

# Y\_ABCD COVID-19 Questionnaire

We're reaching out to all the students in ABCD to learn more about the effects of the coronavirus pandemic on children and their families. We would like to ask you some questions about your experience. This will take about 10 minutes.

Thank you so much for your input!

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Do you currently have any pets?

- Yes  
 No

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Please select all the pets that you currently have:

- Dog  
 Cat  
 Horse  
 Fish  
 Small animal (e.g., rabbit, hamster, bird)  
 Other

## School Schedule

In the past week, is your schooling like it was in January 2020?

- No - I was going to school in person and now it's online /school-at-home
- No - I was going to school in person and now I'm not doing any in-person or school-at-home activity
- No - I was going to school in person all school days; now my school is in-person only some days or part of the usual school day
- No - school is out for summer, or I'm doing a summer school program
- Yes - I go to my school all school days, in person
- Yes - I am doing my same homeschool/online school program
- Other

In the past week on an average weekday, how many hours per day did you spend doing school or school-like activities, including online or in-person school?

Reading/Language Arts/Social Studies:

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- More than 10 hours
- Don't know (Hours)

Math/Science:

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- More than 10 hours
- Don't know (Hours)

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Other:

- 0
  - 15 minutes
  - 30 minutes
  - 45 minutes
  - 1 hour
  - 1.5 hours
  - 2 hours
  - 3 hours
  - 4 hours
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 hours
  - 9 hours
  - 10 hours
  - More than 10 hours
  - Don't know
- (Hours)

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Of this time, how many hours per day did you spend in on-line classes, or other school-related on-line gatherings with other students or teachers?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23

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In the past week, about how many days per week was a parent (or other adult taking care of you) involved with your school work?

- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
- (Days)

**How many days (0-7) did your parent (or other adult taking care of you):**

	0	1	2	3	4	5	6	7	Don't know
Assist you with managing school schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check homework and assignments with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Directly teach you concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create assignments and activities beyond what your school assigned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In the past week**

	Very easy	A little easy	Medium	A little hard	Very hard
Did you find that your school work was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	Slightly	Moderately	Very	Extremely
How worried are you about missing school in-person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much did you enjoy school?

- Much more than when my school was fully physically opened
- A little more than when my school was fully physically opened
- About the same when my school was fully physically opened
- A little less than when my school was fully physically opened
- Much less than when my school was fully physically opened

**Routine****Report on your typical sleep behavior over the past week.**

I go to bed at:

- 7 PM
- 8 PM
- 9 PM
- 10 PM
- 11 PM
- 12 AM
- 1 AM
- 2 AM
- 3 AM
- 4 AM
- 5 AM
- 6 AM
- (Hours)

I actually start trying to fall asleep at:

- 7 PM
- 8 PM
- 9 PM
- 10 PM
- 11 PM
- 12 AM
- 1 AM
- 2 AM
- 3 AM
- 4 AM
- 5 AM
- 6 AM
- (Hours)

I need \_\_\_\_\_ minutes to fall asleep.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 15
- 20
- 25
- 30
- 40
- 50
- 1 hour
- 1 hour 15 minute
- 1 hour 30 minute
- 1 hour 45 minute
- 2 hours
- 3 hours
- 4 hours

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After falling asleep, I wake up \_\_\_\_ times during the night.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

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Altogether, these awakenings last \_\_\_\_\_ minutes.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 15
- 20
- 25
- 30
- 40
- 50
- 1 hour
- 1 hour 15 minute
- 1 hour 30 minute
- 1 hour 45 minute
- 2 hours
- 3 hours
- 4 hours

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I wake up at:

- 4 AM
- 5 AM
- 6 AM
- 7 AM
- 8 AM
- 9 AM
- 10 AM
- 11 AM
- 12 PM
- 1 PM
- 2 PM
- 3 PM
- 4 PM
- (Hours)

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After \_\_\_\_\_ minutes I get up.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 15
- 20
- 25
- 30
- 40
- 50
- 1 hour
- 1 hour 15 minute
- 1 hour 30 minute
- 1 hour 45 minute
- 2 hours
- 3 hours
- 4 hours

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I start my school work at:

