Record ID:		
BACKGROUND INFORMATION		
Please answer the following questions about yourself.		
PARENTS: if you are answering this survey on behalf of you	ur child, please answer the questions in relation to your chi	ild.
	O Years	
What is your (your child's) age?	Months	
You (your child) must be under 25 years old to participate in please contact the SPRING study team. If you are entering a child's age, please enter in months if un		
•	O Male	
What say ware you (your shild) assigned at high?	⊕ ○ Female	
What sex were you (your child) assigned at birth? * must provide value	○ Intersex	
- must provide value	O Prefer to self-describe as:	
	O Prefer not to answer	
	O Man/boy	
	○ Woman/girl	
	Non-binary, GenderQueer, Agender or simila	ar
What best describes your (your child's) gender:	identity	
* must provide value	Two-spirit	
	Prefer to self-describe as:	
	O Prefer not to answer	
What are the first three digits of your postal code? (e.g. V5H) * must provide value	(H)	
What best describes your (your child's) ethnicity? (tick all that apply) * must provide value	□ Indigenous (First Nations, Metis, Inuk/Inuit) □ White □ Chinese □ South Asian (East Indian, Pakistani, Sri Lanka etc) □ Black (African, African-American) □ Filipino □ Latin, Central and South American □ Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.) □ Arabic □ West Asian (Iranian, Afghan, etc.) □ Korean □ Japanese □ Alaskan Native □ Native Hawaiian or other Pacific Islander □ Other, specify: □ □ Prefer not to answer	in,
Do you (your child) have any current medical conditions?	O Yes	
* must provide value	○ No re	eset
Please list your (your child's) current medical condition(s):		
Are you (your child) currently taking any prescription	○ Yes	
medication?	○ No	
* must provide value	O Prefer not to answer	
Discouling the state of the sta	re	eset
Please list the <u>name</u> of the <u>prescription</u> medication(s):		

Since January 2020, did you (your shild) Jan	uro the home		Hea Esse deli Pers hair	ivery) sonal service pr rdresser/barbe	e.g. postal, groc	
Since January 2020, did you (your child) lea go to: * must provide value	ive the home	to H	Pres Eler Seco Pos	nentary/Primar ondary/High sc	ry hool Illege, universit	y or
			Daycare Other, s None of	pecify:		
In the last 6 months, on average, how man	y times per v	veek do you (yo	ur child) use	the following	transportatio	on?
	never	less than 1/week	1-2 times/week	3-4 times/week	5-6 times/week	daily
Public transportation * must provide value	0	0	0	0	0	reset
Another's private vehicle (such as taxi, car pooling, ride share) * must provide value	0	0	0	0	0	reset
COVID-19 EXPOSURE INFORMATION						
Since January 2020, have you (your child) to of BC? (tick all that apply) * must provide value	ravelled outsi	☐ Yes, or ☐ No	ithin Canada utside Canada not to answe			
Which province did you (your child) travel to * must provide value	to?	Newfo	oba Brunswick bundland and west Territori Scotia vut io Edward Islan ec tchewan	es		
How many total weeks did you (your child within Canada? *must provide value) spend outs	side of BC but				
When did you (your child) last return to BC Canada? * must provide value	from within		31 Tod	D-M-Y		
What country/countries did you (your * must provide value	child) trave	l to?				
How many total weeks did you (your child Canada? * mus: provide value	l) spend outs	side of				
When did you (your child) last return to BC Canada? * must provide value	from outside	e	₫1 Tod	ay D-M-Y		

MSF11-471PDF 4 03May2022

Baseline S	NG Case Report Form survey		
* must provide valu	ple have you (your child) been exposed to?	O Yes O No O I don't know O Prefer not to a	nswe re:
Exposure #1	Please identify where the exposure occurred:	(abada all abada anaba)	
	□ Household member □ Non-household close contact (friend/other fare setting (e.g. Dr. office, physiother setting) □ School, college, university □ Personal service provider (e.g. hair salon/bar □ Workplace □ Travel, where: □ Other, specify: □ Prefer not to answer When did this exposure occur?	emily) rapis/chiropractor office, hos	spital)
	- Month: Year:	~	
	At the time of exposure, do you think the per- first 14 days of their illness)?	son was still infectious (thi	
Exposure #2	Please identify where the exposure occurred: Household member Non-household close contact (friend/other fall the late of the	amily) rapis/chiropractor office, hos	spital)
	When did this exposure occur?		
	- Month: Year:	~	
	At the time of exposure, do you think the per- first 14 days of their illness)?	son was still infectious (thi	
Exposure #3	Please identify where the exposure occurred: Household member Non-household close contact (friend/other fall) Health care setting (e.g. Dr. office, physiother) School, college, university Personal service provider (e.g. hair salon/bar) Workplace Travel, where: Other, specify: Prefer not to answer	amily) rapis/chiropractor office, hos	spital)
	When did this exposure occur?		
	- Month: Year:	~	
	At the time of exposure, do you think the perfirst 14 days of their illness)?	son was still infectious (thi Yes No I don't know Prefer not to ansy	
Are you (vour	child) currently in isolation?	⊕ O Yes	
-) - 2 () - 21	,,	○ No	re
When you (yoเ	ır child) were in indoor public spaces (e.g. shopp	ing, dining) how frequently	did you (your child):
	Never	Rarely Some of the time	e Most of the time Every time

