

# Study to Explore Early Development COVID-19 Impact Study, 2020

When answering these questions, please think about your child who participated in SEED, referred to as “the **STUDY CHILD**”.

Study ID: <site\_csid>

**Your STUDY CHILD is:**  
<Child\_First>

**DATE OF COMPLETION:** \_\_\_\_\_

## 1. What is your relationship to the study child?

Biological Mother

Biological Father

Other      Please specify:

## 2. In early March 2020, the U.S. began to experience a public health emergency due to COVID-19. Many of the following questions ask you to think about your family’s experiences since then.

**COVID, or COVID-19, caused many changes, such as the start of social distancing and mask wearing, and disruptions to work, school, and services. We would like to begin with some questions about how such changes related to COVID may have affected life for the study child in 2020.**

**In 2020, how much did changes related to COVID increase or decrease the amount of time the study child spent with their...**

	<b>Decreased a lot</b>	<b>Decreased somewhat</b>	<b>No change</b>	<b>Increased somewhat</b>	<b>Increased a lot</b>
...friends in person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...friends remotely, such as online, social media or texting or video chats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...extended family in person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...extended family remotely, such as online, social media or texting or video chats?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 3. In 2020, how much did changes related to COVID increase or decrease the study child’s...

	<b>Decreased a lot</b>	<b>Decreased somewhat</b>	<b>No change</b>	<b>Increased somewhat</b>	<b>Increased a lot</b>
...level of anxiety and irritability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...level of sadness and depression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...social and communication skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...quality of sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...quality of diet or eating healthy food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...daily non-educational screen time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...daily physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. In 2020, did the study child ever experience distress, resistance, or anxiety related to...**

	Yes	No	Not applicable
...wearing a mask?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...receiving a nose swab during COVID testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...social distancing or staying 6 feet away from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hand washing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. In 2020, due to either wearing their own mask or to others wearing masks, did the study child ever have problems communicating with others?**

- Yes
- No

**6. In 2020, to what extent did the study child find the following changes related to COVID to be positive?**

	Not at all	A little	Somewhat	Very	Extremely	Not known or not applicable
Having more time to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more time to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more time to spend with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more time to spend with pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more time for hobbies, such as art, music, writing or cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more time to play with toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more time to exercise or go outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having more access to phones, computers, TV and other digital devices for recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having less stress or pressure from school assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having fewer problems with other children in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having the ability to take more breaks during lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. The next questions ask about the study child's use of health services.**

**In 2020, due to changes related to COVID, did the study child miss or delay any...**

	Yes	No	Not applicable
...regular health care or dental visits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...specialty appointments or referral visits, such as behavior therapy, speech or language therapy, physical therapy, occupational therapy, social skills training, or mental health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...immunizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...urgent or emergency care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. In 2020, did you ever have trouble getting healthcare services for the study child because...**

	Yes	No
...the clinic or provider cancelled an appointment due to COVID?	<input type="radio"/>	<input type="radio"/>
...the clinic or provider was closed due to COVID?	<input type="radio"/>	<input type="radio"/>
...you or your child had symptoms of COVID so stayed home?	<input type="radio"/>	<input type="radio"/>
...you cancelled an appointment to avoid being around others?	<input type="radio"/>	<input type="radio"/>
...you were unable to pay for services due to COVID?	<input type="radio"/>	<input type="radio"/>
...you lacked transportation due to COVID?	<input type="radio"/>	<input type="radio"/>
...you were concerned public transportation might not be safe?	<input type="radio"/>	<input type="radio"/>
...your child would not wear a mask and this was required?	<input type="radio"/>	<input type="radio"/>
...you did not want to use telehealth for an appointment?	<input type="radio"/>	<input type="radio"/>
...you were <u>unable</u> to use telehealth for an appointment?	<input type="radio"/>	<input type="radio"/>
Other reason? Please tell us: <input type="text"/>		

**9. Has the study child ever been tested for COVID, either for current or past infections?**

Yes  
 No      **Go to question 12**

**10. Has the study child ever had a positive COVID test?**

Yes  
 No  
 Still waiting for results

**11. Due to a suspected or confirmed infection with COVID, did the study child ever...**

	Yes	No
...become hospitalized?	<input type="radio"/>	<input type="radio"/>
...have to self-isolate at home?	<input type="radio"/>	<input type="radio"/>

12. Many of the questions below ask you to think about your family's experiences during four different periods of 2020:

- Pre-COVID – January or February of 2020
- Spring – March, April and May of 2020
- Summer – June, July and August of 2020
- Fall – September, October, November and December of 2020

These first questions are about the study child's education.