- 4 AM
- 5 AM
- 6 AM
- 7 AM
- 8 AM
- 9 AM
- 10 AM
- 11 AM
- 12 PM
- 1 PM
- 2 PM
- 3 PM
- 4 PM
- Not applicable  
(Hours)



**Please answer the following questions about the way things were over the past week.**

	Never	Rarely	Occasionally	Frequently	Very frequently
I kept a morning routine (that is, I usually did the same thing each morning)...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I kept a bedtime routine (that is, I usually did the same thing each night before bed)...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participated in family activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had regular meals...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did outdoor activities...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried that my family would not have enough money to pay for necessities like clothing or bills...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I witnessed racism or discrimination in relation to coronavirus...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced racism or discrimination in relation to coronavirus...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



I worried that my family would not have enough money to pay for necessities like clothing or bills...

**The next set of questions are about your life over the past week. For questions about your parents/guardians, answer for the parent who best knows where you are.**

	Never	Almost Never	Sometimes	Often	Always or Almost Always
How often do your parents/guardians know where you are?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you are at home when your parents or guardians are not, how often do you know how to get in touch with them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you talk to your mom/dad or guardian about your plans for the coming day, such as your plans about what will happen at school (or school-at-home) or what you are going to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times do you and your parents/guardians eat dinner together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 **Relationships**

In the last week, the relationships between members of your family are:

- A lot worse
- A little worse
- About the same
- A little better
- A lot better

In the last week, your friendships are:

- A lot worse
- A little worse
- About the same
- A little better
- A lot better

Are you separated from a close family member (like can't be together with a parent, or can't visit a close family member)?

- Yes
- No
- Don't know

Was this a mostly good or bad experience?


- Mostly good
- Mostly bad
- Don't know

How much has this affected you?

- Not at All
- A Little
- Some
- A lot

Is this due to the coronavirus situation?

- Yes
- No
- Don't know

**In the past week:** 


	Not at all	Slightly	Moderately	Very	Extremely
How worried have you been about coronavirus (COVID-19)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How worried have others around you been about coronavirus (COVID-19)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you think your life has changed due to coronavirus (COVID-19)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How hopeful are you that the coronavirus/COVID-19 crisis in your area will end soon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very slightly or not at all	Slightly	Moderately	Quite a bit	Extremely
COVID-19 presents a lot of uncertainty about the future. In the past 7 days, including today, how stressful have you found this uncertainty to be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




**These questions ask about your feelings and thoughts in the last month. Please indicate how often you felt or thought a certain way.**

	Never	Almost Never	Sometimes	Fairly often	Very Often
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past week...					
	Never	Almost Never	Sometimes	Often	Almost Always
I felt like I couldn't do anything right	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt everything in my life went wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not stop feeling sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was hard for me to have fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt angry or frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do you think your mental health (emotional well-being) is in the past week compared to normal?

- much worse
- a little worse
- about the same
- a little better
- much better

**Next are items that describe how kids feel. Please rate how each item describes you now or within the past week. Please answer with one of the following options: Not True, Somewhat True, or Very True.** 


	Not true	Somewhat true	Very true	Don't know
I felt attentive (that is, alert or able to pay attention)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt delighted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt at ease (Definition: relaxed, comfortable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt enthusiastic (Definition: very excited)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt energetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt able to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In the past week...**



	Never	Almost Never	Sometimes	Often	Almost Always
I felt scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried about what could happen to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt like something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried when I went to bed at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worried when I was at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got scared really easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Below is a list of comments made by people after a stressful life event. Thinking about the coronavirus situation, please check each item showing how often these comments were true for you in the past week. If they did not occur this week, check "not at all".** 

	Not at all	Rarely	Sometimes	Often
Do you think about it even when you don't mean to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you try to remove it from your memory?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have waves of strong feelings about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you stay away from reminders of it (e.g. places or situations?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you try not to talk about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do pictures about it pop into your mind?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do other things keep making you think about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you try not to think about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt angry or frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Compared before you had to stay at home due to the coronavirus:** 


