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Estimation of Post-Acute Conditions Associated with COVID-19 Vaccine Impact and Effectiveness Among Children and Adolescents in Canada

POR # 126-23

Quantitative Methodological Report

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Ce rapport est aussi disponible en français

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A handwritten signature in black ink, appearing to read "Brad Griffin".

Brad Griffin, President
Ipsos Public Affairs
Signed on March 25th, 2025

This public opinion research report presents the methodology of an online quantitative survey of parents and adolescents who have received a diagnosis of Long COVID and/or MIS-C conducted by Ipsos Public Affairs on behalf of the Public Health Agency of Canada. The survey was in the field between November 27, 2024, and February 20, 2025, and was completed by a total of 209 respondents.

Cette publication est aussi disponible en français sous le titre : **Estimation des Syndromes Post-COVID-19 associés à l'impact et à l'efficacité du vaccin contre la COVID-19 chez les enfants et les adolescents au Canada.**

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1. Research Background, Objectives

1.1 Background

Children and adolescents infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) can develop long-term symptoms that are commonly known as post COVID-19 condition (PCC), Long COVID, or post-acute sequelae of SARS-CoV-2 infection (PASC).¹

In 2022, the WHO established a clinical case definition of PCC in children and adolescent using the work they did to define PCC in adults.¹ This definition states that PCC in children and adolescents is the continuation or development of new symptoms 3 months after the initial confirmed or probable SARS-CoV-2 infection, with these symptoms lasting for at least 2 months with no other explanation.¹ While common symptoms of Long COVID can include fatigue, shortness of breath, and cognitive dysfunction, over 200 different symptoms have been reported that can have an impact on everyday functioning. Children and adolescents who have Long COVID can have any mix of them.²

Very few studies have focused on PCC in children and adolescents. However, two recent cohort studies have documented the main symptoms of Long COVID in early childhood (birth through 5 years)³ and school-aged children and adolescents⁴ in the United States. Compared to previous studies,⁵⁻⁸ they found that patterns were similar but distinct between these age ranges, as well as from adults. Infants, toddlers, and preschool-aged children are more likely to have symptoms that parents can observe, such as poor appetite, sleepiness, and respiratory symptoms such as a cough.^{2,3} School-aged children are more likely to have neurological symptoms, such as trouble focusing, trouble sleeping, or feeling lightheaded.^{2,4} They may also have back or neck pain, headache, stomach pain, or vomiting. Sometimes they have behavioral changes. Adolescents are more likely to have a change or loss in smell or taste, pain, fatigue-related symptoms, trouble with memory, and light-headedness. Post exertional malaise (PEM) has been reported in children and adults with Long COVID.^{2,4} PEM is a flare of symptoms and/or the appearance of new symptoms even after minimal exertion, including physical activity, mental exertion, and sensory overload. Often presenting 24 hours after the triggering event, PEM is different from just being more tired than normal after an activity or feeling muscle soreness.² These symptoms may have serious and long-term consequences during childhood and adolescence, an essential period for social and educational development.⁹

Numerous knowledge gaps remain regarding risk factors, symptoms, natural history, and sequelae of COVID-19 in children and adolescents, particularly in different childhood age groups. More research is needed to further characterize this condition and improve the management of persons affected.¹⁰

People of all ages, including children, can get very sick with COVID-19. A recent meta-analysis estimated that the incidence of PCC is 10–30% in non-hospitalized individuals and 50–70% in hospitalized individuals.¹¹ While the reasons why PCC develops remain to be fully elucidated, viral persistence has been proposed as a potential driver of PCC symptoms in both adults and children.^{12,13}

Children with underlying medical conditions are at increased risk of getting very sick from a SARS-CoV-2 infection compared to children without underlying medical conditions. Current evidence suggests that children with special health care needs, including genetic, neurological, or metabolic conditions, or with congenital heart disease, can be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma, chronic lung disease, sickle cell disease, or immunosuppression may also be at increased risk for severe COVID-19.¹⁴

As of June 2023, 3.5 million Canadian adults reported experiencing long-term symptoms following a COVID-19 infection.^{15,16} However, there is currently no official estimate for the number of Canadian children and adolescents affected by PCC. Estimates from early in the pandemic indicated that more than 40% of people diagnosed with COVID-19 experienced symptoms beyond the acute illness (four or more weeks after infection).¹⁵ More recent evidence suggests that about 10% to 20% of unvaccinated people and 2% to 10% of vaccinated people experience symptoms 12 weeks beyond the acute illness.¹⁵ It is postulated that the low prevalence of persistent symptoms is a result of high vaccination rates and less virulent variants. An estimated 57,000 to 78,000 people in Ontario have had or are currently experiencing post-COVID-19 condition.^{17,18}

The estimated prevalence of PCC in children ranges from 2% to 66%. This variability reflects the marked heterogeneity in case ascertainment and methodology of existing studies, as well as the lack of an appropriate comparison group. It remains unclear to what extent children experience SARS-CoV-2 sequelae and how PCC features in children may differ from those in adults.¹⁹⁻²¹ In the U.S., Long COVID is common and affects 10% to 20% of children with a history of COVID-19.² With almost 6 million U.S. children potentially affected, this is higher than the number of children with asthma, the most common chronic health problem in children.²

Though it is very rare, some children who had COVID-19 may later develop multisystem inflammatory syndrome in children (MIS-C), a serious complication of SARS-CoV-2 infection characterized by a hyperinflammatory response, with illness onset typically 2–6 weeks after infection.²²⁻²⁶ Signs of MIS-C include fever, multi-organ system involvement, and laboratory evidence of inflammation. It can be challenging for healthcare professionals to make a definitive MIS-C diagnosis because there is no specific diagnostic biomarker and because it can resemble other illnesses, including acute COVID-19, toxic shock syndrome, and Kawasaki disease (KD). As of July 1, 2025, over 9,780 cases and 80 deaths that meet the CDC's case definition have been reported in the U.S., with half of cases among children aged 5–13 years.²⁷ COVID-19 vaccination has been shown to protect against MIS-C in U.S. children aged 5–11 years and adolescents aged 12–18 years.²⁸ Other countries have also demonstrated COVID-19 vaccine effectiveness against MIS-C.^{29,30}

Additionally, children and adolescents aged 18 years and younger who have had COVID-19 are up to 2.5 times more likely to be newly diagnosed with diabetes 30 days or more after having a SARS-CoV-2 infection. There is limited data on the safety of COVID-19 vaccines in people who have had MIS-C. Additionally, it is currently unknown how likely a person is to re-experience a dysregulated immune response following SARS-CoV-2 reinfection or an MIS-C-like illness following COVID-19 vaccination.^{27,31} New evidence from studies supported by the U.S. National Institutes of Health (NIH) shows that PCC symptoms and diagnostic experiences vary among different racial and ethnic groups. Two studies show that Black and Hispanic Americans experience more symptoms and health problems related to PCC than White Americans, but that they are less likely to receive a PCC diagnosis.³²

Preventing COVID-19 in children and adolescents is important to slow the spread of SARS-CoV-2 and protect them from severe illness. Everyone ages six months and older is eligible to receive a COVID-19 vaccine in Canada, yet vaccination coverage among children and adolescents is lower than in older groups.³³

There is an urgent need to understand the prevalence of PCC, the characteristics and risk factors that lead to PCC, as well as PCC's impact on the everyday functioning and development of children and adolescents. The long-term outcomes of the condition are currently unknown and need to be studied with standardized definitions and data collection methods.^{10,21}

1.2 Research Objectives

This public opinion research (POR) consisted of two components, a series of qualitative in-depth interviews and a quantitative survey, conducted to understand the impact of COVID-19 vaccination on children and adolescents with post-COVID condition (PCC) or Long COVID, and multisystem inflammatory syndrome in children (MIS-C) in Canada.

Specifically, the research was driven by the following objectives:

- Identify the spectrum of clinical symptoms, natural history, and distinct phenotypes recognized as sequelae of SARS-CoV-2 infection among children and adolescents (defined as persons \leq 19 years of age);
- Measure COVID-19 vaccine uptake and impact against COVID-19 severe outcomes, PCC, Long COVID, and MIS-C among vaccine-eligible participants;
- Identify gaps related to health care needs, service delivery, recovery trajectories, and health disparities by vaccination status among children and adolescents living with Long COVID and/or MIS-C;
- Understand the impact of Long COVID and MIS-C on the health-related quality of life and behavioural health of children and adolescents, as well as their effects on the well-being of caregivers and family, especially among disadvantaged groups;
- Understand the burden of PCC and MIS-C on caregivers, families, healthcare workers, and experts, and explore their opinions and experiences with COVID-19 vaccination in preventing Long COVID and/or MIS-C.

2. Quantitative Methodology

2.1 Online Survey

The quantitative component of this research was conducted in the form of an online survey. The survey was offered in both official languages (i.e., English and French) and was hosted on an accessible and device-agnostic survey platform.

The survey was pre-tested on November 25, 2024, to assess the clarity of the survey questions and confirm the survey length. No issues were flagged during the pre-test. The survey was launched on November 25, 2024, and promoted for 12 weeks. It was closed on February 20, 2025. The average length of time it took participants to complete the survey was 25 minutes and a total of 209 surveys were completed.

Study Participants

This research included the following audiences:

- Parents or legal guardians of children or adolescents who were 19 years or younger with a history of suspected, probable, or confirmed SARS-CoV-2 infection; and had a diagnosis of Long COVID and/or MIS-C from a physician or healthcare professional between 2021 and 2024;
- An adolescent 16–19 years of age with a history of suspected, probable, or confirmed SARS-CoV-2 infection that had received a diagnosis of Long COVID and/or MIS-C from a physician or healthcare professional between 2021 and 2024.

Survey Instrument

PHAC designed the quantitative instrument. A copy of the survey instrument is included in the [Appendix](#). The project was registered with the Canadian Research Insights Council (CRIC) to allow respondents to verify the legitimacy of the survey as a research initiative sponsored by the Government of Canada. Survey respondents were informed of their rights under the Privacy Act, the Personal Information Protection and Electronic Documents Act, and the Access to Information Act. Additionally, respondents were reassured that their rights were protected throughout the research process.

2.2 Participant Recruitment

Sample Source and Recruitment

Ipsos partnered with Canadian Viewpoint Inc., who hosted the survey and assisted with the recruitment efforts. Recruitment took place through various channels, given the low incidence rates of MIS-C in the intended audience for this research. PHAC data indicates that MIS-C is rare, with only 269 cases reported nationally between March 2020 and October 2021.³⁴

Parents were initially reached and recruited through established qualitative research panels of the general public. This strategy was supplemented with outreach and snowballing to reach participants who were not registered on research panels. Parents who completed the qualitative research were also invited to participate in the online survey.

