

Date: \_\_\_\_\_

Time point: \_\_\_\_\_ ID: \_\_\_\_\_

## **COVID-19 Adolescent Symptom & Psychological Experience Questionnaire (CASPE) - PARENT**

Thank you for participating in our research study. The questions below are about your child's experience during the Coronavirus or COVID-19 outbreak. Your responses to the following questions are very important to us. Please read each question carefully and answer as accurately as you can.

### **EXPERIENCE RELATED TO COVID-19**

1. Overall, how much has the COVID-19 outbreak, and the resulting changes to daily life, affected your child's life in a negative way?

- No at all
- A little
- Somewhat
- A lot
- A great deal

2. What event or change to daily life has been the most negative for your child? (check up to three)

- Worried about someone who has or has had the virus
- Having to stay at home
- Not seeing friends in person
- Thinking about how many people are dying because of the virus
- Not going to school
- Spending more time with family
- Increased stress or disorientation from not having a schedule
- Not having access to things they need (i.e., food, products)
- Other: \_\_\_\_\_

3. Overall, how much has the COVID-19 outbreak, and the resulting changes to daily life, affected your child's life in a positive way?

- Not at all
- A little
- Somewhat
- A lot
- A great deal

4. What event or change to daily life has been the most positive for your child? (check all that apply)

- Reduced amount of schoolwork or no schoolwork
- Less stress/pressure from school and activities
- More time to relax
- Getting to do things they don't usually have time for (i.e., art, music, writing, cooking)
- Getting more recreational time on the phone/computer (i.e., texting, social media)
- Getting to watch more TV/movies
- More time to exercise or go outside
- Getting more sleep
- Spending more time with family
- Spending more time with my pet(s)
- Not having to have unwanted interactions with other kids at school
- Feeling like they have more control in creating their own schedule

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- Other: \_\_\_\_\_

5. Has your child been tested for COVID-19?

- Yes
- No

5.a. If yes, was the COVID-19 test positive?

- Yes
- No

**5.b.** If yes, please indicate the date. Your response should be in this format: **mm/dd/yyyy**

\_\_\_\_\_

6. In the past 4 weeks, has your child had any flu-like symptoms (e.g., fever, dry cough, shortness of breath)?

- Yes
  - If yes, which symptoms did your child have? (select all that apply)
    - Fever
    - Dry Cough
    - Fatigue
    - Sputum Production (thick mucus from lungs)
    - Sore Throat
    - Shortness of Breath
    - Headache
    - Muscle or Joint Pain
    - Diarrhea
    - Nausea or Vomiting
    - Chills
    - Nasal Congestion
    - Red/itchy eye
- No

7. Has your child been hospitalized because of COVID-19?

- Yes
  - If yes, for how long? \_\_\_\_\_
- No

8. Has your child been quarantined at home (i.e. isolated from other people for 14 days or more) because they were exposed to COVID-19?

- Yes
  - If yes, for how long? \_\_\_\_\_
- No

9. Do you know anyone who has tested positive for COVID-19?

- Yes (who): \_\_\_\_\_
- No

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10. Please fill in the table below with information about all of the people living in your household at this time:

	Relationship to you	Age
Household member 1		
Household member 2		
Household member 3		
Household member 4		
Household member 5		
Household member 6		
Household member 7		
Household member 8		
Household member 9		

11. How many people in your household have or have had COVID-19?

- Number: \_\_\_\_\_
- None

12. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) been hospitalized because they had COVID-19?

- Yes (who): \_\_\_\_\_
- No

13. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) been quarantined at home (i.e. isolated from other people for 14 days or more) because they had or were exposed to COVID-19?

- Yes (who): \_\_\_\_\_
- No

14. Has anyone in your household or extended family (i.e., grandparent, uncle/aunt, cousin) died because they had COVID-19?

- Yes (who): \_\_\_\_\_
- No

15. Have any of your child's friends (or their family members) had COVID-19?

- Yes (who): \_\_\_\_\_
- No

16. Have any of your child's friends (or their family members) been hospitalized because of COVID-19?

- Yes (who): \_\_\_\_\_
- No

17. Have any of your child's friends been quarantined at home (i.e. isolated from other people for 14 days or more) because they had or were exposed to COVID-19?

- Yes (who): \_\_\_\_\_
- No

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18. On what date did your child's school close because of the COVID-19 outbreak? Your response should be in this format: **mm/dd/yyyy**

\_\_\_\_\_

19. Following school closures, how did your child continue with schoolwork? (consider after Spring Break if schools closed during that time)

- School sent printed packets and/or recommendations
- School sent on-line assignments to complete without virtual classes
- School organized on-line classes
- Signed-up for a different on-line academic program
- There has been no school since then
- Already in cyber school
- Other (Please specify): \_\_\_\_\_

20. How were you involved in assisting your child with schoolwork?

- Extremely involved
- Very involved
- Moderately involved
- Slightly involved
- Not at all involved

21. On what date did your State issue a stay-at-home order (if relevant)? Your response should be in this format: **mm/dd/yyyy**

\_\_\_\_\_

- No order issued