



COPE: Coronavirus Perinatal Experiences - Impact Survey (COPE-IS)

ALL RESPONDENTS

PART 2: COVID-19 EXPOSURES AND SYMPTOMS (SELF AND FAMILY)

We are interested in whether you and your family have been exposed to or are experiencing any symptoms like those seen in COVID-19.

Major symptoms: fever or chill, cough, shortness of breath.

Minor symptoms: sore throat, headache, muscle or body aches, runny nose, fatigue, diarrhea/nausea, vomiting, loss of smell or taste, itchy/red eyes.

1. **For all of the following people, please indicate which has occurred. Check all that apply.**

Section i.

	No symptoms	Currently have symptoms	Symptoms in the past
Self			
Partner			
Newborn			
Other children			
Other living in home			

Section ii.

If click (self) tested, conditional response: Date of test: _____

	Never tested	Tested positive for COVID-19	Tested negative for COVID-19	Tested and waiting for results
Self				
Partner				
Newborn				
Other children				
Other living in home				

2. Have any of the following individuals been in contact with someone who has tested positive for COVID-19? (within 14 days before or after a positive test date) (check all that apply)

- (1) Self
- (2) Partner
- (3) Newborn
- (4) Other children
- (5) Other living in home
- (6) Your parents
- (7) Close friends/neighbors
- (8) Other
- (9) None known

If other, please specify: (open field) _____

3. Do any of the following individuals have higher risk of contracting COVID-19 due to existing medical condition(s) or advanced age? (check all that apply)

- (1) Self
- (2) Partner
- (3) Newborn
- (4) Other children
- (5) Other living in home
- (6) Your parents
- (7) Close friends/neighbor
- (8) Other
- (9) None known

If other, please describe: (open field) _____

4. Would you like to be tested for COVID-19 but have not been able to get tested?

- (1) Yes
- (0) No

5. How many people do you know personally (have met in person) who have become ill with COVID19? (count individual people only once in fields below)

- (1) Confirmed case number? _____
- (2) Suspected case number? _____

6. In general, how distressed are you about your own COVID-19 related symptoms or potential illness?

(Likert scale 1-7, 1 = No distress, 7 = Highly distressed)

7. In general, how distressed are you about COVID-19 related symptoms or potential illness in friends and family?

(Likert scale 1-7, 1 = No distress, 7 = Highly distressed)

Suggested citation: Thomason, M.E., Graham, A., VanTieghem, M.R. (2020). The COPE-IS: Coronavirus Perinatal Experiences – Impact Survey.