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| **The results of this survey will be collected anonymously**This survey is offered to everyone coming to our Emergency Department, and is not related to your child’s symptoms or conditionYour answers will not change your child’s care This study takes place in several hospitals and clinics. Data will be shared with other scientists without any identifying information. |
| **DEMOGRAPHICS**Your child’s age: years \_\_\_\_\_\_\_ months \_\_\_\_\_\_\_ |
| Your child’s gender M / F / X |
| What is your relationship to the patient? mother, father, sibling, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your child have a chronic illness? Y / N If yes, list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your child take regular prescription medications (e.g., pills, inhalers, injections)? Y / N  |
| Was anyone at home exposed to someone WHO TESTED POSITIVE for Coronavirus (COVID-19)? Y/NIF YES : Who is ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please note relation to your child (e.g. "sister"). Do NOT put their name |
| **EMERGENCY VISIT** What is the main reason you brought your child to the emergency department today ? \_\_\_\_\_\_\_\_\_\_\_ |
| **PROTECTION** Which of the following did your child use today before coming to the emergency department? [Choose all applicable]Surgical face mask Filtered face mask (called N95)Other face maskOther \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Between 0-10** (0- not at all 10 – The most I have ever been)How worried are you that your child has Coronavirus (COVID-19) ? \_\_\_\_\_\_\_\_\_\_ How worried are you that you have Coronavirus (COVID-19)? \_\_\_\_\_\_\_\_\_\_ How worried are you that your child has INFLUENZA (the FLU) ? \_\_\_\_\_\_\_\_\_\_ How worried are you that you have INFLUENZA (the FLU)? \_\_\_\_\_\_\_\_\_\_ How worried are you about missing work \_\_\_\_\_\_\_\_How worried are you about your child missing school \_\_\_\_\_\_\_ |
| Has Coronavirus (COVID-19)led you to lose income due to loss of job or inability to work? Y/N |
| Please share any other concerns related to Coronavirus (COVID-19) that you may have:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Thank you for participating.  |