

Pandemic Health and Resources Questionnaire

Hello,

Thanks for participating in Children's Health Study! This survey is about you and your family's experience with healthcare and other services during the months from March 2020 through August 2020 during the Coronavirus Pandemic (COVID19).

Please answer the questions based on your experiences from March 2020-August 2020 (6) months throughout the quarantine period.

The questionnaire should take approximately 15-20 minutes to fill out. The Visit ID and interviewer fields are already filled out, so you just need to answer the remaining questions.

Once you have answered all the questions please press submit.

Please contact colleen.pearson@bmc.org with any questions.

Thank you!

1. Visit ID

2. Interview Date

Fecha

3. Interviewer Name

(First and last name)

If you need help with resources because of hardships you or your family may be experiencing during COVID-19, please visit: Si usted o su familia necesita ayuda con dificultades durante la pandemia por favor hace click aqui:

<https://www.bmc.org/here-for-you/resources/community-resources>

For the following questions please consider the events from March 2020 through August 2020 (6 month period) when choosing your answers. When a question asks about "your child" please answer about your child who is participating in this study.

Para estas preguntas, piensa en los eventos desde marzo 2020 hasta agosto 2020 cuando elige sus respuestas. Cuando una pregunta dice "su hijo/a" es sobre su hijo/a quien participa en este estudio.

4. Including yourself, how many people do you live with?

Please answer based on those living with you from March 2020 until August 2020 (6 months). The people did not have to live with you the entire 6 months.

Con cuantas personas vive usted? (incluyendo usted misma)

Por favor contesta con las personas que viven con usted durante marzo 2020-agosto 2020. No tienen que vivir con usted por todo de las 6 meses.

5. Has anyone you lived with from March 2020 through August 2020 (6 months) been TESTED for the Coronavirus (Covid 19)? (had a nasal swab to find out if they have the Coronavirus (Covid 19))

- Yes
 No
 Prefer not to answer
 Don't know

Alguien con que usted vive ha tomado la prueba de Covid 19? (recibe un hisopo nasal para determinar si tiene el Coronavirus)

1. Sí
 2. No
 3. Prefiero no responder
 4. No se
-

5a. If yes, who was tested for the Coronavirus (Covid 19)?

- Adult(s)
 Children
 Myself
 Prefer not to answer

De ser asi, quien?

1. adulto(s)
 2. Nino(s)
 3. yo misma(o)
 4. prefiero no responder
-

5b. Please check off the age group(s) of anyone in your home who was tested for the Coronavirus (Covid 19).

- Less than 1 year old
 1-4 years old
 5-9 years old
 10-14 years old
 15-24 years old
 25-34 years old
 35-44 years old
 45-54 years old
 55-64 years old
 65-74 years old
 75-84 years old
 85 years and over

Check all that apply

Por favor marque el grupo/ los grupos de edad de las personas probadas para Covid 19 en su casa

Marque todas las que apliquen

6. Did anyone living in your household from March 2020 through August 2020 test POSITIVE for the Coronavirus (Covid 19)?

- Yes
 No
 Prefer not to answer
 Don't know

Alguien quien vive en su casa dar positivo por Covid 19?

1. Sí
2. No
3. Prefiero no responder
4. No se

6a. If yes, please check off the age group(s) of who from your home tested POSITIVE for the Coronavirus (Covid 19).

Check all that apply

De ser asi, quien?

Marque todas las que apliquen

- Less than 1 year old
- 1-4 years old
- 5-9 years old
- 10-14 years old
- 15-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75-84 years old
- 85 years or older

7. Has anyone you lived with from March 2020-August 2020 been pregnant during the Coronavirus (Covid 19) Pandemic?

Alguien quien vive en su casa desde marzo 2020 hasta agosto 2020 tiene un embarazo durante la pandemia de Covid 19?

1. Sí
2. No
3. Prefiero no responder
4. No se

- Yes
- No
- Prefer not to answer
- Don't know

8. Have you or your child had any healthcare visits by video or phone from the period of March 2020 through August 2020 because of the Coronavirus (Covid 19) Pandemic?

Usted o su hijo/a tiene alguna cita médica por una llamada o videollamada desde marzo 2020 hasta agosto 2020 a causa de la pandemia?

1. Sí- yo
2. Sí- mi hijo/a
3. Sí mi hijo/a y yo
4. No
5. Prefiero no responder

- Yes-me
- Yes- my child
- Yes- both me and my child
- No
- Prefer not to answer

9. Did you or your child miss any health care visits during the period from March 2020 through August 2020 because of the Coronavirus (Covid19) Pandemic?

