**Caregiver Burden among Adults Caring for their Holocaust-Survivor Parents during the COVID-19 Pandemic**

**Supplementary File**

Caregivers reported the following sociodemographic information: year of birth, gender, education, marital status, religiosity (*secular, traditional, religious, ultra-orthodox*), number of children, perceived both financial situation and health on a scale of 1 (*very poor*) to 5 (*very good*). Caregivers were also asked which country their care recipients had been born in, had they lived under a Nazi or pro-Nazi regime, and where they had been during the war. Additionally, caregivers completed several questionnaires relating to their care recipients (if both care recipients were alive, caregivers were asked to refer to the care recipient who required the most care). The following variables were collected: the care recipient’s age, the level of support provided by the caregiver, the physical distance between the caregiver’s house and the care recipient’s place of living on a scale of 1 (*living together*) to 5 (*living very far from one another*), and the number of people helping the caregiver with parental care.

Caregivers completed a questionnaire about helping the care recipient with day-to-day tasks (based on Lawton and Brody, 1969), which included six items (e.g., helping care recipient in daily activities, instrumental activities, providing bureaucratic mediation, financial support, emotional support, and helping care recipient with personal care) ranked on a scale of 1 (*not helping at all*) to 5 (*helping all the time*). The scale was previously used in two separate samples by Shrira et al. (2019), showing good internal reliability and a strong correlation with filial anxiety. The final score was the ratings’ average (Cronbach’s *α=*.77).

The multidimensional caregiver burden inventory (Novak and Guest, 1989), which includes 24 items measured the caregiver’s feelings about taking care of their care recipient during the COVID-19 pandemic. Items were rated on a scale of 0 (*never*) to 4 (*almost always*). The questionnaire consisted of five subscales, with the final score calculated as the ratings’ average in each subscale: time-dependent burden (“I don’t have a minute’s break from my caregiving chores,” *α=*.86), developmental burden (“I feel that I am missing out on life,” *α=*.83), physical burden (“Caregiving has made me physically sick,” *α=*.72), social burden (“I feel resentful of other relatives who could but do not help,” *α=*.74), and emotional burden (“I feel angry about my interactions with my care receiver,” *α=*.78). The scale was previously used by Shrira et al. (2019), showing good internal reliability and medium to strong correlations with filial anxiety.

Four items measured the perceived change in caregiver burden because of the COVID-19 pandemic. The items were worded especially for the current study and rated on a 5-point scale from -2 (*became* *much worse*) to 2 (*became* *much better*). These referred to the change in caregiver burden (“Due to the COVID-19 pandemic, was there a change in the physical and emotional burden related to caring for my parent?”), the quality of the child-parent relationship (“Due to the COVID-19 pandemic, was there a change in the quality of your relationship with the parent?”), the quality of the relationship between the care recipient and her/his friends and family (“Due to the COVID-19 pandemic, was there a change in the quality of your parent’s relationship with other people [family, friends]?”), and the care recipient’s ability to access day-to-day errands (“Due to the COVID-19 pandemic, was there a change in your parent’s ability to access day-to-day errands/essential services?”).

A SARS-CoV-2 exposure questionnaire (Bergman et al., 2020), in which caregivers were asked about five events related to SARS-CoV-2 exposure (i.e., being tested positive for the coronavirus, being [or having been] in self-isolation, knowing family members/close friends who were tested positive, knowing family members/close friends who are [or were] in self-isolation, knowing people who died because of the coronavirus). The score represented the number of exposure events participants had experienced.

A COVID-19 concern questionnaire with 13 items taken from previous studies (Bergman et al., 2020; Taylor et al., 2020). The items regarded the caregiver’s worries about the COVID-19 pandemic (e.g., worried about contracting the coronavirus, about suffering from financial consequences of the coronavirus). The items were rated on a scale of 0 (*not worried at all*) to 4 (*very worried*). The final score was the ratings’ average (*α=*.87).

An ICD-11 PTSD symptom questionnaire (Cloitre et al., 2018) with six statements measuring post-traumatic stress (e.g., having upsetting dreams, powerful images or memories). The items were rated on a scale of 0 (*not at all*) to 4 (*to a large extent*). When filling out the questionnaire, caregivers were asked to report their mother’s (*α*=.76) and father’s (*α=*.78) symptoms separately. OHS responded to the questions in the context of their parent’s Holocaust experiences, whereas the comparison group responded in the context of another traumatic event in their parent’s life. Offspring reports of parental PTSD symptoms were found to be reliable and correlated with self-reports by parents in previous studies (Yehuda et al., 2006). Caregivers completed the questionnaire for themselves as well (*α=*.85). Clinical PTSD levels were determined when at least one symptom in each of the three syndromes (re-experiencing, avoidance, and hyperarousal) were rated as moderately severe or higher.

**References**

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