The survey was made available, and promoted more broadly, to parent groups and advertised on social media. Other methods were also used to reach parents of children and adolescents from birth through 19 years old with a history of suspected, probable, or confirmed SARS-CoV-2 infection and a Long COVID or MIS-C diagnosis between 2021 and 2024.

The paid social media campaign on Facebook and Instagram reached Canadian parents of children aged 0–17 years. The campaign was optimized to drive traffic to the survey link, which ran in post and story formats. Two waves of paid advertising were launched: wave one lasted from November 25 to December 4, 2024, and wave two lasted from January 24 to 28, 2025. Advertisement campaigns do not typically run for longer than 10 days because they simply stop performing; people will not click repeatedly on the same content.

The recruitment and sampling strategy was chosen as a cost-effective means by which to maximize representation across eligible participants, even though the true size and composition of the population were unknown. As a result, the data gathered through the survey cannot be extrapolated to the entire intended audience and inferential statistics cannot be applied when reporting on collected data. The sample can be considered a non-probability sample. [The Standards for the Conduct of Government of Canada Public Opinion Research—Online Surveys](#) states that results of non-probability online surveys should not be generalized to the overall intended population.

Further, the reported percentages are not generalizable to any group other than the sample studied and no formal statistical inferences can be drawn between the sample results and the broader population it may be intended to reflect. This methodology also does not allow for non-response analysis. However, respondents and non-respondents may differ.

There is a risk of under-coverage or over-coverage due to the lack of available data about the characteristics of the combined populations. As such, the size of the coverage bias is unknown.

The final data excludes any duplicate respondents based on IP capture.

Incentives

Incentives were not used for survey recruitment purposes. However, respondents recruited through qualitative research panels (18 respondents) were incentivized to complete the survey after having participated in the qualitative portion of the study.

Participation Rate

A participation rate could not be calculated since the recruitment method involved promotion of the survey to an unknown number of people. The number of non-responding, unresolved, and invalid cases was also unknown.

Statistical Weighting

Given that the composition of the population was unknown, the data was not weighted.

Data Tabulation and Analysis

Given the relatively small amount of data collected, only topline results (n=209) have been included in this report. Simple descriptive analyses were conducted to summarize the data collected. Specifically, frequency tables were used for categorical variables, and central tendency and dispersion measurements were used for continuous variables.

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Appendix

Questionnaire

[Survey Landing Page]

Survey title /Titre de l'enquête:

Estimation of Post-COVID-19 Acute Conditions Associated with COVID-19 Vaccine Impact and Effectiveness among Children and Adolescents in Canada

Estimation des Syndromes Post-COVID-19 associés à l'impact et à l'efficacité du vaccin contre la COVID-19 chez les enfants et les adolescents au Canada

We are seeking your participation in completing this survey to gather data about the potential impact of COVID-19 vaccines in preventing Long COVID and MIS-C among children and adolescents in Canada. This information will be crucial in shaping future policy recommendations for childhood and adolescent vaccination, as well as guide subsequent research efforts in Canada.

Nous sollicitons votre participation à ce sondage afin de recueillir des données sur l'impact potentiel des vaccins contre la COVID-19 sur la prévention de la COVID longue et du SIM-E chez les enfants et les adolescents au Canada. Cette information sera cruciale pour élaborer les futures recommandations stratégiques sur la vaccination des enfants et des adolescents, ainsi que pour orienter les efforts de recherche ultérieurs au Canada.

Please select the language you would like to take this survey in / Veuillez sélectionner la langue dans laquelle vous souhaitez répondre à ce sondage.

- English
- Français



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Canada

Canada



[NEXT SCREEN]

Estimation of Post-COVID-19 Acute Conditions Associated with COVID-19 Vaccine Impact and Effectiveness among Children and Adolescents in Canada

The Government of Canada is conducting this research **study of children and adolescents (from birth through 19 years old) with Long COVID and/or Multisystem Inflammatory Syndrome in Children (MIS-C) in Canada.**

The Centre for Immunization Surveillance and Programs (CISP) of the Public Health Agency of Canada (PHAC) and Health Canada are seeking your participation in completing this survey. The survey will provide useful data about the potential impact of COVID-19 vaccines in preventing Long COVID and MIS-C among children and adolescents in Canada. This information will be crucial in shaping future policy recommendations for childhood and adolescent vaccination, as well as guide subsequent research efforts in Canada.

Ipsos has been hired by PHAC and Health Canada to administer the survey.

To **complete the survey**, you must be:

- a **parent or a legal guardian of a child or adolescent age 19 years of age or younger with a diagnosis of Long COVID and/or MIS-C** from a physician or health care professional
- OR
- **16-19 years of age and have received a diagnosis of Long COVID and/or MIS-C** from a physician or health care professional

The survey takes about **25 minutes**, and **your participation is voluntary, confidential and will not affect your dealings with the Government of Canada, including PHAC, in any way.** Your answers will not be used to identify you individually and the information you provide will be administered according to the requirements of the Privacy Act, the Access to Information Act, and any other pertinent legislation.

Click here to view our privacy policy [POP-UP IN A NEW BROWSER WINDOW] if you need an alternative means of accessing the survey, please email surveyqueries@ipsos.com.

For more information about this study and how any personal information collected in this survey is handled, **please visit the study's [FAQs and Privacy Notice website](#).** [POP-UP IN A NEW BROWSER WINDOW]

To verify the authenticity of this survey, please visit:

<https://www.canadianresearchinsightscouncil.ca/rvs/home/>

and **enter the project code: 20240528-IP017** [POP-UP IN A NEW BROWSER WINDOW]

Please contact us via email at ve.covid-19.ev@phac-aspc.gc.ca if you have any questions about the survey.

Please click the "Continue" button to continue.

[NEXT SCREEN]

Eligibility confirmation [KEEP THE SECTION INFORMATION]

Thank you for taking the time to participate in the survey.

S0a. Are you a parent or a legal guardian of a child or adolescent age 19 years of age or younger with a diagnosis of Long COVID and/or MIS-C from a physician or health care professional?

- Yes [IF Yes, SKIP to S1a] [DESIGNATE AS S0a.1]
 No [IF No, CONTINUE to S0b]

[IF S0a.1: YES=Are you a parent or a legal guardian of a child or adolescent age 19 years ASK S1.A, OTHERWISE SKIP TO S0b]

S0b. Are you 16-19 years of age and have a diagnosis of Long COVID and/or MIS-C from a physician or health care professional?

- Yes [IF Yes, CONTINUE to S1] [DESIGNATE AS S0b.1]
 No [IF No, THANK AND TERMINATE USING MESSAGE 1]

[If S0b.1: Yes= Are you 16-19 years of age, CONTINUE to S1]

S1. Are you completing this survey with or without the presence of your parent/legal guardian?

Please select one.

- I am between the ages of **16-19** and **completing this survey with my parent/legal guardian** [DESIGNATE AS S1.1]
 I am between the ages of **16-19** and **completing this survey alone** (without a parent/legal guardian) [DESIGNATE AS S1.2]
 Prefer not to answer [DESIGNATE AS S1.3]

[IF "S1.1: I am between the ages of **16-19 and completing this survey with my parent/legal guardian)" CONTINUE to S2]**

[IF "S1.2: I am between the ages of **16-19 and completing this survey alone (without a parent/legal guardian)", Pop-up this message: For respondents between the ages of 16-19 with Long COVID or MIS-C, it is preferable to complete the survey with your parent or legal guardian.] [and CONTINUE to S2]**

[IF S1.3: PREFER NOT TO ANSWER, THANK AND TERMINATE USING MESSAGE 1]

[Thank you and terminate MESSAGE 1:

Thank you for taking the time to participate in the survey. Unfortunately, to complete the survey, you must be:

- **a parent or a legal guardian of a child or adolescent age 19 years of age or younger with a diagnosis of Long COVID and/or MIS-C from a physician or health care professional**
- OR**

- **16-19 years of age and have received a diagnosis of Long COVID and/or MIS-C from a physician or health care professional (it is preferable to complete the survey with your parent or legal guardian)**
- **IF you are BELOW the age of 16 you MUST complete the survey with your parent or legal guardian. If you are able to arrange for your parent or legal guardian to complete the survey with you, please re-enter the survey when they are with you.**

[SCRIPTWRITER:

- 1) **If S0a.1: YES=are you a parent or a legal guardian of a child or adolescent age 19 years, OR IF S1.1: I AM between the ages of 16-19 and COMPLETING WITH PARENT/LEGAL GUARDIAN INSERT “YOUR CHILD/ADOLESCENT” FOR MBQ (MAIN BODY QUESTIONNAIRE]**
- 2) **IF S0b.1 OR S1.2: I am between the ages of 16-19 and COMPLETING THIS SURVEY ALONE, INSERT “YOU” FOR MBQ (MAIN BODY QUESTIONNAIRE)**

S1.A. What is your relationship with the child/adolescent?

- Parent
- Legal guardian
- Grandparent
- Other family members
- Unrelated
- Other, please specify: _____

S2. How old [INSERT BASED ON S1 RESPONSE: “are you” / “is your child/adolescent”]? [RANGE 0-19]

- _____ years old [IF AT LEAST 1 YEAR OLD, DO NOT ENTER MONTHS]
- _____ months [IF LESS THAN 1 YEAR, ENTER number of months old]
- Prefer not to answer

[MAKE EACH OPTION EXCLUSIVE]

[IF PREFER NOT TO ANSWER ASK S2A, OTHERWISE SKIP TO S3]

S2.A. In which age category [INSERT BASED ON S1 RESPONSE: “do you” / “does your child/adolescent”] belong to:

- < 6 months
- 6-23 months
- 2-4 years
- 5-11 years
- 12-15 years
- 16-17 years
- 18-19 years
- Prefer not to answer

[IF PREFER NOT TO ANSWER, THANK AND TERMINATE USING MESSAGE 1]

[IF S2 or S2.A= Under 16 years and without the presence of a parent/legal guardian THANK AND TERMINATE USING MESSAGE 1]

[IF S2 or S2.A- = 16-19 years ASK S3, OTHERWISE SKIP TO S4]

S3. Are you able to have your parent/legal guardian complete the survey with you?

- Yes
- No, I want to continue on my own

[IF S2 or S2.A : AGE 16-19 AND S3=No,

Pop-up this message: Surveys may include questions that make people feel uncomfortable, anxious, angry, or sad. In addition to these feelings, surveys can also cause fatigue. **For respondents between 16-19 years, it is preferable to complete the survey with your parent or legal guardian. If they are able to complete the survey with you, please select yes and continue when ready.**

Please click the "Continue" button to continue.

[NEXT SCREEN]

Note prior to beginning the survey [KEEP THE SECTION INFORMATION]

Surveys may include questions that make people feel uncomfortable, anxious, angry, or sad. In addition to these feelings, surveys can also cause fatigue. To improve your experience, all questions will have a 'prefer not to answer' option available.

Please have your vaccination and hospital records handy, as you will need to refer to specific dates during the survey.

