**Study to Explore Early Development**

Study ID: <site\_csid>

**Your STUDY CHILD is:**

**<Child\_First>**

**COVID-19 Impact Study, 2020**

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

**Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | **1.** |  | **What is your relationship to the study child?** | | | | | |
|  |  |  |  |  | | | | |
|  |  |  |  | Biological Mother | | | | |
|  |  |  |  | Biological Father | | | | |
|  |  |  |  | Other |  | Please specify: |  |  |
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|  | **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…** | | | | | | | | | | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  | | |  |
|  |  | |  |  |  | **Decreased  a lot** | | | **Decreased somewhat** | | | **No  change** | | | **Increased somewhat** | | | **Increased  a lot** | | |  |
|  |  |  |  | **a.** | …friends in person? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …friends remotely, such as online, social media or texting or video chats? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …extended family in person? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …extended family remotely, such as online, social media or texting or video chats? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **3.** | |  | **In 2020, how much did changes related to COVID increase or decrease the study child’s…** | | | | | | | | | | | | | | | | |  |
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|  |  | |  |  |  | **Decreased  a lot** | | | **Decreased somewhat** | | | **No  change** | | | **Increased somewhat** | | | **Increased  a lot** | | |  |
|  |  |  |  | **a.** | …level of anxiety and irritability? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …level of sadness and depression? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …social and communication skills? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …quality of sleep? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …quality of diet or eating healthy food? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **f.** | …daily non-educational screen time? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **g.** | …daily physical activity? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **4.** | |  | **In 2020, did the study child ever experience distress, resistance, or anxiety related to…** | | | | | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  | **Not applicable** | | |  |
|  |  |  |  | **a.** | …wearing a mask? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …receiving a nose swab during COVID testing? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …social distancing or staying 6 feet away from others? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …hand washing? |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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 |
|  |  |  |  |  |

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|  | **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** | | | |  |
|  |  |  |  | **a.** | Having more time to relax |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  | **b.** | Having more time to sleep |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  | **c.** | Having more time to spend with family |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  | **d.** | Having more time to spend with pets |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  | |  |  |  |  | |  |  |
|  |  |  |  | **e.** | Having more time for hobbies, such as art, music, writing or cooking | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |
|  |  |  |  | **f.** | Having more time to play with toys |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  | **g.** | Having more time to exercise or go outside |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  | **h.** | Having more access to phones, computers, TV and other digital devices for recreation |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  | |  |  |  |  | |  |  |
|  |  |  |  | **i.** | Having less stress or pressure from school assignments | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |
|  |  |  |  | **j.** | Having fewer problems with other children in school |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |  | |  |  |  | |  |  |  |  |  | |  |
|  |  |  |  | **k.** | Having the ability to take more breaks during lessons | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …regular health care or dental visits? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …specialty appointments or referral visits, such as behavior therapy, speech or language therapy, physical therapy, occupational therapy, social skills training, or mental health services? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …immunizations? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …urgent or emergency care? |  |  |  |  |  |  |  |  |  |  |  |
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|  | **8.** | |  | **In 2020, did you ever have trouble getting healthcare services for the study child because…** | | | | | | | | | | |  | |
|  |  | |  |  |  | | | |  | | |  | | |  | |
|  |  | |  |  |  | | | | **Yes** | | | **No** | | |  | |
|  |  |  |  | **a.** | …the clinic or provider cancelled an appointment due to COVID? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **b.** | …the clinic or provider was closed due to COVID? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **c.** | …you or your child had symptoms of COVID so stayed home? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **d.** | …you cancelled an appointment to avoid being around others? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **e.** | …you were unable to pay for services due to COVID? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **f.** | …you lacked transportation due to COVID? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **g.** | …you were concerned public transportation might not be safe? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **h.** | …your child would not wear a mask and this was required? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **i.** | …you did not want to use telehealth for an appointment? | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **j.** | …you were unable to use telehealth for an appointment? | | | |  |  |  |  |  |  |  | |
|  |  | |  | **k.** | [Other reason?](#Other_Response_Category_Body) |  | Please tell us: |  | | | | | | | |  |
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|  | **9.** |  | **Has the study child ever been tested for COVID, either for current or past infections?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
|  |  |  |  | No |  | **Go to question 12** |
|  |  |  |  |  | | |

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|  | **10.** |  | **Has the study child ever had a positive COVID test?** | |
|  |  |  |  |  |
|  |  |  |  | Yes |
|  |  |  |  | No |
|  |  |  |  | Still waiting for results |
|  |  |  |  |  |

