

Appendix A: Survey

Start of Block: Demographic

Q1 The first set of questions will be for the parent taking the survey.

Q2 How old are you today?

Q3 What race/ethnicity do you identify with?

- White (1)
 - Black or African American (2)
 - Hispanic/Latino (3)
 - Asian (4)
 - American Indian or Alaska Native (5)
 - Native Hawaiian or Pacific Islander (6)
 - Other (7) _____
-

Q4 What is your highest level of education?

- Less than high school (1)
 - High school graduate (2)
 - Trade school (3)
 - Some college (4)
 - 2 year degree (5)
 - 4 year degree (6)
 - Professional degree (7)
 - Doctorate (8)
-

Q5 What is your marital status?

- Married (1)
 - Widowed (2)
 - Divorced (3)
 - Separated (4)
 - Never married (5)
-

Q12 Please input the month and year you became homeless.

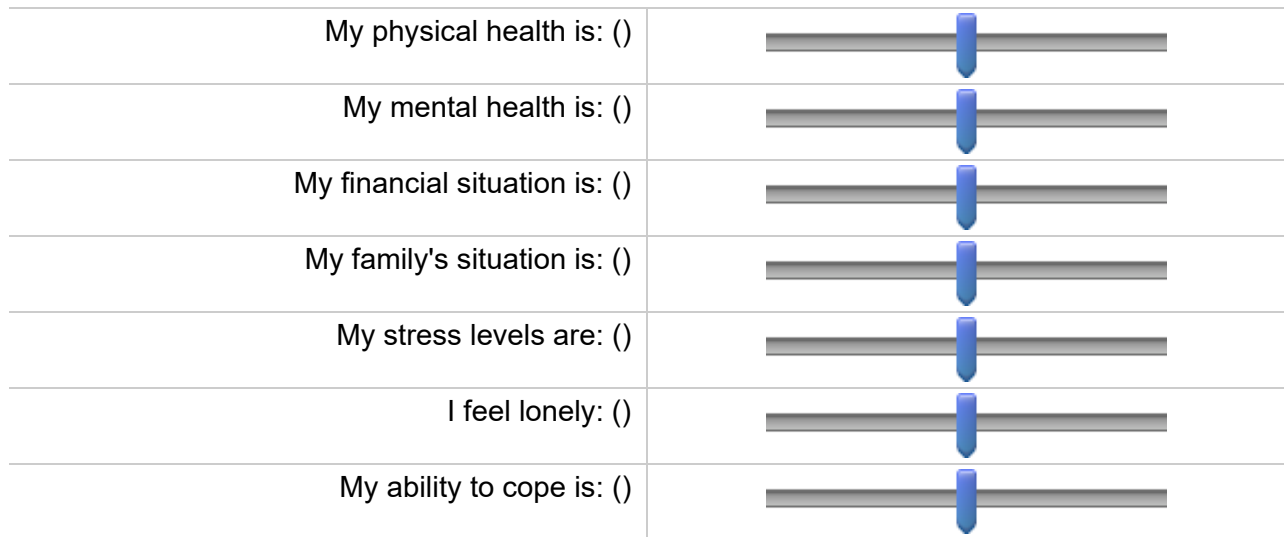
End of Block: Demographic

Start of Block: Parent MH

Q16 The following questions will ask you to compare your situation now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
 2. Less or worse compared to before quarantine
 3. The same as compared to before quarantine
 4. More or better compared to before quarantine
 5. Much more or better compared to before quarantine










0 1 2 3 4 5



Q17 The following questions will ask you to compare depressive symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
 2. Less or worse compared to before quarantine
 3. The same as compared to before quarantine
 4. More or better compared to before quarantine
 5. Much more or better compared to before quarantine






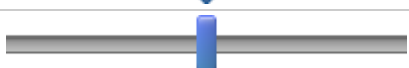

0 1 2 3 4 5

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 so fidgety or restless that you have been moving a lot more than usual? ()	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way? ()	

Q18 The following questions will ask you to compare anxiety symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

Much less or worse compared to before quarantine
 Less or worse compared to before quarantine
 The same as compared to before quarantine
 More or better compared to before quarantine
 Much more or better compared to before quarantine

0 1 2 3 4 5

Feeling nervous, anxious or on edge ()	
Not being able to stop or control worrying ()	
Worry 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 ()	

End of Block: Parent MH

Start of Block: Child 1

Q19 For the next step of questions, please answer for your eldest child or only child to the best of your ability.

