

Date: _____

Time point: _____ ID: _____

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

Thank you for participating in our research study. The questions below are about your 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 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? (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 I need (i.e., food, products)

3. Overall, how much has the COVID-19 outbreak, and the resulting changes to daily life, affected your 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? (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 I 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 I have more control in creating my own schedule

Date: _____

Time point: _____ ID: _____

5. Have you 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 past 4 weeks, have you had any flu like symptoms (e.g., fever, dry cough, shortness of breath)?

- Yes
 - If yes, which symptoms have you had? (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. Have you been hospitalized because of COVID-19?

- Yes

7.a. If yes, for how long? _____
- No

8. Have you been quarantined at home (i.e. isolated from other people for 14 days or more) because you had or were exposed to COVID-19?

- Yes

8.a. If yes, for how long? _____
- No

9. Do you know anyone who has tested positive for COVID-19?

- 9.a. Yes (please select who):
- Select who [drop-down menu]:
 - Mother
 - Father
 - Sibling(s)

Date: _____

Time point: _____ ID: _____

- Grandparent(s)
- Aunt/Uncle(s)
- Cousin(s)
- Friend/Classmate(s)
- Neighbor
- Teacher
- Friend's Family Member
- Other:
- No

10. How many people in your household have or have had COVID-19?

- Number: _____
- None

11. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) been hospitalized because they had COVID-19?

11.a. Yes (please select who):

- Select who [drop-down menu]:
 - Mother
 - Father
 - Sibling(s)
 - Grandparent(s)
 - Aunt/Uncle(s)
 - Cousin(s)
 - Other:
- No

12. 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?

12.a. Yes (please select who):

- Select who [drop-down menu]:
 - Mother
 - Father
 - Sibling(s)
 - Grandparent(s)
 - Aunt/Uncle(s)
 - Cousin(s)
 - Other:
- No

13. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) died because they had COVID-19?

13.a. Yes (please select who):

- Select who [drop-down menu]:
 - Mother
 - Father
 - Sibling(s)
 - Grandparent(s)

Date: _____

Time point: _____

ID: _____

- Aunt/Uncle(s)
- Cousin(s)
- Other:

- No

14. Have any of your friends (or their family members) had COVID-19?

- Yes (who): _____
- No

15. Have any of your friends (or their family members) been hospitalized because of COVID-19?

- Yes (who): _____
- No

16. Have any of your friends (or their family members) 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

17. On what date did your school close because of the COVID-19 outbreak? Your response should be in this format: **mm/dd/yyyy**

18. Following school closures, how did you 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): _____

B. EMOTIONAL EXPERIENCE

19. COVID-19 presents a lot of uncertainty about the future. In the past 7 days, including today, how stressful have you found this uncertainty to be?

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

Date: _____

Time point: _____ ID: _____

20. The COVID-19 outbreak has changed and disrupted many existing plans. In the past 7 days, including today, how stressful do you find these disruptions to be?

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

21. COVID-19 is a new virus. In the past 7 days, including today, how worried were you 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

22. Please indicate to what extent the emotions or feelings below describe how you have been feeling in the past 7 days, including today, because of the COVID-19 outbreak?

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

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

	Very Little or Not at all	A Little	Some	A Lot	A Great Deal
Having to stay at home	1	2	3	4	5
Not seeing friends in person	1	2	3	4	5
I might get sick	1	2	3	4	5
Family member might get sick	1	2	3	4	5
Friends might get sick	1	2	3	4	5
Falling behind with schoolwork	1	2	3	4	5

Date: _____ Time point: _____ ID: _____

Having to spend more time with family	1	2	3	4	5
People might die if they get sick	1	2	3	4	5
Parent will lose their job	1	2	3	4	5
Having enough to eat	1	2	3	4	5
Conflict between parents	1	2	3	4	5
Conflict with parents	1	2	3	4	5
Conflict with sibling(s)	1	2	3	4	5
Not getting into college	1	2	3	4	5
Not having enough money	1	2	3	4	5
Missing event that were important to me (e.g., graduation)	1	2	3	4	5

24. Compared to before the COVID-19 outbreak, how much more have you felt this way in the past 7 days, including today?

	Not at all	A Little	Some	A Lot	A Great Deal
Relaxed	1	2	3	4	5
Hopeful	1	2	3	4	5
Confident about the future	1	2	3	4	5
Hopeless	1	2	3	4	5
Anxious/stressed	1	2	3	4	5
Cheerful	1	2	3	4	5

25. How are you 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 my 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

Date: _____

Time point: _____ ID: _____

- Not skipping my prescribed drugs
- Using new prescription drugs
- Helping others
- None
- Other (please describe): _____

C. COGNITIVE EXPERIENCE

26. Events such as the COVID-19 can affect how we think. In the past 7 days, including today, to what extent have you experienced the following:

	Very Slightly or Not at all	Slightly	Moderately	Quite a Bit	Extremely
Thinking a lot about COVID-19	1	2	3	4	5
Easily distracted	1	2	3	4	5
Forgetful in daily activities	1	2	3	4	5
Easily switching tasks	1	2	3	4	5
Focused	1	2	3	4	5
Disorganized	1	2	3	4	5
Having racing thoughts	1	2	3	4	5
Zoning out	1	2	3	4	5
Able to sustain attention on tasks	1	2	3	4	5
Able to plan activities or work	1	2	3	4	5
Able to review work	1	2	3	4	5

27. How long do you think it will be before things “go back to normal”?

- Less than 1 month
- 2-3 months
- 3-6 months
- 6-12 months
- 12 months +
- Never

D. SOCIAL EXPERIENCE

28. When did you 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
- Do not practice social distancing

29. 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)

Date: _____

Time point: _____ ID: _____

- No restrictions currently

30. Do you agree with the restrictions (i.e., social distancing) that have been recommended or required by your local and national government?

- I think the restrictions are not strict enough
- I think the restrictions are too strict
- I think the restrictions are good

31. 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

32. Which activity do you miss the most? (choose up to three)

- In-person contact with friends
- In-person contact with extended family
- Going to school
- School work
- Family activities in outdoor spaces (e.g., beaches, forests, national parks)
- Family activities in public spaces (e.g., museums, playgrounds, theatres)
- Joining in team sports
- Going to restaurants or stores
- Music, theater, art activities
- In-person religious services
- Having my job (if you were working before)
- Other, please list

33. Which activity do you miss the least? (choose up to three)

- In-person contact with friends
- In-person contact with extended family
- Going to school
- School work
- Family activities in outdoor spaces (e.g., beaches, forests, national parks)
- Family activities in public spaces (e.g., museums, playgrounds, theatres)
- Joining in team sports
- Going to restaurants or stores
- Music, theater, art activities
- In-person religious services
- Other, please list

Date: _____

Time point: _____ ID: _____

34. How often are you 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

35. How often have you followed the rules about the social distancing or stay-at-home restrictions put in place in your community?

- Never
- Seldom
- Sometimes
- Often
- Always

36. 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)
- No changes

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

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

38. Since your school has closed, how often do you 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 school has closed, how do you 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

Date: _____

Time point: _____

ID: _____

- Using social media to support them (e.g., liking, sharing, retweeting)

39.a In the past 7 days, including today, approximately how much time **each day** did you spend [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

40. Please indicate your average weekly phone screen time usage (this information can be accessed from your phone): _____

41. Since your school has closed, what are the most important social activities that you are no longer doing or no longer able to do?

42. What are some of the things you do to keep socially connected with your (immediate) family?
