What country do you live in?	❑ Drop down list of countries
Where do you live?	❑ City ❑ Large or small town ❑ Village ❑ I don t know
Have you moved where you normally live because of the outbreak of global COVID-19?	❑ Yes ❑ No
Did you travel with children? *Please select all that apply*	❑ No ❑ Yes, with my own children ❑ Yes, with my siblings ❑ Yes, with family member's children ❑ Yes, other unrelated people's children in my care
What city do you currently live in?	Open text response
What state/province do you currently live in?	Open text response
How many weeks have: a. Schools been closed? b. You and any children in your care been confined at (told not to leave) home? c. All shops (except medical and food) been closed?	a. Open text response b. Open text response c. Open text response

For each sub-question enter: *number of weeks* *or* *I don't know/can't remember* *or* *No longer applicable nor closed* *Please type zero (0) if not applicable.*	
Are any of the following stopping you from going out and getting food, health care or medical supplies? *Please select all that apply*	❑ Worry about getting infected by COVID-19 ❑ Government restrictions (i.e. home quarantine or community lockdown etc.) ❑ Lack of transport ❑ Not accessible/shortage ❑ No, none of these
How many children are in your care and live with you now?	❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 or more
What is your relationship to them? *Please select all that apply* *We will now refer to any children in your care as your children, regardless of your relationship to them.*	❑ Parent ❑ Grandparent ❑ Aunt/uncle ❑ Sibling ❑ Foster parent or legal guardian ❑ Head of an institution looking after them ❑ Other related adult ❑ Unrelated adult
What gender and age are your children? *Please round the age to lower age value.* *Note: for 0-11 months, put 0 year; for 13-23 months put 1 year.*	For each child: ❑ Drop downs for gender: ○ Female ○ Male ○ Prefer not to say/other (NA) ❑ Drop down list of ages:
Do you have children that you have been separated from because of global COVID-19?	❑ Yes ❑ No
What gender are you?	❑ Female ❑ Male ❑ Prefer not to say/Other
How old are you?	❑ 18-24 ❑ 25-29 ❑ 30-39 ❑ 40-49 ❑ 50-59

	❑ 60-69 ❑ 70-79 ❑ 80+
Do you or anyone in your family identify as belonging to any minority groups based on: *Please select all that apply*	❑ Indigenous status/ethnicity ❑ Religion ❑ Refugee/ asylum seeker status ❑ Internally displaced people ❑ Prefer not to say ❑ No, no minority groups ❑ Other (please specify) ______________________
Do you have difficulty hearing even if using a hearing aid?	❑ No difficulty ❑ Some difficulty ❑ A lot of difficulty ❑ Cannot do at all
Do you have difficulty seeing even if wearing glasses?	❑ No difficulty ❑ Some difficulty ❑ A lot of difficulty ❑ Cannot do at all
Do you have difficulty remembering or concentrating?	❑ No difficulty ❑ Some difficulty ❑ A lot of difficulty ❑ Cannot do at all
Do you have difficulty with self-care such as washing or dressing?	❑ No difficulty ❑ Some difficulty ❑ A lot of difficulty ❑ Cannot do at all
Do you have difficulty walking or climbing stairs?	❑ No difficulty ❑ Some difficulty ❑ A lot of difficulty ❑ Cannot do at all
Do you have difficulty communicating (for example understanding or being understood)?	❑ No difficulty ❑ Some difficulty ❑ A lot of difficulty ❑ Cannot do at all

This module contains section 1 of Part 1 (pages 25-27) from the full document "Impact of COVID-19 on Children"