Pre-COVID, in January or February of 2020, did the study child attend school or preschool outside the home?

Yes

No

Go to question 31

13. In 2020, pre-COVID, was the study child's school or preschool public or private?

Public

Private

14. In 2020, because of COVID, did the study child's school or preschool ever close for in-person learning or shift to doing any remote learning?

Yes

No

Go to question 27

15. The following question is only interested in school closures related to COVID, not closures for previously scheduled breaks or holidays.

In 2020, because of COVID, did the study child's school or preschool close or have remote learning for even one day in...

	Yes	No
<b>Spring 2020:</b>		
...March?	<input type="radio"/>	<input type="radio"/>
...April?	<input type="radio"/>	<input type="radio"/>
...May?	<input type="radio"/>	<input type="radio"/>
<b>Summer 2020:</b>		
...June?	<input type="radio"/>	<input type="radio"/>
...July?	<input type="radio"/>	<input type="radio"/>
...August?	<input type="radio"/>	<input type="radio"/>
<b>Fall 2020:</b>		
...September?	<input type="radio"/>	<input type="radio"/>
...October?	<input type="radio"/>	<input type="radio"/>
...November?	<input type="radio"/>	<input type="radio"/>
...December?	<input type="radio"/>	<input type="radio"/>

<b>Pre-COVID</b>	<b>Spring 2020</b>	<b>Summer 2020</b>	<b>Fall 2020</b>
<b>JAN – FEB</b>	<b>MAR – APR – MAY</b>	<b>JUN – JLY – AUG</b>	<b>SEP – OCT – NOV – DEC</b>

**16. Think about how the study child continued with schoolwork during school closures and remote learning, and when it happened.**

**In 2020, during any times the school was closed or had remote learning because of COVID...**

	No	Yes	When did this happen? Check all that apply.		
			Spring	Summer	Fall
...did the school ever send home printed assignments for the study child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...did the school ever send assignments for the study child to complete on-line?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...did the school ever organize live classes for the study child to attend on-line?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...did <b>you</b> sign the study child up for a different academic program conducted on-line?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...did you ever hire a tutor for the study child to receive individual instruction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...did you ever provide any type of home schooling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...did you ever join with other parents to hire someone for the study child to receive instruction in a small group, or 'pod'?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. In 2020, due to changes related to COVID, did you need additional childcare to help your child with remote learning assignments or remote sessions while you were working or doing other activities?**

- Yes
- No

**18. Think about the times in 2020 that the study child had contact with their teachers, in-person, by phone, or by live video. Think about times when the school was open for in-person learning, and also times when the school was closed or doing remote learning because of COVID.**

**In 2020, about how many hours per week on average did the study child have live contact with their teachers, in-person, by phone or by live video during...**

	Hours per week
a. ...Pre-COVID, that is, January and February 2020?	
b. ...Spring, that is, March, April and May 2020?	
c. ...Summer, that is, June, July and August 2020?	
d. ...Fall, that is, September, October, November and December 2020?	



**19. Now think about how much time household members spent helping the study child with schoolwork.**

**In 2020, about how many hours per week on average, including weekdays and weekends, did household members typically spend helping the study child with schoolwork during...**

	Hours per week
a. ...Pre-COVID, that is, January and February 2020?	
b. ...Spring, that is, March, April and May 2020?	
c. ...Summer, that is, June, July and August 2020?	
d. ...Fall, that is, September, October, November and December 2020?	

