Date:	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.

SOCIAL EXPERIENCE

- 1. 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
- 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. 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
- 4. 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

Date:	Time point:	ID:
5. How often has your child followed the rules about the s	social distancing or st	ay-at-home restrictions put in place
in your community?		

- Never
- Seldom
- Sometimes
- Often
- Always
- 6. 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

6.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
- 7. 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
- 8. 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)

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9. In the past 7 days, including today, approximately how	much time each day	does your child [insert choice in
Q9] [Single choice] [create this for each choice in Q9].		

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

Module contains questions 32-40 of full survey