Country			Year		School				Gr	Cl	Child code	

FAMILY'S RECORD FORM

European Childhood Growth Surveillance Initiative

COUNTRY NAME/LOGO

THIS PART CAN BE ADAPTED BY COUNTRY DEPENDING ON COUNTRY NEEDS

Dear Parent/Guardian parent or guardian,

This questionnaire has been sent to you from the *……insert coordinating institute………* which is working with the World Health Organization Regional Office for Europe in the "*European Childhood Surveillance Initiative*". This initiative aims to promote health and well-being of primary schoolchildren and is taking place in several countries in Europe, additionally as we are aware that these are challenging times, especially for parents, we aim to know and understand the impact of the COVID-19 pandemic situation on children´s daily routines, well being, eating habits and behaviors, physical activity.

We would like to ask you, as the child's parent, main caregiver or guardian, to complete this form. This can be completed online or on paper preferably together with your child. The information will be used to develop better health programmes for children like yours.

If you chose to complete the online version of the questionnaire, the information you provide will automatically be saved when you have completed the survey. If you complete the paper version of the survey, you or your child can return it to his or her teacher in the enclosed envelope, which can be sealed, or you can post it directly to the coordinating institute. The information you provide is confidential and will not be disclosed to anyone at the school. It will be made anonymous and will be used only for research and monitoring.

Your participation is voluntary and you are free to refuse to answer any question that is asked in this survey. If you have any questions about the survey, you may contact *……insert coordinating institution and contact details….. or name Principal Investigator…..*

We thank you very much in advance for your kind cooperation.

GENERAL IDENTIFICATION OF THE CHILD

(M1) What is your relationship to the child?

◯ I am the mother

◯ I am the father

◯ Other (please specify), I am ………………………………………..

Country			Year		School				Gr	Cl	Child code	

GENERAL IDENTIFICATION OF THE CHILD (continued)

(O1) **What is your child's name?**

First name ………….......................………… Surname ……..….........................……………..

(O2) **What is your child's date of birth?**

Day / Month / Year

☐☐ / ☐☐ / ☐☐☐☐

(O3) **What is the sex of your child?**

◯ Boy ◯ Girl

(O4) **What did your child weigh when he/she was born?** ☐ kg ☐☐☐ g

(O5) **Was your child born late, on time or early?**

◯ Late birth (42 weeks or more)
◯ On time (37-41 weeks)
◯ Somewhat early (33-36 weeks)
◯ Very early (32 weeks or less)
◯ Don't know

(M2) **Was your child ever breastfed?**

◯ No (if no, please proceed to question O7)
◯ Yes, for less than 1 month
◯ Yes, for ☐☐ months
◯ Don't know

(O6) **Was your child ever exclusively breastfed?** *(Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines)*

◯ No
◯ Yes, less than 1 month *(if no, please proceed to question O7)*
◯ Yes, for ☐☐ months
◯ I don't know
◯ I don't remember

(O7) **Was your child ever introduced to formula milk/infant formula?**

◯ Yes
◯ No

Country			Year		School				Gr	Cl	Child code	

(O7a) **If yes, from which month was your child introduced to formula milk/infant formula?**

◯ Since the child's birth
◯ 1 month
◯ 2 months
◯ 3 months
◯ 4 months
◯ 5 months
◯ 6 months

(O8) **From which month did your child start complementary feeding?**
Complementary feeding is when your child is introduced to other beverages (ex: water, juices) and/or the first solid foods (ex: porridges and infant cereals, soups, fruits, vegetables, meat, fish, eggs etc)

◯ Before 3 months
◯ 4 months
◯ 5 months
◯ 6 months
◯ After 6 months

CHILD BEHAVIOUR CHARACTERISTICS

The next questions relate to some behaviour characteristics of your child:

(O9) **How far is your child's school from your home?**

◯ Less than 1 km

◯ 1-2 km

◯ 3-4 km

◯ 5-6 km

◯ More than 6 km

(M3) **How does your child usually get to and from school? Please tick one option for 'to school' and one for 'from school' that he or she uses the most. If in doubt tick the option taking the longest time.**

To school:	**From school:**
◯ Walking	◯ Walking
◯ Cycling, skating or non-motorized scooter	◯ Cycling, skating or non-motorized scooter
◯ School bus or public transport	◯ School bus or public transport
◯ Private motorized vehicles	◯ Private motorized vehicles

