



CHASING  
COVID  
COHORT

October 23, 2020

CHASING COVID Parents Survey

## Study Aims

1. To examine the influence of work and family arrangements on parental mental health during the COVID pandemic
2. To examine to what extent resilience, coping strategies, family structure or health or economic stressors moderate the relationship between work and family arrangements and parental mental health during the COVID pandemic

Thank you for your interest in participating in this survey. This survey is being conducted with parents who are participating in the Chasing COVID Study and asks questions about work, family, coping, mental health, and substance use during the coronavirus pandemic.

This online survey should take approximately 20 minutes of your time. When you finish the survey, you'll be directed to resources with accurate and up-to-date information about the new coronavirus as well as resources related to mental health, substance use, and food banks. If you complete the survey, you will receive a \$10 Amazon gift card.

## Household characteristics

1. How many members of your household, including yourself, are between the ages of 18 and 59?  
\_\_\_\_\_
2. How many members of your household, including yourself, are 60 years of age or older?  
\_\_\_\_\_
3. What is your current relationship status? (*relstatus\_m*)
  - a) Married
  - b) Living together as married/Cohabiting
  - c) Have partner, not living together
  - d) Single
4. How many children less than 18 years of age do you have?  
\_\_\_\_\_

## Educational/childcare experience of household children

**(Q5a-k should be asked for each child <18)**

5a. What is the age of this child?

5b. Does this child live with you:

- a) Full-time (1)
- b) Part-time (2)
- c) Not at all (3)

5c. Does this child have any special health care needs?

- a) Yes
- b) No
- c) Don't know/Not sure

5d. Has this child ever been diagnosed with a developmental or intellectual disability?

- a) Yes
- b) No
- c) Don't know/Not sure

5e. Has this child ever been diagnosed with a mental health disorder?

- a) Yes
- b) No
- c) Don't know/Not sure

5f. Before the coronavirus pandemic, was this child typically in childcare or school?

Childcare includes care provided in the home (by a nanny, babysitter, or extended family member) as well as care provided outside the home (at a day care, nanny share, or other arrangement outside the home).

- a) This child was in childcare full-time before the coronavirus pandemic
- b) This child was in childcare part-time before the coronavirus pandemic
- c) This child attended school in person (not homeschooled) before the coronavirus pandemic
- d) This child was not in childcare or school in person before the coronavirus pandemic

If child was in school, ask 5g.

If child was not in school, ask 6.

5g. Did this child attend school in person until the end of this past academic year?

- a) Yes
- b) No

If YES to 5g, go to 5j

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*If NO to 5g, go to 5h*

5h. In what month did this child stop attending school in person?

- a) February 2020
- b) March 2020
- c) April 2020
- d) May 2020
- e) June 2020

5i. Did this child engage in distance learning after they stopped attending school in person?

- a) Yes
- b) No
- c) Don't know/Not sure

5j. Do you anticipate that this child will attend school for the upcoming academic year:

- a) Fully remote/fully on-line
- b) Fully in person
- c) Part-time remote and part-time online/Hybrid
- d) We intend to homeschool our child for the upcoming academic year
- e) Don't know/Not sure

5k. In the past month, has this child been in childcare, school, or summer camp:

- a) Full-time
- b) Part-time
- c) Not at all

6. How worried are you about the health risks of sending your child/children back to school in person in the fall?

- a) **Not at all worried** about the health risks of sending my child back to school in person in the fall
- b) **Slightly worried** about the health risks of sending my child back to school in person in the fall
- c) **Somewhat worried** about the health risks of sending my child back to school in person in the fall
- d) **Extremely worried** about the health risks of sending my child back to school in person in the fall
- e) My children are too young to attend school in the fall.

8. Do your children qualify to receive free or reduced price meals at school?

- a) Yes
- b) No
- c) Don't know
- d) My children are too young to attend school

9. Do you currently have any outside help (a nanny, babysitter, extended family member, or other individual) in caring for your children?

- a) Yes, part-time help
- b) Yes, full-time help

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c) No

10. Compared to before the pandemic, how much outside help (nanny, babysitter, mother's helper, extended family member, or other individual) do you have for caring for your children?

