

ECHO Environmental influences on Child Health Outcomes <small>A program supported by the NIH</small>	COVID-19 Questionnaire – Adult Primary Version ECHO-wide Cohort Version 01.30 / April 9, 2020				Form C19-aPV Page 1 of 9
	COHORT ID	SITE ID	PARTICIPANT ID	PIN	COHORT VISIT ID
_____	_____	_____	_____	_____	____ / ____ / ____ <small>mm dd yyyy</small>
ECHO LIFE STAGE			RESPONDENT		
<input type="checkbox"/> ₀₁ Prenatal <input type="checkbox"/> ₀₃ Infancy <input type="checkbox"/> ₀₅ Middle Childhood		<input type="checkbox"/> ₀₂ Perinatal <input type="checkbox"/> ₀₄ Early Childhood <input type="checkbox"/> ₀₆ Adolescence	<input type="checkbox"/> ₀₁ Participant <input type="checkbox"/> ₀₃ Biological Father		<input type="checkbox"/> ₀₂ Biological Mother <input type="checkbox"/> ₀₄ 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 B. Impacts of the COVID-19 Outbreak on You**1. In what ways has the COVID-19 outbreak affected your overall healthcare? (*Mark all that apply*)**

- ₀₁ I did not go to healthcare appointments because I was concerned about entering my healthcare provider's office
- ₀₂ My healthcare provider canceled appointments
- ₀₃ My healthcare provider changed to phone or online visits
- ₀₄ My healthcare provider told me to self-isolate or quarantine
- ₀₅ None of these apply

2. Which of the following behaviors have you done less because of the COVID-19 outbreak? (*Mark all that apply*)

- ₀₁ In-person contact with people inside the home (that is, you are quarantined separately from one or more family or household members)
- ₀₂ In-person contact with family who live outside the home
- ₀₃ In-person contact with friends
- ₀₄ In-person contact with colleagues at work
- ₀₅ In-person events in the community, including religious events
- ₀₆ None of these apply

3. Which of the following behaviors have you changed because of the COVID-19 outbreak? (*Mark all that apply*)

- ₀₁ Eat more home-cooked meals
- ₀₂ Eat more takeout / delivered food
- ₀₃ Get more physical exercise
- ₀₄ Get less physical exercise
- ₀₅ Spend more time outdoors in nature
- ₀₆ Spend less time outdoors in nature
- ₀₇ None of these apply

4. In what ways has the COVID-19 outbreak affected your work? (*Mark all that apply*)

- ₀₁ I moved to working remotely or from home
- ₀₂ I lost my job permanently
- ₀₃ I lost my job temporarily, or was not told for how long
- ₀₄ I got a new job
- ₀₅ I reduced my work hours
- ₀₆ I increased my work hours
- ₀₇ My job put me at increased risk of getting COVID-19
- ₀₈ I laid off employees
- ₀₉ I did not have a paying job before the COVID-19 outbreak
- ₁₀ None of these apply

Section B. Impacts of the COVID-19 Outbreak on You (continued)

5. In what ways has the COVID-19 outbreak affected your spouse/partner's work? (**Mark all that apply**)

- ₀₀ Not applicable – I do not have a spouse/partner → **If marked, skip to Section B, Question 6.**
- ₀₁ My spouse/partner moved to working remotely or from home
- ₀₂ My spouse/partner lost his/her job permanently
- ₀₃ My spouse/partner lost his/her job temporarily, or was not told for how long
- ₀₄ My spouse/partner got a new job
- ₀₅ My spouse/partner reduced his/her work hours
- ₀₆ My spouse/partner increased his/her work hours
- ₀₇ My spouse/partner's job put him/her at increased risk of getting COVID-19
- ₀₈ My spouse/partner laid off employees
- ₀₉ My spouse/partner did not have a paying job before the COVID-19 outbreak
- ₁₀ None of these apply

6. How has the COVID-19 outbreak affected your regular childcare? (**Mark all that apply**)

- ₀₁ I had difficulty arranging for childcare
- ₀₂ I had to pay more for childcare
- ₀₃ My spouse/partner or I had to change our work schedule to care for our children ourselves
- ₀₄ My regular childcare has not been affected by the COVID-19 outbreak
- ₀₅ I do not have a child in childcare.

7. What have been your greatest sources of stress from the COVID-19 outbreak? (**Mark all that apply**)

- ₀₁ Health concerns
- ₀₂ Financial concerns
- ₀₃ Impact on work
- ₀₄ Impact on your child
- ₀₅ Impact on your community
- ₀₆ Impact on family members
- ₀₇ Access to food
- ₀₈ Access to baby supplies (e.g., formula, diapers, wipes)
- ₀₉ Access to personal care products or household supplies
- ₁₀ Access to medical care, including mental health care
- ₁₁ Social distancing or being quarantined
- ₁₂ I am not stressed about the COVID-19 outbreak

Section B. Impacts of the COVID-19 Outbreak on You (continued)

8. What have you done to cope with your stress related to the COVID-19 outbreak? (**Mark all that apply**)

- ₀₁ Meditation and/or mindfulness practices
- ₀₂ Talking with friends and family (e.g., by phone, text, or video)
- ₀₃ Engaging in more family activities (e.g., games, sports)
- ₀₄ Increased television watching or other “screen time” activities (e.g., video games, social media)
- ₀₅ Eating more often, including snacking
- ₀₆ Increasing time reading books, or doing activities like puzzles and crosswords
- ₀₇ Drinking alcohol
- ₀₈ Using tobacco (e.g., smoking, vaping)
- ₀₉ Using marijuana (e.g., vaping, smoking, eating) or cannabidiol (CBD)
- ₁₀ Talking to my healthcare providers more frequently, including mental healthcare provider (e.g., therapist, psychologist, counselor)
- ₁₁ Volunteer work
- ₁₂ I have not done any of these things to cope with the COVID-19 outbreak

9. Please indicate the extent to which you view the COVID-19 outbreak as having either a positive or negative impact on your life.

- ₀₁ Extremely negative
- ₀₂ Moderately negative
- ₀₃ Somewhat negative
- ₀₄ No impact
- ₀₅ Slightly positive
- ₀₆ Moderately positive
- ₀₇ Extremely positive

10. Since becoming aware of the COVID-19 outbreak, how often have you felt happy and satisfied with your life?

- ₀₁ Not at all
- ₀₂ Rarely
- ₀₃ Sometimes
- ₀₄ Often
- ₀₅ Very often

Section B. Impacts of the COVID-19 Outbreak on You (continued)

For rows 11.a through 11.i below, please mark 'Not at all', 'Rarely', 'Sometimes', 'Often', or 'Very often' for how often you have had the experience since becoming aware of the COVID-19 outbreak.

11. Since becoming aware of the COVID-19 outbreak, how often have you ...	Not at all	Rarely	Sometimes	Often	Very often
a. had difficulty sleeping	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
b. startled easily	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
c. had angry outbursts	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
d. felt a sense of time slowing down	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
e. felt in a daze	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
f. tried to avoid thoughts and feelings about COVID-19	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
g. tried to avoid reading or watching information about COVID-19	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
h. had distressing dreams about COVID-19	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅
i. been distressed when I see something that reminds me of COVID-19	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅

12. To route you through the remaining questions, please mark whether:

- ₀₁ you enrolled in ECHO during pregnancy and are currently pregnant → **If marked, skip to Section C.**
- ₀₂ you enrolled in ECHO during pregnancy and the pregnancy ended after February 28, 2020 → **If marked, skip to Section D.**
- ₀₃ neither of the above → **If marked, skip to END.**

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