**20. In 2020, following changes related to COVID, how often was a computer or other digital device available to the study child for educational purposes outside of the school building?**

Never **Go to question 24**

- Rarely
- Sometimes
- Usually
- Always

**21. In 2020, following changes related to COVID, who provided the primary computer or digital device that the study child used for educational purposes? Check all that apply**

- Child's school or school district
- Someone in the household or family
- Other source      Please tell us:

**22. In 2020, following changes related to COVID, how often was internet that supported video instruction available to the study child for educational purposes outside of the school building?**

Never **Go to question 24**

- Rarely
- Sometimes
- Usually
- Always

**23. In 2020, following changes related to COVID, who paid for the primary internet service that the study child used for educational purposes?**

- Child's school or school district
- Someone in the household or family
- Other source      Please tell us:

**24. Pre-COVID, in January or February of 2020, did the study child receive free or reduced-cost meals at school?**

Yes

No

**Go to question 27**

**25. In 2020, during times the school was closed due to COVID, did the study child's school or preschool offer free or reduced-cost meals?**

Yes

No

**26. In 2020, during times the school was closed due to COVID, were you ever notified of other ways to get free or reduced-cost meals in your community?**

Yes

No

**27. Pre-COVID, in January or February of 2020, did the study child have an Individual Education Plan, also known as IEP, or a 504 Plan?**

Yes

No

**Go to question 29**

**28. In 2020, how did COVID affect the study child's progress in reaching their IEP or 504 plan goals?**

Disrupted greatly

Disrupted somewhat

No effect

Improved somewhat

Improved greatly

**29. Accommodations in a classroom setting under the 'Individuals with Disabilities Education Act' or IDEA, might include the following aids for students with disabilities – extra assignments, hard copies of learning materials, enlarged font of learning materials, redirection techniques, small group learning or one-on-one instruction.**

**Pre-COVID, in January or February of 2020, did the study child receive any IDEA accommodations in a classroom setting?**

Yes

No

**Go to question 31**

**30. In 2020, due to changes associated with COVID, did the study child's ability to receive IDEA accommodations in the classroom setting increase, decrease, or stay the same?**

Increased

Decreased

Increased and decreased at different times

Stayed the same



<b>Pre-COVID</b> →	<b>Spring 2020</b>	<b>Summer 2020</b>	<b>Fall 2020</b>
<b>JAN – FEB</b>	<b>MAR – APR – MAY</b>	<b>JUN – JLY – AUG</b>	<b>SEP – OCT – NOV – DEC</b>

**31. The next questions are about services the study child received.**

**Pre-COVID, in January or February of 2020, did the study child receive any of the following services?**

- **Behavior therapy, including ABA (applied behavior analysis)**
- **Speech or language therapy**
- **Physical therapy**
- **Occupational therapy, including sensory therapy**
- **Social skills training**
- **Mental health therapy**
- **Medication management, that is consulting a professional to prescribe medication for behavioral symptoms**

Yes

No

**Go to question 69**

**32. First, please think about all such services the study child received in 2020 from the list above. These services could have been administered in-person or remotely.**

**In 2020, in each of the following periods, about how many hours per week on average did the study child receive any of these services from...**

	<b>Pre-COVID</b>	<b>Spring</b>	<b>Summer</b>	<b>Fall</b>
	<b>Hours per week</b>	<b>Hours per week</b>	<b>Hours per week</b>	<b>Hours per week</b>
<b>a. ...a professional provider, such as from school, a clinic, or another source?</b>				
<b>b. ...their parents or other family members?</b>				

**33. Sometimes children receive therapy or intervention services from providers, other times, parents receive “parent training” to support their children at home.**

**In 2020, because of changes related to COVID, did you receive parent training, in person or by phone or video, to support the study child at home for...**

	<b>Yes</b>	<b>No</b>	<b>Not applicable</b>
...behavior therapy, including ABA (applied behavior analysis)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...speech or language therapy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...physical therapy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...occupational therapy, including sensory therapy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...social skills training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Pre-COVID</b> →	<b>Spring 2020</b>	<b>Summer 2020</b> →	<b>Fall 2020</b>
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

34. Pre-COVID, in January or February of 2020, did the study child receive any behavior therapy, including ABA (applied behavior analysis)?

Yes

No

Go to question 40

35. In January or February of 2020, did the study child receive behavior therapy, including ABA...

...from their school?

Yes

No

...from non-school professionals?



36. In 2020, due to changes related to COVID, was any of the study child's behavior therapy, including ABA...

...conducted remotely with video?

No

Yes

...conducted remotely without video?



When did this happen?  
Check all that apply.

Spring

Summer

Fall

37. Compared to in-person behavior therapy including ABA, was remote delivery better for the child, worse for the child, or was there no difference when...

