



NatPat COVID-19 Survey

General Instructions

This survey booklet should be completed by a parent/legal guardian of the twins enrolled in NatPAT. The booklet contains questions about your family's home and school experiences due to COVID-19. Please answer each question as best you can - there is no right or wrong answer. Many of the questionnaires in the booklet begin with some instructions, so be sure to read those carefully as you go. Your answers are confidential. If you are uncomfortable answering a certain question, then feel free to leave it blank. The booklet is marked with a special number to protect your family's identity.

You will first answer some general questions about you and your family, and then you will begin to answer questions about each twin individually. When you get to that section, you will see a sticker with the twin's name. Please think of this child as you answer questions in that part of the booklet.

Please complete the items below to help us process your gift card. This front page of the booklet will be removed and stored in a secure location separate from your responses.

If you have any questions as you complete this booklet, please contact us at 850-645-9203. We are also happy to read this booklet to you to help you complete it.

1. Which gift card would you like to receive? (check one)

Walmart \$50 gift card (mailed)

Amazon \$50 gift card (mailed)

2. Permanent contact information (must be completed to receive a gift card):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number (cell preferred): _____

E-mail: _____

3. Twins' school during the 2020-2021 school year: _____

4. Twins' grade in school during the 2020-2021 school year: _____

Section 1

About you and your family

1. A) The person completing this questionnaire is (check one):

- Biological Mother
- Biological Father
- Step mother
- Step father
- Other relative (e.g. grandmother, aunt, etc.) Please specify: _____
- Adoptive or foster parent
- Other, specify: _____

B) Your twins' other adult caregiver in the home is:

- Biological Mother
- Biological Father
- Step mother
- Step father
- Other relative (e.g. grandmother, aunt, etc.) Please specify: _____
- Adoptive or foster parent
- Other, specify: _____
- N/A (there is no other adult caregiver in the home)

2. How many individuals live in your home?

_____ Adults (18 yrs. old or older) _____ Children (younger than 18 yrs. old)

3. What is your current job? (Please be as specific as you can)

4. Do you consider yourself a "frontline" (or essential) worker during COVID-19?

- Yes Sort of No

5. What is your twins' other caregiver's current job? (put N/A if not applicable)

6. Do you consider the other caregiver as a "frontline" (or essential) worker during COVID-19?

- Yes Sort of No N/A (There is no other adult caregiver in the home)

7. What was your job in January 2019? (Please be as specific as you can; put “the same” if it is the same as your response for question 3)

8. What was your twins’ other caregiver’s job in January 2019? (Put N/A if not applicable; put “the same” if it is the same as your response for question 5)

9. What is your ethnicity? (check one):

- Non-Hispanic
- Hispanic / Latino

10. What is your race? (check all that apply):

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Other, specify: _____

11. What race/ethnicity do you identify as? Feel free to use your own words.

12. What is your highest level of school completed? (check one)

- Grade 6 or less
- Grade 7 – 12 (without graduating high school or equivalent)
- Graduated high school or high school equivalent
- Some college
- Graduated from 2-year college
- Graduated from 4-year college
- Attended graduate or professional school without graduating
- Completed graduate or professional school

13. What is the highest level of school the twins’ other caregiver in the home completed? (check one)

- Grade 6 or less
- Grade 7 – 12 (without graduating high school or equivalent)
- Graduated high school or high school equivalent
- Some college
- Graduated from 2-year college
- Graduated from 4-year college
- Attended graduate or professional school without graduating
- Completed graduate or professional school
- N/A (There is no other adult caregiver in the home)

