

# C -SPACE study

COVID-19: Supporting Parents, Adolescents  
and Children during Epidemics

## Parent & Adolescent Survey Items

Version 9  
26/08/2020



## PARENT ITEMS

### BASELINE SURVEY ONLY

#### ABOUT YOU AND YOUR FAMILY

Where do you live?

*Drop down menu*

Scotland
Northern Ireland
Wales
North East England
North West England
Yorkshire and the Humber
West Midlands
East Midlands
South West England
South East England
East of England
Greater London

If “Yorkshire and the Humber” is selected:

Do you have a child in **year 5** at any of the following schools?

- Willow Tree Multi Academy Trust, Rotherham
- Herringthorpe Junior, Rotherham
- Greasbrough Primary, Rotherham
- Roughwood Primary, Rotherham
- Rockingham Junior & Infant, Rotherham
- Denby First School, Upper Denby, Huddersfield
- Honley CE (VC) Junior School, Holmfirth
- The Halifax Academy, Halifax

Yes
No

If yes, please indicate which school your **year 5 child** attends: (NB will add location to this too)

Willow Tree Multi Academy Trust, Rotherham
Herringthorpe Junior, Rotherham
Greasbrough Primary, Rotherham
Roughwood Primary, Rotherham
Rockingham Junior & Infant, Rotherham
Denby First School, Upper Denby, Huddersfield

Honley CE (VC) Junior School, Holmfirth
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The Halifax Academy, Halifax
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Your gender:

Male
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Female
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Other/prefer not to say
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If you are a parent/carer with a child/children who is in **year 5** at one of the above named schools, please answer the following questions about your **year 5 child**.

We are afraid that you are only allowed to answer the questionnaire for one child, so if you have **more than one child in year 5** at one of the above names schools, we would like you to answer all of the questions about **one particular child**. If this is the case, you might want to make a note of which child you have decided to answer the questions about, so that you can remember when you complete the follow-up surveys.

*If any location other than “Yorkshire and the Humber” is selected:*

Your gender:

Male
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Female
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Other/prefer not to say
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We are afraid that you are only allowed to answer the questionnaire for one child, so if you have more than one child in your family, we would like you to answer all of the questions about one particular child.

You can **pick whichever of your children you like** as long as they are in year 0 (foundation/reception) to year 11 at school.

If you have more than one child, you might want to make a note of which child you have decided to answer the questions about, so that you can remember when you complete the follow-up surveys.

In baseline survey, question about child’s age (also given at subsequent waves) will be given here.

Your child's gender:

Male
Female
Other/prefer not to say

Your relationship to your child:

Parent
Step-parent
Grandparent
Other

Your child is:

*Drop down menu*

Neither fostered nor adopted
Fostered
Adopted

What is your ethnicity?

Asian/British – Indian, Pakistani, Bangladeshi, other
Black/Black British – Caribbean, African, other
Mixed race – White and Black/Black British
Mixed race – other
White – British, Irish, other
Chinese/Chinese British
Middle Eastern/Middle Eastern British – Arab, Turkish, other
Other ethnic group
Prefer not to say

Is your child's ethnicity the same or different to yours?

Same
Different

*If different:*

What is your child's ethnicity?

Asian/British – Indian, Pakistani, Bangladeshi, other
Black/Black British – Caribbean, African, other
Mixed race – White and Black/Black British
Mixed race – other
White – British, Irish, other
Chinese/Chinese British
Middle Eastern/Middle Eastern British – Arab, Turkish, other
Other ethnic group
Prefer not to say

How is your child usually educated?

State school
Independent school
Special provision school
Home educated

Does your child have any special educational needs?

Yes
No

*If yes:*

What type of special educational needs?

Communicating and interacting
Cognition and learning
Social, emotional and mental health difficulties
Sensory and/or physical needs

Was your child receiving support for any of the following before lockdown came into place in March 2020?

- Mental health/emotional/behavioural difficulties
- Support from social services
- Educational support

Yes
No

*If yes:*

Which of the following did your child receive support for? (multiple selections allowed)

Mental health/emotional/behavioural difficulties
Support from social services
Educational support

Was this support stopped or postponed due to Covid-19?

Yes
No

*If yes:*

Has this support re-started again?

No
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Yes, but not the same amount as before
Yes, the same amount as before

If no:

Has your child started receiving support since lockdown came into place in March 2020?