To streamline your experience, we encourage you to complete the survey in one sitting, if circumstances allow.

If you cannot complete the survey in one sitting, simply leave the browser open and you will be able to go back to where you left off when you return. The survey can be left for up to one week before it times out. In the event the survey times out, you can easily resume by using the same survey link on the same device (laptop, phone, or tablet). This method ensures the highest possibility of preserving your data and avoids the need to start over. Please note that if you start the survey on a different device, you will need to begin from the start, as previously entered data may not be retained.

If you are a parent/legal guardian responding on behalf of the child/adolescent, **please answer any question to the best of your knowledge.**

Please click the "Continue" button to continue.

[NEXT SCREEN]

[SCRIPTWRITER INSTRUCTIONS:

Show the following definitions on the screen with a continue button at the bottom.]

Please read the following definitions.

What is Long COVID?

[KEEP DEFINITION THROUGHOUT THE SURVEY AS A HOVER OVER PROGRAM OVER THE TERM]

Long COVID is a condition that occurs after someone is infected with SARS-CoV-2, the virus that causes COVID-19. Long COVID symptoms last for at least 3 months. They may affect one or more organ systems, including the brain, the lungs, and the digestive system.

Children and adolescents that are infected with SARS-CoV-2 can develop long-term symptoms commonly known as Long COVID, Post COVID-19 conditions (PCC), or Post-acute sequelae of SARS-CoV-2 infection (PASC).

As defined by the World Health Organization (WHO), **Long COVID occurs in individuals with a history of confirmed or probable SARS-CoV-2 infection, usually three months from the onset of COVID-19, presenting with symptoms lasting at least two months with no other explanation.**

What is Multisystem Inflammatory Syndrome in Children (MIS-C)?

[KEEP DEFINITION THROUGHOUT THE SURVEY AS A HOVER OVER PROGRAM OVER THE TERM]

Though it is very rare, some children who had COVID-19 may later develop a condition known as **Multisystem Inflammatory Syndrome in Children (MIS-C). This condition is a serious complication of SARS-CoV-2 infection that causes a hyperinflammatory response in children. It usually occurs 4 to 6 weeks after a child was infected.**

A national case definition of MIS-C must meet all criteria as follows:

A child or adolescent between 0–19 years of age with fever lasting 3 days or longer

- at least two of the following symptoms are present:
 1. Rash or bilateral non-purulent conjunctivitis (red eye) or muco-cutaneous inflammation signs (inflammation of the mouth, hands or feet).
 2. Hypotension (low blood pressure) or shock.
 3. Signs of heart problems, such as poor blood flow, inflammation of the heart, inflammation of the sac around the heart, and inflammation of the heart valves
 4. Evidence of coagulopathy (poor blood clotting)
 5. Acute gastrointestinal problems (digestive problems including diarrhea, vomiting, or abdominal pain)
- has elevated markers of inflammation such as erythrocyte sedimentation rate (ESR), C-reactive protein, or procalcitonin
- has no other obvious microbial cause of inflammation or diagnoses, including bacterial sepsis, staphylococcal or streptococcal shock syndromes

Please click the "Continue" button to continue.

[NEXT SCREEN]

Screening [KEEP THE SECTION INFORMATION]

S4. Which province or territory [INSERT BASED ON S1 RESPONSE: “do you” / “does your child/adolescent”] live in?

Please select one.

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Northwest Territories
- Nunavut
- Yukon
- Outside of Canada [THANK AND TERMINATE]
- Prefer not to answer [THANK AND TERMINATE]

[IF OUTSIDE OF CANADA, THANK AND TERMINATE]

[KEEP TRACK OF REGIONAL QUOTA TARGETS]

S5. [INSERT BASED ON S1 RESPONSE: “Have you” / “Has your child/adolescent”] been diagnosed by a physician/healthcare provider with any of the following?

Please select one.

- Long COVID [POP-UP IN A NEW BROWSER WINDOW]
- Multisystem Inflammatory Syndrome in Children (MIS-C) [POP-UP IN A NEW BROWSER WINDOW]
- Both, Long COVID and MIS-C
- None of the above [THANK AND TERMINATE]

[PROGRAMMING NOTE: KEEP DEFINITION THROUGHOUT THE SURVEY AS A HOVER OVER PROGRAM OVER THE TERM]

[IF NONE OF THE ABOVE, TERMINATE]

Natural History of COVID-19 infection and Impact of Long COVID and/or MIS-C [KEEP THE SECTION INFORMATION]

A1. Since January 2020, [INSERT BASED ON S1 RESPONSE: “have you” / “has your child/adolescent”] had a COVID-19 infection or a suspected infection?

Please select one.

- Yes
- No
- Do not know
- Prefer not to answer

A2. Since January 2020, how many separate times [INSERT BASED ON S1 RESPONSE: “have you” / “has your child/adolescent”] had a COVID-19 infection(s) or suspected infection(s)?

Please select one.

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more
- Prefer not to answer

A3. During [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] COVID-19 infection(s) or suspected infection(s), did you ever receive a positive test for COVID-19 from either of the following types of tests?

There are two common types of COVID-19 tests.

1. PCR test, often used in health care settings, that is sent to a lab and produces the most accurate result.
2. Rapid antigen test, often called a rapid test, which produces a result within minutes.

Please select one.

- Yes [RECORD AS COVID-19 CONFIRMED CASE]
- No [RECORD AS COVID-19 SUSPECTED CASE if A1=YES or Do not know]
- Don't remember [RECORD AS COVID-19 SUSPECTED CASE if A1= YES or Do not know]
- Don't know [RECORD AS COVID-19 SUSPECTED CASE if A1= YES or Do not know]
- Never have been tested [RECORD AS COVID-19 SUSPECTED CASE if A1= YES or Do not know]
- Prefer not to answer

[IF A1=YES AND S5 = LONG COVID CONTINUE]

[[IF A1=YES AND S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A4.a]

A4. When was the DATE of [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] COVID-19 infection or suspected infection that occurred BEFORE the Long COVID diagnosis?

[scriptwriter to prevent the respondent from answering both date and period, they answer only one]

- Date: [_M][_M_] / [_2][_0][_Y][_Y_] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019 TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY]**
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]**
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]**

[IF ‘Don't know’ is SELECTED, SHOW the question on the period of time]

What was the PERIOD OF TIME when [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] COVID-19 infection or suspected infection that occurred BEFORE the Long COVID diagnosis?

Please select one.

- Before March 2021 (Wild type variant of concern)**
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)**
- July 2021 to November 2021 (Delta variant of concern)**
- December 2021 to present (Omicron variant of concern)**
- Don't know**
- Prefer not to answer**

[IF A1= YES AND S5 = MIS-C CONTINUE]

[[IF A1= YES AND S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A5]

A4.a. When was the DATE of [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] COVID-19 infection or suspected infection that occurred BEFORE the MIS-C diagnosis?

[scriptwriter to prevent the respondent from answering both date and period, they answer only one]

- Date: [_M][_M_] / [_2][_0][_Y][_Y_] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY]**
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]**
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]**

[IF 'Don't know' is SELECTED, SHOW the question on the period of time]

What was the PERIOD OF TIME when [INSERT BASED ON S1 RESPONSE: "your" / "your child/adolescent's"] COVID-19 infection or suspected infection that occurred BEFORE the MIS-C diagnosis?

Please select one.

- Before March 2021 (**Wild type variant of concern**)
- March 2021 to June 2021 (**Alpha/Beta/Gamma variants of concern**)
- July 2021 to November 2021 (**Delta variant of concern**)
- December 2021 to present (**Omicron variant of concern**)
- Don't know
- Prefer not to answer

[IF A1= YES AND S5 = LONG COVID CONTINUE]

[[IF A1= YES AND S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A5.a]

A5. How ill did [INSERT BASED ON S1 RESPONSE: "you" / "your child/adolescent"] feel during the COVID-19 infection or suspected infection that occurred BEFORE the Long COVID diagnosis?

Please select one.

- No symptoms / asymptomatic or pre-symptomatic
- Manageable symptoms
- Seriously ill, but not requiring hospitalization
- Severe illness (requiring hospitalization)
- Critical illness (life-threatening)
- Do not remember
- Prefer not to answer

[IF A1= YES AND S5 = MIS-C CONTINUE]

[[IF A1= YES AND S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A6]

A5.a. How ill did [INSERT BASED ON S1 RESPONSE: "you" / "your child/adolescent"] feel during the COVID-19 infection or suspected infection that occurred BEFORE the MIS-C diagnosis?

Please select one.

- No symptoms / asymptomatic or pre-symptomatic
- Manageable symptoms
- Seriously ill, but not requiring hospitalization
- Severe illness (requiring hospitalization)
- Critical illness (life-threatening)
- Do not remember
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A6.a]

A6. What is the DATE when [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] first started to present symptoms of Long COVID?

[scriptwriter: Please share the date or select only one period of time to prevent the respondent from answering both date and period, they answer only one]

- Date:** [M][M]/[2][0][Y][Y] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY.]
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF ‘Don't know’ is SELECTED, SHOW the question on the period of time]

What is the PERIOD OF TIME when [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] first started to present symptoms of Long COVID?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)
- December 2021 to present (Omicron variant of concern)
- Don't know
- Prefer not to answer

[IF S5 = MIS-C COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A7]

A6.a. What is the DATE when [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] first started to present symptoms of MIS-C?

[scriptwriter: Please share the date or select only one period of time to prevent the respondent from answering both date and period, they answer only one]

- Date:** [M][M]/[2][0][Y][Y] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY.]
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF ‘Don't know’ is SELECTED, SHOW the question on the period of time]

What is the PERIOD OF TIME when [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] first started to present symptoms of MIS-C?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)
- December 2021 to present (Omicron variant of concern)

- Don't know
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A7.a]

A7. Roughly when did [INSERT BASED ON S1 RESPONSE: "you" / "your child/adolescent"] receive the diagnosis of Long COVID from a physician/health care professional?

- Date: [M_] [M_] / [2_] [0_] [Y_] [Y_] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY.]
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF 'Don't know' is SELECTED, SHOW the question on the period of time]

Roughly what is the PERIOD OF TIME when [INSERT BASED ON S1 RESPONSE: "you" / "your child/adolescent"] received the diagnosis of Long COVID from a physician/health care professional?

Please select one.

- Before March 2021 (**Wild type variant of concern**)
- March 2021 to June 2021 (**Alpha/Beta/Gamma variants of concern**)
- July 2021 to November 2021 (**Delta variant of concern**)
- December 2021 to present (**Omicron variant of concern**)
- Don't know
- Prefer not to answer

A8. To the best of your knowledge, how long did [INSERT BASED ON S1 RESPONSE: "you" / "your child/adolescent"] experience symptoms BEFORE being diagnosed with Long COVID?

Please select one.