...conducted remotely with video?

Worse  
for child

Better  
for child

No  
difference

Not  
applicable

...conducted remotely without video?





38. In 2020, due to changes in the delivery of service related to COVID, how did the total hours of behavior therapy, including ABA, change for the study child?

Increased

Decreased

Increased and decreased at different times

No change

39. In 2020, in each of the following periods, about how many hours per week on average did the study child receive behavior therapy, including ABA, from...

a. ...their school or other professional provider?

Pre-COVID  
Hours  
per week

Spring  
Hours  
per week

Summer  
Hours  
per week

Fall  
Hours  
per week

**b. ...their parents or other family member?**

<b>Pre-COVID</b> →	<b>Spring 2020</b>	<b>Summer 2020</b> →	<b>Fall 2020</b>
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

40. Pre-COVID, in January or February of 2020, did the study child receive any speech or language therapy?

Yes

No

Go to question 45

41. In 2020, did the study child receive speech or language therapy from...

	No	Yes	When did this happen? Check all that apply.			
			Pre-COVID	Spring	Summer	Fall
...their school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...non-school professionals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...parents or other family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. In 2020, due to changes related to COVID, was any of the study child's speech or language therapy...

	No	Yes	When did this happen? Check all that apply.		
			Spring	Summer	Fall
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Compared to in-person speech or language therapy, was remote delivery better for the child, worse for the child, or was there no difference when...

	Worse for child	Better for child	No difference	Not applicable
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Think about all the sources of speech or language therapy for the study child. This includes services delivered in-person or remotely, and services delivered by the school, non-school professionals or a parent.

In 2020, due to changes in the delivery of services related to COVID, how did the total amount of speech or language therapy change for the study child?

Increased

Decreased

Increased and decreased at different times

No change

<b>Pre-COVID</b> →	<b>Spring 2020</b>	<b>Summer 2020</b> →	<b>Fall 2020</b>
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

45. Pre-COVID, in January or February of 2020, did the study child receive any physical therapy?

Yes

No

Go to question 50

46. In 2020, did the study child receive physical therapy from...

	No	Yes	When did this happen? Check all that apply.			
			Pre-COVID	Spring	Summer	Fall
...their school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...non-school professionals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...parents or other family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. In 2020, due to changes related to COVID, was any of the study child's physical therapy...

	No	Yes	When did this happen? Check all that apply.		
			Spring	Summer	Fall
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Compared to in-person physical therapy, was remote delivery better for the child, worse for the child, or was there no difference when...

	Worse for child	Better for child	No difference	Not applicable
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. Think about all the sources of physical therapy for the study child. This includes services delivered in-person or remotely, and services delivered by the school, non-school professionals or a parent.

In 2020, due to changes in the delivery of services related to COVID, how did the total amount of physical therapy change for the study child?

Increased

Decreased

Increased and decreased at different times

No change

<b>Pre-COVID</b> →	<b>Spring 2020</b>	<b>Summer 2020</b> →	<b>Fall 2020</b>
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

50. Pre-COVID, in January or February of 2020, did the study child receive any occupational therapy, including sensory therapy?

Yes

No

Go to question 55

51. In 2020, did the study child receive occupational or sensory therapy from...

	No	Yes	When did this happen? Check all that apply.			
			Pre-COVID	Spring	Summer	Fall
...their school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...non-school professionals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...parents or other family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. In 2020, due to changes related to COVID, was any of the study child's occupational or sensory therapy...

	No	Yes	When did this happen? Check all that apply.		
			Spring	Summer	Fall
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Compared to in-person occupational or sensory therapy, was remote delivery better for the child, worse for the child, or was there no difference when...

	Worse for child	Better for child	No difference	Not applicable
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54. Think about all the sources of occupational or sensory therapy for the study child. This includes services delivered in-person or remotely, and services delivered by the school, non-school professionals or a parent.

In 2020, due to changes in the delivery of services related to COVID, how did the total amount of occupational or sensory therapy change for the study child?

