ECHO Environmental influences on Child Health Outcomes A program supported by the NIH	**COVID-19 Questionnaire – Adult Alternate Version** ECHO-wide Cohort Version 01.31 / April 10, 2020				**Form C19-aAV** Page **1** of **8**
COHORT ID	**SITE ID**	**PARTICIPANT ID**	**PIN**	**COHORT VISIT ID**	**FORM COMPLETED**
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ECHO LIFE STAGE		**RESPONDENT**	
☐ 01 Prenatal	☐ 02 Perinatal	☐ 01 Participant	☐ 02 Biological Mother
☐ 03 Infancy	☐ 04 Early Childhood	☐ 03 Biological Father	☐ 04 Other Respondent
☐ 05 Middle Childhood	☐ 06 Adolescence		→ Code: _ _

STUDY STAFF INSTRUCTION: This form should be completed by the pregnant woman enrolled in an ECHO cohort during the prenatal life stage and by the primary caregiver of a child enrolled in an ECHO cohort during the infancy, early childhood, middle childhood, and adolescence life stages. In the prenatal life stage, the pregnant woman's ID should be used in the header for the participant ID. In all other life stages, the child's ID should be used in the header for the participant ID.

INSTRUCTIONS:

This form has 4 sections:

- *Section A: COVID-19 Infection*
- *Section B: Impacts of the COVID-19 Outbreak on You*
- *Section C: Impacts of the COVID-19 Outbreak on Pregnancy – Current*
- *Section D: Impacts of the COVID-19 Outbreak on Pregnancy – Recall*

Please complete Sections A and B. If you enrolled in ECHO during pregnancy and are currently pregnant, please also complete Section C. If you enrolled in ECHO during pregnancy and the pregnancy ended after February 28, 2020, please also complete Section D.

These questions are about your experience with COVID-19, or the coronavirus. For each question, do the best you can to remember the details requested.

Section A. COVID-19 Infection

For the following questions, healthcare provider means a doctor, nurse practitioner, physician assistant or anyone you go to for medical care.

1. Has a healthcare provider ever told you that you have, or likely have, COVID-19 (Coronavirus)?

- ☐ 01 Yes
- ☐ 02 No

2. Which of the following symptoms have you had at any point in time since March 1, 2020? (***Mark all that apply***)

- ☐ 01 Fever or chills
- ☐ 02 Cough
- ☐ 03 Shortness of breath
- ☐ 04 Sore throat
- ☐ 05 Headache
- ☐ 06 Muscle or body aches
- ☐ 07 Runny nose
- ☐ 08 Fatigue or excessive sleepiness
- ☐ 09 Diarrhea, nausea, or vomiting
- ☐ 10 Loss of sense of smell or taste
- ☐ 11 Itchy/red eyes
- ☐ 12 None of the above ➔ ***skip to Section A, Question 3.***

2.a. Which of the following occurred as a result of your symptoms? (***Mark all that apply***)

- ☐ 01 I was kept overnight in a hospital because a healthcare provider thought I had COVID-19
- ☐ 02 I saw a healthcare provider in person, such as in a clinic, doctor's office, urgent care, or Emergency Room (ER)/Emergency Department (ED)
- ☐ 03 I spoke to a healthcare provider over the phone, by email, or online
- ☐ 04 I self-isolated or quarantined at home
- ☐ 05 None of the above

2.b. In the two weeks before you had symptoms, did you: (***Mark all that apply***)

- ☐ 01 Have contact with someone who tested positive for COVID-19
- ☐ 02 Have contact with someone who likely had COVID-19 (e.g., was not tested but had symptoms; was told by a healthcare provider that he/she likely had it)
- ☐ 03 Travel to a different state or country (please specify: _____)
- ☐ 04 None of the above

Section A. COVID-19 Infection (continued)

3. Have you had the nose swab test for the virus that causes COVID-19? (***Mark all that apply***)

- ☐ 01 No, I never tried to get tested
- ☐ 02 No, I tried to get tested but was not able to
- ☐ 03 Yes, and I am waiting for the results

  If yes ➔ **3.a.** When was the date of your most recent test? __ __ /__ __ __ __ (*mm* / *yyyy*)

- ☐ 04 Yes, and the test showed that I do not have it ("**negative**" test)

  If yes ➔ **3.b.** When was the date of your most recent **negative** test? __ __ /__ __ __ __ (*mm* / *yyyy*)

- ☐ 05 Yes, and the test showed that I do have it ("**positive**" test)

  If yes ➔ **3.c.** When was the date of your most recent **positive** test? __ __ /__ __ __ __ (*mm* / *yyyy*)

4. Have you had a blood test to see whether you already had the COVID-19 virus ("serology")? (***Mark all that apply***)

- ☐ 01 No, I never tried to get tested
- ☐ 02 No, I tried to get tested but was not able to
- ☐ 03 Yes, and I am waiting for the results