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|  | **11.** | |  | **Due to a suspected or confirmed infection with COVID, did the study child ever…** | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …become hospitalized? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …have to self-isolate at home? |  |  |  |  |  |  |  |
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|  |  | **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** |
|  |  | |  |  |  | | |

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|  | **13.** |  | **In 2020, pre-COVID, was the study child’s school or preschool public or private?** | |
|  |  |  |  |  |
|  |  |  |  | Public |
|  |  |  |  | Private |
|  |  |  |  |  |

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|  | **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?** | | | |
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|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 27** |
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|  | **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** | | |  |
|  |  | |  |  | **Spring 2020:** | | | | | | | | |
|  |  |  |  | | **a.** | …March? |  |  |  |  |  |  |  |
|  |  |  |  | | **b.** | …April? |  |  |  |  |  |  |  |
|  |  |  |  | | **c.** | …May? |  |  |  |  |  |  |  |
|  |  | |  |  | **Summer 2020:** | | | | | | | | |
|  |  |  |  | | **d.** | …June? |  |  |  |  |  |  |  |
|  |  |  |  | | **e.** | …July? |  |  |  |  |  |  |  |
|  |  |  |  | | **f.** | …August? |  |  |  |  |  |  |  |
|  |  | |  |  | **Fall 2020:** | | | | | | | | |
|  |  |  |  | | **g.** | …September? |  |  |  |  |  |  |  |
|  |  |  |  | | **h.** | …October? |  |  |  |  |  |  |  |
|  |  |  |  | | **i.** | …November? |  |  |  |  |  |  |  |
|  |  |  |  | | **j.** | …December? |  |  |  |  |  |  |  |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
|  |  |  |  |
| **JAN – FEB** | **MAR – APR – MAY** | **JUN – JLY – AUG** | **SEP – OCT – NOV – DEC** |

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|  | **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…** | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | |  |  |  |  | | |  | | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | | |  |
|  | **No** | | | **Yes** | | | | **Spring** | | | | **Summer** | | | | | **Fall** | | | |  |
|  |  |  |  | **a.** | …did the school ever send home printed assignments for the study child? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **b.** | …did the school ever send assignments for the study child to complete on-line? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **c.** | …did the school ever organize live classes for the study child to attend on-line? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **d.** | …did **you** sign the study child up for a different academic program conducted  on-line? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **e.** | …did you ever hire a tutor for the study child to receive individual instruction? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **f.** | …did you ever provide any type of home schooling? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **g.** | …did you ever join with other parents to hire someone for the study child to receive instruction in a small group, or ‘pod’? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
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|  | **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 |
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|  | **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? |  |  |  | | |
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|  | **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? |  |  |  | | |
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|  | **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 | | |
|  |  |  |  |  | | |

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|  | **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](#Other_Response_Category_Body) |  | Please tell us: |  |  |
|  |  |  |  |  | | |  |  |
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|  | **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 | | |
|  |  |  |  |  | | |

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|  | **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](#Other_Response_Category_Body) |  | Please tell us: |  |  |
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|  | **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** |
|  |  |  |  |  | | |

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|  | **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 |
|  |  |  |  |  |

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|  |  |  |  | |
|  | **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 |
|  |  |  |  |  |

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|  | **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** |
|  |  |  |  |  | | |

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|  | **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 |
|  |  |  |  |  |

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|  | **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** |
|  |  |  |  |  | | |

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|  |  |  |  | |
|  | **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 |
|  |  |  |  |  |

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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
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|  | **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** |
|  |  |  |  |  | | |

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

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|  | **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…** | | | | | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  | **Not applicable** | | |  |
|  |  |  |  | **a.** | …behavior therapy, including ABA (applied behavior analysis)? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …speech or language therapy? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …physical therapy? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …occupational therapy, including sensory therapy? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …social skills training? |  |  |  |  |  |  |  |  |  |  |  |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
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|  | **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** |
|  |  |  |  |  | | |

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|  | **35.** | |  | **In January or February of 2020, did the study child receive behavior therapy, including ABA…** | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …from their school? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …from non-school professionals? |  |  |  |  |  |  |  |
|  |  | |  |  |  |  | | |  | | |  |

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|  | **36.** | |  | **In 2020, due to changes related to COVID, was any of the study child’s behavior therapy, including ABA…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | | |  |
|  | **No** | | | **Yes** | | | | **Spring** | | | | **Summer** | | | | | **Fall** | | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
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|  |  | |  |  | | | | | | | | | | | | | | | | | |  |
|  | **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…** | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  |  | | | | | | | | | | | | | | | | |  |
|  |  | |  |  |  | **Worse  for child** | | | | **Better  for child** | | | | **No  difference** | | | |  | **Not  applicable** | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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 |
|  |  |  |  |  |

