REPORT

Introduction: According to the epidemiological data presented by the World Health Organization, the spread of the new coronavirus, which causes acute respiratory syndrome, is rapid and the confirmed cases up to the moment of writing the protocol amount to 2,626,321, while the deaths exceed 181,938 worldwide (EODY, 2020). The current situation has alerted the global health community and created the need for the immediate development and implementation of effective preventive measures and strategies, with the aim of optimal medical management of the current health crisis. Since December 2019, when the disease was first reported in the city of Wuhan, China, data on the clinical characteristics of patients began to be collected (R., Castagnoli, M., Votto, A., Licari, etal, 2020) . The majority of data collected so far mainly concern adult patients, while reports on pediatric patients are extremely limited. Studies report that children are at similar risk of infection as adults, although they appear to show no severe symptoms or even be asymptomatic (BiQ, WuY, MeiS, etal, 2020). Understanding their reactions and feelings is essential to appropriately address future mental health problems, but also to meet their needs (WenYanJiao, LinNa Wang, Juan Liu, etal, 2020). The number of studies on the mental health of of children and adolescents during the period of the Covid-19 pandemic, is not sufficient and studies concerning vulnerable groups such as children and adolescents with ASD have not yet been presented to the scientific community in order to draw valid and clear conclusions.

The purpose of the research work is to investigate the effects of the current health crisis on behavioral, psychological, communication, interaction, education and learning parameters of children and adolescents with ASD. The study aims to evaluate the special needs and changes related to the crisis of the corona virus / COVID19 in children and adolescents with autism, with the ultimate goal of laying the foundations for further research, timely and correct treatment in the event of a similar health crisis in the future. at the end of the research process and the analysis of the data, it is expected to reveal difficulties, obstacles and significant changes in daily life, with an impact on the behavior of children and adolescents with ASD due to the measures taken to avoid the spread of the new coronavirus..

Methodology: The study sample consisted of 70 people aged 3 to 18 with a diagnosis of ADHD (response rate 65%) who are monitored and supported in the Developmental and Behavioral Pediatrics Unit of the 1st Pediatric Clinic of the EKPA at the "Agia Sophia" Children's Hospital. The inclusion criteria of the Participants were children 3 to 18 have been diagnosed with chromosomal syndrome and autism, knowledge of the Greek language in order to ensure the understanding of the questions. Those diagnosed with chromosomal syndrome and autism were excluded. Data collection took place from [Month] to [Month] 2021. The coronavirus/covid-19 pandemic impact study (CRISIS) questionnaire - adapted for autism and related neurodevelopmental conditions - v0.3.1 will be used, which consists of out of 94 questions. The CRISIS questionnaires were developed through collaboration between the research groups of Kathleen Merikangas and Argyris Stringaris at the National Institute of Mental Health Intramural Research Program Mood Spectrum Collaboration and Michael P. Milham's group at the Child Mind Institute and NYS Nathan S. Kline Institute for Psychiatric Research. The research tool was adapted by the CRISIS AFAR research development team with the aim of assessing the special needs and changes related to the coronavirus/COVID19 crisis in children and adolescents with autism and related neurodevelopmental conditions. Finally, the process of translation was followed – back translation from English to Greek. The questions are in the form of a 5-point Likert scale (1-5). The questionnaire included questions about the demographic data, personal and professional characteristics of the sample.

Conclusions: The study aims to evaluate the special needs and changes related to the crisis of the corona virus / COVID19 in children and adolescents with autism, with the ultimate goal of laying the foundations for further research, timely and correct treatment in the event of a similar health crisis in the future. With the end of the research process and the analysis of the data, it is expected to reveal difficulties, obstacles and significant changes in daily life, with an impact on the behavior of children and adolescents with ASD due to the measures taken to avoid the spread of the new coronavirus.

Key Words: Coronavirus, Covid-19, Pandemic, Health Crisis, Autism, Autism Spectrum Disorder.

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Table 7 Participants responses to the questions: *Approximately, what time did your child go to bed on weekdays and approximately, what time did your child go to bed on weekends?*

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Table 28 Participants responses to the question: *How have the educational or other services your child received been affected SINCE the coronavirus (COVID-19) crisis began in the country? Multiple choice answers.*

CHAPTER 1

Statistical Analysis

The statistical analysis of the data was done with the statistical program SPSS v25-311220. The first part of the analysis included the descriptive results where absolute values and frequency in each category corresponding to a qualitative variable were calculated. Means and standard deviations were also calculated for those characteristics that corresponded to quantitative variables (mean ± standard deviation).

The second part of the analysis included the results of simple correlations (bivariate analysis). Between two continuous variables that followed a normal distribution, after the statistical test of normality had previously been performed, the t-test is chosen for the differences of the means, while if two continuous variables either did not follow a normal distribution, or was a qualitative variable, the Wilcoxon Sign Rank is chosen Test. When more than two variables were to be compared for mean differences, if they followed a normal distribution and after the statistical test for normality had previously been performed, ANOVA analysis was performed, and if continuous variables did not follow a normal distribution, a Kruskal Wallis test was performed. In all tests performed, the level of significance (α) was set at 0.05. Thus all p-values that were less than or equal to 0.05 ($p \leq 0.05$) were considered statistically significant. Normality testing was done with the Kolmogorov-Smirnov (Shapiro-Wilks) statistical test.

Ethical Issues

This research study complies with the fundamental ethical principles governing the conduct of research. Particularly:

- Complete confidentiality was maintained regarding the information concerning the respondents and the security of the relevant material was maintained.
- The anonymity of the respondents was secured. Their information was coded and is known only to those conducting the study.
- The results obtained will be used exclusively and only for the purposes of the specific research and exclusively and only by the researcher.

● Respondents' consent/approval was sought for their participation in the research, before completing the questionnaires. There was clear assurance of maintaining anonymity and ensuring the anonymity of the sample.

● Participants' right to stop participating in the study.