Q20 How old is your child today? (Years)

Q21 My child's gender is:

Male (1)






Female (2)

Other (4) _____

Q23 Please answer the following questions about this child. The following questions will ask you to compare your child's situation now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
 2. Less or worse compared to before quarantine
 3. The same as compared to before quarantine
 4. More or better compared to before quarantine
 5. Much more or better compared to before quarantine










0 1 2 3 4 5

My child's physical health is: ()	
My child's mental health is: ()	
My child's stress levels are: ()	
My child feels lonely: ()	
My child's ability to cope is: ()	

Q24 The following questions will ask you to compare your child's depressive symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
 2. Less or worse compared to before quarantine
 3. The same as compared to before quarantine
 4. More or better compared to before quarantine
 5. Much more or better compared to before quarantine








0 1 2 3 4 5

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 so fidgety or restless that you have been moving a lot more than usual? ()	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way? ()	

Q25 The following questions will ask you to compare your child's anxiety symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

Much less or worse compared to before quarantine Less or worse compared to before quarantine The same as compared to before quarantine More or better compared to before quarantine Much more or better compared to before quarantine

0 1 2 3 4 5

Feeling nervous, anxious or on edge ()	
Not being able to stop or control worrying ()	
Worry 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 ()	

End of Block: Child 1

Start of Block: Child 2

Q57 Do you have a 2nd child living with you at SAMM?

- Yes (1)
- No (2)

Display This Question:

If Do you have a 2nd child living with you at SAMM? = Yes

Q26 For the next step of questions, please answer for your 2nd eldest child to the best of your ability

Display This Question:

If Do you have a 2nd child living with you at SAMM? = Yes

Q27 How old is your child today? (Years)

Display This Question:
If Do you have a 2nd child living with you at SAMM? = Yes

Q28 My child's gender is:

- Male (1)
- Female (2)
- Other (4) _____

Display This Question:
If Do you have a 2nd child living with you at SAMM? = Yes

Q29 Please answer the following questions about this child. The following questions will ask you to compare your child's situation now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
2. Less or worse compared to before quarantine
3. The same as compared to before quarantine
4. More or better compared to before quarantine
5. Much more or better compared to before quarantine

	0	1	2	3	4	5
My child's physical health is: ()						
My child's mental health is: ()						
My child's stress levels are: ()						
My child feels lonely: ()						
My child's ability to cope is: ()						

Display This Question:
If Do you have a 2nd child living with you at SAMM? = Yes

Q30 The following questions will ask you to compare your child's depressive symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
 2. Less or worse compared to before quarantine
 3. The same as compared to before quarantine
 4. More or better compared to before quarantine
 5. Much more or better compared to before quarantine

0 1 2 3 4 5

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 so fidgety or restless that you have been moving a lot more than usual? ()	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way? ()	

Display This Question:

If Do you have a 2nd child living with you at SAMM? = Yes

Q31 The following questions will ask you to compare your child's anxiety symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

Much less or worse compared to before quarantine Less or worse compared to before quarantine The same as compared to before quarantine More or better compared to before quarantine Much more or better compared to before quarantine

0 1 2 3 4 5

Feeling nervous, anxious or on edge ()	
Not being able to stop or control worrying ()	
Worry 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 ()	

End of Block: Child 2

Start of Block: Child 3

Q58 Do you have a 3rd child living with you at SAMM?

- Yes (1)
- No (2)

Display This Question:

If Do you have a 3rd child living with you at SAMM? = Yes

Q59 For the next step of questions, please answer for your 3rd eldest child to the best of your ability

Display This Question:

If Do you have a 3rd child living with you at SAMM? = Yes

Q60 How old is your child today? (Years)

Display This Question:

If Do you have a 3rd child living with you at SAMM? = Yes

Q61 My child's gender is:

Male (1)

Female (2)

Other (4) _____




Display This Question:

If Do you have a 3rd child living with you at SAMM? = Yes

Q62 Please answer the following questions about this child. The following questions will ask you to compare your child's situation now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
2. Less or worse compared to before quarantine
3. The same as compared to before quarantine
4. More or better compared to before quarantine
5. Much more or better compared to before quarantine

0 1 2 3 4 5

My child's physical health is: ()	
My child's mental health is: ()	
My child's stress levels are: ()	
My child feels lonely: ()	
My child's ability to cope is: ()	

Display This Question:
If Do you have a 3rd child living with you at SAMM? = Yes

Q63 The following questions will ask you to compare your child's depressive symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
 2. Less or worse compared to before quarantine
 3. The same as compared to before quarantine
 4. More or better compared to before quarantine
 5. Much more or better compared to before quarantine

0 1 2 3 4 5

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 so fidgety or restless that you have been moving a lot more than usual? ()	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way? ()	








Display This Question:

If Do you have a 3rd child living with you at SAMM? = Yes

Q64 The following questions will ask you to compare your child's anxiety symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

Much less or worse compared to before quarantine Less or worse compared to before quarantine The same as compared to before quarantine More or better compared to before quarantine Much more or better compared to before quarantine

0 1 2 3 4 5

Feeling nervous, anxious or on edge ()	
Not being able to stop or control worrying ()	
Worry 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 ()	

End of Block: Child 3

Start of Block: Child 4

Q65 Do you have a 4th child living with you at SAMM?

