<table>
<thead>
<tr>
<th>ECHO LIFE STAGE</th>
<th>RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 01 Prenatal</td>
<td>☐ 02 Biological Mother</td>
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<tr>
<td>☐ 03 Infancy</td>
<td>☐ 03 Biological Father</td>
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<tr>
<td>☐ 05 Middle Childhood</td>
<td>☐ 04 Other Respondent</td>
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<tr>
<td>☐ 06 Adolescence</td>
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</tbody>
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**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 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)?
   - Yes
   - No

2. Which of the following symptoms have you had at any point in time since March 1, 2020? (Mark all that apply)
   - Fever or chills
   - Cough
   - Shortness of breath
   - Sore throat
   - Headache
   - Muscle or body aches
   - Runny nose
   - Fatigue or excessive sleepiness
   - Diarrhea, nausea, or vomiting
   - Loss of sense of smell or taste
   - Itchy/red eyes
   - 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)
   - I was kept overnight in a hospital because a healthcare provider thought I had COVID-19
   - I saw a healthcare provider in person, such as in a clinic, doctor’s office, urgent care, or Emergency Room (ER)/Emergency Department (ED)
   - I spoke to a healthcare provider over the phone, by email, or online
   - I self-isolated or quarantined at home
   - None of the above

2.b. In the two weeks before you had symptoms, did you: (Mark all that apply)
   - Have contact with someone who tested positive for COVID-19
   - 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)
   - Travel to a different state or country (please specify: ____________________)
   - None of the above
Section A. COVID-19 Infection (continued)

3. Have you had the nose swab test for the virus that causes COVID-19? (Mark all that apply)
   - [ ] Yes, and I am waiting for the results
     
     *If yes → 3.a. When was the date of your most recent test? * __ __ / __ __ __ __
     
     *If yes → 3.b. When was the date of your most recent negative test? * __ __ / __ __ __ __
     
     *If yes → 3.c. When was the date of your most recent positive test? * __ __ / __ __ __ __
   
   - [ ] Yes, the test showed that I do not have it ("negative" test)
   - [ ] Yes, the test showed that I do have it ("positive" test)

4. Have you had a blood test to see whether you already had the COVID-19 virus ("serology")? (Mark all that apply)
   - [ ] Yes, and I am waiting for the results
     
     *If yes → 4.a. When was the date of your most recent test? * __ __ / __ __ __ __
     
     *If yes → 4.b. When was the date of your most recent negative test? * __ __ / __ __ __ __
     
     *If yes → 4.c. When was the date of your positive test? * __ __ / __ __ __ __
   
   - [ ] Yes, the test showed that I did not have it ("negative" test)
   - [ ] Yes, the test showed that I did have it ("positive" test)

5. Has anyone else living in your home had, or probably had, COVID-19?
   - [ ] Yes
   - [ ] No

<table>
<thead>
<tr>
<th>Setting</th>
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<tbody>
<tr>
<td>[ ] Clinic or site</td>
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<td>[ ] Phone</td>
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<td>[ ] Other location</td>
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