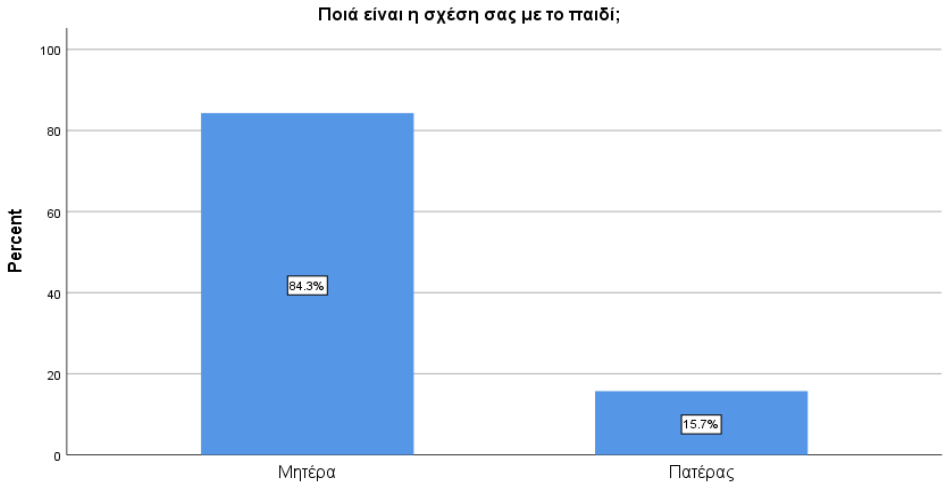
CHAPTER 2

2.1. DESCRIPTIVE RESULTS OF PARTICIPANTS' DEMOGRAPHIC, SOCIAL AND OCCUPATIONAL CHARACTERISTICS

2.1.1 BASIC CHARACTERISTICS

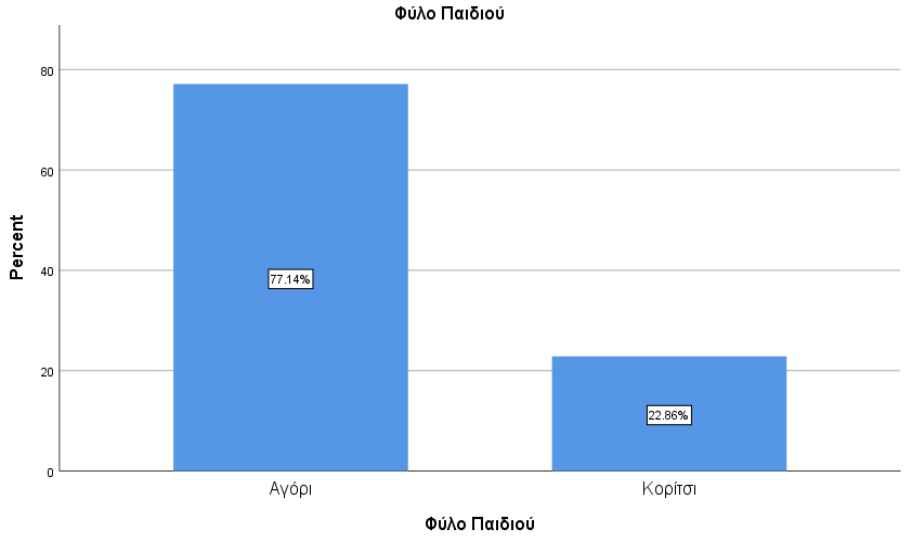
The study sample consisted of 70 parents and caregivers aged 43.1 years (SD= 5.3), of which 11 (15.7%) were men aged 45.2 years (SD=6.8) and 59 (84.3%) women aged 42.7 years (SD= 5) (Figure 1).

Figure 1. Average Age of Participating Parents/Caregivers.



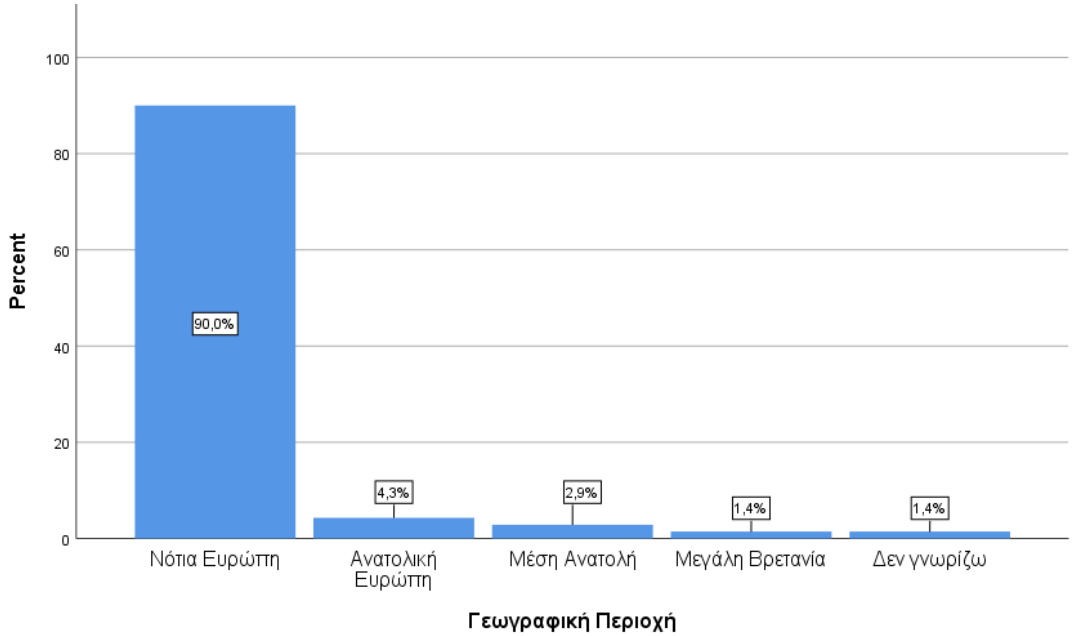
Regarding the gender of the child, 54 (77.14%) of the children were boys and 16 of the children were girls (22.86%).

Figure 2. Gender of Child.



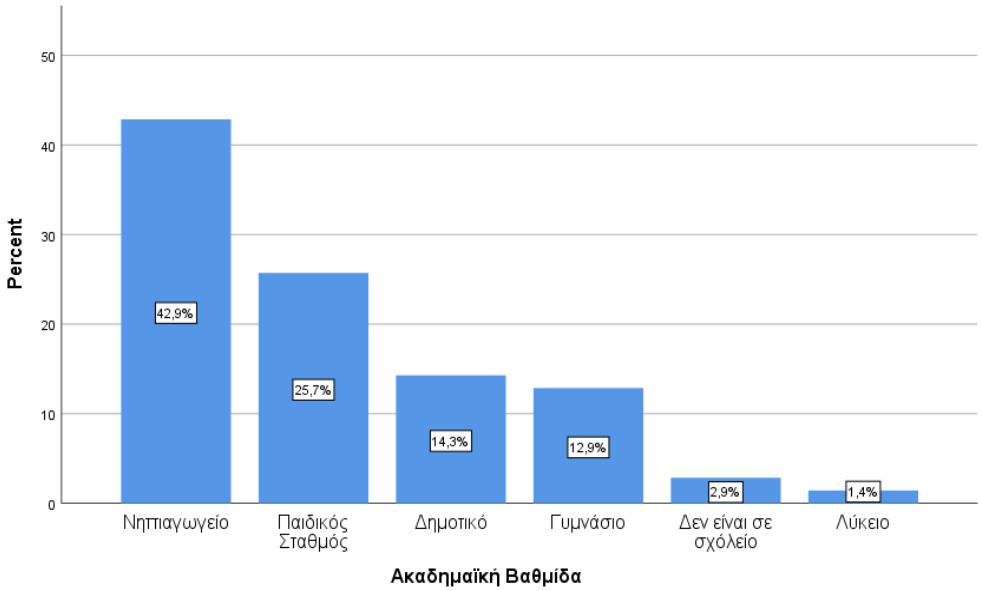
In total, 63 (90%) children come from Southern Europe, including Italy, Greece, Spain, Portugal and surrounding countries, 3 (4.3%) children come from Eastern Europe, including Russia, Poland, Hungary and surrounding countries, 2 (2.9%) children come from the Middle East, 1 child (1.4%) comes from Great Britain and 1 child (1.4%) whose origin is stated to be unknown. Also, 68 (97.1%) of the children were of Greek origin and 22 (2.9%) were of other origin.

Figure 3 Answer to the question: *From what you know about the child's family history, which of the following best describes the geographic area from which the child's ancestors (eg, great-, great-grandparents) came?*



With regard to the Educational Level in which the children are currently out of the 70 children, those who are not in school were found to be 2 (2.9%), 18 (25.7%) children have been enrolled and are in Kindergarten, 30 (42.9%) children have been enrolled and are in Kindergarten, 10 (14.3%) children have been enrolled and are in Primary School, 9 (12.9%) children have been enrolled and are in Middle School and 1 (1.4%) child is in High School.

