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**".

DATE OF COMPLETION:

Study ID: <site_csid>

Your STUDY CHILD is: <Child First>

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

	Decreased a lot	Decreased somewhat	No change	Increased somewhat	Increased a lot
friends in person?	\bigcirc	\bigcirc	0	\bigcirc	0
friends remotely, such as online, social media or texting or video chats?	0	0	0	0	0
extended family in person?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
extended family remotely, such as online, social media or texting or video chats?	0	0	0	0	0

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

a lot somewhat change somewhat a l	
…level of anxiety and irritability? O O O O O)
…level of sadness and depression? O O O O O)
social and communication skills? O O O O O)
quality of sleep? O O O O O)
quality of diet or eating healthy food? O O O O)
daily non-educational screen time? O O O O O)
daily physical activity?)

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

	Yes	No	Not applicable
wearing a mask?	\bigcirc	\bigcirc	0
receiving a nose swab during COVID testing?	\bigcirc	0	0
social distancing or staying 6 feet away from others?	\bigcirc	\bigcirc	\bigcirc
hand washing?	0	0	0

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 t positive?	he study chil	d find the	e following <u>ch</u>	langes ro	elated to COV	<u>ID</u> to be
	Not at all	A little	Somewhat	Very	Extremely	Not known or not applicable
Having more time to relax	\bigcirc	\bigcirc	\bigcirc	0	0	0
Having more time to sleep	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc	\bigcirc
Having more time to spend with family	0	\bigcirc	0	\bigcirc	0	0
Having more time to spend with pets	0	0	0	\bigcirc	0	0
Having more time for hobbies, such as art, music, writing or cookin	g	0	0	0	0	0
Having more time to play with toys	0	0	0	\bigcirc	0	0
Having more time to exercise or go outside	0	\bigcirc	0	\bigcirc	0	0
Having more access to phones, computers, TV and other digital devices for recreation	0	0	0	0	0	0
Having less stress or pressure from school assignments	0	0	0	0	0	0
Having fewer problems wi other children in school	th O	0	0	0	0	0
Having the ability to take more breaks during lessons	0	0	0	0	0	0

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?	\bigcirc	\bigcirc	0
specialty appointments or referral visits, such as behavior therapy, speech or language therapy, physical therapy, occupational therapy, social skills training, or mental health services?	0	0	0
immunizations?	\bigcirc	\bigcirc	0
urgent or emergency care?	0	0	0

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?	\bigcirc	0
the clinic or provider was closed due to COVID?	0	0
you or your child had symptoms of COVID so stayed home?	0	0
you cancelled an appointment to avoid being around others?	0	0
you were unable to pay for services due to COVID?	0	0
you lacked transportation due to COVID?	0	0
you were concerned public transportation might not be safe?	\bigcirc	0
your child would not wear a mask and this was required?	\bigcirc	0
you did not want to use telehealth for an appointment?	0	0
you were <u>unable</u> to use telehealth for an appointment?	0	\bigcirc
Other reason? Please tell us:		

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

Yes

Go to question 12

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

Yes No

No

Still waiting for results

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

	Yes	No
become hospitalized?	\bigcirc	0
have to self-isolate at home?	0	0

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

- 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 <u>outside the home</u>?

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, <u>because of COVID</u>, did the study child's school or preschool <u>ever</u> 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, <u>because of COVID</u>, did the study child's school or preschool close or have remote learning for even <u>one day</u> in...

	Yes	No
Spring 2020:		
March?	\bigcirc	\bigcirc
April?	\bigcirc	0
May?	\bigcirc	0
Summer 2020:		
June?	0	0
July?	0	\bigcirc
August?	\bigcirc	0
Fall 2020:		
September?	0	\bigcirc
October?	0	\bigcirc
November?	0	0
December?	\bigcirc	0

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

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...

