

Questionnaire

Date:

No.:

Please fill in completely and only check one answer box at a time. If you have any questions, please contact one of the study physicians.

Time: ~ 10 minutes

Consent to Participation:

Thank you for agreeing to participate in the study mentioned above. Have you been adequately informed, have your questions been answered and do you wish to participate in the above survey study?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Part '1' – Participants

1. Are you parent or custodian accompanying the child/children today?

Parent <input type="checkbox"/>	Custodian <input type="checkbox"/>	Not applicable or no information <input type="checkbox"/>
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1.1 Which age group do you belong to?

16-20 years <input type="checkbox"/>	21-30 years <input type="checkbox"/>	31-40 years <input type="checkbox"/>	41-50 years <input type="checkbox"/>	51-60 years <input type="checkbox"/>	61-70 years <input type="checkbox"/>	> 70 years <input type="checkbox"/>
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1.2 What is your gender?

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Divers <input type="checkbox"/>
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1.3 What is your job?

Student <input type="checkbox"/>	Research associate <input type="checkbox"/>	Employee <input type="checkbox"/>	Self-employed person <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Pensioners <input type="checkbox"/>	Not applicable or no information <input type="checkbox"/>
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1.4 Do you work in the healthcare sector? (e.g. nursing, physician, medical assistant)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	No information <input type="checkbox"/>
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Part '2' – New type of corona virus / corona pandemic

2.1 Have you or other persons living in the same household as your child/children been infected with COVID-19? (Attention: The children themselves are not meant!)

Yes, with positive test result <input type="checkbox"/>	Yes, without test result <input type="checkbox"/>	No, with negative test result <input type="checkbox"/>	No, without test <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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2.2 Do you know someone who has / has been infected with COVID-19 or do you work with people who have / have been infected with COVID-19?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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2.3 How worried are you about being infected with COVID-19 yourself?

Very high <input type="checkbox"/>	High <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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2.4 How concerned are you that your child(ren) will be diagnosed with COVID-19?

Very high <input type="checkbox"/>	High <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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The following questions 2.5 - 2.9 refer to the period of the entire corona pandemic!

2.5 How high do you think the risk is for your child(ren) to become infected during everyday errands (e.g. shopping at the supermarket, visiting a playground)?

Very high <input type="checkbox"/>	high <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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2.6 How high do you think the risk is for your child(ren) to become infected with Corona virus during a visit to your regular pediatrician/general practitioner?

Very high <input type="checkbox"/>	High <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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2.7 How high do you think the risk is for your child(ren) to become infected with Corona virus during a visit to a pediatric clinic?

Very high <input type="checkbox"/>	High <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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2.8 Has the Corona pandemic affected your child(ren)'s mental and/or physical health?

Yes, influenced in a negative way <input type="checkbox"/>	Yes, influenced in a positive way <input type="checkbox"/>	No, no influence <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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2.9 as the Corona pandemic affected your child(ren)'s everyday quality of life?

Yes, influenced in a negative way <input type="checkbox"/>	Yes, influenced in a positive way <input type="checkbox"/>	No, no influence <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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Part '3' – Child(ren)

3.1 How many children do you have?

1 child <input type="checkbox"/>	2 children <input type="checkbox"/>	3 children <input type="checkbox"/>	4 children <input type="checkbox"/>	> 4 children <input type="checkbox"/>	No information <input type="checkbox"/>
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3.2 How old are your children? (multiple answers are possible here!)

Child	0-1 years (Meaning: Within the first 24 months of life)	2-5 years	6-12 years	13-18 years	>18 years	No information
#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Does one of your children have a chronic disease (e.g. asthma, neurodermatitis, inflammatory bowel disease, rheumatism, etc., see definition)?