Country			Year		School				Gr	Cl	Child code	

(O10) **If you chose the "Walking" or the "Cycling, skating or non-motorized scooter" answers above, how long does the journey usually take?**

To school: Minutes ☐☐

From school: Minutes ☐☐

(O11) **If your child doesn't walk or ride a bicycle, skateboard or non-motorized scooter from home to school**

or back home, please indicate the reason(s) (please tick all that apply)**:**

◯ the route is not safe

◯ the school is too far from home

◯ the child does enough physical activity during the day

◯ lack of time

◯ other, specify:____________________

(O12) ***In your opinion, how safe are the routes to and from school for your child to walk or ride a bicycle, skateboard or non-motorized scooter*? *(Circle the number that best represents your opinion)***
1 = Extremely safe (e.g. walking paths and/or cycling lanes and safe neighbourhood) to
10 = Extremely unsafe (e.g. no walking paths and/or cycling lanes and unsafe neighbourhood)
1 2 3 4 5 6 7 8 9 10

(M4) **Over a typical week (including weekends), how much time on average per week does your child spend practising sports/exercise/dance on a sports club/health club/fitness centre/dance academy (e.g. football, track and field, hockey, swimming, tennis, basketball, gymnastics, ballet, fitness activities, dance classes, etc.)?**
Hours ☐☐ Minutes ☐☐ per week

Please consider the following questions (M5 & M6) only for weekdays (school days)
(M5) ***When does your child usually go to bed on school days?***
Please enter the time. An example: if your child usually goes to bed at seven thirty in the evening, enter

1 9 : 3 0 h.

My child usually goes to bed at ☐☐:☐☐ h.

Country			Year		School				Gr	Cl	Child code	

(M6) ***When does your child usually <u>wake up</u> on school days?***
Please enter the time. An example: if your child usually wakes up at six in the morning, enter

[ ] [6] : [0] [0] h.

My child usual wakes up at [ ] [ ] : [ ] [ ] h.

Please consider the following questions (O13 till O16) only for weekdays (school days)
(O13) **When *does your child usually <u>go to bed</u> on school days during morning school shifts?***
Please enter the time. An example: if your child usually goes to bed at seven thirty in the evening, enter

[1] [9] : [3] [0] h.

My child usually goes to bed at [ ] [ ] : [ ] [ ] h.

(O14) **When does your child usually <u>wake up</u> on school days during morning school shifts?**
Please enter the time. An example: if your child usually wakes up at six in the morning, enter

[ ] [6] : [0] [0] h.

My child usually wakes up at [ ] [ ] : [ ] [ ] h.

(O15) **When does your child usually <u>go to bed</u> on school days <u>during afternoon</u> school shifts?**
Please enter the time. An example: if your child usually goes to bed at seven thirty in the evening, enter

[1] [9] : [3] [0] h.

My child usually goes to bed at [ ] [ ] : [ ] [ ] h.

(O16) **When does your child usually <u>wake up</u> on school days <u>during afternoon</u> school shifts?**
Please enter the time. An example: if your child usually wakes up at six in the morning, enter

[ ] [6] : [0] [0] h.

My child usually wakes up at [ ] [ ] : [ ] [ ] h.

Country			Year		School				Gr	Cl	Child code	

(M7) **Outside school hours, how much time on average per day does your child spend on <u>playing actively at a moderate-vigorous intensity</u> (e.g. running, jumping, playing non-supervised sports/dance, or physically active games)?**

Hours ☐☐ Minutes ☐☐ per weekday

Hours ☐☐ Minutes ☐☐ per weekend day

(O17) **Outside school hours, how much time on average per day does your child do homework or read a book, either at home or somewhere else?**

Hours ☐☐ Minutes ☐☐ per weekday

Hours ☐☐ Minutes ☐☐ per weekend day

(M8) **Outside school hours, how much time does your child on average per day watch TV or play with electronic devices (e.g. computer, tablet, smartphone; not including moving or fitness games)?**

Hours ☐☐ Minutes ☐☐ per weekday

Hours ☐☐ Minutes ☐☐ per weekend day

(M9) **Over a typical week, how often does your child have breakfast (more than just a beverage e.g. milk, tea or juice), including breakfast at school? Please tick one option only.**

