

# Covid19

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Record ID

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Date

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Study Name

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Participant ID numer/SNO

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Participant Name

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1. Have you or your child had any symptoms that are consistent with Covid-19 (thinking back to March until now)?

- Yes Adult
- Yes Child
- Yes Both
- No Neither

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For how many days did you have these symptoms?

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For how many days did your child have these symptoms?

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Were these symptoms confirmed in a doctor's office/hospital or at a testing site (if you did have symptoms) or have you or the child ever been tested for COVID (even if you did not have symptoms)?

- Yes Child tested positive
- Yes Adult tested positive
- Yes, Child tested negative
- Yes, Both tested negative
- Yes adult tested negative
- No, neither was tested in a hospital/doctor's office

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What were the dates that you or or your children were tested? (List multiple dates for multiple times)

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Were you or your child hospitalized?

- Yes child
- Yes Parent
- No Neither

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Were either you or your child in the intensive care unit?

- Yes child
- Yes adult
- No Neither

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Has anyone else in your household had symptoms of COVID-19 (thinking back from March until now)?

- Yes other adult (relative)
- Yes other child (relative)
- Yes other adult (non-relative)
- Yes other child (non-relative)
- No

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Have any of these symptoms been confirmed by testing at a hospital or clinic for COVID-19 (if they did have symptoms) or has anyone in your household ever been tested for COVID (whether they had symptoms or not)?

- Yes confirmed positive  
 Yes confirmed negative  
 No, not tested

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What were the dates that these other people were tested (you can list multiple dates)

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How many other people?

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What is the Relationship of this (these) persons to you?

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What were the symptoms that were relevant for you?

- Cough  
 Fever  
 Muscle aches  
 Stomach Ache/Diarrhea/Vomiting  
 Sore Throat  
 Shortness of Breath  
 COVID toes  
 Loss of smell/test

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What was the date that you had symptoms?

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What were the symptoms that were present for your child in terms of covid-19?

- Cough  
 Fever  
 Muscle Aches  
 Stomach ache/diarrhea/vomiting  
 Sore throat  
 Shortness of breath  
 COVID Toes  
 Loss of smell/taste

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What were the other household member symptoms?

- Cough  
 Fever  
 Muscle aches  
 Stomach ache/diarrhea/vomiting  
 Sore throat  
 Shortness of breath  
 COVID Toes  
 Loss of smell/taste

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What was the date(s) that the other household member had symptoms?

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How long did these people have symptoms (in days?)

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What date did your child have any of these symptoms?

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How many people live in your house?

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How many bedrooms in your house?

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How many bathrooms in your house?

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How many siblings does your child have that live in the house or how many other children live in the house?

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How many people usually eat breakfast or dinner together?

\_\_\_\_\_

How many people in your house share a bathroom on average?

\_\_\_\_\_

How many people in your house share a bedroom on average?

How many caregivers does your child regularly have now during the shelter in place orders (adults - can be parents)?

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Since the lockdown/shelter in place, does your child regularly play in the park or the street?

- Yes
- No

If so, how many days a week?

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Do you regularly go shopping in the lockdown?

- Yes
- No

If so (you go shopping), how many times a week do you go shopping?

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Does your child regularly go with your shopping or to the store?

- Yes
- No

If your child goes with you to the store, how many times a week does this usually happen?

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Does your child regularly attend a daycare or go to a babysitter's house?

- Yes
- No

If your child sees a babysitter, goes to a daycare, how many times a week is this?

\_\_\_\_\_

Do you or your spouse/partner currently have employment or a job?

- Yes both
- Yes me
- Yes he/she does
- No Neither

What is your current employment?

\_\_\_\_\_

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What is your spouse's/partner's employment?

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What is your profession?

\_\_\_\_\_

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What is your spouse's profession?

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Can you confirm your current address?

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How many days a week have you been working on average during the shelter in place?

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How many days a week has your partner/spouse been working during the shelter in place/lockdown?

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When you go out of the house do you regularly wear masks?

- Yes always
- Yes sometimes
- Yes occasionally
- No never

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When you leave the house do you take public transportation (since the lockdown)?

- Yes always
- Yes sometimes
- Yes occasionally
- No never