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
5. 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

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