

Person Info

Q1.1a. This survey is meant for **parents with at least one child between the ages of 6 and 14.**

We prefer that **parents** take the survey. If either parent is not available we prefer the primary caregiver for the child (e.g., grandparent) answer the questions.

Q1.1b. Who is completing this form?

- ☐ Parent/guardian (self-report)
- ☐ Interviewer (Please identify yourself)

Q1.2. Please fill out the following information about yourself (the parent/guardian).

City	<input type="text"/>
Age	<input type="text"/>
Occupation	<input type="text"/>
Cell Phone	<input type="text"/>

Q1.3. What is the highest level of schooling you have completed?

- ☐ Have not completed high school
- ☐ High School (until 10th grade)
- ☐ Secondary School (until 12th grade)
- ☐ Bachelors Program (B.A., B.Sc., B.Ed., etc.)
- ☐ Masters Program (M.A., M.Sc., M.Ed., etc.)
- ☐ Advanced Graduate Program (Ph.D., M.D.)

☐ Other

Kid Info

Q2.1. How many children (under the age of 18) currently live in your house?

Please input as a number.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

Q2.2.

Please Note

For ALL the questions which follow

Please ONLY answer for your youngest child, aged 6 or above

Q2.2a. What is the age of your youngest child who is between 6 and 14 years old?

- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13

☐ 14

Q2.2b. What is this child's class or grade level?

- ☐ Kindergarten
- ☐ Class 1
- ☐ Class 2
- ☐ Class 3
- ☐ Class 4
- ☐ Class 5
- ☐ Class 6
- ☐ Class 7
- ☐ Class 8

Q2.2c. What is this child's sex?

- ☐ Male
- ☐ Female
- ☐ Other

Q52. Is your child currently attending school?

- ☐ Yes, in-person
- ☐ Yes, online
- ☐ Not attending school
- ☐ Other options (Please describe)

Q2.4. What type of school does your child attend?

- ☐ Public / Government

- ☐ Aided
- ☐ Private
- ☐ No longer enrolled in school
- ☐ Other

Q2.5. Did your child attend any school face-to-face during the COVID-19 Pandemic, **between June 2020 and June 2021?**

- ☐ Yes
- ☐ No

Q2.6. Approximately how many weeks/months did they attend school face-to-face between June 2020 and June 2021?

Q2.7. Did your child participate in any virtual schooling *during that time* (lessons via mobile, computer, TV, tablet, etc.)?

- ☐ Yes
- ☐ No

Q2.8.

Approximately how many hours per week did your child attend virtual school?

Q2.9. How were lessons delivered?

- ☐ Computer

- ☐ Mobile
- ☐ TV
- ☐ Tablet
- ☐ Other

Q2.10. Did your child participate in other educational opportunities *last year* (outside of traditional school?)

Please select all that apply.

- ☐ No
- ☐ Tuition / tutoring
- ☐ Educational groups or pods
- ☐ Therapy
- ☐ Private teacher / coach
- ☐ Distance learning
- ☐ TV programming
- ☐ Worksheets/workbooks
- ☐ Special out-of-school programs
- ☐ Other (Please describe)

Q2.11. In your judgement, how much learning or progress did your child make in the *past year*?

- ☐ made a great deal of academic progress
- ☐ made some academic progress
- ☐ made a tiny bit of academic progress
- ☐ made no academic progress
- ☐ lost academic skills/forgot things that they used to know or how to do

Q2.12. Optional: additional notes about learning progress.

Q2.13. Does your child have a disability?

- ☐ Yes
- ☐ No

Q2.14. What kind of disability? (e.g., learning disability/autism/physical disability/other)

Q2.15. **Between June 2020 and April 2021**, did your child receive services to help them with their disability? (check all that apply)

- ☐ None
- ☐ Private One-on-One Therapy (e.g., speech therapy or physical therapy)
- ☐ Special classes at regular school
- ☐ Special services at school (like speech pathology, special education, etc.)
- ☐ After school therapy center run by a charity or other service organization
- ☐ Private school for children with disabilities
- ☐ Tuition / tutor
- ☐ Other (Please specify)

Q2.17. Given your child's disability, what resources do you wish they had to be successful?