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|  |  | |  |  | | | | | | | | | | |  |
|  | **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…** | | | | | | | | |  |
|  |  | |  | | |  | | | | | | | | |  |
|  |  | |  | |  | |  | **Pre-COVID** |  | **Spring** |  | **Summer** |  | **Fall** |  |
|  |  | |  | |  | |  | **Hours  per week** |  | **Hours  per week** |  | **Hours  per week** |  | **Hours  per week** |  |
|  |  |  |  | | **a.** | | …their school or other professional provider? |  |  |  |  |  |  |  |  |
|  |  |  |  | | **b.** | | …their parents or other family member? |  |  |  |  |  |  |  |  |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
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|  | **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** |
|  |  |  |  |  | | |

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|  |  | |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  | **41.** | |  | **In 2020, did the study child receive speech or language therapy from…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  | |
|  |  | |  |  |  |  | | |  | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | |  | |
|  |  | |  |  |  | **No** | | | **Yes** | | | **Pre-COVID** | | | **Spring** | | | **Summer** | | | **Fall** | | |  | |
|  |  |  |  | **a.** | …their school? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **b.** | …non-school professionals? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **c.** | …parents or other family? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | **42.** | |  | **In 2020, due to changes related to COVID, was any of the study child’s speech or language therapy…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | | |  |
|  | **No** | | | **Yes** | | | | **Spring** | | | | **Summer** | | | | | **Fall** | | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  | |  |  |  | | | | | |  | | |  | | | |  | | |  | | | |  | |

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|  |  | |  |  | | | | | | | | | | | | | | | | | |  |
|  | **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** | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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 |
|  |  |  |  |  |

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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
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|  | **45.** |  | **Pre-COVID, in January or February of 2020, did the study child receive any physical therapy?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 50** |
|  |  |  |  |  | | |

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|  |  | |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  | **46.** | |  | **In 2020, did the study child receive physical therapy from…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  | |
|  |  | |  |  |  |  | | |  | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | |  | |
|  |  | |  |  |  | **No** | | | **Yes** | | | **Pre-COVID** | | | **Spring** | | | **Summer** | | | **Fall** | | |  | |
|  |  |  |  | **a.** | …their school? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **b.** | …non-school professionals? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **c.** | …parents or other family? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | **47.** | |  | **In 2020, due to changes related to COVID, was any of the study child’s physical therapy…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | | |  |
|  | **No** | | | **Yes** | | | | **Spring** | | | | **Summer** | | | | | **Fall** | | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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 |
|  |  |  |  |  |

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

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|  | **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** |
|  |  |  |  |  | | |

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|  | **51.** | |  | **In 2020, did the study child receive occupational or sensory therapy from…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  | |
|  |  | |  |  |  |  | | |  | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | |  | |
|  |  | |  |  |  | **No** | | | **Yes** | | | **Pre-COVID** | | | **Spring** | | | **Summer** | | | **Fall** | | |  | |
|  |  |  |  | **a.** | …their school? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **b.** | …non-school professionals? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **c.** | …parents or other family? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | **52.** | |  | **In 2020, due to changes related to COVID, was any of the study child’s occupational or sensory therapy…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | | |  |
|  | **No** | | | **Yes** | | | | **Spring** | | | | **Summer** | | | | | **Fall** | | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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 |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
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|  | **55.** |  | **Pre-COVID, in January or February of 2020, did the study child receive any social skills training?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 60** |
|  |  |  |  |  | | |

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|  | **56.** | |  | **In 2020, did the study child receive social skills training from…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  | |
|  |  | |  |  |  |  | | |  | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | |  | |
|  |  | |  |  |  | **No** | | | **Yes** | | | **Pre-COVID** | | | **Spring** | | | **Summer** | | | **Fall** | | |  | |
|  |  |  |  | **a.** | …their school? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **b.** | …non-school professionals? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **c.** | …parents or other family? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  | |  |  | | | | | | | | | | | | | | | | | | | | |  | |
|  | **57.** | |  | **In 2020, due to changes related to COVID, was any of the study child’s social skills training…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | | |  |
|  | **No** | | | **Yes** | | | | **Spring** | | | | **Summer** | | | | | **Fall** | | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
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|  |  | |  |  | | | | | | | | | | | | | | | | | |  |
|  | **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** | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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 |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
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|  | **60.** |  | **Pre-COVID, in January or February of 2020, did the study child receive any mental health therapy?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 65** |
|  |  |  |  |  | | |