- <4 weeks
- 4-8 weeks
- 9-12 weeks
- 13-16 weeks
- 17-20 weeks
- Over 20 weeks
- Other: _____
- Don't know
- Prefer not to answer

[IF S5 = MIS-C COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A9]

A7.a. Roughly when did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] receive the diagnosis of MIS-C from a physician/health care professional?

Date:

- [M_][_M_]/[_2][_0][_Y][_Y_] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY.]
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF ‘Don't know’ is SELECTED, SHOW the question on the period of time]

Roughly what is the PERIOD OF TIME when [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] received the diagnosis of MIS-C from a physician/health care professional?

Please select one.

- Before March 2021 (**Wild type variant of concern**)
- March 2021 to June 2021 (**Alpha/Beta/Gamma variants of concern**)
- July 2021 to November 2021 (**Delta variant of concern**)
- December 2021 to present (**Omicron variant of concern**)
- Don't know
- Prefer not to answer

A8.a. To the best of your knowledge, how long did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] experience symptoms BEFORE being diagnosed with MIS-C?

Please select one.

- <4 weeks
- 4-8 weeks
- 9-12 weeks
- 13-16 weeks
- 17-20 weeks
- Over 20 weeks
- Other: _____
- Don't know
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A9.a]

A9. What symptoms of Long COVID did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] experience AT THE TIME OF the diagnosis?

Please select all that apply.

- Unusual fatigue
- Unusual shortness of breath
- Heart palpitations (noticeably rapid, strong or irregular heartbeat)
- Unusual headaches
- Sore throat
- Cough
- Nausea
- Diarrhea
- Unusual abdominal pain
- Constipation
- Sleep problems
- Cognitive problems
- Memory loss
- Lack of concentration
- Brain Fog (Feeling ‘foggy’ and not being able to think clearly. Difficulty in learning new things)
- Muscle pain
- Joint pain or swelling
- Altered taste
- Altered smell
- Appetite loss
- Skin rash
- Hair loss
- Post-exertional malaise (worsening symptoms after minimal physical or mental activity)
- Unusual light-headedness
- Unusually fast hear rate
- Other: _____
- Prefer not to answer

[IF S5 = MIS-C COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A10]

A9.a. What symptoms of MIS-C did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] experience AT THE TIME OF the diagnosis?

Please select all that apply.

- Rash
- Conjunctival injection (red eye)
- Mucocutaneous inflammation (inflammation of the mouth, hands or feet)
- Hypotension (low blood pressure) or shock
- Features of heart problems, such as poor blood flow, inflammation of the heart, inflammation of the sac around the heart, and inflammation of the heart valves
- Coronary abnormalities (including ECHO findings)
- Elevated troponin/N-terminal pro-brain natriuretic peptide (NT-proBNP)
- Evidence of coagulopathy (poor blood clotting by prothrombin time, partial thromboplastin time, elevated D-dimer)
- Acute gastrointestinal problems (digestive problems including diarrhea, vomiting or abdominal pain)
- Elevated markers of inflammation such as C-reactive protein, erythrocyte sedimentation rate or procalcitonin
- No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.
- Kawasaki disease
- Other: _____
- Prefer not to answer

[IF S5= LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A10.a]

A10. What symptoms of Long COVID [INSERT BASED ON S1 RESPONSE: “are you” / “is your child/adolescent”] experiencing NOW?

Please select all that apply.

- Unusual fatigue
- Unusual shortness of breath
- Heart palpitations (noticeably rapid, strong or irregular heartbeat)
- Unusual headaches
- Sore throat
- Cough
- Nausea
- Diarrhea
- Unusual abdominal pain
- Constipation
- Sleep problems
- Cognitive problems

- Memory loss
- Lack of concentration
- Brain Fog (Feeling 'foggy' and not being able to think clearly. Difficulty in learning new things)
- Muscle pain
- Joint pain or swelling
- Altered taste
- Altered smell
- Appetite loss
- Skin rash
- Hair loss
- Post-exertional malaise (worsening symptoms after minimal physical or mental activity)
- Unusual light-headedness
- Unusually fast heart rate
- Asymptomatic
- Other: _____
- Prefer not to answer

[IF S5 = MIS-C COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A11]

A10.a. What symptoms of MIS-C [INSERT BASED ON S1 RESPONSE: "are you" / "is your child/adolescent"] experiencing NOW?

Please select all that apply.

- Rash
- Conjunctival injection (red eye)
- Mucocutaneous inflammation signs (inflammation of the mouth, hands or feet)
- Hypotension (low blood pressure) or shock
- Features of heart problems, such as poor blood flow, inflammation of the heart, inflammation of the sac around the heart, and inflammation of the heart valves
- Coronary abnormalities (including ECHO findings)
- Elevated troponin/N-terminal pro-brain natriuretic peptide (NT-proBNP)
- Evidence of coagulopathy (by prothrombin time, partial thromboplastin time, elevated D-dimer)
- Acute gastrointestinal problems (digestive problems including diarrhea, vomiting or abdominal pain)
- Elevated markers of inflammation such as C-reactive protein, erythrocyte sedimentation rate or procalcitonin
- No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes.
- Kawasaki disease
- Asymptomatic
- Other: _____
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A11.a]

A11. At their worst, how would you describe [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] symptoms of Long COVID?

- Manageable symptoms
- Seriously ill, but not requiring hospitalization
- Severe illness (requiring hospitalization)
- Critical illness (life-threatening)
- Do not remember
- Prefer not to answer

[[IF S5 = MIS-C COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A12]

A11.a. At their worst, how would you describe [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] symptoms of MIS-C?

- Manageable symptoms
- Seriously ill, but not requiring hospitalization
- Severe illness (requiring hospitalization)
- Critical illness (life-threatening)
- Do not remember
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A12.a]

A12. Under each heading, please tick the ONE box that describes [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] health AT THE TIME OF being diagnosed with Long COVID:

MOBILITY

- No problems in walking about
- Slight problems in walking about
- Moderate problems in walking about
- Severe problems in walking about
- Unable to walk about
- Not sure

SELF-CARE

- No problems washing or dressing [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Slight problems washing or dressing [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]

- Moderate problems washing or dressing [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Severe problems washing or dressing [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Unable to wash or dress [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Not sure

USUAL ACTIVITIES (e.g. work, study, housework, family, friends, or leisure activities)

- No problems doing [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Slight problems doing [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Moderate problems doing [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Severe problems doing [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Unable to do [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Not sure

PAIN / DISCOMFORT

- No pain or discomfort
- Slight pain or discomfort
- Moderate pain or discomfort
- Severe pain or discomfort
- Extreme pain or discomfort
- Not sure

ANXIETY/DEPRESSION

- Not anxious or depressed
- Slightly anxious or depressed
- Moderately anxious or depressed
- Severely anxious or depressed
- Extremely anxious or depressed
- Not sure

FATIGUE

- No fatigue
- Slight fatigue
- Moderate fatigue
- Severe fatigue
- Extreme fatigue
- Not sure

[[IF S5= MIS-C COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A13]

A12.a. Under each heading, please tick the ONE box that describes [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] health AT THE TIME OF being diagnosed with MIS-C:

MOBILITY

- No problems in walking about
- Slight problems in walking about
- Moderate problems in walking about

- Severe problems in walking about
- Unable to walk about
- Not sure

SELF-CARE

- No problems washing or dressing [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Slight problems washing or dressing [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Moderate problems washing or dressing [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Severe problems washing or dressing [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Unable to wash or dress [INSERT BASED ON S1 RESPONSE: “myself” / “themselves”]
- Not sure

USUAL ACTIVITIES (e.g. work, study, housework, family, friends, or leisure activities)

- No problems doing [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Slight problems doing [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Moderate problems doing [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Severe problems doing [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Unable to do [INSERT BASED ON S1 RESPONSE: “my” / “their”] usual activities
- Not sure

PAIN / DISCOMFORT

- No pain or discomfort
- Slight pain or discomfort
- Moderate pain or discomfort
- Severe pain or discomfort
- Extreme pain or discomfort
- Not sure

ANXIETY/DEPRESSION

- Not anxious or depressed
- Slightly anxious or depressed
- Moderately anxious or depressed
- Severely anxious or depressed
- Extremely anxious or depressed
- Not sure

FATIGUE

- No fatigue
- Slight fatigue
- Moderate fatigue
- Severe fatigue
- Extreme fatigue
- Not sure

[IF S5 = LONG COVID CONTINUE]

[IF S5= BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A13.a]

A13. If [INSERT BASED ON S1 RESPONSE: “you are” / “your child/adolescent is”] currently experiencing symptoms, how long [INSERT BASED ON S1 RESPONSE: “have you” / “has your child/adolescent”] been

experiencing them since [INSERT BASED ON S1 RESPONSE: “your” / “their”] diagnosis of Long COVID was confirmed?

Please select one.

- <4 weeks
- 4-8 weeks
- 9-12 weeks
- 13-16 weeks
- 17-20 weeks
- Over 20 weeks
- Other: _____
- Don't know
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A14]

A13.a. If [INSERT BASED ON S1 RESPONSE: “you are” / “your child/adolescent is”] currently experiencing symptoms, how long [INSERT BASED ON S1 RESPONSE: “have you” / “has your child/adolescent”] been experiencing them since [INSERT BASED ON S1 RESPONSE: “your” / “their”] diagnosis of MIS-C was confirmed?

Please select one.

- <4 weeks
- 4-8 weeks
- 9-12 weeks
- 13-16 weeks
- 17-20 weeks

- Over 20 weeks
- Other: _____
- Don't know
- Prefer not to answer

[ASK TO ALL]

A14. Under each heading, please tick the ONE box that describes [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] health TODAY:

MOBILITY

- No problems in walking about
- Slight problems in walking about
- Moderate problems in walking about
- Severe problems in walking about
- Unable to walk about
- Not sure

SELF-CARE

- No problems washing or dressing [INSERT BASED ON S1 RESPONSE: "myself" / "themselves"]
- Slight problems washing or dressing [INSERT BASED ON S1 RESPONSE: "myself" / "themselves"]
- Moderate problems washing or dressing [INSERT BASED ON S1 RESPONSE: "myself" / "themselves"]
- Severe problems washing or dressing [INSERT BASED ON S1 RESPONSE: "myself" / "themselves"]
- Unable to wash or dress [INSERT BASED ON S1 RESPONSE: "myself" / "themselves"]
- Not sure

USUAL ACTIVITIES (e.g. work, study, housework, family, friends, or leisure activities)

- No problems doing [INSERT BASED ON S1 RESPONSE: "my" / "their"] usual activities
- Slight problems doing [INSERT BASED ON S1 RESPONSE: "my" / "their"] usual activities
- Moderate problems doing [INSERT BASED ON S1 RESPONSE: "my" / "their"] usual activities
- Severe problems doing [INSERT BASED ON S1 RESPONSE: "my" / "their"] usual activities
- Unable to do [INSERT BASED ON S1 RESPONSE: "my" / "their"] usual activities
- Not sure

PAIN / DISCOMFORT

- No pain or discomfort
- Slight pain or discomfort
- Moderate pain or discomfort
- Severe pain or discomfort
- Extreme pain or discomfort
- Not sure

ANXIETY/DEPRESSION

- Not anxious or depressed
- Slightly anxious or depressed
- Moderately anxious or depressed
- Severely anxious or depressed
- Extremely anxious or depressed
- Not sure

FATIGUE

- No fatigue
- Slight fatigue
- Moderate fatigue
- Severe fatigue
- Extreme fatigue
- Not sure

[IF S5= LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A15.a]

A15. Did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] talk to a doctor about experiencing symptoms of Long COVID?