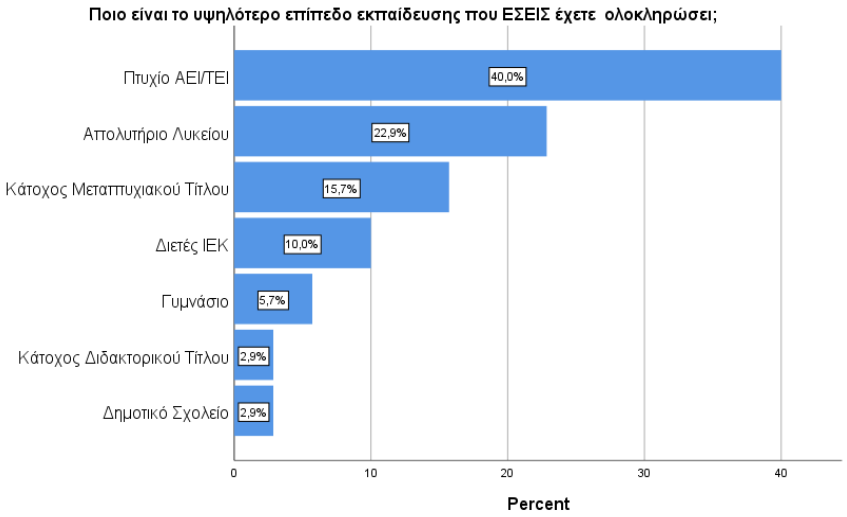
Figure 4. Academic Level of Children



In total in the sample of children, 42 (60%) children live in a Big city, 9 (12.9%) children live in Suburbs of a Big city, as well as 9 (12.9%) children live in an Island, 5 (7.1%) children live in a Small city as well as 5 (7.1%) children live in a Town/Village.

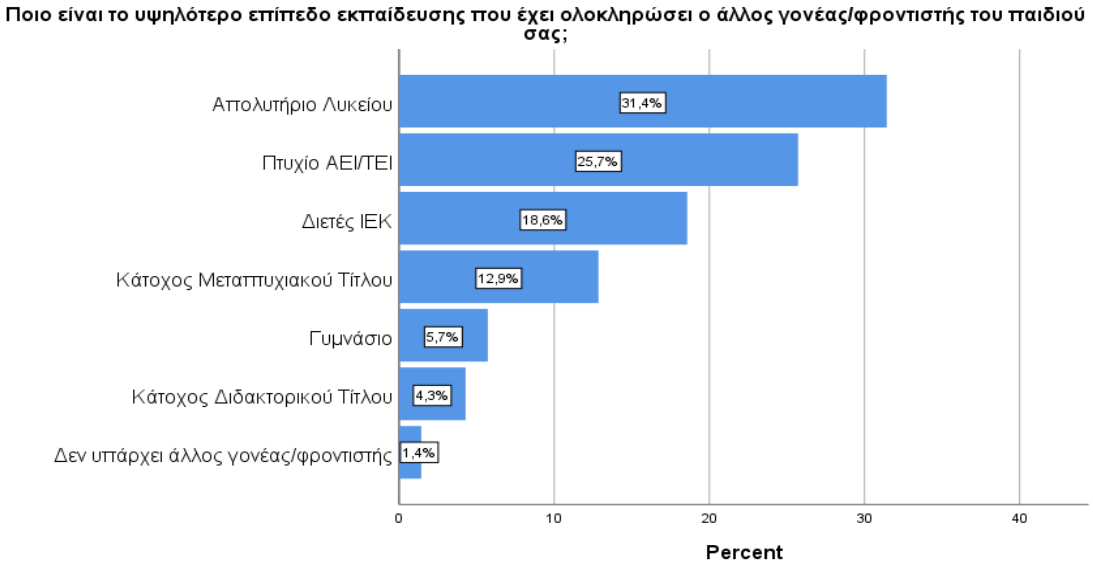
Regarding the Educational Level of the Parent/Caregiver who completed the questionnaire, 2 (2.9%) people were Primary School graduates, 4 (5.7%) people were High School graduates, 16 (22.9%) people were High School graduates, 7 (10%) persons were graduates of Two-year IEK, 28 (40%) persons were graduates of AEI/TEI, 11 (15.7%) persons were holders of a Master's Degree and 2 (2.9%) persons were holders of a Doctorate Degree.

Figure 5. Answer to the question: *What is the highest level of education you have completed?*



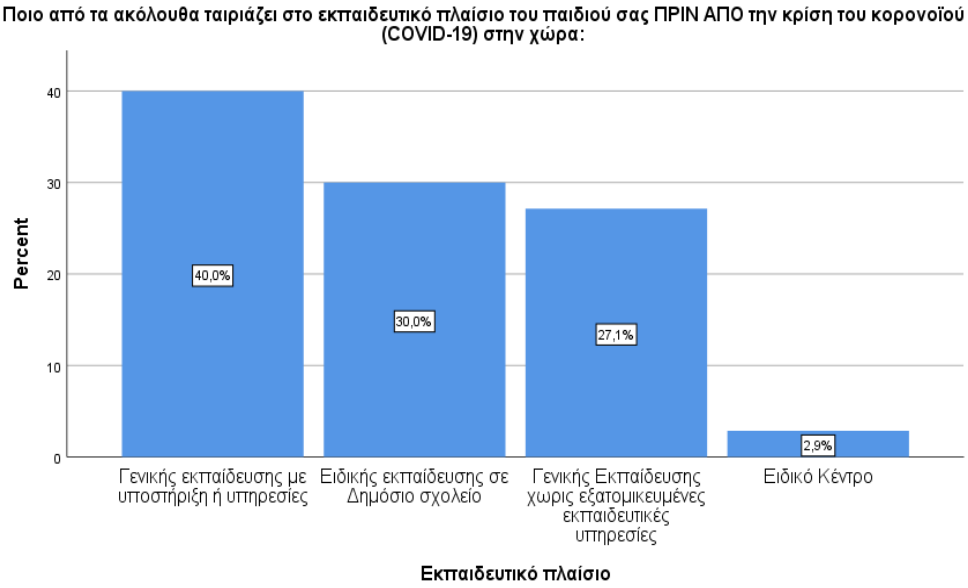
Accordingly, the highest level of education completed by the child's other Parent/Caregiver, 4 (5.7%) people were High School graduates, 22 (31.4%) people were High School graduates, 13 (18.6%) people were Two-year IEK graduates, 18 (25.7%) people were university/TEI graduates, 3 (12.9%) people were holders of a Master's Degree and 3 (4.3%) people were holders of a Doctorate Degree, 1 (1.4%) person stated that there is no other Parent/Caregiver.

Figure 6. Answer to the question: What is the highest level of education your child's other parent / caregiver has completed?



Regarding the educational context of the child before the Covid-19 crisis in the country, 28 (40%) children were in General Education with support or services, 21 (30%) children were in Special Education in a Public School, 2 (2.9%) children were from a Special Center and 19 (27.9%) people were from General Education without individualized educational services.

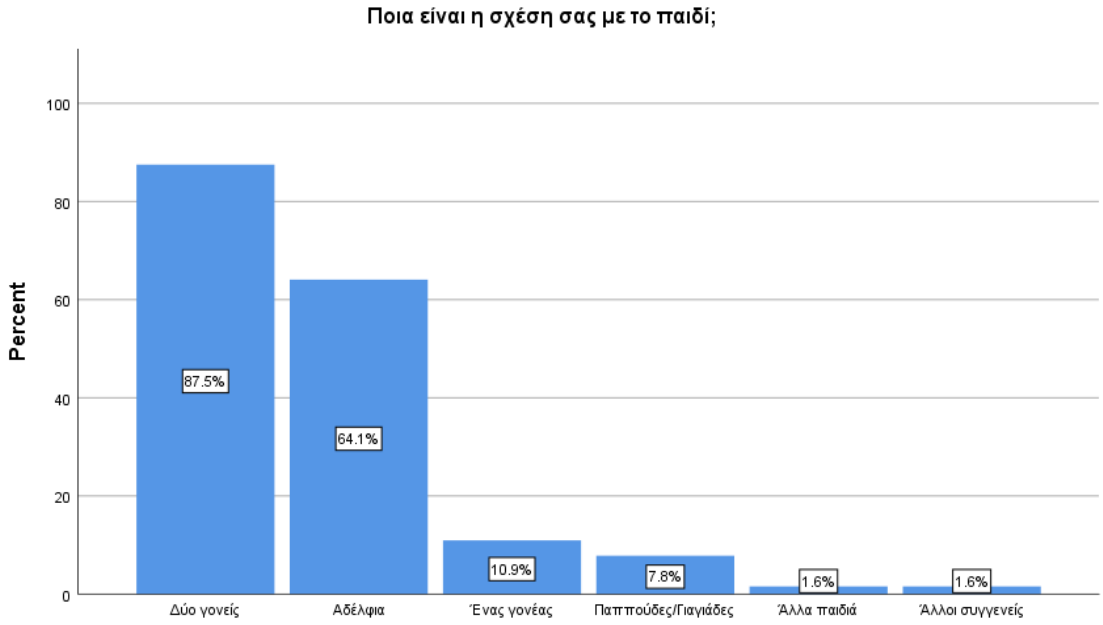
Figure 7. Children's Educational Framework



