

 Environmental influences on Child Health Outcomes A program supported by the NIH		<b>COVID-19 Questionnaire – Adult Alternate Version</b> ECHO-wide Cohort Version 01.31 / April 10, 2020			<b>Form C19-aAV</b> Page 1 of 8	
COHORT ID	SITE ID	PARTICIPANT ID	PIN	COHORT VISIT ID	FORM COMPLETED	
_____	_____	_____	_____	_____	____ / ____ / ____ <i>mm dd yyyy</i>	
ECHO LIFE STAGE			RESPONDENT			
<input type="checkbox"/> <sub>01</sub> Prenatal <input type="checkbox"/> <sub>03</sub> Infancy <input type="checkbox"/> <sub>05</sub> Middle Childhood		<input type="checkbox"/> <sub>02</sub> Perinatal <input type="checkbox"/> <sub>04</sub> Early Childhood <input type="checkbox"/> <sub>06</sub> Adolescence	<input type="checkbox"/> <sub>01</sub> Participant <input type="checkbox"/> <sub>03</sub> Biological Father		<input type="checkbox"/> <sub>02</sub> Biological Mother <input type="checkbox"/> <sub>04</sub> Other Respondent Code: ____	

**STUDY STAFF INSTRUCTION:** This form should be completed by the pregnant woman enrolled in an ECHO cohort during the prenatal life stage and by the primary caregiver of a child enrolled in an ECHO cohort during the infancy, early childhood, middle childhood, and adolescence life stages. In the prenatal life stage, the pregnant woman’s ID should be used in the header for the participant ID. In all other life stages, the child’s ID should be used in the header for the participant ID.

**INSTRUCTIONS:**

*This form has 4 sections:*

- *Section A: COVID-19 Infection*
- *Section B: Impacts of the COVID-19 Outbreak on You*
- *Section C: Impacts of the COVID-19 Outbreak on Pregnancy – Current*
- *Section D: Impacts of the COVID-19 Outbreak on Pregnancy – Recall*

*Please complete Sections A and B. If you enrolled in ECHO during pregnancy and are currently pregnant, please also complete Section C. If you enrolled in ECHO during pregnancy and the pregnancy ended after February 28, 2020, please also complete Section D.*

*These questions are about your experience with COVID-19, or the coronavirus. For each question, do the best you can to remember the details requested.*

**Section C. Impacts of the COVID-19 Outbreak on Pregnancy - Current**

*The following questions are about your current pregnancy.*

**1.** Which of the following changes have you experienced as a result of the COVID-19 outbreak? (**Mark all that apply**)

- <sub>01</sub> I changed from planning a vaginal birth to a C-section
- <sub>02</sub> My planned C-section or labor induction was changed
- <sub>03</sub> I changed from planning a home birth to planning a hospital birth
- <sub>04</sub> I changed from planning a hospital birth to planning a home birth
- <sub>05</sub> My healthcare provider canceled some or all of my prenatal visits
- <sub>06</sub> I had more prenatal visits
- <sub>07</sub> My prenatal visits changed from in-person to phone or telemedicine/video
- <sub>08</sub> Nothing changed in my prenatal care or birth plan

**2.** In general, how distressed are you about **changes to your prenatal care** due to the COVID-19 outbreak?

- <sub>01</sub> Not at all
- <sub>02</sub> Mildly
- <sub>03</sub> Moderately
- <sub>04</sub> Extremely

**3.** How has the support you receive from your **prenatal care provider(s)** changed due to the COVID-19 outbreak?

- <sub>01</sub> Significantly worsened
- <sub>02</sub> Somewhat worsened
- <sub>03</sub> No change
- <sub>04</sub> Somewhat improved
- <sub>05</sub> Significantly improved

**(Participants completing Section C → skip to END)**

Setting			Mode	
<input type="checkbox"/> <sub>01</sub> Clinic or site	<input type="checkbox"/> <sub>02</sub> Phone	<input type="checkbox"/> <sub>03</sub> Other location	<input type="checkbox"/> <sub>01</sub> Self-administered	<input type="checkbox"/> <sub>02</sub> Staff-administered