STUDY STAFF INSTRUCTION: This form should be completed by the 13- to 21-year-old child enrolled in an ECHO cohort during the adolescence life stage. 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 You**

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.
Section B. Impacts of the COVID-19 Outbreak on You

1. In what ways has the COVID-19 outbreak affected your overall healthcare? (*Mark all that apply*)
   - [ ] 01 I did not go to healthcare appointments because I was concerned about entering my healthcare provider’s office
   - [ ] 02 My healthcare provider canceled appointments
   - [ ] 03 My healthcare provider changed to phone or online visits
   - [ ] 04 My healthcare provider told me to self-isolate or quarantine
   - [ ] 05 None of these apply

2. Did your school close because of the COVID-19 outbreak?
   - [ ] 01 Yes
   - [ ] 02 No ➔ *Skip to Section B, Question 3*
     - [ ] 02 I am not enrolled in any school ➔ *Skip to Section B, Question 3*

2.a. Do you usually receive free meals at school?
   - [ ] 01 Yes
   - [ ] 02 No ➔ *Skip to Section B, Question 2.b*

2.a.1. Has your school offered meals during the school closure from COVID-19?
   - [ ] 01 Yes
   - [ ] 02 No ➔ *Skip to Section B, Question 2.b*

2.a.1.a. Have you been able to get the school-provided meals during the COVID-19 associated closure?
   - [ ] 01 Yes
   - [ ] 02 No

2.b. Has your school offered online learning while closed?
   - [ ] 01 Yes
   - [ ] 02 No ➔ *Skip to Section B, Question 3*

2.b.1. Has your school 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
Section B. Impacts of the COVID-19 Outbreak on You (continued)

3. What type of internet access do you 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 I do not have internet access at home

   ➜ *Skip to Section B, Question 4*

3.b. Did you have high-speed broadband internet access at home prior to March 1, 2020?
   - [ ] 01 Yes
   - [ ] 02 No

*For rows 4.a through 4.h below, please mark ‘Less’, ‘Same amount’, or ‘More’ for how much you are now engaged in the activity compared to before the COVID-19 outbreak.*

4. Compared to before the COVID-19 outbreak, how much are you now doing the following:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Less</th>
<th>Same amount</th>
<th>More</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eating</td>
<td>[ ] 01</td>
<td>[ ] 02</td>
<td>[ ] 03</td>
</tr>
<tr>
<td>b. Sleeping</td>
<td>[ ] 01</td>
<td>[ ] 02</td>
<td>[ ] 03</td>
</tr>
<tr>
<td>c. Physical activity</td>
<td>[ ] 01</td>
<td>[ ] 02</td>
<td>[ ] 03</td>
</tr>
<tr>
<td>d. Spending time outside</td>
<td>[ ] 01</td>
<td>[ ] 02</td>
<td>[ ] 03</td>
</tr>
<tr>
<td>e. Spending time with friends in-person</td>
<td>[ ] 01</td>
<td>[ ] 02</td>
<td>[ ] 03</td>
</tr>
<tr>
<td>f. Spending time with friends remotely</td>
<td>[ ] 01</td>
<td>[ ] 02</td>
<td>[ ] 03</td>
</tr>
<tr>
<td>g. Spending time watching TV, playing games, or using social media for <em>educational</em> purposes</td>
<td>[ ] 01</td>
<td>[ ] 02</td>
<td>[ ] 03</td>
</tr>
<tr>
<td>h. Spending time watching TV, playing games, or using social media for <em>non-educational</em> purposes</td>
<td>[ ] 01</td>
<td>[ ] 02</td>
<td>[ ] 03</td>
</tr>
</tbody>
</table>

5. Compared to before the COVID-19 outbreak, do you feel …
   - [ ] 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
## Section B. Impacts of the COVID-19 Outbreak on You (continued)

6. What have you done to cope with your stress related to the COVID-19 outbreak? *Mark all that apply*  
- [ ] 01 Meditation and/or mindfulness practices  
- [ ] 02 Engaging in more family activities (e.g., games, sports)  
- [ ] 03 Eating more often, including snacking  
- [ ] 04 Increasing time reading books, or doing activities like puzzles and crosswords  
- [ ] 05 Drinking alcohol  
- [ ] 06 Using tobacco (e.g., smoking; do not include vaping)  
- [ ] 07 Using marijuana (e.g., smoking, edibles; do not include vaping) or cannabidiol (CBD)  
- [ ] 08 Vaping marijuana  
- [ ] 09 Vaping other substances (e.g., using e-cigarettes, e-juice)  
- [ ] 10 Talking to my healthcare providers more frequently, including mental healthcare provider (e.g., therapist, psychologist, counselor)  
- [ ] 11 Volunteer work  
- [ ] 12 I have not done any of these things to cope with the COVID-19 outbreak

7. Please indicate the extent to which you view the COVID-19 outbreak as having either a positive or negative impact on your life.  
- [ ] 01 Extremely negative  
- [ ] 02 Moderately negative  
- [ ] 03 Somewhat negative  
- [ ] 04 No impact  
- [ ] 05 Slightly positive  
- [ ] 06 Moderately positive  
- [ ] 07 Extremely positive

<table>
<thead>
<tr>
<th>Setting</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 01 Clinic or site</td>
<td>☐ 07 Self-administered</td>
</tr>
<tr>
<td>☐ 02 Phone</td>
<td>☐ 02 Staff-administered</td>
</tr>
</tbody>
</table>