

Appendix 1, as supplied by the authors. Appendix to: Hetherington E, Edwards SA, MacDonald SE, et al. SARS-CoV-2 vaccination intentions among mothers of children aged 9 to 12 years: a survey of the All Our Families cohort. *CMAJ Open* 2021. doi: 10.9778/cmajo.20200302.

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To receive this resource in an accessible format, please contact us at cmajgroup@cmaj.ca.

Participant Information

Record ID

This form is used to configure a record for parents and children in the study.

The email address will decide who receives the survey. The name fields are used in the survey configuration to address the email and to indicate which child (if any) the survey relates to. There should be one record for each parent that may receive surveys and one record for each child that the survey may relate to. Only one email address can be associated with each record. (I.e. one survey cannot be sent to little johnny's mom whilst another one is being sent to his dad unless both mom and dad have separate records in the database.)

Does this record represent a parent or a child?

Mother Father Child
(This field will decide which surveys are sent to this individual.)

Parent First Name

(First name of the parent who will be receiving surveys linked to this record.)

Family Last Name

(Last name of the parent who will be receiving surveys linked to this record.)

Username

(This will be your email address you received the link from.)

Child's date of birth

Enable Surveys?

Deactivate survey invitations for the following timepoints:

(Note: once the initial survey is sent, Reminders will still go out unless they are removed from Manage Survey Participants / Survey Invitation Log.)

- Initial Survey
 Follow-up Survey

Participant still active in the study?

(Without this set to "yes" surveys will not be sent for this record. Change this to "no" if patient is withdrawn or if no more emails are to be sent. Note: If a patient is reactivated in the study after being withdrawn, all past, outstanding, invitations will be sent, unless they have been deactivated.)

Yes No

Deactivate survey queue for the following timepoint:

(Note: Sometimes it is wanted for the follow-up survey to be completed, even if the initial survey was not. When this happens, the survey queue can potentially display the incomplete initial survey AND the follow-up survey causing confusion to the participant. In instances like this, make sure to disable the initial survey from the survey queue to prevent this from happening. This is only required if the initial survey is not complete at the time you ask the participant to complete the follow-up.)

Initial Survey

Information

Notes

The fields below are simply for demonstration purposes. They're useful to show while demonstrating and debugging the project as they show the values that will be used to trigger the email invitations.

Time elapsed since birth.

(Rounded down to nearest whole unit)

((Years))

Time elapsed since birth.

(Rounded down to nearest whole unit)

((days))

COVID-19 Impact Survey

TITLE: Prospective cohort investigation of child development and family wellbeing

COMMUNITY STUDY NAME: All Our Families Study

SPONSOR: Alberta Children's Hospital Foundation

PRINCIPAL INVESTIGATOR: Suzanne Tough, PhD

This information is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information.

BACKGROUND

We are seeking your input on important questions about families and children as they continue to grow in the midst of the COVID-19 pandemic. This information will help build effective strategies to improve health outcomes. Over the next 4 weeks, we anticipate that approximately 2,000 women from the All Our Families study will answer this survey. Your participation will help researchers learn how families cope with a global event such as a pandemic, and develop and plan supports that best meet the needs of children and parents in Alberta. This is a cross-sectional impact survey to the All Our Families study, which comprises the Predicting Preterm Birth Study and A Randomized Trial Comparing Group and Standard Prenatal Care.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the COVID-19 Impact Survey is to, through cross-sectional surveillance, better understand how families are coping throughout the COVID-19 pandemic in regard to maternal physical and mental health, work life, activities of daily living, finances, etc., and to improve maternal, child, and family health.

WHAT WOULD I HAVE TO DO?

If you take part in this study you will complete a survey on your health and the health and development of your AOF child, as well as the rest of the family. You have received a link to this survey via email. The survey will take about 20-30 minutes to complete.

WHAT ARE THE RISKS?

There are no short or long term risks associated with participating in this study and there is no cost to you for participating.

WILL I BENEFIT IF I TAKE PART?

There are no direct benefits to you or your child for participating in this study. However, results from this study may lead to improved maternal, child, and family health outcomes in future pandemics and times of uncertainty.