Q2.18. ***During a "typical" day last week***, approximately how many hours did your child spend doing the following activities:

Number of hours

Sleeping

Eating

Playing outside

Socializing with
friends/other children
outside the family

Spent time on mobile /
social media

Played video games /
watched TV and movies

Reading (non-academic),
for example storybooks,
magazines

Online learning
sessions/school

Attending tuition

Working at a job

Doing chores at home

Helping family member with
work (outside of home)

Hobbies

Other

Q2.20.

Has the pandemic changed your thinking about your child's welfare and wellbeing?

Please answer if you are **MORE Concerned** or **LESS Concerned** NOW than you were BEFORE the pandemic started about your child's:

	LESS Concerned than before COVID	Same	MORE Concerned than before COVID
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to food/nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social connection with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time on digital devices — for example, TV, phone, games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2.21.

Have you noticed any psychological changes in your child during the pandemic?

Please answer if you are **MORE Concerned** or **LESS Concerned** NOW than you were BEFORE the pandemic started about your child's:

	LESS than before COVID	Same	MORE than before COVID
Happiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distractedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Withdrawn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	LESS than before COVID	Same	MORE than before COVID
Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boredom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2.23.

What activities did your child engage in to take care of their well-being?

Please check all that apply.

- ☐ Therapy / Counseling
- ☐ Meditation
- ☐ Other (Please describe)
- ☐ none

Q2.24. When your child faced challenges, who was regularly available for assistance? (check all that apply)

- ☐ No one else was available
- ☐ Parent / Guardian
- ☐ Sibling
- ☐ Extended family member
- ☐ Teacher
- ☐ Social worker
- ☐ Mentor/coach
- ☐ Spiritual leader
- ☐ Peers
- ☐ Other (Please specify)

Q2.26. Did any of your children express concerns to you during the pandemic? If so, what was the nature of these?

Q2.27a. As a result of the pandemic, what are the biggest worries you have about your children?

Pandemic reopening

Q3.3. Did the pandemic create financial challenges or opportunities for your family?

Our financial situation is...

- ☐ Much better
- ☐ Somewhat better
- ☐ About the same
- ☐ Somewhat worse
- ☐ Much worse

Q3.5. We are very thankful for the time you spent with us today and the information you provided — in the coming months and years it will help us to address some of the issues you have raised in a meaningful manner.

Additional Questions on Online Learning

If your child has participated in online learning and you're open to discussing more, we do have four short questions related to this topic. Will you be interested in answering them?

- ☐ Yes
- ☐ Yes, but not now (best way to contact again)
- ☐ Not interested

Additional Items about Online Learning

Q4.1.

You previously indicated that your child participated in some amount of virtual or online schooling during the **last year**. The following questions focus on these experiences.

How well did your child enjoy online or virtual schooling?

- ☐ Liked a great deal
- ☐ Liked somewhat
- ☐ Neither liked nor disliked
- ☐ Disliked somewhat
- ☐ Disliked a great deal

Q4.2. How well was your child able to follow along with content shared through online learning?

- ☐ Extremely well
- ☐ Very well
- ☐ Moderately well
- ☐ Slightly well
- ☐ Not well at all

Q4.3. Compared to in-person schooling, how well do you think your child is

learning (or learned) during online school?

- ☐ Much better
- ☐ Better
- ☐ More or less the same
- ☐ Worse
- ☐ Much worse

Q4.4. What challenges, if any, did your child face during online schooling?

- ☐ My child had no challenges with online school.
- ☐ Internet speed/connectivity
- ☐ Tablet / computer reliability
- ☐ Finding a good learning space at home
- ☐ Distractions (Please describe)
- ☐ Lack of interesting content
- ☐ Completing / submitting assignments
- ☐ Other (Please specify)