

Parents/caregivers of more than one child and all of those children were of school age (five years or older) were randomly provided with one of two prompts:

1. Please answer the following questions, thinking about your youngest child of school age.
2. Please answer the following questions, thinking about your eldest child (under 18 years).

Parents/caregivers of more than one child and all of those children were under school age (less than five years) were randomly provided with one of two prompts:

1. Please answer the following questions, thinking about your youngest child.
2. Please answer the following questions, thinking about your eldest child.

Parents/caregivers with only one child, were provided with the following prompt: Please answer the following questions about your child.

How old is your child?	<input type="checkbox"/> Drop down list of ages
What gender is your child?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say/other
Does your child have a chronic health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If Q1 is under 5 years (0-4), skip, otherwise continue.</u> <u>Only ask Q4 for children aged 5 and older for Q1</u>	
<i>If answer to Q1 is 5 or older ask these questions</i>	
Does your child have difficulties hearing even if using a hearing aid?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties seeing even if wearing glasses?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties remembering or concentrating?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties with self-care such as washing or dressing?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties walking or climbing stairs?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all
Does your child have difficulties communicating (for example understanding or being understood)?	<input type="checkbox"/> No difficulty <input type="checkbox"/> Some difficulty <input type="checkbox"/> A lot of difficulty <input type="checkbox"/> Cannot do at all

If the answer to Q3 was Yes (Chronic health condition) or 4 (any difficulty) then ask this

Have you been able to provide your child with their usual regular health and rehabilitation services since the global outbreak of COVID-19?

- Yes
- No