No
Yes, for mental health/emotional/behavioural difficulties
Yes, support from social services
Yes, educational support

We'd like to know who lives in your household\*. Please tell us how many of each type of person, **including yourself**. For example, if the child has two brothers, type 2 in the Child's brother box.

\*Household = people living in the same house as your child

	Number of each household member
Child I am answering about	
Child's mother	
Child's father	
Child's step-mother	
Child's step-father	
Child parent's partner	
Child's brother	
Child's sister	
Child's foster brother	
Child's foster sister	
Child's step-brother	
Child's step-sister	
Child's grandmother	
Child's grandfather	
Child's other relative	
Child's other non-relative	
<b>Total</b>	

Please list the age of all those living in your household: Age in years

How many rooms are in your home?

- Not including any bathrooms or toilets
- If you live in a shared house only count the rooms that are open to you to use
- If you live in a block of flats, only count rooms in your flat

Drop down menu

1
2
3

4
5
6
7
8
9
10
11
12
13
14
15 or more

Do you have access to outside space where your child can currently play or hang out?

Yes
No

What is **your** highest level of educational attainment?

*Drop down menu*

No qualifications
Completed GCSE/CSE/O-levels or equivalent (at school till aged 16)
Completed post-16 vocational course
A-levels or equivalent (at school till aged 18)
Undergraduate degree or professional qualification
Postgraduate degree

What is **your** employment status?

*Drop down menu*

Still at school
At University
Self employed
In part-time employment
In full-time employment
Unable due to disability
Homemaker/full-time parent
Unemployed and seeking work
Retired

What is your usual total household income?

Less than £16,000 a year (£310 a week)
£16,000-£29,999 a year (£310-£569 a week)
£30,000-£59,999 a year (£569-£1149 a week)
£60,000-£89,999 a year (£1500-£1729 a week)
£90,000-£119,999 a year (£1730-£2299 a week)

More than £120,000 a year (£2300 a week)
Prefer not to say

Does anyone in your household have any of the following medical conditions?

**Myself** (Please select all that apply)

High blood pressure	Another clinically-diagnosed mental health condition
Diabetes	Attention-deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
Heart disease	Autism spectrum disorder (ASD)
Lung disease (e.g. asthma or COPD)	A disability that affects my ability to leave the house
Cancer	Any other disability
Another clinically-diagnosed chronic physical health condition	I am pregnant
Clinically-diagnosed depression	None of the above
Clinically-diagnosed anxiety	

Other parent/carer

High blood pressure	Another clinically-diagnosed mental health condition
Diabetes	Attention-deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
Heart disease	Autism spectrum disorder (ASD)
Lung disease (e.g. asthma or COPD)	A disability that affects their ability to leave the house
Cancer	Any other disability
Another clinically-diagnosed chronic physical health condition	Pregnancy
Clinically-diagnosed depression	None of the above
Clinically-diagnosed anxiety	Not applicable

The child I am answering questions about

High blood pressure	Another clinically-diagnosed mental health condition
Diabetes	Attention-deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
Heart disease	Autism spectrum disorder (ASD)
Lung disease (e.g. asthma or COPD)	A disability that affects their ability to leave the house
Cancer	Any other disability



Another clinically-diagnosed chronic physical health condition	Pregnancy
Clinically-diagnosed depression	None of the above
Clinically-diagnosed anxiety	

Any other children in the household

High blood pressure	Another clinically-diagnosed mental health condition
Diabetes	Attention-deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
Heart disease	Autism spectrum disorder (ASD)
Lung disease (e.g. asthma or COPD)	A disability that affects their ability to leave the house
Cancer	Any other disability
Another clinically-diagnosed chronic physical health condition	Pregnancy
Clinically-diagnosed depression	None of the above
Clinically-diagnosed anxiety	Not applicable

Anyone else in your household (If applicable)

High blood pressure	Another clinically-diagnosed mental health condition
Diabetes	Attention-deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
Heart disease	Autism spectrum disorder (ASD)
Lung disease (e.g. asthma or COPD)	A disability that affects their ability to leave the house
Cancer	Any other disability
Another clinically-diagnosed chronic physical health condition	Pregnancy
Clinically-diagnosed depression	None of the above
Clinically-diagnosed anxiety	

Do you have any of the following pets? (tick any that apply)

Cat	Fish
Dog	Spider/reptile
Hamster/mouse/gerbil/rabbit etc	Other
Bird	None

The above questions are at baseline only.

