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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

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- Other: _____

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

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10. Please fill in the table below with information about all of the people living in your household at this time:

	Relationship to you	Age
Household member 1		
Household member 2		
Household member 3		
Household member 4		
Household member 5		
Household member 6		
Household member 7		
Household member 8		
Household member 9		

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

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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

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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?

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

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:

	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
Getting sick themselves	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
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

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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 was important to them (e.g., graduation)	1	2	3	4	5

27. Compared to before the COVID-19 outbreak, how much more has your child 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

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): _____

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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:

	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

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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

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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