

Survey questions

Poll 18 – COVID-19 pandemic: Effects on the lives of Australian children and families

We are interested in learning about how the COVID-19 (coronavirus) pandemic is affecting Australian families. We have some questions about how the COVID-19 pandemic is affecting you and your family. Some questions are *about you* and some questions are *about your child/ren*.

Module 1

Question 1

When did COVID-19 start to affect you and your family ***in any way*** (such as your lifestyle, your work, your finances, how you shop, your activities, the activities of your children etc)? Please select one only

- a. COVID-19 has not really affected my life ***in any way***
- b. Jan 2020
- c. Feb 2020
- d. March 2020
- e. April 2020
- f. May 2020 or later

For the remainder of this survey, think of the time before MARCH 2020 as 'BEFORE COVID-19' and the time after MARCH 2020 as 'SINCE COVID-19'.

The next few questions are about your child's use of health services (such as seeing the GP or visiting the hospital) SINCE COVID-19.

Question 2

Since COVID-19, has your child {insert child details} been unwell, sick or injured at all? Please answer separately for each child. {BY CHILD}

Yes/No

If Yes branch to Question 3

Question 3

Since COVID-19, have you delayed or avoided seeing a health care provider (such as GP, nurse or hospital) with your child {insert details of child} when they were sick or unwell?

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Yes/No

If Yes branch to Question 4

Question 4

For what reason(s) did you delay or avoid seeing a health care provider with your child/ren during the COVID-19 pandemic?

Please select all that apply

- a. I was worried that **my child** might catch COVID-19 if I took them to a health care provider (such as the GP, nurse or hospital)
- b. I was worried that **I might** catch COVID-19 if I took my child to a health care provider (such as the GP, nurse or hospital)
- c. I didn't want to burden the GP or hospital because COVID-19 is making them very busy
- d. I wanted to follow the government advice to stay home
- e. I wasn't able to get an appointment with my regular doctor
- f. I don't have a car and was worried about using public transport or a taxi or ride sharing (e.g. Uber) due to COVID-19
- g. I didn't have enough money to pay for my child to see the doctor

Module two

The next few questions are about your child's daily life and habits DURING THE PAST TWO WEEKS.

You will need to answer this set of questions separately for each of your children.

Children can get **physical activity and exercise** in lots of different ways. The total amount of physical activity a child gets in a day can be built up in small blocks of time over the entire day.

Question 5

During the PAST TWO WEEKS, on average, how many days per week has your child {insert child details} exercised or been physically active or moving enough to increase their heart rate or breathing (e.g. running, fast walking, dancing, cycling, ball sports, skipping or energetic play) for **AT LEAST 30 MINUTES** over the day? {BY CHILD}

- Not at all
- 1-2 days per week
- 3-4 days per week
- 5-6 days per week
- Every day

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Question 6

During the PAST TWO WEEKS, on average, how many days per week has your child {insert child details} exercised or been physically active or moving enough to increase their heart rate or breathing (e.g. running, fast walking, dancing, cycling, ball sports, skipping or energetic play) for **AT LEAST 60 MINUTES** over the day? {BY CHILD}

- Not at all
- 1-2 days per week
- 3-4 days per week
- 5-6 days per week
- Every day

Question 7

During the PAST TWO WEEKS, on average how many days per week has your child {insert child details} spent time outdoors? {BY CHILD}

- Not at all
- 1-2 days per week
- 3-4 days per week
- 5-6 days per week
- Every day

The next few questions are about your child's sleep.

Question 8

On average, during the PAST TWO WEEKS approximately how many hours per night did your child {insert child details} sleep?

Less than 6 hours	6 to 7 hours	8 to 9 hours	10 to 11 hours	12 hours or more
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The next few questions are about your child's diet in the past two weeks.

During the PAST TWO WEEKS, on average how many days per week has your child had the following food and drinks? {BY CHILD AGED OVER ONE YEAR ONLY}

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	Every day	Almost every day	4-5 days per week	2-3 days per week	Once a week	Less than once a week	Never
9. soft drinks or other sugar sweetened drinks eg. sports drinks, energy and electrolyte drinks, artificial fruit drinks or cordial							
10. 'treat foods' eg. chips, chocolates, lollies, pizza, cakes, biscuits, fruit bars, pastries							

This question is about screen time and digital media use FOR ENTERTAINMENT. We do NOT want you to include time spent on digital devices for education or school learning.

During the PAST TWO WEEKS, on average, how much time PER DAY did your child spend doing the following:

	None	Under 1 hour	1-3 hours	4-6 hours	More than 6 hours	I don't know
11. Watching TV or digital media eg. Netflix, YouTube, web surfing						
12. Using social media eg. Facetime, Facebook, Instagram, Snapchat, Twitter, TikTok						
13. Playing video games						

Question 14

During the PAST TWO WEEKS, on average how often has your child {insert child details} connected with **their friends in each of the following ways?**

	Not at all	1-2 days	3-4 days	4-6 days	Every day	I don't know

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		per week	per week	per week		
a. In person (face to face) at school/kindergarten/childcare						
b. In person (face to face) <i>outside of</i> school/kindergarten/childcare (Such as playdates, catch-ups with friends, or sporting activities, dance classes etc)						
c. 'Virtual' catch-ups using technology (such as phone, video chat, messenger, email, social media, online gaming etc)						

Question 15

The next few questions are about your child {insert child details} and how some aspects of their life might have changed SINCE COVID-19.

