COVID-19 Adolescent Symptom & Psychological Experience Questionnaire (CASPE) - PARENT

Thank you for participating in our research study. The questions below are about your child’s experience during the Coronavirus or COVID-19 outbreak. Your responses to the following questions are very important to us. Please read each question carefully and answer as accurately as you can.

A. EXPERIENCE RELATED TO COVID-19

1. Overall, how much has the COVID-19 outbreak, and the resulting changes to daily life, affected your child’s life in a negative way?

   - No at all
   - A little
   - Somewhat
   - A lot
   - A great deal

2. What event or change to daily life has been the most negative for your child? (check up to three)

   - Worried about someone who has or has had the virus
   - Having to stay at home
   - Not seeing friends in person
   - Thinking about how many people are dying because of the virus
   - Not going to school
   - Spending more time with family
   - Increased stress or disorientation from not having a schedule
   - Not having access to things they need (i.e., food, products)
   - Other: __________________

3. Overall, how much has the COVID-19 outbreak, and the resulting changes to daily life, affected your child’s life in a positive way?

   - Not at all
   - A little
   - Somewhat
   - A lot
   - A great deal

4. What event or change to daily life has been the most positive for your child? (check all that apply)

   - Reduced amount of schoolwork or no schoolwork
   - Less stress/pressure from school and activities
   - More time to relax
   - Getting to do things they don't usually have time for (i.e., art, music, writing, cooking)
   - Getting more recreational time on the phone/computer (i.e., texting, social media)
   - Getting to watch more TV/movies
   - More time to exercise or go outside
   - Getting more sleep
   - Spending more time with family
   - Spending more time with my pet(s)
   - Not having to have unwanted interactions with other kids at school
   - Feeling like they have more control in creating their own schedule
5. Has your child been tested for COVID-19?
   - Yes
   - No

5.a. If yes, was the COVID-19 test positive?
   - Yes
   - No

5.b. If yes, please indicate the date. Your response should be in this format: mm/dd/yyyy

6. In the past 4 weeks, has your child had any flu-like symptoms (e.g., fever, dry cough, shortness of breath)?
   - Yes
     - If yes, which symptoms did your child have? (select all that apply)
       - Fever
       - Dry Cough
       - Fatigue
       - Sputum Production (thick mucus from lungs)
       - Sore Throat
       - Shortness of Breath
       - Headache
       - Muscle or Joint Pain
       - Diarrhea
       - Nausea or Vomiting
       - Chills
       - Nasal Congestion
       - Red/itchy eye
   - No

7. Has your child been hospitalized because of COVID-19?
   - Yes
     - If yes, for how long? ___________
   - No

8. Has your child been quarantined at home (i.e. isolated from other people for 14 days or more) because they were exposed to COVID-19?
   - Yes
     - If yes, for how long? ___________
   - No

9. Do you know anyone who has tested positive for COVID-19?
   - Yes (who): _________________
   - No
10. Please fill in the table below with information about all of the people living in your household at this time:

<table>
<thead>
<tr>
<th>Relationship to you</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household member 1</td>
<td></td>
</tr>
<tr>
<td>Household member 2</td>
<td></td>
</tr>
<tr>
<td>Household member 3</td>
<td></td>
</tr>
<tr>
<td>Household member 4</td>
<td></td>
</tr>
<tr>
<td>Household member 5</td>
<td></td>
</tr>
<tr>
<td>Household member 6</td>
<td></td>
</tr>
<tr>
<td>Household member 7</td>
<td></td>
</tr>
<tr>
<td>Household member 8</td>
<td></td>
</tr>
<tr>
<td>Household member 9</td>
<td></td>
</tr>
</tbody>
</table>

11. How many people in your household have or have had COVID-19?
   - Number: _______
   - None

12. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) been hospitalized because they had COVID-19?
   - Yes (who): __________________________
   - No

13. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) been quarantined at home (i.e. isolated from other people for 14 days or more) because they had or were exposed to COVID-19?
   - Yes (who): __________________________
   - No

14. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) died because they had COVID-19?
   - Yes (who): __________________________
   - No

15. Have any of your child’s friends (or their family members) had COVID-19?
   - Yes (who): __________________________
   - No

