

COVID-19 questions in CDS & TAS: 2020-2021

Domain	Question	Family member and waves available: PCG=Primary Care Giver, R=Respondent
CHILD DEVELOPMENT SUPPLEMENT (CDS)		
Economic effects of pandemic	The next few questions are about how the COVID-19 pandemic may have affected you and your family] financially. Were you/did you:	
	Laid off or furloughed because of the pandemic	PCG: 2020
	Lost earnings because of the pandemic	PCG: 2020
	Working in a job that was considered essential work?	PCG: 2020
	Only work from home	PCG: 2020
	How did you manage any financial difficulties due to the pandemic?	
	cut back on spending	PCG: 2020
	used savings	PCG: 2020
	put off paying rent or mortgage	PCG: 2020
	put off paying other bills	PCG: 2020
	used credit card more than usual	PCG: 2020
	used money from retirement savings	PCG: 2020
	obtained financial help from a family member who doesn't live with you	PCG: 2020
	filed for unemployment	PCG: 2020
	used a food bank or other emergency support	PCG: 2020
drew down on existing equity or line of credit loans	PCG: 2020	
took out a loan from a bank, credit union, or other financial institution	PCG: 2020	
did something else	PCG: 2020	
School Closure and Attendance	Did (child)'s school close or shift to online or other remote instruction for at least part of a school year because of the COVID-19 pandemic?	PCG: 2020-2021
	Did (child)'s teachers provide online or other remote instruction until the scheduled end of the school year?	PCG: 2020
	The next questions are about the period when (child)'s school closed due to the COVID-19 pandemic. When the school closed did (child) continue to have schoolwork assigned to complete at home	PCG: 2020-2021
	Overall, how many school assignments did (child) complete? Would you say none, a few, some, most, or all of the assignments?	PCG: 2020-2021
	Did (child) attend class sessions online through a video conferencing service like Zoom or Google Meet?	PCG: 2020-2021
	Overall, how many online classes did (child) attend? None, a few, some, most, or all?	PCG-2021

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	Compared with (child)'s learning situation before the COVID-19 pandemic, would you say (child)'s learning during the COVID-19 pandemic last school year was much better, a little better, about the same, a little worse, or much worse?	PCG: 2020-2021
	Is (child) currently attending class at school or college in person at least part of the time?	PCG: 2020-2021
	When (child's) school was closed, how involved were you or other household members in helping with schoolwork? Would you say extremely involved, very involved, somewhat involved, slightly involved, or not at all involved?	PCG-2021
	Between the time (child's) school closed and the end of the school year, About how many hours each school day did (child) spend on learning activities?	PCG-2021
Activities	Last spring, during the COVID-19 pandemic, that is, between March 2020 and May 2020, was (child) cared for by someone other than you or anyone else in the household at least part of the time when (child) was not in school]?	PCG: 2020
	Compared to the period just before the COVID-19 pandemic, in the spring, during the pandemic (that is, between March 2020 and May 2020), how often did (child).....	
	keep in contact with friends?	PCG: 2020
	watch TV or digital media?	PCG: 2020
	play video games?	PCG: 2020
	use social media sites	PCG: 2020
	Last summer (between June and August 2020), was (child) cared for by someone other than you or anyone else in the household at least part of the time?	PCG: 2020
	Last summer between June 2020 and August 2020, did (child)...	
	attend an academic summer school program, either in person or online?	PCG: 2020
	go away on an overnight trip?	PCG: 2020
	attend a day camp, either in person or online?	PCG: 2020
	active as a member of any athletic or sports teams?	PCG: 2020
	take regular lessons such as music, dance, or drama, either in person or online?	PCG: 2020
	have a regularly paying job?	PCG: 2020
Relationships	In the spring, during the COVID-19 pandemic (that is, between March 2020 and May 2020), did the quality of the relationships between (child) and members of [his / her] family become a lot worse, become a little worse, stay about the same, become a little better, or become a lot better?	PCG: 2020