Never	1-3 days/week	4-6 days/week	Every day
○	○	○	○

(M10) **Over a typical week, how often does your child eat or drink the following kinds of foods or beverages?** *Please tick one option only on each line.*

	Never	**Less than once a week**	**1-3 days/week**	**4-6 days/week**	**Every day, once**	**Every day, more than once**
Fresh fruit (excluding fruit juices)	☐	☐	☐	☐	☐	☐
Vegetables (including vegetable soup, excluding potatoes)	☐	☐	☐	☐	☐	☐
Soft drinks containing sugar	☐	☐	☐	☐	☐	☐

(O18) **Over a typical week, how many portions of fresh fruits and/or vegetables does your child eat on a typical day?** *(One portion is the amount your child can fit in the palm of their hand, e.g., 4 dessertspoons of cooked vegetables, a small bowl of salad, a small bowl of vegetable soup; 1 medium size fruit [1 small apple], 2 small fruits [2 plums], 4-7 strawberries or 10-14 cherries)*

Country			Year		School				Gr	Cl	Child code	

◯ None
◯ Less than one portion per day
◯ 1 to 2 portions per day
◯ 3 to 4 portions per day
◯ 5 or more portions per day

(O19) **Over a typical week, how often does your child eat or drink the following kinds of foods or beverages?** *Please tick one box for each line.*

	Never	**Less than once a week**	**1-3 days/week**	**4-6 days/week**	**Every day, once**	**Every day, more than once**
Breakfast cereals	☐	☐	☐	☐	☐	☐
Meat	☐	☐	☐	☐	☐	☐
Fish	☐	☐	☐	☐	☐	☐
Egg dishes	☐	☐	☐	☐	☐	☐
Low fat/ semi-skimmed milk	☐	☐	☐	☐	☐	☐
Whole-fat milk	☐	☐	☐	☐	☐	☐
Flavoured milk	☐	☐	☐	☐	☐	☐
Cheese	☐	☐	☐	☐	☐	☐
Yoghurt, milk pudding, cream cheese/quark or other dairy products	☐	☐	☐	☐	☐	☐
100% Fruit Juice	☐	☐	☐	☐	☐	☐
Diet or “light” soft drinks	☐	☐	☐	☐	☐	☐
Savoury snacks (e.g. potato chips, corn chips, popcorn, peanuts)	☐	☐	☐	☐	☐	☐
Sweet snacks (e.g. cakes, biscuits, candy desserts	☐	☐	☐	☐	☐	☐
Legumes (eg beans, lentils)	☐	☐	☐	☐	☐	☐

Country			Year		School				Gr	Cl	Child code	

The next questions ask about your child's experience of cooking and preparing food at home and at school:

(O20) **Does your child help to prepare family meals at home?**
◯ No (if no, please proceed to question O22)
◯ Yes (if yes, please proceed to question O21)

(O21) **If yes, please tell us about the food preparation activites that your child helps with at home (please, tick all items that apply)**
◯ Weighing
◯ Grating
◯ Mashing
◯ Washing
◯ Chopping
◯ Peeling
◯ Measuring

(O22) **How often as a family do you order meals online using either a meal delivery app or from a website?**
◯ Never
◯ Less than once a month
◯ Once a month
◯ 2-3 times per month
◯ Once per week
◯ More than once per week

(M11) **In your opinion, is your child:**
◯ Underweight
◯ Normal weight
◯ A little overweight
◯ Extremely overweight

Country			Year		School				Gr	Cl	Child	

					code

HOUSEHOLD HEALTH CHARACTERISTICS

The next questions ask about some health characteristics of yourself and your household:

(O23) **Have you or anyone else in your household ever been diagnosed or treated for high blood pressure (hypertension) by a doctor or other health worker?**

◯ Yes
◯ No
◯ I don't know

(O24) **Have you or anyone else in your household ever been diagnosed or treated for diabetes by a doctor or other health worker?**

◯ Yes
◯ No
◯ I don't know

(O25) **Have you or anyone else in your household ever been diagnosed or treated for high cholesterol level by a doctor or other health worker?**

◯ Yes
◯ No
◯ I don't know

(O26) **We would also like to ask about your or your spouse's/partner's weight, height and age:**

	You	Spouse/ partner
Weight (in kg)		
Height (in cm)		
Age (years)		

(M12) **For the home where your child lives all or most of the time (>50%) please tick the people who live there:**