By participating in the study you and your child will not receive any less medical care.

DO I HAVE TO PARTICIPATE?

Participation in this study is completely voluntary and you may withdraw at any time by contacting the study team via email or phone call (contact information is located below).

WHAT ELSE DOES MY PARTICIPATION INVOLVE?

All women in the study will be asked to complete a questionnaire which is sent to the email address you provided to the study. This questionnaire refers to the child you were pregnant with when you began the All Our Families study. This child is or will soon be between 9-12 years old. The questionnaire will take about 20-30 minutes to complete. We know this is long, but because this is such an important global event, there are many questions. There may be an opportunity to participate in additional research related to the pandemic.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

There are no costs associated with participating in this study. As compensation for your time, you will receive a gift card in the amount of \$20 for completing the survey.

WILL MY RECORDS BE KEPT PRIVATE?

07-16-2020 14:29

All information will be kept private and confidential. Only study team members will have access to the information collected during the study. Prior to the analysis, all names will be removed from the data set to ensure confidentiality of all participants.

Authorized representatives from the University of Calgary and the Conjoint Health Research Ethics Board may look at your identifiable medical/clinical study records held at the Child Development Center for quality assurance purposes.

Responses from the online questionnaire is housed in REDCap, a secure data center within the Faculty of Medicine and Dentistry at the University of Alberta. REDCap is a web-based electronic data capture (EDC) solution with servers located under Canadian jurisdiction. All data are encrypted and stored directly on its servers. Researcher access to the survey data is a combination of role-based access, strict password management processes, and two factor authentication. Survey responses cannot be linked to your computer.

Data collected from your participation in this research study will be de-identified and will be held in a database for future use by other researchers. Any future use of this research data is required to undergo review by a Research Ethics Board.

AGREEMENT TO PARTICIPATE

Your decision to complete and return this survey will be interpreted as an indication of your agreement to participate. In no way does this waive your legal rights nor release the investigators, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time.

If you have further questions concerning matters related to this research, please contact:

Mary Canning, Research Assistant (403) 441-8458
Or
Dr. Suzanne Tough, Principal Investigator (403) 441-8455
Or
Email the study team at: allourfamilies@ucalgary.ca

If you have any questions concerning your rights as a possible participant in this research, please contact the Chair of the Conjoint Health Research Ethics Board, Research Services, University of Calgary, 403-220-7990.

The University of Calgary Conjoint Health Research Ethics Board has approved this research study.

Ethics ID: REB 13-0868_MOD14
Study Title: Prospective cohort investigation of child development and family well-being
PI: Suzanne Tough
Version number/date: May 7, 2020

I consent to participate in this study. Yes No

I understand that clicking 'Submit' will electronically sign the form and that signing this form electronically is the equivalent of signing a physical document.

AOF COVID-19 Impact Survey

Progress

Survey start datetime

The 2019 novel Coronavirus (COVID-19) pandemic is a major event that is impacting the way families operate in terms of school, work and relationships. Through your ongoing contribution to All Our Families, we are reaching out to you to learn about your experiences during this pandemic. What we learn can help with prevention and recovery approaches in the future and we greatly appreciate your help by completing this questionnaire. Thank you for your participation.

If you are worried about yourself, or a loved one being infected with COVID-19, please consult the information and self-assessment tools available through Alberta Health Services or call 811.

Please answer the following questions thinking about you, your All Our Families child, and your families' life since 2020.

Progress**Physical Health:**

1. Did you have COVID-19?

- Yes
- No
- Maybe

a. How do you know you had it? Check all that apply.

- Had a confirmed laboratory test
- Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
- Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
- Had contact with someone with a confirmed test
- Other

Other (please specify):

b. How would you best characterize your symptoms?

- Mild (did not greatly impact daily activities)
- Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
- Severe (required hospitalization)

Progress

2. Did your All Our Families child have COVID-19?

- Yes
 No
 Maybe

a. How old are they?

_____ (age (in years))

b. What is their sex?

- Male
 Female
 Prefer not to say

c. How do you know they had it? Check all that apply.