- a) Less help than before the pandemic
- b) More help than before the pandemic
- c) The same amount of help as before the pandemic

11. How concerned are you about the impact of the pandemic on your children's educational progress?

- a) Not at all concerned
- b) Slightly concerned
- c) Somewhat concerned
- d) Moderately concerned
- e) Extremely concerned

12. How concerned are you about the impact of the pandemic on your children's emotional or mental well-being?

- a) Not at all concerned
- b) Slightly concerned
- c) Somewhat concerned
- d) Moderately concerned
- e) Extremely concerned

13. How concerned are you about the impact of the pandemic on your children's social or emotional development?

- a) Not at all concerned
- b) Slightly concerned
- c) Somewhat concerned
- d) Moderately concerned
- e) Extremely concerned

14. Before the coronavirus pandemic, about how many hours did **you** spend each week on the following activities? Please enter 0 for any activities that you did not engage in.

	Number of hours
Working for pay	
Cleaning	
Cooking and meal prep	
Grocery shopping	
Other household chores (not including childcare, such as yard work,	

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paying bills, etc.)	
Planning children's activities	
Caring for children (not including education)	
Assisting your children with education and remote learning	
Total	

15. About how many hours do **you** currently spend on each week on the following activities? Please enter 0 for any activities that you do not engage in.

	Number of hours
Working for pay	
Cleaning	
Cooking and meal prep	
Grocery shopping	
Other household chores (not including childcare, such as yard work, paying bills, etc.)	
Planning children's activities	
Caring for children (not including education)	
Assisting your children with education and remote learning	
Total	

*If married or cohabitating, go to Q16*

*If not married or cohabitating go to Q20*

16. Before the coronavirus pandemic, about how many hours did **your partner** spend each week on the following activities? Please enter 0 for any activities that your partner did not engage in.

	Number of hours
Working for pay	

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Cleaning	
Cooking and meal prep	
Grocery shopping	
Other household chores (not including childcare, such as yard work, paying bills, etc.)	
Planning children's activities	
Caring for children (not including education)	
Assisting your children with education and remote learning	
Total	

17. About how many hours does **your partner** currently spend on each week on the following activities. Please enter 0 for any activities that your partner does not engage in.

	Number of hours
Working for pay	
Cleaning	
Cooking and meal prep	
Grocery shopping	
Other household chores (not including childcare, such as yard work, paying bills, etc.)	
Planning children's activities	
Caring for children (not including education)	
Assisting your children with education and remote learning	
Total	

18. In your household under current coronavirus conditions in your area, how are you and your partner splitting household responsibilities?

- a) I am doing all or most of the household tasks

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- b) My partner is doing all or most of the household tasks
- c) Household tasks are shared equally
- d) I am not currently in a relationship

19. In your household under current coronavirus conditions in your area, how are you and your partner splitting childcare responsibilities (i.e., caring for children, planning children's activities, education and remote learning).

- a) I am doing all or most of the childcare tasks
- b) My partner is doing all or most of the childcare tasks
- c) Childcare responsibilities are shared equally
- d) I am not currently in a relationship

## Work

20. In February 2020 (before the coronavirus pandemic), were you:

- a) Employed for wages full-time
- b) Employed for wages part-time
- c) Self-employed
- d) Out of work/Unemployed
- e) Homemaker
- f) Student
- g) Retired
- h) Other

21. Are you currently:

- a) Employed for wages full-time (1)
- b) Employed for wages part-time (2)
- c) Self-employed (3)
- d) Out of work/Unemployed (4)
- e) Homemaker (5)
- f) Student (6)
- g) Retired (7)
- h) Other (8)

*If not employed full or part-time, ask Q22.*

*If employed full or part-time, skip to Q23*

22. Have you stopped working during the coronavirus pandemic as a result of additional childcare responsibilities?

- a) Yes
- b) No
- c) Not applicable. I wasn't working prior to the pandemic.

*For those who answered Q22, go to Q34.*

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23. Have you reduced the number of hours you work during the coronavirus pandemic as a result of additional childcare responsibilities?

- a) Yes
- b) No

7. How disruptive would it be to your ability to do your job if your children did not go back to school in-person (away from home) in the fall?