Increased

Decreased

Increased and decreased at different times

No change

<b>Pre-COVID</b> →	<b>Spring 2020</b>	<b>Summer 2020</b> →	<b>Fall 2020</b>
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

55. Pre-COVID, in January or February of 2020, did the study child receive any social skills training?

Yes

No

Go to question 60

56. In 2020, did the study child receive social skills training from...

	No	Yes	When did this happen? Check all that apply.			
			Pre-COVID	Spring	Summer	Fall
...their school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...non-school professionals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...parents or other family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. In 2020, due to changes related to COVID, was any of the study child's social skills training...

	No	Yes	When did this happen? Check all that apply.		
			Spring	Summer	Fall
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

58. Compared to in-person social skills training, was remote delivery better for the child, worse for the child, or was there no difference when...

	Worse for child	Better for child	No difference	Not applicable
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. Think about all the sources of social skills training for the study child. This includes services delivered in-person or remotely, and services delivered by the school, non-school professionals or a parent.

In 2020, due to changes in the delivery of services related to COVID, how did the total amount of social skills training change for the study child?

Increased

Decreased

Increased and decreased at different times

No change

<b>Pre-COVID</b> →	<b>Spring 2020</b>	<b>Summer 2020</b> →	<b>Fall 2020</b>
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

60. Pre-COVID, in January or February of 2020, did the study child receive any mental health therapy?

Yes

No

Go to question 65

61. In 2020, did the study child receive mental health therapy from...

	No	Yes	When did this happen? Check all that apply.			
			Pre-COVID	Spring	Summer	Fall
...their school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...non-school professionals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. In 2020, due to changes related to COVID, was any of the study child's mental health therapy...

	No	Yes	When did this happen? Check all that apply.		
			Spring	Summer	Fall
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. Compared to in-person mental health therapy, was remote delivery better for the child, worse for the child, or was there no difference when...

	Worse for child	Better for child	No difference	Not applicable
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. Think about all the sources of mental health therapy for the study child. This includes services delivered in-person or remotely, and services delivered by the school or non-school professionals.

In 2020, due to changes in the delivery of services related to COVID, how did the total amount of mental health therapy change for the study child?

Increased

Decreased

Increased and decreased at different times

No change



<b>Pre-COVID</b> →	<b>Spring 2020</b>	<b>Summer 2020</b> →	<b>Fall 2020</b>
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

65. Pre-COVID, in January or February of 2020, did the study child receive any **medication management**, or consultation from a professional to prescribe medicine for **behavioral symptoms**?

Yes  
No      **Go to question 69**

66. In 2020, when did the study child receive this medication management? Check all that apply.

<b>Pre-COVID</b>	<b>Spring</b>	<b>Summer</b>	<b>Fall</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. In 2020, due to changes related to COVID, was **any** of the study child’s medication management...

	No	Yes	When did this happen? Check all that apply.		
			Spring	Summer	Fall
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. Compared to in-person medication management, was remote delivery better for the child, worse for the child, or was there no difference, when...

	Worse for child	Better for child	No difference	Not applicable
...conducted remotely with video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...conducted remotely without video?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

69. These next questions are about childcare.

Pre-COVID, during January or February of 2020, not including preschool or school, did you use any type of childcare for the study child?

Yes  
No      **Go to question 74**

70. In 2020, did changes related to COVID affect your regular childcare?

Yes  
No      **Go to question 74**

71. In 2020, when did changes related to **COVID** affect the study child’s daycare, even for a day? Check all that apply.

<b>Spring</b>	<b>Summer</b>	<b>Fall</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



72. In 2020, due to changes related to COVID, did you...

	Yes	No
...have difficulty arranging for childcare?	<input type="radio"/>	<input type="radio"/>
...have to pay more for childcare?	<input type="radio"/>	<input type="radio"/>
...have to change your work schedules to care for your children?	<input type="radio"/>	<input type="radio"/>

73. In 2020, due to changes related to COVID, to fill in for interruptions in your regular childcare, was the study child cared for by...

	Yes	No
...the child's grandparents?	<input type="radio"/>	<input type="radio"/>
...another adult family member?	<input type="radio"/>	<input type="radio"/>
...an older child in the family?	<input type="radio"/>	<input type="radio"/>
...friends?	<input type="radio"/>	<input type="radio"/>
...a paid baby sitter or nanny?	<input type="radio"/>	<input type="radio"/>

74. The next questions are about your household structure and changes in its composition.

In 2020, pre-COVID, during January and February, including yourself, how many adults aged 18 and older lived in your home?