- Yes (1)
- No (2)

Display This Question:

If Do you have a 4th child living with you at SAMM? = Yes

Q66 For the next step of questions, please answer for your 4th eldest child to the best of your ability

Display This Question:

If Do you have a 4th child living with you at SAMM? = Yes

Q67 How old is your child today? (Years)

Display This Question:
If Do you have a 4th child living with you at SAMM? = Yes

Q68 My child's gender is:

- Male (1)
- Female (2)
- Other (4) _____

Display This Question:
If Do you have a 4th child living with you at SAMM? = Yes

Q69 Please answer the following questions about this child. The following questions will ask you to compare your child's situation now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
2. Less or worse compared to before quarantine
3. The same as compared to before quarantine
4. More or better compared to before quarantine
5. Much more or better compared to before quarantine

0 1 2 3 4 5

	0	1	2	3	4	5
My child's physical health is: ()						
My child's mental health is: ()						
My child's stress levels are: ()						
My child feels lonely: ()						
My child's ability to cope is: ()						

Display This Question:
If Do you have a 4th child living with you at SAMM? = Yes

Q70 The following questions will ask you to compare your child's depressive symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
 2. Less or worse compared to before quarantine
 3. The same as compared to before quarantine
 4. More or better compared to before quarantine
 5. Much more or better compared to before quarantine

0 1 2 3 4 5

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 so fidgety or restless that you have been moving a lot more than usual? ()	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way? ()	

Display This Question:

If Do you have a 4th child living with you at SAMM? = Yes

Q71 The following questions will ask you to compare your child's anxiety symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

Much less or worse compared to before quarantine Less or worse compared to before quarantine The same as compared to before quarantine More or better compared to before quarantine Much more or better compared to before quarantine

0 1 2 3 4 5

Feeling nervous, anxious or on edge ()	
Not being able to stop or control worrying ()	
Worry 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 ()	

End of Block: Child 4

Start of Block: Child 5

Q72 Do you have a 5th child living with you at SAMM?

- Yes (1)
- No (2)

Display This Question:

If Do you have a 5th child living with you at SAMM? = Yes

Q73 For the next step of questions, please answer for your 5th eldest child to the best of your ability

Display This Question:

If Do you have a 5th child living with you at SAMM? = Yes

Q74 How old is your child today? (Years)

Display This Question:

If Do you have a 5th child living with you at SAMM? = Yes

Q75 My child's gender is:

Male (1)

Female (2)

Other (4) _____




Display This Question:

If Do you have a 5th child living with you at SAMM? = Yes

Q76 Please answer the following questions about this child. The following questions will ask you to compare your child's situation now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
2. Less or worse compared to before quarantine
3. The same as compared to before quarantine
4. More or better compared to before quarantine
5. Much more or better compared to before quarantine

0 1 2 3 4 5










My child's physical health is: ()	
My child's mental health is: ()	
My child's stress levels are: ()	
My child feels lonely: ()	
My child's ability to cope is: ()	

Display This Question:
If Do you have a 5th child living with you at SAMM? = Yes

Q77 The following questions will ask you to compare your child's depressive symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

1. Much less or worse compared to before quarantine
 2. Less or worse compared to before quarantine
 3. The same as compared to before quarantine
 4. More or better compared to before quarantine
 5. Much more or better compared to before quarantine

0 1 2 3 4 5

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 so fidgety or restless that you have been moving a lot more than usual? ()	
Thoughts that you would be better off dead, or thoughts of hurting yourself in some way? ()	






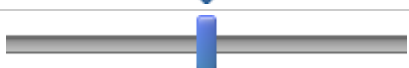

Display This Question:

If Do you have a 5th child living with you at SAMM? = Yes

Q78 The following questions will ask you to compare your child's anxiety symptoms now to before the COVID-19 pandemic. Please move the scale to indicate your answer. The scale goes from 1 to 5.

Much less or worse compared to before quarantine Less or worse compared to before quarantine The same as compared to before quarantine More or better compared to before quarantine Much more or better compared to before quarantine

0 1 2 3 4 5

Feeling nervous, anxious or on edge ()	
Not being able to stop or control worrying ()	
Worry 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 ()	

End of Block: Child 5

Start of Block: Conclusion

Q50 Collaboration between the US government and pharmaceutical companies are in the process of creating and distributing a COVID-19 vaccine.

