

 Environmental influences on Child Health Outcomes A program supported by the NIH		COVID-19 Questionnaire – Adult Alternate Version ECHO-wide Cohort Version 01.31 / April 10, 2020			Form C19-aAV Page 1 of 8	
COHORT ID	SITE ID	PARTICIPANT ID	PIN	COHORT VISIT ID	FORM COMPLETED	
_____	_____	_____	_____	_____	____ / ____ / ____ <i>mm dd yyyy</i>	
ECHO LIFE STAGE			RESPONDENT			
<input type="checkbox"/> ₀₁ Prenatal <input type="checkbox"/> ₀₃ Infancy <input type="checkbox"/> ₀₅ Middle Childhood		<input type="checkbox"/> ₀₂ Perinatal <input type="checkbox"/> ₀₄ Early Childhood <input type="checkbox"/> ₀₆ Adolescence	<input type="checkbox"/> ₀₁ Participant <input type="checkbox"/> ₀₃ Biological Father		<input type="checkbox"/> ₀₂ Biological Mother <input type="checkbox"/> ₀₄ Other Respondent Code: ____	

STUDY STAFF INSTRUCTION: This form should be completed by the pregnant woman enrolled in an ECHO cohort during the prenatal life stage and by the primary caregiver of a child enrolled in an ECHO cohort during the infancy, early childhood, middle childhood, and adolescence life stages. In the prenatal life stage, the pregnant woman’s ID should be used in the header for the participant ID. In all other life stages, the child’s ID should be used in the header for the participant ID.

<p>INSTRUCTIONS:</p> <p><i>This form has 4 sections:</i></p> <ul style="list-style-type: none"> • Section A: COVID-19 Infection • Section B: Impacts of the COVID-19 Outbreak on You • Section C: Impacts of the COVID-19 Outbreak on Pregnancy – Current • Section D: Impacts of the COVID-19 Outbreak on Pregnancy – Recall <p><i>Please complete Sections A and B. If you enrolled in ECHO during pregnancy and are currently pregnant, please also complete Section C. If you enrolled in ECHO during pregnancy and the pregnancy ended after February 28, 2020, please also complete Section D.</i></p> <p><i>These questions are about your experience with COVID-19, or the coronavirus. For each question, do the best you can to remember the details requested.</i></p>
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Section A. COVID-19 Infection

For the following questions, healthcare provider means a doctor, nurse practitioner, physician assistant or anyone you go to for medical care.

1. Has a healthcare provider ever told you that you have, or likely have, COVID-19 (Coronavirus)?

₀₁ Yes

₀₂ No

2. Which of the following symptoms have you had at any point in time since March 1, 2020? (**Mark all that apply**)

₀₁ Fever or chills

₀₂ Cough

₀₃ Shortness of breath

₀₄ Sore throat

₀₅ Headache

₀₆ Muscle or body aches

₀₇ Runny nose

₀₈ Fatigue or excessive sleepiness

₀₉ Diarrhea, nausea, or vomiting

₁₀ Loss of sense of smell or taste

₁₁ Itchy/red eyes

₁₂ None of the above → **skip to Section A, Question 3.**

2.a. Which of the following occurred as a result of your symptoms? (**Mark all that apply**)

₀₁ I was kept overnight in a hospital because a healthcare provider thought I had COVID-19

₀₂ I saw a healthcare provider in person, such as in a clinic, doctor's office, urgent care, or Emergency Room (ER)/Emergency Department (ED)

₀₃ I spoke to a healthcare provider over the phone, by email, or online

₀₄ I self-isolated or quarantined at home

₀₅ None of the above

2.b. In the two weeks before you had symptoms, did you: (**Mark all that apply**)

₀₁ Have contact with someone who tested positive for COVID-19

₀₂ Have contact with someone who likely had COVID-19 (e.g., was not tested but had symptoms; was told by a healthcare provider that he/she likely had it)

₀₃ Travel to a different state or country (please specify: _____)

₀₄ None of the above