14. What is your current household income? (check one)

- | | |
|--|---|
| <input type="checkbox"/> \$0 – 9,999 | <input type="checkbox"/> \$80,000 – 89,999 |
| <input type="checkbox"/> \$10,000 – 19,999 | <input type="checkbox"/> \$90,000 – 99,999 |
| <input type="checkbox"/> \$20,000 – 29,999 | <input type="checkbox"/> \$100,000 – 109,999 |
| <input type="checkbox"/> \$30,000 – 39,999 | <input type="checkbox"/> \$110,000 – 119,999 |
| <input type="checkbox"/> \$40,000 – 49,999 | <input type="checkbox"/> \$120,000 – 129,999 |
| <input type="checkbox"/> \$50,000 – 59,999 | <input type="checkbox"/> \$130,000 – 139,999 |
| <input type="checkbox"/> \$60,000 – 69,999 | <input type="checkbox"/> \$140,000 – 149,999 |
| <input type="checkbox"/> \$70,000 – 79,999 | <input type="checkbox"/> \$150,000 or more |
| | <input type="checkbox"/> Don't know or prefer not to answer |

15. What was your household income in 2019 (the year before COVID-19)? (check one)

- | | |
|--|---|
| <input type="checkbox"/> \$0 – 9,999 | <input type="checkbox"/> \$80,000 – 89,999 |
| <input type="checkbox"/> \$10,000 – 19,999 | <input type="checkbox"/> \$90,000 – 99,999 |
| <input type="checkbox"/> \$20,000 – 29,999 | <input type="checkbox"/> \$100,000 – 109,999 |
| <input type="checkbox"/> \$30,000 – 39,999 | <input type="checkbox"/> \$110,000 – 119,999 |
| <input type="checkbox"/> \$40,000 – 49,999 | <input type="checkbox"/> \$120,000 – 129,999 |
| <input type="checkbox"/> \$50,000 – 59,999 | <input type="checkbox"/> \$130,000 – 139,999 |
| <input type="checkbox"/> \$60,000 – 69,999 | <input type="checkbox"/> \$140,000 – 149,999 |
| <input type="checkbox"/> \$70,000 – 79,999 | <input type="checkbox"/> \$150,000 or more |
| | <input type="checkbox"/> Don't know or prefer not to answer |

Section 2

Your twins' school life during COVID-19

1. During the part of the 2019-2020 school year before COVID-19 (i.e., up until March 2020), did you feel comfortable interacting with or communicating with your twins' teachers?

Not comfortable Somewhat comfortable Neutral Comfortable Very comfortable

2. During the 2020-2021 school year, did you feel comfortable interacting with or communicating with your twins' teachers?

Not comfortable Somewhat comfortable Neutral Comfortable Very comfortable

3. During 2019-2020 school year before COVID-19 (i.e., up until March 2020), how effective did you feel in dealing with concerns raised by your twins' teachers?

Not effective Somewhat effective Neutral Effective Very effective

4. During the 2020-2021 school year, how effective did you feel in dealing with concerns raised by your twins' teachers?

Not effective Somewhat effective Neutral Effective Very effective

5. During the 2019-2020 school year before COVID-19 (i.e., up until March 2020), how satisfied did you feel after interacting with your twins' teachers?

Not satisfied Somewhat satisfied Neutral Satisfied Very satisfied

6. During the 2020-2021 school year, how satisfied did you feel after interacting with your twins' teachers?

Not satisfied Somewhat satisfied Neutral Satisfied Very satisfied

7. During the 2019-2020 school year before COVID-19 (i.e., up until March 2020), did you feel "qualified" or like an authority in terms of your twins' school achievement?

Not qualified Somewhat qualified Neutral Qualified Very qualified

8. During the 2020-2021 school year, did you feel "qualified" or like an authority in terms of your twins' school achievement?

Not qualified Somewhat qualified Neutral Qualified Very qualified

9. During the 2019-2020 school year before COVID-19 (i.e., up until March 2020), how likely were you to question a teacher's practices or school curriculum?

Not likely Somewhat likely Neutral Likely Very likely

10. During the 2020-2021 school year, how likely were you to question a teacher's practices or school curriculum?

- Not likely Somewhat likely Neutral Likely Very likely

11. During the 2019-2020 school year before COVID-19 (i.e., up until March 2020), did you help your twins with schoolwork?