In a typical week **SINCE COVID-19**, how have the following daily behaviours and activities **changed for your child** {insert child details} **when compared to BEFORE COVID-19?**

Please answer separately for each child

	A lot less	A little less	About the same	A little more	A lot more
a. Time spent being physically active					
b. Time spent outdoors					
c. Amount of sleep per day					
d. Difficulty falling or staying asleep					
e. Being connected to friends					

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f. Being connected to you					
g. Being connected to siblings (brother or sister)					
h. Amount of food eaten in general					
i. Amount of unhealthy food eaten					
j. Amount of fruit and vegetables eaten					
k. Amount of time using screens and digital media for entertainment (not school/education)					

Question 16

Being connected to siblings (brother or sister)

A lot less	A little less	About the same	A little more	A lot more
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Please think about your whole family, including **all of your children** when answering the next few questions about your experiences since COVID-19.

Question 17

Some families may have had changes in their **exercise habits and physical activity** SINCE COVID-19. Please rate your level of agreement with the following statements based on **your experience SINCE COVID-19?**

Response scale: Strongly agree, Agree, Disagree, Strongly Disagree

- It has been hard to find ways for my child/ren to be physically active since COVID-19
- Physical activity has been important for my child/ren's mental health since COVID-19
- My child/ren has been reluctant to go outside for physical activity as they thought they might get COVID-19
- I didn't want my child/ren to go outside for physical activity as they might get COVID-19

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- e. I have been too busy to encourage my child/ren to be physically active since COVID-19
- f. My child/ren has had more time for physical activity since COVID-19

Question 18

Some families may have had changes in their diet and eating habits since COVID-19. Please rate your level of agreement with the following statements based on your experience SINCE COVID-19?

Response scale: Strongly Agree, Agree, Disagree, Strongly Disagree

- a. I have given my child more treat foods
- b. I have tried harder than usual to feed my children healthy food
- c. My children have been more involved in preparing meals at home
- d. My family has eaten more meals together
- e. My family has eaten more home-cooked meals
- f. We have had more take-away meals
- g. At times, I have not had enough money to buy all the food my family needs

Question 19

Some families may have had changes in their **screen time and digital media habits** (such as watching TV, playing video games and watching digital media on tablets, i-pads, or mobile phones) since COVID-19. Please rate your level of agreement with the following statements based on **your experience SINCE COVID-19?**

Response scale: Strongly Agree, Agree, Disagree, Strongly Disagree

- a. My child/ren have been able to learn well remotely using digital devices
- b. I relaxed the rules at home on screen and media use
- c. My child/ren developed unhealthy screen habits during the pandemic
- d. I have developed new skills in digital technology
- e. My child/ren have developed new skills in digital technology
- f. Overall, my child/ren's digital media use has been a positive experience
- g. There have been more arguments in our family about digital media use
- h. I plan to reduce the amount of time my child/ren spends on screens and using digital media when they return to school/kindergarten/childcare
- i. My child/ren have used screens and digital media more often to connect with friends and extended family

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Question 20

Some families may have had changes in their **relationships with family and friends** since COVID-19. Please rate your level of agreement with the following statements based on **your experience SINCE COVID-19?**

Response scale: Strongly Agree, Agree, Disagree, Strongly Disagree

- a. We have spent more time together as a family
- b. We have become closer as a family
- c. Our family has had more disagreements and difficulty getting along
- d. My children have developed a closer relationship to each other
- e. I have spent more time reading with my child/ren
- f. I have spent more time playing board games or other hobbies with my child/ren
- g. We have spent more time exercising and being physically active together as a family
- h. The break from extra-curricular activities has been good for our family
- i. Our family has developed new positive habits
- j. My child/ren have found it hard to stay connected with their friends
- k. My child/ren have missed their friends
- l. My child/ren have missed their extended family (aunts, uncles, cousins or grandparents)
- m. My child/ren have felt lonely
- n. I have felt lonely
- o. COVID-19 has given me a chance to think about what is most important for our family

Module 3

The COVID-19 pandemic has affected different people in different ways. The next few questions are about how COVID-19 has affected the health of you and your family.

A person's mental health and wellbeing affects how they *feel, think, behave, and relate to others*. When someone has good mental health they feel good and function well. When someone has difficulties with mental health they may have problems that affect their thoughts, mood, feelings or behaviour. These problems might be temporary and can result from the stresses of life.

Question 21

What would you say the impact of COVID-19 has been on **your** mental health?

- Large positive impact

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- Small positive impact
- No impact
- Small negative impact
- Large negative impact

A child's mental health and wellbeing affects how they *feel, think, behave, and relate to others*.

When a child has good mental health they feel good and function well. When a child has difficulties with mental health they may have problems that affect their thoughts, mood, feelings or behaviour. These problems might be temporary and can result from the stresses of life.

Question 22

What would you say the impact of COVID-19 has been on the mental health OF YOUR CHILD?
Please answer separately for each child

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

Question 23

Which of the following best describes how **you** are managing with life at the moment?

Thriving / Coping / Struggling to cope / Not coping

Question 24

Which of the following best describes how **your child** is managing with life at the moment? Please answer separately for each child {BY CHILD}

Thriving / Coping / Struggling to cope / Not coping