- a) It would be **not disruptive at all** to my ability to do my job.
- b) It would be **slightly disruptive** to my ability to do my job.
- c) It would be **somewhat disruptive** to my ability to do my job
- d) It would be **extremely disruptive** to my ability to do my job
- e) My children are too young to attend school in the fall

24. *If not out of work/unemployed prior to the pandemic (20d):* Prior to the coronavirus pandemic, how often did you work from home?

- a) Prior to the coronavirus pandemic, I worked from home most days.
- b) Prior to the coronavirus pandemic, I worked from home some days.
- c) Prior to the coronavirus pandemic, I did not work from at all.

25. *If not currently out of work/unemployed (21d):* How often do you currently work from home?

- a) I currently work from home most days. (1)
- b) I currently work from home some days. (2)
- c) I currently do not work from home at all. (3)

26. Has your employer made any of the following adjustments during the coronavirus pandemic:

a. Made daily work schedules flexible

- 1) Yes
- 2) No
- 3) Don't know
- 4) Not applicable

b. Staggered shifts to reduce workplace crowding

- 1) Yes
- 2) No
- 3) Don't know
- 4) Not applicable

c. Reduced hours worked

- 1) Yes
- 2) No
- 3) Don't know
- 4) Not applicable

d. Decreased amount of work

- 1) Yes



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- 2) No
- 3) Don't know
- 4) Not applicable

e. Reprioritized tasks or projects

- 1) Yes
- 2) No
- 3) Don't know
- 4) Not applicable

g. Pushed back deadlines

- 1) Yes
- 2) No
- 3) Don't know
- 4) Not applicable

h. Shared responsibilities across coworkers

- 1) Yes
- 2) No
- 3) Don't know
- 4) Not applicable

27. To what extent, has your ability to perform your duties at work decreased as a result of managing additional childcare responsibilities during the pandemic?

- a) Not at all
- b) Slightly
- c) Somewhat
- d) Moderately
- e) Extremely

28. To what extent has your ability to perform your duties at work has decreased because of additional home responsibilities (excluding childcare) during coronavirus?

- a) Not at all
- b) Slightly
- c) Somewhat
- d) Moderately
- e) Extremely

29. How concerned are you about your performance at work during the coronavirus pandemic?

- a) Not at all concerned
- b) Slightly concerned
- c) Somewhat concerned
- d) Moderately concerned
- e) Extremely concerned

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30. How comfortable would you be working fewer hours than before the coronavirus pandemic in order to care for or educate your children?

- a) Not at all comfortable
- b) Slightly comfortable
- c) Somewhat comfortable
- d) Moderately comfortable
- e) Extremely comfortable

31. How comfortable would you be working different hours than before the coronavirus pandemic in order to care for or educate your children?

- a) Not at all comfortable
- b) Slightly comfortable
- c) Somewhat comfortable
- d) Moderately comfortable
- e) Extremely comfortable

32. Have you been asked to return to work outside your home?

- a) Yes
- b) No

33. Will you have adequate childcare coverage for your children if you have to return to work outside your home?

- a) Yes
- b) No
- c) Don't know/Not sure

## Anxiety & Risk Perception

34. In the past month, how often have you felt that you were unable to control important things in your life?

- a) Never
- b) Almost never
- c) Sometimes
- d) Fairly often
- e) Very often

35. In the past month, how often have you felt confident about your ability to handle your personal problems?

- a) Never
- b) Almost never
- c) Sometimes
- d) Fairly often
- e) Very often

36. In the past month, how often have you felt that things were going your way?

- a) Never
- b) Almost never

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- c) Sometimes
- d) Fairly often
- e) Very often

37. In the past month, how often have you felt difficulties were piling up so high that you could not overcome them?

- a) Never
- b) Almost never
- c) Sometimes
- d) Fairly often
- e) Very often

38. Since the coronavirus pandemic began, how often have you felt emotionally drained by your role as a parent?

- a) Never
- b) Once a month or less
- c) A few times a month
- d) Once a week
- e) A few times a week
- f) Every day

39. Since the coronavirus pandemic began, how often have you felt as though you are taking care of your child/children on autopilot?

