

- Single choice
- o Multiple choices
- * Mandatory answer

CoKi Survey on Protective Masks for Mouth and Nose Covering

Dear survey participant!

You have an opportunity here to document your observations on the effects that have occurred when one or more of your children was wearing a usual protective mask for mouth and nose covering (hereinafter referred to as masks).

With the corona pandemic, a situation has arisen in which research relies on the data relating to children and adolescents (hereinafter referred to as children) in order to make scientific statements concerning children. You can make a decisive contribution to this. Please help us by answering the following questions! Every input is important. Please be honest and do not exaggerate.

Thank you very much

Dr. med. Silke Schwarz and Prof. Dr. med. David Martin (University of Witten / Herdecke)

Data protection for voluntary participation:

Your participation is of course voluntary and anonymous. You are free to cancel your participation at any time without incurring any disadvantages. Professional discretion and data protection are guaranteed. Your information is strictly confidential and processed anonymously, i.e. no names, initials, addresses or other identifying variables are used. Accordingly, no statements can be deleted retrospectively on request. Times and dates are not saved, but responses are time-stamped. IP addresses of the respondents are not recorded! Google Analytics settings: None. The data are only accessible to the researchers involved in the study and will not be passed on to third parties at any time.

Please enter your age: [Enter numbers]

What is your highest level of education?

- no school or training qualification
- secondary school leaving certificate, or similar
- general higher education entrance qualifications, subject-specific higher education entrance qualification or technical college entrance qualification
- completed apprenticeship
- university degree (bachelor, master, doctorate)

* **Please select your country and state or department:** [selection field]

* **In what role do you fill out this survey?**

- parent
- teacher
- doctor
- other [freetext]

[If selection = PARENTS:] **How many children do you have?** [Number entry]

(Child 1-5 = the following part of the questionnaire is called up to five times)

* **Please enter the age of the child you are reporting about** [selection field: 0-18]

Please indicate the gender of the child:

- female
- male
- other
- no information

Does your child have any previous illnesses?

- no previous illnesses
- asthma
- other lung diseases
- other previous illness(es): [free text]

The child wears a mask in the following situations:

- one the way to school
- at school outside of the class (corridor, playground)
- at school in class
- in kindergarten
- in shops
- never
- has a mask exemption / a certificate
- other: [free text]

Approximate wearing time of a mask on an average day: [selection: hours minutes]

What kind of mask is your child mainly wearing?

- cloth mask
- surgical mask
- FFP mask
- other: [free text]

Does the child complain about any difficulties from wearing a mask? [Yes No]

Do you notice any difficulties your child has from wearing a mask? [Yes No]

Symptoms observed in the child after the prolonged wearing of a mask:

- no symptoms

- o headache
- o blinking eyes
- o itching in the nose
- o feeling short of breath
- o tightness under the mask
- o noise in the ears
- o dizziness
- o impairment of learning
- o dry throat
- o drowsiness / tiredness
- o difficulty concentrating
- o short-term impairment of consciousness / fainting spells
- o other: [free text]

- o accelerated breathing
- o increased heart-rate, palpitations, chest pains
- o chest tightness
- o feeling weak
- o malaise
- o feeling sick
- o other: [free text]

- o loss of appetite
- o abdominal pain
- o nausea
- o vomiting
- o reluctance to move, reluctance to play
- o weakness
- o other: [free text]

Any observed health impairment of the child through wearing a mask ...

- ... was not observable
- ... was minor
- ... was moderate, but tolerable
- ... was serious
- ... required hospitalization

Other abnormalities in the child's behavior:

- o no other abnormalities
- o the child plays less
- o the child is less cheerful
- o the child gets irritated more than usual
- o the child is more restless than usual
- o the child has a greater urge to move than usual
- o the child sleeps more than usual
- o the child sleeps worse than usual

o the child no longer wants to go to school / kindergarten

o the child has developed new fears [free text]

o other observations [free text]

[If selection = the child has developed new fears] Please describe the fears that the child has developed from wearing a mask: [free text]

Would you like to enter data for another child? [Yes (go to child 2, 3, ...) / No]

I would describe my attitude to the government's corona protective measures as follows:

- “I think the measures should be stricter.”
- “I think the measures should be milder”
- “I think the measures are appropriate and good.”
- “I have no opinion on this.”
- no information
- other: [free text]

Please describe your personal attitude towards the mask requirement:

[free text]

You can leave your name and an email address here for contact purposes. Your data set is then no longer anonymous. Your personal data will continue to be treated confidentially by us in accordance with the GDPR and will not be published or passed on to third parties. If you would like to send us a message, please use the e-mail addresses given on the following page.

First name: [text input]

Family name: [text input]

E-mail address: [text input]

Thank you very much for your support!

Dr. med. Silke Schwarz and Prof. Dr. med. David Martin (University of Witten / Herdecke)

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