Adults

75. For this question please count children who lived in your home at least half of the time, dependent children, and those you or your partner supported financially.

In 2020, pre-COVID, during January and February, how many children under the age of 18 lived in your home?

Children

76. In 2020, due to changes related to COVID, were there any changes in the number of people living in your home?

Yes

No

Go to question 79

77. In 2020, due to changes related to COVID, how did the number of adults in your household change?

Increased

Decreased

Increased and decreased at different times

Did not change due to COVID

**78. In 2020, due to changes related to COVID, how did the number of dependent children in your household change?**

- Increased
- Decreased
- Increased and decreased at different times
- Did not change due to COVID

**79. In 2020, after March 1, did you...**

	<b>Yes</b>	<b>No</b>
...get engaged?	<input type="radio"/>	<input type="radio"/>
...get married?	<input type="radio"/>	<input type="radio"/>
...move in with a partner?	<input type="radio"/>	<input type="radio"/>
...separate from a partner?	<input type="radio"/>	<input type="radio"/>
...get divorced?	<input type="radio"/>	<input type="radio"/>
...have a spouse or partner die from COVID?	<input type="radio"/>	<input type="radio"/>
...have a spouse or partner die from something other than COVID?	<input type="radio"/>	<input type="radio"/>

**80. The next questions ask about changes in your employment, finances and access to resources.**

**Pre-COVID, in January or February of 2020, did you have a paying job?**

- Yes
- No

**81. In 2020, due to changes related to COVID, did you...**

	<b>Yes</b>	<b>No</b>
...start a new job?	<input type="radio"/>	<input type="radio"/>
...lose your job permanently?	<input type="radio"/>	<input type="radio"/>
...lose your job temporarily?	<input type="radio"/>	<input type="radio"/>
...have your work hours reduced?	<input type="radio"/>	<input type="radio"/>
...need to reduce your work hours to care for children?	<input type="radio"/>	<input type="radio"/>
...have your salary reduced?	<input type="radio"/>	<input type="radio"/>
...have your work hours increased?	<input type="radio"/>	<input type="radio"/>
...get furloughed with full or partial pay?	<input type="radio"/>	<input type="radio"/>
...get furloughed without pay?	<input type="radio"/>	<input type="radio"/>
...have your job designated as an essential service?	<input type="radio"/>	<input type="radio"/>
...have a job that put you at increased risk for COVID?	<input type="radio"/>	<input type="radio"/>
...start working remotely or from home?	<input type="radio"/>	<input type="radio"/>
...increase the hours worked remotely or from home?	<input type="radio"/>	<input type="radio"/>

**82. At any time in 2020, did you have a spouse or partner?**

Yes

No

Go to question 85

**83. Pre-COVID, in January or February of 2020, did your spouse or partner have a paying job?**

Yes

No

Not applicable – no spouse or partner in January or February of 2020

**84. In 2020, due to changes related to COVID, did your spouse or partner...**

	Yes	No
...start a new job?	<input type="radio"/>	<input type="radio"/>
...lose their job permanently?	<input type="radio"/>	<input type="radio"/>
...lose their job temporarily?	<input type="radio"/>	<input type="radio"/>
...have their hours reduced?	<input type="radio"/>	<input type="radio"/>
...need to reduce work hours to care for children?	<input type="radio"/>	<input type="radio"/>
...have their salary reduced?	<input type="radio"/>	<input type="radio"/>
...have their hours increased?	<input type="radio"/>	<input type="radio"/>
...get furloughed with either full or partial pay?	<input type="radio"/>	<input type="radio"/>
...get furloughed without pay?	<input type="radio"/>	<input type="radio"/>
...have their job designated as an essential service?	<input type="radio"/>	<input type="radio"/>
...have a job that put them at increased risk for COVID?	<input type="radio"/>	<input type="radio"/>
...start working remotely or from home?	<input type="radio"/>	<input type="radio"/>
...increase the hours worked remotely or from home?	<input type="radio"/>	<input type="radio"/>

**85. Pre-COVID, in January or February of 2020, were you covered by any of the following types of health insurance or health coverage?**

