Objective Impact of COVID-19

(Made for the COVID-19 Study)

*This questionnaire combines the CASPE, CRISIS, and UO DSN Lab questions about COVID-related health, emotional, and lifestyle changes to merge similar questions*

*CASPE – COVID-19 Adolescent Symptom & Psychological Experience Questionnaire*

*Please contact Cecile Ladouceur, PhD (ladouceurcd@upmc.edu) with any questions as this survey will be evolving. A parent version in being developed. Both versions will be available in Qualtrics. Contributors: Jennifer Pfeifer, PhD, Jennifer Silvers, PhD, Moriah Thomason, PhD, Erika Forbes, PhD, Jennifer Silk, PhD.*

*Coronavirus Stressful Events*

*Developed by Sara Freedman, Talya Greene, Cherie Armour*

COVID

1. In the PAST TWO WEEKS have you had any of the following symptoms? Please check all that apply.
   1. Fever
   2. Dry Cough
   3. Fatigue
   4. Shortness of Breath
   5. Headache
   6. Muscle or Joint Pain
   7. Sore Throat
   8. Diarrhea
   9. Nausea or Vomiting
2. Chills
3. Nasal Congestion
4. Wet/Productive Cough (mucus from lungs)
5. Loss of smell or taste
6. Other [text box]
7. Have you ever been tested for COVID-19 by a medical doctor?
   1. Yes, I was tested for COVID-19 and am waiting for the results.
   2. Yes, I was tested for COVID-19 and the results were positive.
   3. Yes, I was tested for COVID-19 and the results were negative.
   4. Yes, I was tested for COVID-19, but I do not want to share the results.
   5. No, I was not tested for COVID-19, but I was given a medical diagnosis of COVID-19 (they assume I have COVID-19)
   6. No, I was not tested for COVID-19, because I could not get a test.
   7. No, I have not tried to get a test.

If positive – when did you test positive?

Have you been hospitalized due to COVID-19?

* Yes
* If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_
* No

6a. Have you been **quarantined** **at home** due to COVID-19?

* Yes
* If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_
* No

7. Do you know anyone who has tested positive for COVID-19?

* Yes (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Maybe (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

8. How many people in your household have or have had COVID-19?

* Number:\_\_\_\_\_\_\_\_
* None

9. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) been hospitalized because they had COVID-19?

* Yes (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

9a. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) been **quarantined** **at home** because they had COVID-19?

* Yes (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

10. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) died because they had COVID-19?

* Yes (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

11. Have any of your friends (or their family members) had COVID-19?

* Yes (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

12. Have any of your friends been hospitalized because of COVID-19?

* Yes (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

12a. Have any of your friends been **quarantined** **at home** because of COVID-19?

* Yes (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Are you currently caring for someone who has been diagnosed with COVID-19?

Yes/No

1. In the PAST TWO WEEKS, have any of these things happened in your household due to COVID-19? Please check all that apply.
   * Job loss by one parent/guardian
   * Job loss by two parents/guardians
   * Reduced job hours for one parent/guardian
   * Reduced job hours for two parents/guardians
   * Difficulty paying bills or buying necessities (e.g., food)
   * Parent/guardian having to work longer hours
   * Parent/guardian filed for unemployment
   * Applied for public assistance (e.g., food stamps)
   * I don’t know
2. In the PAST TWO WEEKS, to what degree have changes related to the Coronavirus/COVID-19 crisis in your area created financial problems for your family?
   * Not at all
   * Very Slightly
   * Slightly
   * Moderately
   * Quite a Bit
   * Extremely
3. In the PAST TWO WEEKS, how often has the following statement been true in your household: The food we bought ran out and we didn't have money to get more.
   * Never true

If Never true: Did you worry whether your food would run out because of a lack of money? Yes/No

* + Sometimes true
  + Often true

Social

During the academic term, where do you normally live?

-On campus

-Off-campus

-Other

How many others do you normally live with?

0, 1, 2, 3, 4, 5,6+

Who are each of these?

Family, friend, roommate, partner, child, etc.

Has your normal living situation changed since the onset of COVID-19? (including addition or subtraction of housemates)

Yes/No

If yes, where are you currently living?

-On-campus

-Off campus

-Other

How many others are you currently living with?

0, 1, 2, 3, 4, 5, 6+

Who are each of these?

Family, friend, roommate, partner, nanny, etc.

8a. How many separate rooms are in the house, apartment, or mobile home where you live? INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

* + Number of rooms:

8b. How many of these rooms are bedrooms?

*If this is a studio apartment, type “0”.*

* + Number of bedrooms:

What date did you begin social distancing?

Which of the following situations have applied to your current household? (check all that apply)

* Parent/guardian is a medical professional mandated isolation or quarantine due to confirmed/suspected case
* Voluntary quarantine due to confirmed/suspected case
* Voluntary quarantine due to fear of exposure
* Stay-in-order by local government (i.e. only permitted outdoors for essential purposes)
* Local government encouraging (but not requiring) people to stay home
* No restrictions currently

31. How often have you complied with the social distancing or shelter-in-place restrictions put in place in your community?

* Never
* Seldom
* Sometimes
* Often
* Always

30. How often are you getting outside of your house for allowed shelter-in-place activities (e.g., going on a walk or a run, walking a pet, spending time in your backyard, playing outdoor no-contact sports with members of your household)?

* Multiple times a day
* Once a day
* Every couple days
* Once a week
* Less than once a week