Maintain a distance of 2 meters from members of the public * must provide value reset Wear a mask or other face covering * must provide value 0 \circ

 \circ

 \circ

 \circ

reset

 \circ

 \circ

HOUSEHOLD DETA	AILS
your home since J If you (your child) residence, please roommate you ha * must provide value	are a student currently living in student complete the following table for each
Household mem	ber #1
Age in years	
(enter as "0" for children less than 1yr old)	
In the last 6 months, did this household member leave the home to go to: (tick all that apply)	□ Work (choose all jobs in the last 6 months) □ Healthcare worker □ Essential worker (e.g. postal, grocery, delivery) □ Personal service provider (e.g. hairdresser/barber, esthetician) □ Teacher, Principal, School counsellor etc. □ Other, specify: □ School (choose level of schooling) □ Preschool □ Elementary/Primary □ Secondary/High school □ Post secondary (college, university or technical institute) □ Daycare □ Other, specify: □ No, none of the above
Household mem	ber #2
Age in years (enter as "0" for	
children less than 1yr old)	
In the last 6 months, did this household member leave the home to go to: (tick all that apply)	 Work (choose all jobs in the last 6 months) School (choose level of schooling) Daycare Other, specify: No, none of the above
:	
Household mem	ber #9
Age in years	
(enter as "0" for children less than 1yr old)	
In the last 6 months, did this household member leave the home to go to: (tick all that apply)	□ Work (choose all jobs in the last 6 months) □ School (choose level of schooling) □ Daycare □ Other, specify: □ No, none of the above

Since January 2020, ha * must provide value	ave you (your child	l) been sick?	⊕ O Yes⊝ O NoO Pre				reset
How many times have	you (your child) b	oeen sick?	⊕				
Illness	#1	Illness #2	2		IIIness #3		
		When was this illnes	s? (Month/yea	r)			
	~				~		
	e following sympto	oms did you (your child)	experience du	T _		(арріу)	
Fever >38 C		Fever >38?C		Fever >38?C			
Chills		Chills		Chills			
☐ Cough ☐ Shortness of breat	L	☐ Cough ☐ Shortness of breath		☐ Cough☐ Shortness o	£		
Alteration to taste	п	Alteration to taste		Alteration to			
Alteration to taste		Alteration to smell		Alteration to			
Nausea		Nausea		Nausea	Smell		
Vomiting		Vomiting		Vomiting			
Diarrhea		Diarrhea		Diarrhea			
□ None of the above		None of the above		□ None of the	above		
Prefer not to answ		☐ Prefer not to answer		☐ Prefer not to	answer		
		How long did this	s illness last?				
		, , , , , , , , , , , , , , , , , , ,					
ODays		ODays		O Days			
O Weeks		O Weeks		O Weeks			
Weeks	reset	- Weeks	rese				reset
	Did this illne	ss cause you (your child)	to miss work	or school/daycare	?		
○Yes		○ _{Yes}		○ Yes			
○ No		○ No		○ No			
	reset	/ 135 1.	rese				reset
○Yes	Did	you (your child) need to	seek medical a				
O Yes O No		O Yes O No		O Yes O No			
○ No	reset	O NO	rese				reset
V	- 41-4			1			
You mentioned above did you (your child) re			O Yes				
* must provide value	equire nospicanza		O No	efer not to answer			
nust provide value			O Pre	eter not to answer			reset
			O Ye	s			
Did you (your child) i	require admission	to ICU?	O No)			
* must provide value			○ Pr	efer not to answer			
							reset
Are you (your child) s	till sick?		⊕ ○ Yes⊝ ○ No				
* must provide value							reset
			(H) OYes	fer not to answer			resec
Have you (your child)	O No						
* must provide value	O Pre	efer not to answer			reset		
When were you (your * must provide value	r child) last tested	?	mo:	•	yr:	~	
			○ Po	sitive			
			⊕ O Ne	gative			
What was the result?				eterminate/Incond	lusive		
* must provide value				on't know			
		○ Pre	efer not to answer			reset	