- a) Never
- b) Once a month or less
- c) A few times a month
- d) Once a week
- e) A few times a week
- f) Every day

40. Since the coronavirus pandemic began, how often have you felt tired when you get up in the morning and have to face another day with your children?

- a) Never
- b) Once a month or less
- c) A few times a month
- d) Once a week
- e) A few times a week
- f) Every day

41. Since the coronavirus pandemic began, how often have you felt that you are at the end of your patience at the end of a day with your child/children?

- a) Never

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- b) Once a month or less
- c) A few times a month
- d) Once a week
- e) A few times a week
- f) Every day

42. I am able to adapt when changes occur.

- a) Not at all true
- b) Rarely true
- c) Sometimes true
- d) Often true
- e) True nearly all the time

43. I tend to bounce back after illness, injury or other hardships.

- a) Not at all true
- b) Rarely true
- c) Sometimes true
- d) Often true
- e) True nearly all the time

44. In the past **two weeks (since ADD Qualtrics DD/Mon/YY)**, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
Trouble concentrating on things such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or				

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restless that you have been moving around a lot more than usual?				
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## Alcohol Use

<b>Now I am going to ask you some questions about your use of alcoholic beverages during this past month (since ADD Qualtrics DD/Mon/YY).</b>			
45	How often do you have a drink containing alcohol?	a	Never <b>[If NEVER, skip to Q53]</b>
		b	Monthly or less
		c	2 to 4 times a month
		d	2 to 3 times a week
		e	4 or more times a week
46	How many drinks containing alcohol do you have on a typical day when you are drinking? <i>One drink is equal to 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor, or 8 ounces of malt liquor.</i>	a	1 or 2
		b	3 or 4
		c	5 or 6
		d	7, 8, or 9
		e	10 or more
		f	I don't drink alcohol
47	How often do you have six or more drinks on one occasion? <i>One drink is equal to 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor, or 8 ounces of malt liquor.</i>	a	Never
		b	Less than monthly
		c	Monthly
		d	Weekly
		e	Daily or almost daily
48	How often during the last month have you found that you were not able to stop drinking once you had started?	a	Never
		b	Less than monthly
		c	Monthly
		d	Weekly
		e	Daily or almost daily
49	How often during the last month have you failed to do what was normally expected from you because of drinking?	a	Never
		b	Less than monthly
		c	Monthly
		d	Weekly
		e	Daily or almost daily
50	How often during the last month have you needed a first drink in the morning to get yourself going after a heavy drinking session?	a	Never
		b	Less than monthly

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		c	Monthly
		d	Weekly
		e	Daily or almost daily
51	How often during the last month have you had a feeling of guilt or remorse after drinking?	a	Never
		b	Less than monthly
		c	Monthly
		d	Weekly
		e	Daily or almost daily
52	How often during the last month have you been unable to remember what happened the night before because you had been drinking?	a	Never
		b	Less than monthly
		c	Monthly
		d	Weekly
		e	Daily or almost daily
53	<b>Now I am going to ask you some questions related to your use of alcoholic beverages in the PAST or PRESENT. If you no longer use alcohol at all, please think back to your past use of alcohol and answer the next questions based on that.</b>		
	Have you or someone else ever been injured as a result of your drinking?	a	No
		b	Yes, but not in the last year
		c	Yes, during the last year
54	Has a relative or friend or a doctor or another health worker ever been concerned about your drinking or suggested you cut down?	a	No
		b	Yes, but not in the last year
		c	Yes, during the last year

## Substance Use

The next question is about your use of tobacco products and other drugs. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, or pain medications). For these questions, we are not asking about medications used as prescribed by your doctor. We are interested to know if you have taken these substances without a prescription, for reasons other than prescribed, or taken them more frequently or at higher doses than prescribed. Please be assured that information on such use will be treated as strictly confidential.

