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| ECHO Environmental influences on Child Health Outcomes <small>A program supported by the NIH</small> | | COVID-19 Questionnaire – Adult Primary Version ECHO-wide Cohort Version 01.30 / April 9, 2020 | | | Form C19-aPV Page 1 of 9 | |
| 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.

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| <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 D. Impacts of the COVID-19 Outbreak on Pregnancy - Recall

The following questions are about your recent pregnancy.

1. Which of the following changes did you experience as a result of the COVID-19 outbreak? (**Mark all that apply**)

- ₀₁ I changed from planning a vaginal birth to a C-section
- ₀₂ My planned C-section or labor induction was changed
- ₀₃ I delivered in the hospital instead of at home
- ₀₄ I delivered at home instead of in the hospital
- ₀₅ My healthcare provider canceled some or all of my prenatal visits
- ₀₆ I had more prenatal visits
- ₀₇ My prenatal visits changed from in-person to phone or telemedicine/video
- ₀₈ My support people (e.g., spouse/partner, family) were not permitted to attend delivery or visit after delivery
- ₀₉ I was separated from my baby immediately after delivery
- ₁₀ I changed from planning to breastfeed to feeding only formula
- ₁₁ I changed from planning to feed only formula to breastfeeding
- ₁₂ Nothing changed in my prenatal care, birth or newborn plans

2. In general, how stressed were you about **changes to your birth and newborn experiences** due to the COVID-19 outbreak?

- ₀₁ Not at all
- ₀₂ Mildly
- ₀₃ Moderately
- ₀₄ Extremely

3. How did the support you received from your **prenatal care provider(s)** change due to the COVID-19 outbreak?

- ₀₁ Significantly worsened
- ₀₂ Somewhat worsened
- ₀₃ No change
- ₀₄ Somewhat improved
- ₀₅ Significantly improved

| Setting | Mode |
|--|--|
| <input type="checkbox"/> ₀₁ Clinic or site <input type="checkbox"/> ₀₂ Phone <input type="checkbox"/> ₀₃ Other location | <input type="checkbox"/> ₀₁ Self-administered <input type="checkbox"/> ₀₂ Staff-administered |