child, my spouse/partner, my parent, etc)  
\_\_\_\_\_

19. I lost my job permanently Yes No NA

A member of the family lost their job permanently Yes No

Who (e.g., my sibling, my spouse/partner, my parent, etc)  
\_\_\_\_\_

20. I lost health insurance/benefits Yes No NA

A member of the family lost their health insurance/benefits Yes No

Who (e.g., my sibling, my spouse/partner, my parent, etc)  
\_\_\_\_\_

21. I missed an important milestone event that was cancelled or postponed (e.g., my graduation, my prom, my wedding) Yes No

22. I missed an important family event or it was canceled (e.g., birth, funeral, travel [including vacation]) Yes No

23. Someone in the family was exposed to someone with COVID-19 Yes No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc)  
\_\_\_\_\_

24. Someone in the family had symptoms or was diagnosed with COVID-19  Yes  No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc) \_\_\_\_\_ -  
\_\_\_\_\_

25. Someone in the family tried to get tested for COVID-19, but couldn't  Yes  No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc) \_\_\_\_\_ -  
\_\_\_\_\_

26. Someone in the family was hospitalized for COVID-19  Yes  No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc) \_\_\_\_\_ -  
\_\_\_\_\_

27. Someone in the family was in the Intensive Care Unit (ICU) for COVID-19  Yes  No

Who (e.g., me, my sibling, my child, my spouse/partner, my parent, etc) \_\_\_\_\_ -  
\_\_\_\_\_

28. Someone in the family died from COVID-19  Yes  No

Who (e.g., my sibling, my child, my spouse/partner, my parent, etc) \_\_\_\_\_ -  
\_\_\_\_\_

Part 2. COVID-19 may have many impacts on you and your family life. In general, how has the COVID-19 pandemic affected each of the following?

29. Parenting your children

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

30. How family/household members get along

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

31. Ability to care for your health

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

32. Ability to be independent

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

33. Ability to care for others in your family

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

34. Your physical wellbeing – sedentary behavior (lack of movement--screen time, sitting, laying down)

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

35. Your physical wellbeing – exercise/ physical activity

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

36. Your physical wellbeing – eating

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

37. Your physical wellbeing – sleeping

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

38. Your physical wellbeing – substance use (smoking/vaping, drinking alcohol, marijuana use, etc)

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

39. Your emotional wellbeing – anxiety/ worry

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

40. Your emotional wellbeing – mood

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

41. Your emotional wellbeing – loneliness

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

42. Your social well-being – relationships with friends

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

43. Your social well-being – romantic relationships or dating

1	2	3	4	<input type="checkbox"/>
Made it a lot better	Made it a little better	Made it a little worse	Made it a lot worse	Not Applicable

44. Overall, how much distress have you experienced related to COVID-19?

1	2	3	4	5	6	7	8	9	10
No Distress									Extreme Distress

Part 3. Please tell us about other effects of COVID-19 on you and your family, both negative and/or positive.