- Not at all Rarely Sometimes Often Very often

12. During the 2020-2021 school year, did you help your twins with schoolwork?

- Not at all Rarely Sometimes Often Very often

13. The 2019-2020 school year before COVID-19 (i.e., up until March 2020), did you feel it was your responsibility to help your twins with schoolwork?

- Not at all Rarely Sometimes Often Very often

14. During the 2020-2021 school year, did you feel it was your responsibility to help your twins with schoolwork?

- Not at all Rarely Sometimes Often Very often

15. Other than yourself and their teacher, who else helped the twins with their schoolwork during the 2019-2020 school year before COVID-19 (i.e., up until March 2020)? (select all that apply)

- Biological Mother
- Biological Father
- Step mother
- Step father
- Grandparent
- Sibling
- Other family member (e.g. cousin, aunt, etc.)
- Adoptive or foster parent
- Other, specify: _____
- No one else helped

16. Other than yourself and their teacher, who else helped the twins with their schoolwork during the 2020-2021 school year? (select all that apply)

- Biological Mother
- Biological Father
- Step mother
- Step father
- Grandparent
- Sibling
- Other family member (e.g. cousin, aunt, etc.)
- Adoptive or foster parent
- Other, specify: _____
- No one else helped

17. Did your twins' school or school district provide you any of the following to use at home to support your twins' learning during COVID-19? (Please give a response to each even if the answer is "No".)

School Supplied	Yes	No
Laptop or desktop computer	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>
Internet access (i.e., 4G dongle)	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>
Headphones or earbuds	<input type="checkbox"/>	<input type="checkbox"/>
Webcam (for video communication)	<input type="checkbox"/>	<input type="checkbox"/>
Learning apps, software, or other online programs	<input type="checkbox"/>	<input type="checkbox"/>
Printer	<input type="checkbox"/>	<input type="checkbox"/>

18. Did you have to purchase any of the following to use at home to support your twins' learning during COVID-19? (Please give a response to each even if the answer is "No".)

Your family provided	Yes	No
Laptop or desktop computer	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phone	<input type="checkbox"/>	<input type="checkbox"/>
Internet access (i.e., 4G dongle)	<input type="checkbox"/>	<input type="checkbox"/>
Tablet	<input type="checkbox"/>	<input type="checkbox"/>
Headphones or earbuds	<input type="checkbox"/>	<input type="checkbox"/>
Webcam (for video communication)	<input type="checkbox"/>	<input type="checkbox"/>
Learning apps, software, or other online programs	<input type="checkbox"/>	<input type="checkbox"/>
Printer	<input type="checkbox"/>	<input type="checkbox"/>

19. During the 2020-2021 school year, what type(s) of internet did you have at home? (select all that apply)

- Dedicated household internet or wifi
- Dedicated cellular hotspot
- Hotspot through someone's mobile phone
- No Internet at home
- Use public internet sources (e.g., library, restaurants, etc.)
- Other (please describe): _____

20. During the 2020-2021 school year, how reliable has your internet at home been? (circle one)

No problems
with connection

Frequent
connection
problems

1

2

3

4

5

Section 3

Your home life during COVID-19

1. Since COVID-19, were any of the following true in your household?

	Not True	Somewhat True	Very True
Significant decrease (over 10%) in household income	1	2	3
Gone into financial debt	1	2	3
Job disruption or loss (myself or other caregiver)	1	2	3
Could not access essential supplies (e.g., sanitizer, soap, toilet paper) even when they were available	1	2	3
Overwhelmed by the amount of COVID-19 news coverage	1	2	3
Applied for employment insurance or government assistance	1	2	3
Experienced significant delays in receiving employment insurance or government assistance (leave blank if did not apply)	1	2	3
Became concerned about providing for my family	1	2	3
Became stressed by crowded grocery stores and shopping centers	1	2	3
Experienced increased arguments with family members	1	2	3
Experienced increased emotional withdrawal from family members	1	2	3
Children became harder to manage	1	2	3
Was not able to access educational materials for children	1	2	3
More relationship conflicts with my partner (leave blank if not in a relationship)	1	2	3
Struggled emotionally with the loss of routine	1	2	3
Felt crowded in my living space	1	2	3
Significant anxiety/panic about danger to myself or loved ones	1	2	3
Difficulty in finding or keeping childcare	1	2	3