Falta usted o su hijo/a alguna cita medica desde marzo 2020 hasta agosto 2020 a causa de la pandemia de Covid 19?

1. Sí- yo
2. Sí- mi hijo/a
3. Sí mi hijo/a y yo
4. No
5. Prefiero no responder

- Yes- me
- Yes- my child
- Yes- both me and my child
- No
- Prefer not to answer

9a. If you or your child missed any healthcare visits from March through August 2020, please check what type(s) of visits were missed (Check all that apply)

Si usted o su hijo/a falta una cita medica desde marzo 2020 hasta agosto 2020 por favor marque que tipo(s) (Marque todas que apliquen)

- 1. atención primaria para adultos
- 2. atención primaria pediátrica
- 3. pediatría del desarrollo
- 4. la neurología
- 5. la psiquiatría o la psicología
- 6. la endocrinología
- 7. la oftalmóloga
- 8. gastrointestinal
- 9. la hematología
- 10. la cardiología
- 11. tocoginecología
- 12. la dermatología
- 13. la odontología
- 14. otro

- Adult Primary Care
- Pediatric Primary Care
- Developmental/Behavioral Pediatrics
- Neurology
- Psychiatry/Psychology
- Endocrinology
- Eye appointment
- GI
- Hematology
- Cardiology
- OB/GYN
- Dermatology
- Dental Clinic
- Other

If "Other", please specify

Si es "otro" que tipo?

9b. How many health care visits did YOU miss?

Cuantas citas médicas falta USTED?

9c. How many health care visits did YOUR CHILD miss?

Cuantas citas médicas falta SU HIJO/A?

9d. Did any of the following reasons contribute to you or your child missing any health care appointments from March 2020 through August 2020? (Check all that apply)

Por que usted o su hijo/a falta una cita? (Marque todos que apliquen)

- 1. La clínica estaba cerrada por la pandemia de Covid 19
- 2. La clínica estaba abierta con citas limitadas por la pandemia de Covid 19
- 3. Padre o niño/a estaba preocupado para ir a la clínica por la pandemia de Covid 19
- 4. Mi niño/a no tenía seguro medico/ su seguro médico cambiaba
- 5. Alguien en el hogar estaba enferma
- 6. Alguien en el hogar estaba en contacto con alguien que estaba enferma
- 7. Ninguno de los arriba
- 8. Prefiero no responder

- Health care provider's location was closed due to the Coronavirus pandemic (Covid19)
- Health care provider's location was open but had limited appointments due to the Coronavirus pandemic (Covid19)
- Parent, adult caregiver, or child was concerned about going to the health care provider's location due to the Coronavirus pandemic (Covid19)
- My child no longer had health insurance or had a change in health insurance
- Someone in the household was ill
- Someone in the household had been in contact with someone who was ill
- None of the above
- Prefer not to answer

10. Did any of the following events happen in your household as a result of the Coronavirus pandemic (Covid19)? (Check all that apply)

Occure alguno de estos eventos a causa de la pandemia de Covid 19? (Marque todos que apliquen)

1. La escuela o la guardería de mi niño/a estaba cerrado por 2 semanas o más
2. Niño/a estaba seperado de padre o cuidador por 2 semanas o mas
3. Un adulto en el hogar perdió su empleo o no trabajo
4. Un adulto trabajaba fuera de casa
5. Alguien en el hogar hospitalizó a causa del coronavirus (covid 19)
6. Alguien en el hogar murrió del coronavirus (Covid 19)
7. Ninguno de los arriba
8. Prefiero no responder

- Child's school, daycare, or other child care arrangement was closed or unavailable for 2 weeks or longer
- Child was separated from a parent or adult caregiver for 2 weeks or longer
- At least one adult in the household lost a job or was unable to work
- At least one adult in the household worked outside the home
- A household member was hospitalized due to the Coronavirus (Covid19)
- A household member died from the Coronavirus (Covid19)
- None of the above
- Prefer not to answer

11. Has this child's school building, daycare, or other child care arrangement been closed at any time as a result of the Coronavirus pandemic (Covid19)?

Estaba cerrada la escuela o guarderia de este niño/a a causa de la pandemia del coronavirus (covid 19)?

1. Sí
2. No
3. No se aplica
4. Prefiero no responder

- Yes
- No
- N/A (Does not apply to me)
- Prefer not to answer

11a. If yes, for how long was the child's school or childcare arrangement been closed? (in months)
For example, 3 months

De ser asi, por cuanto tiempo? (en meses)

11b. If less than one month, for how long was the child's school or childcare arrangement been closed? (in weeks)

For example, 2 weeks.

