COVID-19 Questionnaire – Child Self-Report Alternate Version
ECHO-wide Cohort Version 01.31 / June 8, 2020
Form C19-cAV
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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.

INSTRUCTIONS:

This form has 2 sections:
- Section A: COVID-19 Infection
- Section B: Impacts of the COVID-19 Outbreak on You

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.
## Section A. COVID-19 Infection

For the following questions, healthcare provider means a doctor, nurse practitioner, physician assistant or anyone you go to for medical care.

1. Has a healthcare provider ever told you that you have, or likely have, COVID-19 (Coronavirus)?
   - [ ] Yes
   - [ ] No

2. Which of the following symptoms have you had at any point in time since March 1, 2020? *(Mark all that apply)*
   - [ ] Fever or chills
   - [ ] Cough
   - [ ] Shortness of breath
   - [ ] Sore throat
   - [ ] Headache
   - [ ] Muscle or body aches
   - [ ] Runny nose
   - [ ] Fatigue or excessive sleepiness
   - [ ] Diarrhea, nausea, or vomiting
   - [ ] Loss of sense of smell or taste
   - [ ] Itchy/red eyes
   - [ ] None of the above ➔ skip to Section A, Question 3.

### 2.a. Which of the following occurred as a result of your symptoms? *(Mark all that apply)*

- [ ] I was kept overnight in a hospital because a healthcare provider thought I had COVID-19
- [ ] I saw a healthcare provider in person, such as in a clinic, doctor's office, urgent care, or Emergency Room (ER)/Emergency Department (ED)
- [ ] I spoke to a healthcare provider over the phone, by email, or online
- [ ] I self-isolated or quarantined at home
- [ ] None of the above

### 2.b. In the two weeks before you had symptoms, did you: *(Mark all that apply)*

- [ ] Have contact with someone who tested positive for COVID-19
- [ ] Have contact with someone who likely had COVID-19 (e.g., was not tested but had symptoms; was told by a healthcare provider that he/she likely had it)
- [ ] Travel to a different state or country (please specify: ___________________)
- [ ] None of the above
Section A. COVID-19 Infection (continued)

3. Have you had the nose swab test for the virus that causes COVID-19? *(Mark all that apply)*
   - ☐ 01 No, I never tried to get tested
   - ☐ 02 No, I tried to get tested but was not able to
   - ☐ 03 Yes, and I am waiting for the results
     - If yes ➔ 3.a. When was the date of your most recent test?  __ __ / __ __ __ __ 
     - ☐ 04 Yes, and the test showed that I do not have it ("negative" test)
     - If yes ➔ 3.b. When was the date of your most recent negative test?  __ __ / __ __ __ __ 
     - ☐ 05 Yes, and the test showed that I do have it ("positive" test)
     - If yes ➔ 3.c. When was the date of your most recent positive test?  __ __ / __ __ __ __ 

4. Have you had a blood test to see whether you already had the COVID-19 virus ("serology")? *(Mark all that apply)*
   - ☐ 01 No, I never tried to get tested
   - ☐ 02 No, I tried to get tested but was not able to
   - ☐ 03 Yes, and I am waiting for the results
     - If yes ➔ 4.a. When was the date of your most recent test?  __ __ / __ __ __ __ 
     - ☐ 04 Yes, and the test showed that I did not have it ("negative" test)
     - If yes ➔ 4.b. When was the date of your most recent negative test?  __ __ / __ __ __ __ 
     - ☐ 05 Yes, and the test showed that I did have it ("positive" test)
     - If yes ➔ 4.c. When was the date of your positive test?  __ __ / __ __ __ __ 

5. Has anyone else living in your home had, or probably had, COVID-19?
   - ☐ 01 Yes
   - ☐ 02 No
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*
   - [ ] 03 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:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less</th>
<th>Same amount</th>
<th>More</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Sleeping</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Physical activity</td>
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<tr>
<td>d. Spending time outside</td>
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<tr>
<td>e. Spending time with friends in-person</td>
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<tr>
<td>f. Spending time with friends remotely (e.g., online, social media, texting)</td>
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<tr>
<td>g. Spending time watching TV, playing video/computer games, or using social media for <em>educational</em> purposes, including school work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Spending time watching TV, playing video/computer games, or using social media for <em>non-educational</em> purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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