Adults	*Siblings*
◯ Mother ◯ Father ◯ Stepmother (or girlfriend/partner) ◯ Stepfather (or boyfriend/partner) ◯ Grandfather(s) ◯ Grandmother(s) ◯ Someone else (please specify)_____________ ◯ The child lives in a foster home, children's Home or a boarding school	*Please say how many brothers and sisters live there (including half, step or foster brothers and sisters). Please write in the number 0 (zero) if there are none. Please do not count the child for which you fill out this survey.* How many brothers? _______ How many sisters? ________

Country	Year	School	Gr	Cl	Child code

GENERAL HOUSEHOLD CHARACTERISTICS (continued)

(O27) **Was your child born in <insert country>?**

- ◯ Yes (please proceed to question O28)
- ◯ No, he/she was born in:_________________________________ (please proceed to question O27a)

(O27a) **If your child wasn´t born in <insert country>, please indicate since when your child has been living here**

month / year

☐☐/☐☐☐☐

(O28) **Was the child's mother born in <insert country>?**

- ◯ Yes (please proceed to question O29)
- ◯ No, he/she was born in:_________________________________(please proceed to question O28a)

(O28a) **If your child´s mother wasn´t born in <insert country>, please indicate since when she has been living here**

month / year

☐☐/☐☐☐☐

(O29) **Was the child's father born in <insert country>?**

- ◯ Yes (please proceed to question O30)
- ◯ No, he/she was born in:_________________________________(please proceed to question O29a)

(O29a) **If your child´s father wasn´t born in <insert country>, please indicate since when he has been living here**

month / year

☐☐/☐☐☐☐

(O30) **In what language(s) do you usually/mainly speak with your child at home?**

- ◯ <insert national languages>
- ◯ Other language, please specify:____

Country			Year		School				Gr	Cl	Child code	

GENERAL HOUSEHOLD CHARACTERISTICS (continued)

(M13) ***What is the highest level of education that you or your spouse or partner has completed*? Please select only one answer for each of you.**

For this question each country will adapt the answer categories to suit the country context. They need to match the ISCED categories indicated in brackets. ISCED classifications are commonly used in international statistics regarding education. We suggest utilising experts from your national statistical office to ensure correct categorisation.

You

◯ Primary education or less (ISCED 0-1)
◯ Lower secondary education (ISCED 2)
◯ Upper secondary and post-secondary non-tertiary education (ISCED 3 and 4)
◯ Short-cycle tertiary education or Bachelor's or equivalent level (ISCED 5 and 6)
◯ Master's or Doctoral or equivalent level (ISCED 7 and 8)

Spouse/ partner

◯ Primary education or less (ISCED 0-1)
◯ Lower secondary education (ISCED 2)
◯ Upper secondary and post-secondary non-tertiary education (ISCED 3 and 4)
◯ Short-cycle tertiary education or Bachelor's or equivalent level (ISCED 5 and 6)
◯ Master's or Doctoral or equivalent level and (ISCED 7 and 8)
◯ I don't have a spouse/partner

(O31) ***Please tick the box which best represents your household situation? Please tick one box.***

◯ We easily pass the month with our earnings
◯ We pass the month without serious problems with our earnings
◯ We have trouble making ends meet in the month with our earnings
◯ We barely making ends meet in the month with our earnings

(O32) ***What is the main occupation of you and your spouse/partner over the last 6 months?*** *Please select one answer only for each of you.*

You

◯ Full-time domestic housework/homemaker
◯ Work full-time
◯ Work part-time
◯ Unemployed
◯ Full-time education
◯ Sick/disabled
◯ Something else:

Spouse or partner

◯ Full-time domestic housework/homemaker
◯ Work full-time
◯ Work part-time
◯ Unemployed
◯ Full-time education
◯ Sick/disabled
◯ Something else:
◯ I don't have a spouse/partner

Country			Year		School				Gr	Cl	Child code	

COVID-19 IMPACT

The next questions ask about the impact of COVID-19 pandemic on the daily routine and behaviours:

(C1) **Please select below the months during which your child was home from school because of COVID-19 between 1 March 2020 and today.**

Please consider only the periods when your child was at home, not going back to school at all or even for just one day or part of the day, due to COVID-19 pandemic restrictions (e.g. national lockdown and/or confinement and/or living in a "red zone" and/or quarantine and/or school closure).