- Had a confirmed laboratory test
 Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
 Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
 Had contact with someone with a confirmed test
 Other

Other (please specify):

d. How would you best characterize their symptoms?

- Mild (did not greatly impact daily activities)
 Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
 Severe (required hospitalization)

3. Did anyone else under the age of 18 in your household have COVID-19?

- Yes
 No
 Maybe

a. How old are they?

_____ (age (in years))

b. What is their sex?

- Male
 Female
 Prefer not to say

c. How do you know they had it? Check all that apply.

- Had a confirmed laboratory test
 Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
 Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
 Had contact with someone with a confirmed test
 Other

Other (please specify):

d. How would you best characterize their symptoms?

- Mild (did not greatly impact daily activities)
 Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
 Severe (required hospitalization)

4. Did anyone else under the age of 18 in your household have COVID-19?

- Yes
 No
 Maybe

a. How old are they?

_____ (age (in years))

b. What is their sex?

- Male
 Female
 Prefer not to say

c. How do you know they had it? Check all that apply.

- Had a confirmed laboratory test
 Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
 Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
 Had contact with someone with a confirmed test
 Other

Other (please specify):

d. How would you best characterize their symptoms?

- Mild (did not greatly impact daily activities)
 Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
 Severe (required hospitalization)

5. Did anyone else under the age of 18 in your household have COVID-19?

- Yes
 No
 Maybe

a. How old are they?

_____ (age (in years))

b. What is their sex?

- Male
 Female
 Prefer not to say

c. How do you know they had it? Check all that apply.

- Had a confirmed laboratory test
 Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
 Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
 Had contact with someone with a confirmed test
 Other

Other (please specify):

d. How would you best characterize their symptoms?

- Mild (did not greatly impact daily activities)
 Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
 Severe (required hospitalization)

6. Did anyone else under the age of 18 in your household have COVID-19?

- Yes
 No
 Maybe

a. How old are they?

(age (in years))

b. What is their sex?

- Male
 Female
 Prefer not to say

c. How do you know they had it? Check all that apply.

- Had a confirmed laboratory test
 Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
 Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
 Had contact with someone with a confirmed test
 Other

Other (please specify):

d. How would you best characterize their symptoms?

- Mild (did not greatly impact daily activities)
 Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
 Severe (required hospitalization)

7. Did anyone else under the age of 18 in your household have COVID-19?

- Yes
 No
 Maybe

a. How old are they?

(age (in years))

b. What is their sex?

- Male
 Female
 Prefer not to say

c. How do you know they had it? Check all that apply.

- Had a confirmed laboratory test
- Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
- Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
- Had contact with someone with a confirmed test
- Other

Other (please specify): _____

d. How would you best characterize their symptoms?

- Mild (did not greatly impact daily activities)
- Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
- Severe (required hospitalization)

Progress

8. Did anyone 18 years or older in your household have COVID-19?

- Yes
 No
 Maybe

a. How old are they?

_____ (age (in years))

b. What is their sex?

- Male
 Female
 Prefer not to say

c. How do you know they had it? Check all that apply.

- Had a confirmed laboratory test
 Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
 Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
 Had contact with someone with a confirmed test
 Other

Other (please specify):

d. How would you best characterize their symptoms?

- Mild (did not greatly impact daily activities)
 Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
 Severe (required hospitalization)

9. Did anyone else 18 years or older in your household have COVID-19?

- Yes
 No
 Maybe

a. How old are they?

_____ (age (in years))

b. What is their sex?

- Male
 Female
 Prefer not to say

c. How do you know they had it? Check all that apply.

- Had a confirmed laboratory test
 Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
 Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
 Had contact with someone with a confirmed test
 Other

Other (please specify):

- d. How would you best characterize their symptoms?
- Mild (did not greatly impact daily activities)
- Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
- Severe (required hospitalization)

10. Did anyone else 18 years or older in your household have COVID-19?
- Yes
- No
- Maybe

a. How old are they?