2. At the beginning of the pandemic, how did you perceive COVID-19 as a risk...

	No risk	Low risk	Moderate risk	High risk
...to your physical health?	1	2	3	4
...to your twins' physical health?	1	2	3	4
...to your mental health?	1	2	3	4
...to your twins' mental health?	1	2	3	4
...to your family's financial situation?	1	2	3	4
...to your twins' education?	1	2	3	4

3. Looking back, do you think your perceptions of COVID-19 as a risk...

	Not at all justified	Very little justified	Somewhat justified	Very justified
...to your physical health was justified?	1	2	3	4
...to your twins' physical health was justified?	1	2	3	4
...to your mental health was justified?	1	2	3	4
...to your twins' mental health was justified?	1	2	3	4
...to your family's financial situation was justified?	1	2	3	4
...to your twins' education was justified?	1	2	3	4

4. During the 2020-2021 school year, how difficult was it for you to cover your expenses and pay all your bills?

- Very difficult Somewhat difficult Not at all difficult

5. During the 2020-2021 school year, how often were you able to afford to eat how you normally do?

- Not at all Rarely Sometimes Often Very often

6. Think of the support you receive from people close to you (such as family, friends, close co-workers, neighbors). Support can be related to financial help, child care, advice, house chores, giving rides, etc. During COVID-19, was there an increase or decrease in the amount of support as before COVID-19?

- Big increase Increase No change Decrease Big decrease

7. To what extent has COVID-19 had a negative effect on the mental health of ...

	Not at all	A little	Somewhat	Much	Very much
You	1	2	3	4	5
Your spouse/partner (leave blank if not in a relationship)	1	2	3	4	5

8. On a scale of 0 (not at all) to 10 (very much), how stressful has COVID-19 been for you? (circle one)

0 1 2 3 4 5 6 7 8 9 10

9. During the last 30 days, about how often did...

	None of the time	A little of the time	Some of the time	Most of the time	All the time
... you feel depressed?	1	2	3	4	5
... you feel so depressed that nothing could cheer you up?	1	2	3	4	5
... you feel hopeless?	1	2	3	4	5
... you feel restless or fidgety?	1	2	3	4	5
... you feel so restless that could not sit still?	1	2	3	4	5
... you feel tired out for no good reason?	1	2	3	4	5
... you feel that everything was an effort?	1	2	3	4	5
... you feel worthless?	1	2	3	4	5
... you feel nervous?	1	2	3	4	5
... you feel so nervous that nothing could calm you down?	1	2	3	4	5

Section 4

For the following questions, think **ONLY** of...

1. Children had very different experiences with how they went to school during the 2020-2021 school year. We would like to know what happened with your child. Please select how your child went to school, and the dates that applies. If your child switched how they were going to school, you can fill out multiple rows. You do not need to account for normal school holidays with the dates.

