

Supplementary Materials

Supplementary Material 1. Socio-demographic questionnaire

1. Sex
 - A. Female
 - B. Male
2. Age
 - _____
3. Relationship status
 - A. Married
 - B. Cohabit
 - C. Separated/Divorced
 - D. Single
 - E. Other: _____
4. Educational levels
 - A. Less than high school
 - B. High school
 - C. More/post more than high school
5. Family Income
 - A. 0–15,000
 - B. 15,001–28,000
 - C. 28,001–55,000
 - D. 55,001–75,000
6. Where do you live?
 - A. Italy
 - B. Other country: _____
7. How many children do you have?
 - _____
8. In the course of the study, you will be asked questions about one of your children. It is important that your child is between 2 and 16 years old. If you have more than one child in this age range, we ask you to answer with respect to one of them.

How old is your child?
 - _____
9. Child's sex
 - A. Female
 - B. Male
10. Do you have a physical or psychiatric diagnosis?
 - A. Yes
 - B. No
11. Are you undergoing psychiatric or psychological treatment?
 - A. Yes
 - B. No
12. Does your child have a physical or psychiatric diagnosis?
 - A. Yes
 - B. No
13. Is your child undergoing psychiatric or psychological treatment?
 - A. Yes
 - B. No

Supplementary Material 2. Covid-19 Risk Index questionnaire

1. During this period of COVID-19 emergency, have you continued to work?
 - A. Yes, regularly, in the same way as before the pandemic
 - B. Yes, regularly, but from home (smart working)
 - C. No, I am not working at the moment (due to holidays, sick leave, etc.)
 - D. No, I lost my job because of the pandemic
 - E. No, I wasn't working before the pandemic either
2. Due to the COVID-19 pandemic, did your child have to attend school lessons from home?
 - A. Yes
 - B. No
3. If yes, did you have to be responsible for its educational management?
 - A. Yes
 - B. No
4. If yes, for how many hours per day?
 - A. 1 – 2 hours
 - B. 2 – 4 hours
 - C. 4 – 6 hours
 - D. More than 6 hours
5. Have you/had you someone to help you in the domestic management of your child/children?
 - A. Yes
 - B. No
6. How much do you feel the changes due to the COVID-19 pandemic have affected your child's daily management?
 - A. Not at all
 - B. A little
 - C. Fairly
 - D. Very much
7. Have you had any symptoms related to COVID-19?
 - A. Yes
 - B. No
8. Have you tested positive for COVID-19?
 - A. Yes
 - B. No
9. Has any of your family members been affected by COVID-19?
 - A. Yes
 - B. No
10. If yes, did any of your family members die due to COVID-19?
 - A. Yes
 - B. No
11. Have any of your friends been affected by COVID-19?
 - A. Yes
 - B. No
12. If yes, did any of your friends die due to COVID-19?
 - A. Yes
 - B. No