Regarding how many people currently live in the child's home, 5 (7.1%) people stated that 1 person currently lives in the child's home, 22 (31.4%) people stated that 2 people currently live in the child's home child, 32 (45.7%) people stated that 3 people are currently living in the child's home, 6 (8.6%) people stated that 4 people are currently living in the child's home, and a total of 5 (5.6%) people stated that they are more than 4 people currently in the child's home.

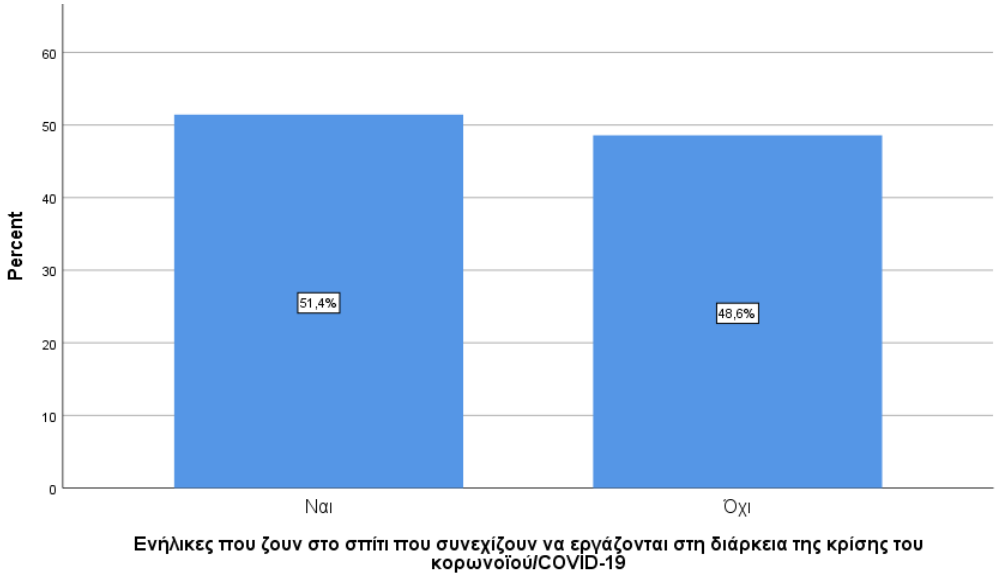
Regarding the determination of their relationship with the child, 7 people (10.9%) declared as one parent, 56 (87.5%) people declared as two parents, 5 (7.8%) people declared as Grandparents, 41 people declared as Siblings (64.1%), other children declared 1 (1.6%) person as well as other relatives declared 1 person (1.6%). (Figure 7)

Figure 8 Participants' responses to the question: What is your relationship with the child?



Adults living at home in the following occupational categories who continue to work during the coronavirus/COVID-19 crisis: healthcare staff, delivery worker, food store (supermarket)/pharmacy, security forces, cleaning, other) were 36 people (51.4%), almost half of the respondents (Figure 8), of which 36 (100%) answered positively returned home every day. On the front line as a health professional or as another worker in a center dealing with the Corona-Covid19, 9 (26.5%) people answered positively.

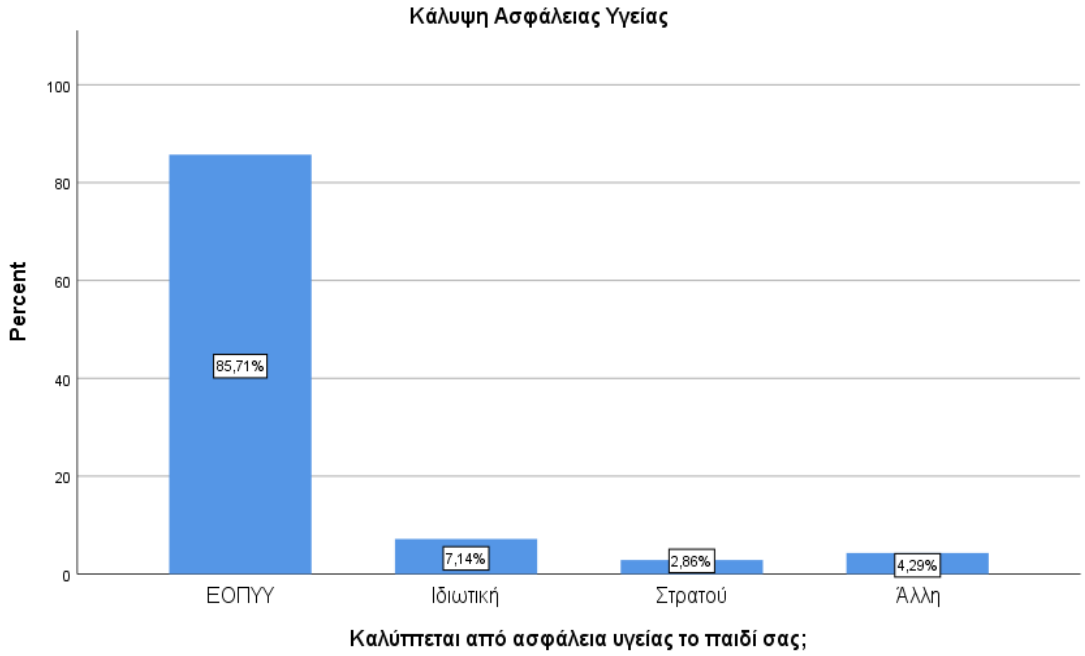
Figure 9. Adults living at home who continue to work during the coronavirus/COVID-19 crisis



The total number of rooms in the house where the child lives, respondents answered that 2 rooms have 3 (4.3%) people, 3 rooms answered that they have 27 (38.6%) people, 4 rooms answered that they have 16 (22.9%) people, 5 rooms answered that they have 11 (15.7%) people, 6 rooms answered that they have 5 (7.1%) people, 7 rooms answered that they have 2 (2.9%) people, 8 rooms answered that they have 3 (4.3%) people and more than 8 rooms answered that they have 3 (4.3%) people.