(age (in years))

- b. What is their sex?
- Male
- Female
- Prefer not to say

- c. How do you know they had it? Check all that apply.
- Had a confirmed laboratory test
- Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
- Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
- Had contact with someone with a confirmed test
- Other

Other (please specify):

- d. How would you best characterize their symptoms?
- Mild (did not greatly impact daily activities)
- Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
- Severe (required hospitalization)

11. Did anyone else 18 years or older in your household have COVID-19?
- Yes
- No
- Maybe

a. How old are they?

(age (in years))

- b. What is their sex?
- Male
- Female
- Prefer not to say

- c. How do you know they had it? Check all that apply.
- Had a confirmed laboratory test
- Used an online or telephone assessment tool (Alberta Health Services, 811, or Public Health Canada)
- Had symptoms consistent with a COVID-19 infection (fever, cough, shortness of breath, headache, sore throat or runny nose)
- Had contact with someone with a confirmed test
- Other

Other (please specify):

d. How would you best characterize their symptoms?

- Mild (did not greatly impact daily activities)
- Moderate (impacted daily activities, but were resolved at home or may have seen a health care provider or gone to the Emergency department)
- Severe (required hospitalization)

Progress

12. Has a member of your extended family (outside your home), or a close friend had COVID-19? Yes
 No

13. Has a member of your extended family (outside your home), or a close friend been hospitalized for COVID-19? Yes
 No

14. Has someone close to you passed away after being infected of COVID-19? Yes
 No

Alberta Health Services offers a list of resources for anyone who may be experiencing a loss, or hardship due to COVID-19. Please visit: [AHS](#) for more information.

Progress

15. If an approved COVID-19 vaccine becomes available, would you plan to receive this vaccine?

- Yes
- No
- I have thought about it, but am undecided
- I have not thought about it yet

16. If an approved COVID-19 vaccine becomes available, would you plan to have your child receive this vaccine?

- Yes
- No
- I have thought about it, but am undecided
- I have not thought about it yet

17. If an approved COVID-19 vaccine becomes available, what would impact your decision to vaccinate or not?

Progress**Financial Impact:**

1. Have you lost your job or income source since March 1st (either permanently or temporarily)?

- Yes, lost job or main income source
- No, but income or hours have been reduced
- No, no change in job or income source
- Not working

To what extent do you agree with the statement: "I might lose my job or main income source in the next 3 months"?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

2. Are you eligible to receive any provincial or national assistance such as: Employment Insurance, Federal Assistance, Provincial Assistance?

- Yes, I have applied and received assistance
- Yes, I have applied and have not yet received assistance
- Yes, but I have not yet applied
- No
- Don't know

Is there anything you would like to tell us about your experience with assistance programs?

3. What sector do you work in or did you work in most recently?

- Agriculture, forestry, fishing and hunting
- Oil and gas extraction
- Mining and quarrying (not oil and gas)
- Construction
- Wholesale and retail trade
- Professional, scientific and technical services
- Educational services
- Health care and social assistance
- Hospitality, accommodation and food services
- Art and entertainment
- Personal services
- Other

Other (please specify): _____

Progress

4. Did your partner lose their job or income source since March 1st (either permanently or temporarily)?

- Yes, lost job or main income source
- No, but income or hours have been reduced
- No, no change in job or income source
- Not working
- Do not have a partner

To what extent do you agree with the statement that your partner might lose their job or main income source in the next 3 months?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5. Is your partner eligible to receive any provincial or national assistance such as: Employment Insurance, Federal Assistance, Provincial Assistance?

- Yes, they have applied and received assistance
- Yes, they have applied and have not yet received assistance
- Yes, but they have not yet applied
- No
- Don't know

Is there anything you would like to tell us about their experience with assistance programs?

6. What sector does your partner work in or did they work in most recently?

- Agriculture, forestry, fishing and hunting
- Oil and gas extraction
- Mining and quarrying (not oil and gas)
- Construction
- Wholesale and retail trade
- Professional, scientific and technical services
- Educational services
- Health care and social assistance
- Hospitality, accommodation and food services
- Art and entertainment
- Personal services
- Other

Other (please specify): _____

Progress

7. Which of the following best describes the impact of COVID-19 on your ability to meet financial obligations or essential needs, such as rent or mortgage payments, utilities and groceries?