Please mark a full month even if your child was at home just for a few days (e.g. because of one to five days of school closure, 10 days of quarantine, national lockdown until the 5th of that month…)

2020

March	April	May	June	July	August
September	October	November	December		

2021

January	February	March	April	May	June
July	August	September	October	November	December

2022

January	February	March	April	May	June

For the purposes of this study we have defined the period before 1 March 2020 as 'PRE-COVID', and the COVID 19 Pandemic period the time during which your child was home due to COVID-19 (as stated above).

(C2) **Has YOUR CHILD, YOU or YOUR SPOUSE/PARTNER had COVID-19 (Coronavirus), confirmed by a doctor and/or a positive COVID-19 test?**

		YOU	YOUR CHILD	YOUR SPOUSE/PARTNER	OTHER HOUSEHOLD MEMBER(S)
No		☐	☐	☐	☐
Yes		☐	☐	☐	☐
	Yes, at home isolation	☐	☐	☐	☐
	Yes, admitted to the hospital	☐	☐	☐	☐
Other, please specify: ________________		☐	☐	☐	☐

(C3) **Please indicate whether YOUR CHILD'S food consumption changed during the COVID-19 pandemic period in comparison to the pre-COVID period, and please select for each situation if this decreased, stayed the same or increased in comparison to the pre-COVID19 period:**

	Decreased in comparison to pre-COVID period	**Stayed the same in comparison to pre-COVID period**	**Increased in comparison to pre-COVID period**	**I don´t know**
Amount of fresh fruits your child ate	☐	☐	☐	☐
Amount of vegetables (including vegetable soup, excluding potatoes) your child ate	☐	☐	☐	☐
Amount of meat your child ate	☐	☐	☐	☐
Amount of fish your child ate	☐	☐	☐	☐
Amount of dairy product (e.g. milk, cheese and eggs) your child ate	☐	☐	☐	☐
Amounts of savoury snacks (e.g. potato chips, corn chips, popcorn, peanuts) your child ate	☐	☐	☐	☐
Amount of sweets (e.g. cakes, biscuits, candy desserts, pastry, ice-cream) your child ate	☐	☐	☐	☐
Amount of soft drinks containing sugar your child drank	☐	☐	☐	☐
Amount of breakfast cereals your child ate	☐	☐	☐	☐

(C4) **How often does YOUR CHILD consume meals ordered via apps and/or other online delivery services?**

Pre-COVID period

☐ Never

☐ Less than once a month

☐ Once a month

☐ 2-3 times per month

☐ Once per week

☐ More than once per week

COVID pandemic period

☐ Never

☐ Less than once a month

☐ Once a month

☐ 2-3 times per month

☐ Once per week

☐ More than once per week

(C5) **During the COVID-19 pandemic, please indicate how the following behaviours in your weekly routine**

have differed from the pre-COVID period:

	Lower/less than pre-COVID period	The same than pre-COVID period	Higher/more than pre-COVID period	I don´t know
Buying regional/local food at nearby businesses (e.g. neighbourhood grocery store, farmer's markets)	☐	☐	☐	☐
Buying food in super or hypermarkets	☐	☐	☐	☐
Buying online grocery shopping	☐	☐	☐	☐
Buying food in large quantities (for periods of time longer than 1 week)	☐	☐	☐	☐
Eating home-cooked meals	☐	☐	☐	☐
Eating ready to eat meals	☐	☐	☐	☐
Eating meals prepared outside of home (e.g. take away/online delivery services)	☐	☐	☐	☐
Eating together as a family	☐	☐	☐	☐
Eating breakfast	☐	☐	☐	☐
Cooking meals together with your child	☐	☐	☐	☐
Reusing leftovers for another meal	☐	☐	☐	☐
Planning purchases and meals in advance (making a meal plan)	☐	☐	☐	☐

(C6) **During the COVID-19 pandemic period indicate whether YOUR CHILD´s life changed in comparison to the pre-COVID period, and please select for each situation if the issue described decreased, stayed the same or increased when compared to the pre-COVID19 period:**