	Dates
<input type="checkbox"/> In-person at typical school (physically went to school)	Start (MM/YY): _____
<input type="checkbox"/> In-person at "school pod" or other temporary school	Finish (MM/YY): _____
<input type="checkbox"/> Online	<input type="checkbox"/> The whole school year (Skip to the next page)
<input type="checkbox"/> Hybrid (combination of both in-person and online)	
<input type="checkbox"/> Homeschooled	
<input type="checkbox"/> Did not go to school/Unschool	
	Dates
<input type="checkbox"/> In-person at typical school (physically went to school)	Start (MM/YY): _____
<input type="checkbox"/> In-person at "school pod" or other temporary school	Finish (MM/YY): _____
<input type="checkbox"/> Online	
<input type="checkbox"/> Hybrid (combination of both in-person and online)	
<input type="checkbox"/> Homeschooled	
<input type="checkbox"/> Did not go to school/Unschool	
	Dates
<input type="checkbox"/> In-person at typical school (physically went to school)	Start (MM/YY): _____
<input type="checkbox"/> In-person at "school pod" or other temporary school	Finish (MM/YY): _____
<input type="checkbox"/> Online	
<input type="checkbox"/> Hybrid (combination of both in-person and online)	
<input type="checkbox"/> Homeschooled	
<input type="checkbox"/> Did not go to school/Unschool	
	Dates
<input type="checkbox"/> In-person at typical school (physically went to school)	Start (MM/YY): _____
<input type="checkbox"/> In-person at "school pod" or other temporary school	Finish (MM/YY): _____
<input type="checkbox"/> Online	
<input type="checkbox"/> Hybrid (combination of both in-person and online)	
<input type="checkbox"/> Homeschooled	
<input type="checkbox"/> Did not go to school/Unschool	
	Dates
<input type="checkbox"/> In-person at typical school (physically went to school)	Start (MM/YY): _____
<input type="checkbox"/> In-person at "school pod" or other temporary school	Finish (MM/YY): _____
<input type="checkbox"/> Online	
<input type="checkbox"/> Hybrid (combination of both in-person and online)	
<input type="checkbox"/> Homeschooled	
<input type="checkbox"/> Did not go to school/Unschool	

2. In your opinion, how different has it been for your child to do the following during COVID-19 compared to before COVID-19?

	Much harder	Harder	About the same	Easier	Much easier
Get their schoolwork done because of other responsibilities at home (taking care of children, family)?	1	2	3	4	5
Get their schoolwork done because of the home environment (internet, computers, tension, space)?	1	2	3	4	5
Focus on their schoolwork	1	2	3	4	5
Finish their schoolwork	1	2	3	4	5
Find motivation to start or complete schoolwork	1	2	3	4	5
Manage frustration about their schoolwork	1	2	3	4	5
Work on their schoolwork on their own	1	2	3	4	5
Stay interested in their schoolwork	1	2	3	4	5

3. Did your child regularly receive any of the following supports or services at school before COVID-19 or during the 2020-2021 school year? (Please give a response to each even if the answer is “No”.)

	Before COVID-19	During the 2020-2021 school year
School counseling or therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tutoring/help with schoolwork or homework	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extended time to complete work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified assignments or tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical or occupational therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech or language therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meals provided by school	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Does your child require any special services at school? Check all that apply:

- Special Education
- 504 Plan/IEP
- RTI
- Gifted/Enriched Programming
- Other (please describe): _____
- None apply, my child doesn't require special services at school (Skip to Question 7)

If yes, please check all that apply for your child:

- Intellectual Disabilities
- Hearing Impairments
- Deafness
- Speech or Language Impairment (SLI/DLD)
- Visual Impairment including Blindness
- Emotional Disturbance
- Orthopedic Impairment
- Other Health Impairment (e.g., ADHD)
- Specific Learning Disability (SLD)
- Traumatic Brain Injury
- Autism Spectrum Disorder
- Developmental Delay

5. If your child requires special services at school, how satisfied are you with the services provided during the part of the 2019-2020 school year before COVID-19 (i.e., up until March 2020)?

- Not satisfied Somewhat satisfied Neutral Satisfied Very satisfied

6. If your child requires special services at school, how satisfied are you with the services provided during the 2020-2021 school year?

Not satisfied Somewhat satisfied Neutral Satisfied Very satisfied

7. During the part of the 2019-2020 school year before COVID-19 (i.e., up until March 2020) please indicate how often your child participated in the following activities after school (e.g., after 3pm).