Please select one.

- Yes
- No
- Do not remember
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A16]

A15.a. Did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] talk to a doctor about experiencing symptoms of MIS-C?

Please select one.

- Yes
- No
- Do not remember
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A17]

A16. For Long COVID illness, did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] go to a Long COVID clinic and /or hospital?

Please select all that apply.

- No **[SKIP TO A17]**
- Yes, Long COVID clinic visit **[IF SELECTED, SHOW the question about the date or period of time of last visit: A16.a**
- Yes, admitted to the intensive care unit (ICU) **[IF SELECTED, SHOW the questions about the date or period of time and the duration of the last stay: A16.b**
- Yes, admitted to the hospital **[IF SELECTED, SHOW the questions about the date or period of time and the duration of the last stay: A.16.c**
- Do not remember **[SKIP TO A17]**
- Prefer not to answer **[SKIP TO A17]**

[If 'A16.= Yes, Long COVID clinic visit' is SELECTED, ask to specify the date or period of time of last Long COVID Clinic visit]

A16.a.1. For Long COVID illness, please provide the DATE of the last visit to the Long COVID clinic.

- Date of the last visit to the Long COVID clinic:** [_D][_D]/[_M][_M]/[_2][_0][_Y][_Y]
[PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY AND PROGRAM THE DAY TO BE 01 IF LEFT BLANK]
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF 'Don't know' is SELECTED for A16.a.1. , SHOW the question on the period of time]

A16.a.2. For Long COVID illness, what is the PERIOD OF TIME of the last visit to the Long COVID clinic?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)
- December 2021 to present (Omicron variant of concern)
- Don't know
- Prefer not to answer

[If 'A16.= Yes, admitted to the intensive care unit (ICU) ' is SELECTED, ask to specify the date or period of time and the duration of stay]

A16.b.1. For Long COVID illness, please provide the DATE of the last admission to ICU.

- Date of the last ICU admission for Long COVID illness:** [_D][_D]/[_M][_M]/[_2][_0][_Y][_Y] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY AND PROGRAM THE DAY TO BE 01 IF LEFT BLANK]
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF 'Don't know' is SELECTED for A16.b.1, SHOW the question on the period of time]

A16.b.2. For Long COVID illness, what is the PERIOD OF TIME of the last ICU admission?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)
- December 2021 to present (Omicron variant of concern)
- Don't know
- Prefer not to answer

A16.b.3. For Long COVID illness, roughly how long was the last stay in the ICU?

Please select one.

- <1 week
- 1-2 weeks
- 3-4 weeks
- 5-7 weeks
- >8 weeks
- Other: _____
- Do not remember
- Prefer not to answer

[If 'A16.= Yes, admitted to a hospital ' is SELECTED, ask to specify the date or period of time and the duration of stay]

A16.c.1. For Long COVID illness , please provide the DATE of the last admission to the hospital.

- Date of the last hospital admission for Long COVID illness: [D][D]/[M][M]/[2][0][Y][Y] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY AND PROGRAM THE DAY TO BE 01 IF LEFT BLANK]**
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

IF 'Don't know' is SELECTED for A16.c.1, SHOW the question on the period of time]

A16.c.2. For Long COVID illness, what is the PERIOD OF TIME of the last hospital admission?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)
- December 2021 to present (Omicron variant of concern)
- Don't know
- Prefer not to answer

A16.c.3. For Long COVID illness, roughly how long was the last stay in the hospital?

Please select one.

- <1 week
- 1-2 weeks
- 3-4 weeks
- 5-7 weeks
- >8 weeks
- Other: _____
- Do not remember
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A18]

A17. For MIS-C illness, did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] go to a Long COVID clinic and /or hospital?

Please select all that apply.

- No [SKIP TO A18]
- Yes, Long COVID clinic visit [IF SELECTED, SHOW the question about the date or period of time of last visit: A17.a]
- Yes, admitted to the intensive care unit (ICU) [IF SELECTED, SHOW the questions about the date or period of time and the duration of the last stay: A17.b]
- Yes, admitted to the hospital [IF SELECTED, SHOW the questions about the date or period of time and the duration of the last stay: A.17.c]
- Do not remember [SKIP TO A18]
- Prefer not to answer [SKIP TO A18]

[If ‘A17.= Yes, Long COVID clinic visit’ is SELECTED, ask to specify the date or period of time of last Long COVID Clinic visit]

A17.a.1. For MIS-C illness, please provide the DATE of the last visit to the Long COVID clinic.

- Date of the last visit to the Long COVID clinic: [_D][_D]/[_M][_M]/[_2][_0][_Y][_Y_] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY AND PROGRAM THE DAY TO BE 01 IF LEFT BLANK]
- Don’t know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF ‘Don’t know’ is SELECTED for A17.a.1. , SHOW the question on the period of time]

A17.a.2. For MIS-C illness, what is the PERIOD OF TIME of the last visit to the Long COVID clinic?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)
- December 2021 to present (Omicron variant of concern)
- Don’t know
- Prefer not to answer

[If ‘A17.= Yes, admitted to the intensive care unit (ICU)’ is SELECTED, ask to specify the date or period of time and the duration of stay]

A17.b.1. For MIS-C illness, please provide the DATE of the last admission to the ICU.

- Date of the last ICU admission for MIS-C illness: [_D][_D]/[_M][_M]/[_2][_0][_Y][_Y_] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY AND PROGRAM THE DAY TO BE 01 IF LEFT BLANK]

- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF 'Don't know' is SELECTED for A17.b.1, SHOW the question on the period of time]

A17.b.2. For MIS-C illness, what is the PERIOD OF TIME of the last ICU admission?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)
- December 2021 to present (Omicron variant of concern)
- Don't know
- Prefer not to answer

A17.b.3. For MIS-C illness, roughly how long was the last stay in the ICU?

Please select one.

- <1 week
- 1-2 weeks
- 3-4 weeks
- 5-7 weeks
- >8 weeks
- Other: _____
- Do not remember
- Prefer not to answer

[If 'A17.= Yes, admitted to the hospital ' is SELECTED, ask to specify the date or period of time and the duration of stay]

A17.c.1. For MIS-C illness, please provide the DATE of the last admission to the hospital.

- Date of the last hospital admission for MIS-C illness:
[_D][_D]/[_M][_M]/[_2][_0][_Y][_Y] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 2019, TO THE CURRENT DATE. ACCEPT MONTH/YEAR ONLY AND PROGRAM THE DAY TO BE 01 IF LEFT BLANK]
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

IF 'Don't know' is SELECTED for A17.c.1, SHOW the question on the period of time]

A17.c.2. For MIS-C illness, what is the PERIOD OF TIME of the last hospital admission?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)

- December 2021 to present (**Omicron variant of concern**)
- Don't know
- Prefer not to answer

A17.c.3. For MIS-C illness, roughly how long was the last stay in the hospital?

Please select one.

- <1 week
- 1-2 weeks
- 3-4 weeks
- 5-7 weeks
- >8 weeks
- Other: _____
- Do not remember
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A18.a]

A18. What treatment was/is currently being received for Long COVID?

Please select all that apply.

- Treatment with corticosteroids
- Treatment with antibiotics
- Treatment with lopinavir/ritonavir
- Treatment with monoclonal antibodies
- Intravenous immunoglobulin (IVIG) and glucocorticoids
- Intensive care unit (ICU) Care
- New onset dialysis
- Mechanical ventilation
- Oxygen mask or High flow oxygen
- Other: _____
- Do not remember
- None currently
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A19]

A18.a. What treatment was/ is currently being received for MIS-C illness?

Please select all that apply.

- Treatment with corticosteroids
- Treatment with antibiotics

- Treatment with lopinavir/ritonavir
- Treatment with monoclonal antibodies
- Intravenous immunoglobulin (IVIG) and glucocorticoids
- Anti-inflammatory drugs
- Low dose aspirin
- Intensive care unit (ICU) Care
- New onset dialysis
- Mechanical ventilation
- Oxygen mask or High flow oxygen
- Other: _____
- Do not remember
- None currently
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A19.a]

A19. What is [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] current health status regarding Long COVID?

Please select one.

- Recovered
- Improving
- Deteriorating
- Unknown
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A20]

A19.a. What is [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] current health status regarding MIS-C?

Please select one.

- Recovered
- Improving
- Deteriorating
- Unknown
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5= BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO A20.a]

A20. How much do you agree with the following statement?

[INSERT BASED ON S1 RESPONSE: "I have" / "My child/adolescent has"] fully recovered from Long COVID, and no longer [INSERT BASED ON S1 RESPONSE: "experience" / "experiences"] symptoms"

Please select one.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Do not know
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO B1]

A20.a. How much do you agree with the following statement?

[INSERT BASED ON S1 RESPONSE: "I have" / "My child/adolescent has"] fully recovered from MIS-C, and no longer [INSERT BASED ON S1 RESPONSE: "experience" / "experiences"] symptoms"

Please select one.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Do not know
- Prefer not to answer

Vaccination History [KEEP THE SECTION INFORMATION]

The next few questions are about [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] experiences with vaccination against COVID-19. Remember that all the information you provide is not linked to your name or any other directly identifying information and will be kept confidential.

It is important that we have the most accurate information about [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] immunization.

Please refer to [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] immunization record or booklet when answering the following questions about specific vaccines.

B1. Do you have access to a copy of [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] official immunization record or booklet?

Please select one.

- No [IF No, Pop-up this message: Please have [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] vaccination and hospital records handy, as you will need to refer to specific dates during the survey]
- Yes

B2. What is [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] current COVID-19 vaccination status?

Please select one.

- Zero doses /Unvaccinated [DESIGNATE AS B2.1] [SKIP TO B7]
- Zero doses / Ineligible for any COVID-19 vaccine: didn’t receive any COVID-19 vaccine for a medical reason [DESIGNATE AS B2.2] [SKIP TO B7]
- One dose [DESIGNATE AS B2.3]
- Two doses total [DESIGNATE AS B2.4]
- Three doses total [DESIGNATE AS B2.5]
- Four or more doses total [DESIGNATE AS B2.6]
- Do not remember [DESIGNATE AS B2.7] [SKIP TO B7]
- Prefer not to answer[DESIGNATE AS B2.8] [SKIP TO B7]

[SHOW INTRO TEXT IF B2 DESIGNATION = B2.3 to B2.6]

The following questions are about which COVID-19 vaccines [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] received and at what times.

