### Household COVID-19 Exposure


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

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### 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)

I believe that COVID-19 is a serious disease.

- [ ] Yes
- [ ] No
- [ ] Unsure (or don’t know)

### Adherence to Social Distancing/Face Coverings (Tier 1)

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