	Never	Once a week	Twice a week	Three times a week	Four times a week	Five times a week or more
Educational lessons or activities, such as Spanish club	0	1	2	3	4	5
Art or music lessons, such as piano	0	1	2	3	4	5
Youth organizations, such as Boy Scouts	0	1	2	3	4	5
Individual sports with a coach or instructor, such as tennis	0	1	2	3	4	5
Team sports with a coach or instructor, such as baseball	0	1	2	3	4	5
Sports and/or exercise for fun	0	1	2	3	4	5
Homework	0	1	2	3	4	5
Watch TV	0	1	2	3	4	5
Video or computer games	0	1	2	3	4	5
Instant messaging	0	1	2	3	4	5
Read for fun	0	1	2	3	4	5
Household chores	0	1	2	3	4	5
Practice a musical instrument	0	1	2	3	4	5
Arts & crafts	0	1	2	3	4	5
Hang out with friends	0	1	2	3	4	5

8. During the 2020-2021 school year, please indicate how often your child participated in the following activities after school (e.g., after 3pm).

	Never	Once a week	Twice a week	Three times a week	Four times a week	Five times a week or more
Educational lessons or activities, such as Spanish club	0	1	2	3	4	5
Art or music lessons, such as piano	0	1	2	3	4	5
Youth organizations, such as Boy Scouts	0	1	2	3	4	5
Individual sports with a coach or instructor, such as tennis	0	1	2	3	4	5
Team sports with a coach or instructor, such as baseball	0	1	2	3	4	5
Sports and/or exercise for fun	0	1	2	3	4	5
Homework	0	1	2	3	4	5
Watch TV	0	1	2	3	4	5
Video or computer games	0	1	2	3	4	5
Instant messaging	0	1	2	3	4	5
Read for fun	0	1	2	3	4	5
Household chores	0	1	2	3	4	5
Practice a musical instrument	0	1	2	3	4	5
Arts & crafts	0	1	2	3	4	5
Hang out with friends	0	1	2	3	4	5

9. How has COVID-19 influenced the interactions of your child with their peers?

	Decreased dramatically	Decreased a bit	Stayed the same	Increased a bit	Increased dramatically
Face-to-face contact	1	2	3	4	5
Contact through social media	1	2	3	4	5
Number of friends	1	2	3	4	5
Conflict with friends	1	2	3	4	5

10. To what extent has COVID-19 had a negative effect on the mental health of your child?

- Not at all
 A little
 Somewhat
 Much
 Very much

11. Before COVID-19, how stressful were your parenting experiences with your child?

- Not at all
 A little
 Somewhat
 Much
 Very much

12. During COVID-19, how stressful were your parenting experiences with your child?

- Not at all
 A little
 Somewhat
 Much
 Very much

13. For each item, please select “Not True”, “Somewhat True” or “Certainly True”. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems odd! Please give your answers on the basis of how your child has been *over the last six months*.

	Not true	Somewhat true	Certainly true
Considerate of other people’s feelings	1	2	3
Restless, overactive, cannot stay still for long	1	2	3
Often complains of headaches, stomach-aches or sickness	1	2	3
Shares readily with others (food, games, pens etc.)	1	2	3
Often has temper tantrums or hot temper	1	2	3
Rather solitary, tends to play alone	1	2	3
Generally obedient, usually does what adults request	1	2	3
Many worries, often seems worried	1	2	3
Helpful if someone is hurt, upset or feeling ill	1	2	3
Constantly fidgeting or squirming	1	2	3
Has at least one good friend	1	2	3
Often fights with other children or bullies them	1	2	3
Often unhappy, down-hearted or tearful	1	2	3
Generally liked by other children	1	2	3
Easily distracted, concentration wanders	1	2	3
Nervous or clingy in new situations; easily loses confidence	1	2	3
Kind to younger children	1	2	3
Often lies or cheats	1	2	3
Picked on or bullied by other children	1	2	3
Often volunteers to help others (parents, teachers, children)	1	2	3
Thinks things out before acting	1	2	3
Steals from home, school or elsewhere	1	2	3
Gets on better with adults than with other children	1	2	3
Many fears, easily scared	1	2	3
Sees tasks through to the end, good attention span	1	2	3

Section 5

For the following questions, think **ONLY** of...

