

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?**

WORK AND EMPLOYMENT			
1. Laid off from job or had to close own business.	YES (Me) YES (Person in Home)	NO	N/A
2. Reduced work hours or furloughed.	YES (Me) YES (Person in Home)	NO	N/A
3. Had to lay-off or furlough employees or people supervised.	YES (Me) YES (Person in Home)	NO	N/A
4. Had to continue to work even though in close contact with people who might be infected (e.g., customers, patients, co-workers).	YES (Me) YES (Person in Home)	NO	N/A
5. Spend a lot of time disinfecting at home due to close contact with people who might be infected at work.	YES (Me) YES (Person in Home)	NO	N/A
6. Increase in workload or work responsibilities.	YES (Me) YES (Person in Home)	NO	N/A
7. Hard time doing job well because of needing to take care of people in the home.	YES (Me) YES (Person in Home)	NO	N/A
8. Hard time making the transition to working from home.	YES (Me) YES (Person in Home)	NO	N/A
9. Provided direct care to people with the disease (e.g., doctor, nurse, patient care assistant, radiologist).	YES (Me) YES (Person in Home)	NO	N/A
10. Provided supportive care to people with the disease (e.g., medical support staff, custodial, administration).	YES (Me) YES (Person in Home)	NO	N/A
11. Provided care to people who died as a result of the disease.	YES (Me) YES (Person in Home)	NO	

### **Suggested Citation**

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