

Epidemic – Pandemic Impacts Inventory Geriatric Adaptation (EPII-G)

Kevin J. Manning, Ph.D.¹
David C. Steffens, M.D.¹
Damion J. Grasso, Ph.D.¹
Margaret J. Briggs-Gowan, Ph.D.¹
Julian D. Ford, Ph.D., ABPP¹
Alice S. Carter, Ph.D.²

¹University of Connecticut School of Medicine

²University of Massachusetts

PURPOSE: The EPII Geriatric Adaptation (EPII-G) is an adaptation of the main EPII designed to assess tangible impacts of epidemics and pandemics across personal and social life domains in geriatric populations.

DEVELOPMENT: Candidate items were constructed by a team of clinical and developmental psychologists with expertise in assessment of stress, trauma, resilience, and coping. Feedback from professionals across multiple disciplines (e.g., social work, pediatrics, medicine, anthropology) was incorporated in selecting and refining final items for of the measure, which was accomplished via expert consensus. This adaptation was slightly adapted for geriatric populations in the following ways: (1) Includes two additional items: (Item #93s “Increase in mental health problems or symptoms (e.g., mood, anxiety, stress) for family member not in the home” and Item #94s “Unable to get home-based paid help for care for disability, chronic illness, or dementia.”); (2) Item #14r is revised to pertain to the respondent’s inability to provide childcare or babysitting, as opposed to childcare being unavailable more generally; (3) ‘Dementia’ is added as an example in item #55, and ‘volunteering’ to items #2, #91 and #92.

PSYCHOMETRICS: Because the EPII-G is newly developed, there are no psychometric properties yet available. Use of the EPII in research studies will help to establish psychometric properties and will likely result in refinement of the tool.

SCORING. Optimal scoring procedures are not yet determined and will be informed by future research.

PERMISSIONS. Researchers are welcome and encouraged to use the EPII in their research studies. Researchers may disseminate the survey using a paper format or may convert items to an online survey format so long as the integrity of the instructions and items is maintained. Users shall not modify items without permission from the developers. Please inform us of your intention to use the instrument by sending an Email to Dr. Damion Grasso at dgrasso@uchc.edu with the following information: (1) Principal Investigator(s), (2) Purpose of research study, (3) Population(s) studied, and (4) Study location(s).

Suggested Citation for Main EPII Module

Grasso, D.J., Briggs-Gowan, M.J., Ford, J.D., & Carter, A.S. (2020). *The Epidemic – Pandemic Impacts Inventory (EPII)*. University of Connecticut School of Medicine.

Suggested Citation for EPII Geriatric Adaptation

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EPIDEMIC – PANDEMIC IMPACTS INVENTORY (EPII) Modified for Geriatric Populations

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.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
2.	Reduced work hours or furloughed.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
3.	Had to lay-off or furlough employees or people supervised.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> 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).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
5.	Spend a lot of time disinfecting at home due to close contact with people who might be infected at work.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
6.	Increase in workload or work responsibilities.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
7.	Hard time doing job well because of needing to take care of people in the home.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
8.	Hard time making the transition to working from home.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
9.	Provided direct care to people with the disease (e.g., doctor, nurse, patient care assistant, radiologist).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
10.	Provided supportive care to people with the disease (e.g., medical support staff, custodial, administration).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
11.	Provided care to people who died as a result of the disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
EDUCATION AND TRAINING			
12.	Had a child in home who could not go to school.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A

13.	Adult unable to go to school or training for weeks or had to withdraw.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
HOME LIFE				
14r.	Inability to provide childcare or babysitting to children who live outside the home when needed.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
15.	Difficulty taking care of children who live in the home.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
16.	More conflict with child or harsher in disciplining child or children.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
17.	Had to take over teaching or instructing a child.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
18.	Family or friends had to move into your home.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
19.	Had to spend a lot more time taking care of a family member.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
20.	Had to move or relocate.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
21.	Became homeless.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
22.	Increase in verbal arguments or conflict with a partner or spouse.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
23.	Increase in physical conflict with a partner or spouse.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
24.	Increase in verbal arguments or conflict with other adult(s) in home.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
25.	Increase in physical conflict with other adult(s) in home.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
26.	Increase in physical conflict among children in home.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
SOCIAL ACTIVITIES				
27.	Separated from family or close friends.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
28.	Did not have the ability or resources to talk to family or friends while separated.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
29.	Unable to visit loved one in a care facility (e.g., nursing home, group home).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
30.	Family celebrations cancelled or restricted.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
31.	Planned travel or vacations cancelled.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
32.	Religious or spiritual activities cancelled or restricted.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
33.	Unable to be with a close family member in critical condition.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
34.	Unable to attend in-person funeral or religious services for a family member or friend who died.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