## The below are REPEATED QUESTIONS – BASELINE AND SUBSEQUENT WAVES

We'd like you to answer the survey about the **same child** who you answered the questions about the first time you completed the survey. If you have more than one child and cannot remember which child this was, please email us at [co-space@psy.ox.ac.uk](mailto:co-space@psy.ox.ac.uk) and we can send you a reminder by giving you their age.

Above instructions only to be given at subsequent waves.

Your child's age:

*Drop down menu*

4
5
6
7
8
9
10
11
12
13
14
15
16

Your child's year group:

*Drop down menu*

0 (foundation/reception)
1 / P1
2 / P2
3 / P3
4 / P4
5 / P5
6 / P6
7 / P7
8 / S1
9 / S2
10 / S3
11 / S4

Was your child receiving support for any of the following before lockdown came into place in March 2020?

- Mental health/emotional/behavioural difficulties

- Support from social services
- Educational support

Yes
No

/

Was this support stopped or postponed due to Covid-19?

Yes
No

*If yes:*

Has this support re-started again?

No
Yes, but not the same amount as before
Yes, the same amount as before

*If no:*

Has your child started receiving support since lockdown came into place in March 2020?

No
Yes, for mental health/emotional/behavioural difficulties
Yes, support from social services
Yes, educational support

### Your experience of Covid-19

How many people, including yourself and the child you are answering about, have been living in your household?

Drop down menu

2
3
4
5
6
7
8
9
10 or above

Have you or your child had Covid-19 (coronavirus)?

Drop down menu

Yes diagnosed and recovered
Yes diagnosed and still ill
Suspected and recovered
Suspected and still ill
No

Has anyone in your household had Covid-19 (coronavirus)?

Drop down menu for each of member of the household

Yes diagnosed and recovered
Yes diagnosed and still ill
Yes diagnosed and deceased <sup>1</sup>
Suspected and recovered
Suspected and still ill
No

Have any of your **close** friends/family outside the household had Covid-19 (coronavirus)?

Drop down menu for each of member of the household

Yes diagnosed and recovered
Yes diagnosed and still ill
Yes diagnosed and deceased <sup>2</sup>
Suspected and recovered
Suspected and still ill
No

What is your current isolation status? (tick any that apply)

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<sup>1</sup> The 'deceased' option for other household members is only given at follow-up time-points.

<sup>2</sup> The 'deceased' option for other household members is only given at follow-up time-points.

By “self-isolating” we mean **staying at home and avoiding contact with people outside the household**. If you have symptoms you may also be avoiding contact with people within your household.

*We appreciate that some of these responses will not apply at all times*

I am living my life as normal	I am self-isolating as I am worried about spreading it to others or getting ill (but I am not high risk)
I am not self-isolating, but I have cut down on my usual activities as a precaution/I am social distancing	I am self-isolating to protect a family member, friend or housemate who has an existing medical condition/is high risk
I am not self-isolating specifically, but I have stopped going to work like normal and am working from home	I am self-isolating as it has been ordered by the government or local authority as part of a lockdown
I am self-isolating due to diagnosis or Covid-19 or possible symptoms	I am self-isolating but this is NOT because of Covid-19 but because of another reason e.g. a pre-existing health condition or disability
I am self-isolating because I have an existing medical condition or am categorised as high risk	

Over the last month, has your area been under local lockdown?

Yes
No

How would you rate your knowledge level on Covid-19?

1 – very poor knowledge	2	3	4	5	6	7 – very good knowledge
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How would you rate your child’s knowledge level on Covid-19?

1 – very poor knowledge	2	3	4	5	6	7 – very good knowledge
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Are you following the recommendations from authorities to prevent spread of Covid-19?

1 – not at all	2	3	4	5	6	7 – very much so
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Is your child following the recommendations from authorities to prevent spread of Covid-19?

