

COVID Study SURVEY

- 1) You are being asked to take part in a research study consisting of a survey. We are asking you because you, your baby or both of you had COVID-19, or possible COVID-19. We are conducting this research to learn about COVID-19 in mothers and babies. Participation in this study is voluntary. You can withdraw at any time for any reason. If you agree, you will take this online survey. It will take about 7 to 8 minutes to complete. First you will be asked some basic questions to see if you are eligible to participate in the survey. Then you will be asked a number of questions about your and your baby's experience with COVID-19. We will not be asking for your name or identifying information. There is a risk that you could be reminded of unpleasant experiences. We cannot promise any direct benefits to you. However, your participation will give us important knowledge that may help protect women and babies from the effects of COVID, and we will share this knowledge with the public. We appreciate your participation! For questions email CovidMothersStudy@gmail.com.

Choices:

/OK

/No [*If no, Survey ends*]

- 2) Residents of the European Union and the United Kingdom (UK), UK, Switzerland, Norway, Liechtenstein and Iceland are governed by additional data regulations.

Are you a resident of the European Union of the UK, Switzerland, Norway, Liechtenstein or Iceland?

Choices:

/No, I am not a resident of the European Union or the UK, Switzerland, Norway, Liechtenstein or Iceland

/Yes, I am a resident of the European Union, the UK, Switzerland, Norway, Liechtenstein, or Iceland

[For those who checked residents of EU/UK]:

- 2a) Residents of the European Union and the United Kingdom, Switzerland, Norway, Liechtenstein, and Iceland, are affected by the General Data Protection Regulation (GDPR). Our study does not collect your name, your demographic information, your IP address, or anything that may identify you.

We must provide this GDPR Addendum to read before you can participate: [[link to GDPR Consent Document](#)]

Choices:

/I agree to participate in the survey. "Your checking this box documents that you have freely given your consent to the use of Personal Information as described in this GDPR Addendum."

/I do not consent to participate or I cannot consent to participate because I cannot understand the GDPR Consent Addendum
[If they do not consent, Survey ends]

3)I confirm I am over 18.

Choices:

/yes

/no *[if no, survey ends]*

4) Is your baby over 1 month old now?

/Yes

/No *[if no, Survey ends]*

5)Are you the baby's birth mother (the woman who gave birth to your baby)?

Choices:

/Yes

/No *[if no, Survey ends]*

6)Did your baby have COVID-19?

Choices:

/Yes, COVID-19 was confirmed by a test.

/No

/ Not sure: COVID-19 was suspected from baby's symptoms and/OR possible exposure to someone with COVID. However, my baby did not have a test (or a test showing COVID)

7)Was your baby 12 months old or younger when your baby had COVID-19 or possible COVID-19?

Choices:

/Yes

/No

8) Did you have COVID-19?

Choices:

/Yes, COVID-19 was confirmed by a test

/No

/Not sure: COVID-19 was suspected from my symptoms and/or possible exposure to someone with COVID. However, I did not have a test (or a test showing COVID).

[If neither baby nor mother had COVID-> Survey ends]

9) Was your baby 12 months old or younger when you had COVID-19 or possible COVID-19?

Choices:

/Yes

/No *[if no to baby >12 months old for both mother and baby-> Survey ends]*

[End of screening questions]

10) What country do you live in? (Note, territories are not listed separately.)

Choices:

[Drop down menu of world countries in alphabetical except US and Canada listed first.]

11) How old was your baby when they first got diagnosed or got sick with COVID-19? (Answer whichever age came first).

Choices:

/Under 4 days old

/4 days through 30 days of age

/1 month through 3 months of age

/4 months through 5 months of age

/6 months through 9 months of age

/10 months through 12 months of age

12) How sick was your baby with COVID-19 or possible COVID-19?

Choices:

/My baby had no symptoms but had a test showing COVID-19

/My baby had no symptoms and no test. However, my baby was thought to have possible COVID-19 because I had it.

/Mild symptoms and stayed at home (did not stay in the hospital, or did not need to stay extra days in the hospital after birth because of COVID-

/Needed to stay in the hospital, but did not need Intensive Care Unit

/Needed to be on a ventilator or in Intensive Care Unit

/Passed away

13) Did your baby have any medical problems before they got COVID-19? Examples of medical problems include: having asthma or wheezing, being born premature, needing to take medications on a regular basis, having a birth defect, or having immune system problems including HIV: Choices:

Choices:

/Yes, my baby had other medical problems before getting COVID-19

/No, my baby was generally healthy before getting COVID-19

14) How old was your baby when YOU were diagnosed or got sick with COVID-19?