	Decreased in comparison to pre-COVID period	Stayed the same in comparison to pre-COVID period	Increased in comparison to pre-COVID period	I don´t know
Amount your child slept **on weekdays**	☐	☐	☐	☐
Amount your child slept **on weekend**	☐	☐	☐	☐
Time your child spent learning in the house (including home schooling), if more than 3h/day	☐	☐	☐	☐
Time your child spent outside school hours, playing actively/vigorously (e.g. running,	☐	☐	☐	☐

jumping outside or moving and fitness games inside) on **weekdays**				
Time your child spent outside school hours, playing actively/vigorously (e.g. running, jumping outside or moving and fitness games inside) on **weekend**	☐	☐	☐	☐
Spending time watching TV, playing video/computer games, or using social media for non-educational purposes on **weekdays**	☐	☐	☐	☐
Spending time watching TV, playing video/computer games, or using social media for non-educational purposes on **weekend**	☐	☐	☐	☐

(C7) **Please select for each situation, in your opinion what is/was YOUR CHILD'S nutritional status:**

Please be reminded that the period before 1 March 2020 is considered as 'PRE-COVID', and the COVID 19 Pandemic period the time during which your child was home due to COVID-19 as indicated in question C1.

Condition	Pre-COVID period	COVID pandemic period
Underweight	☐	☐
Normal weight	☐	☐
A little overweight	☐	☐
Extremely overweight /with obesity	☐	☐

(C9) **What is your perceptions on YOUR CHILD'S behaviours and feelings during pre-COVID period?**

Has your child felt fit and well?	not at all ☐	slightly ☐	moderately ☐	very ☐	extremely ☐
Has your child felt full of energy?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child felt sad?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child felt lonely?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐

Has your child had enough time for him/herself?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child been able to do the things that he/she wants to do in his/her free time?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child felt that his/her parent(s) treated him/her fairly?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child had fun with his/her friends?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child got on well at school?	not at all ☐	slightly ☐	moderately ☐	very ☐	extremely ☐
Has your child been able to pay attention?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐

C10) **What is your perceptions on <u>YOUR CHILD'S</u> behaviours and feelings during <u>the COVID-19 pandemic period</u>?**

Has your child felt fit and well?	not at all ☐	slightly ☐	moderately ☐	very ☐	extremely ☐
Has your child felt full of energy?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child felt sad?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child felt lonely?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child had enough time for him/herself?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐

Has your child been able to do the things that he/she wants to do in his/her free time?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child felt that his/her parent(s) treated him/her fairly?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child had fun with his/her friends?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐
Has your child got on well at school?	not at all ☐	slightly ☐	moderately ☐	very ☐	extremely ☐
Has your child been able to pay attention?	never ☐	seldom ☐	quite often ☐	very often ☐	always ☐

(C11) **Please indicate <u>YOUR and YOUR SPOUSE/PARTNER</u> (if applicable) employment status in pre-COVID period and COVID pandemic period:**

Please be reminded that the <u>period before 1 March 2020 is considered as 'PRE-COVID'</u>, and the <u>COVID 19 Pandemic period</u> the time during which your child was home due to COVID-19 as indicated in question C1.

	Pre-COVID period		COVID pandemic period	
Condition	**<u>YOU</u>**	**<u>YOUR SPOUSE/PARTNER</u>**	**<u>YOU</u>**	**<u>YOUR SPOUSE/PARTNER</u>**
Full-time domestic housework/homemaker	☐	☐	☐	☐
Work full-time	☐	☐	☐	☐
Work part-time	☐	☐	☐	☐
Unemployed	☐	☐	☐	☐
Full-time education	☐	☐	☐	☐
Sick/disabled	☐	☐	☐	☐
Something else: ________________________	☐	☐	☐	☐

(C12a) **Please select the option that best represents your household financial situation during the periods of pre-COVID and COVID-19 pandemic. Please select only one option in each period:**

Condition	Pre-COVID period	COVID pandemic period
We easily pass the month with our earnings.	☐	☐
We pass the month without serious problems	☐	☐

with our earnings.		
We had trouble making ends meet in the month with our earnings.	☐	☐
We barely making ends meet in the month with our earnings.	☐	☐
I don't know/ Don't answer.	☐	☐

(C12b) **Did your family receive a COVID-19 support scheme?**

☐ Yes

☐ No

Date of completion of this form Day / Month / Year

☐☐/☐☐/☐☐☐☐

REMARKS

You may write down any remarks you would like to make in this box:

*************END OF QUESTIONNAIRE*************

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.

PLEASE PUT IT IN THE ATTACHED ENVELOPE AND SEAL IT. YOUR CHILD CAN THEN RETURN IT TO HIS OR HER TEACHER.