Regarding the health insurance programs concerning the child, 60 (85.7%) people answered that their child is covered by EOPYY health insurance, 5 (7.1%) people answered that their child is covered by private health insurance, 2 (2.9%) people answered that their child is covered by the health insurance that covers them in the military and 3 (4.3%) people answered that they are covered by another health insurance. (Figure 9)

Figure 10 Health Insurance Coverage

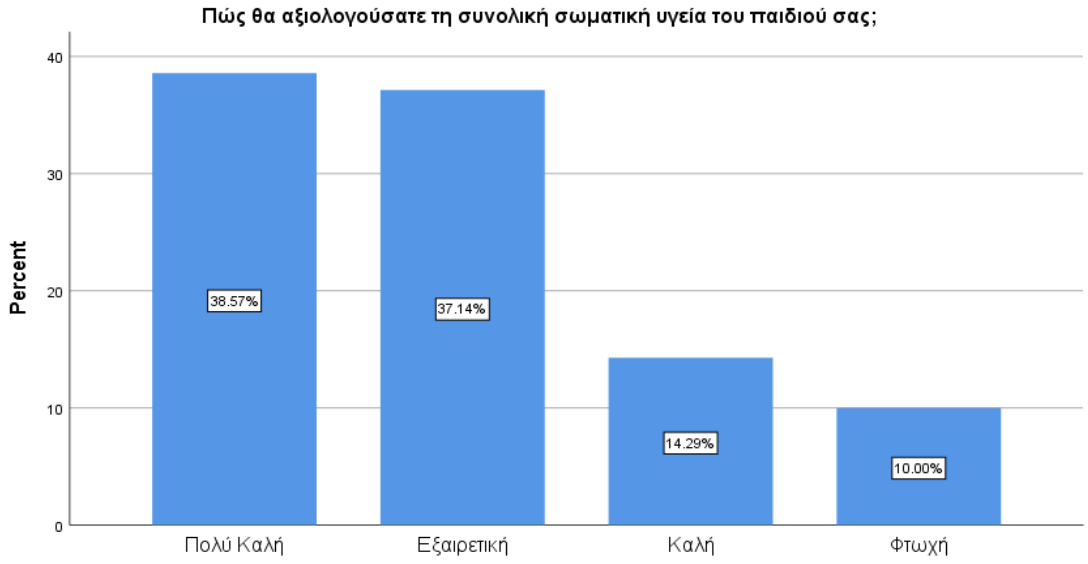


The mean height was found to be 139.6 ±19.2 cm (M=139.6, SD = 19.2) and the mean weight of the children was found to be 39.9 ±24.6 kg (M=39.9 , SD = 24.6). The mean height for children aged (3-5 years) was found to be 106.3 ± 7.4 cm (M = 106.3, SD = 7.4), for children aged 6 to 12 years it was found to be 137.5 ± 13.3 cm (M = 137.5, SD = 13.3) and for children aged 13 and older it was found to be 168.4 ± 92.3 centimeters (M=168.4, SD = 92.3). The average weight of the children was found to be 17.3 ± 3.4 kg (M=17.3, SD = 3.4). The mean weight for children aged (3-5 years) was found to be 106.3 ± 7.4 kg (M=106.3, SD = 7.4), for children aged 6 to 12 years it was found to be 37 ± 11 kg (M=37, SD = 11) and for children aged 13 and over it was found 62 ± 13.4 kg (M=62, SD = 13.4).

Also, 41 (60.3%) families answered that they received money from government assistance programs in the form of social/welfare allowance and correspondingly 27 (39.7%) people answered that they did not receive money.

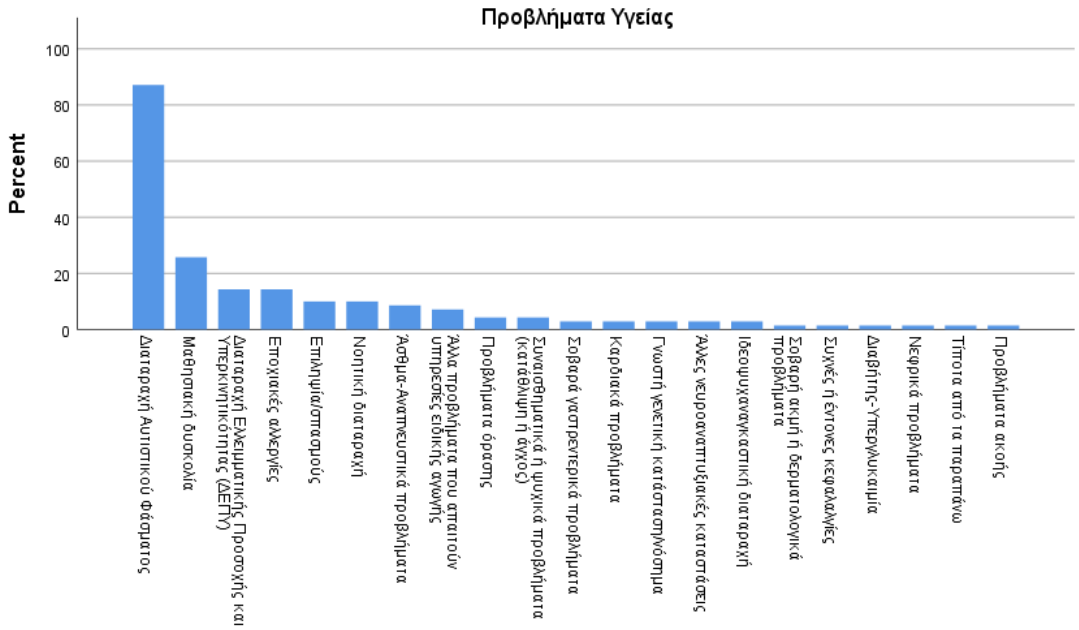
Regarding the evaluation of the child's overall physical health, 26 (37.14%) people evaluated their child's physical health as excellent, 27 (38.57%) people evaluated their child's overall health as very good, 10 (14.3%) people assessed their child's overall physical health as good and 7 (10%) people assessed their child's overall health as poor.

Figure 11 Assessment of overall physical health



The participants were asked about the health problems they have or had with the diagnosis of a health scientist (Figure 11). More than one answer was possible. The majority of responses were autistic spectrum disorder (87.1%), followed by learning disabilities (25.7%), attention deficit hyperactivity disorder (ADHD) was (14.3%) as well as seasonal allergies. Additionally (10%) was Epilepsy/Convulsions as well as the same percentage is Mental Disorder. Asthma-respiratory problems constituted (8.6%) and (7.1%) constituted other problems requiring special education services. (4.3%) were vision problems and the same percentage were emotional or mental problems (e.g. depression or anxiety). (2.9%) were serious gastrointestinal problems, heart problems, known genetic condition/diseases and other neurodevelopmental conditions respectively, Finally (1.4%) were severe acne or dermatological problems, frequent or severe headaches, diabetes-hyperglycemia , kidney problems and hearing problems respectively. (1.4%) answered none of the above. Participants who named other problems requiring special education services, other neurodevelopmental conditions, and known genetic condition/diseases stated Bardet Biedl Syndrome (not genetically confirmed) and KCNB1 mutation.

Figure 12 Health problems identified by health professionals



A summary is presented in Table 1 of the level of language used by the child on a daily basis and consistently for 1 month prior to the COVID19 crisis.

Table 1 Language level on a daily basis before the COVID19 crisis

What was the level of language your child used spontaneously on a daily basis and consistently for 1 month before the COVID19 crisis?

	Frequency (%)
No words / He doesn't speak	13(18.6%)
Individual words with meaning	6 (8.6%)
Combines three words together, short sentences	6 (8.6%)
Uses longer sentences on his/her own and can tell you something that happened	45 (64.3%)

Uses longer sentences on his/her own and can tell you something that happened also made up the majority of responses with 45 (64.3%) people, then 13 (18.6%) people answered that the child does not use words at all or does not speaks and finally 6 (8.6%) people answered that the child uses single words with meaning and correspondingly 6 (8.6%) people answered that the child combines three words together and short sentences.