Si menos de un mes, por cuanto tiempo? (en semanas)

This section of the questionnaire is about resources and your access to food before and during the Coronavirus pandemic (Covid19) from March 2020-August 2020. We are looking to better understand the hardships that were created by the Coronavirus pandemic (Covid19). Please consider the past 12 months when answering these questions and answer BEFORE the Coronavirus (Covid19) period March-August 2020 and the 6 months before the Coronavirus (Covid19) pandemic appeared or roughly last September 2019 through February 2020.

**BEFORE CORONAVIRUS PANDEMIC (COVID19) USE SEPTEMBER 2019-FEBRUARY 2020
DURING CORONAVIRUS PANDEMIC (COVID19) USE TIME PERIOD MARCH 2020-AUGUST 2020**

Esta sección del cuestionario es sobre sus recursos y su acceso a la comida antes de y durante la pandemia del Coronavirus desde marzo 2020 hasta agosto 2020. Queremos entender los dificultades creado por la pandemia del Coronavirus (Covid 19). Por favor, piensa en los últimos 12 meses cuando elige sus respuestas.

Antes de la pandemia del Coronavirus (Covid 19)- desde septiembre 2019 hasta febrero 2020

Durante la pandemia del Coronavirus (Covid 19)- desde marzo 2020 hasta agosto 2020

12. In the last 12 months, the food that was purchased for my household just didn't last, and we didn't have money to get more. (Please check all that apply)

Durante los últimos 12 meses, la comida que compramos en mi hogar no duró y no tenemos dinero para comprar mas. (Marque todos que apliquen)

1. Frecuentemente verdad antes de la pandemia
2. A veces verdad antes de la pandemia
3. Frecuentemente verdad durante la pandemia
4. A veces verdad durante la pandemia
5. Nunca es verdad
6. Prefiero no responder

- Often true before the pandemic
- Sometimes true before the pandemic
- Often true during the pandemic
- Sometimes true during the pandemic
- Never true
- Prefer not to answer

13. In my household during the last 12 months, we could not afford to eat balanced meals. (Please check all that apply)

En mi hogar, durante los últimos 12 meses, no podemos comprar comidas balanceadas. (Marque todos que apliquen)

1. Frecuentemente verdad antes de la pandemia
2. A veces verdad antes de la pandemia
3. Frecuentemente verdad durante la pandemia
4. A veces verdad durante la pandemia
5. Nunca es verdad
6. Prefiero no responder

- Often true before the pandemic
- Sometimes true before the pandemic
- Often true during the pandemic
- Sometimes true during the pandemic
- Never true
- Prefer not to answer

14. During the last 12 months, have you or other adults in your household cut the size of your meals or skip meals because there wasn't enough money for food? (Please check all that apply)

Durante los últimos 12 meses necesita usted o otros adultos en su casa come menos durante comidas o falta comidas porque no hay suficiente dinero para comida? (Marque todos que apliquen)

1. Sí, antes de la pandemia
2. Sí, durante la pandemia
3. No
4. Prefiero no responder

- Yes, before the pandemic
- Yes, during the pandemic
- No
- Prefer not to answer

14a. If yes, how often did you or other adults in your household cut the size of your meals or skip meals because there wasn't enough money for food? (Please check all that apply)

De ser así con que frecuencia come menos durante comidas o falta comidas? (Marque todos que apliquen)

1. Casi todos los meses antes de la cuarentena
2. Unos meses antes de la cuarentena
3. Un par de veces antes de la cuarentena
4. Casi todos los meses durante la cuarentena
5. Unos meses durante la cuarentena
6. Un par de veces durante la cuarentena
7. No se
8. Prefiero no responder

- Almost every month before quarantine
- Some months before quarantine
- Once or twice before quarantine
- Almost every month during quarantine
- Some months during quarantine
- Once or twice during quarantine
- Not sure
- Prefer not to answer

15. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? (Please check all that apply.)

Durante los últimos 12 meses comía menos porque no había suficiente dinero para comprar comida? (Marque todos que apliquen)

1. Sí, antes de la pandemia
2. Sí, durante la pandemia
3. No
4. Prefiero no responder

- Yes, before the pandemic
- Yes, during the pandemic
- No
- Prefer not to answer

16. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food? (Please check all that apply)

Durante los últimos 12 meses, tenía hambre pero no comer porque no podía comprar comida? (Marque todos que apliquen)

1. Sí, antes de la pandemia
2. Sí, durante la pandemia
3. No
4. Prefiero no responder

- Yes, before the pandemic
- Yes, during the pandemic
- No
- Prefer not to answer

17. Who completed this form?

Quien completo el formulario?

1. La madre
2. Niño/a adulto/a

- Mother
- Adult child

Email address
