

COHORT ID	SITE ID	PARTICIPANT ID	PIN	COHORT VISIT ID	FORM COMPLETED
_____	_____	_____	_____	_____	___/___/___ mm dd yyyy
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			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.

INSTRUCTIONS:

This form has 2 sections:

- *Section A: COVID-19 Infection*
- *Section B: Impacts of the COVID-19 Outbreak on the Child Enrolled in ECHO*

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.

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.

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

- ₀₁ Clinic or site ₀₂ Phone ₀₃ Other location

Mode

- ₀₁ Self-administered ₀₂ Staff-administered