

Survey 2/19

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

Other (please describe):

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.

Have you or anyone in your household ever been quarantined at home by a medical professional (doctor or nurse) due to you or a family member possibly having COVID-19?

- ☐ Yes
- ☐ No

(This is NOT the same as being ordered to shelter-in-place by a mayor or governor.)

For how long?

(In weeks)

Have you ever been hospitalized due to COVID-19?

- ☐ Yes
- ☐ No

For how long?

Do you know anyone personally that has been diagnosed (either with a test or by a medical professional) with COVID-19?

- ☐ Yes
- ☐ No

How many people?

What was your relationship to them? (e.g. teacher, grandmother, friend, neighbor)

How many of them live in your house?

Do you know anyone personally that has been hospitalized due to COVID-19?

☐ Yes
☐ No

How many people?

What was your relationship to them?
(e.g. teacher, grandmother, friend, neighbor)

How many of them live in your house?

Do you know anyone personally that has died because they had COVID-19?

☐ Yes
☐ No

How many people?

What was your relationship to them?

(e.g. teacher, grandmother, friend, neighbor)

How many of them live in your house?

Did your state issue a stay-at-home order?

☐ Yes
☐ No

How concerned do you feel about COVID-19?

☐ Not at all concerned
☐ A little concerned
☐ Moderately concerned
☐ Very concerned
☐ Extremely concerned

In the PAST TWO WEEKS, how much have you followed the "social distancing" or "shelter-in-place" restrictions put in place in your community?

☐ Not at all, I still go out all the time
☐ I go out regularly but take precautions (e.g. wearing a face mask, social distancing etc.)
☐ I go out sometimes and take precautions (e.g. wearing a face mask, social distancing etc.)
☐ I only go out for essentials (e.g. groceries, walking dogs)
☐ I rarely leave my house
☐ I never leave my house

Have you made any changes to your daily lifestyle to reduce risk due to COVID-19?

☐ Yes
☐ No

Why are you making these changes?

(Please check all that apply.)

- ☐ I think it could save lives.
- ☐ Government officials are recommending or requiring it.
- ☐ I am afraid to get sick.
- ☐ I worry that I might get my family or friends sick.
- ☐ Other

Other (please describe)

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 of days
- ☐ Once a week
- ☐ Less than once a week

Have you been unable to work due to COVID-19 related work changes?

- ☐ Yes, completely (e.g., lost job or unable to run your business)
- ☐ Yes, partially (e.g., not working, but still being paid or able to do some work, but reduced hours)
- ☐ No (e.g., still able to work same amount or more, even if now working remotely)

Have you lost income due to COVID-19 related work changes?

- ☐ Yes, completely
- ☐ Yes, partially
- ☐ No

In the past month, 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
- ☐ Sometimes true
- ☐ Often true

Is your family concerned about the cost of testing or treatment for COVID-19?

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ I don't know
- ☐ No

Who is currently living in your household? (Check all that apply.)

- ☐ Grandparents (adopted, biological, or foster)
- ☐ Parents (adopted, biological, or foster)
- ☐ Siblings (adopted, biological, or foster siblings)
- ☐ Other adult family members (e.g. aunts and uncles of your child)
- ☐ Other child family members (e.g. cousins of your child)
- ☐ Family friends
- ☐ Other

Other (please describe):

The following questions are about Child 1

In the PAST TWO WEEKS has Child 1 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

Other (please describe):

Has Child 1 ever been tested for COVID-19 by a medical doctor?

- ☐ Yes, my child was tested for COVID-19 and we are waiting for the results.
- ☐ Yes, my child was tested for COVID-19 and the results were positive.
- ☐ Yes, my child was tested for COVID-19 and the results were negative.
- ☐ Yes, my child was tested for COVID-19, but we do not want to share the results.
- ☐ No, my child was not tested for COVID-19, but my child was given a medical diagnosis of COVID-19 (they assume my child has COVID-19)
- ☐ No, my child was not tested for COVID-19, because my child could not get a test.
- ☐ No, my child has not tried to get a test.

Has Child 1 ever been hospitalized due to COVID-19?

- ☐ Yes
- ☐ No

For how long?

Did Child 1's school close because of the COVID-19 outbreak?

- ☐ Yes
- ☐ No
- ☐ If your child is home schooled, select this answer instead

Approximately what date did it close?

Have classes resumed online?

- ☐ Yes
- ☐ No

Does Child 1 have easy access to the internet and a computer or tablet?

- ☐ Yes
- ☐ No

Are there assignments for your Child 1 to complete?

- ☐ Yes
- ☐ No

Is Child 1 able to receive meals from the school?

- ☐ Yes
☐ No

Has Child 1's school reopened?

- ☐ Yes
☐ No

Approximately, what date did it reopen.

How involved are you in assisting Child 1 with schoolwork?

- ☐ Not at all involved
☐ Slightly involved
☐ Moderately involved
☐ Very involved
☐ Extremely involved

The following questions are about Child 2

In the PAST TWO WEEKS has Child 2 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

Other (please describe):

Has Child 2 ever been tested for COVID-19 by a medical doctor?

