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Time point: _____ ID: _____

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.

EMOTIONAL EXPERIENCE

1. 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

2. 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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3. 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

4. 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

5. 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

6. 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

7. 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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8. 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): _____

9. 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): _____

Module contains questions 22-30 from full survey