			When did this happen? Check all that apply.		
	No	Yes	Spring	Summer	Fall
did the school ever send home printed assignments for the study child?	0	0	0	0	0
did the school ever send assignments for the study child to complete on-line?	0	0	0	0	0
did the school ever organize live classes for the study child to attend on-line?	0	\bigcirc	0	0	0
did you sign the study child up for a different academic program conducted on-line?	0	0	0	0	0
did you ever hire a tutor for the study child to receive individual instruction?	0	0	0	0	0
did you ever provide any type of home schooling?	0	0	0	0	0
did you ever join with other parents to hire someone for the study child to receive instruction in a small group, or 'pod'?	0	0	0	0	0

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 <u>contact</u> 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 <u>2020</u>, about how many hours per week <u>on average</u> did the study child have <u>live</u> 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, o	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 <u>provided</u> 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 <u>due to COVID</u>, 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 <u>due to COVID</u> , 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

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

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 <u>all</u> such services the study child received in 2020 from the list above.

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

These services could have been administered in-person or remotely.

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

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
behavior therapy, including ABA (applied behavior analysis)?	0	0	0
speech or language therapy?	\bigcirc	0	\bigcirc
physical therapy?	\bigcirc	\bigcirc	0
occupational therapy, including sensory therapy?	\bigcirc	\bigcirc	0
social skills training?	0	0	0

	 Spring 2020 	Summer	2020	⇒	Fall 202	0
JAN – FEB	MAR – APR – MAY	JUN – JLY	– AUG	SEP -	- OCT – NC	$\mathbf{DV} - \mathbf{DEC}$
34 Pre-COV	ID, in January or February	of 2020 did th	e study cl	hild receive	any behavio	r therany
	<u>ABA</u> (applied behavior ana	•	e study ei		uny <u>benuvio</u>	<u>encrupy</u>
r Yes						
No	Go to question 40					
+	1					
35. In Janua	ry or February of 2020, did	the study child	receive b	ehavior the	rapy, includi	ng ABA
					Yes	No
from	their school?				0	0
from	non-school professionals?				0	0
36. In 2020. c	lue to changes related to CO	VID. was any	of the stud	dv child's b	ehavior thera	DV.
including	8	··		-,		F <i>J i</i>
				W	hen did this ha	ppen?
					Check all that a	
		No	Yes	Sprin	ig Summer	Fall
	ucted remotely with video?	\bigcirc	\bigcirc			
	5	0				
	ucted remotely with video?	0	Ő	0	0	0
cond	ucted remotely without video	? 0	0	0		
cond 37. Compare	ucted remotely without video ed to in-person behavior the	rapy including	O ABA, was	0		
cond 37. Compare	ucted remotely without video	rapy including	O ABA, was when	s remote de	livery better f	for the
cond 37. Compare	ucted remotely without video ed to in-person behavior the	? Orapy including for no difference	O ABA, was when Worse	s remote de	livery better f	for the Not
cond 37. Compare child, wo	ucted remotely without video ed to in-person behavior theo rse for the child, or was ther	? Orapy including for no difference	O ABA, was when Worse	s remote de	livery better f	for the Not
37. Compare child, wo	ucted remotely without video ed to in-person behavior the	? Orapy including for no difference	O ABA, was when Worse	s remote de Better for child	livery better f No difference	for the Not applicabl

	Pre-COVID	Spring	Summer	Fall
	Hours	Hours	Hours	Hours
	per week	per week	per week	per week
a. their school or other professional provider?				

|--|

Pre-COVI D	Spring 2020	5	Summe r 2	020 →		Fall 2020	
JAN – FEB	MAR – APR – MAY	JUI	N – JLY –	- AUG	SEP – O	CT – NOV	/ – D E
40. Pre-COV therapy?	ID, in January or Februa	ry of 202	20, did the s	study child	receive an	y <u>speech or</u>	<u>languaş</u>
Yes No	Go to question 45						
↓	id the study shild ressive	maach	or longuage	thereasy fr			
41, 111 2020, 0	id the study child receive	speech	or language				
				When did this happen? Check all that apply.			
		No	Yes	Pre- COVID	Spring	Summer	Fall
their	school?	\bigcirc	0	0	0	0	0
titeii		0	0	0	0	0	0
	chool professionals?						
non-s	chool professionals? its or other family?	0	0	0	0	0	0

