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| <p>Have you or any adult in the household fallen sick due to any illness since the global outbreak of COVID-19?</p> | <p><input type="checkbox"/> Yes (please say how many?) _____</p> <p><input type="checkbox"/> No</p> |
| <p>Have any of your children fallen sick due to any illness since the global outbreak of COVID-19?</p> | <p><input type="checkbox"/> Yes (please say how many?) _____</p> <p><input type="checkbox"/> No</p> |
| <p>What barriers are stopping you accessing health care, medication or menstrual products (if applicable) since the global outbreak of COVID-19?</p> | <p><input type="checkbox"/> There are no barriers</p> <p><input type="checkbox"/> Healthcare centres are closed</p> <p><input type="checkbox"/> Healthcare centres and pharmacies have run out of the medicines we need</p> <p><input type="checkbox"/> The queues are too long, and we cannot get assessed or treated</p> |

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| <p><i>Please select all that apply</i></p> | <input type="checkbox"/> I don't know <input type="checkbox"/> Other (please specify) _____ |
| <p>Apart from those you listed as stopping you from going out, are there any other barriers stopping you accessing meat, dairy, grains, fruits and vegetables since the global outbreak of COVID-19?</p> <p><i>Please select all that apply</i></p> | <input type="checkbox"/> There are no barriers <input type="checkbox"/> Food markets and shops are closed <input type="checkbox"/> Food markets and shops have run out of the food we need <input type="checkbox"/> The queues are too long <input type="checkbox"/> The food is too expensive <input type="checkbox"/> I don't know <input type="checkbox"/> Other (please specify) _____ |
| <p>What items do you NOT have that you and your household need in order to stay healthy during this time?</p> <p><i>Please select all that apply</i></p> | <input type="checkbox"/> Nothing <input type="checkbox"/> Masks <input type="checkbox"/> Sanitiser/soap <input type="checkbox"/> Water delivery <input type="checkbox"/> Food delivery <input type="checkbox"/> Sanitary products <input type="checkbox"/> I don't know <input type="checkbox"/> Other (please specify) _____ |
| <p>What supports can you NOT access that you and your household need in order to stay healthy during this time?</p> <p><i>Please select all that apply</i></p> | <input type="checkbox"/> Nothing <input type="checkbox"/> COVID-19 tests <input type="checkbox"/> Access to remote healthcare services <input type="checkbox"/> Access to in-person health care <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Counselling <input type="checkbox"/> Mental health services <input type="checkbox"/> Medication/medicine <input type="checkbox"/> Domestic violence services <input type="checkbox"/> Help with my assistive device <input type="checkbox"/> Catheter <input type="checkbox"/> Respite care <input type="checkbox"/> I Don't know <input type="checkbox"/> Other (please specify) _____ |
| <p>What other supports do you need, or think you will need during this time?</p> <p><i>Please select all that apply</i></p> | <input type="checkbox"/> Nothing <input type="checkbox"/> Information about COVID-19 <input type="checkbox"/> Money or vouchers <input type="checkbox"/> Internet access <input type="checkbox"/> Children's home schooling/learning materials <input type="checkbox"/> Childcare <input type="checkbox"/> Parenting advice/support <input type="checkbox"/> Financial and budgeting advice/support <input type="checkbox"/> Job/employment support <input type="checkbox"/> I don't know <input type="checkbox"/> Other (please specify) _____ |