	Noticeably Decreased	Somewhat Decreased	Has Not Changed	Somewhat Increased	Noticeably Increased	Not applicable
How has the frequency of your on-line communication changed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How has the frequency of your communication changed during this time with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How has the frequency of your communication changed during this time with parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How has the frequency of your communication changed during this time with siblings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Compared before you had to stay at home due to the coronavirus:** 

	Noticeably more negative	Somewhat more negative	Has not changed	Somewhat more positive	Noticeably more positive	Not applicable
How has the tone of your communication changed during this time with friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How has the tone of your communication changed during this time with parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How has the tone of your communication changed during this time with siblings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate how often you have done the things below in the last week:**


	I have not done this in the last week	I did this some of the time last week	I did this most or the time last week	I did this all the time last week
I stay away from people (other than those who live in my house)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid news or information about bad illnesses or viruses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wash my hands at times other than just after I use the bathroom or before eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wear a mask over my face or protective gear (e.g. gloves, things to cover my clothes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use Purell/other hand sanitizer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use Clorox/cleaners to wipe down surfaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid touching things (e.g., phone, doorknobs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid touching people (e.g., hugging, shaking hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I exercise or play outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stay away from people inside my house (e.g., stay in another room or a certain distance away)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do schoolwork on a computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate how true the statement is for you in the past week:** 

Not true for me at all      Somewhat true      Mostly true      Definitely true

Being afraid of an illness or virus has caused me to feel very strong emotions in my body (e.g. anger, anxiety, sadness, irritable feelings, etc.).

Being afraid of an illness or virus has gotten in the way of enjoying my life (e.g. caused fights in my house, kept me from connecting with others, made me feel isolated or hopeless about the future, etc.).

**Now I'm going to ask you some questions about recent drug and alcohol use. Please fill out the number of days you used each substance within the last 30 days. For some of these questions, we use the term "vape". To "vape" is to use a device such as a JUUL, vape-pen, or e-cigarette to inhale a vapor into the lungs.**

**On how many DAYS (if any) during the LAST 30 DAYS have you...**

	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	30 Days
Had a drink containing alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked a tobacco cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaped using an electronic nicotine or vaping product, such as e-cigarettes, vape pen, or JUUL?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked a tobacco cigar, hookah or pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used smokeless tobacco, chew, or snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you used marijuana in the past month?  Yes  No

	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	30 Days
Vaped marijuana flower or bud in a vape pen, vaporizer, or e-vaporizer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana flower or bud in a pipe, joint or hookah or bong?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaped marijuana oils or concentrates such as THC, hash or BHO oil, in a vape pen or vaporizer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana oils or concentrates, such as THC oil, hash oil or "dabs" in a pipe or dab rig?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had marijuana that you eat, such as pot cookies, gummy bears or brownies that contain marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used any prescription medications in a way your doctor did not direct you to use them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sniffed liquids, sprays or gases to get high?

Used any other drugs such as cocaine, methamphetamine, heroin, or hallucinogens?

**Media** 

**The following questions ask about your use of different forms of media (television, social media, and other internet sources) to check for news related to the coronavirus pandemic in the past week.**

How often did you view television media coverage (e.g., news stations) of coronavirus?

- Not at all
- Less than 1 hour per day
- About an hour per day
- 1 to 2 hours per day
- More than 2 hours per day

Which television channel did you watch most when viewing news related to coronavirus? (include both watching on a TV and streaming online)

- CNN
- Fox News
- MSNBC
- ABC
- NBC
- CBS
- Univision
- Telemundo
- PBS / public television
- Local news station
- Comedy news
- Foreign news station (e.g., BBC)
- Other
- None

How often did you look at coronavirus-related social media activity (e.g. Facebook, Twitter, Instagram, TikTok, SnapChat)?

- Once per day or less
- Several times per day
- Almost every hour
- Several times per hour
- Almost continuously

How often did you check for coronavirus news and updates using the internet (e.g. YouTube)? Do not include checking social media.

- Once per day or less
- Several times per day
- Almost every hour
- Several times per hour
- Almost continuously

Which platform did you use the most when checking for news related to coronavirus?