	Yes	No
Insurance through a current or former employer or union, through yourself or another family member	<input type="radio"/>	<input type="radio"/>
Insurance purchased directly from an insurance company, including marketplace coverage, through yourself or another family member	<input type="radio"/>	<input type="radio"/>
Medicare, for people with certain disabilities	<input type="radio"/>	<input type="radio"/>
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="radio"/>	<input type="radio"/>
TRICARE or other military health care	<input type="radio"/>	<input type="radio"/>
Veterans Administration, VA, including those who have ever used or enrolled for VA health care	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input type="radio"/>
Other health insurance? Please tell us: <input type="text"/>		

**86. In 2020, after March 1, did you experience changes in health insurance or health coverage plans?**

Yes

No

**Go to question 88**

**87. Did your health insurance or health coverage change in the following ways? Did you...**

	<b>Yes</b>	<b>No</b>
...gain coverage after not having insurance?	<input type="radio"/>	<input type="radio"/>
...lose coverage after having insurance?	<input type="radio"/>	<input type="radio"/>
...switch to a plan with more coverage?	<input type="radio"/>	<input type="radio"/>
...switch to a plan with less coverage?	<input type="radio"/>	<input type="radio"/>
...switch to a plan that was more expensive?	<input type="radio"/>	<input type="radio"/>
...switch to a plan that was less expensive?	<input type="radio"/>	<input type="radio"/>

**88. Pre-COVID, in January or February of 2020, was the study child covered by any of the following types of health insurance or health coverage?**

	<b>Yes</b>	<b>No</b>
Insurance through a family member's current or former employer or union.	<input type="radio"/>	<input type="radio"/>
Insurance purchased directly from an insurance company, including marketplace coverage.	<input type="radio"/>	<input type="radio"/>
Medicare, for people with certain disabilities	<input type="radio"/>	<input type="radio"/>
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="radio"/>	<input type="radio"/>
TRICARE or other military health care	<input type="radio"/>	<input type="radio"/>
Veterans Administration, VA, including those who have ever used or enrolled for VA health care	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input type="radio"/>
Other health insurance? Please tell us: <input type="text"/>		

**89. In 2020, after March 1, did the study child's health insurance or health coverage plans change?**

Yes

No

**Go to question 91**

**90. Has the study child's health insurance or health coverage changed in the following ways? Did the study child...**

	<b>Yes</b>	<b>No</b>
...gain coverage after not having insurance?	<input type="radio"/>	<input type="radio"/>
...lose coverage after having insurance?	<input type="radio"/>	<input type="radio"/>
...switch to a plan with more coverage?	<input type="radio"/>	<input type="radio"/>
...switch to a plan with less coverage?	<input type="radio"/>	<input type="radio"/>
...switch to a plan that was more expensive?	<input type="radio"/>	<input type="radio"/>
...switch to a plan that was less expensive?	<input type="radio"/>	<input type="radio"/>

91. These next questions are about possible COVID infections among you and the people you live with.

Have you ever been tested for COVID, either for current or past infections?

Yes

No

Go to question 93

92. Have you ever had a positive COVID test?

Yes

No

Still waiting for results

93. Including yourself, have any of the people who live in your household ever been diagnosed with COVID?

Yes

No

Go to question 96

94. Including yourself, how many of the people who live in your household have ever been diagnosed with COVID?

Household members

95. Thinking about the person living in your household who was most sick from COVID, what was the outcome of their illness?

No symptoms

Symptoms managed at home

Required hospitalization, but not in the ICU (intensive care unit)

Required care in the ICU

Died due to COVID

Go to question 97

96. Do you personally know anyone who has died from COVID?

Yes

No

Go to question 98

97. How many people do you personally know who have died from COVID?

People you know who have died from COVID

Pre-COVID	Spring 2020	Summer 2020	Fall 2020
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

**98. Many people have found life during COVID challenging. These next questions are about how changes related to COVID may have affected you during 2020.**

**In 2020, how much did changes related to COVID increase or decrease your access to medical health care, including dental care...**

	Decreased a lot	Decreased somewhat	No change	Increased somewhat	Increased a lot	Not applicable
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**99. In 2020, how much did changes related to COVID increase or decrease your access to mental health treatment...**

	Decreased a lot	Decreased somewhat	No change	Increased somewhat	Increased a lot	Not applicable
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**100. In 2020, how much did changes related to COVID increase or decrease your access to extended family and non-family social supports...**

	Decreased a lot	Decreased somewhat	No change	Increased somewhat	Increased a lot
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**101. In 2020, how much did changes related to COVID increase or decrease your access to food...**

	Decreased a lot	Decreased somewhat	No change	Increased somewhat	Increased a lot
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**102. In 2020, how often did you have difficulty paying your bills...**

	Never	Rarely	Sometimes	Very often	Extremely often
...in January and February?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



...in the Fall?