1. Children had very different experiences with how they went to school during the 2020-2021 school year. We would like to know what happened with your child. Please select how your child went to school, and the dates that applies. If your child switched how they were going to school, you can fill out multiple rows. You do not need to account for normal school holidays with the dates.

	Dates
<input type="checkbox"/> In-person at typical school (physically went to school)	Start (MM/YY): _____
<input type="checkbox"/> In-person at "school pod" or other temporary school	Finish (MM/YY): _____
<input type="checkbox"/> Online	<input type="checkbox"/> The whole school year (Skip to the next page)
<input type="checkbox"/> Hybrid (combination of both in-person and online)	
<input type="checkbox"/> Homeschooled	
<input type="checkbox"/> Did not go to school/Unschool	
	Dates
<input type="checkbox"/> In-person at typical school (physically went to school)	Start (MM/YY): _____
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<input type="checkbox"/> In-person at typical school (physically went to school)	Start (MM/YY): _____
<input type="checkbox"/> In-person at "school pod" or other temporary school	Finish (MM/YY): _____
<input type="checkbox"/> Online	
<input type="checkbox"/> Hybrid (combination of both in-person and online)	
<input type="checkbox"/> Homeschooled	
<input type="checkbox"/> Did not go to school/Unschool	

2. In your opinion, how different has it been for your child to do the following during COVID-19 compared to before COVID-19?

	Much harder	Harder	About the same	Easier	Much easier
Get their schoolwork done because of other responsibilities at home (taking care of children, family)?	1	2	3	4	5
Get their schoolwork done because of the home environment (internet, computers, tension, space)?	1	2	3	4	5
Focus on their schoolwork	1	2	3	4	5
Finish their schoolwork	1	2	3	4	5
Find motivation to start or complete schoolwork	1	2	3	4	5
Manage frustration about their schoolwork	1	2	3	4	5
Work on their schoolwork on their own	1	2	3	4	5
Stay interested in their schoolwork	1	2	3	4	5

3. Did your child regularly receive any of the following supports or services at school before COVID-19 or during the 2020-2021 school year? (Please give a response to each even if the answer is “No”.)

	Before COVID-19	During the 2020-2021 school year
School counseling or therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tutoring/help with schoolwork or homework	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extended time to complete work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified assignments or tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical or occupational therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech or language therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meals provided by school	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Does your child require any special services at school? Check all that apply:

- Special Education
- 504 Plan/IEP
- RTI
- Gifted/Enriched Programming
- Other (please describe): _____
- None apply, my child doesn't require special services at school (Skip to Question 7)

If yes, please check all that apply for your child:

- Intellectual Disabilities
- Hearing Impairments
- Deafness
- Speech of Language Impairment (SLI/DLD)
- Visual Impairment including Blindness
- Emotional Disturbance
- Orthopedic Impairment
- Other Health Impairment (e.g., ADHD)
- Specific Learning Disability (SLD)
- Traumatic Brain Injury
- Autism Spectrum Disorder
- Developmental Delay

5. If your child requires special services at school, how satisfied are you with the services provided during the part of the 2019-2020 school year before COVID-19 (i.e., up until March 2020)?

- Not satisfied Somewhat satisfied Neutral Satisfied Very satisfied

6. If your child requires special services at school, how satisfied are you with the services provided during the 2020-2021 school year?

Not satisfied Somewhat satisfied Neutral Satisfied Very satisfied

7. During the part of the 2019-2020 school year before COVID-19 (i.e., up until March 2020) please indicate how often your child participated in the following activities after school (e.g., after 3pm).

