

EPIDEMIC – PANDEMIC IMPACTS INVENTORY (EPII)

INSTRUCTIONS

We would like to learn how the coronavirus disease pandemic has changed people's lives. For each statement below, please indicate whether the pandemic has impacted you or a person in your home in the way described.

Check YES (Me) if you were impacted.

Check YES (Person in Home) if another person (or people) in your home were impacted.

Check NO if you and the people in your home were not impacted.

Check N/A if the statement does not apply to you or someone in the home.

If both YES (Me) and YES (Person in Home) are true, check both

Since the coronavirus disease pandemic began, what has changed for you or your family?

PHYSICAL HEALTH PROBLEMS			
50. Increase in health problems not related to this disease	YES (Me) YES (Person in Home)	NO	N/A
51. Less physical activity or exercise.	YES (Me) YES (Person in Home)	NO	N/A
52. Overeating or eating more unhealthy foods (e.g., junk food).	YES (Me) YES (Person in Home)	NO	N/A
53. More time sitting down or being sedentary.	YES (Me) YES (Person in Home)	NO	N/A
54. Important medical procedure cancelled (e.g., surgery).	YES (Me) YES (Person in Home)	NO	N/A
55. Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy).	YES (Me) YES (Person in Home)	NO	N/A
56. Got less medical care than usual (e.g., routine or preventive care appointments).	YES (Me) YES (Person in Home)	NO	N/A
57. Elderly or disabled family member not in the home unable to get the help they need.	YES (Me) YES (Person in Home)	NO	N/A

Suggested Citation

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