Yes <input type="checkbox"/> → Continue from section 4 (continue from page 5 to end)	No <input type="checkbox"/> → Continue only from section 5 (from page 9 to end)
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Definition of chronic disease(s) (in childhood):

- Illness/condition has existed for at least 3 months (note: children under 1 year not to be assessed here)¹
- Illness/condition limits age-appropriate activities and/or has recurring need for medical care/check-ups¹
- *In general, a diagnosis by a pediatrician for a period longer than 3 months is considered a chronic condition.*

¹Schmidt, Silke & Thyen, Ute. (2008). Was sind chronisch kranke Kinder?. Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz. 51. 585-591. 10.1007/s00103-008-0534-5.

3.3.1 If 'YES', with which of your children do you present today with an appointment or acute illness?

My child(ren) with chronic disease <input type="checkbox"/>	My otherwise healthy child(ren) <input type="checkbox"/>
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Part '4' – Families with children suffering from chronic disease(s) / Procedure with children suffering from chronic disease(s)

4.1 How many of your children have a chronic health condition?

1 child <input type="checkbox"/>	2 children <input type="checkbox"/>	3 children <input type="checkbox"/>	4 children <input type="checkbox"/>	> 4 children <input type="checkbox"/>	No information <input type="checkbox"/>
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4.2 What type of chronic disease does your child(ren) have? (multiple answers are possible here!)

Child	Airway (e.g., asthma)	Liver and/or intestine	Heart	Kidney	Rheumatism / joints	Hämatology / oncology (e.g., cancer)	Metabolic (e.g., diabetes)	Others	I do not know / no information
#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3 Was (or is) your chronically ill child/children affected by COVID-19?

Yes, with positive test result <input type="checkbox"/>	Yes, without test result <input type="checkbox"/>	No, with negative test result <input type="checkbox"/>	No, without test <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.4 Do any of your chronically ill children take medication on a regular/permanent basis due to their condition?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.4.1 If 'YES', did the Corona pandemic cause supply problems with needed medications?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.5 Does the chronic condition of one / several of your children necessitate regular outpatient doctor visits and / or inpatient hospital admissions?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.6 Have there been any rescheduling or cancellations of outpatient appointments with your pediatrician/general practitioner or at a specialty consultation (e.g., a pediatric clinic) for one of your chronically ill children due to the Corona pandemic?

Yes, the clinic/doctor's office canceled the appointment <input type="checkbox"/>	Yes, I/we have cancelled the appointment <input type="checkbox"/>	No, no rescheduling <input type="checkbox"/>	No, no doctor's visit was planned / required <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.6.1 If 'YES': Where was this appointment scheduled?

Pediatrician / general practitioner <input type="checkbox"/>	Special consultation (e.g. asthma consultation in a pediatric clinic) <input type="checkbox"/>	Outpatient intervention / diagnostics (e.g., outpatient surgery, imaging such as X-ray/CT/MRI, etc.) <input type="checkbox"/>	Other (e.g. physiotherapy, rehab, etc.) <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.6.2 If 'YES', were necessary appointments for regular preventive examinations (U-examinations) or vaccinations affected by this?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.6.3 If 'YES, I/we cancelled the appointment': did you cancel or reschedule the outpatient appointment because of concerns about contracting Corona virus?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.6.4 If 'YES, the clinic/practice canceled the appointment,' were alternative options offered as a substitute for presenting at the specialty consultation, such as video consultation, telephone consultation, extensive telephone calls, or similar?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.7 Have you taken advantage of non-contact medical care offerings such as video consultations, telephone consultations, extensive telephone calls, or equivalent?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.7.1 If 'YES', how well could this replace the face-to-face presentation at the specialty consultation?

Very good <input type="checkbox"/>	Good <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.8 In the context of the Corona pandemic, would you like to see more offerings of non-contact medical care, such as video consultations, telephone consultations, extensive telephone calls, or equivalent?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.9 Have there been any rescheduled or cancelled inpatient appointments for any of your chronically ill children due to the Corona pandemic?

