<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Have you or any adult in the household fallen sick due to any illness since the global outbreak of COVID-19? | ☐ Yes (please say how many?) ____________  
☐ No                                                                 |
| Have any of your children fallen sick due to any illness since the global outbreak of COVID-19? | ☐ Yes (please say how many?) ____________  
☐ No                                                                 |
| What barriers are stopping you accessing health care, medication or menstrual products (if applicable) since the global outbreak of COVID-19? | ☐ There are no barriers  
☐ Healthcare centres are closed  
☐ Healthcare centres and pharmacies have run out of the medicines we need  
☐ The queues are too long, and we cannot get assessed or treated |
### Apart from those you listed as stopping you from going out, are there any other barriers stopping you accessing meat, dairy, grains, fruits and vegetables since the global outbreak of COVID-19?

**Please select all that apply**
- I don’t know
- Other (please specify) ____________________
- There are no barriers
- Food markets and shops are closed
- Food markets and shops have run out of the food we need
- The queues are too long
- The food is too expensive
- I don’t know
- Other (please specify) ____________________

### What items do you NOT have that you and your household need in order to stay healthy during this time?

**Please select all that apply**
- Nothing
- Masks
- Sanitiser/soap
- Water delivery
- Food delivery
- Sanitary products
- I don’t know
- Other (please specify) ____________________

### What supports can you NOT access that you and your household need in order to stay healthy during this time?

**Please select all that apply**
- Nothing
- COVID-19 tests
- Access to remote healthcare services
- Access to in-person health care
- Physiotherapy
- Counselling
- Mental health services
- Medication/medicine
- Domestic violence services
- Help with my assistive device
- Catheter
- Respite care
- I Don’t know
- Other (please specify) ____________________

### What other supports do you need, or think you will need during this time?

**Please select all that apply**
- Nothing
- Information about COVID-19
- Money or vouchers
- Internet access
- Children _ ool ng materials
- Childcare
- Parenting advice/support
- Financial and budgeting advice/support
- Job/employment support
- I don’t know
- Other (please specify) ____________________

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This module contains section 2 of Part 1 (pages 27-28) from the full document "Impact of COVID-19 on Children"