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| 1. In the PAST TWO WEEKS have you had any of the following symptoms?   Please check all that apply. | * Fever * Dry Cough * Fatigue * Shortness of Breath * Headache * Muscle or Joint Pain * Sore Throat * Diarrhea * Nausea or Vomiting * Chills * Nasal Congestion * Wet/Productive Cough (mucus from lungs) * Loss of smell or taste * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. Have you ever been tested for COVID-19 by a medical doctor? | * Yes, I was tested for COVID-19 and am waiting for the results. * Yes, I was tested for COVID-19 and the results were positive. * Yes, I was tested for COVID-19 and the results were negative. * Yes, I was tested for COVID-19, but I do not want to share the results. * No, I was not tested for COVID-19, but I was given a medical diagnosis of COVID-19 (they assume I have COVID-19) * No, I was not tested for COVID-19, because I could not get a test. * No, I have not tried to get a test. |  |
| 2.1 If positive, when  did you test  positive? | [Textbox for date] |  |
| Have you ever been tested for COVID-19 antibodies by a medical doctor? | * Yes, I was tested for antibodies and am waiting for the results. * Yes, I was tested for antibodies and the results were positive. * Yes, I was tested for antibodies and the results were negative. * Yes, I was tested for antibodies, but I do not want to share the results. * No, I was not tested for antibodies, because I could not get a test. * No, I have not tried to get a test. |  |
| If positive, when did you test positive? | [Textbox for date] |  |
| 1. Have you been hospitalized due to COVID-19? | * Yes * No |  |
| 3.1 If yes, for how long? | [Textbox for date] |  |
| 1. Have you been **quarantined at home** due to COVID-19?  \*Mandatory or voluntary medical quarantine due to exposure/infection. This is not the same as shelter-in-place/lockdown/stay-at-home/social distancing. | * Yes * No |  |
| 4.1 If yes, for how long? | [Textbox for date] |  |
| 1. Do you know anyone who had tested positive for COVID-19? | * Yes (Please describe): \_\_\_\_\_\_\_\_\_\_\_ * Maybe (Please describe): \_\_\_\_\_\_\_\_\_ * No |  |
| 1. How many people in your family have or have had COVID-19? | * Number: \_\_\_\_\_\_\_\_\_\_ * None |  |
| 1. Has anyone in your family or extended family (i.e., grandparent, uncle/aunt, cousin) been hospitalized because they had COVID-19? | * Yes (please describe): \_\_\_\_\_\_\_\_\_ * No |  |
| 1. Has anyone in your family or extended family (i.e., grandparent, uncle/aunt, cousin) been **quarantined** **at home** due to COVID-19?  \*Mandatory or voluntary medical quarantine due to exposure/infection. This is not the same as shelter-in-place/lockdown/stay-at-home/social distancing. | * Yes (please describe): \_\_\_\_\_\_\_\_\_ * No |  |
| 1. Has anyone in your family or extended family (i.e., grandparent, uncle/aunt, cousin) died because they had COVID-19? | * Yes (please describe): \_\_\_\_\_\_\_\_\_ * No |  |
| 1. Have any of your friends (or their family members) had COVID-19? | * Yes (please describe): \_\_\_\_\_\_\_\_\_ * No |  |
| 1. Have any of your friends been hospitalized because of COVID-19? | * Yes (please describe): \_\_\_\_\_\_\_\_\_ * No |  |
| 1. Have any of your friends been **quarantined at home** due to COVID-19?  \*Mandatory medical quarantine. This is not the same as shelter-in-place/lockdown/stay-at-home/social distancing. | * Yes (please describe): \_\_\_\_\_\_\_\_\_ * No |  |
| 1. 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 family due to COVID-19?   Please check all that apply. | **Me:**   * + Job loss   + Reduced job hours   + Difficulty paying bills or buying necessities (e.g., food)   + Having to work longer hours   + Filed for unemployment   + Applied for public assistance (e.g., food stamps)   + Had to lay off or furlough employees   + Had to continue to work even though may be in close contact with people who might be infected   + Spent a lot of time disinfecting home   + Increase in workload   + Had a child in home that could not go to school   + Childcare or babysitting unavailable when needed   + Difficulty taking care of others   + Had to take over teaching a child   + Family or friends had to move in   + Had to move or relocate   + Increase in conflict within home | **Person in family:**   * + Job loss   + Reduced job hours   + Difficulty paying bills or buying necessities (e.g., food)   + Having to work longer hours   + Filed for unemployment   + Applied for public assistance (e.g., food stamps)   + Had to lay off or furlough employees   + Had to continue to work even though may be in close contact with people who might be infected   + Spent a lot of time disinfecting home   + Increase in workload   + Had a child in home that could not go to school   + Childcare or babysitting unavailable when needed   + Difficulty taking care of others   + Had to take over teaching a child   + Family or friends had to move in   + Had to move or relocate   + Increase in conflict within home   (For each check off # in family who experienced this) |
| 1. In the PAST TWO WEEKS, to what degree have changes related to Coronavirus/COVID-19 crisis in your area created financial problems for your family? | * Not at all * Very Slightly * Slightly * Moderately * Quite a Bit * Extremely |  |
| 1. In the PAST TWO WEEKS, how often has the following statement been true in your family:   *The food we bought ran out and we didn’t have money to get more.* | * Never true * Sometimes true * Often true |  |
| 16.1 If “Never true”: Did  you worry whether  your food would  run out because of  a lack of money? | * Yes * No |  |
| 1. During the academic term, where do you normally live? | * On campus * Off-campus * Other |  |
| 1. How many others do normally live with? | * 0 * 1 * 2 * 3 * 4 * 5 * 6+ |  |
| 1. Who are each of these? | * Family * Friends * Roommate * Partner * Child * Other |  |
| 1. Has your normal living situation changed since the onset of COVID-19?   (Including addition or subtraction of housemates) | * Yes * No |  |
| 20.1 If yes, where are  you currently living? | * On-campus * Off-campus * Other |  |
| 1. How many others are you currently living with? | * 0 * 1 * 2 * 3 * 4 * 5 * 6+ |  |
| 1. Who are each of these? | * Family * Friend * Roommate * Partner * Nanny * Other |  |
| 1. 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: \_\_\_\_\_ |  |
| 23. 1 How many of these  rooms are  bedrooms?  ( If this is a studio  apartment, type  “0”) | * Number of bedrooms:\_\_\_ |  |
| 1. What date did you begin social distancing? | [Textbox for date] |  |
| 1. Which of the following situations have applied to your current family?     Check all that apply. | * Parent/guardian is in medical professional mandated 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 |  |
| 1. 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 |  |
| 1. 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 family)? | * Multiple times a day * Once a day * Every couple days * Once a week * Less than once a week |  |

**CASPE, CRISIS, UO DSN Lab Questions:**

#1, 2, 3, 3.1, 14, 15, 16, 16.1, 24

**CASPE-COVID-10 Adolescent Symptom & Psychological Experience Questionnaire:**

# 2.1, 4, 4.1, 5, 6, 7, 8, 9, 10, 11, 12, 23, 23.1, 25, 26, 27

**Coronavirus Stressful Events:**

#13