

# Epidemic – Pandemic Impacts Inventory *Infancy Supplement (EPII-I)*

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**PURPOSE:** The EPII is a tool designed to assess tangible impacts of epidemics and pandemics across personal and social life domains. This is a supplemental module of the EPII to include items for assessing impact during postnatal and infancy periods. The intent is to include this supplement along with the main EPII module.

**DEVELOPMENT:** Candidate items were constructed by a team of clinical and developmental psychologists, psychiatrists, sociologists, and pediatricians, with expertise in assessment of stress, trauma, resilience, coping and the perinatal period. 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.

**PSYCHOMETRICS:** Because the EPII 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.

**INTERVIEWER GUIDELINES:** For interviews conducted verbally or in person, the interviewer should explain the following related to the use of N/A at the outset: “For most women answering these questions, the answer is usually YES or NO. But, sometimes, a statement just might not apply to you, like having trouble getting to a lab to have tests done wouldn’t make sense if you didn’t have any tests planned anyway. For questions that just don’t apply you can say “not applicable” or NA. “

**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](mailto: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 Supplemental Postnatal – Infancy Module**

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## Epidemic-Pandemic Impacts Inventory Infancy Supplement (EPII-I)

### **INSTRUCTIONS**

We would like to learn how the coronavirus disease pandemic (COVID-19) has changed your experiences since your baby was born and has been at home. For each statement below, please answer whether the pandemic specifically has impacted you in the way described. Some of the statements are about changes to your healthcare: If a change happened, whether it was because of your choice or your medical team's choice, you should indicate '**YES**'. If the statement is not true for you, check '**NO**.' '**N/A**' means that the item is not applicable or it does not apply to any of your experiences.

**We would like to learn about how the COVID-19 pandemic affected your HEALTHCARE experiences in the time since your baby was born. Please check "yes" if the statement is true. Due to COVID-19...**

1.	My baby has not had any in-person well-baby visits due to COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2.	Some of my baby's immunizations have been postponed. (If unsure, check N/A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3.	I have not been able to get some services I have wanted for myself (for example, lactation specialist, visiting nurse).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4.	I have not been able to get some services I have wanted for my baby (for example, developmental specialist, visiting nurse).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5.	I have not been able to get the help I have wanted for feeling down, worried or overwhelmed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6.	My medical providers have seemed to listen to and hear my concerns since my baby was born.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7.	I feel that my healthcare providers have treated me with respect and compassion since my baby was born.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**We are also interested in understanding how the COVID-19 pandemic has affected you and your home life with your baby. Due to COVID-19...**

8.	Loved ones could not "meet" the new baby in person.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9.	Family, friends, or other support people could not help with the new baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10.	Religious ceremony or special event for my baby was canceled or postponed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11.	Trouble getting baby supplies, like diapers, wipes, clothes and formula.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12.	I have not been able to breastfeed how I wanted due to COVID-19. If yes, what happened? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13.	My baby had to take a bottle from someone else because I had confirmed or suspected COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

14.	I have breastfed my baby even though I had not planned to. If yes, what happened? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
15.	Only one person is allowed to take care of my baby to protect my baby from getting COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
16.	I am not able to work because there is nobody to watch my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
17.	I have had a hard time balancing working and caring for my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
18.	I have had a hard time balancing taking care of my baby and taking care of another person (or people) in my home.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
19.	I was hospitalized due to COVID-19 and had no contact with my baby for <u>24 hours or longer</u> .	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
20.	I was separated from my baby for <u>a week or longer</u> due to the COVID-19 crisis.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
21.	My baby's other parent was hospitalized due to COVID-19 and had no contact with my baby for <u>24 hours or longer</u> .	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
22.	My baby had to stay overnight with someone they don't know well.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
<b>The next questions will help us understand things you may have done to protect your baby from getting COVID-19 at home.</b>					
<b>There was a period of time when I...</b>					
23.	Usually wore gloves when I held or touched my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
24.	Usually wore a mask when I fed or changed my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
25.	Spent as little time as possible holding or being near my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
26.	Kept other people (or person) who live with me away from my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
<b>Please indicate how your feel about caring for your baby during this time by choosing "Very True", "Somewhat True", or "Not True".</b>					
27.	My fears about COVID-19 interfere with enjoying my baby.	<input type="checkbox"/> VERY TRUE	<input type="checkbox"/> SOMEWHAT TRUE	<input type="checkbox"/> NOT TRUE	<input type="checkbox"/> N/A
28.	I feel like I can't touch or hold my baby as much as I want.	<input type="checkbox"/> VERY TRUE	<input type="checkbox"/> SOMEWHAT TRUE	<input type="checkbox"/> NOT TRUE	<input type="checkbox"/> N/A
29.	I feel that it is harder than it should be to bond with my baby.	<input type="checkbox"/> VERY TRUE	<input type="checkbox"/> SOMEWHAT TRUE	<input type="checkbox"/> NOT TRUE	<input type="checkbox"/> N/A
30.	I wish that my baby had been born at a different time.	<input type="checkbox"/> VERY TRUE	<input type="checkbox"/> SOMEWHAT TRUE	<input type="checkbox"/> NOT TRUE	<input type="checkbox"/> N/A
31.	I get angry or irritable because I have to limit my interactions with my baby or change what I want to do with my baby.	<input type="checkbox"/> VERY TRUE	<input type="checkbox"/> SOMEWHAT TRUE	<input type="checkbox"/> NOT TRUE	<input type="checkbox"/> N/A
<b>Which of the following upsets you because of COVID-19? I feel upset thinking about...</b>					
32.	Me or my baby getting COVID-19 at healthcare visits.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
33.	My older child(ren) getting COVID-19 at childcare/school.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A

34.	How family and friends will treat me and my baby if one of us has COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
35.	Who will care for my baby if I have COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
36.	Being confused about what is best for my baby if I have (or get) COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
37.	Not being able to breastfeed how I want due to COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
38.	Not having enough help taking care of my baby due to COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
39.	Having to wear a mask around my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
40.	Being separated from my baby because of COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
41.	Having trouble paying for medical care for me or my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
42.	My ability to bond with my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
43.	The ability of other important people to bond with my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A

**The next 2 questions ask about your overall experiences during this time.**

44.	Overall, how upset have you been by how COVID-19 has affected your experiences since your baby was born? <input type="checkbox"/> EXTREMELY UPSET <input type="checkbox"/> VERY UPSET <input type="checkbox"/> SOMEWHAT UPSET <input type="checkbox"/> A LITTLE UPSET <input type="checkbox"/> NOT AT ALL UPSET
45.	Thinking about the things that upset you, if any, which of them upsets you the most? _____

**Finally, we are interested in POSITIVE CHANGES due to the COVID -19 pandemic. Please check "yes" if the statement is true. Due to COVID-19...**

46.	I get to spend more time with my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
47.	I have more support from other people at home.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
48.	I have had an easier time breastfeeding because I have more time at home.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
49.	I have had more support from other parents with babies by phone, video, messaging or social media.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
50.	It has been easier to have my healthcare appointments when I want.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
51.	What COVID 19 changes, if any, have been the most helpful for you since your baby was born? _____			