

Questions 1 to 6 should only be asked if the child is 3 years and over	
Have you talked to your child about COVID-19?	<input type="checkbox"/> Yes, often <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, once or twice <input type="checkbox"/> No
What feelings about the global COVID-19 situation has your child expressed? <i>Please select all that apply</i>	<input type="checkbox"/> Worry <input type="checkbox"/> Anxiety <input type="checkbox"/> Sadness <input type="checkbox"/> Fear <input type="checkbox"/> I don't know <input type="checkbox"/> None of these
Does your child keep in touch with any friends outside of your household since the global outbreak of COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I Don't know
Does your child talk to someone when they have worries or concerns or needs support (inside or outside the household)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Have you noticed any of the following changes in children's behaviour since the global outbreak of COVID-19?  <i>Please select all that apply</i>	<input type="checkbox"/> Bedwetting <input type="checkbox"/> Sleeping changes <input type="checkbox"/> Changes in appetite <input type="checkbox"/> Changes in emotional regulation <input type="checkbox"/> Unusual crying and screaming <input type="checkbox"/> More withdrawn (like watching TV or doing nothing all day) <input type="checkbox"/> More aggressive behaviour <input type="checkbox"/> Violence against others <input type="checkbox"/> Committing crimes <input type="checkbox"/> Less willingness to help caregivers and siblings <input type="checkbox"/> Other signs of distress <input type="checkbox"/> None of these
What activities do you do with your child?  <i>Please select all that apply</i>	<input type="checkbox"/> I read from a book <input type="checkbox"/> Tell stories <input type="checkbox"/> Drawing, art or craft activities
	<input type="checkbox"/> Play music, sing songs, dance or do other musical activities <input type="checkbox"/> Play with toys or games indoors <input type="checkbox"/> Play outdoor games or exercise together <input type="checkbox"/> Involve child in everyday activities at home, such as cooking <input type="checkbox"/> Watch TV, movies together <input type="checkbox"/> None of these