

 Environmental influences on Child Health Outcomes <small>A program supported by the NIH</small>		COVID-19 Questionnaire – Child Parent-Report Version ECHO-wide Cohort Version 01.30 / April 9, 2020			Form C19-cPR Page 1 of 5	
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"/> ₀₂ Perinatal		<input type="checkbox"/> ₀₁ Participant		<input type="checkbox"/> ₀₂ Biological Mother
<input type="checkbox"/> ₀₃ Infancy		<input type="checkbox"/> ₀₄ Early Childhood		<input type="checkbox"/> ₀₃ Biological Father		<input type="checkbox"/> ₀₄ Other Respondent
<input type="checkbox"/> ₀₅ Middle Childhood		<input type="checkbox"/> ₀₆ Adolescence		<input type="checkbox"/> Code: __ __		

STUDY STAFF INSTRUCTION: This form should be completed by the primary caregiver of a child enrolled in an ECHO cohort during the life stages of infancy, early childhood, middle childhood, and adolescence through age 12 years. The child’s ID should be used in the header for the participant ID.

<p>INSTRUCTIONS:</p> <p><i>This form has 2 sections:</i></p> <ul style="list-style-type: none"> • Section A: COVID-19 Infection • Section B: Impacts of the COVID-19 Outbreak on the Child Enrolled in ECHO <p><i>Please complete Sections A and B if the child is 12 months old or older. Please complete Section A only if the child is less than 12 months old.</i></p> <p><i>These questions are about the child’s experience with COVID-19, or the coronavirus. For each question, do the best you can to remember the details requested.</i></p>

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. All questions are about the child enrolled in ECHO.

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

₀₁ Yes

₀₂ No

2. Which of the following symptoms has the child 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 the child's symptoms? (**Mark all that apply**)

₀₁ The child was kept overnight in a hospital because a healthcare provider thought he/she had COVID-19

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

₀₃ You/the child spoke to a healthcare provider over the phone, by email, or online

₀₄ You/the child self-isolated or quarantined at home

₀₅ None of the above

2.b. In the two weeks before the child had symptoms, did he/she: (**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

Section A. COVID-19 Infection (continued)

3. Has the child had the nose swab test for the virus that causes COVID-19? (**Mark all that apply**)

- ₀₁ No, I never tried to get the child tested
- ₀₂ No, I tried to get the child tested but was not able to
- ₀₃ Yes, and the child is waiting for the results

If yes → 3.a. When was the date of the child's most recent test? $\frac{\quad}{mm} / \frac{\quad}{yyyy}$

- ₀₄ Yes, and the test showed that the child does not have it (“**negative**” test)

If yes → 3.b. When was the date of the child's most recent **negative** test? $\frac{\quad}{mm} / \frac{\quad}{yyyy}$

- ₀₅ Yes, and the test showed that the child does have it (“**positive**” test)

If yes → 3.c. When was the date of the child's most recent **positive** test? $\frac{\quad}{mm} / \frac{\quad}{yyyy}$

4. Has the child had a blood test to see whether he/she already had the COVID-19 virus (“serology”)? (**Mark all that apply**)

- ₀₁ No, I never tried to get the child tested
- ₀₂ No, I tried to get the child tested but was not able to
- ₀₃ Yes, and the child is waiting for the results

If yes → 4.a. When was the date of the child's most recent test? $\frac{\quad}{mm} / \frac{\quad}{yyyy}$

- ₀₄ Yes, and the test showed that the child did not have it (“**negative**” test)

If yes → 4.b. When was the date of the child's most recent **negative** test? $\frac{\quad}{mm} / \frac{\quad}{yyyy}$

- ₀₅ Yes, and the test showed that the child did have it (“**positive**” test)

If yes → 4.c. When was the date of the child's **positive** test? $\frac{\quad}{mm} / \frac{\quad}{yyyy}$

5. In what ways has the COVID-19 outbreak affected the child's overall healthcare? (**Mark all that apply**)

- ₀₁ The child did not go to healthcare appointments because I was concerned about the child entering the healthcare provider's office
- ₀₂ The child's healthcare provider canceled appointments
- ₀₃ The child's healthcare provider changed to phone or online visits
- ₀₄ The child's healthcare provider told him/her to self-isolate or quarantine
- ₀₅ None of these apply

6. To route you through the remaining questions, is the child 12 months or older?

- ₀₁ Yes
- ₀₂ No → **If marked, skip to END.**

Section B. Impacts of the COVID-19 Outbreak on the Child Enrolled in ECHO

1. Did the child's school/preschool/daycare close because of the COVID-19 outbreak?

₀₁ Yes

₀₂ No → **Skip to Section B, Question 2**

₀₃ The child is not enrolled in any school/preschool/daycare → **Skip to Section B, Question 2**

1.a. Does the child usually receive free meals at school/preschool/daycare?

₀₁ Yes

₀₂ No → **Skip to Section B, Question 1.b**

1.a.1. Has the child's school/preschool/daycare offered meals during the closure from COVID-19?

₀₁ Yes

₀₂ No → **Skip to Section B, Question 1.b**

1.a.1.a. Has the child been able to get the school-provided meals during the COVID-19 associated closure?

₀₁ Yes

₀₂ No

1.b. Has the child's school/preschool/daycare offered online learning while closed?

₀₁ Yes

₀₂ No → **Skip to Section B, Question 2**

1.b.1. Has the child's school/preschool/daycare provided either of the following to support online learning?

a. Free home internet access ₀₁ Yes ₀₂ No

b. Free computer or tablet ₀₁ Yes ₀₂ No

2. What type of internet access does the child have at home? (**Mark all that apply**)

₀₁ High-speed broadband internet ("WiFi") (e.g., DSL, cable, fiber optic)

₀₂ Dial-up internet (not WiFi)

₀₃ Smartphone not connected to WiFi network at home
(e.g., use cellular, LTE, mobile hotspot, neighbor's WiFi)

₀₄ The child does not have internet access at home

} → **Skip to Section B, Question 3**

2.b. Did the child have high-speed broadband internet access at home prior to March 1, 2020?

₀₁ Yes

₀₂ No

Section B. Impacts of the COVID-19 Outbreak on the Child Enrolled in ECHO (continued)

For rows 3.a through 3.h below, please mark 'Less', 'Same amount', or 'More' for how much the child is now engaged in the activity compared to before the COVID-19 outbreak.

	Less	Same amount	More
3. Compared to before the COVID-19 outbreak, <u>how much</u> is the child now doing the following:			
a. Eating	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
b. Sleeping	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
c. Physical activity	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
d. Spending time outside	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
e. Spending time with friends in-person	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
f. Spending time with friends remotely (e.g., online, social media, texting)	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
g. Spending time watching TV, playing video/computer games, or using social media for <u>educational</u> purposes, including school work	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃
h. Spending time watching TV, playing video/computer games, or using social media for <u>non-educational</u> purposes	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃

4. Compared to before the COVID-19 outbreak, does the child seem ...

- ₀₁ much less socially connected
- ₀₂ less socially connected
- ₀₃ slightly less socially connected
- ₀₄ slightly more socially connected
- ₀₅ more socially connected
- ₀₆ much more socially connected

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