35.	Unable to participate in social clubs, sports teams, or usual volunteer activities.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
36.	Unable to do enjoyable activities or hobbies.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
ECONOMIC				
37.	Unable to get enough food or healthy food.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
38.	Unable to access clean water.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
39.	Unable to pay important bills like rent or utilities.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
40.	Difficulty getting places due to less access to public transportation or concerns about safety.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
41.	Unable to get needed medications (e.g., prescriptions or over-the-counter).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
EMOTIONAL HEALTH AND WELL-BEING				
42.	Increase in child behavioral or emotional problems.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
43.	Increase in child's sleep difficulties or nightmares.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
44.	Increase in mental health problems or symptoms (e.g., mood, anxiety, stress).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
45.	Increase in sleep problems or poor sleep quality.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
46.	Increase in use of alcohol or substances.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
47.	Unable to access mental health treatment or therapy.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
48.	Not satisfied with changes in mental health treatment or therapy.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
49.	Spent more time on screens and devices (e.g., looking at phone, playing video games, watching TV).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
93s	Increase in mental health problems or symptoms (e.g., mood, anxiety, stress) for family member not in the home.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
PHYSICAL HEALTH PROBLEMS				
50.	Increase in health problems not related to this disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
51.	Less physical activity or exercise.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
52.	Overeating or eating more unhealthy foods (e.g., junk food).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
53.	More time sitting down or being sedentary.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
54.	Important medical procedure cancelled (e.g., surgery).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

55.	Unable to access medical care for a serious condition (e.g., dialysis, chemotherapy, dementia).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
56.	Got less medical care than usual (e.g., routine or preventive care appointments).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
94s	Unable to get home-based paid help for care for disability, chronic illness, or dementia.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
57.	Elderly or disabled family member not in the home unable to get the help they need.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
PHYSICAL DISTANCING AND QUARANTINE				
58.	Isolated or quarantined due to possible exposure to this disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
59.	Isolated or quarantined due to symptoms of this disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
60.	Isolated due to existing health conditions that increase risk of infection or disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
61.	Limited physical closeness with child or loved one due to concerns of infection.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
62.	Moved out or lived away from family due to a high-risk job (e.g., health care worker, first responder).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
63.	Close family member not in the home was quarantined.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
64.	Family member was unable to return home due to quarantine or travel restrictions.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
65.	Entire household was quarantined for a week or longer.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
INFECTION HISTORY				
66.	Currently have symptoms of this disease but have not been tested.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
67.	Tested and currently have this disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
68.	Had symptoms of this disease but never tested.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
69.	Tested positive for this disease but no longer have it.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
70.	Got medical treatment due to severe symptoms of this disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
71.	Hospital stay due to this disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
72.	Someone died of this disease while in our home.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
73.	Death of close friend or family member from this disease.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

POSITIVE CHANGE			
74.	More quality time with family or friends in person or from a distance (e.g., on the phone, Email, social media, video conferencing, online gaming).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
75.	More quality time with partner or spouse.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
76.	More quality time with children.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
77.	Improved relationships with family or friends.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
78.	New connections made with supportive people.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
79.	Increase in exercise or physical activity.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
80.	More time in nature or being outdoors.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
81.	More time doing enjoyable activities (e.g., reading books, puzzles).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
82.	Developed new hobbies or activities.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
83.	More appreciative of things usually taken for granted.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
84.	Paid more attention to personal health.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
85.	Paid more attention to preventing physical injuries.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
86.	Ate healthier foods.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
87.	Less use of alcohol or substances.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
88.	Spent less time on screens or devices outside of work hours (e.g., looking at phone, playing video games, watching TV).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
89.	Volunteered time to help people in need.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
90.	Donated time or goods to a cause related to this disease (e.g., made masks, donated blood, volunteered).	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
91.	Found greater meaning in work, volunteering, employment, or school.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
92.	More efficient or productive in work, volunteering, employment, or school.	<input type="checkbox"/> YES (Me) <input type="checkbox"/> YES (Person in Home)	<input type="checkbox"/> NO <input type="checkbox"/> N/A

Thank You for Completing this Important Survey