1 – not at all	2	3	4	5	6	7 – very much so
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[How your child has been recently](#)

Strengths and Difficulties Questionnaire

For each item, please mark the box for **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 daft! Please give your answers on the basis of the child's behaviour **over the last six months**. (or 'over the last month' at follow up time points)

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

Overall do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If you have answered "Yes", please answer the following questions about these difficulties:

How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year

Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal

Do the difficulties interfere with your child’s everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life				
Friendships				
Classroom learning				
Leisure activities				

Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal

© Robert Goodman, 2005<sup>3</sup>

The following questions will ask about how your child is feeling during the Covid-19 outbreak. **Please answer the extent to which you agree with each statement.**

	Strongly disagree	Disagree	Neither disagree/agree	Agree	Strongly agree
My child thinks that Covid-19 is a very serious issue					
My child is worried that they will catch Covid-19					
My child is worried that friends and family will catch Covid-19					
My child is afraid to leave the house right now					
My child is worried they might transmit the infection to someone else					
My child is worried we won’t have enough food and other essential items during the outbreak					
My child is worried about missing school/work					
My child is worried about the amount of money we have coming in					
My child is worried about the long-term impact this will have on their job prospects and the economy					

<sup>3</sup> Please note that the SDQ is under copyright and therefore permission to include the measure must be sought from Youthinmind.

### Your child's education

Was your child usually educated at school before lockdown in March 2020?<sup>4</sup>

Yes
No

(If no, skip to: Your child's current lifestyle)

Have the last two weeks been school holidays?

Yes
No

(if yes, skip questions below until how comfortable about attending school)

If the last week has been school holidays, please answer the following questions about schoolwork for the previous week.

Has your child been attending school in the last week?

Yes
No

*If yes:*

Why has your child been attending school in the last week?

Child's parent/carer is considered critical to the Covid-19 response
Child is considered vulnerable
Child is supported by social care
Child has safeguarding and welfare needs
Child's school is open to their year group

When did your child re-start school? (If you answered this in the previous follow-ups, please skip this question)

[response box to insert date]

*If no:*

Why has your child not attended school?

Child's school is not open to their year group
Schools are not opened in my country
Child's school is open to their year group, but I have chosen not to send them.
Other reason (e.g. child was unwell, or other reason unrelated to COVID-19)
Schools are not opened in my local area

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<sup>4</sup> To be included only in follow-up surveys. A response of "no" will skip to "Your child's current lifestyle" section.



If the last week has been school holidays, please answer the following questions about schoolwork for the previous week.

Over the last week, on average, how much time per day is your child's school **expecting** them to do school work?

None	< 1 hours	1-2 hours	2-3 hours	3-4 hours	5-6 hours	Over 6 hours	Unclear	Not applicable
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Over the last week, on average, how much time per day has your child **spent** doing school work?

None	< 1 hours	1-2 hours	2-3 hours	3-4 hours	5-6 hours	Over 6 hours
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How able do you feel to support your child to get the required work done?

Not at all	Only a little	Quite a lot	A great deal
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*If not at all/ only a little*

Would you agree with the following statement?

I have tried to support my child to get their school work done but they are resistant to this	Yes	No
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We hope to learn how you and your child feel about attending school.

How comfortable does YOUR CHILD feel about attending school?

Not at all
A bit
A lot
Extremely

Please rate how much YOUR CHILD is concerned/worried about the following in relation to attending school:

	Not at all	A bit	A lot	Extremely
Catching Covid-19 themselves				
Transmitting Covid-19 to others (e.g., family, friends, school staff)				
The work they did/not do during lockdown				
Managing the workload				
Being put under pressure academically				
The transition to a new school/class/group				
Managing social distancing with other people (e.g., hugging/touching friends)				
Changes in friendships/relationships following lockdown				
Not being back in school at the same time as close friends				

Not being able to get the support they need with work				
Not being able to get the support they need for emotions and/or behaviours				
Things being different and uncertain				
Being away from home				
Changes to routine (e.g. getting up earlier than in lockdown)				
Problems concentrating/ paying attention in class				
The enjoyable parts of school might not happen				
Due to COVID-19, exams, tests or assessments have not reflected, or may not reflect, what I'm capable of.				

How comfortable do you feel about your child attending school?

Not at all
A bit
A lot
Extremely

Please rate how much YOU are concerned/worried about the following in relation to your child attending school:

	Not at all	A bit	A lot	Extremely
My child will catch Covid-19 (at school/ on way to school)				
My child will transmit Covid-19 to others				
My child will struggle with the workload following recent disruptions to their learning				
My child won't understand the need to social distance from other children/young people				
My child will be upset by the need to social distance within school				
My child won't be able to get the educational support they need				
My child won't be able to get the support they need for their emotional/behavioural needs				
My child won't be able to get the support they need in making the transition to a new school/class/group				
Managing the practicalities of my child being in/not in school (e.g. transport, other children, work)				

I will catch covid-19 e.g. at pick up/drop off/ interacting with school staff				
I will be forced to do something that doesn't work for my family				
Due to COVID-19, exams, tests or assessments have not reflected, or may not reflect, what my child is capable of.				