=	Ва	as	el	in	e	Su	rv	ey.
[編1]	_	-	٠,					_ y

Have you (your child) been vaccinated against COVID-19? * must provide value			○ Yes ○ No				
How many doses of the COVID-19 vaccine have you (your child) received so far?			One dose Two dose				
* must provide value Vaccination date of first dose:		O IVI	ore than two	lose			
Day	Month			Year			
~			~		*		
* must provide value							
Which vaccine did you (your child) receive? * must provide value			O Pfizer and BioNTech mRNA vaccine O Moderna mRNA vaccine O AstraZeneca Oxford vaccine O Janssen (Johnson & Johnson) vaccine O Medicago vaccine O Novavax vaccine O Sanofi/GSK vaccine O Other: O Don't know				
Vaccination date of second dose:							
Day	Month			Year			
			~	1	~		
* must provide value					•		
Which vaccine did you (your child) receive? * must provide value			 Pfizer and BioNTech mRNA vaccine Moderna mRNA vaccine AstraZeneca Oxford vaccine Janssen (Johnson & Johnson) vaccine Medicago vaccine Novavax vaccine Sanofi/GSK vaccine Other: Don't know 				
Vaccination date of additional dose:	T.			T			
Day	Month			Year			
~			~		*		
* must provide value Which vaccine did you (your child) receive? * must provide value			O Pfizer and BioNTech mRNA vaccine Moderna mRNA vaccine AstraZeneca Oxford vaccine Janssen (Johnson & Johnson) vaccine Medicago vaccine Novavax vaccine Sanofi/GSK vaccine Other: Don't know				
Next we'd like to ask you some questions ab For parents of children < 14 years old, please	•				vaccine:		
If a COVID-19 vaccine were to become available to the public, and recommended for you, how likely are you to receive it?	Very unlikely	Unlikely	Neutral	Somewhat likely	Very likely		

🖺 Baseline Survey		
Do you receive all recommended vaccines when offered to by health care professionals?	o you	reset
Thinking back to before the beginning of the pandemic (December 2019), how much did you value vaccines?	O No value O Very little value O Neutral O A little value O Valued a lot	reset
Today, how much do you value vaccines?	O No value O Very little value O Neutral O A little value O Valued a lot	reset
Have you received the influenza vaccine in the past 5 yea	O Never O 1-2 times O 3-4 times O Every year O I don't know	reset
Ø ₹ ☐ 🚰 🚳 🗶 Variable: kab_next_fluvaccine		
Do you intend to or did you receive the influenza vaccine in the fall of 2020?	○ Yes ○ No ○ I don't know	reset
Add Field	Import from Field Bank	
Did you receive the influenza vaccine in the fall of [last year]?	○ Yes ○ No ○ I don't know	reset
Add Field	elds Import from Field Bank	
Ø 🚏 🗓 🚰 🚳 🗶 Variable: kab_current_fluvaccine		
Have you received the influenza vaccine in the fall of [current year]?	○ Yes ○ No ○ I don't know	reset
Add Field	Import from Field Bank	
	kab_current_fluvaccine] = 'N'	
Do you intend to receive the influenza vaccine in [current year]?	○ Yes ○ No ○ I don't know	reset

Baseline Survey						
Please indicate how much you agree o			Somewhat		Samuel had a see	Starrably name
Childhood vaccines are important for a child's health	Str	rongly disagree	disagree	Neutral	Somewhat agree	Strongly agree
Getting vaccines is a good way to protect children from disease	H •					
Childhood vaccines are effective	H •					
Having a child vaccinated is important for the health of others in my community	(H)					
All childhood vaccines offered by the BC immunization program in my community are beneficial	(H)					
The information I receive about vaccines from the vaccination program is reliable and trustworthy	(H)					
Generally, l do what my doctor or health care provider recommends about vaccines	H •					
New vaccines carry more risks than older vaccines	H •					
l am concerned about potential serious adverse effects of vaccines	H •					
Children do not need vaccines for diseases that are not common anymore	H •					
The risk associated with diseases is larger than the risk associated with vaccinations	(H)					

Assuming that a safe and effective CO agree or disagree with the following s			ailable and rec	ommended, plea	se indicate h	ow much you
	Str	ongly disagree	Disagree	Neutral	Agree	Strongly agree
A COVID-19 vaccine would be peneficial must provide value	H					
A COVID-19 vaccine would be peneficial for children must provide value	H =					
COVID-19 vaccine would be peneficial for individuals 60-years and older must provide value	H)					
OVID-19 is a serious illness	H =					
A COVID-19 vaccine would be beneficial for the health of my community must provide value	H (=					
COVID-19 vaccine would be safe	H •					
A COVID-19 vaccine would be effective in preventing COVID-19 must provide value	H =					
A COVID-19 vaccine should be nandatory	H =					
Please answer the following question ecommended.	s, with t	the assumption	n that a safe an	nd effective COVI	D-19 vaccine is	s available and
Most people who are important to	Str	ongly disagree	Disagree	Neutral	Agree	Strongly agree
ne would think that I should eceive the COVID-19 vaccine	H)					
People who are important to me would expect me to receive the COVID-19 vaccine	H)					
would feel under social pressure o receive a COVID-19 vaccine	H =					
veryone I know would get the COVID-19 vaccine	H •					
My family physician's (or other primary Health Care Provider's) pinion is important to me	H)					
What the BC Public Health Officer ecommends is important to follow	H =					
What my coworkers think is mportant to me	H ==					
What my employer/work nstitution thinks is important to ne	H (=					
Vhat my school/children's school hinks is important to me	H =					
What my friends think is important o me	H @					
What my family thinks is important	H @					