  If yes ➔ **4.a.** When was the date of your most recent test? __ __ /__ __ __ __ (*mm* / *yyyy*)

- ☐ 04 Yes, and the test showed that I did not have it ("**negative**" test)

  If yes ➔ **4.b.** When was the date of your most recent **negative** test? __ __ /__ __ __ __ (*mm* / *yyyy*)

- ☐ 05 Yes, and the test showed that I did have it ("**positive**" test)

  If yes ➔ **4.c.** When was the date of your **positive** test? __ __ /__ __ __ __ (*mm* / *yyyy*)

5. Has anyone else living in your home had, or probably had, COVID-19?

- ☐ 01 Yes
- ☐ 02 No

Section B. Impacts of the COVID-19 Outbreak on You

1. In what ways has the COVID-19 outbreak affected your overall healthcare? (***Mark all that apply***)

- ☐ 01 I did not go to healthcare appointments because I was concerned about entering my healthcare provider's office
- ☐ 02 My healthcare provider canceled appointments
- ☐ 03 My healthcare provider changed to phone or online visits
- ☐ 04 My healthcare provider told me to self-isolate or quarantine
- ☐ 05 None of these apply

2. Which of the following behaviors have you done less because of the COVID-19 outbreak? (***Mark all that apply***)

- ☐ 01 In-person contact with people inside the home (that is, you are quarantined separately from one or more family or household members)
- ☐ 02 In-person contact with family who live outside the home
- ☐ 03 In-person contact with friends
- ☐ 04 In-person contact with colleagues at work
- ☐ 05 In-person events in the community, including religious events
- ☐ 06 None of these apply

3. Which of the following behaviors have you changed because of the COVID-19 outbreak? (***Mark all that apply***)

- ☐ 01 Eat more home-cooked meals
- ☐ 02 Eat more takeout / delivered food
- ☐ 03 Get more physical exercise
- ☐ 04 Get less physical exercise
- ☐ 05 Spend more time outdoors in nature
- ☐ 06 Spend less time outdoors in nature
- ☐ 07 None of these apply

4. In what ways has the COVID-19 outbreak affected your work? (***Mark all that apply***)

- ☐ 01 I moved to working remotely or from home
- ☐ 02 I lost my job permanently
- ☐ 03 I lost my job temporarily, or was not told for how long
- ☐ 04 I got a new job
- ☐ 05 I reduced my work hours
- ☐ 06 I increased my work hours
- ☐ 07 My job put me at increased risk of getting COVID-19
- ☐ 08 I laid off employees
- ☐ 09 I did not have a paying job before the COVID-19 outbreak
- ☐ 10 None of these apply

Section B. Impacts of the COVID-19 Outbreak on You (continued)

5. In what ways has the COVID-19 outbreak affected your spouse/partner's work? (***Mark all that apply***)

- ☐ 00 Not applicable – I do not have a spouse/partner ➔ ***If marked, skip to Section B, Question 6.***
- ☐ 01 My spouse/partner moved to working remotely or from home
- ☐ 02 My spouse/partner lost his/her job permanently
- ☐ 03 My spouse/partner lost his/her job temporarily, or was not told for how long
- ☐ 04 My spouse/partner got a new job
- ☐ 05 My spouse/partner reduced his/her work hours
- ☐ 06 My spouse/partner increased his/her work hours
- ☐ 07 My spouse/partner's job put him/her at increased risk of getting COVID-19
- ☐ 08 My spouse/partner laid off employees
- ☐ 09 My spouse/partner did not have a paying job before the COVID-19 outbreak
- ☐ 10 None of these apply

6. How has the COVID-19 outbreak affected your regular childcare? (***Mark all that apply***)

- ☐ 01 I had difficulty arranging for childcare
- ☐ 02 I had to pay more for childcare
- ☐ 03 My spouse/partner or I had to change our work schedule to care for our children ourselves
- ☐ 04 My regular childcare has not been affected by the COVID-19 outbreak
- ☐ 05 I do not have a child in childcare.

7. What have been your greatest sources of stress from the COVID-19 outbreak? (***Mark all that apply***)

- ☐ 01 Health concerns
- ☐ 02 Financial concerns
- ☐ 03 Impact on work
- ☐ 04 Impact on your child
- ☐ 05 Impact on your community
- ☐ 06 Impact on family members
- ☐ 07 Access to food
- ☐ 08 Access to baby supplies (e.g., formula, diapers, wipes)
- ☐ 09 Access to personal care products or household supplies
- ☐ 10 Access to medical care, including mental health care
- ☐ 11 Social distancing or being quarantined
- ☐ 12 I am not stressed about the COVID-19 outbreak

Section B. Impacts of the COVID-19 Outbreak on You (continued)

