

In comparison to before the global outbreak of COVID-19, how often do you feel:	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
a) Happy	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
b) Lonely	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
c) Worried	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
d) Nervous	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
e) Hopeless	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
f) Restless or fidgety	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
g) Like everything is an effort	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before

h) Worthless	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
i) Depressed	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
j) Able to cope	<input type="checkbox"/> Much more than before <input type="checkbox"/> More than before <input type="checkbox"/> About the same <input type="checkbox"/> Less than before <input type="checkbox"/> Much less than before
Have you noticed any of the following changes in your relationship with your children since the global outbreak of COVID-19? <i>Please select all that apply</i>	<input type="checkbox"/> I spend more time with them <input type="checkbox"/> I have a greater bond with them <input type="checkbox"/> I show more love and affection towards them <input type="checkbox"/> I am more responsive to my children's' needs <input type="checkbox"/> My children show more love and affection to me <input type="checkbox"/> My children are happier spending more time with me <input type="checkbox"/> We have developed new positive habits as a family <input type="checkbox"/> I feel more confident in my parenting ability <input type="checkbox"/> None of these
Have you noticed any of the following changes in your relationship with your children? <i>Please select all that apply</i>	<input type="checkbox"/> My children show me less love and affection <input type="checkbox"/> I spend less time with them <input type="checkbox"/> I am more frustrated with their behaviour <input type="checkbox"/> I am less patient with them <input type="checkbox"/> I am speaking less calmly to my child <input type="checkbox"/> I am resorting to yelling too often <input type="checkbox"/> I am more aggressive towards them <input type="checkbox"/> I am resorting to physical punishment too often <input type="checkbox"/> I feel less confident in my parenting ability <input type="checkbox"/> I feel less able to adequately care for my children <input type="checkbox"/> None of these
Have you noticed any of the following changes in your household relationships? <i>Please select all that apply</i>	<input type="checkbox"/> We are enjoying more time together <input type="checkbox"/> There is more stress and tension in the home <input type="checkbox"/> There has been some violence in the home <input type="checkbox"/> None of these

This module was renumbered and contains section 8 of Part 1 (pages 34-35) from the full document "Impact of COVID-19 on Children"