Please answer the following questions recommended.	, with	the assumptio	n that a safe	and effective COVID	-19 vaccine is	s available and
		Strongly disapprove	Disapprove	Neutral	Approve	Strongly approv
My family physician (or other orimary Health Care Provider) would [approve/disapprove] of me receiving a COVID-19 vaccine	H					
The BC Public Health Officer would approve/disapprove] of me receiving the COVID-19 vaccine	H (
My coworkers would approve/disapprove] of me eceiving the COVID-19 vaccine	H (
My employer/work institution would [approve/disapprove] of me receiving the COVID-19 vaccine	H (
The educational institution felementary/high school/college/university) that I or my children attend/are associated with would [approve/disapprove] of me receiving the COVID-19 vaccine	H ()					
My friends would approve/disapprove] of me eceiving the COVID-19 vaccine	H (
My family would approve/disapprove] of me eceiving the COVID-19 vaccine	H (
or the next 3 questions: If a COVID-19	vacci	ne was publicly	funded and	available, like the fl	u shot,	
	S	trongly disagree	Disagree	Neutral	Agree	Strongly agre
lt would be difficult to receive the COVID-19 vaccine	(H)					
I could easily receive a COVID-19 accine if I wanted to	H =					
It would be completely up to me whether I received the COVID-19 vaccine	H					
How much control do you feel you woo you receive a COVID-19 vaccine?	uld ha	ve over wheth	er 🕕	Very little control Not much control Neutral Some control A lot of control		

Baseline Survey-household		
Record ID:		
BACKGROUND INFORMATION		
PARENTS: Please answer the questions in relation to your cl	hild	
What is your child's age?		Years Months
Your child must be under 25 years old to participate in this the SPRING study team. If your child is under 2 years of age, please enter the age in		child is 25 years old or older, please contact
What sex was your child assigned at birth? * must provide value	(H)	Male Female Intersex Prefer to self-describe as: Prefer not to answer
What best describes your child's gender: * must provide value	(H)	 Man/boy Woman/girl Non-binary, GenderQueer, Agender or similar identity Two-spirit Prefer to self-describe as: Prefer not to answer
What are the first three digits of your child's postal code? (e.g. V5H) * must provide value	(H)	
What best describes your child's ethnicity? (tick all that apply) * must provide value	H)	□ Indigenous (First Nations, Metis, Inuk/Inuit) □ White □ Chinese □ South Asian (East Indian, Pakistani, Sri Lankan, etc) □ Black (African, African-American) □ Filipino □ Latin, Central and South American □ Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.) □ Arabic □ West Asian (Iranian, Afghan, etc.) □ Korean □ Japanese □ Alaskan Native □ Native Hawaiian or other Pacific Islander □ Other, specify: □ □ Prefer not to answer
Does your child have any current medical conditions? * must provide value	O Yes O No	reset
Please list your child's current medical condition(s): Is your child currently taking any <u>prescription</u> medication? * must provide value	O Yes O No O Prefer n	ot to answer
Please list the <u>name</u> of the <u>prescription</u> medication(s):		

Since January 2020, did your child leave to: * must provide value	Work (choose all that apply) Healthcare worker Essential worker (e.g. postal, grocery, delivery) Personal service provider (e.g. hairdresser/barber, esthetician) Teacher, Principal, School counselor etc. Other, specify: School (choose level of schooling) Preschool Elementary/Primary Secondary/High school Post secondary (college, university or technical institute) Daycare Other, specify: None of the above Prefer not to answer					
In the last 6 months, on average, how ma	ny times per we	ek does you	ır child use th	e following tr	ansportation?	
	never	less than 1/week	1-2 times/week	3-4 times/week	5-6 times/week	daily
Public transportation * must provide value	0	0	0	0	0	0
Another's private vehicle (such as taxi,						reset
car pooling, ride share) * must provide value	0	0	0	0	0	0
						reset
COVID-19 EXPOSURE INFORMATION	-did6 DC	• □ Voc	within Canada			
Since January 2020, has your child travelle (tick all that apply) * must provide value	ed outside of BC	☐ Yes, ☐ No	within Canada outside Canad er not to answ	a		
Which province did your child travel to? * must provide value		Newf	itoba Brunswick foundland and hwest Territoria Scotia avut rio ie Edward Islan bec atchewan	es d		·
How many total weeks did your child spe but within Canada?	end outside of E	BC				
When did your child last return to BC from Canada? * must provide value	n within		31 Toda	D-M-Y		
What country/countries did your child	travel to?					
* must provide value						
How many total weeks did your child spe Canada?	end outside of					
* must provide value						
When did your child last return to BC from Canada?	outside		[31] Toda	D-M-Y		