2.2 HEALTH STATUS / EXPOSURE TO CORONA / COVID-19

The questions concern the period of the last two weeks. The participants were asked about the health status of the children and their exposure to the COVID19 Corona virus. When asked if their child was exposed to or came into contact with someone who might have the Corona virus, 68 (97.1%) people answered in the negative and 2 (2.9%) people answered that the person the child was exposed to or came into contact with might have some symptoms, but no medical diagnosis. As to whether the child was a suspected case of infection with the Corona virus COVID19, 67 (95.7%) people answered negatively and 3 (4.3%) people answered that he has some possible symptoms, but without a medical diagnosis. Afterwards, the participants were asked if their child has presented symptoms where 62 (89.9%) people answered that they did not present any symptoms, 4 (5.8%) people answered that their child had a fever, 3 (4.3%) people answered that the their child experienced fatigue, 1 (1.4%) person answered that their child had a cough and finally 1 (1.4%) person answered that their child had a sore throat. Regarding the family context of whether a member of the child's family has been diagnosed with the COVID-19 virus, 68 (97.1%) people answered negatively and 2 (2.9%) people answered that family members outside the home have been diagnosed with the COVID-19 virus. When asked if any of the following (Table #) has happened to members of their child's family because of the COVID-19 virus. It was possible more than one answers where 49 (70%) people answered negatively, 8 (11.4%) people answered reduced ability to earn money, 6 (8.6%) people answered voluntary isolation (Quarantine) with symptoms of infection, also 6 (8.6%) people answered job loss or dismissal from work and 4 (5.7%) people answered Voluntary Isolation (Quarantine) without symptoms of infection.

Table 2 Participants' response to the question *Have any of the following happened to members of their child's family because of the COVID-19 virus?*

Have any of the following happened to members of their child's family because of COVID-19?

	Responses	
	N	Percent
Voluntary Isolation (Quarantine) with symptoms of infection	6	8.6%
Voluntary Isolation (Quarantine) without symptoms of infection	4	5.7%
Job Loss or Dismissal	6	8.6%
Reduced ability to earn money	8	11.4%
None of the above	49	70.0%

Then there are questions during the last two weeks about how worried your child has been about getting infected, whether friends or family members will get infected, whether his/her physical health will be affected by the Coronavirus/Covid- 19 and

whether his/her Mental/Emotional health will be affected by the Coronavirus/COVID-19. Answers are graded on a 5-point Likert Scale. (Table 2)

Table 3 Participants' response to the question *How worried your child was about getting infected, whether friends or family members will get infected, whether his/her physical health will be affected by the coronavirus/COVID-19, and whether the mental/ Will his/her emotional health be affected by the Coronavirus/COVID-19?* Pivot table.

How worried was your child about…

	If it will be infected the same?		If friends or family members will be infected?		Whether his/her physical health will be affected by the Corona virus/Covid19?		If his/her Mental/Emotional health will be affected by the Corona/Covid19?	
	N	(%)	N	(%)	N	(%)	N	(%)
Not at all	42	60	40	57.1	44	62.9	47	67.1
A little bit	14	20	14	20	12	17.1	12	17.1
Moderate	6	8.6	5	7.1	5	7.1	3	4.3
Very	5	7.1	5	7.1	6	8.6	7	10
Too much	3	4.3	6	8.6	3	4.3	1	1.4

Cronbach's Alpha: 0.927

In the above table we notice that the majority of the respondents (N = 42, 60%) stated that they were not worried at all about whether their child would get infected (Mdn = 5, IQR = 1), as well as whether friends or family members become infected (N = 40, 57.1% , Mdn = 5 , IQR = 1), as well as whether his/her physical health will be affected by the Corona virus/COVID19 (N = 44, 62.9% , Mdn = 5 , IQR = 1) and whether his/her Mental/Emotional health will be affected by the Corona Virus/COVID19 (N = 47, 67.1% , Mdn = 5 , IQR = 1). In the analysis of the question, how often does your child ask questions, read, or talk about the Corona virus / COVID-19, the majority of respondents (N = 17, 24.3%) answered that occasionally their child asks questions, reads, or talks about the Corona virus, as well as later, rarely (N = 16, 22.9%) will frequently ask questions, read, or talk about the Corona virus and the people who could not answer this question because they are children with limited ability to communicate (N = 15, 21.4%) was the next most frequent answer, as well as 11 people (15.7%) stated that their child never asks questions, reads, or talks about the Corona Virus / COVID-19. The remaining 11 people answered that often (N = 7, 10%) and most of the time (N = 4, 5.7%) they were interested in being informed about the Corona Virus / COVID-19. This was followed by the question whether the crisis regarding the Corona virus/COVID-19 in the country has led to any positive changes in the life of your child, where the majority answered that there is no change in the life of their child (N = 40, 57.1%) and 30 people (42.8%) answered that there were little or some changes in their children's lives and specifically, 12 people (17.1%) answered that they had little changes and 18 people (25.7%) had some changes in their lives.

2.3 LIFE CHANGES DUE TO THE CORONAVIRUS/COVID-19 CRISIS IN THE PAST TWO WEEKS

The questions concern the period of the last two weeks. The participants were asked about the changes in the children's lives due to the Corona/Covid19 crisis, focusing on the frequency that their child devoted to going out of the house such as going to shops, going out to parks, etc. 22 (31.4%) persons stated that their child spent 1-2 days a week going out of the house, 16 (22.9%) persons stated that they spent a few days a week going out of the house, 15 (21.4%) persons stated that their child did not did not go out of the house at all, 10 (14.3%) people stated that their child went out of the house every day and finally 7 (10%) people stated that their child spent several days a week going out of the house. Below is a frequency summary of the participants' responses regarding how stressful the curfews caused their child, how difficult it was for their child to cancel important life events, and to what extent the restrictions caused financial problems for their family changes related to the Coronavirus/COVID-19 crisis.

Table 4 Participant responses to the questions: *How much stress did the travel restrictions cause your child, how difficult was it for your child to cancel important events in his life, and to what extent did the changes related to the Corona crisis cause financial problems for your family /Covid-19 in the country?*

	How much stress did the traffic restrictions cause your child?		*How difficult was it for your child to cancel important life events?*		*To what extent have the changes related to the Corona/COVID-19 crisis in the country caused financial problems for your family?*	
	N	(%)	N	(%)	N	(%)
Not at all	21	30	27	38.6	20	28.6
A little bit	23	32.9	17	24.3	19	27.1
Moderate	11	15.7	8	11.4	13	18.6
Very	9	12.9	12	17.1	11	15.7
Too much	6	8.6	6	8.6	7	10

In table 4 in the first column, we notice that 23 (32.9%) people answered that the traffic restrictions caused a little stress to their child, 21 (30%) people answered that the traffic restrictions caused no stress to their child, 11 (15.7%) people answered that traffic restrictions caused moderate stress to their child, 9 (12.9%) people answered that traffic restrictions caused too much stress to their child and 6 (8.6%) people answered that traffic restrictions caused too much stress to their child. In the continuation of the table in its second column, regarding the child's difficulty in canceling important events in his life, 27 (38.6%) people answered that it was not difficult at all to cancel important events in the child's life, 17 (24.3%) people answered that it was a little difficult to cancel important events in the child's life, 12 (17.1%) people answered that it was very difficult to cancel important events in the child's life, 8 (11.4%) people answered that

it was moderately difficult to cancel important events of the child's life and 6 (8.6%) people answered that it was too difficult to cancel important events in the child's life. Continuing in the third and last column of the table, for the severity of the degree of financial hardship caused by the changes related to the Corona virus/COVID-19 crisis, 20 (28.6%) people answered that it did not cause them any financial hardship, 19 (27.1%) people answered that it caused them little financial difficulty, 13 (18.6%) people answered that it caused them moderate financial difficulty, 11 (15.7%) people answered that it caused them very great financial difficulty and finally 7 (10%) people answered that caused them too much financial hardship.

Table 5 Participant responses to the questions: To what extent does your child worry about the stability of your living situation, to what extent does your child worry about not having enough money to eat, and how optimistic is your child that the Corona crisis /Covid-19 in the country will end soon?