- Major impact
- Moderate impact
- Minor impact
- No impact
- Too soon to tell

8. During the COVID-19 pandemic, have you experienced a time that the food you bought didn't last (i.e., ran out) and you didn't have money to get more?

- Often
- Sometimes
- Never

9. During the COVID-19 pandemic, has anyone in your household received food from a food bank, soup kitchen or other charitable agency?

- Yes
- No

If Yes: How many times?

10. Have you experienced domestic violence or abuse in the past 4 weeks?

- Yes
- No

If Yes: Has this increased since COVID-19?

- Yes
- No

Progress

11. Please tell us about your use of alcohol in the past month:

- currently do not consume alcohol
 currently drink, on average [cv1alc2] number of drinks* per [cv1alc3]

Currently drink, on average:

(number of drinks* (* 1 drink = a 5 ounce glass of wine, 12 ounces of beer, a mixed drink or cooler with 1.5 ounces of liquor, if you drink less than 1 drink, check the box below))

per

- day
 week
 month

- currently drink, on average, less than 1 drink per month

Comments

12. In the past month, how many times have you had 4 or more drinks on any one occasion?

(number of times)

Progress

13. Please tell us about your use of cannabis in the past month:

- currently do not use cannabis
 currently use cannabis, on average: [cv1drg2]
number of times per: [cv1drg3]

currently use cannabis, on average:

_____)
(number of times)

per

- day
 week
 month
()

Comments:

()

14. Please tell us about your use of other recreational drugs in the past month:

- currently do not use other recreational drugs
 currently use other recreational drugs, on average: [cv1drg6] number of times per: [cv1drg7]

currently use other recreational drugs, on average:

_____)
(number of times)

per

- day
 week
 month
()

Comments:

()

Progress**Maternal Health and Well-Being**

The COVID-19 pandemic is a type of disruption that most of us have never experienced, and it can influence our mood. You have seen the following questions before and your honest responses to them will help us understand how these kinds of disruptions influence well-being.

1. How concerned are you about each of the following impacts of COVID-19?

| | Not at all | Somewhat | Very | Extremely |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. My own health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Member of the household's health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Vulnerable people's health (e.g., immunocompromised or elderly family members) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Canadian population's health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. World population's health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Overloading the health system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Civil disorder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Maintaining social ties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Ability to cooperate and support one another during the crisis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Ability to cooperate and support one another after the crisis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Family stress from confinement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Violence in the home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

m. Other?

Yes

Other (please specify) :

| | Not at all | Somewhat | Very | Extremely |
|-------------|-----------------------|-----------------------|-----------------------|-----------------------|
| [cv1imp13a] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Progress

These next questions ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way.

2. In the last month, how often have you:

| | Never | Almost never | Sometimes | Fairly often | Often |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ... been upset because of something that happened unexpectedly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ... felt that you were unable to control the important things in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ... felt nervous or "stressed"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. ... felt confident about your ability to handle your personal problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. ... felt that things were going your way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. ... found that you could not cope with all the things that you had to do? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. ... been able to control irritations in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. ... felt that you were on top of things? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. ... been angered because of things that were outside of your control? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. ... felt difficulties were piling up so high that you couldn't overcome them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Spielberger state anxiety index short form – redacted due to licencing agreement

Progress

4. Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt this way during the past week.

| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | Most or all of the time (5-7 days) |
|--|--|---|--|------------------------------------|
| a. I was bothered by things that usually don't bother me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I had trouble keeping my mind on what I was doing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I felt depressed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I felt that everything I did was an effort. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I felt hopeful about the future. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I felt fearful | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. My sleep was restless. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I was happy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. I felt lonely. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. I could not get going. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you would like to talk to someone about a mental health concern, or are looking for other mental health help, please contact:

Access Mental Health (403-943-1500)

For questions about domestic and relationship abuse please call Connect Family & Sexual Abuse Network:
403-234-7233 (SAFE)
1-866-606-7233 (Toll Free in Alberta)

See end of survey for additional resources.