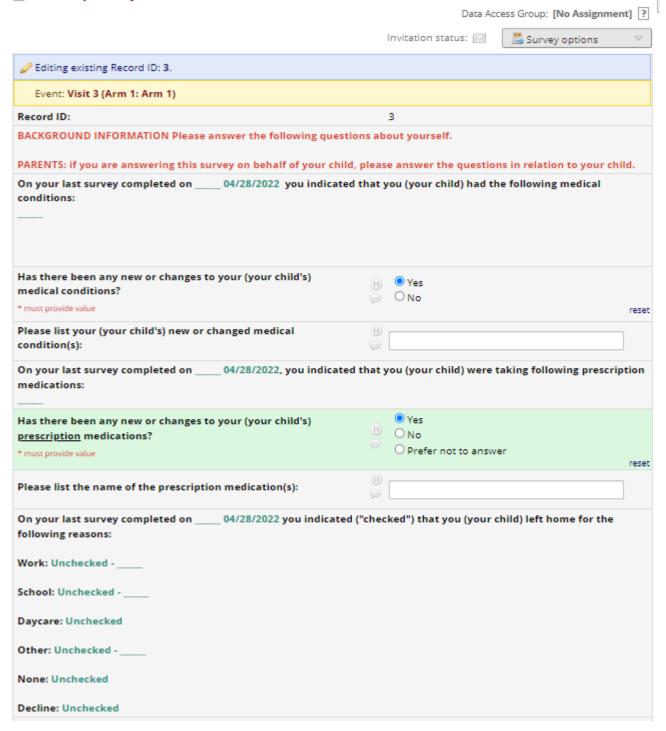
Una vacca abile	d had any ta		H	○ Yes		
	d ever had any exposure to re for COVID-19?	a person wno		O No		
* must provide va	lue			O I don't know O Prefer not to	answe	rese
How many ne	ople has your child been ex	vnosed to?	H			
* must provide valu	•	kposeu to:	9			
Exposure #1	Please identify where th	ne exposure occ	urred: (check al	Il that apply)		
	☐ Household member			,		
	☐ Non-household close	contact (friend/o	ther family)			
	☐ Health care setting (e.			opractor office, ho	spital)	
	☐ School, college, univer	rsitv	•			
	Personal service provi	ider (e.g. hair sald	on/barber, esthe	etician)		
	□ Workplace	(,	,		
	☐ Travel, where:					
	Other, specify:					
	Prefer not to answer					
	- Trefer flot to driswer					
	When did this exposure	occur?				
	- Month:	✓ Year:		~		
	At the time of exposure	do you think th	ne nerson was s	still infectious (th	is is typically withi	n the
	first 14 days of their illn		-	Yes	is is typically within	ii tiie
	,	,		No		
				I don't know		
				Prefer not to ans	wer	
<u> </u>	1			- 11010100010		
Exposure #2	Please identify where th	ne exposure occ	urred: (check al	ll that apply)		
	Household member					
	Non-household close	contact (friend/o	ther family)			
	Health care setting (e.	g. Dr. office, phys	siotherapis/chiro	opractor office, ho	spital)	
	School, college, univer	rsity				
	Personal service provi	ider (e.g. hair sald	on/barber, esthe	etician)		
	Workplace					
	Travel, where:					
	Other, specify:					
	Prefer not to answer					
	Martin alia alia anno anno anno anno anno anno anno an					
	When did this exposure					
	- Month:	✓ Year:		~		
	At the time of exposure		ne person was s	still infectious (th	is is typically withi	n the
	first 14 days of their illn	ess)?		Yes		
				O No		
				I don't know		
J				Prefer not to ans	wer	
Exposure #3	Please identify where th	ne exposure occ	urred: (check al	Il that apply)		
	☐ Household member					
	☐ Non-household close	contact (friend/o	ther family)			
	Health care setting (e.			opractor office, ho	spital)	
	☐ School, college, univer		-			
	Personal service provi		on/barber, esthe	etician)		
	□Workplace			,		
	☐ Travel, where:					
	Other, specify:					
	Prefer not to answer					
	Prefer not to answer					
	When did this exposure	occur?				
	- Month:	✓ Year:		~		
	0.01-0	de constable la de		-:!!! ! E ! (al-		
	At the time of exposure, first 14 days of their illn		-	Yes	is is typically withii	n the
	mse is days or enem init	2337.) No		
				l don't know		
				Prefer not to ans	and a	
Į				Prefer not to ans	wer	
ls your child cu	urrently in isolation?		0	○ Yes		
				○ No		reset
When your chil	d was in indoor public spac	es (e.g. shoppin	g, dining) how	frequently did yo	ur child:	
		N	B	5	14	F
		Never	Rarely	some of the time	Most of the time	Every time
	r use hand sanitizer	0	0	0	0	0
* must provide valu	ie .					
						reset
Maintain a die	stance of 2 meters from					
	stance of 2 meters from	0	0	0	0	0
Maintain a dis members of the must provide value	he public	0	0	0	0	0
members of the	he public	0	0	0	0	reset