[IF B2 DESIGNATION = B2.3 to B2.6 CONTINUE OTHERWISE SKIP TO B7]

[IF B2 = B2.3 ONE SET OF THE LOOP <first>]

[IF B2 = B2.4 LOOP 2 TIMES <first, second >]

[IF B2 = B2.5 LOOP 3 TIMES <first, second, third >]

[IF B2= B2.6 LOOP 4 TIMES, <first, second, third, fourth >]

[LOOP QUESTIONS ARE B3, B3.a, B3.b; # LOOPS BASED ON RESPONSE TO B2 DESIGNATION = B2.3 to B2.6; MAX 4 LOOPS]

B3. To the best of your knowledge, please provide the DATE of the < INSERT LOOP > COVID-19 vaccination.

[when B3 is looped, prevent respondents from entering a date that is older than or same as the previous exact date they entered.]

- Date of the < INSERT LOOP > COVID-19 vaccination :
[_D_] [_D_] / [_M_] [_M_] / [_2_] [_0_] [_Y_] [_Y_] [PROGRAM SO THAT THE DATE RANGES FROM NOVEMBER 1st, 2019, TO THE CURRENT DATE. ACCEPT MONTH /YEAR ONLY AND PROGRAM THE DAY TO BE 01 IF LEFT BLANK]
- Don't know [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES = B3.a]
- Prefer not to answer [IF SELECTED, SHOW PERIOD OF TIME DATE RANGES]

[IF 'Don't know' is SELECTED, SHOW the question on the period of time]

[scriptwriter: Please share the date or select only one period of time to prevent the respondent from answering both date and period, they answer only one]

B3.a. What is the PERIOD OF TIME of the < INSERT LOOP > COVID-19 vaccination?

Please select one.

- Before March 2021 (Wild type variant of concern)
- March 2021 to June 2021 (Alpha/Beta/Gamma variants of concern)
- July 2021 to November 2021 (Delta variant of concern)
- December 2021 to present (Omicron variant of concern)
- Don't know
- Prefer not to answer

B3.b. To the best of your knowledge, please provide the brand information of the < INSERT LOOP > COVID-19 vaccination.

Please select one.

- AstraZeneca Vaxzevria
- Janssen Jcovden (Johnson & Johnson)
- Pfizer (don't know which type)
- Pfizer-BioNTech Comirnaty Monovalent (original)
- Pfizer-BioNTech Comirnaty Bivalent (BA.1)
- Pfizer-BioNTech Comirnaty Bivalent (BA.4/BA.5)
- Pfizer-BioNTech Comirnaty Monovalent XBB.1.5
- Moderna (don't know which type)
- Moderna Spikevax Monovalent (original)
- Moderna Spikevax Bivalent (BA.1)

- Moderna Spikevax Bivalent (BA.4/BA.5)
- Moderna Spikevax Monovalent XBB.1.5
- Medicago Covifenz
- Novavax Nuvaxovid
- Can't recall
- Prefer not to answer
- Other

[SHOW QUESTION ONLY IF AT LEAST 1 DOSE WAS SELECTED in B2]

B4. Did [INSERT BASED ON S1 RESPONSE: "you" / "your child/adolescent"] receive any vaccine doses BEFORE the first COVID-19 infection or suspected infection?

Please select one.

- No, [INSERT BASED ON S1 RESPONSE: "I received"/"my child/adolescent received"] zero doses before first infection
- Yes, [INSERT BASED ON S1 RESPONSE: "I received"/"my child/adolescent received"] one dose before first infection
- Yes, [INSERT BASED ON S1 RESPONSE: "I received"/"my child/adolescent received"] two doses before first infection
- Yes, [INSERT BASED ON S1 RESPONSE: "I received"/"my child/adolescent received"] three doses before first infection
- Yes, [INSERT BASED ON S1 RESPONSE: "I received"/"my child/adolescent received"] four or more doses before first infection
- Do not remember
- Prefer not to answer

[SHOW QUESTION ONLY IF AT LEAST 1 DOSE WAS SELECTED in B2]

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

B5. Did [INSERT BASED ON S1 RESPONSE: "you" / "your child/adolescent"] receive any vaccine doses BEFORE or AFTER diagnosis of Long COVID?

Please select one.

- Yes, before Long COVID diagnosis [SHOW B5.a]**
- Yes, after Long COVID diagnosis [SKIP TO B6]**
- Yes, both before and after Long COVID diagnosis[SHOW B5.a]**
- Do not remember [SKIP TO B6]**
- Prefer not to answer [SKIP TO B6]**

B5.a. How many vaccine doses did [INSERT BASED ON S1 RESPONSE: "you" / "your child/adolescent"] receive BEFORE Long COVID diagnosis?

Please select one.

- Zero doses
- One dose
- Two doses
- Three doses
- Four or more doses
- Do not remember
- Prefer not to answer

[SHOW QUESTION ONLY IF AT LEAST 1 DOSE WAS SELECTED in B2]

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

B6. Did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] receive any vaccine doses BEFORE or AFTER diagnosis of MIS-C?

Please select one.

- Yes, before MIS-C diagnosis [SHOW B6.a]**
- Yes, after MIS-C diagnosis[**SKIP TO B7**]
- Yes, both before and after MIS-C diagnosis [**SHOW B6.a**]
- Do not remember [**SKIP TO B7**]
- Prefer not to answer [**SKIP TO B7**]

B6.a. How many vaccine doses did [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] receive BEFORE MIS-C diagnosis?

Please select one.

- Zero doses
- One dose
- Two doses
- Three doses
- Four or more doses
- Do not remember
- Prefer not to answer

[SHOW TO ALL]

B7. [INSERT BASED ON S1 RESPONSE: “Do you”/ “ Does your child/adolescent”] plan on receiving a COVID-19 vaccine or booster (additional) dose in the future?

- Yes
- No
- Do not know
- Prefer not to answer

[SHOW QUESTION ONLY IF 'Zero doses/Unvaccinated' WAS SELECTED IN B2, OTHERWISE SKIP TO B9]

B8. If zero doses or unvaccinated for COVID-19, for what reason(s) have [INSERT BASED ON S1 RESPONSE: “you”/ “your child/adolescent”] not been vaccinated against COVID-19?

Please select all that apply.

[RANDOMIZE ORDER, SELECT ALL THAT APPLY]

- I do not think mRNA COVID-19 vaccines (Pfizer-BioNTech or Moderna) would do any good
- I would like to have more discussions about COVID-19 vaccines with my health care provider
- I have concerns about the effectiveness of COVID-19 vaccines
- I have concerns about the safety of mRNA COVID-19 vaccines
- I have concerns about short-term side effects of COVID-19 vaccines
- I have concerns about the long-term side effects of COVID-19 vaccines
- I had a bad experience or reaction with previous vaccination (e.g., severe vaccine adverse effects)
- I heard or read negative media (e.g., on social media, blogs, forums) about the mRNA COVID-19 vaccines
- I did not know where to get good/reliable information about the mRNA COVID-19 vaccines
- I have concerns about stigma, racism, or discrimination from the health care system
- I have concerns surrounding the frequency of injections and vaccine schedules
- I have religious or spiritual reasons
- I am concerned that it will affect my health
- I don't like needles/injections
- I have already had COVID-19, so I do not need a vaccine
- I don't trust the people who have developed the mRNA COVID-19 vaccines
- [KEEP ORDER] Other, please specify: _____
- [KEEP ORDER] Do not know
- [KEEP ORDER] Prefer not to answer

[SHOW TO ALL]

B9. To what extent were [INSERT BASED ON S1 RESPONSE: “you”/ “your child/adolescent”] hesitant about whether or not to get vaccinated against COVID-19?

For this survey, being hesitant refers to a delay or reluctance in your decision to get vaccinated or not to get vaccinated as soon as the vaccine was available and convenient for you to receive it.

- Very hesitant
- Somewhat hesitant
- Not very hesitant
- Not at all hesitant
- Do not know
- Prefer not to answer

[SHOW TO ALL]

B10. People have many viewpoints on vaccines and their effectiveness or necessity. Please indicate [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s] level of agreement with the following.

To cover the many issues and views on this topic you will see 16 agree/disagree statements. This is a key part of the survey. Please answer all 16 statements.

[GRID ROWS] – RANDOMIZE ORDER

1. In general vaccines are safe and effective
2. COVID-19 vaccines are safe and effective for people with **Long COVID**
3. COVID-19 vaccines are safe and effective for people with **MIS-C**
4. You cannot get a COVID-19 infection from the vaccine
5. Vaccination is a safer way to build immunity against COVID-19 than getting infected
6. I am at risk for more severe outcomes (such as hospitalization, ICU admission, and death) from COVID-19 infection because of a health condition and/or disability
7. I believe that I don’t need to be vaccinated against COVID-19 if I got infected with it already
8. mRNA COVID-19 vaccines do not change my DNA
9. COVID-19 vaccination should be a requirement in school settings and/or any setting with a large group of children (e.g., daycare, sports venues)
10. I have access to enough trustworthy information about COVID-19 vaccines to make an informed decision
11. Additional/booster (more than 2) doses are important to be administered to stay protected against the virus
12. Spiritual or ethical reasons played a role in my decision to get vaccinated or not
13. I follow all public health measures to prevent and/or reduce the spread of COVID-19 (e.g., physical distancing, wearing a mask, etc.)
14. I trust the information from the federal government about COVID-19 vaccines
15. The COVID-19 vaccine was recommended to me by a health care professional
16. The COVID-19 vaccine was available and offered to me

[GRID COLUMNS]

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- Do not know
- Prefer not to answer

[SHOW TO ALL]

B11. Did [INSERT BASED ON S1 RESPONSE: “you”/ “your child/adolescent”] receive a 2023/2024 seasonal influenza vaccination?

- Yes
- No
- Do not know
- Prefer not to answer

[SHOW TO ALL]

B12. Which vaccines [INSERT BASED ON RESPONSE: “have you”/” has your child/adolescent”] already received (check your vaccination record)?

Please select all that apply.

- Chickenpox (Varicella)
- Diphtheria, Tetanus and Pertussis (DTaP) (Given to infants)
- Tetanus, Diphtheria and Pertussis booster (Tdap) (Given to adolescents)
- Haemophilus influenzae type b (Hib)
- Hepatitis B
- Human Papilloma Virus (HPV)
- Influenza (flu)
- Measles
- Meningococcal
- MMR (Measles, Mumps, Rubella)
- MMRV (Measles, Mumps, Rubella, Varicella)
- Mumps
- Pneumococcal
- Polio (IPV) (Poliomyelitis)
- Rotavirus
- Rubella
- Other, please specify: _____

[SHOW TO ALL]

C1. [INSERT BASED ON S1 RESPONSE: “Were you”/ “Was your child/adolescent”] aware of the possibility of developing Long COVID or MIS-C in children/adolescents BEFORE symptoms developed?