Your child's current lifestyle

Have you kept a similar routine to how things were before Covid-19 (e.g. bedtime, mealtimes)?

Not at all
A bit
A lot
Completely

*If not at all OR a bit*

Would you agree with the following statement?

I have tried to keep a similar routine but my child hasn't stuck to it	Yes	No
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In the last week, has your child had a regular routine or timetable for what they do during the day?

No – not at all
Yes – a bit
Yes – a lot
Yes – completely

*If not at all/a bit:*

Would you agree with the following statement?

I have tried to keep a regular routine but my child hasn't stuck to it	Yes	No
--	-----	----

*If yes a lot/completely:*

How involved were you in setting their routine/timetable?

Not at all
A bit
A lot
I set it completely

Please answer to what extent you agree with the following statements:

	Not at all	A bit	A lot	Completely	
My child has at least one friend that they can turn to for support					N/A – they are not registered with a school
My child would still be able to turn to an adult at school for support if they needed to					

Over the last week **how much per day** did your child do the following with their friends (on average)?

	Not at all	Less than once a day	Once a day	A few times a day	On and off throughout the day	Constantly
Phoning						
Video talking						
Communicating via Whatsapp or text messaging						
Communicating via social media						
Gaming						
Saw them face-to-face						

Over the last week, **how much per day** did your child do the following with family members who live outside of the household (on average)?

	Not at all	Less than once a day	Once a day	A few times a day	On and off throughout the day	Constantly
Phoning						
Video talking						
Communicating via Whatsapp or text messaging						
Communicating via social media						
Gaming						
Saw them face-to-face						

Over the last week, **how much time per day** did your child spend doing the following (on average)?

	Did not do	< 30 mins	30 mins – 2 hours	3-5 hours	6+ hours
Spent time outside					
Take part in energetic physical activity (inside or outside)					

[Your family](#)

Please answer how much you agree with the following statements:

	Not at all	A bit	A lot	Completely	Not applicable
My child and I have a warm, close relationship					
My child has a warm, close relationship with another adult that they have regular contact with					
My child and I argue a lot					
My partner and I have a warm, close relationship					
In my household, there are disagreements between adults about how to parent my child					
My child and their sibling(s) have a warm, close relationship					
My child and their sibling(s) argue a lot					

What you are doing and how you are feeling

Over the last week, have you worked:

Not at all
Part-time
Full-time

*If part-time or full-time:*

Has your work been at home or out of the home?

At home
Out of the home

*If part-time or full-time:*

How able have you felt to meet the needs of both your work and your child?

Not at all
A bit
A lot
Completely

Over the past week, how stressed have you felt about the following?

	Not at all	A little	Quite a lot	A great deal	Not applicable
Marriage or other romantic relationship					
Friends or family living in your household					
Friends of family living outside your household					
My child(ren)'s behaviour					
My child(ren)'s wellbeing					
My child(ren)'s screen time					
My child(ren)'s education					
My child(ren)'s future					
Household chores					
Neighbours					
Loss of usual support systems					
Living conditions					

Work (even if you feel your job is safe)					
Losing your job/unemployment					
Finances					
Getting medication					
Getting food					
My own safety/security					
Internet access					
Access to sufficient electronic devices at home					
Boredom					
My future plans					

#### Depression Anxiety Stress Scales (DASS-21)

Please read each statement and select how much the statement applied to **you** over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
1. I found it hard to wind down				
2. I was aware of dryness of my mouth				
3. I couldn't seem to experience any positive feeling at all				
4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)				
5. I found it difficult to work up the initiative to do things				
6. I tended to over-react to situations				
7. I experienced trembling (e.g., in the hands)				
8. I felt that I was using a lot of nervous energy				



9. I was worried about situations in which I might panic and make a fool of myself				
10. I felt that I had nothing to look forward to				
11. I found myself getting agitated				
12. I found it difficult to relax				
13. I felt down-hearted and blue				
14. I was intolerant of anything that kept me from getting on with what I was doing				
15. I felt I was close to panic				
16. I was unable to become enthusiastic about anything				
17. I felt I wasn't worth much as a person				
18. I felt that I was rather touchy				
19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)				
20. I felt scared without any good reason				
21. I felt that life was meaningless				

The following questions will ask you about how **you** are currently feeling during the Covid-19 outbreak. Please answer the extent to which you agree with each statement.