55. In the past three months, how often have you used:

	Never	Once or twice	Monthly	Weekly	Daily or
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						almost daily
a	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)					
b	Cannabis (marijuana, pot, grass, hash, etc.)					
c	Cocaine (coke, crack, etc.)					
d	Amphetamine type stimulants (speed, diet pills, etc)					
e	Sedatives or sleeping pills (Valium, Serepax, etc.)					
f	Opioids (heroin, morphine, methadone, codeine, etc.)					
g	Other – Specify ( _____ )					

## PTSD

56. Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. Some examples of these kinds of events are: a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, or having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

- a) Yes
- b) No
- c) Don't know

The next questions ask about problems people sometimes have in response to a very stressful experience. Please read each problem carefully and then indicate whether or not you've experienced that problem in the past month (since *ADD Qualtrics DD/Mon/YY*).

In the past month, have you:

57. Had nightmares about a stressful event or thought about a stressful event when you did not want to?

- a) Yes
- b) No
- c) Don't know

58. Tried hard not to think about a stressful event or went out of your way to avoid situations that reminded you of a stressful event?

- a) Yes

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- b) No
- c) Don't know

59. Been constantly on guard, watchful, or easily startled?

- a) Yes
- b) No
- c) Don't know

60. Felt numb or detached from people, activities, or your surroundings?

- a) Yes
- b) No
- c) Don't know

61. Felt guilty or unable to stop blaming yourself or others for the stressful event or any problems the stressful event may have caused?

- a) Yes
- b) No
- c) Don't know

### Perceived emotional support

62. I have someone who will listen to me when I need to talk

- a) Never
- b) Rarely
- c) Sometimes
- d) Often
- e) Always

63. I have someone to confide in or talk to about myself or my problems

- a) Never
- b) Rarely
- c) Sometimes
- d) Often
- e) Always

64. I have someone who makes me feel appreciated

- a) Never
- b) Rarely
- c) Sometimes
- d) Often
- e) Always



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65. I have someone to talk to when I have a bad day

- a) Never
- b) Rarely
- c) Sometimes
- d) Often
- e) Always

## Resilience

66. I look for creative ways to alter difficult situations

- a) Does not describe me at all
- b) Does not describe me
- c) Neutral
- d) Describes me
- e) Describes me very well

67. Regardless of what happens to me, I believe I can control my reaction to it

- a) Does not describe me at all
- b) Does not describe me
- c) Neutral
- d) Describes me
- e) Describes me very well

68. I believe that I can grow in positive ways by dealing with difficult situations

- a) Does not describe me at all
- b) Does not describe me
- c) Neutral
- d) Describes me
- e) Describes me very well

69. I actively look for ways to replace the losses I encounter in life

- a) Does not describe me at all
- b) Does not describe me
- c) Neutral
- d) Describes me
- e) Describes me very well

## Follow-up

70. Would you be willing to participate in a one on one 30 minute telephone interview to help us learn more about the experiences of mothers of young children during the COVID pandemic?

- a) Yes
- b) No
- c) Don't know/Not sure

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71. Would you be willing to provide an oral (spit/saliva) or dried blood sample from your children to a research study for coronavirus testing?

- a) Yes, I would submit either oral or dried blood sample from my children
- b) Yes, but only oral sample not dried blood
- c) Yes, but only dried blood sample not oral sample
- d) No
- e) Don't know / Not sure

72. Would you like to receive a \$10 Amazon gift card incentive for your time participating in the survey?

- a) Yes
- b) No

## End Survey

Thank you for taking the time to complete this survey and for your continued interest in the CHASING COVID Cohort Study.

For up to date and accurate information, please visit our website, <https://cunyisph.org/cunycovidfacts/> or visit CDC.gov. Resources related to mental health, substance use, intimate partner violence, or food pantries can also be found on our website, <https://cunyisph.org/cunycovidfacts/>.

If you have any questions, reach us here: [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu)

## Automated Response

Thank you for completing this survey. If you requested the gift card, we will email you a \$10 Amazon gift card to the email address that you provided within 3 business days.

*[For those who answered yes to interest in doing a 30 minute phone interview: Thank you for expressing interest in participating in a 30 minute phone interview. A member of our team will reach out to you with further information in the next several weeks.]*

As part of this longitudinal study on COVID, we can learn a lot from your experience and insights, particularly as parents, and appreciate your participation.

If you have any questions about your participation in the study, or need to contact our team, email us at [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu) or call 917-740-8714.