HOUSEHOLD DETA	AILS
Other than your of home since Januar * must provide value	child, how many people live in your ary 2020?
Please complete t	the following table(s) for each household member:
Household mem	ber #1
Age in years	
(enter as "0" for children less than 1yr old)	
In the last 6 months, did this household member leave the home to go to: (tick all that apply)	□ Work (choose all jobs in the last 6 months) □ Healthcare worker □ Essential worker (e.g. postal, grocery, delivery) □ Personal service provider (e.g. hairdresser/barber, esthetician) □ Teacher, Principal, School counsellor etc. □ Other, specify: □ School (choose level of schooling) □ Preschool □ Elementary/Primary □ Secondary/High school □ Post secondary (college, university or technical institute) □ Daycare □ Other, specify: □ No, none of the above
Household mem	ber #2
Age in years (enter as "0" for children less than 1yr old)	
In the last 6 months, did this household member leave the home to go to: (tick all that apply)	□ Work (choose all jobs in the last 6 months) □ School (choose level of schooling) □ Daycare □ Other, specify: □ No, none of the above
•	
Household meml	ber #9
Age in years	
(enter as "0" for children less than 1yr old)	
In the last 6 months, did this household member leave the home to go to: (tick all that apply)	□ Work (choose all jobs in the last 6 months) □ School (choose level of schooling) □ Daycare □ Other, specify: □ No, none of the above

Since January 2020, has your child been must provide value	n sick?	⊕ ○ Yes ⊝ ○ No ○ Prefe	er not to answer		reset
How many times has your child been s	ick?	(H)			
Iliness #1	IIIness #2		II.	lness #3	
	When was this illness?	(Month/year)			
~ ~	~ ~		~	~	
Which of the following symp	toms did your child experien	ce during thi	s illness? (tick all t	hat apply)	
☐ Fever >38 C	☐ Fever >38?C		☐ Fever >38?C		
Chills	Chills		Chills		
Cough	□ Cough		□ Cough		
☐ Shortness of breath	Shortness of breath		Shortness of b	reath	
Alteration to taste	Alteration to taste		Alteration to ta	ste	
Alteration to smell	Alteration to smell		Alteration to sr	mell	
Nausea	Nausea		Nausea		
Vomiting	Vomiting		Vomiting		
Diarrhea	Diarrhea		Diarrhea Diarrhea		
None of the above	None of the above		None of the ab		
Prefer not to answer	Prefer not to answer		Prefer not to a	nswer	
	How long did this ill	ness last?			
ODays	ODays		ODays		
○Weeks	O Weeks		○ Weeks		
reset		reset	-1/-13		reset
	ness cause your child to miss	work or scho			
O Yes	○ Yes		O Yes		
○ No reset	○ No	reset	○ No		reset
	your child need to seek me		n?		
○ Yes	OYes		O Yes		
ONo	ONo		O No		
reset		reset	.,,		reset
You mentioned above that your child s	sought medical	O Yes			
attention, did your child require hospi	talization?	O No			
* must provide value			er not to answer		
					reset
Did your child require admission to IC	U?	○ Yes			
		O No			
* must provide value		○ Pref	er not to answer		
					reset
Is your child still sick?		⊕ O Yes			
* must provide value		○ No ○ Prof	er not to answer		reset
		(ii) O Yes	er not to answer		reset
Has your child ever been tested for CC	OVID-19?	O No			
* must provide value			er not to answer		reset
When was your child last tested? * must provide value		mo:	~ y	r: 🔻	
		○ Posi	tive		
Miles Aurent Lea		⊕ O Neg	ative		
What was the result?		○ Inde	terminate/Inconclu	sive	
* must provide value			n't know er not to answer		reset

Has your child been vaccinated against CO	VID-19?	○ Yes				
* must provide value		○ No rese				
How many doses of the COVID-19 vaccine h	nas vour child	One dose				
received so far?	,	O Two dose				
* must provide value		O More than two	dose			
Vaccination date of first dose:						
Day	Month		Year			
~		~		٧		
* must provide value						
		O Pfizer and BioN	Tech mRNA vaccine			
		Moderna mRNA vaccine AstraZeneca Oxford vaccine				
Which was in a did was a shild was in 2		O Janssen (Johnso	n & Johnson) vaccine			
Which vaccine did your child receive?		O Medicago vaccir	ne			
* must provide value		O Novavax vaccine	<u> </u>			
		O Sanofi/GSK vacc	ine			
		Other:				
		O Don't know				
Vaccination date of second dose:						
Day	Month		Year			
~		~		٧		
* must provide value						
		O Pfizer and RioN	Tech mRNA vaccine			
		O Moderna mRNA				
		O AstraZeneca Oxford vaccine				
		_	on & Johnson) vaccine			
Which vaccine did your child receive?		O Medicago vacci	-			
* must provide value		O Novavax vaccin				
		O Sanofi/GSK vac	tine			
		Other:				
		O Don't know				
			r	eset		
Vaccination date of additional dose:						
Day	Month		Year			
>		~		٧		
* must provide value						
		O Pfizer and BioN	Tech mRNA vaccine			
		O Moderna mRNA	A vaccine			
		O AstraZeneca Ox	ford vaccine			
William and a state of the stat		O Janssen (Johnso	on & Johnson) vaccine			
Which vaccine did your child receive?		O Medicago vacci				
* must provide value		O Novavax vaccin				
		O Sanofi/GSK vac	cine			
		Other:				
		O Don't know				
Please make sure you click the "submit" bu if you do not click "submit".	tton to complete y	our survey. Your survey r	esponses will not be registered			