			Che	<u>ck all that ap</u>	oply.
	No	Yes	Spring	Summer	Fall
conducted remotely with video?	\bigcirc	\bigcirc	0	0	0
conducted remotely without video?	0	0	0	0	0

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?	\bigcirc	\bigcirc	\bigcirc	0
conducted remotely without video?	0	0	0	0

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 <u>related to COVID</u>, how did the total amount of speech or language therapy change for the study child?

Pre-COVI D	Spring 2020	Summe r 2 020 →	Fall 2020
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...

				When did th Check all	is happen? that apply.	
	No	Yes	Pre- COVID	Spring	Summer	Fall
their school?	\bigcirc	\bigcirc	0	0	0	0
non-school professionals?	0	\bigcirc	0	0	0	\bigcirc
parents or other family?	0	0	0	0	0	0

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

				did this hap ck all that aj	-
	No	Yes	Spring	Summer	Fall
conducted remotely with video?	\bigcirc	\bigcirc	0	0	0
conducted remotely without video?	0	0	0	0	0

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?	\bigcirc	\bigcirc	\bigcirc	0
conducted remotely without video?	0	0	0	0

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 <u>related to COVID</u>, how did the total amount of physical therapy change for the study child?

Pre-COVI	Spring 2020		Summe r 2	020 ➡		Fall 2020	
JAN – FEB	MAR – APR – MA	Y JU	N – JLY –	AUG	SEP – O	CT – NOV	/ – DEC
)VID, in January or Febru <u>y, including sensory thera</u>	5	20, did the s	study child	receive any	y <u>occupatio</u>	<u>nal</u>
r Yes							
No	Go to question 55						
•							
51. In 2020), did the study child receiv	ve occupat	tional or sei	isory thera	py from		
					When did tl Check all	nis happen? that apply.	
				Pre-			
		No	Yes				Fall
th	eir school?	No O	Yes O	Pre-	Check all	that apply.	Fall
	eir school? n-school professionals?	0	~	Pre-	Check all	that apply.	Fall O
no		0	0	Pre-	Check all Spring	that apply.	Fall O O O
no	n-school professionals?	0	0	Pre- COVID	Check all Spring	summer	Fall 〇 〇

				did this hap ck all that ap	-
	No	Yes	Spring	Summer	Fall
conducted remotely with video?	\bigcirc	\bigcirc	0	0	0
conducted remotely without video?	0	0	0	0	0

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?	\bigcirc	\bigcirc	\bigcirc	0
conducted remotely without video?	0	0	0	0

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 <u>related to COVID</u>, how did the total amount of occupational or sensory therapy change for the study child?

Dre-	COVI D	Spring 2020	S	umme r 2	020 🛋		Fall 2020	
		. .						
JAN	I – FEB	MAR – APR – MAY	JU	N - JLY -	- AUG	SEP - O	CT – NOV	/ - DEC
55.	 Pre-COV training? Yes 	ID, in January or Februa	ry of 202	20, did the s	study child	receive an	y <u>social skil</u>	<u>ls</u>
	No	Go to question 60						
↓ 56.	. In 2020, d	id the study child receive	social sl	cills trainin	g from			
						When did th Check all	nis happen? that apply.	
			No	Yes	Pre- COVID	Spring	Summer	Fall
	their	school?	\bigcirc	\bigcirc	0	0	0	0
	non-s	chool professionals?	\bigcirc	0	0	0	0	0
	paren	ts or other family?	0	0	0	0	0	0
57.	In 2020, d	ue to changes related to C	OVID, 1	was <u>any</u> of	the study c			
							did this hap ck all that ap	
				No	Yes	Spring	Summer	Fall
	condu	icted remotely with video?		\bigcirc	\bigcirc	0	0	0
	····Conuc	icicu remotery with viaco.						

