

## **COPE: Coronavirus Perinatal Experiences - Impact Survey (COPE-IS)**

## ALL RESPONDENTS

## PART 5: COVID-19 OUTBREAK – RESTRICTED ACTIVITIES

- 1. Which of the following situations apply to you and your family? (check all that apply)
  - (1) No restrictions currently
  - (2) Voluntary quarantine due to fear of exposure
  - (3) Voluntary quarantine due to confirmed/suspected case in household
  - (4) Mandated self-isolation/quarantine by medical professional due to confirmed/suspected case (not allowed to go out for any reason including groceries)
  - (5) Stay-at-home order by local government and/or employer urging people to stay home (e.g., can still take walks and socialize outdoors while maintaining social distancing)
  - (6) Shelter-in-place order by local government (i.e., only permitted outdoors for essential purposes)
- 2. Do you agree with the restrictions that have been recommended or required by your local and national government?
  - (1) I think the restrictions are too lax
  - (2) I think the restrictions are too strict
  - (3) I think the restrictions are good
- 3. In your home do have access to...
  - (1) An internet connected phone?
    - (1) Yes
    - (0) No
  - (2) An internet connected computer?
    - (1) Yes

(0) No	
(3) A quiet pla	ce for private calls, work or individual activities?
(1) Yes	
(0) No	
(4) Private out	door space (i.e. yard)?
(1) Ye	5
(0) No	
(5) Public outd	oor space(s)?
(1) Yes	
(0) No	
	ing behaviors are you restricting on purpose (you have decided to do these that apply; leave blank if none apply)
	ontact with family inside the home (i.e. you have decided to stay separate from sembers of your household)
(2) In-person c	ontact with family who live outside the home
(3) In-person c	ontact with friends
(4) In-person c	ontact with other pregnant women or parents
(5) In-person c	ontact with colleagues at work
(6) Regular chi	ldcare by outside care provider
(7) Family or p	ersonal travel
(8) Family activ	vities in outdoor spaces (e.g., beaches, forests, national parks)
(9) Family activ	vities in public spaces (e.g., museums, playgrounds, theatres)
(10) Going to r	estaurants or stores
(11) Indoor ex	ercise classes or recreational sports
(12) In-person	events in the community
(13) In-person	religious services
5. Which activity do yo	ou miss the most? (choose one)
(1) In-person c	ontact with family and/or friends
(2) In-person c	ontact with colleagues at work

(3) In-person contact with other pregnant women or parents
(4) Breaks from childcare duties
(5) Family or personal travel
(6) Family activities in public spaces (e.g., museums, playgrounds, theatres)
(7) Outdoor recreational activities
(8) Going to restaurants or stores
(9) Indoor exercise classes or recreational sports
(10) In-person events in the community
(11) In-person religious services
(12) Other
If other, please list:

## 6. Do you have any of the following concerns for your family? For items of concern, please indicate your feelings ...

	Not of concern	Mildly distressing	Moderately distressing	Highly distressing
Reduced access to				
foods or goods in				
the future				
Reduced access to				
medicine and				
hygiene supplies				
in the future				
Reduced access to				
baby supplies				
(e.g. Formula,				
diapers, wipes) in				
the future				
Reduced access to				
mental health				
care in the future				
Reduced access to				
general health				
care in the future				
Reduced access to				
positive social				
interactions due				
to social				
distancing and/or				
quarantine				

19 outbreak? (select all that apply)				
(1) Prenatal or postpartum medical care providers				
(2) Child's pediatrician				
(3) Other pregnant women/new moms				
(4) Family or friends				
(5) International health organizations (e.g. WHO)				
(6) Centers for Disease Control and Prevention (CDC)				
(7) Federal government				
(8) State health department				
(9) Local government (city or county)				
(10) Social network sites (e.g. Facebook)				
(11) National news				
(12) Local news				
(13) Websites about pregnancy				
(14) Other community				
(15) Other				
If other, please list:				

7. Which one of these sources do you find the most useful for receiving information about the COVID-

**Suggested citation**: Thomason, M.E., Graham, A., VanTieghem, M.R. (2020). The COPE-IS: Coronavirus Perinatal Experiences – Impact Survey.

\*Questions #1-7 are listed as questions 18 – 24 in original survey