

Health Related Behaviors

Physical Activity (Tier 2)

Parent Report About Child (Ages 5+)

During the past week, on how many days did this child exercise, play a sport, or participate in physical activity (including physical education classes) for at least 60 minutes?

- 0 days
- 1-3 days
- 4-6 days
- Every day

How has this changed compared to before the COVID-19 outbreak (before March 2020)?

- Fewer days
- Same number of days
- More days
- Don't know

Sleep Quality

Child Self-Report (Ages 13+)*

How has your quality of sleep changed compared to before the COVID-19 outbreak (before March 2020)?

- It's gotten a lot worse
- It's gotten a little worse
- Stayed the same
- It's gotten a little better
- It's gotten a lot better

Additional Guidance: DSM-5 Cross-Cutting Symptom Measure (below) also covers sleep problems and refers to subsequent PROMIS measures for sleep impairment.

Sleep Duration (Tier 2)

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

Consider the question as pertaining to the last week in your/your child's life.

How many hours of sleep did you/your child get on most nights?

- More than 11 hours
- 9-11 hours
- 8-9 hours
- 7-8 hours
- 5-7 hours
- Less than 5 hours
- Don't know

How has this changed compared to before the COVID-19 outbreak (before March 2020)?

- Less time
- Same time
- More time
- Don't know

Baseline Child Health [also covered in Joint Group Discussion section]**Parent Report About Child****Has a doctor or other health care provider EVER told you that this child has...**

Tourette Syndrome Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Depression Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Anxiety problems Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Autism or Autism Spectrum Disorder (ASD), Asperger's Disorder, Pervasive Developmental Disorder (PDD) Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (ADD/ADHD)* Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Chronic fatigue Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Post-traumatic stress disorder (PTSD) Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Suicidal thoughts or behaviors Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Mania or bipolar disorder Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Has a doctor, other health care provider, or educator EVER told you that this child has...

Behavioral disorder or conduct problems Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Developmental delay Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Intellectual disability (formerly known as mental retardation) Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Speech or other language disorder Yes No

if yes, does this child CURRENTLY have the condition? Yes No

Learning disability Yes No

if yes, does this child CURRENTLY have the condition? Yes No