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?	\bigcirc	\bigcirc	\bigcirc	0
conducted remotely without video?	0	0	0	0

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 <u>related to COVID</u>, how did the total amount of social skills training change for the study child?

Pre-COVI D	 Spring 2020 	S	Summe r 2	020	•	Fall 20	20
JAN – FEB	MAR – APR – MAY	Y JUN	N – JLY -	- AUG	SEP -	– OCT – N	OV – DE
	ID, in January or Febru	ary of 202	20, did the	study chil	d receive	e any <u>mental</u>	health
<u>therapy</u> ?							
r Yes							
No	Go to question 65						
+							
61. In 2020, d	lid the study child receiv	e mental	health ther	apy from	•••		
					When d	id this happe	n?
						all that apply	
				Pre-			
		No	Yes	COVII) Sprii		
1.	1 10	()	\bigcirc				
	school?	0		-	U U	_	
non-s	school? school professionals? ue to changes related to	0	0	0	0	0	0
non-s	school professionals?	0	0	0	child's n	nental health	n therapy
non-s	school professionals?	0	O was <u>any</u> of	the study	child's n	nental health hen did this h Check all that	n therapy happen? t apply.
non-s 62. In 2020, d	school professionals?	O COVID, v	0	0	child's n	nental health hen did this h Check all that	n therapy happen? t apply.
non-s 62. In 2020, d	school professionals?	O COVID, 1 ?	O was <u>any</u> of No	the study Yes	child's n W Sprin	nental health hen did this h Check all that ng Summe	n therapy happen? t apply. er Fall
non-s 62. In 2020, d	school professionals? Iue to changes related to ucted remotely with video	O COVID, 1 ?	○ was <u>any</u> of No ○	the study Yes	child's n W Sprin	nental health hen did this h Check all that 1g Summe	n therapy happen? t apply. er Fall
62. In 2020, d condu condu 63. Compare	school professionals? Ine to changes related to ucted remotely with video ucted remotely without vic d to in-person mental he	COVID, v ? deo? alth thera	○ was <u>any</u> of No ○ ○	The study Yes	child's n W Sprin	nental health hen did this h Check all that ng Summe	o o therapy o tappen? t apply. or Fall o o
62. In 2020, d condu condu 63. Compare	school professionals? lue to changes related to ucted remotely with video ucted remotely without vic	COVID, v ? deo? alth thera	○ was <u>any</u> of No ○ ○	The study Yes	child's n W Sprin	nental health hen did this h Check all that ng Summe	o o therapy o tappen? t apply. or Fall o o
62. In 2020, d condu condu 63. Compare	school professionals? Ine to changes related to ucted remotely with video ucted remotely without vic d to in-person mental he	COVID, v ? deo? alth thera	No No O <	the study Yes O O mote deliv	child's n W Sprin	nental health hen did this h Check all that ng Summe	o o therapy </td
 non-s 62. In 2020, d condu condu 63. Compared for the ch 	school professionals? lue to changes related to ucted remotely with video ucted remotely without video d to in-person mental hea ild, or was there no diffe	COVID, v ? deo? alth thera erence who	was any of No O upy, was relen	The study Yes O mote deliv Vorse r child	child's n W Sprin O Very better Better for child	nental health hen did this h Check all that ng Summe O er for the ch No difference	ild, worse
62. In 2020, d condu condu 63. Compared for the ch	school professionals? Ine to changes related to ucted remotely with video ucted remotely without vic d to in-person mental he	COVID, v ? deo? alth thera erence who	was any of No O upy, was relen	the study Yes O mote deliv Vorse	child's n W Sprin O Very better	nental health hen did this h Check all that ng Summe O O er for the ch	I therapy In the interapy In the i

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 <u>related to COVID</u>, how did the total amount of mental health therapy change for the study child?

