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.

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)
       o Fever
       o Dry Cough
       o Fatigue
       o Sputum Production (thick mucus from lungs)
       o Sore Throat
       o Shortness of Breath
       o Headache
       o Muscle or Joint Pain
       o Diarrhea
       o Nausea or Vomiting
       o Chills
       o Nasal Congestion
       o 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>
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<td>Household member 3</td>
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<td>Household member 4</td>
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<td>Household member 5</td>
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<td>Household member 8</td>
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<tr>
<td>Household member 9</td>
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</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