

COVID information Questionnaire
(Made for the Parents-Under-Pressure Study)

Block 1 - Health Changes:

1A. In the PAST TWO WEEKS have you had any of the following symptoms? Please check all that apply.

- 01. Fever
- 02. Dry Cough
- 03. Fatigue
- 04. Shortness of Breath
- 05. Headache
- 06. Muscle or Joint Pain
- 07. Sore Throat
- 08. Diarrhea
- 09. Nausea or Vomiting
- 10. Chills
- 11. Nasal Congestion
- 12. Wet/Productive Cough (mucus from lungs)
- 13. Loss of smell or taste
- 14. Other [text box]

1B. In the PAST TWO WEEKS has your child had any of the following symptoms? Please check all that apply.

- 01. Fever
- 02. Dry Cough
- 03. Fatigue
- 04. Shortness of Breath
- 05. Headache
- 06. Muscle or Joint Pain
- 07. Sore Throat
- 08. Diarrhea
- 09. Nausea or Vomiting
- 10. Chills
- 11. Nasal Congestion
- 12. Wet/Productive Cough (mucus from lungs)
- 13. Loss of smell or taste
- 14. Other [text box]

2A. 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.

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- . 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.
- .

2B. Has your child 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.
- .

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

- Yes
- If yes, for how long? _____
- No

4A. Have you ever been hospitalized due to COVID-19?

- Yes
- If yes, for how long? _____
- No

4B. Has your child ever been hospitalized due to COVID-19?

- Yes
- If yes, for how long? _____
- No

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

- Yes
 - How many people?
 - What was your relationship to them? (e.g.: teacher, grandmother, friend, neighbor)
 - How many of them live in your house?

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- No

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

- Yes
 - How many people?
 - What was your relationship to them? (e.g.: teacher, grandmother, friend, neighbor)
 - How many of them live in your house?
- No

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

- Yes
 - How many people?
 - What was your relationship to them? (e.g.: teacher, grandmother, friend, neighbor)
 - How many of them live in your house?
- No

8. Did your State issue a stay-at-home order?

- Yes
 - What State are you in? _____
- No order issued

Block 2- lifestyle changes

1. How concerned do you feel about COVID-19?

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

2. Have you made any changes to your daily lifestyle due to COVID-19?

- Yes, I have made changes to my daily schedule to reduce risk.
- No, I have not made changes to my daily schedule to reduce risk.

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

- Never
- Once
- Twice (about once a week)

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- Several times a week
- About once a day
- Multiple times a day
- Almost constantly

4. 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: [text box] _____

5. 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

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

- Yes, completely (e.g., lost job or unable to run their 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)

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

- Yes, completely
- Yes, partially
- No

8. 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

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

- Very concerned
- Somewhat concerned
- I don't know

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- No

10. What best describes who is currently living in your household? Check all that apply:

- Parents (adopted, biological, or foster)
 - a. List ages and relationship to members in parent (e.g., mom 50; stepdad 50; foster mom 45)
- Siblings (or foster siblings)
 - a. List ages and relationship to members in home (e.g., foster sister 10; brother 6)
- Other relatives (e.g., grandparents; aunts, uncles, cousins)
 - a. List ages and relationship to yourself (e.g., grandmother 65; cousin 13)
- Other non-relatives:
 - a. List ages of each person and describe relationship to yourself (e.g., mother's boyfriend 42; live-in nanny 24)

11. Did your child's school close because of the COVID-19 outbreak? Yes/No

If your child is home schooled, check this box instead ____

If Yes:

- What date did it close: mm/dd/yyyy_____? If you don't know, please list your child's school's name here: _____.
 - Have classes resumed online? Yes/No
 - Does your child have easy access to the internet and a computer or tablet? Yes/No
 - Are there assignments for your child to complete? Yes/No
 - Is your child able to receive meals from the school? Yes/No
 - Has your child's school reopened? Yes/No If Yes: What date did it reopen: mm/dd/yyyy_____? If you don't know, please list your child's school's name here: _____.

12. How were you involved in assisting your child with schoolwork?

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

From 'Combined COVID Health_Emotional_Lifestyle Changes':

[Adapted] Health Block items (1-7)

Lifestyle Block items (3, 4, 11)

From 'COVID Lifestyle Change Questionnaire'

Lifestyle Block items (1, 2, 5-10)

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From 'CASPE_Parent Questionnaire'
Health Block items (8)
Lifestyle Block items (12)

Ladouceur, C.D. (2020). *COVID-19 Adolescent Symptom & Psychological Experience (CASPE)-Parent Questionnaire* [Measurement instrument]. Retrieved from <https://osf.io/hu2k9/>
Pfieffer, J. (2020). *Combined COVID Health Emotional Lifestyle Changes* [Measurement instrument]. Retrieved from <https://osf.io/c2z8k/>
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