Pre-COVI D	Spring 2020	Summer	2020 📥	-	Fall 2020	
	* v			CED C		
JAN – FEB	MAR – APR – MAY	JUN – JLY	- AUG	SEP - U	OCT – NOV	V - DEC
	ID, in January or February lent, or consultation from a					
- Tes No	Go to question 69					
•						
66. In 2020, v	when did the study child rec	ceive this medicat	tion manag	gement? Cho	eck all that	apply.
			Pre-COVI	D Spring	Summer	Fall
67. In 2020, d	ue to changes related to CC	OVID, was any of	the study	child's med	ication	0
67. In 2020, d managem	ue to changes related to CC ent	DVID, was <u>any</u> of	f the study	When	ication did this hap	pen?
	0	DVID, was <u>any</u> of No	the study Yes	When Che	ication did this hap ck all that ap	pen? oply.
managem	0		J	When	ication did this hap	pen?
managem condu	ent	No	Yes	When Che	ication did this hap ck all that ap Summer	pen? oply. Fall
managem condu condu 68. Compare	ent	No O ? nanagement, was nce, when	Yes O remote de	When Che Spring O	ication did this hap ck all that ap Summer O O r for the chi	pen? oply. Fall O

- ...conducted remotely without video?
- 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 <u>COVID</u> affect the study child's daycare, even for a day? Check all that apply.

Ο

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Ο

Ο

Spring	Summer	Fall
0	0	0

72.	In 2020, due to changes related to COVID, did you		
		Yes	No
	have difficulty arranging for childcare?	\bigcirc	0
	have to pay more for childcare?	\bigcirc	0
	have to change your work schedules to care for your children?	0	0
73.	In 2020, due to changes related to COVID, to fill in for interruptions in ye	our regular ch	ildcare,

was the study child cared for by		
	Yes	No
the child's grandparents?	\bigcirc	0
another adult family member?	\bigcirc	0
an older child in the family?	\bigcirc	0
friends?	\bigcirc	0
a paid baby sitter or nanny?	0	0

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 <u>any changes</u> 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 <u>adults</u> 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...

	Yes	No
get engaged?	\bigcirc	\bigcirc
get married?	\bigcirc	0
move in with a partner?	\bigcirc	0
separate from a partner?	0	0
get divorced?	\bigcirc	0
have a spouse or partner die from COVID?	0	\bigcirc
have a spouse or partner die from something other than COVID?	0	0

80. The next questions ask about changes in <u>your</u> 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 <u>you</u>...

	Yes	No
start a new job?	\bigcirc	0
lose your job permanently?	0	0
lose your job temporarily?	\bigcirc	0
have your work hours reduced?	\bigcirc	\bigcirc
need to reduce your work hours to care for children?	\bigcirc	0
have your salary reduced?	0	\bigcirc
have your work hours increased?	\bigcirc	0
get furloughed with full or partial pay?	\bigcirc	\bigcirc
get furloughed without pay?	\bigcirc	0
have your job designated as an essential service?	\bigcirc	0
have a job that put you at increased risk for COVID?	\bigcirc	0
start working remotely or from home?	\bigcirc	\bigcirc
increase the hours worked remotely or from home?	0	0

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?	\bigcirc	0
lose their job permanently?	\bigcirc	0
lose their job temporarily?	\bigcirc	0
have their hours reduced?	\bigcirc	\bigcirc
need to reduce work hours to care for children?	\bigcirc	0
have their salary reduced?	0	\bigcirc
have their hours increased?	\bigcirc	0
get furloughed with either full or partial pay?	\bigcirc	\bigcirc
get furloughed without pay?	\bigcirc	0
have their job designated as an essential service?	\bigcirc	\bigcirc
have a job that put them at increased risk for COVID?	\bigcirc	0
start working remotely or from home?	\bigcirc	\bigcirc
increase the hours worked remotely or from home?	0	0

