**Demographics**

**COVID-19 Pediatric Joint Group Discussion Recommended Measures**

**Sex**

What was the participant's sex assigned at birth?  
- Female  
- Male  
- Intersex  
- None of these describe the participant  
- Prefer not to answer

**Age**

- [ > 2 years] What is the participant's current age in years?  
  
  (years)

- [ < 2 years ] What is the participant's current age in months?  
  
  (months)

**Gestational age at birth (Tier 2) (Ages 0-2 years)**

If < 2 years of age, what was the participant's gestational age at birth (in weeks)?  

(weeks)

- Unknown  
- Refused

**Ethnicity**

Is the participant of Hispanic, Latino, or Spanish origin?  
- No, not of Hispanic, Latino, or Spanish origin  
- Yes, of Hispanic, Latino, or Spanish origin  
- Prefer not to say

**Race**

What is the participant's race? Mark one or more boxes  
- American Indian or Alaska Native  
- Asian  
- Black or African American  
- Native Hawaiian or Other Pacific Islander  
- White  
- Some other race  
- Prefer not to answer

**Zip Code**

What is the participant's 5-digit zip code?  


Additional Guidance: Participant's zip code and birth date are protected health information, please refer to the guidance document for more information.

### Gender Identity (Tier 2)

Additional Guidance: The Working Group consulted the NIH Sexual & Gender Minority Research Office (SGMRO) to ascertain whether there is an established measure of Gender Identity validated in children as the PhenX P11801 Measure is for participants 18+ years.

As of now, there is not a preferred pediatric-specific validated measure, and this remains an important gap in the SGM data collection repertoire. There are many ongoing efforts to address this gap, including the work of the Measuring Sexual Orientation and Gender Identity (SOGI) Research Group's Youth Subgroup, and an in-progress NIH-commissioned consensus report from the National Academies of Sciences, Engineering, and Medicine on collecting sex, gender identity, and sexual orientation data. One measure used in ages 9-10 in the ABCD Study® is presented below, and this data element will be amended if future guidance on the topic is updated:

| Child Self-Report (Ages 9+) |  ○ Yes  
|---------------------------|--------|
| Are you transgender?      |  ○ Maybe 
|                           |  ○ No  
|                           |  ○ Did not understand |

| Parent Report about Child (Ages 9+) |  ○ Yes  
|-------------------------------------|--------|
| Is your child transgender?          |  ○ Maybe/dont know  
|                                    |  ○ No  
|                                    |  ○ Decline to answer |