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|  | **61.** | |  | **In 2020, did the study child receive mental health therapy from…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  | |
|  |  | |  |  |  |  | | |  | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | |  | |
|  |  | |  |  |  | **No** | | | **Yes** | | | **Pre-COVID** | | | **Spring** | | | **Summer** | | | **Fall** | | |  | |
|  |  |  |  | **a.** | …their school? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  | **b.** | …non-school professionals? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  | **62.** | |  | **In 2020, due to changes related to COVID, was any of the study child’s mental health therapy…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | | |  |
|  | **No** | | | **Yes** | | | | **Spring** | | | | **Summer** | | | | | **Fall** | | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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 |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
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|  | **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** |
|  |  |  |  |  | | |

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|  | **66.** | |  | **In 2020, when did the study child receive this medication management? Check all that apply.** | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | |  |  |  |  | | |  | | | **Pre-COVID** | | | **Spring** | | | **Summer** | | | **Fall** | | |  | |
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|  | **67.** | |  | **In 2020, due to changes related to COVID, was any of the study child’s medication management…** | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  | | | | | | | | | | | | | | | | | | | |  | |
|  |  | |  |  |  |  | | |  | | | | **When did this happen?  Check all that apply.** | | | | | | | | | | | | |  |
|  | **No** | | | **Yes** | | | | **Spring** | | | | **Summer** | | | | | **Fall** | | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  | |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …conducted remotely with video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …conducted remotely without video? |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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** |
|  |  |  |  |  | | |

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|  | **70.** |  | **In 2020, did changes related to COVID affect your regular childcare?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 74** |
|  |  |  |  |  | | |

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|  | **71.** | |  | **In 2020, when did changes related to COVID affect the study child’s daycare, even for a day? Check all that apply.** | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  | | |  | | |  | |
|  |  | |  |  |  |  | | |  | | |  | | | **Spring** | | | **Summer** | | | **Fall** | | |  | |
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|  | **72.** | |  | **In 2020, due to changes related to COVID, did you…** | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …have difficulty arranging for childcare? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …have to pay more for childcare? |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …have to change your work schedules to care for your children? |  |  |  |  |  |  |  |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …the child’s grandparents? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …another adult family member? |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …an older child in the family? |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …friends? |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …a paid baby sitter or nanny? |  |  |  |  |  |  |  |
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|  | **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 |
|  |  |  |  | |  |
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|  | **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 |
|  |  |  |  | |  |
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|  | **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** |
|  |  |  |  |  | | |

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|  | **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 |
|  |  |  |  |  |

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|  | **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 |
|  |  |  |  |  |

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|  | **79.** | |  | **In 2020, after March 1, did you…** | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …get engaged? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …get married? |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …move in with a partner? |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …separate from a partner? |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …get divorced? |  |  |  |  |  |  |  |
|  |  |  |  | **f.** | …have a spouse or partner die from COVID? |  |  |  |  |  |  |  |
|  |  |  |  | **g.** | …have a spouse or partner die from something other than COVID? |  |  |  |  |  |  |  |
|  |  | |  |  |  |  | | |  | | |  |

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|  | **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 |
|  |  |  |  |  |

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|  | **81.** | |  | **In 2020, due to changes related to COVID, did you…** | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …start a new job? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …lose your job permanently? |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …lose your job temporarily? |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …have your work hours reduced? |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …need to reduce your work hours to care for children? |  |  |  |  |  |  |  |
|  |  |  |  | **f.** | …have your salary reduced? |  |  |  |  |  |  |  |
|  |  |  |  | **g.** | …have your work hours increased? |  |  |  |  |  |  |  |
|  |  |  |  | **h.** | …get furloughed with full or partial pay? |  |  |  |  |  |  |  |
|  |  |  |  | **i.** | …get furloughed without pay? |  |  |  |  |  |  |  |
|  |  |  |  | **j.** | …have your job designated as an essential service? |  |  |  |  |  |  |  |
|  |  |  |  | **k.** | …have a job that put you at increased risk for COVID? |  |  |  |  |  |  |  |
|  |  |  |  | **l.** | …start working remotely or from home? |  |  |  |  |  |  |  |
|  |  |  |  | **m.** | …increase the hours worked remotely or from home? |  |  |  |  |  |  |  |
|  |  | |  |  |  |  | | |  | | |  |

