# Consent Text and Survey Instrument

Draft recruitment advert: (to be shared as ‘promoted content’ through the Children, Cities, and Climate, Facebook, Instagram and google account:



**Welcome Screen**

Hello, we are researchers from LSHTM and want to understand how you’re feeling & what you’re doing today.

This 2-minute survey is going to young people <29 years and parents of children <18 years in your city during or after heatwaves.

All data is anonymous. We will analyse and share the anonymous results with the public, other researchers and policy makers.

You can stop at any time and can find more information at [lshtm.ac.uk/ccc/info](https://www.lshtm.ac.uk/research/centres-projects-groups/children-cities-and-climate)

Would you like to take part in this survey?\*

* YES
* NO

**Screen 2**

How old are you? (In years)\*

**Screen 3**

Are you a parent of a child less than 18 years?\*

* YES
* NO

**Screen 4**

If you're a parent, please consider your youngest child when answering these questions.

If you're not a parent, just answer for yourself.

**Screen 5**

How old is your youngest child?\*

*(the age in years of the child for whom you are completing this survey). If your baby is less than 1 year old, type "0")*

**Screen 6**

If you're a parent, please consider your youngest child when answering these questions.

If you're not a parent, just answer for yourself.

**Screen 7**

How are you (or your youngest child, if you're a parent) feeling today?

😀 Very good

🙂 Good

😐 Okay

🙁 Bad

😭 Very Bad

**Screen 8**

Last night, overall, how well did you (or your youngest child, if you're a parent) sleep?

😀 Very good

🙂 Good

😐 Okay

🙁 Bad

😭 Very Bad

**Screen 9**

In the last 24 hours, have you (or your youngest child, if you're a parent) experienced any of the following symptoms? (*Answer all to move to the next question)*

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Itchy eyes  |  |  |
| Sore throat  |  |  |
| Cough  |  |  |
| Skin irritation/rash  |  |  |
| Diarrhea or Vomiting  |  |  |
| Heat exhaustion (e.g., excessive sweating, faintness)  |  |  |
| Respiratory difficulties  |  |  |
| Low mood  |  |  |
| Anxiety / stress  |  |  |
| Difficulty concentrating at work or school  |  |  |
| Headache  |  |  |

**Screen 10**

In the last 24 hours roughly how many minutes of physical activity have you (or your youngest child, if you're a parent) done?

* 0 minutes
* 1-15 minutes
* 16-30 minutes
* 31-45 minutes
* 46-60 minutes
* More than 60 minutes

**Screen 11**

Did any of these things happen to you (or your youngest child, if you're a parent) in the last 24 hours due to heatwaves? *(answer all to move to the next question)*

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Was late for school or work  |  |  |
| Missed school or work completely  |  |  |
| Missed an important meeting or interview  |  |  |
| Missed a health care appointment  |  |  |
| Cancelled meeting up with friends / family  |  |  |
| Did not have enough food in the house  |  |  |
| Was unable to access clean drinking water  |  |  |
| My home or route was affected by flooding or debris  |  |  |
| Health-related issues (e.g., heat stroke and exhaustion, asthma attacks and allergies)  |  |  |
| Need for more family assistance (e.g., helping elderly relatives, caring for children who have not gone to school, aiding family members with health issues)  |  |  |

**Screen 12**

How concerned are you about heatwaves?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

😀 😐 😭

Not at all concerned Moderately concerned Extremely concerned

**Screen 13**

How satisfied are you with the preparedness and response of your community to heatwaves?

* 😀 Very satisfied
* 🙂 Somewhat satisfied
* 😐 Neutral
* 🙁 Somewhat dissatisfied
* 😭 Very dissatisfied

 **Screen 14**

If you could do \*one\* thing to make your town/city healthier and more sustainable what would it be? (optional)

**Screen 15**

What gender are you (or your youngest child, if you're a parent)?

* Female
* Male
* Other / Prefer not to say

**Screen 16**

What is the approximate total monthly income of your household in US Dollars?

* <$100
* $ 100 to $ 499
* $ 500 to $ 1499
* $1,500 to $ 4,000
* >$4000

**Screen 17**

A few days ago, we conducted a similar survey. Did you participate in this study before?

* Yes
* No

Thank you for your time! Please email ccc@lshtm.ac.uk if you have any questions.