	Strongly disagree	Disagree	Neither disagree/agree	Agree	Strongly agree
I think Covid-19 is a very serious issue					
I am worried that I will catch Covid-19					
I am worried that friends and family will catch Covid-19					
I am afraid to leave the house right now					
I am worried that I might transmit the infection to someone else					

I am worried we won't have enough food and other essential items during the outbreak					
I am worried about missing work					
I am worried about the amount of money that we have coming in					
I am worried about the long-term impact this will have on my job prospects and the economy					

The following questions ask about managing information about Covid-19 with your child. Please answer the extent to which you agree with each statement.

	Strongly disagree	Disagree	Neither disagree/agree	Agree	Strongly agree
I try to avoid conversations with my child about Covid-19					
I try to avoid my child seeing or hearing information about Covid-19					
All of the conversations with my child about the current situation around Covid-19 are serious					
I let my child know that it is normal to be worried about the current situation around Covid-19					
I encourage my child to do					

practical things in response to the current situation around Covid-19					
My child shares their feelings with me about the current situation and COVID-19					
I share my own feelings with my child about the current situation and COVID-19					

### Parent/carer – Needs

We are keen to know what sorts of support parents would find helpful so that we can make this information available to colleagues in health, education and the voluntary sector.

Do you feel you would benefit from advice, support or help, in relation to your child's response to COVID-19 and/or isolation?

Not at all
Yes – a bit
Yes – a lot
Yes – completely

*If yes:*

What areas would you like help with?

Managing children or young people's emotions	Ensuring my child follows government guidelines (e.g. handwashing, social distancing)
Managing children or young people's behaviours	Managing family relationships
Managing children or young people's educational demands	Children or young people coming out of self isolation
	Managing conflict in my relationship with my partner.

*If yes:*

How would you like to receive this help?

Online written materials	Personalised online support from another parent
Online videos	Personalised online support from a professional
Television programmes	Personalised telephone call from a professional
Podcasts	Online parent support group (text)
Telephone helpline	Online parent support group (video)
Online helpline	

Thank you for taking part. If you have any concerns about your or your child's mental health or would like further support, please visit [www.samaritans.org](http://www.samaritans.org) or call the Samaritans on 116 123. Please also visit [www.youngminds.org.uk](http://www.youngminds.org.uk) and [www.emergingminds.org.uk](http://www.emergingminds.org.uk) for their resources list.

## ADOLESCENT ITEMS

What is your gender?

Male
Female
Other/ prefer not to say

Device access

Which of the following devices do you use to connect to the internet, at home or elsewhere? (tick all of the boxes that apply to you)

Smartphone
Laptop
Tablet (e.g. iPad)
Desktop
Other
None

The above questions are at baseline only.

The below are REPEATED QUESTIONS – BASELINE AND SUBSEQUENT WAVES

What is your age?

11
12
13
14
15
16
17

What year group are you in?

6 / P6
7 / P7
8 / S1
9 / S2
10 / S3
11 / S4

Activities

Try to remember what you did yesterday, how many hours did you spend doing the following?

	Not at all	< 30 mins	30 mins-2 hours	2-3 hours	3-5 hours	6+ hours
School work						
Audio or video talking with friends/school mates/family						
Communicating with friends or family via email, WhatsApp, text or other messaging service						
Seeing friends/family from other households face-to-face						
Going out for a walk or other gentle physical activity						
Going out for moderate or high intensity activity (e.g. running or cycling)						
Exercising at home (e.g. doing yoga, weights or indoor exercise)						
Gardening						
Spending time with pets						
Taking naps during the day						
Household chores (e.g. cooking, cleaning, tidying)						

Playing cards or board games						
Playing video or computer/app games						
Watching television/Netflix/films/YouTube						
Listening to music						
Browsing the internet						
Posting content online (eg TikTok, Instagram) or blogging						
Reading for pleasure						
Doing arts and crafts						
Doing mindfulness or meditation						
Praying						
Another hobby not already mentioned						
Procrastinating or not doing anything in particular						

### Mental Health

Overall, how satisfied are you with your life nowadays?  
(response scale)