85. Pre-COVID, in January or February of 2020, were <u>you</u> 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	0	0
Insurance purchased directly from an insurance company, including marketplace coverage, through yourself or another family member	0	0
Medicare, for people with certain disabilities	0	0
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	0	0
TRICARE or other military health care	0	0
Veterans Administration, VA, including those who have ever used or enrolled for VA health care	0	0
Indian Health Service	\bigcirc	\bigcirc
Other health insurance? Please tell us:		

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 way	s? Did you	
	Yes	No
gain coverage after not having insurance?	\bigcirc	0
lose coverage after having insurance?	\bigcirc	0
switch to a plan with more coverage?	\bigcirc	0
switch to a plan with less coverage?	0	0
switch to a plan that was more expensive?	\bigcirc	0
switch to a plan that was less expensive?	0	0

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

	Yes	No
Insurance through a family member's current or former employer or union.	0	0
Insurance purchased directly from an insurance company, including marketplace coverage.	0	0
Medicare, for people with certain disabilities	0	0
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	0	0
TRICARE or other military health care	0	0
Veterans Administration, VA, including those who have ever used or enrolled for VA health care	0	0
Indian Health Service	0	0
Other health insurance? Please tell us:		

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...

	Yes	No
gain coverage after not having insurance?	\bigcirc	0
lose coverage after having insurance?	\bigcirc	\bigcirc
switch to a plan with more coverage?	\bigcirc	0
switch to a plan with less coverage?	\bigcirc	0
switch to a plan that was more expensive?	\bigcirc	0
switch to a plan that was less expensive?	\bigcirc	0

Uava	an ever been tested for COVID, either for everent or past infections?
, j	ou ever been tested for COVID, either for current or past infections?
F Yes	
No	Go to question 93
)2. Have y	ou ever had a positive COVID test?
Yes	
No	
Still	waiting for results
	ng yourself, have any of the people who live in your household ever been diagnosed with
COVIE)?
F Yes	
No	Go to question 96
ł	
94. Includi	ng yourself, how many of the people who live in your household have ever been diagnos
94. Includi with C	
	OVID?
with C	DVID? Household members
with C	OVID? Household members ng about the person living in your household who was most sick from COVID, what was
with Control of the outer of th	OVID? Household members ng about the person living in your household who was most sick from COVID, what was come of their illness?
with Column 5. Thinking the out No sy	DVID? Household members ng about the person living in your household who was most sick from COVID, what was come of their illness? ymptoms
with Comparison of the output of the output of the symplectic symplecti symplectic symplecti symplectic symple	DVID? Household members ag about the person living in your household who was most sick from COVID, what was come of their illness? ymptoms ptoms managed at home
with Comparison of the output	DVID? Household members ng about the person living in your household who was most sick from COVID, what was come of their illness? ymptoms ptoms managed at home ired hospitalization, but not in the ICU (intensive care unit)
with Comparison of the outer of	OVID? Household members Ing about the person living in your household who was most sick from COVID, what was come of their illness? ymptoms otoms managed at home ired hospitalization, but not in the ICU (intensive care unit) ired care in the ICU
95. Thinking No sy Require Require	DVID? Household members ng about the person living in your household who was most sick from COVID, what was come of their illness? ymptoms ptoms managed at home ired hospitalization, but not in the ICU (intensive care unit)
with Comparison of the outer of	OVID? Household members Ing about the person living in your household who was most sick from COVID, what was come of their illness? ymptoms otoms managed at home ired hospitalization, but not in the ICU (intensive care unit) ired care in the ICU
with Comparison of the output	OVID? Household members Ing about the person living in your household who was most sick from COVID, what was come of their illness? ymptoms otoms managed at home ired hospitalization, but not in the ICU (intensive care unit) ired care in the ICU
with Comparison of the output	OVID? Household members ng about the person living in your household who was most sick from COVID, what was come of their illness? ymptoms otoms managed at home ired hospitalization, but not in the ICU (intensive care unit) ired care in the ICU due to COVID Go to question 97

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 <u>you</u> during 2020.