8. What have you done to cope with your stress related to the COVID-19 outbreak? (***Mark all that apply***)

- ☐ 01 Meditation and/or mindfulness practices
- ☐ 02 Talking with friends and family (e.g., by phone, text, or video)
- ☐ 03 Engaging in more family activities (e.g., games, sports)
- ☐ 04 Increased television watching or other "screen time" activities (e.g., video games, social media)
- ☐ 05 Eating more often, including snacking
- ☐ 06 Increasing time reading books, or doing activities like puzzles and crosswords
- ☐ 07 Drinking alcohol
- ☐ 08 Using tobacco (e.g., smoking, vaping)
- ☐ 09 Using marijuana (e.g., vaping, smoking, eating) or cannabidiol (CBD)
- ☐ 10 Talking to my healthcare providers more frequently, including mental healthcare provider (e.g., therapist, psychologist, counselor)
- ☐ 11 Volunteer work
- ☐ 12 I have not done any of these things to cope with the COVID-19 outbreak

9. Please indicate the extent to which you view the COVID-19 outbreak as having either a positive or negative impact on your life.

- ☐ 01 Extremely negative
- ☐ 02 Moderately negative
- ☐ 03 Somewhat negative
- ☐ 04 No impact
- ☐ 05 Slightly positive
- ☐ 06 Moderately positive
- ☐ 07 Extremely positive

10. To route you through the remaining questions, please mark whether:

- ☐ 01 you enrolled in ECHO during pregnancy and are currently pregnant → ***If marked, skip to Section C.***
- ☐ 02 you enrolled in ECHO during pregnancy and the pregnancy ended after February 28, 2020 → ***If marked, skip to Section D.***
- ☐ 03 neither of the above → ***If marked, skip to END.***

Section C. Impacts of the COVID-19 Outbreak on Pregnancy - Current

The following questions are about your current pregnancy.

1. Which of the following changes have you experienced as a result of the COVID-19 outbreak? (***Mark all that apply***)

- ☐ 01 I changed from planning a vaginal birth to a C-section
- ☐ 02 My planned C-section or labor induction was changed
- ☐ 03 I changed from planning a home birth to planning a hospital birth
- ☐ 04 I changed from planning a hospital birth to planning a home birth
- ☐ 05 My healthcare provider canceled some or all of my prenatal visits
- ☐ 06 I had more prenatal visits
- ☐ 07 My prenatal visits changed from in-person to phone or telemedicine/video
- ☐ 08 Nothing changed in my prenatal care or birth plan

2. In general, how distressed are you about **changes to your prenatal care** due to the COVID-19 outbreak?

- ☐ 01 Not at all
- ☐ 02 Mildly
- ☐ 03 Moderately
- ☐ 04 Extremely

3. How has the support you receive from your **prenatal care provider(s)** changed due to the COVID-19 outbreak?

- ☐ 01 Significantly worsened
- ☐ 02 Somewhat worsened
- ☐ 03 No change
- ☐ 04 Somewhat improved
- ☐ 05 Significantly improved

(***Participants completing Section C ➔ skip to END)***

Section D. Impacts of the COVID-19 Outbreak on Pregnancy - Recall

The following questions are about your recent pregnancy.

1. Which of the following changes did you experience as a result of the COVID-19 outbreak? (***Mark all that apply***)

- ☐ 01 I changed from planning a vaginal birth to a C-section
- ☐ 02 My planned C-section or labor induction was changed
- ☐ 03 I delivered in the hospital instead of at home
- ☐ 04 I delivered at home instead of in the hospital
- ☐ 05 My healthcare provider canceled some or all of my prenatal visits
- ☐ 06 I had more prenatal visits
- ☐ 07 My prenatal visits changed from in-person to phone or telemedicine/video
- ☐ 08 My support people (e.g., spouse/partner, family) were not permitted to attend delivery or visit after delivery
- ☐ 09 I was separated from my baby immediately after delivery
- ☐ 10 I changed from planning to breastfeed to feeding only formula
- ☐ 11 I changed from planning to feed only formula to breastfeeding
- ☐ 12 Nothing changed in my prenatal care, birth or newborn plans

2. In general, how stressed were you about **changes to your birth and newborn experiences** due to the COVID-19 outbreak?

- ☐ 01 Not at all
- ☐ 02 Mildly
- ☐ 03 Moderately
- ☐ 04 Extremely

3. How did the support you received from your **prenatal care provider(s)** change due to the COVID-19 outbreak?

- ☐ 01 Significantly worsened
- ☐ 02 Somewhat worsened
- ☐ 03 No change
- ☐ 04 Somewhat improved
- ☐ 05 Significantly improved

Setting	Mode
☐ 01 Clinic or site ☐ 02 Phone ☐ 03 Other location	☐ 01 Self-administered ☐ 02 Staff-administered