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 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*)
   - ☐ 01 No, I never tried to get tested
   - ☐ 02 No, I tried to get tested but was not able to
   - ☐ 03 Yes, and I am waiting for the results
   - **If yes** → ☐ 04 Yes, and the test showed that I do not have it (“negative” test)
     - **If yes** → ☐ 05 Yes, and the test showed that I do have it (“positive” test)
     - **If yes** → ☐ 06 Yes, and the test showed that I did 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*)
   - ☐ 01 No, I never tried to get tested
   - ☐ 02 No, I tried to get tested but was not able to
   - ☐ 03 Yes, and I am waiting for the results
   - **If yes** → ☐ 04 Yes, and the test showed that I did not have it (“negative” test)
   - **If yes** → ☐ 05 Yes, and the test showed that I did have it (“positive” test)

5. Has anyone else living in your home had, or probably had, COVID-19?
   - ☐ 01 Yes
   - ☐ 02 No

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<td>☐ 03 Other location</td>
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