16. Have any of your child’s friends (or their family members) been hospitalized because of COVID-19?
   - Yes (who): __________________________
   - No

17. Have any of your child’s friends been quarantined at home (i.e. isolated from other people for 14 days or more) because they had or were exposed to COVID-19?
   - Yes (who): __________________________
   - No
18. On what date did your child’s school close because of the COVID-19 outbreak? Your response should be in this format: mm/dd/yyyy

19. Following school closures, how did your child continue with schoolwork? (consider after Spring Break if schools closed during that time)

- School sent printed packets and/or recommendations
- School sent on-line assignments to complete without virtual classes
- School organized on-line classes
- Signed-up for a different on-line academic program
- There has been no school since then
- Already in cyber school
- Other (Please specify): ______________________

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

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

21. On what date did your State issue a stay-at-home order (if relevant)? Your response should be in this format: mm/dd/yyyy

- No order issued

B. EMOTIONAL EXPERIENCE

22. COVID-19 presents a lot of uncertainty about the future. In the past 7 days, including today, how stressful was this uncertainty for your child?

- Very Slightly or Not at all
- Slightly
- Moderately
- Quite a Bit
- Extremely

23. The COVID-19 outbreak has changed and disrupted many existing plans. In the past 7 days, including today, how stressful were these disruptions for your child?

- Very Slightly or Not at all
- Slightly
- Moderately
- Quite a Bit
- Extremely
24. In the past 7 days, including today, how worried was your child that someone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) might become sick?

- Very Slightly or Not at all
- Slightly
- Moderately
- Quite a Bit
- Extremely

25. Please indicate to what extent the emotions or feelings below describe how your child was feeling in the past 7 days, including today, because of the COVID-19 outbreak?

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Very Slightly or Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a Bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Angry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Content</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Afraid</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Happy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sad</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Irritable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Concerned</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Stressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Relieved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Distressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Lonely</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Bored</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Hopeless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Frustrated</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Disappointed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Calm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Appreciative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

26. In the past 7 days, including today, what has been your child’s level of concern about the impact of COVID-19 outbreak about the following:

<table>
<thead>
<tr>
<th>Event</th>
<th>Very Little or Not at all</th>
<th>A Little</th>
<th>Some</th>
<th>A Lot</th>
<th>A Great Deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having to stay at home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not seeing friends in person</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Getting sick themselves</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Family member might get sick</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Friends might get sick</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Falling behind with schoolwork</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Having to spend more time with family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People might die if they get sick</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Parent will lose their job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Having enough to eat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Conflict between parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Conflict with parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

27. Compared to before the COVID-19 outbreak, how much more has your child felt this way in the past 7 days, including today?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A Little</th>
<th>Some</th>
<th>A Lot</th>
<th>A Great Deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Hopeful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Confident about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Hopeless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Anxious/stressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

28. How is your child coping or dealing with stress/anxiety related to the COVID-19 outbreak? (check all that apply)

- Getting a good night’s sleep
- Meditation and/or mindfulness practices
- Prayer
- Writing (e.g., poetry, journaling)
- Talking with friends (i.e., FaceTime, Zoom)
- Using text or other social media with friends
- Engaging in more family activities (e.g., games, sports)
- Exercising
- Playing an instrument
- Listening to music
- Watching a movie
- Spending time with their dog/cat or other pet
- Talking to mental health care professionals (e.g., therapists, psychologists, psychiatrists)
- Playing video games
- Reading a book
- Art or crafts
- Playing board games or cards
- Eating comfort foods (e.g., candy and chips)
- Eating healthier
- Increased self-care (e.g., taking baths, giving self a facial)
- Taking vitamins or herbals for immune system
- Drinking alcohol
- Using tobacco (i.e., smoking, vaping)
- Using marijuana (i.e., smoking, vaping, eating)
- Using other recreational drugs
- Not skipping their prescribed drugs
- Using new prescription drugs
- Helping others
- None
- Other (please describe): ____________________________
29. How did you help your child cope or deal with stress/anxiety related to the COVID-19 outbreak? (check all that apply)

- Set time aside to listen to my child’s concerns
- Tried to help them focus on the positive things in their life
- Suggested activities they enjoy doing at home
- Suggested doing some exercise
- Organized a fun activity with family members
- Scheduled appointment with therapist
- Tried to help think of the problem in a different way so it didn't seem as bad
- Tried to help them get more sleep
- Other (please describe): ___________________________________________

