

Supplementary Material.

English version of the web-based survey on-line distributed to 88 family clusters of COVID-19, enrolled at CovFC. The online survey was developed using the REDCap® platform (Vanderbilt University, Tennessee) hosted on the server of the University of Padova and it was shared by email to all parents that explicitly agreed to take part in the study, for the period of time from March 2020 to April 2021. The original survey was elaborated and distributed in Italian language.

Dear Parents,

we kindly ask you to answer to some questions to help us understanding your family experience of SARS-CoV-2 related disease and isolation, from the psychological, relational and social points of view.

Family code.....

Patient code.....

Mother ☐ Father ☐ Legal tutor ☐ Other (specify)

date of survey compilation / /

Education:

- Primary school degree
- Secondary school degree
- High school degree
- Bachelor degree

Communication of and sharing the diagnosis

1. In one word, how did you feel when you received your COVID – 19 diagnose?
2. Please indicate ONE IMAGE that may represent your emotional state when you received your diagnosis.

3. Other than the people you had direct contact with, did you inform anyone else you were positive for Covid – 19? yes ☐ no ☐

4. Did you feel that other people would treat you or your family differently when knowing of your diagnosis?
yes ☐ no ☐
5. Did anyone indeed act differently towards you or your family?
yes ☐ no ☐
If yes, then how was this difference? ☐ Positive ☐ Negative ☐ Both

Familiar relationships

Describe the composition of your cohabiting family before the diagnosis.

Did the composition of your cohabiting family change after the diagnosis? (We ask you to specify any moving of people, separations, change in the living size for the family, due to recovery and/or isolation.)

yes ☐ no ☐

If yes, what changed? _____

Did your family format go back to the way it was before? yes ☐ no ☐

In your opinion, was your house adequate (in terms of space) to manage the isolation? yes ☐ no ☐

Now think of the QUALITY of the family relationships within all members. We ask you to sign between 0 and 5 (Likert scale), where 0 means terrible relation, 5 means great relation:

Before the diagnosis:

with the spouse/partner: 0__1__2__3__4__5__

with the children: 0__1__2__3__4__5__

among siblings: 0__1__2__3__4__5__

During COVID-19 related isolation:

with the spouse/partner: 0__1__2__3__4__5__

with the children: 0__1__2__3__4__5__

among siblings: 0__1__2__3__4__5__

At the time of survey compilation (today):

with the spouse/partner: 0__1__2__3__4__5__

with the children: 0__1__2__3__4__5__

among siblings: 0__1__2__3__4__5__

Before the diagnosis, were you working?

Yes ☐ No ☐

Yes, as a:

☐ employee

☐ autonomous/entrepreneur

☐ permanent job, irregular

☐ occasional job, irregular

☐ others (specify) _____

After the diagnosis and at the end of isolation, was there any change in your working schedule/time?

Yes ☐ No ☐

If your working time has changed, please choose from the following:

☐ I have stayed home during isolation time and then I went back to work normally.

☐ I have done *smart working*

☐ I have reduced my working time

☐ I have lost my job

☐ other relevant changes (specify) _____

Did the Covid -19 diagnosis have either positive or negative outcomes in your working life?

Yes ☐ No ☐

☐ Positive outcome

☐ Negative outcome

QUESTIONS INVESTIGATING THE CHILDREN/ADOLESCENT'S ADAPTATION

Please answer the following questions for each of your children.

Child's date of birth. _____

Positive to Covid - 19 yes ☐ no ☐

hospitalization yes ☐ no ☐

Before the first Covid-19 epidemic, did you child have any developmental difficulty/disturb? yes ☐ no ☐

(Here falls language and psychomotor development difficulties, emotional, relational, behavioural difficulties). If yes, specify

If yes, did the child pursue any rehabilitating, educational or therapeutical path?

yes ☐ no ☐

if yes, specify

FOR EACH CHILD

How do you think the adaptation of your child to the isolation time was?

We ask you to sign between 0 and 5 (Likert scale), where 0 means very easy adaptation, 5 means very difficult adaptation.

Did your child do distant learning?

Yes ☐ no ☐

Which electronic devices were used?

- Pc
- Tablet
- Smart phone

Did you have wi-fi connection?

yes ☐ no ☐

Did the family diagnosis and the isolation, in your opinion, determine changes in your child's adaptation?

yes ☐ no ☐

ONLY FOR CHILDREN AGED 0-5

Did the diagnosis of COVID-19 and the isolation affect the quality of the following aspects? If yes, we ask you to explain how.

- | | |
|--|---|
| - Physical contact and physical self-care: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |
| - Breastfeeding/feeding: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |
| - Sleep/waking patterns patterns: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |
| - Bowel movements: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |
| - Language development quality: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |
| - Movement quality/quantity: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |
| - Playing quality: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |
| - Expressing and managing of emotions: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |
| - Quality of interactions with parents: | yes <input type="checkbox"/> no <input type="checkbox"/> how?_ negative_ positive |

- Quality of interactions with siblings: yes ☐ no ☐ how?_ negative_ positive

ONLY FOR CHILDREN/ADOLESCENTS AGED 6-17

- | | | | |
|---|--------------------------------|------------------------------------|--------------------------------|
| 1. Complains of aches/pains | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 2. Spends more time alone | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 3. Tires easily, has little energy | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 4. Fidgety, unable to sit still | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 5. Has trouble with a teacher | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 6. Less interested in school | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 7. Acts as if driven by a motor | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 8. Daydreams too much | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 9. Distracted easily | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 10. Is afraid of new situations | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 11. Feels sad, unhappy | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 12. Is irritable, angry | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 13. Feels hopeless | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 14. Has trouble concentrating | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 15. Less interest in friends | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 16. Fights with others | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 17. Absent from school | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 18. School grades dropping | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 19. Is down on him or herself | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 20. Visits doctor with doctor finding nothing wrong | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 21. Has trouble sleeping | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 22. Worries a lot | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 23. Wants to be with you more than before | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 24. Feels he or she is bad | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 25. Takes unnecessary risks | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 26. Gets hurt frequently | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 27. Seems to be having less fun | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 28. Acts younger than children his or her age | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 29. Does not listen to rules | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 30. Does not show feelings | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 31. Does not understand other people's feelings | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 32. Teases others | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 33. Blames others for his or her troubles | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 34. Takes things that do not belong to him or her | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |
| 35. Refuses to share | never <input type="checkbox"/> | sometimes <input type="checkbox"/> | often <input type="checkbox"/> |

Note.

The “**Attention Problems**” subscale was derived from the sum of the following items: “Fidgety, unable to sit still”(item 4), “Daydreams too much”(item 8), “Distracted easily” (item 9), “Has trouble concentrating” (item 14), “Acts if is driven by a motor” (item 7). A cut-off > 7 indicates an impairment condition.

The **“Internalizing problems” subscale** was derived from the sum score of the following items: “Feels sad or unhappy” (item 11), “Feels hopeless” (item 13), “Is down on him or herself” (item 19), “Worries a lot” (item 22). A cut-off > 5 indicates an impairment condition.

The **“Externalizing problems” subscale** was derived from the sum of the following items: “fight with others” (item 16), “does not listen to rules” (item 29), “does not understand other people feelings” (item 31), “teases others” (item 32), “blamed others for his / her troubles” (item 33), “takes things that do not belong to him/her” (item 34), “refuses to share” (item 35). A cut-off > 7 indicates an impairment condition.