

ECHO Environmental influences on Child Health Outcomes <small>A program supported by the NIH</small>		COVID-19 Questionnaire – Child Self-Report Primary Version ECHO-wide Cohort Version 01.30 / April 9, 2020			Form C19-cPV Page 1 of 7	
COHORT ID	SITE ID	PARTICIPANT ID	PIN	COHORT VISIT ID	FORM COMPLETED	
_____	_____	_____	_____	_____	____ / ____ / ____ <i>mm dd yyyy</i>	
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 13- to 21-year-old child enrolled in an ECHO cohort during the adolescence life stage. The child’s ID should be used in the header for the participant ID.

<p>INSTRUCTIONS:</p> <p><i>This form has 2 sections:</i></p> <ul style="list-style-type: none"> • Section A: COVID-19 Infection • Section B: Impacts of the COVID-19 Outbreak on You <p><i>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.</i></p>
--

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. Did your school close because of the COVID-19 outbreak?

- ₀₁ Yes
- ₀₂ No → **Skip to Section B, Question 3**
- ₀₂ I am not enrolled in any school → **Skip to Section B, Question 3**

2.a. Do you usually receive free meals at school?

- ₀₁ Yes
- ₀₂ No → **Skip to Section B, Question 2.b**

2.a.1. Has your school offered meals during the school closure from COVID-19?

- ₀₁ Yes
- ₀₂ No → **Skip to Section B, Question 2.b**

2.a.1.a. Have you been able to get the school-provided meals during the COVID-19 associated closure?

- ₀₁ Yes
- ₀₂ No

2.b. Has your school offered online learning while closed?

- ₀₁ Yes
- ₀₂ No → **Skip to Section B, Question 3**

2.b.1. Has your school provided either of the following to support online learning?

- a. Free home internet access ₀₁ Yes ₀₂ No
- b. Free computer or tablet ₀₁ Yes ₀₂ No

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

3. What type of internet access do you have at home? (**Mark all that apply**)

- ₀₁ High-speed broadband internet (“WiFi”) (e.g., DSL, cable, fiber optic)
- ₀₂ Dial-up internet (not WiFi)
- ₀₃ Smartphone not connected to WiFi network at home (e.g., use cellular, LTE, mobile hotspot, neighbor’s WiFi)
- ₀₄ I do not have internet access at home

} → **Skip to Section B, Question 4**

3.b. Did you have high-speed broadband internet access at home prior to March 1, 2020?

- ₀₁ Yes
- ₀₂ No

For rows 4.a through 4.h below, please mark ‘Less’, ‘Same amount’, or ‘More’ for how much you are now engaged in the activity compared to before the COVID-19 outbreak.

4. Compared to before the COVID-19 outbreak, how much are you now doing the following:

	Less	Same amount	More
a. Eating	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
b. Sleeping	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
c. Physical activity	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
d. Spending time outside	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
e. Spending time with friends in-person	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
f. Spending time with friends remotely (e.g., online, social media, texting)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
g. Spending time watching TV, playing video/computer games, or using social media for educational purposes, including school work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
h. Spending time watching TV, playing video/computer games, or using social media for non-educational purposes	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

5. Compared to before the COVID-19 outbreak, do you feel ...

- ₀₁ much less socially connected
- ₀₂ less socially connected
- ₀₃ slightly less socially connected
- ₀₄ slightly more socially connected
- ₀₅ more socially connected

₀₆ much more socially connected**Section B. Impacts of the COVID-19 Outbreak on You (continued)****6. 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 Engaging in more family activities (e.g., games, sports)
- ₀₃ Eating more often, including snacking
- ₀₄ Increasing time reading books, or doing activities like puzzles and crosswords
- ₀₅ Drinking alcohol
- ₀₆ Using tobacco (e.g., smoking; *do not* include vaping)
- ₀₇ Using marijuana (e.g., smoking, edibles; *do not* include vaping) or cannabidiol (CBD)
- ₀₈ Vaping marijuana
- ₀₉ Vaping other substances (e.g., using e-cigarettes, e-juice)
- 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

7. 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

8. 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 9.a through 9.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.

9. 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

Setting

₀₁ Clinic or site ₀₂ Phone ₀₃ Other location

Mode

₀₁ Self-administered ₀₂ Staff-administered