Follow-up Survey



Has your (your child's) job or type of s * must provide value	chooli	ng changed	?	H P	YesNoPrefer	not to answer		reset
Did you (your child) leave the home to * must provide value	o go to:			H ()	Hee □ Es: □ de □ Pe □ ha □ Te: □ Ot □ Pro □ School □ Pro □ Se: □ Po □ te: □ Pro □ Daycar □ Other, 50 characte □ None of	rsonal service sirdresser/bar acher, Princip her, specify: efer not to an: (choose level of eschool ementary/Prin condary/High st secondary chnical institu efer not to an:	er (e.g. postal, gro provider (e.g. per, esthetician) al, School couns swer of schooling) nary school (college, univers te) swer	elor etc.
Since your last survey completed on	04	1/28/2022:						
On average, how many times per wee	k do y	ou (your ch	ild) use the	follo	wing trans	portation?		
		never	less than 1/week	ti	1-2 mes/week	3-4 times/week	5-6 times/week	daily
Public transportation * must provide value	H	0	0		0	0	0	reset
Another's private vehicle (such as taxi, car pooling, ride share) * must provide value	H	0	0		0	0	0	reset
Since your last survey completed on _	04	/28/2022:						
Have you (your child) had any exposur positive for COVID-19? * must provide value	re to a	person wh	o tested	(H) (D)	Yes No I don't Prefer	know not to answer		reset
How many people have you (your chile must provide value	d) beei	n exposed t	0?	90	O 5-10 pe		ple	reset

Please identify where the most recent exposure of	ccurred: (check all that apply)	
☐ Household member		H
☐ Non-household close contact (friend/other family	y)	9
Health care setting (e.g. Dr. office, physiotherapis	s/chiropractor office, hospital)	
☐ School, college, university		
☐ Daycare		
Personal service provider (e.g. hair salon/barber,	esthetician)	
□Workplace		
☐ Travel, where:		
Other, specify:		
Prefer not to answer		
When did this exposure occur?		
Month:		
Month:		
•	H →	
Year:		
rear.		
•	₩ ₩	
	was still infectious (this is typically within the first 14 days of	their
illness)?		
○ Yes	H)	
O No	₽	
O I don't know		
O Prefer not to answer	reset	
	reset	
HOUSEHOLD DETAILS		
Other than yourself (your child), how many people	currently	
live in your home?		
f you are a parent filling this out for your child, please	include (H)	
yourself in the following table as a household member	r. If you are a 💍 2	
student currently living in student residence, please co	mplete the	
following table for each roommate you have."		
must provide value		
Household member #1		
Age in years	(F	
(enter as "0" for children less than 1yr old)		
(enter as a for entarent ess than 151 old)		
11 1 11 1 25		
Household member #2		
Household member #2 Age in years		D
Age in years		D e

		About to about a discourse	_			
	e you (your child) been sick e of the following symptom		O	Yes		
			0	No		
	Fever >38°C Chills		0	Prefer no	ot to answer	
	Cough					
	Shortness of breath Alteration to taste					
	Alteration to taste					
	Nausea					
	Vomiting Diarrhea					
t mu	st provide value					
low	v many times have you (you	ır child) been sick?	4			
* must provide value						
	ase record details on the thi	ree illnesses of most con	cern			
	se record details on the thi		cern		Iliness #3	1
	nse record details on the thi	Illness #2		/vear)	Illness #3	3
Plea	ise record details on the thi	Illness #2 When was this illness? (N	Month/			3
Plea	ise record details on the thi	Illness #2 When was this illness? (M		mo:		· ·
Plea	Illness #1	Illness #2 When was this illness? (Mono: yr:	Month/	mo: yr:		· ·
mo yr:	Illness #1	Illness #2 When was this illness? (M	Month/	mo: yr:		3 V
mo yr:	Illness #1 Did this illness ca	Illness #2 When was this illness? (Note: mo: yr: use you (your child) to note:	Month/	mo: yr:	chool/daycare? Yes	V
mo yr:	Illness #1 Did this illness ca	Illness #2 When was this illness? (No	Month/ V	mo: yr: [ork or so	chool/daycare? Yes No	V V
mo yr:	Illness #1 Did this illness car	When was this illness? (Mose you (your child) to not a not one of the prefer not to answer.	Month/ V	mo: yr:[chool/daycare? Yes	∨ ∨ ∨
mo yr:	Illness #1 Did this illness ca Yes No Prefer not to answer reset	When was this illness? (Mose you (your child) to not a not one of the prefer not to answer.	Month/	mo: yr:	chool/daycare? Yes No Prefer not to ansi	∨ ∨ ∨
mo yr:	Illness #1 Did this illness ca Yes No Prefer not to answer reset	When was this illness? (Moreover) mo: yr: use you (your child) to note to answe	Month/	mo: yr:	chool/daycare? Yes No Prefer not to ansi	∨ ∨ ∨
mo yr:	Did this illness can be prefer not to answer reset	Illness #2 When was this illness? (Mos: yr: use you (your child) to not one of the preference of the p	Month/	mo: yr:	chool/daycare? Yes No Prefer not to answintion? Yes	V V