	To what extent does your child worry about stability in your living situation?		To what extent did your child worry about not having enough money to eat?		How optimistic is your child that the coronavirus / COVID-19 crisis in the country will end soon?	
	N	(%)	N	(%)	N	(%)
Not at all	29	41.4	37	52.9	6	8.6
A little bit	9	12.9	5	7.1	7	10
Moderate	4	5.7	2	2.9	18	25.7
Very	4	5.7	2	2.9	14	20
Too much	1	1.4	1	1.4	1	1.4
Unknown due to my child's limited ability to communicate	23	32.9	23	32.9	24	34.3

In table 5 in the first column, we notice that 29 (41.4%) people answered that their child is not worried about the stability of their living situation, 23 (32.9%) people answered that their child's limited ability to communicate makes their degree of concern unknown 9 (12.9%) people answered that their child is a little worried about the stability of their living situation, 4 (5.7%) people answered that their child is moderately worried about the stability of their living situation as 4 (5.7%) people also answered that their child worries a lot about the stability of their living situation and finally 1 (1.4%) person answered that their child worries excessively about the stability of their living situation. In the continuation of the table, in the second column we notice that 37 (52.9%) people answered that their child was not worried about his family not having enough to eat due to lack of money, 23 (32.9%) people answered that their child's limited ability to communicate makes their level of concern unknown, 5 (7.1%) people answered that their child is a little worried that their family will not have enough to eat due to lack of money, 2 (2.9%) people answered that their child is moderately worried about not having their family to eat due to lack of money as 2 (2.9%) people answered that their child is very worried and finally 1 (1.4%) person answered that their child is overly worried about their family not having enough to eat due to lack of money . Continuing

in the third and last column of the table, 24 (34.3%) people answered that their child's limited ability to communicate makes their level of concern unknown, 18 (25.7%) people answered that they find their child moderately optimistic about end of the Corona crisis, 14 (20%) people answered that they find their child very optimistic about the end of the Corona crisis, 7 (10%) people answered that they find their child a little optimistic about the end of the crisis Corona virus, 6 (8.6%) people answered that they find their child not at all optimistic about the end of the Corona virus crisis and finally 1 (1.4%) people answered that they find their child too optimistic about the end of the Corona virus crisis.

2.4 DAILY BEHAVIORS (THREE MONTHS BEFORE THE CRISIS)

The questions concern the period of three months before the Corona crisis and concern the daily behaviors of the child as well as his sleep.

Table 6 Participant responses to the questions: *How independently did your child play and/or have fun alone, appropriately, for at least 20 minutes, How independently did your child organize/initiate daily activities (e.g. start and complete schoolwork/ classes/other chores, followed a general activity completion schedule), how independently your child completed self-care activities (eg dressing/changing clothes independently/brushing teeth/bathing/showering daily) and/or starting the day's activities and how Did your child independently manage mealtimes and other food-related needs (eg preparation, organization and cleanup)?*

	How independently did your child play and/or entertain themselves, appropriately, for at least 20 minutes?		How independently did your child organize/initiate daily activities?		How independently did your child complete self-care activities and/or initiate daily activities?		How independently did your child manage mealtimes and other food-related needs?	
	N	(%)	N	(%)	N	(%)	N	(%)
Autonomous	46	65.7	19	27.1	24	34.3	17	24.3
Moderate Supervision	17	24.3	29	41.4	29	41.4	31	44.3
Close Supervision	3	4.3	21	30	16	22.9	10	14.3
Not at all	4	5.7	1	1.4	1	1.4	12	17.1

In table 6 in the first column, regarding how much their child played and/or had fun alone, in an appropriate way, for at least 20 minutes, we notice that 46 (65.7%) people answered autonomously without support, prompting or supervision, 17 (24.3%) people answered with moderate supervision, i.e. some verbal and/or visual reminders, 4 (5.7%) people answered without any supervision and finally 3 (4.7%) people answered with close supervision, i.e. with support and step-by-step instructions . Then, in the second column regarding how autonomously the child organized / started daily activities (e.g. started and finished school work / lessons / other chores, followed a general schedule

of completing activities), 29 (41.4%) people answered with moderate supervision, i.e. some verbal and/or visual reminders, 21 (30%) subjects answered with close supervision, i.e. support and step-by-step instructions, 19 (27.1%) subjects answered autonomously without support, prompting or supervision and finally 1 (1.4%) person answered without any supervision. In the third column regarding how autonomously the child completed self-care activities and/or started the day's activities, 29 (41.4%) people answered with moderate supervision, i.e. some verbal and/or visual reminders, 24 (34.3%) people answered with close supervision, i.e. with support and with step-by-step instructions, 16 (22.9%) subjects answered autonomously without support, prompting or supervision and finally 1 (1.4%) subject answered without any supervision. In the fourth and last column of the table, regarding how autonomously the child managed mealtimes and other food-related needs, 31 (44.3%) subjects responded with moderate supervision, i.e. some verbal and/or visual reminders, 17 (24.3%) people answered with close supervision, i.e. with support and with step-by-step instructions, 12 (17.1%) people answered without any supervision and finally 10 (14.3%) people answered with close supervision, i.e. with support and with step-by-step instructions step.

Table 7 Participant responses to the questions: *Approximately, what time did your child go to bed on weekdays and approximately, what time did your child go to bed on weekends?*

	About what time did your child go to bed on weekdays?		About what time did your child go to bed on weekends?	
	N	(%)	N	(%)
Before 8 p.m.	1	1.4	1	1.4
Between 8-10 p.m.	37	52.9	18	25.7
Between 10-12 p.m	31	44.3	46	65.7
After midnight	1	1.4	5	7.1

In table 7 in the first column, which concerns the child's bedtime on weekdays, we notice that 37 (52.9%) people stated that the child went to bed between 8-10 pm. , 31 (44.3%) people between 10-12 p.m. and from 1 (1.4%) person declared before 8 p.m. and after midnight respectively. For weekends in the second column of the table, 46 (65.7%) people said that the child went to bed between 10-12 pm, 18 (25.7%) people said between 8-10 pm, 5 (7.1%) people declared after midnight and finally 1 (1.4%) person declared before 8 pm.

Table 8 Participant responses to the questions: *On average, how many hours per night did your child sleep on weekdays and on average, how many hours per night did your child sleep on weekends?*

	On average, how many hours a night did your child sleep on weekdays?		On average, how many hours a night did your child sleep on weekends?	
	N	(%)	N	(%)
< 6 hours	1	1.4	1	1.4
6-8 hours	22	31.4	14	20
8-10 hours	44	62.9	50	71.4
> 10 hours	3	4.3	5	7.1

In table 8 in the first column, which concerns the average time the child slept on weekdays, we notice that 44 (62.9%) people stated that the child slept an average of 8-10 hours, 22 (44.3%) people answered 6 -8 hours, 3 (4.3%) people stated more than 10 hours and 1 (1.4%) person answered less than 6 hours. For weekends, in the second column of the table, 50 (71.4%) people stated that the child slept an average of 8-10 hours, 14 (20%) people answered 6-8 hours, 5 (7.1%) people said more than 10 hours and 1 (1.4%) person answered less than 6 hours.

Table 9 Participant responses to the questions: *On average, did your child have difficulty falling asleep (eg within 20 minutes) after going to bed and on average, did your child wake up and stay awake during the night after had he slept first?*

	On average, did your child have difficulty falling asleep (eg within 20 minutes) after going to bed? On average, did your child wake up and stay awake during the night after first falling asleep?		On average, did your child wake up and stay awake during the night after first falling asleep?	
	N	(%)	N	(%)
Not at all	26	37.1	40	57.1
Rarely	17	24.3	22	31.4
Occasionally	13	18.6	4	5.7
Often	10	14.3	2	2.9
Regularly	4	5.7	2	2.9

In table 9 in the first column, which concerns the difficulty of sleeping that the child had within 20 minutes after going to bed, we notice that 26 (37.1%) people answered that the child had no difficulty, 17 (24.3%) people answered rarely had difficulty, 13 (18.6%) people answered that they occasionally had difficulty sleeping, 10 (14.3%) people answered that they often had difficulty sleeping, and 4 (5.7%) people answered regularly. When asked if, on average, your child woke up and stayed awake during the night after first falling asleep, 40 (57.1%) people answered that their child did not wake up but did not stay awake during the night after falling asleep previously, 22 (31.4%)

subjects answered that this rarely happened, 4 (5.7%) subjects answered that he occasionally woke up and stayed awake during the night, 2 (2.9%) subjects answered that they had often noticed him waking up and staying awake during the night, as well as 2 (2.9%) people answered the question regularly.

