

COVID-19 Exposure and Family Impact Scales (CEFIS)

The COVID-19 Exposure and Family Impact Survey (CEFIS) is a caregiver-report measure of the extent to which families are affected by the COVID-19 pandemic.^{1,2} The CEFIS was developed using a rapid iterative process in late March/early April 2020.² 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 families and may influence the findings of research in health. CEFIS 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 family. CEFIS should be completed by caregivers. Each caregiver can complete CEFIS. It is available in English and Spanish.

CEFIS is available for use without charge through the Center for Pediatric Traumatic Stress (CPTS).³ CEFIS is available as a REDCap survey. The CEFIS is copyrighted and may not be altered without written permission. We require that you register with us before using the CEFIS, 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).

¹ 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>

² 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>

³ CPTS has several COVID-19 related resources for patients, families and healthcare providers at <https://www.healthcaretoolbox.org/tools-and-resources/covid19.html>

Family ID Number: _____
Select one: Caregiver 1 or Caregiver 2
Gender: M F O
Today's Date: _____

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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 who live in your household, extended family, and close friends who you consider "like family."

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

1. We had a "stay at home" order Yes No
2. Our schools / child care centers were closed Yes No
3. Our child/ren's education was disrupted Yes No
4. We were unable to visit or care for a family member Yes No
5. Our family lived separately for health, safety or job demands Yes No
6. Someone moved into (or back into) our home Yes No
7. We had to move out of our home Yes No
8. Someone in the family kept working outside the home (essential personnel) Yes No
9. Someone in the family is a healthcare provider/first responder providing direct care Yes No
10. We had difficulty getting food Yes No
11. We had difficulty getting medicine Yes No
12. We had difficulty getting health care when we needed it Yes No
13. We had difficulty getting other essentials Yes No (if Yes, specify)

14. We self-quarantined due to travel or possible exposure Yes No
15. Our family income decreased Yes No
16. A member of the family had to cut back hours at work Yes No
17. A member of the family was required to stop working (expect to be called back) Yes No

18. A member of the family lost their job permanently Yes No
19. We lost health insurance/benefits Yes No
20. We missed an important family event or it was canceled (e.g., wedding, graduation, birth, funeral, travel [including vacation], other) Yes No
21. Someone in the family was exposed to someone with COVID-19 Yes No
Who (e.g. myself, my child, my spouse, my parent, etc.) _____
22. Someone in the family had symptoms or was diagnosed with COVID-19 Yes No
Who _____
23. Someone in the family was hospitalized for COVID-19 Yes No
Who _____
24. Someone in the family was in the Intensive Care Unit (ICU) for COVID-19 Yes No
Who _____
25. Someone in the family died from COVID-19 Yes No
Who _____

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?

26. Parenting

- | | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 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 |

27. How family members get along with each other

- | | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 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 |

28. Ability to care for your child with [add illness/condition]

- | | | | | |
|----------------------|-------------------------|------------------------|---------------------|--------------------------|
| 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 |

29. Ability to care for other children in your family

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

30. Ability to care for older adults or people with disabilities in your family

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

31. Your physical wellbeing – exercise

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

32. Your physical wellbeing - eating

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

33. Your physical wellbeing – sleeping

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

34. Your emotional wellbeing – anxiety

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

35. Your emotional wellbeing – mood

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