- ☐ Yes, my child was tested for COVID-19 and we are waiting for the results.
☐ Yes, my child was tested for COVID-19 and the results were positive.
☐ Yes, my child was tested for COVID-19 and the results were negative.
☐ Yes, my child was tested for COVID-19, but we do not want to share the results.
☐ No, my child was not tested for COVID-19, but my child was given a medical diagnosis of COVID-19 (they assume my child has COVID-19)
☐ No, my child was not tested for COVID-19, because my child could not get a test.
☐ No, my child has not tried to get a test.

Has Child 2 ever been hospitalized due to COVID-19?

- ☐ Yes
☐ No

For how long?

Did Child 2's school close because of the COVID-19 outbreak?

- ☐ Yes
☐ No
☐ If your child is home schooled, select this answer instead

Approximately what date did it close?

Have classes resumed online?

- ☐ Yes
☐ No

Does Child 2 have easy access to the internet and a computer or tablet?

- ☐ Yes
☐ No

Are there assignments for your Child 2 to complete?

- ☐ Yes
☐ No

Is Child 2 able to receive meals from the school?

- ☐ Yes
☐ No

Has Child 2's school reopened?

- ☐ Yes
☐ No

Approximately, what date did it reopen.

How involved are you in assisting Child 2 with schoolwork?

- ☐ Not at all involved
☐ Slightly involved
☐ Moderately involved
☐ Very involved
☐ Extremely involved

The following questions are about Child 3

In the PAST TWO WEEKS has Child 3 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

Other (please describe):

Has Child 3 ever been tested for COVID-19 by a medical doctor?

- ☐ Yes, my child was tested for COVID-19 and we are waiting for the results.
- ☐ Yes, my child was tested for COVID-19 and the results were positive.
- ☐ Yes, my child was tested for COVID-19 and the results were negative.
- ☐ Yes, my child was tested for COVID-19, but we do not want to share the results.
- ☐ No, my child was not tested for COVID-19, but my child was given a medical diagnosis of COVID-19 (they assume my child has COVID-19)
- ☐ No, my child was not tested for COVID-19, because my child could not get a test.
- ☐ No, my child has not tried to get a test.

Has Child 3 ever been hospitalized due to COVID-19?

- ☐ Yes
- ☐ No

For how long?

Did Child 3's school close because of the COVID-19 outbreak?

- ☐ Yes
- ☐ No
- ☐ If your child is home schooled, select this answer instead

Approximately what date did it close?

Have classes resumed online?

- ☐ Yes
- ☐ No

Does Child 3 have easy access to the internet and a computer or tablet?

- ☐ Yes
- ☐ No

Are there assignments for your Child 3 to complete?

- ☐ Yes
- ☐ No

Is Child 3 able to receive meals from the school?

- ☐ Yes
- ☐ No

Has Child 3's school reopened?

- ☐ Yes
- ☐ No

Approximately, what date did it reopen.

How involved are you in assisting Child 3 with schoolwork?

- ☐ Not at all involved
- ☐ Slightly involved
- ☐ Moderately involved
- ☐ Very involved
- ☐ Extremely involved

The following questions are about Child 4

In the PAST TWO WEEKS has Child 4 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

Other (please describe):

Has Child 4 ever been tested for COVID-19 by a medical doctor?

- ☐ Yes, my child was tested for COVID-19 and we are waiting for the results.
- ☐ Yes, my child was tested for COVID-19 and the results were positive.
- ☐ Yes, my child was tested for COVID-19 and the results were negative.
- ☐ Yes, my child was tested for COVID-19, but we do not want to share the results.
- ☐ No, my child was not tested for COVID-19, but my child was given a medical diagnosis of COVID-19 (they assume my child has COVID-19)
- ☐ No, my child was not tested for COVID-19, because my child could not get a test.
- ☐ No, my child has not tried to get a test.

Has Child 4 ever been hospitalized due to COVID-19?

- ☐ Yes
- ☐ No

For how long?

Did Child 4's school close because of the COVID-19 outbreak?

- ☐ Yes
- ☐ No
- ☐ If your child is home schooled, select this answer instead

Approximately what date did it close?

Have classes resumed online?

- ☐ Yes
- ☐ No

Does Child 4 have easy access to the internet and a computer or tablet?

- ☐ Yes
- ☐ No

Are there assignments for your Child 4 to complete?

- ☐ Yes
- ☐ No

Is Child 4 able to receive meals from the school?

- ☐ Yes
☐ No

Has Child 4's school reopened?

- ☐ Yes
☐ No

Approximately, what date did it reopen.

How involved are you in assisting Child 4 with schoolwork?

- ☐ Not at all involved
☐ Slightly involved
☐ Moderately involved
☐ Very involved
☐ Extremely involved

Countries across the world are loosening their restrictions on business and public space closures, and stay-at-home restrictions. How do these changes make you feel:

- 0 – Not at all
1 – Slightly
2 – Somewhat
3 – Moderately
4 – Extremely

- hopeful for the future
- anxious about a rebound in COVID 19 infections
- concerned that I will be forced back to work when I feel unsafe
- like the changes are long overdue
- concerned that I won't get to spend as much time with my family

How concerned are you about reports of the Rare COVID 19 Related Inflammatory Disease reports in children?

- 0 – not at all concerned
1 – Slightly concerned
2 – Somewhat concerned
3 – Moderately concerned
4 – Extremely concerned
5 - NA, I have not heard of this