

# Covid19 Attitudes Behaviors And Experiences

## Household COVID-19 Exposure

### Parent Report About Child/Child Self-Report (Ages 13+)

During the COVID-19 outbreak (since March 2020), did [you/your child] ever live with someone that was sick with COVID-19?

- Yes  
 No  
 Not sure, I think someone [I/my child] lived with might have had COVID-19

If yes or not sure, who was this? (select all that may apply)

- [My/Child's] Parent  
 [My/Child's] Sibling  
 [My/Child's] Grandparent  
 [My/Child's] Other family members (e.g., aunt, uncle, cousin)  
 [My/Child's] Roommate  
 Other

Specify Other

---

If yes, did any of them die because of COVID-19?  Yes  No

If yes, who died? (select all that may apply)

- [My/Child's] Parent  
 [My/Child's] Sibling  
 [My/Child's] Grandparent  
 [My/Child's] Other family members (e.g., aunt, uncle, cousin)  
 [My/Child's] Roommate  
 Other

Specify Other

---

## Ability to Isolate (Tier 2)

### Parent Self-Report

If it were necessary, could a member of your household isolate themselves from the rest of your household due to suspected COVID-19 infection for as long as needed?

To effectively isolate during a COVID-19 infection, the infected family member would need to stay in a specific "sick room" away from other people or animals and, if possible, use a separate bathroom.

- Yes  
 No  
 Unknown

**Belief That COVID is Serious Disease (Tier 2)****Parent Self-Report/Child Self-Report (Ages 13+)\***

I believe that COVID-19 is a serious disease.

- Yes  
 No  
 Unsure (or don't know)

**Adherence to Social Distancing/Face Coverings (Tier 1)****Parent Self-Report/Child Self-Report (Ages 13+)\***

To the best of your knowledge, which of the following can protect you and your family from COVID-19? (Mark all that apply)

- Standing 6 feet from another person  
 Wearing a face mask  
 Working from home  
 Distance learning (or taking school classes over the computer or remotely)  
 Vaccination for COVID-19

**Vaccine Attitudes (Tier 2)****Parent Self-Report**

Which of the following applies to your plans about the COVID vaccine for your child(ren)?

- My child(ren) is/are already vaccinated  
 I plan on getting the COVID vaccine for my child(ren) as soon as it is available  
 I plan on getting the COVID vaccine for my child(ren) eventually  
 I do not plan on getting the COVID vaccine for my child(ren)  
 I am unsure

If you do not plan on getting the COVID vaccine for your child(ren), why not (mark all that apply)?

- Not available  
 Doctor/healthcare provider did not recommend  
 My friends and family did not recommend  
 I have read information that suggests it is unsafe  
 The vaccine was not well tested in ethnically diverse people  
 The vaccine was not well tested among children  
 I cannot afford the vaccine  
 I do not have time to take my child to be vaccinated  
 My child is at low risk and does not need it  
 It is riskier to go and get it than to stay at home  
 Worried about side effects  
 The vaccine's technology hasn't been tested enough  
 The vaccine was approved too fast  
 No long-term safety data available  
 Concerned about vaccine storage  
 My child already had COVID-19  
 Other (please specify):

Specify other reason