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|  | **82.** |  | **At any time in 2020, did you have a spouse or partner?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 85** |
|  |  |  |  |  | | |

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|  | **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 |
|  |  |  |  |  |

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|  | **84.** | |  | **In 2020, due to changes related to COVID, did your spouse or partner…** | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …start a new job? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …lose their job permanently? |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …lose their job temporarily? |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …have their hours reduced? |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …need to reduce work hours to care for children? |  |  |  |  |  |  |  |
|  |  |  |  | **f.** | …have their salary reduced? |  |  |  |  |  |  |  |
|  |  |  |  | **g.** | …have their hours increased? |  |  |  |  |  |  |  |
|  |  |  |  | **h.** | …get furloughed with either full or partial pay? |  |  |  |  |  |  |  |
|  |  |  |  | **i.** | …get furloughed without pay? |  |  |  |  |  |  |  |
|  |  |  |  | **j.** | …have their job designated as an essential service? |  |  |  |  |  |  |  |
|  |  |  |  | **k.** | …have a job that put them at increased risk for COVID? |  |  |  |  |  |  |  |
|  |  |  |  | **l.** | …start working remotely or from home? |  |  |  |  |  |  |  |
|  |  |  |  | **m.** | …increase the hours worked remotely or from home? |  |  |  |  |  |  |  |
|  |  | |  |  |  |  | | |  | | |  |

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|  |  | |  |  | | | | | | | | | | |  | |
|  | **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** | | |  | |
|  |  |  |  | **a.** | Insurance through a current or former employer or union,  through yourself or another family member | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **b.** | Insurance purchased directly from an insurance company, including marketplace coverage, through yourself or another family member | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **c.** | Medicare, for people with certain disabilities | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **d.** | Medicaid, Medical Assistance, or any kind of government-assistance plan  for those with low incomes or a disability | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **e.** | TRICARE or other military health care | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **f.** | Veterans Administration, VA, including those who have ever used or  enrolled for VA health care | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **g.** | Indian Health Service | | | |  |  |  |  |  |  |  | |
|  |  | |  | **h.** | [Other health insurance?](#Other_Response_Category_Body) |  | Please tell us: |  | | | | | | | |  |
|  |  | |  |  |  | | |  | | | | | | | |  |
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|  | **86.** |  | **In 2020, after March 1, did you experience changes in health insurance or health coverage plans?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 88** |
|  |  |  |  |  | | |

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|  | **87.** | |  | **Did your health insurance or health coverage change in the following ways? Did you…** | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …gain coverage after not having insurance? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …lose coverage after having insurance? |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …switch to a plan with more coverage? |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …switch to a plan with less coverage? |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …switch to a plan that was more expensive? |  |  |  |  |  |  |  |
|  |  |  |  | **f.** | …switch to a plan that was less expensive? |  |  |  |  |  |  |  |
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|  | **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?** | | | | | | | | | | |  | |
|  |  | |  |  |  | | | |  | | |  | | |  | |
|  |  | |  |  |  | | | | **Yes** | | | **No** | | |  | |
|  |  |  |  | **a.** | Insurance through a family member’s current or former employer or union. | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **b.** | Insurance purchased directly from an insurance company, including marketplace coverage. | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **c.** | Medicare, for people with certain disabilities | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **d.** | Medicaid, Medical Assistance, or any kind of government-assistance plan  for those with low incomes or a disability | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **e.** | TRICARE or other military health care | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **f.** | Veterans Administration, VA, including those who have ever used or  enrolled for VA health care | | | |  |  |  |  |  |  |  | |
|  |  |  |  | **g.** | Indian Health Service | | | |  |  |  |  |  |  |  | |
|  |  | |  | **h.** | [Other health insurance?](#Other_Response_Category_Body) |  | Please tell us: |  | | | | | | | |  |
|  |  | |  |  |  | | |  | | | | | | | |  |
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|  | **89.** |  | **In 2020, after March 1, did the study child’s health insurance or health coverage plans change?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 91** |
|  |  |  |  |  | | |

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|  | **90.** | |  | **Has the study child’s health insurance or health coverage changed in the following ways? Did the study child…** | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  |
|  |  | |  |  |  | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …gain coverage after not having insurance? |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …lose coverage after having insurance? |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …switch to a plan with more coverage? |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …switch to a plan with less coverage? |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …switch to a plan that was more expensive? |  |  |  |  |  |  |  |
|  |  |  |  | **f.** | …switch to a plan that was less expensive? |  |  |  |  |  |  |  |
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|  | **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** |
|  |  |  |  |  | | |

