ECHO
Environmental influences
on Child Health Outcomes

A program supported by the NIH

COHORT ID	SITE ID	PARTICIPANT ID	PIN	COHORT VISIT ID	FORM COMPLETED
_ _ _ _ _	_ _ _ _	_____	_ _ _	_____	_ _ / _ _ / _ _ _ _
					mm dd yyyy

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 13- to 21-year-old child enrolled in an ECHO cohort during the adolescence life stage. The child's ID should be used in the header for the participant ID.

INSTRUCTIONS:

This form has 2 sections:
- *Section A: COVID-19 Infection*
- *Section B: Impacts of the COVID-19 Outbreak on You*

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.

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COVID-19 Questionnaire – Child
Self-Report Primary Version
ECHO-wide Cohort Version 01.30 / April 9, 2020

Form C19-aPV
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PARTICIPANT ID
_____

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 <u>do not</u> 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 <u>do</u> 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 <u>did not</u> 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 <u>did</u> 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

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