

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.

SOCIAL EXPERIENCE

1. 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

2. 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

3. 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

4. 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

5. 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

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- 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

6. 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

7. 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

8. 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

9. 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

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10. 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

11. 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

12. 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
- Using social media to support them (e.g., liking, sharing, retweeting)

12.a. In the past 7 days, including today, approximately how much time **each day** did you spend [insert choice in Q12] [Single choice] [create this for each choice in Q12].

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

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

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

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

Module contains questions 28-42 from full survey