MSF11-471PDF 22 03May2022

Have you (your child) <u>ever</u> te * must provide value	sted positive for COVID-19?	● Yes		wer	reset
How many times have you (y COVID-19?	our child) tested positive for	H 10			
* must provide value					
Please enter your (your child	's) POSITIVE tests:				
	Month of Test	Year of Test		Test Type	
Positive COVID-19 Test #1:	₩ >	~	H) P	~	H)
Positive COVID-19 Test #2:	₩ >	~	H @	~	H
Positive COVID-19 Test #3:	₩ >	~	(H)	~	H @
Positive COVID-19 Test #4:	₩ ₩	~	H	~	H
Positive COVID-19 Test #5:	₩ ₩	~	(H)	~	H
Positive COVID-19 Test #6:	₩ ₩	~	H ==	~	H
Positive COVID-19 Test #7:	₩ ₩	~	H @	~	H
Positive COVID-19 Test #8:	₩	~	H @	~	H
Positive COVID-19 Test #9:	₩ P	~	H @	~	H 🗭
Positive COVID-19 Test #10:	₩	~	H	~	H

COVID-19 Vaccinations						
On previous surveys, you indicated that you (your child) had received the followi	ng Dose 1 of the COVID-19 vaccines:				
07-04-20	022, Pfizer and BioNTech mRNA vaco	ine				
Is this dose 1 information correct?						
If the field is empty, and you have recived a dose select "No" * must provide value	1 vaccine, please O Yes	reset				
	Vaccination Date	Type of Vaccination				
Please enter new or updated <u>Dose 1</u> information:	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Pfizer and BioNTech mRNA vaccine Moderna mRNA vaccine AstraZeneca Oxford vaccine Janssen (Johnson & Johnson) vaccine Medicago vaccine Novavax vaccine Sanofi/GSK vaccine Other: Don't know				
On previous surveys, you indicated that you (your child) had received the followi	ng Dose 2 of the COVID-19 vaccines:				
Is this dose 2 information correct? If the field is empty, and you have recived a dose select "No" * must provide value	2 vaccine, please	reset				
	Vaccination Date	Type of Vaccination				
Please enter new or updated <u>Dose</u> <u>2</u> information:	D-M-Y	O Pfizer and BioNTech mRNA vaccine O Moderna mRNA vaccine O AstraZeneca Oxford vaccine O Janssen (Johnson & Johnson) vaccine O Medicago vaccine O Novavax vaccine O Sanofi/GSK vaccine O Other: O Don't know				
On previous surveys, you indicated that you (your child) had received the followi	ng Dose 3 of the COVID-19 vaccines:				
Is this dose 3 information correct?						
If the field is empty, and you have recived a dose select "No" * must provide value	3 vaccine, please	reset				

	Vaccination Date	Type of Vaccination
Please enter new or updated <u>Dose</u> 3 information: On previous surveys, you indicated that you	D-M-Y (your child) had received the followi	Pfizer and BioNTech mRNA vaccine Moderna mRNA vaccine AstraZeneca Oxford vaccine Janssen (Johnson & Johnson) vaccine Medicago vaccine Novavax vaccine Sanofi/GSK vaccine Other: Don't know reset
Is this dose 4 information correct?		
If the field is empty, and you <u>have recived</u> a dose select "No" * must provide value	e 4 vaccine, please O Yes	resei
	Vaccination Date	Type of Vaccination
Please enter new or updated <u>Dose</u> 4 information:	⊕ p	Pfizer and BioNTech mRNA vaccine Moderna mRNA vaccine AstraZeneca Oxford vaccine Janssen (Johnson & Johnson) vaccine Medicago vaccine Novavax vaccine Sanofi/GSK vaccine Other: Don't know
On previous surveys, you indicated that you	(your child) had received the followi	ng Dose 5 of the COVID-19 vaccines:
Is this dose 5 information correct? If the field is empty, and you have recived a dose select "No" * must provide value	e 5 vaccine, please	rese
	Vaccination Date	Type of Vaccination
Please enter new or updated <u>Dose</u> <u>5</u> information:	H	Pfizer and BioNTech mRNA vaccine Moderna mRNA vaccine AstraZeneca Oxford vaccine Janssen (Johnson & Johnson) vaccine Medicago vaccine Novavax vaccine Sanofi/GSK vaccine Other: Don't know