Yes, the clinic/doctor's office canceled the appointment <input type="checkbox"/>	Yes, I/we have cancelled the appointment <input type="checkbox"/>	No, no rescheduling <input type="checkbox"/>	No, there were no <u>inpatient</u> appointments scheduled <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.9.1 If 'YES, I/we cancelled the appointment', have you cancelled or rescheduled inpatient appointments due to concerns about contracting Corona virus?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.10 If there were any cancellations or rescheduling of outpatient and/or inpatient appointments: *In your opinion, how much did this negatively affect your child's health?*

Very much <input type="checkbox"/>	Much <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>	Not applicable / No appointment cancellations <input type="checkbox"/>
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4.11 Have the treating physicians / therapists provided you with information on managing corona virus with your chronically ill child / children?

Yes, plenty of information <input type="checkbox"/>	Yes, but too less information <input type="checkbox"/>	No, no information <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.11.1 Did / Would you have (had) more need for information (e.g., accessible online) on managing corona virus in your chronically ill child/children?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.12 From your perspective, has the Corona pandemic as a whole had an impact on the health of your child/children with chronic illness?

Yes, negative impact <input type="checkbox"/>	Yes, positive impact <input type="checkbox"/>	No, no impact <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.13 In the event of an acute illness in one of your children, would you avoid or delay a doctor's visit during the Corona pandemic in general?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.14 In the event of an acute illness but ***minor problem in your opinion*** (e.g., cough, diarrhea) in one of your children, would you avoid or delay a visit to the doctor during the Corona pandemic?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.15 In the event of an acute illness in one of your children that ***may be life-threatening in your opinion***, would you avoid or delay a doctor's visit during the Corona pandemic?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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Part '5' – Families with otherwise healthy children / Procedure for healthy children

PLEASE NOTE:

If you have only chronically ill children / a chronically ill child please DO NOT fill in!

5.1 Was (or is) your otherwise healthy child/children suffering from COVID-19?

Yes, with positive test result <input type="checkbox"/>	Yes, without test result <input type="checkbox"/>	No, with negative test result <input type="checkbox"/>	No, without test <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.2 Have there been any rescheduled or cancelled appointments with your pediatrician/general practitioner for any of your children due to the Corona pandemic?

Yes, the clinic/doctor's office canceled the appointment <input type="checkbox"/>	Yes, I/we have cancelled the appointment <input type="checkbox"/>	No, no rescheduling <input type="checkbox"/>	No, no doctor's visit was planned / required <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.2.1 If 'YES', what type of medical presentation was scheduled?

Regular preventive medical check-ups (e.g. U-examinations, vaccinations, etc.) <input type="checkbox"/>	Acute presentation (e.g. respiratory infection, abdominal pain, etc.) <input type="checkbox"/>	Other (e.g., picking up a prescription, being excused for school classes) <input type="checkbox"/>	No information <input type="checkbox"/>
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5.2.2 If ,YES, I/we cancelled the appointment', did you reschedule or cancel one or more appointments due to concerns about contracting Corona virus?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.2.3 If 'YES', how much do you think the appointment rescheduling or cancellation negatively affected your child's health?

Very much <input type="checkbox"/>	Much <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.3 Should any of your children be hospitalized during the Corona pandemic?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.3.1 If 'YES', did you decline your child's inpatient admission at your own request because of concerns about COVID-19, or did you leave the hospital earlier than planned at your own request?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.3.1.1 If 'YES', how much do you think this has negatively affected your child's health?

Very much <input type="checkbox"/>	Much <input type="checkbox"/>	Moderate <input type="checkbox"/>	Low <input type="checkbox"/>	Not at all <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.4 In the event of an acute illness in one of your children, would you avoid or delay a doctor's visit during the Corona pandemic in general?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.5 In the event of an acute illness but minor problem in your opinion (e.g., cough, diarrhea) in one of your children, would you avoid or delay a visit to the doctor during the Corona pandemic?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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5.6 In the event of an acute illness in one of your children that may be life-threatening in your opinion, would you avoid or delay a doctor's visit during the Corona pandemic?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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4.16 From your perspective, has the Corona pandemic as a whole had an impact on the health of your child/children with chronic illness?

Yes, negative impact <input type="checkbox"/>	Yes, positive impact <input type="checkbox"/>	No, no impact <input type="checkbox"/>	I do not know / no information <input type="checkbox"/>
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Thank you!