0 not at all satisfied
1
2
3
4
5
6
7
8
9
10 completely satisfied

### **Strengths and Difficulties Questionnaire (SDQ)**

For each item, please mark the box for **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 daft! Please give your answers on the basis of the child's behaviour **over the last six months**. (or 'over the last month' at follow up time points)

	<b>Not True</b>	<b>Somewhat True</b>	<b>Certainly True</b>
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I get very angry and often lose my temper			
I usually do as I am told			

I worry a lot			
I am constantly fidgeting or squirming			
I fight a lot. I can make other people do what I want			
I am often unhappy, down-hearted or tearful			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am often accused of lying or cheating			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Overall do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If you have answered “Yes”, please answer the following questions about these difficulties:

How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year

Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal

Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
Home life				
Friendships				
Classroom learning				
Leisure activities				

Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal



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<sup>5</sup> Please note that the SDQ is under copyright and therefore permission to include the measure must be sought from Youthmind.

**Kessler-6 Scale**

The following questions ask about how you have been feeling during the past week. For each question, please circle the number that best describes how often you had this feeling.

**During the past week, about how often did you feel ...**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
...nervous?					
...hopeless?					
...restless or fidgety?					
...so depressed that nothing could cheer you up?					
...that everything was an effort?					
... worthless?					

COVID-19 specific anxiety measure: Pandemic Anxiety Scale (PAS)

The following questions ask about how you are currently feeling during the COVID-19 outbreak. Please answer the extent to which you agree with each statement.

	Strongly disagree	Disagree	Neither disagree/agree	Agree	Strongly agree
I think Covid-19 is a very serious issue					
I am worried that I will catch Covid-19					
I am worried that friends and family will catch Covid-19					
I am afraid to leave the house right now					
I am worried I might transmit the infection to someone else					
I am worried we won't have enough food and other essential items during the outbreak					
I am worried about missing schoolwork					

I am worried about the amount of money we have coming in					
I am worried about the long-term impact this will have on my job prospects and the economy					

Are you normally educated at school?

Yes
No

We hope to learn how you feel about attending school after lockdown so we can understand what to do to best support this transition. If your school is not due to start back yet, please answer for how you are feeling about going back to school when schools open.

*If yes:*

How comfortable do you feel about attending school?

Not at all
A bit
A lot
Extremely

Please rate how much you are concerned/worried about the following in relation to attending school:

	Not at all	A bit	A lot	Extremely
Catching Covid-19 yourself				
Transmitting Covid-19 to others (e.g., family, friends, school staff)				
The work you did/not do during lockdown				
Managing the workload				
Being put under pressure academically				
The transition to a new school/class/group				
Managing social distancing with other people (e.g., hugging/touching friends)				
Changes in friendships/relationships following lockdown				
Not being back in school at the same time as close friends				
Not being able to get the support they need with work				
Not being able to get the support they need for emotions and/or behaviours				

Things being different and uncertain				
Being away from home				
Changes to routine (e.g. getting up earlier than in lockdown)				
Problems concentrating/ paying attention in class				
The enjoyable parts of school might not happen				

### Social relationships

#### **Peer relationships and online contact questions**

How often do you hear from or talk to your friends?

Less than once a day
Once or twice a day
Several times a day
Almost all day

Has your interaction with peers changed since last week?

No – it is the same
Yes-I interact with them less
Yes- I interact with them more

Do you feel that you lack company?

Not at all
Sometimes
Always

Do you feel left out?

Not at all
Sometimes
Always

Do you feel isolated from others?

Not at all
Sometimes
Always

Do you feel lonely?

Not at all
Sometimes
Always

### Parent relationships

Most young people have occasional arguments with their parents. How often do you argue with your parent(s)?

Most days
More than once a week
Less than once a week
Hardly ever
Never

Overall, how close would you say you are to your parent(s)?

Not very close
Fairly close
Very close
Extremely close

### Sleep

About what time do you usually go to sleep on a weekday night?

Before 9 pm
9 - 9:59 pm
10 – 10:59 pm
11 – midnight
After midnight

About what time do you usually wake up in the morning on a weekday?

Before 6 am
6 - 6:59 am
7 – 7:59 am
8 - 8:59 am
After 9 am

How long is it taking for you to fall asleep?

0-15 minutes
16-30 minutes
31-45 minutes
46-60 minutes
More than 60 minutes

Thank you very much for taking part in the Co-SPACE study.