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

		Decreased Decreased		No	Increased Increased		Not
		a lot	somewhat	change	somewhat	a lot	applicable
in the S	pring?	0	\bigcirc	Õ	\bigcirc	\bigcirc	0
in the S	ummer?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	0
in the F	all?	0	0	0	0	0	0

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

	Decreased Decreased		No Increased Increased			Not
	a lot	somewhat	change	somewhat	a lot	applicable
in the Spring?	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc	0
in the Summer?	0	\bigcirc	0	\bigcirc	0	0
in the Fall?	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	0

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

	Decreased	Decreased	No	Increased 1	ncreased
	a lot	somewhat	change	somewhat	a lot
in the Spring?	\bigcirc	\bigcirc	0	\bigcirc	0
in the Summer?	0	0	\bigcirc	\bigcirc	0
in the Fall?	0	0	0	\bigcirc	0

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

	Decreased	l Decreased	No	Increased	Increased
	a lot	somewhat	change	somewhat	a lot
in the Spring?	\bigcirc	\bigcirc	0	\bigcirc	0
in the Summer?	0	\bigcirc	\bigcirc	0	0
in the Fall?	0	0	0	0	0

102. In 2020, how often did you have difficulty paying your bills... Extremely Very **Rarely Sometimes** often often Never \bigcirc \bigcirc Ο \bigcirc ... in January and February? \bigcirc Ο Ο Ο \bigcirc Ο ... in the Spring? Ο Ο Ο Ο \bigcirc ... in the Summer?

in the Fall?	\bigcirc	\bigcirc	\bigcirc	0	0

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

	Never	Rarely	Sometimes	Very often	Extremely often
in January and February?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
in the Spring?	\bigcirc	0	\bigcirc	\bigcirc	0
in the Summer?	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
in the Fall?	0	0	0	0	0

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?	Õ	Õ	Õ	Ŏ
in the Spring?	\bigcirc	0	0	\bigcirc
in the Summer?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
in the Fall?	0	0	0	0

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?	Õ	Ő	Ŏ	Ő
in the Spring?	0	0	0	\bigcirc
in the Summer?	\bigcirc	0	0	0
in the Fall?	0	0	0	0

106	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?	Õ	Ő	Ó	Ō		
	in the Spring?	\bigcirc	\bigcirc	0	\bigcirc		
	in the Summer?	\bigcirc	\bigcirc	\bigcirc	0		
	in the Fall?	0	0	0	0		

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

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
in January or February?	Õ	Ő	Ő	Ő
in the Spring?	\bigcirc	0	0	\bigcirc
in the Summer?	\bigcirc	0	\bigcirc	\bigcirc
in the Fall?	0	0	0	0

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
in January or February?	\bigcirc	\bigcirc	\bigcirc	0
in the Spring?	\bigcirc	\bigcirc	0	0
in the Summer?	\bigcirc	\bigcirc	\bigcirc	\bigcirc
in the Fall?	0	0	0	0

109. In 2020, to cope with stress related to COVID, did you		
	Yes	No
engage in meditation or mindfulness practices?	\bigcirc	0
increase time spent outdoors?	\bigcirc	0
take long walks?	\bigcirc	0
increase time exercising?	\bigcirc	0
do volunteer work?	\bigcirc	0
talk with friends and family by phone, text, or video?	\bigcirc	0
engage in more family activities such as games or sports?	\bigcirc	0
increase television watching or other "screen time" activities such as video games or social media?	0	0
eat more often, including snacking?	\bigcirc	0
increase time reading books, or doing activities like puzzles or crosswords	? • •	0
talk to your healthcare providers more frequently, including mental healthcare provider such as a therapist, psychologist or counselor?	0	0
seek or receive prescription medication from a healthcare provider?	\bigcirc	\bigcirc
m increase drinking of alcohol?	0	0
increase use of tobacco or nicotine products?	0	0
Other? Please tell us:		

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].