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|  |  |  |  | |
|  | **92.** |  | **Have you ever had a positive COVID test?** | |
|  |  |  |  |  |
|  |  |  |  | Yes |
|  |  |  |  | No |
|  |  |  |  | Still waiting for results |
|  |  |  |  |  |

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|  | **93.** |  | **Including yourself, have any of the people who live in your household ever been diagnosed with COVID?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 96** |
|  |  |  |  |  | | |

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

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|  | **96.** |  | **Do you personally know anyone who has died from COVID?** | | | |
|  |  |  |  |  | | |
|  |  |  |  | Yes | | |
| **­** |  |  |  | No |  | **Go to question 98** |
|  |  |  |  |  | | |

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|  | **97.** |  | | **How many people do you personally know who have died from COVID?** | | |
|  |  |  |  | | | |
|  |  |  |  | |  | People you know who have died from COVID |
|  |  |  |  | |  |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
|  |  |  |  |
| **JAN – FEB** | **MAR – APR – MAY** | **JUN – JLY – AUG** | **SEP – OCT – NOV – DEC** |

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|  | **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** | | |  |
|  |  |  |  | **a.** | …in the Spring? |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Summer? |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Fall? |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …in the Spring? |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Summer? |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Fall? |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **102.** | |  | **In 2020, how often did you have difficulty paying your bills…** | | | | | | | | | | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  | | |  |
|  |  | |  |  |  | **Never** | | | **Rarely** | | | **Sometimes** | | | **Very**  **often** | | | **Extremely**  **often** | | |  |
|  |  |  |  | **a.** | …in January and February? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
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| **JAN – FEB** | **MAR – APR – MAY** | **JUN – JLY – AUG** | **SEP – OCT – NOV – DEC** |

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|  | **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** | | |  |
|  |  |  |  | **a.** | …in January and February? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …in January or February? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …in January or February? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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** | | |  |
|  |  |  |  | **a.** | …in January or February? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Pre-COVID** | **Spring 2020** | **Summer 2020** | **Fall 2020** |
|  |  |  |  |
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|  | **107.** | |  | **In 2020, during a typical week, on average on how many days did you feel hopeful about the future…** | | | | | | | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  |
|  |  | |  |  |  | **Never or less than 1 day** | | | **1 to 2  days** | | | **3 to 4  days** | | | **5 to 7  days** | | |  |
|  |  |  |  | **a.** | …in January or February? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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…** | | | | | | | | | | | | | |  |
|  |  | |  |  |  |  | | |  | | |  | | |  | | |  |
|  |  | |  |  |  | **Never or less than 1 day** | | | **1 to 2  days** | | | **3 to 4  days** | | | **5 to 7  days** | | |  |
|  |  |  |  | **a.** | …in January or February? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …in the Spring? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …in the Summer? |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …in the Fall? |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **109.** | |  | **In 2020, to cope with stress related to COVID, did you…** | | | | | | | | | | |  |
|  |  | |  |  |  | | | |  | | |  | | |  |
|  |  | |  |  |  | | | | **Yes** | | | **No** | | |  |
|  |  |  |  | **a.** | …engage in meditation or mindfulness practices? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **b.** | …increase time spent outdoors? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **c.** | …take long walks? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **d.** | …increase time exercising? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **e.** | …do volunteer work? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **f.** | …talk with friends and family by phone, text, or video? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **g.** | …engage in more family activities such as games or sports? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **h.** | …increase television watching or other “screen time” activities such as video games or social media? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **i.** | …eat more often, including snacking? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **j.** | …increase time reading books, or doing activities like puzzles or crosswords? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **k.** | …talk to your healthcare providers more frequently, including mental healthcare provider such as a therapist, psychologist or counselor? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **l.** | …seek or receive prescription medication from a healthcare provider? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **m.** | …increase drinking of alcohol? | | | |  |  |  |  |  |  |  |
|  |  |  |  | **n.** | …increase use of tobacco or nicotine products? | | | |  |  |  |  |  |  |  |
|  |  | |  | **o.** | O[ther?](#Other_Response_Category_Body) |  | Please tell us: |  | | | | | | |  |
|  |  | |  |  |  | | |  | | | | | | |  |
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|  | **110.** |  | **Is there anything else about your experience with COVID or its impact on your family that you would like to share?** | | |
|  |  |  |  | | |
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|  |  |  |  | | |

**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:vlein@wisc.edu)**].**