	Never	Once a week	Twice a week	Three times a week	Four times a week	Five times a week or more
Educational lessons or activities, such as Spanish club	0	1	2	3	4	5
Art or music lessons, such as piano	0	1	2	3	4	5
Youth organizations, such as Boy Scouts	0	1	2	3	4	5
Individual sports with a coach or instructor, such as tennis	0	1	2	3	4	5
Team sports with a coach or instructor, such as baseball	0	1	2	3	4	5
Sports and/or exercise for fun	0	1	2	3	4	5
Homework	0	1	2	3	4	5
Watch TV	0	1	2	3	4	5
Video or computer games	0	1	2	3	4	5
Instant messaging	0	1	2	3	4	5
Read for fun	0	1	2	3	4	5
Household chores	0	1	2	3	4	5
Practice a musical instrument	0	1	2	3	4	5
Arts & crafts	0	1	2	3	4	5
Hang out with friends	0	1	2	3	4	5

8. During the 2020-2021 school year, please indicate how often your child participated in the following activities after school (e.g., after 3pm).

	Never	Once a week	Twice a week	Three times a week	Four times a week	Five times a week or more
Educational lessons or activities, such as Spanish club	0	1	2	3	4	5
Art or music lessons, such as piano	0	1	2	3	4	5
Youth organizations, such as Boy Scouts	0	1	2	3	4	5
Individual sports with a coach or instructor, such as tennis	0	1	2	3	4	5
Team sports with a coach or instructor, such as baseball	0	1	2	3	4	5
Sports and/or exercise for fun	0	1	2	3	4	5
Homework	0	1	2	3	4	5
Watch TV	0	1	2	3	4	5
Video or computer games	0	1	2	3	4	5
Instant messaging	0	1	2	3	4	5
Read for fun	0	1	2	3	4	5
Household chores	0	1	2	3	4	5
Practice a musical instrument	0	1	2	3	4	5
Arts & crafts	0	1	2	3	4	5
Hang out with friends	0	1	2	3	4	5

9. How has COVID-19 influenced the interactions of your child with their peers?

	Decreased dramatically	Decreased a bit	Stayed the same	Increased a bit	Increased dramatically
Face-to-face contact	1	2	3	4	5
Contact through social media	1	2	3	4	5
Number of friends	1	2	3	4	5
Conflict with friends	1	2	3	4	5

10. To what extent has COVID-19 had a negative effect on the mental health of your child?

- Not at all A little Somewhat Much Very much

11. Before COVID-19, how stressful were your parenting experiences with your child?

- Not at all A little Somewhat Much Very much

12. During COVID-19, how stressful were your parenting experiences with your child?

- Not at all A little Somewhat Much Very much

13. Please choose “Not True”, or “Somewhat True” or “Certainly True”. Answer all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how your child has been *over the last six months*.

	Not true	Somewhat true	Certainly true
Considerate of other people’s feelings	1	2	3
Restless, overactive, cannot stay still for long	1	2	3
Often complains of headaches, stomach-aches or sickness	1	2	3
Shares readily with others (food, games, pens etc.)	1	2	3
Often has temper tantrums or hot temper	1	2	3
Rather solitary, tends to play alone	1	2	3
Generally obedient, usually does what adults request	1	2	3
Many worries, often seems worried	1	2	3
Helpful if someone is hurt, upset or feeling ill	1	2	3
Constantly fidgeting or squirming	1	2	3
Has at least one good friend	1	2	3
Often fights with other children or bullies them	1	2	3
Often unhappy, down-hearted or tearful	1	2	3
Generally liked by other children	1	2	3
Easily distracted, concentration wanders	1	2	3
Nervous or clingy in new situations; easily loses confidence	1	2	3
Kind to younger children	1	2	3
Often lies or cheats	1	2	3
Picked on or bullied by other children	1	2	3
Often volunteers to help others (parents, teachers, children)	1	2	3
Thinks things out before acting	1	2	3
Steals from home, school or elsewhere	1	2	3
Gets on better with adults than with other children	1	2	3
Many fears, easily scared	1	2	3
Sees tasks through to the end, good attention span	1	2	3

>>>>> THANK YOU! THIS IS THE END OF THIS SURVEY <<<<<<<

>>>> Please put both this survey and the signed consent form in the return envelope <<<<