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Vaccination/ Mitigation Strategies	Have you been fully vaccinated against COVID-19? Yes, fully; Yes, partially; No	PCG:2021
	Has (child) been fully vaccinated against COVID-19? Yes, fully; Yes, partially; No	PCG:2021
	How often does (child) where a mask? Would you say always, most of the time, some of the time, or never?	
	...at childcare/preschool/school (exclude meal and nap time).	PCG:2021
	...in a store, the library, or other public indoor space	PCG:2021
	...in public indoor spaces or interacting indoors with others from outside the family?	PCG:2021
Incidence PCG/Other Eligible Adults	The next few questions are about the COVID-19 pandemic that started in March 2020.	
	Has anyone now living with you, including yourself, had COVID-19? Please include those diagnosed with COVID-19 and those who you believe have had COVID-19.	PCG: 2020-2021
	Have you been tested for the COVID-19?	PCG: 2020
	Have you talked to a doctor or other health care professional about whether you may have had COVID-19?	PCG: 2020-2021
	Did they say that you definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID-19?	PCG: 2020-2021
	In what month and year was that?	PCG: 2020-2021
	Did you have symptoms or exposure (for example, to a family member with COVID-19) that led you to believe you had COVID-19?	PCG: 2020-2021
	In what month and year was that?	PCG: 2020-2021
	In what month and year were you tested [CVH3=YES: to receive your diagnosis / CVH3<>YES: most recently]?	PCG: 2020
	Was this a test for a current infection, such as a viral test or swab of the nose or mouth, or was it a test for a past infection, such as an antibody test of the blood?	PCG: 2020
	Did the test indicate you had COVID-19?	PCG: 2020
Child	Has (child) been tested for the COVID-19?	PCG: 2020
	In what month and year was [he/she] tested?	PCG: 2020
	Have you talked to a doctor or other health care professional about whether (child) may have had COVID-19?	PCG: 2020-2021
	Did they say that [he / she] definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID19?	PCG: 2020-2021
	In what month and year was that?	PCG: 2020-2021
	Did (child) have symptoms or exposure (for example, to a family member with COVID-19) that led you to believe [he / she] had COVID-19?	PCG: 2020-2021
	In what month and year was that?	PCG: 2020-2021

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Incidence Child	Was this a test for a current infection, such as a viral test or swab of the nose or mouth, or was it a test for a past infection, such as an antibody test of the blood?	PCG: 2020
	Did the test indicate [he / she] had COVID-19?	PCG: 2020
Treatment and hospitalization PCG/Other Eligible Adults	Were you admitted to a hospital because of COVID-19?	PCG: 2020
	How many nights did you spend in the hospital?	PCG: 2020
	Did you require any of the following treatments? Oxygen (in the nose or using a facemask); Intensive care or ICU monitoring; A breathing tube or ventilator; Other	PCG: 2020
	How many nights did [he / she] spend in the hospital?	PCG: 2020
Treatment and hospitalization Child	Was (child) admitted to a hospital because of COVID-19?	PCG: 2020
	How many nights did [he / she] spend in the hospital?	PCG: 2020
	Is [he / she] currently experiencing any lingering physical or mental health effects from COVID-19 [CVH14=YES: or these symptoms]?	PCG: 2020
	Did [he/she] require any of the following treatments? Oxygen (in the nose or using a facemask); Intensive care or ICU monitoring; A breathing tube or ventilator; Other	PCG: 2020
Symptom duration and severity PCG/Other Eligible Adults	Did you have any COVID-19 symptoms?	PCG: 2020
	Overall, when these symptoms were at their worst, how bad or bothersome were they?	PCG: 2020
	Are you currently experiencing any lingering physical or mental health effects from Covid symptoms?	PCG: 2020
	Are these physical, mental health, or both?	PCG: 2020
	How bad or bothersome are the lingering physical or mental health effects from COVID-19 Are these mild, moderate, severe, very severe?	PCG: 2020
Child	Did (child) have any COVID-19 symptoms?	PCG: 2020
	Overall, when these symptoms were at their worst, how bad or bothersome were they? Would you say they were mild, moderate, severe or very severe?	PCG: 2020
	Are these physical health effects, mental health effects, or both?	PCG: 2020
	How bad or bothersome are the lingering physical or mental health effects from COVID-19? Are these mild, moderate, severe, very severe?	PCG: 2020
		PCG: 2020

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TRANSITION INTO ADULTHOOD (TAS)		
Economic effects of pandemic	Since the Covid-19 pandemic began in March 2020, what were the overall changes in.... (Would you say they decreased a lot, decreased a little, stayed about the same, increased a little, or increased a lot)	
	...your hours worked?	R: 2021
	...earnings?	R: 2021
	...personal time off from work (e.g., sick time, vacation)?	R: 2021
	...time off from work required by an employer (e.g., furlough or lay-off)?	R: 2021
	...job security?	R: 2021
	...regular spending?	R: 2021
	...regular savings?	R: 2021
	...borrowing or debt to pay regular expenses or bills?	R: 2021
	...borrowing or debt for new purchases?	R: 2021
...overall financial security?	R: 2021	
Stimulus payments	Did you receive any of these payments?	R: 2021
	How much?	R: 2021
Other effects of pandemic	Not currently enrolled in college because of COVID-10 pandemic	R: 2021
Vaccination	Have you been fully vaccinated against COVID-19? Yes, fully; Yes, partially; No	R: 2021
	Do you plan to get your second shot?	R: 2021
	Do you plan to get vaccinated?	R: 2021
	In what month and year?	R: 2021
Incidence	Have you talked to a doctor or other health care professional about whether you may have had COVID-19?	R: 2021
	Did they say that you definitely had COVID-19, probably had it, may have had it, probably did not have it, or definitely did not have COVID-19?	R: 2021
	In what month and year was that?	R: 2021
	Did you have symptoms or exposure (for example, to a family member with COVID-19) that led you to believe you had COVID-19?	R: 2021