30. Which of the following things have caused you to feel more stressed as a parent because of the pandemic? (check all that apply)

- Having to help my child with schoolwork
- Not having resources needed for child’s schoolwork (i.e. laptops, webcam, internet, quiet place to work)
- Receiving emails from teachers because of my child’s schoolwork
- Getting my child to get out of bed in the morning
- Getting my child to be more active
- Getting my child to help with chores at home
- Supervising my child’s activities online or on their phone (e.g., social media use)
- Conflicts between my child and their sibling(s)
- Conflicts between me or other parent and my child
- Conflicts between my child and their friend(s)
- My child feeling lonely or excluded from online social events (e.g., Houseparty games)
- Having to work at home full-time
- Extra meal preparation
- Extra housework
- Other (please describe): _____________________________

C. COGNITIVE EXPERIENCE

31. Events such as the COVID-19 can affect how we think. In the past 7 days, including today, to what extent has your child experienced the following:

<table>
<thead>
<tr>
<th>Event</th>
<th>Very Slightly or Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a Bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking a lot about COVID-19</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Easily distracted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Forgetful in daily activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Easily switching tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Focused</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Disorganized</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Having racing thoughts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Zoning out</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Able to sustain attention on tasks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Able to plan activities or work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Able to review work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
D. SOCIAL EXPERIENCE

32. When did your child begin social distancing (i.e., not seeing friends or family in person outside your household)?

- Before school closures
- On the same day as school closures
- After school closures
- On the same day as the stay-at-home order by your local government
- Does not practice social distancing

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

- Parent/guardian is a medical professional and must self-isolate in another part of the house
- All members of household decided to stay at home for fear of exposure
- Stay-at-home order by local government (i.e. only permitted outdoors for essential purposes)
- Local government encouraging (but not requiring) people to stay home
- Parents stay at home but kids go out (e.g., see friends at the park)
- No restrictions currently

34. Which of the following things has your family stopped doing during the pandemic? (check all that apply)

- In-person contact with family inside the home (i.e. decided to stay separate from one or more members of your household)
- In-person contact with family who live outside the home
- In-person contact with friends indoors
- In-person contact with friends outdoors
- Family travel
- Family activities in outdoor public spaces (e.g., beaches, parks)
- Family activities in public spaces (e.g., museums, theaters)
- Going to restaurants or stores
- Indoor exercise and/or recreational sports (e.g., gym, indoor sports complex, workout classes)
- In-person events in the community
- In-person religious services

35. How often is your child getting outside of your house for allowed stay-at-home activities (e.g., going on a walk or a run, walking a pet, spending time in your backyard)?

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

36. How often has your child followed the rules about the social distancing or stay-at-home restrictions put in place in your community?

- Never
- Seldom
- Sometimes
- Often
- Always
37. What changes in employment or income have occurred in your household due to COVID-19? (check all that apply)

- Job loss by one adult (caregiver)
- Job loss by two adults (caregivers)
- Difficulty paying bills or buying necessities (e.g., food)
- Adult having to work longer hours
- Adult filed for unemployment
- Applied for public assistance (e.g., food stamps)
- Loss of equity in stock market (e.g., college saving plan)
- No changes

37.a. Please rate how much those changes in household employment or income have had a negative impact on your child. ([insert responses chosen from prior question])

- Very Slightly or Not at all
- Slightly
- Moderately
- Quite a Bit
- Extremely

38. Since your child’s school has closed, how often does your child talk/chat with friends online (including on your cell phone, on social media, or through online gaming)?

- Every day or almost every day
- Several times a week
- About once a week
- Less often

39. Since your child’s school has closed, how does your child stay connected with friends? (check all that apply)

- Texting (phone) or Messaging (on social media)
- Voice-only phone calls
- Video calls (e.g., FaceTime, Google Duo, Skype, Zoom)
- Using social media for live chats
- Posting on social media
- Using social media to support them (e.g., liking, sharing, retweeting)

40. In the past 7 days, including today, approximately how much time each day does your child [insert choice in Q39] [Single choice] [create this for each choice in Q39].

- < 30 min
- 30 min–1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- >6 hours