Pre-COVID	Spring 2020	Summer 2020	Fall 2020
JAN – FEB	MAR – APR – MAY	JUN – JLY – AUG	SEP – OCT – NOV – DEC

**103. In 2020, how often did you fear you might lose your home due to lack of money...**

	Never	Rarely	Sometimes	Very often	Extremely often
...in January and February?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**104. In 2020, during a typical week, on average on how many days did you feel nervous, anxious or on edge...**

	Never or less than 1 day	1 to 2 days	3 to 4 days	5 to 7 days
...in January or February?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**105. In 2020, during a typical week, on average on how many days did you feel depressed...**

	Never or less than 1 day	1 to 2 days	3 to 4 days	5 to 7 days
...in January or February?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**106. In 2020, during a typical week, on average on how many days did you feel lonely...**

	Never or less than 1 day	1 to 2 days	3 to 4 days	5 to 7 days
...in January or February?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Pre-COVID</b>	<b>→ Spring 2020</b>	<b>Summer 2020</b>	<b>Fall 2020</b>
<b>JAN – FEB</b>	<b>MAR – APR – MAY</b>	<b>JUN – JLY – AUG</b>	<b>SEP – OCT – NOV – DEC</b>

**107. In 2020, during a typical week, on average on how many days did you feel hopeful about the future...**

	<b>Never or less than 1 day</b>	<b>1 to 2 days</b>	<b>3 to 4 days</b>	<b>5 to 7 days</b>
...in January or February?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**108. In 2020, during a typical week, on average on how many days did you have a physical reaction – such as sweating, trouble breathing, nausea, or a pounding heart – when thinking about your experience with COVID...**

	<b>Never or less than 1 day</b>	<b>1 to 2 days</b>	<b>3 to 4 days</b>	<b>5 to 7 days</b>
...in January or February?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Spring?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Summer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...in the Fall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**109. In 2020, to cope with stress related to COVID, did you...**

	<b>Yes</b>	<b>No</b>
...engage in meditation or mindfulness practices?	<input type="radio"/>	<input type="radio"/>
...increase time spent outdoors?	<input type="radio"/>	<input type="radio"/>
...take long walks?	<input type="radio"/>	<input type="radio"/>
...increase time exercising?	<input type="radio"/>	<input type="radio"/>
...do volunteer work?	<input type="radio"/>	<input type="radio"/>
...talk with friends and family by phone, text, or video?	<input type="radio"/>	<input type="radio"/>
...engage in more family activities such as games or sports?	<input type="radio"/>	<input type="radio"/>
...increase television watching or other “screen time” activities such as video games or social media?	<input type="radio"/>	<input type="radio"/>
...eat more often, including snacking?	<input type="radio"/>	<input type="radio"/>
...increase time reading books, or doing activities like puzzles or crosswords?	<input type="radio"/>	<input type="radio"/>
...talk to your healthcare providers more frequently, including mental healthcare provider such as a therapist, psychologist or counselor?	<input type="radio"/>	<input type="radio"/>
...seek or receive prescription medication from a healthcare provider?	<input type="radio"/>	<input type="radio"/>
<b>m</b> ...increase drinking of alcohol?	<input type="radio"/>	<input type="radio"/>
• ...increase use of tobacco or nicotine products?	<input type="radio"/>	<input type="radio"/>
Other? Please tell us:	<input type="text"/>	



**110. Is there anything else about your experience with COVID or its impact on your family that you would like to share?**

**Thank you for your help with this important study!**

**Please return your completed questionnaires in the postage-paid envelope provided to:**

**[LOCATION – ADDRESS]**

**If you have any questions, you may contact [NAME] at [PHONE NUMBER], or [\[EMAIL@XXX.edu\]](mailto:[EMAIL@XXX.edu]).**