**Appendix 1**

We invite you to participate in this study conducted by a group of doctors to understand the various challenges faced by young adults in the COVID-19 scenario. We are concerned that children and young adults are especially at risk for stress and anxiety during these times, and we want to help them.

This will be a ten minute online survery in the form of simple yes/no questions.

Participation will be entirely voluntary, The information collected shall be kept strictly confidential, and the identities of the students shall not be revealed at any time.

Thank you for your support.

Hope we can all come together to fight this crisis collectively.

For further questions, please do not hesitate to contact Dr. Mandara at mandara.harikar@gmail.com

Section 0 - Informed Consent

I have read the above information and agree to participate in this research project:

1. Yes
2. No

Is your age between 15-24 years of age? If Yes, to continue with Section 1.1.

If No, are you a parent of a child aged between 10-14 years of age? If Yes, to continue with Section 1.2 (for parents). If No, survey terminates.

**Section 1.1- Demographic details**

1. Age (in completed years):
2. Gender: Male/Female
3. Are you married? Yes/No
4. Which country do you reside in?
5. State of residence?
6. Resident type : Independent House/Apartment/Hostel
7. Education: Less than High School/ High School/Intermediate/Graduation/Post-Graduation
8. Occupation: Student/Employed/Business/Unemployed

**Section 1.2**

1. Age of your child (in years):
2. Gender of your child: Male/Female
3. Which country do you reside in?
4. State of residence:
5. Family type: Nuclear/Joint
6. Residence type: Independent house/Flat
7. Have you heard about Coronavirus infection? Yes/No

**Section 2 - Knowledge and awareness about COVID-19**

1. Are you aware of the current COVID-19 pandemic: Yes/No
2. Major source of information regarding COVID-19 pandemic: Whatsapp/Facebook or other social media/Google or other online sources/Newspaper/Television/Govt. authorised applications
3. Are you satisfied with the information available to you: Yes/No/Maybe
4. How often are you tracking the information about COVID-19: Never/Occasionally/Daily/Multiple times a day
5. How does Coronavirus spread? (check all that apply): Direct contact with infected person or object/ Droplets (spreads when you come within 1 meter of someone coughing/sneezing) / Airborne (the infection remains in the air for long periods of time, even when people have moved away) /Don’t know
6. How can you protect yourself from Coronavius infection? (check all that apply): Frequent hand washing/Social distancing/Wearing face mask when outdoor/Avoiding contact with person coughing/sneezing/Don’t know
7. What are the signs and symptoms of coronavirus infection? (check all that apply) Fever/Dry cough/ Tiredness/Cold/Diarrhea/Sometimes no symptoms/Don’t know
8. Have you experienced any of these symptoms in last 14 days? (check all that apply): Fever/Dry cough/ Tiredness/Cold/Diarrhea/None

**Section 3 - Psychological Impact of COVID-19 pandemic**

1. Are you anxious or worried about the COVID-19 infection: Yes/No/Maybe

**PSS-10**

1. In the last month, how often have you felt upset because of something that happened unexpectedly: Never/Almost never/Fairly often/Often/Very often
2. In the last month, how often have you felt unable to control important things in your life: Never/Almost never/Fairly often/Often/Very often
3. In the last month, how often have you felt nervous and “stressed”: Never/Almost never/Fairly often/Often/Very often
4. In the last month, how often have you felt confident about your ability to handle personal problems: Never/Almost never/Fairly often/Often/Very often
5. In the last month, how often have you felt that things were going your way: Never/Almost never/Fairly often/Often/Very often
6. In the last month, how often have you found that you could not cope with all the things that you had to do: Never/Almost never/Fairly often/Often/Very often
7. In the last month, how often have you been able to control irritations in your life: Never/Almost never/Fairly often/Often/Very often
8. In the last month, how often have you felt that you were on top of things: Never/Almost never/Fairly often/Often/Very often
9. In the last month, how often have you been angered because things were out of your control? Never/Almost never/Fairly often/Often/Very often
10. In the last month, how often have you felt that handle difficulties were piling up so high that you could not overcome them: Never/Almost never/Fairly often/Often/Very often
11. What are you doing to decrease your anxiety/stress? Engaging in recreational activities/Talking with friends or family/Accepting it as an unchangeable problem/Praying to God/Often feel angry or frustrated with others/Increased sleep time

**Section 4 - T1D and COVID-19**

1. Are you suffering from Type 1 Diabetes? Yes/No
2. Duration of Type 1 Diabetes (in approximate years):
3. How many times a day do you take insulin? 2 times a day/3-4 times a day/Insulin pump
4. HBA1c in the last 6 months (if done):
5. Any change in you blood sugar control over the last one month? Improved/Worsened/No change
6. Reason for poor sugar control: Unavailability of insulin/Unavailability of blood sugar monitoring strips/Difficulty in managing healthy diet/Lack of physical work/ Difficulty in getting consultations
7. Have you reduced the frequency of blood sugar monitoring in the last 1 month: Yes/No/Maybe
8. Do you feel the need for more information on the management of Type 1 Diabetes during COVID-19 pandmic? Yes/NoMaybe
9. Do you think online/telephonic consultations could help you? Yes/No/Maybe
10. Do you feel that easy availability of insulin and other devices may reduce your stress? Yes/No/Maybe