Q51 How confident do you feel about a potential COVID-19 vaccine working?

- Not at all confident (23)
- Not very confident (29)
- Somewhat confident (24)
- Very confident (25)
- Extremely confident (27)

Q52 How likely are you to take the COVID-19 vaccine when it is available?

- Not at all likely (1)
 - Not very likely (2)
 - Somewhat likely (3)
 - Very likely (4)
 - Extremely likely (5)
-

Q53 How likely are you to get your child vaccinated for COVID-19 when it is available?

- Not at all likely (1)
 - Not very likely (2)
 - Somewhat likely (3)
 - Very likely (4)
 - Extremely likely (5)
-

Q54 What concerns do you have about the potential COVID-19 vaccine?

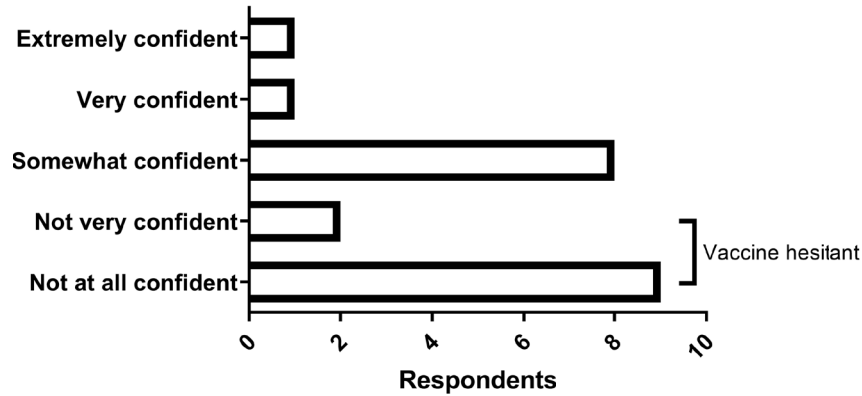
- personal beliefs (1)
 - religious reasons (2)
 - safety concerns (3)
 - desire for more information (4)
 - other (please specific) (5)
-
- other (please specific) (6)
-

Q55 What can SAMM or SAMM clinic do to further support you and your family's mental health?

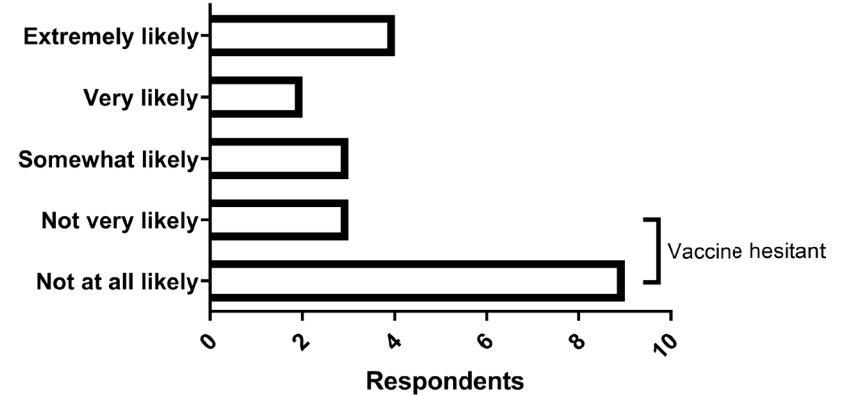
End of Block: Conclusion

Appendix B: Supplemental Data

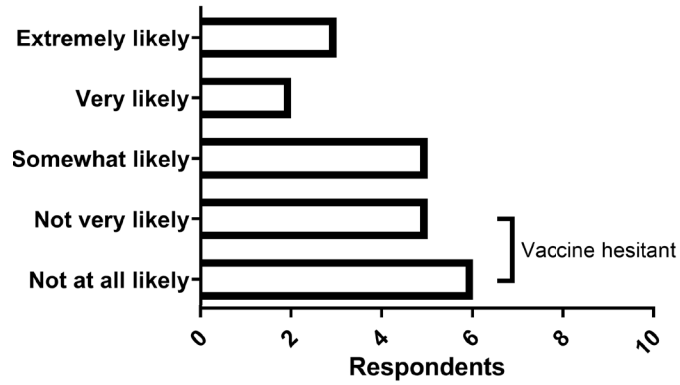
COVID-19 vaccine confidence (n = 21)



Likelihood to get vaccinated (n = 21)



Likelihood to get child vaccinated (n = 21)



COVID-19 vaccine concerns (n = 37)