Please select one.

- Yes, aware of the possibility of **Long COVID**
- Yes, aware of the possibility of **MIS-C**
- Yes, aware of the possibility of **both Long COVID AND MIS-C**
- No
- Do not remember
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C2.a]

C2. How much [INSERT BASED ON S1 RESPONSE: “do you”/ “does your child/adolescent”] agree with the following statement:

“Accessing information on Long COVID in children/adolescents was easy”

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Do not know
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C3]

C2.a. How much [INSERT BASED ON S1 RESPONSE: “do you”/ “does your child/adolescent”] agree with the following statement:

“Accessing information on MIS-C in children/adolescents was easy”

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Do not know

Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C3.a]

C3. How informed [INSERT BASED ON S1 RESPONSE: “ do you”/ “does your child/adolescent”] feel about Long COVID and its effects on children/adolescents ?

- Very informed
- Somewhat informed
- Neutral
- Somewhat uninformed
- Very uninformed
- Do not know
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C4]

C3.a. How informed [INSERT BASED ON S1 RESPONSE: “ do you”/ “does your child/adolescent”] feel about MIS-C and its effects on children/adolescents?

- Very informed
- Somewhat informed
- Neutral
- Somewhat uninformed
- Very uninformed
- Do not know
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C4.a]

C4. How informed [INSERT BASED ON S1 RESPONSE: “do you”/ “does your child/adolescent”] feel about COVID-19 vaccination against Long COVID and its effectiveness on children/adolescents?

- Very informed
- Somewhat informed
- Neutral
- Somewhat uninformed
- Very uninformed
- Do not know
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C5]

C4.a. How informed [INSERT BASED ON S1 RESPONSE: “do you”/ “does your child/adolescent”] feel about COVID-19 vaccination against MIS-C and its effectiveness on children/adolescents?

- Very informed
- Somewhat informed
- Neutral
- Somewhat uninformed
- Very uninformed
- Do not know
- Prefer not to answer

[SHOW TO ALL]

C5. Where [INSERT BASED ON S1 RESPONSE: “did you seek or are you currently seeking” / “did your child/adolescent seek or is currently seeking”] information on vaccination?

Please select all that apply.

- Medical doctors
- Nurses
- Midwives
- Pharmacists
- Alternative health providers (e.g., naturopaths, homeopaths)
- Family
- Friends
- Medical associations such as the Canadian Paediatric Society
- My local public health clinic
- The Ministry of Health of my province or territory
- The Public Health Agency of Canada and Health Canada
- My Local Community Services Centre (CLSC)
- Social media (e.g., Facebook, Twitter)

- Long COVID clinic
- Other, please specify: _____
- [INSERT BASED ON S1 RESPONSE: “I did not/am not seeking information on immunization”/ “my child/adolescent did not/is not seeking information on immunization”]
- Prefer not to answer

[SHOW TO ALL]

C6. Was there a time during [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] illness that you found it difficult to access a primary health care provider?

- Yes
- No
- Do not remember
- Prefer not to answer

[IF S5= LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C7.a]

C7. How satisfied [INSERT BASED ON S1 RESPONSE: “are you”/ “is your child/adolescent”] with the overall support and guidance received from healthcare providers regarding [INSERT BASED ON S1 RESPONSE: “your”/ “their”] Long COVID illness?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Do not know
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C8]

C7.a. How satisfied [INSERT BASED ON S1 RESPONSE: “are you”/ “is your child/adolescent”] with the overall support and guidance received from healthcare providers regarding [INSERT BASED ON S1 RESPONSE: “your”/ “their”] MIS-C illness?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Do not know
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C8.a]

C8. How satisfied [INSERT BASED ON S1 RESPONSE: “are you”/ “is your child/adolescent”] with the overall quality of care received during [INSERT BASED ON S1 RESPONSE: “your”/ “their”] Long COVID illness?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Do not know
- Prefer not to answer

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C9]

C8.a. How satisfied [INSERT BASED ON S1 RESPONSE: “are you”/ “is your child/adolescent”] with the overall quality of care received during [INSERT BASED ON S1 RESPONSE: “your”/ “their”] MIS-C illness?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Do not know
- Prefer not to answer

[SHOW TO ALL]

C9. How satisfied do you feel with the support you/your family received from support groups?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Do not know
- Prefer not to answer

[SHOW TO ALL]

C9.a. How satisfied do you feel with the support you/your family received from school?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied
- Do not know
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO C10.a]

C10. Indicate how much this EVENT or SITUATION has happened to you and your family since the diagnosis of LONG COVID. This is a key part of the survey. Please answer all statements.

	To a very great extent	To a great extent	To a fairly great extent	To a moderate extent	To a small extent	To a very small extent	Not at all	Not applicable
IN THE PAST YEAR, to <u>what extent</u> do the PEOPLE who work with you and your family:								
Fully explain treatment choices to you and your family?	7	6	5	4	3	2	1	0
Provide opportunities for you and your family to make decisions about treatment?	7	6	5	4	3	2	1	0
Provide opportunities for you and your family to make decisions about COVID-19 vaccines primary series and booster doses?	7	6	5	4	3	2	1	0
Tell to you and your family about the results from assessments?	7	6	5	4	3	2	1	0
Look at you and your family's "whole" emotional needs (e.g. At mental, emotional, and social needs) instead of just at physical needs?	7	6	5	4	3	2	1	0
Make sure that at least one team member is someone who works with you and your family over a long period of time?	7	6	5	4	3	2	1	0
Plan together so they are all working in the same direction?	7	6	5	4	3	2	1	0
Give to you and your family information that is consistent from person to person?	7	6	5	4	3	2	1	0

Help you and your family to feel competent as a parent?	7	6	5	4	3	2	1	0
Provide a caring atmosphere rather than just give information to you and your family?	7	6	5	4	3	2	1	0
Provide enough time to talk so you and your family don't feel rushed?	7	6	5	4	3	2	1	0
Treat you and your family as an equal rather than just a patient or a parent?	7	6	5	4	3	2	1	0
Treat you and your family as an individual rather than as a "typical patient or parent" of a child with Long COVID?	7	6	5	4	3	2	1	0
IN THE PAST YEAR, to what extent does the healthcare facility (hospital/clinic) where you receive the majority of care related to Long COVID:								
Give to you and your family information about the types of care or treatment offered at the healthcare facility, Long COVID clinic or in your community?	7	6	5	4	3	2	1	0
Have information available about Long COVID (e.g., its causes, how it progresses, future outlook)?	7	6	5	4	3	2	1	0
Provide opportunities for you and your entire family to obtain information about Long COVID?	7	6	5	4	3	2	1	0
Provide information about COVID-19 vaccines and resources?	7	6	5	4	3	2	1	0
Provide advice on how to get information to contact other support groups (e.g. Organization's parent resource library, support group, etc.)?	7	6	5	4	3	2	1	0
Have information available to you and your family in various forms, such as a booklet, kit, video, etc.?	7	6	5	4	3	2	1	0

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO S6]

C10.a. Indicate how much this EVENT or SITUATION has happened to you and your family since the diagnosis of MIS-C. This is a key part of the survey. Please answer all statements.

	To a very great extent	To a great extent	To a fairly great extent	To a moderate extent	To a small extent	To a very small extent	Not at all	Not applicable
IN THE PAST YEAR, to what extent do the PEOPLE who work with you and your family:								
Fully explain treatment choices to you and your family?	7	6	5	4	3	2	1	0
Provide opportunities for you and your family to make decisions about treatment?	7	6	5	4	3	2	1	0
Provide opportunities for you and your family to make decisions about COVID-19 vaccines primary series and booster doses?	7	6	5	4	3	2	1	0
Tell to you and your family about the results from assessments?	7	6	5	4	3	2	1	0
Look at you and your family "whole" emotional needs (e.g. At mental, emotional, and social needs) instead of just at physical needs?	7	6	5	4	3	2	1	0
Make sure that at least one team member is someone who works with you and your family over a long period of time?	7	6	5	4	3	2	1	0
Plan together so they are all working in the same direction?	7	6	5	4	3	2	1	0
Give to you and your family information that is consistent from person to person?	7	6	5	4	3	2	1	0
Help you and your family to feel competent as a parent?	7	6	5	4	3	2	1	0
Provide a caring atmosphere rather than just give information to you and your family?	7	6	5	4	3	2	1	0
Provide enough time to talk so you and your family don't feel rushed?	7	6	5	4	3	2	1	0
Treat you and your family as an equal rather than just a patient or a parent?	7	6	5	4	3	2	1	0

Treat you and your family as an individual rather than as a “typical patient or parent” of a child with MIS-C?	7	6	5	4	3	2	1	0
IN THE PAST YEAR, to <u>what extent</u> does the healthcare facility (hospital/clinic) where you receive the majority of care related to MIS-C:								
Give to you and your family information about the types of care or treatment offered at the healthcare facility, Long COVID clinic or in your community?	7	6	5	4	3	2	1	0
Have information available about MIS-C (e.g., its causes, how it progresses, future outlook)?	7	6	5	4	3	2	1	0
Provide opportunities for you and your entire family to obtain information about MIS-C?	7	6	5	4	3	2	1	0
Provide information about COVID-19 vaccines and resources?	7	6	5	4	3	2	1	0
Provide advice on how to get information to contact other support groups (e.g. Organization’s parent resource library, support group, etc.)?	7	6	5	4	3	2	1	0
Have information available to your family and you in various forms, such as a booklet, kit, video, etc.?	7	6	5	4	3	2	1	0

Sociodemographic Factors [KEEP THE SECTION INFORMATION]

[SHOW TO ALL]

S6. What term best expresses how you describe [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] sex assigned at birth?

Please select one.

- Male
- Female
- Intersex
- Prefer to self-describe: _____
- Prefer not to answer

[SHOW TO ALL]

S7. What is [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] gender identity?

Gender refers to [INSERT BASED ON S1 RESPONSE: “your” / “your child/adolescent’s”] current gender which may be different from the sex assigned at birth and may be different from what is indicated on legal documents. As a reminder, please do not type any information that may lead to identification such as a name or contact information.

Please select one.

- Woman (cis-gender female; my sex assigned at birth is the same as my current gender)
- Man (cis-gender male; my sex assigned at birth is the same as my current gender).
- Non-binary
- Transgender woman
- Transgender man
- Two-spirit/bi-spirit
- Another gender, please specify:
- Prefer not to answer

[IF S5 = LONG COVID CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO S9]

S8. What was [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] height and weight at the moment of Long COVID diagnosis?

