

Date: _____

Time point: _____ ID: _____

COVID-19 Adolescent Symptom & Psychological Experience Questionnaire (CASPE) - PARENT

Thank you for participating in our research study. The questions below are about your child's experience during the Coronavirus or COVID-19 outbreak. Your responses to the following questions are very important to us. Please read each question carefully and answer as accurately as you can.

COGNITIVE EXPERIENCE

1. Events such as the COVID-19 can affect how we think. In the past 7 days, including today, to what extent has your child experienced the following:

	Very Slightly or Not at all	Slightly	Moderately	Quite a Bit	Extremely
Thinking a lot about COVID-19	1	2	3	4	5
Easily distracted	1	2	3	4	5
Forgetful in daily activities	1	2	3	4	5
Easily switching tasks	1	2	3	4	5
Focused	1	2	3	4	5
Disorganized	1	2	3	4	5
Having racing thoughts	1	2	3	4	5
Zoning out	1	2	3	4	5
Able to sustain attention on tasks	1	2	3	4	5
Able to plan activities or work	1	2	3	4	5
Able to review work	1	2	3	4	5

Module contains question 31 of full survey