Progress

5. Consider how well the following statements describe your behaviour and actions in the past 2 weeks.

| | Does not describe me at all | Does not describe me | Neutral | Describes me | Describes me very well |
|---|-----------------------------------|-------------------------|-----------------------|-----------------------|---------------------------|
| a. I look for creative ways to alter difficult situations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Regardless of what happens to me, I believe I can control my reaction to it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I believe I can grow in positive ways by dealing with difficult situations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I actively look for ways to replace the losses I encounter in life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Progress

6. COVID-19 has prompted us to revisit some of our activities of daily living, and to find ways to cope during store closures, working from home, and physical distancing.

a. We are interested in activities you are doing more of since COVID-19. Select all that apply.

- Domestic activities and household projects (e.g., cooking, cleaning, de-cluttering, renovations, gardening)
- New or re-kindled hobbies (e.g., board games, puzzles, arts and crafts, writing, blogging)
- Educational activities (e.g. online language course)
- Physical fitness or self-care (e.g., yoga, running, strength training, meditation)
- Spending time together as a family
- Other

Other (please specify): _____

b. We are interested in activities you are doing less of since COVID-19. Select all that apply.

- Domestic activities and household projects (e.g., cooking, cleaning, de-cluttering, renovations, gardening)
- New or re-kindled hobbies (e.g., board games, puzzles, arts and crafts, writing, blogging)
- Educational activities (e.g. online language course)
- Physical fitness or self-care (e.g., yoga, running, strength training, meditation)
- Spending time together as a family
- Other

Other (please specify): _____

7. Can you tell us some of the things that are going well?

Progress**School and Daily Life**

On March 15th, the Government of Alberta announced that it would close schools, daycares and cancelled in-person classes at post-secondary institutions due to the public health threat of COVID-19. The Government of Alberta subsequently released guidelines regarding support to students' learning while in-school classes are cancelled. These guidelines included 5 hours of assignments per week for grades K-6 and 10 hours a week for grades 7-9.

1. Please tell us how difficult the following school activities have been for your family, particularly thinking about the All Our Families child.

| | Not difficult | Somewhat difficult | Very difficult | Not applicable |
|---|------------------------------|-----------------------|-----------------------|-----------------------|
| i. Parental need to supervise my child's schoolwork | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ii. Parental familiarity with the technology to help my child with their schoolwork | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| iii. Parental familiarity with the school material to help my child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| iv. Ability to help with school material because of language barriers (e.g., my child is in an immersion program) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| v. Ability to help with school material due to learning or behavioural challenges that require accommodation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vi. Other? | <input type="checkbox"/> Yes | | | |
| Other (please specify) : | _____ | | | |
| [cv1cdiff6a] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Progress

2. Please tell us how difficult the following have been for you and your family.

| | Not difficult | Somewhat difficult | Very difficult | Not applicable |
|--|------------------------------|-----------------------|-----------------------|-----------------------|
| i. Availability of devices to allow us all to work or learn online from home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ii. Availability of adequate internet access (coverage, bandwidth) to allow us all to work or learn online from home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| iii. Managing schoolwork and other activities in my home such as my own working from home, household responsibilities, and recreational activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| iv. Availability of daytime care for children to enable me to go to work outside the home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| v. Availability of daytime care for children to enable my partner to go to work outside the home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vi. Increased expenses for childcare arrangements | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vii. Other? | <input type="checkbox"/> Yes | | | |
| Other (please specify) : | <hr/> | | | |
| [cv1diff7a] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Progress

3. The following questions are about supporting your child's school goals and well-being. To what extent do you agree or disagree with the following statements:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| a. I feel that my child will be academically ready for the next school year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel that my child will re-adjust socially (reconnecting with or making new friends) for the next school year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I feel that my child is able to keep up with his/her schoolwork. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I am concerned about my child's behavioural challenges, outbursts or short temper. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I am worried that my child is sad or depressed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I am worried that my child is anxious. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I feel that my child is currently receiving adequate amounts of physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. I feel that my child is currently receiving adequate amounts of sleep | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Would you like to tell us more about supporting your child's school goals and well-being?

Progress

5. Has your child connected with friends outside the home through social networking or online platforms?

- Yes
 No

a. Has this been a primarily positive or negative experience?