- Twitter
- Instagram
- TikTok
- Snapchat
- YouTube
- Reddit
- Facebook
- Other
- None



**Screen Time** 

**Please do NOT include time spent on school related work, but DO include watching TV, shows or videos, texting or chatting, playing games, or visiting social networking sites (Facebook, Twitter, Instagram). On an average day in the past week, how much time do you:**

Watch "or stream" movies, videos or TV shows? (such as Hulu, Netflix, Amazon, YouTube, Twitch)

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

---

Play single-player video games on a computer, console, phone or other device (Xbox, PlayStation, iPad, AppleTV)?

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

---

Play multiplayer video games on a computer, console, phone, or other device (Xbox, PlayStation, iPad, AppleTV) where you can interact with others in the game?

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

Text on a cell phone, tablet, computer, iPod, or other electronic device (e.g., GChat, Whatsapp, Kik etc.)?

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

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Visit social media apps (e.g., Snapchat, Facebook, Twitter, Instagram, TikTok, etc.)? (Do not include time spent editing photos or videos to post on social media.)

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

Video chat (Skype, FaceTime, VRchat, etc.) that is NOT for school

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

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Searching or browsing the internet (e.g., using Google) that is NOT for school

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

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On a typical day, how much TIME per day do you spend in TOTAL connecting with friends digitally (all forms listed above included)?

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours



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On a typical day, how much TIME per day do you spend in TOTAL on a computer, phone, tablet, iPod, or other device or video game? (Do NOT include time spent on school work)

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

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On a typical day in the past week, how much TIME per day did you spend playing an instrument or singing?

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

On a typical day in the past week, how much TIME per day did you spend listening to music/watching music videos?

- 0
- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12 hours
- 13 hours
- 14 hours
- 15 hours
- 16 hours
- 17 hours
- 18 hours
- 19 hours
- 20 hours
- 21 hours
- 22 hours
- 23 hours
- 24 hours

**Please think about your activities in the past week.** 

During the past week, on how many days did you walk for at least 10 minutes at a time?

- No walking of at least 10 minutes  
 1 Days  
 2 Days  
 3 Days  
 4 Days  
 5 Days  
 6 Days  
 7 Days  
 Don't know

How much time did you usually spend on one of those days walking?

- 0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12  
 13  
 14  
 15  
 16  
 17  
 18  
 19  
 20  
 21  
 22  
 23  
 (Hours)

- 0    10    20    30  
 40    Don't know  
 (Minutes)

During the past week, on how many days did you do moderate or vigorous physical activities like heavy lifting, running, aerobics, or bicycling? (Moderate or vigorous physical activities refer to activities that take moderate to hard physical effort and make you breathe harder than normal)

- No moderate or vigorous physical activities  
 1 Days  
 2 Days  
 3 Days  
 4 Days  
 5 Days  
 6 Days  
 7 Days  
 Don't know

---

How much time did you usually spend doing moderate or vigorous physical activities on one of those days?

- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16
  - 17
  - 18
  - 19
  - 20
  - 21
  - 22
  - 23
- (Hours)

- 
- 0    10    20    30
  - 40    Don't know
- (Minutes)

---

During the past week, how much time did you usually spend sitting on a day? (This may include time spent sitting at a desk, reading, or sitting or lying down to watch television or play video-games)

- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16
  - 17
  - 18
  - 19
  - 20
  - 21
  - 22
  - 23
  - Don't know
- (Hours)

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How much privacy did you have while you were completing this questionnaire today?

- Completely private; no one in my house saw my answers
- A parent or family member could see a few of my answers
- A parent or family member could see several of my answers
- A parent or family member could see most of my answers
- A parent or other family member could see all of my answers

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And finally, in the past week, to cope, have you done any of the following? (check all that apply)

- Took breaks from watching, reading, or listening to news stories, including social media
- Participated in a neighborhood social distance activity (such decorated windows or driveway, singing from balcony or porch)
- Took care of your body, such as taking deep breaths, stretching, or meditating
- Exercised (such as walking, running, or an online exercise class)
- Spent more time on hobbies, or started a new one
- Engaged in healthy behaviors, like trying to eat healthy, getting plenty of sleep
- Made time to relax
- Connected with others online or by phone