- Height: __ Centimetre (cm) [RANGE 1 to 299 CM] __ Inch (in) [RANGE 1 to 120 IN]
- Weight: __ Kilogram (kg) [RANGE 1 to 200 KG] __ Pound (lb) [RANGE 1 to 450 LB]
- Don't know [IF SELECTED, SHOW WEIGHT STATUS RANGES S8.a]
- Prefer not to answer

[Scriptwriter: please set up the question for height and weight to allow for either metric or imperial inputs]

S8.a. What was [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] weight status at the moment of Long COVID diagnosis?

- Underweight
- Normal weight
- Overweight
- Obese

[IF S5 = MIS-C CONTINUE]

[IF S5 = BOTH LONG COVID AND MIS-C CONTINUE]

[OTHERWISE, SKIP TO S10]

S9. What was [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] height and weight at the moment of MIS-C diagnosis?

- Height: __ Centimetre (cm) [RANGE 1 to 299 CM] __ Inch (in) [RANGE 1 to 120 IN]
- Weight: __ Kilogram (kg) [RANGE 1 to 200 KG] __ Pound (lb) [RANGE 1 to 450 LB]
- Don't know [IF SELECTED, SHOW WEIGHT STATUS RANGES S9.a]
- Prefer not to answer

[Scriptwriter: please set up the question for height and weight to allow for either metric or imperial inputs]

S9.a. What was [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] weight status at the moment of MIS-C diagnosis?

- Underweight
- Normal weight
- Overweight
- Obese

[SHOW TO ALL]

S10. What is [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] height and weight NOW?

- Height: __ Centimetre (cm) [RANGE 1 to 299 CM] __ Inch (in) [RANGE 1 to 120 IN]
- Weight: __ Kilogram (kg) [RANGE 1 to 200 KG] __ Pound (lb) [RANGE 1 to 450 LB]
- Don't know [IF SELECTED, SHOW WEIGHT STATUS RANGES S10.a]
- Prefer not to answer

[Scriptwriter: please set up the question for height and weight to allow for either metric or imperial inputs]

S10.a. What is [INSERT BASED ON S1 RESPONSE: “your”/ “your child/adolescent’s”] weight status NOW?

- Underweight
- Normal weight
- Overweight
- Obese

[SHOW TO ALL]

S11. Did [INSERT BASED ON S1 RESPONSE: “you”/ “your child/adolescent”] have an underlying medical condition before the initial COVID-19 illness?

- No
- Yes
- Prefer not to answer

S11.a. Please select the underlying medical condition that [INSERT BASED ON S1 RESPONSE: “you” / “your child/adolescent”] had before the initial COVID-19 illness:

Please select all that apply.

- Food allergy
- Seasonal allergies
- Atopic dermatitis
- Asthma
- Kawasaki disease
- Heart problems, such as poor blood flow, inflammation of the heart, inflammation of the sac around the heart, and inflammation of the heart valves Arrhythmia
- Other cardiac disease
- Stroke
- Blood clots
- Postural orthostatic tachycardia syndrome (POTS)
- Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)
- Autoimmune disease
- Type 1 Diabetes
- Type 2 Diabetes
- Gut/stomach disease
- Other endocrine illness
- Renal/kidney disease
- Hepatic disease
- Cancer/blood cancer
- Immune system disease
- Neurological disease
- Respiratory disease other than asthma
- Mast cell activation syndrome (MCAS)
- Fibromyalgia
- Connective tissue disorders
- Hyperlipidemia

- Depression
- Anxiety disorder
- Neurodevelopmental disorder
- Other, please specify: _____

[SHOW TO ALL]

S12. What is the highest level of education that [INSERT BASED ON S1 RESPONSE: “you had”/ “your child/adolescent had”] achieved at the time of Long COVID and/or MIS-C diagnosis?

Please select one.

- Day care or preschool
- Kindergarten
- Grades 1 to 6
- Secondary I-III / Grades 7 to 9
- Secondary IV- V / Grades 10 to 12
- CEGEP, college, or university
- None of the above
- Other, please specify: _____
- Don't know
- Prefer not to answer

[IF S1 IS ON BEHALF OF CHILD/ADOLESCENT (S0.a = 1) OR (S0.a=2 AND S1=1) ASK S13 to S18.a, OTHERWISE SKIP TO S19]

S13. Would you be willing to indicate in which of the following age categories you (as the parent/guardian) belong?

Please select one.

- Under 18
- 18 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 to 79
- 80 or older
- Prefer not to answer

S14. Please indicate your sex assigned at birth (as the parent/guardian).

Please select one.

- Male
- Female
- Intersex
- Prefer to self-describe: _____
- Prefer not to answer

S15. What is your gender identity (as the parent/guardian)?

Gender refers to your current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents. As a reminder, please do not type any information that may lead to identification such as a name or contact information.

Please select one.

- Woman (cis-gender female; my sex assigned at birth is the same as my current gender)
- Man (cis-gender male; my sex assigned at birth is the same as my current gender).
- Non-binary
- Transgender woman
- Transgender man
- Two-spirit/bi-spirit
- Another gender, please specify:
- Prefer not to answer

S16. What is your highest completed educational level (as the parent/legal guardian)?

Please select one.

- Less than a high school diploma or equivalent
- High school diploma or equivalent
- Registered apprenticeship or other trade certificate or diploma
- College/CEGEP or other non-university certificate or diploma
- University certificate or diploma below bachelor's level
- University – bachelor's degree or equivalent
- University – post-graduate degree above bachelor's level or equivalent
- Other, please specify: _____
- Prefer not to answer

S17. What is your annual household income?

Please select one.

- Under \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 and above
- Don't know
- Prefer not to answer

S18. What is your marital status (as the parent/legal guardian)?

Please select one.

- Married (* for QC residents only select "married" category if your marital status is "civil union")
- Living common law
- Never married (not living common law)
- Separated (not living common law)
- Divorced (not living common law)
- Widow/widower (not living common law)
- Other, please specify: _____
- Prefer not to answer

S18a. What is your current COVID-19 vaccination status (as the parent/legal guardian)?

Please select one.

- Zero doses /Unvaccinated
- Zero doses / Ineligible for any COVID-19 vaccine: didn't receive any COVID-19 vaccine for a medical reason
- One dose
- Two doses total
- Three doses total
- Four or more doses total
- Do not remember
- Prefer not to answer

[SHOW TO ALL]

S19. Which of the following best describes your community?

A remote area includes the following:

- **Remote isolated** areas that have no scheduled flights or road access and have minimal telephone or radio service
- **Non-isolated remote** areas where your community is over 90km away from the nearest health service centre where there is a doctor, hospital, clinic, or other health services that can be accessed all year by land or water.

Please select one.

- Urban
- Suburban
- Rural or remote area
- Prefer not to answer

[SHOW TO ALL]

S20. Please provide the first three digits of your postal code: [_H_][_1_]/[_S_]

[SHOW TO ALL]

S21. Do [INSERT BASED ON S1 RESPONSE: "you"/ "does your child/adolescent"] identify as an Indigenous person?

Please select one.

- Yes, First Nations (includes status and non-status individuals)
- Yes, Métis
- Yes, Inuit (Inuk)
- Yes, Native American/North American Indian (U.S.)
- Other Indigenous : _____
- No, [INSERT BASED ON S1 RESPONSE: "I"/ "they"] do not identify as an Indigenous person
- Prefer not to answer

[SHOW TO ALL]

S22. Which of the following best describes the racial or ethnic community that [INSERT BASED ON S1 RESPONSE: "you belong"/ "your child/adolescent belongs"] to? We recognize this list of racial or ethnic identifiers may not exactly match the ideal description.

ASIAN

- East Asian - Chinese
- East Asian – Japanese
- East Asian – Korean
- Southeast Asian – Filipino
- Southeast Asian - Vietnamese, Cambodian, Laotian, Thai
- South Asian (e.g. Indian, Pakistani, Sri Lankan)
- Asian Caribbean (e.g. Guyanese, Trinidadian)
- European (e.g. British, French, Spanish, Portuguese)
- Another (please specify): _____

BLACK

- African (e.g. Ghanaian, Kenyan, Somali)
- Caribbean (e.g. Haitian, Barbadian, Jamaican, Grenadian)
- European (e.g. British, French, Spanish, Portuguese)
- North American (e.g. Canadian, American)
- South and Central American (e.g. Brazilian, Panamanian)
- Another (please specify): _____

LATIN AMERICAN/HISPANIC

- Caribbean (e.g. Cuban, Haitian)
- North American (e.g. Mexican)
- Central American (e.g. Honduran)
- European (e.g. Spanish, Portuguese)

- South American (e.g. Brazilian, Argentinian, Chilean)
- Another (please specify): _____

MIDDLE EASTERN/NORTH AFRICAN/WEST/SOUTHWEST ASIAN

- North African (e.g. Egyptian, Libyan, Moroccan)
- Middle Eastern (e.g. Iraqi, Syrian, Jordanian, Lebanese)
- West Asian (e.g. Iranian, Afghan)
- Another (please specify): _____

WHITE

- European (e.g. British, French, Polish, Russian)
- North American (e.g. Canadian)
- South American (e.g. Brazilian, Argentinian, Chilean)
- Oceania (e.g. Australian, New Zealand)
- African (e.g. South Africa)
- Another (please specify): _____

OTHER RESPONSES

- Multiracial/multiethnic
- Another (please specify): _____
- None of the above

S23. What advice would you give to health authorities on how they can better support young people and their families affected by long COVID/MIS-C?

- [TEXT BOX]
- I have no general comments

Re-Contact and Pretest [KEEP THE SECTION INFORMATION]

The research study involves more than just this survey. **Qualitative group discussions and conversation-style interviews** are also being conducted.

If you would like to be invited to participate in either of these, please complete the subsequent information so we can re-contact you for this purpose.

By consenting to be re-contacted, and providing re-contact information such as your name, email address and telephone number, it may be possible for Ipsos to link your responses to you. Ipsos assures your responses will remain confidential and Ipsos will not provide raw, identifiable data, such as your name, email address or telephone number to other organizations including Health Canada or the Public Health Agency of Canada. It will not be possible to identify any individual in the results.

CONTACT.

Do you consent to be re-contacted?

- I consent
 I do not consent

[If CONSENT, then move to next, if I DO NOT CONSENT go to PRETESTQ]

As you consented to be re-contacted, please provide your name, surname, preferred contact email address and phone number.

First name _____
 Last name _____
 Email address _____
 Please re-enter your email address _____
 Phone number _____
 Please re-enter your phone number _____
 Preferred method of re-contact:
 Email
 Phone
 Both/ No preference

PRETESTQ. Did you have any difficulty answering any questions in this survey? If so, which one(s).

- Yes [TEXT BOX]
 No

This is the end of the survey. On behalf of the Public Health Agency of Canada, we would like to thank you for participating in this survey.

Your answers will provide valuable and relevant information about Post-COVID-19 Conditions in Canada.