- Very negative
 Negative
 Neither negative nor positive
 Positive
 Very positive
 Don't know

b. Please tell us more:

6. Has your child connected with family outside the home through social networking or online platforms?

- Yes
 No

a. Has this been a primarily positive or negative experience?

- Very negative
 Negative
 Neither negative nor positive
 Positive
 Very positive
 Don't know

b. Please tell us more:

Progress

7. Thinking about an average weekday since schools closed, how much time does your child spend outside of schoolwork using electronic devices (e.g., cell phone, smartwatch, tablet, eBook reader, computer, video game system, TV, etc.)?

_____ (hours per day)

8. Thinking about an average weekend since schools closed, how much time does your child spend outside of schoolwork using electronic devices (e.g., cell phone, smartwatch, tablet, eBook reader, computer, video game system, TV, etc.)?

_____ (hours per day)

9. How often are you aware of what your child is doing on media devices?

- Always
 Most of the time
 Some of the time
 Once in a while
 Never

10. During the COVID-19 pandemic, have you practiced or enforced any rules or limits related to your child's screen use in your home (e.g., limiting content, limiting duration of screen time, using parental controls)?

- Yes
 No

a. What strategies have you used? Check all that apply

- Limiting content (i.e., only allowing access to certain material/shows/apps, etc.)
 Limiting duration (i.e., only allowing child to use a certain amount of screen time per day)
 Providing a schedule or structure for screen time throughout the day (e.g., during certain time periods, after chores, after exercise)
 Other

Other (please specify):

11. On a typical day, about how many times do the following devices (cell phones/smartphones, television, computers/laptops, and iPads or other tablets) interrupt a conversation or activity you are engaged in with your child?

- None
 Once
 2 to 3 times
 4 to 5 times
 6 to 10 times
 11 to 20 times
 More than 20 times

Progress**Relationships Inside the Home**

COVID-19 and the strategies used to control the spread of the virus, such as physical distancing, combined with the effect on the economy impacts many families in Alberta and beyond. This section is about how your relationships may have changed.

1. How has the COVID-19 pandemic affected your relationship with your partner?

It has brought us closer together
 Not much has changed
 It has strained our relationship
 N/A

2. How has the COVID-19 pandemic affected your relationship with your AOF child?

It has brought us closer together
 Not much has changed
 It has strained our relationship

3. How has the COVID-19 pandemic affected your partner's relationship with your AOF child?

It has brought them closer together
 Not much has changed
 It has strained their relationship
 N/A

4. How has the COVID-19 pandemic affected your AOF child's relationship with their siblings?

It has brought them closer together
 Not much has changed
 It has strained their relationship
 N/A

5. How has the COVID-19 pandemic affected your relationship with your circle of friends and family outside of your household?

It has brought us closer together
 Not much has changed
 It has strained our relationship

6. How would you describe your relationship with your partner?

A lot of tension
 Some tension
 No tension
 N/A (no partner)

7. The numbers below correspond to the different degrees of happiness in your relationship. The number 4 "happy" corresponds to the level of happiness found in most relationships.

| | Extremely unhappy | Quite unhappy | A little unhappy | Happy 4 | Very happy 5 | Extremely happy 6 | Perfectly happy 7 | N/A (no partner) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Please pick the number that corresponds best to your relationship with your spouse/partner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Progress**Demographics**

1. Including yourself, how many people live in your household right now? People who live in your household on a part-time basis also count.

a. Number of adults 65 or older

b. Number of adults aged 18-64

c. Number of children aged 10-17

d. Number of children aged 5-9

e. Number of children under 5

2. Before COVID-19, what was the total income, before taxes and deductions, for all household members from all sources for 2019?

- \$29,999 or less
- \$30,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 - \$99,999
- \$100,000 - \$124,999
- \$125,000 - \$174,999
- \$175,000 or more

What else would you like us to know about you and your family's experiences since COVID-19? We know that some families have had to make alternate arrangements and changed their lifestyle. What have we forgotten to ask that is important to how well you and your family are managing?

Thank you!