

SUPPLEMENTARY INFORMATION**CONSENT FORM**

Dear Parent/guardian,

My name is Dr. Osamagbe Asemota and I am Doctor in the University of Calabar Teaching Hospital, Calabar. Along with other health workers, we are carrying out a study to see how covid-19 pandemic has affected children's stress and anxiety using a stress scale. The research board for health has approved that your child can be a part of this study and that it will not cause any harm to your child.

You are only required to fill out the questions asked for yourself about your personal details and that of your spouse. Please allow your child to answer the questions specified for them in the rest of the questionnaire. You will be notified of the results of your entry when you have submitted the answers. We will also provide some materials for you based on the responses we get on the forms. All your answers are confidential and none of your details will be given to anyone. You can choose not to take part in this study at any time by withdrawing your consent or not answering the questionnaire. If you will allow your child participate then please sign in the spaces below. Otherwise, you can allow your child return the empty form back to school or you can close the browser page if you are filling the form online.

CONSENT FORM

PARENTS NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

CHILDS NAME _____

I _____ hereby give my consent to participate in the study being led by Dr. Osamagbe Asemota. I give consent for my child _____ to also take part in the study. I understand that our information will be kept confidential and I can withdraw my consent at any time.

Signature _____ Date _____

QUESTIONNAIRE

Please fill this questionnaire out as clearly as you can, if you have any questions, please ask the investigator who has given you this paper or reach me on 08036345531 or samsie10@gmail.com to explain further if you are answering it online.

A. SOCIO DEMOGRAPHY

- 1) Name (initials only)
- 2) Age
- 3) Marital status: single [], married [], divorced [], widowed [],seperated []
- 4) your occupation
- 5) Level of education: no schooling [] primary [] secondary [] b.sc [] ond [] hnd []
- 6) Spouse occupation
- 7) Level of education : no schooling [] primary [] secondary [] tetiary [] ond [] hnd []
- 8) Ffamily religion: christianity [] islam []
others (specify).....

6. Have your children been physically going to school ? yes [] no []

7. If your children have not been going to school, how is their school work done during this period?

Tick the method you have used.

online teaching provided by the school like internet, zoom, email, video lessons []

Physical lessons taught by a school teacher []

Physical lessons by parents []

CHILDRENS QUESTIONNAIRE

PLEASE ASSIST YOUR CHILD TO FILL THIS NEXT PART IF THEY CANNOT DO IT BY THEMSELVES. YOU CAN ASK THEM THE QUESTIONS AND WRITE THEIR REPLIES OR ALLOW THEM WRITE IT.

IF ELECTRONICALLY, YOU CAN TYPE THE REPLIES FOR THEM.

WE WANT TO SEE HOW MUCH YOUR CHILD KNOWS ABOUT THE CORONA VIRUS.

PLEASE ALLOW YOUR CHILD GIVE THE ANSWERS THAT THEY WISH TO. DO NOT INFLUENCE WHAT THEY SAY.

QUESTIONS ABOUT COVID-19

1. HAVE YOU HEARD ABOUT THE CORONA VIRUS /COVID-19

YES _____ NO _____

	How does a person get covid ?	YES	NO
1	When someone who has it talks		
2	When someone who has it sneezes around me		
3	When someone who has it doesn't wear a face mask and I don't wear a face mask		
4	When someone who has it coughs		
	TOTAL		
	Since the pandemic started have you been doing any of these things ?		
1	I wear a face mask outside the house		
2	I wash my hands when I go in and out of the house		
3	I use hand sanitiser when I am outside		
4	I do not go to crowded places		
	TOTAL		

IN the next part, you will pick the item that tells us how you have felt during the COVID-19 pandemic. You will also write about your feelings. If you cannot do this, you are free to stop filling the form.

Perceived Stress Scale (Children)

The following questions ask you about your feelings and thoughts during COVID-19 pandemic. For each question you will be asked to circle the picture that best fits your answer.

Name (or Initials or Nickname):

Date:

Age:

Birthday:

I am a:

Boy

Girl

not Decided

1. Which one has a lot of something?



2. During the COVID-19 pandemic, how often did you feel rushed or hurried?



What made you feel so?

3. During the COVID-19 pandemic, how often did you have enough time to do what you wanted?



What did you do?

4. During the COVID-19 pandemic, how often did you feel worried about being too busy?



What made you worry about being busy?

5. During the COVID-19 pandemic, how often did you feel worried about grades or school?



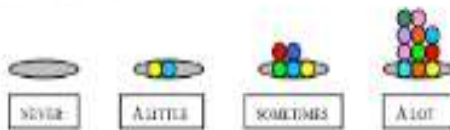
What made you worry about school?

6. During the COVID-19 pandemic, how often did your mom and/or dad make you feel better?



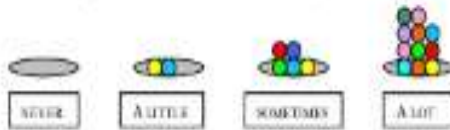
Who made you feel better? How did they make you feel better?

7. During the COVID-19 pandemic, how often did your mom and/or dad make you feel loved?



What made you feel loved?

8. During the COVID-19 pandemic, how often did you feel scared or nervous?



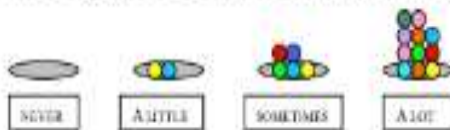
What made you feel scared or nervous?

9. During the COVID-19 pandemic, how often did you feel angry?



What made you angry?

10. During the COVID-19 pandemic, how often did you feel happy?



What made you happy?

11. During the COVID-19 pandemic, how often did you get enough sleep?



What made you not sleep well?

12. During the COVID-19 pandemic, how often did you have fights with your friends?



Why did you have fights?

13. During the COVID-19 pandemic, how often did you play with your friends?



Whom did you play with? How did you play?

14. During the COVID-19 pandemic, how often did you feel that you had enough friends?



Please write something about your friends:

THIS IS THE END, THANK YOU FOR FILLING OUT THE FORM.

YOU WILL BE GIVEN SOME MATERIALS OR IF THE FORM WAS FILLED ONLINE THEY WILL SENT TO YOUR PARENTS EMAIL ALONG WITH YOUR SCORES.