Choices:

/I got COVID before my baby was born (Check this option if your test was done before my baby was born, even if you didn't know the results at the time your baby was born.)

/I got COVID between the time my baby was born and when my baby was 3 days old

/4 days through 30 days of age

/1 month through 3 months of age

/4 months through 5 months of age

/6 months through 9 months of age

/10 months through 12 months of age

15) At the time of your delivery, were you thought to have COVID-19?

Choices:

/No, it was not considered

/No, I had no symptoms, and had not been exposed to someone with COVID. However, a test was done and the results were not back yet.

/Yes, I had a test showing I had COVID-19.

/Possibly, I had symptoms but had no test results at that time.

/Possibly, I had been exposed to someone with COVID but had no test results at that time.

16) How was your baby delivered?

Choices:

/Vaginal birth

/Cesarean birth

17) What happened immediately after your baby was born?

Choices:

/My baby was placed on my bare chest and stayed for *at least an hour* without interruptions (baby was “skin to skin”-- baby’s bare chest on my bare chest)

/My baby was placed on my bare chest and stayed for *less than an hour* (baby was “skin to skin”-- baby’s bare chest on my bare chest)

/I held my baby but our bare chests were not touching (for example, my baby was wrapped in a blanket)

/My baby was taken and I did not get to hold my baby at all

18) Immediately after birth, were your breasts and chest washed before you could hold your baby?

Choices:

/Yes

/No

/Not sure

19) How far was your baby from you in the days after you gave birth?

Choices:

- /My baby stayed within easy reach from my bed
- /My baby stayed in the same room, but not within my reach from my bed
- /My baby stayed in a separate room from me (for example, a nursery)

20) How and what did you feed your baby in the hospital? (Choose all that apply)

Choices:

- /Breastfeeding (directly at the breast)
- /Expressed breast milk
- /Formula
- /Donor milk
- /Not sure

21) If you had COVID-19 or suspected COVID-19 when your baby was born, when and how was your diagnosis made?

Choices:

- /Confirmed COVID-19 by a test during pregnancy
- / Confirmed COVID-19 by a test during labor
- /Confirmed COVID-19 by a test just after my baby was born
- /The doctor or midwife suspected I had COVID-19. However, I did not have a test (or a test showing COVID).

22) If you had COVID-19 or possible COVID-19, how sick were you?

Choices:

- /I had no symptoms but I had a test showing COVID-19
- /I had symptoms but I could function
- /I was too sick to care for my baby or I needed oxygen
- /I needed to be put on a ventilator

23) Were you separated from your baby at birth because of COVID-19?

Choices:

/Yes

/no

24) For how many total days were you separated from your baby? Including hospital and at home.

Choices:

/1 day or less

/2 to 3 days

/4 to 5 days

/6 to 7 days

/8 to 10 days

/11 to 14 days

/more than 14 days

25) If you were separated from your baby, how would you describe how you felt about the separation?

Choices:

/Very upset or distressed

/Moderately upset or distressed

/Slightly upset or distressed

/Relieved or pleased

/Neither upset/distressed nor relieved/pleased

26) If you were separated from your baby, did it affect your ability to breastfeed when you were reunited?

Choices:

/I was able to breastfeed with little or no difficulty

/I had difficulty but was able to breastfeed

/I tried to breastfeed but was unable to do so

/I did not try to breastfeed

27) How would you describe your baby's diet in the first 3 months of life?

Choices:

/Only breastfeeding or breast milk or donor milk—no formula

/Mostly breastfeeding/breast milk with some formula

/ Mostly formula with some breastfeeding/breast milk

/Only formula--no breastfeeding or breast milk

28) When your baby was 4 months to 6 months old, how would you describe their diet?

Choices:

/Only breastfeeding or breast milk—no formula

/Mostly breastfeeding/breast milk with some formula or solid food

/Mostly formula and/or solid food with some breastfeeding/breast milk

/Only formula or formula with solid food--no breastfeeding or breast milk

29) If your baby is over 6 months old, are you breastfeeding?

Choices:

/Stopped breastfeeding before 6 months

/still breastfeeding at 6 months or longer