Table 10 Participant responses to the questions: *How many days per week did your child exercise and how many days per week did your child spend outside the home?*

	How many days a week did your child exercise?		How many days a week did your child spend away from home?	
	N	(%)	N	(%)
None	12	17.1	19	27.1
1-2 days	26	37.1	14	20
3-4 days	26	37.1	14	20
5-6 days	3	4.3	9	12.9
Daily	3	4.3	14	20

In table 10 in the first column, regarding the weekly frequency of the child's exercise, 26 (37.1%) people answered that their child did exercise 1-2 days a week, as well as 26 (37.1%) people answered 3-4 days per week, 12 (17.1%) people answered that their child did not exercise and finally, 3 (4.3%) people answered 5-6 days a week and 3 (4.3%) people answered daily. In response to the question how many days per week did your child spend outside the home, in the second column, 19 (27.1%) people answered that their child did not spend time outside the home per week, 14 (20%) people answered that 1-2 days per week spent time outside the home, also 14 (20%) people answered 3-4 days and 14 (20%) people answered daily, 9 (12.9%) people answered 5-6 days a week.

Table 11 Participant responses to the questions: *How often did your child exhibit repetitive motor stereotypes/mannerisms, how often did your child exhibit sensory seeking behaviors, and how often did your child engage in other rituals or routines?*

	How often did your child exhibit repetitive motor stereotypes/mannerisms?		*How often did your child exhibit sensory seeking behaviors?*		*How often did your child engage in other rituals or routines?*	
	N	(%)	N	(%)	N	(%)
Not at all	18	25.7	30	42.9	10	14.3
Rarely	13	18.6	12	17.1	23	32.9
Occasionally	17	24.3	10	14.3	17	24.3
Often	10	14.3	9	12.9	15	21.4
Regularly	12	17.1	9	12.9	5	7.1

In table 11 in the first column, which concerns the frequency of repeated motor stereotypies and mannerisms, 18 (25.7%) people answered that they did not present

such type of motor stereotypies, 17 (24.3%) people answered that they rarely presented repetitive motor stereotypies and mannerisms, 13 (18.6%) people answered occasionally, 12 (17.1%) people answered often and finally, 10 (14.3%) people answered regularly. In the second column concerning the frequency of presenting sensory-seeking behavior, 30 (42.9%) subjects answered that they did not present sensory-seeking behaviors, 12 (17.1%) subjects answered that they rarely presented sensory-seeking behaviors, 10 (14.3%) subjects answered that they occasionally exhibited sensory-seeking behaviors, 9 (12.9%) subjects answered that they often exhibited sensory-seeking behaviors, and finally 9 (12.9%) subjects answered that they regularly exhibited sensory-seeking behaviors. In the third and last column, concerning the frequency of engaging in other rituals and routines, 23 (32.9%) people answered that they rarely engaged in rituals or routines, 17 (24.3%) people answered that they occasionally engaged in rituals or routines, 15 (21.4 %) people answered that they often engaged in rituals or routines, 10 (14.3%) people answered that they did not engage in rituals or routines, 5 (7.1%) people answered that they regularly engaged in rituals or routines.

Table 12 Participant responses to the questions: *How often did your child exhibit repetitive motor stereotypes/mannerisms, how often did your child exhibit sensory-seeking behaviors, and how often did your child engage in other rituals or routines?*

	How often did your child adapt easily to changes in the daily routine?		*How often did your child require family members and others to maintain certain routines? How often was your child engaged in an activity related to a very limited, strong interest?*		*How often was your child engaged in an activity related to a very limited, strong interest?*	
	N	(%)	N	(%)	N	(%)
Not at all	7	10	24	34.4	11	15.7
Rarely	8	11.4	11	15.7	5	7.1
Occasionally	12	17.1	11	15.7	18	25.7
Often	26	37.1	15	21.4	23	32.9
Regularly	17	24.3	9	12.9	13	18.6

In table 12 in the first column, which concerns the frequency of the ease of adapting to changes in the daily routine, 26 (37.1%) people answered that the child could often adapt to changes in his daily routine, 17 (24.3%) people answered that regularly could the child adapt to changes in his daily routine, 12 (17.1%) people answered that occasionally the child could adapt to changes in his daily routine, 8 (11.4%) people answered that rarely the child could adapt to changes in his daily routine and finally 7 (10%) people answered that he could not adapt to changes in his daily routine at all.

In the second column regarding the frequency with which the child required family members and those related to maintain specific routines, 24 (34.4%) people answered that they did not require family members and those related to maintain specific routines, 15 (21.4 %) people answered that they often required family members and those related to maintain certain routines, 11 (15.7%) people answered that they occasionally required family members and those related to maintain certain routines, 11 (15.7%) people answered that they rarely required family members and those related to maintain specific routines and finally, 9 (12.9%) people answered that they regularly required family members and those related to maintain specific routines. In the third and last column, regarding the frequency with which the child was engaged in an activity related to some very limited strong interest, 23 (32.9%) people answered that the child was often engaged in an activity related to some very limited strong interest, 18 (25.7%) people answered that occasionally the child was engaged in an activity related to some very limited strong interest, 13 (18.6%) people answered that regularly the child was engaged in an activity related to some very limited strong interest, 11 (15.7%) people answered that the child was not engaged in an activity related to a very limited strong interest and finally, 5 (7.1%) people answered that the child was rarely engaged in an activity related to a very limited strong interest.

Table 13 Participant responses to the questions: W*ere any of the following a significant problem in your child's behavior (that was not previously controlled with therapy)? Multiple choice answers.*

	N	(%)
Hyperactivity	11	35.5
Difficulty staying on a project	10	32.1
Getting angry or losing temper easily	10	32.1
Verbal aggression	14	45.2
Physical aggression towards others or objects	17	54.8
Intentional self-injury	17	54.8
Be disobedient and fight often	12	38.7
To cry easily	15	48.4
Worry excessively about social situations	14	45.2
Worry excessively about separation from parent/caregiver	12	38.7
To appear overly frightened	15	48.4

In table 13, regarding the frequency of responses to the question of the participants, according to the multiple options that it was possible to complete an option as an answer, hyperactivity was chosen in total at a rate of 35.5%, difficulty staying on a project was found 32.1%, 32.1% were found to get angry or lose their temper easily, verbal aggression was found in 45.2%, physical aggression towards others or objects was found in 54.8%, intentional self-injury in 54.8%, in 38.7% being disobedient and fighting often, crying easily was found in 48.4%, worrying too much about social situations in 45.2%, worrying too much about separation from parent/caregiver in 38.7% and finally , looking overly scared, was found in 48.4%. Then follows the table

with how important a problem was the individual or the set of behaviors of each answer selected from the previous question.

Table 14 Participant responses to the questions*: How important a problem was this to you?*

	Hyperactivity		*Difficulty staying on a project*		*Getting angry or losing temper easily*		*Verbal Aggression*		*Physical aggression towards others or objects*		*Intentional self-injury*	
Difficulty staying on a project	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Very little	11	45.8	10	33.3	10	31.3	14	63.6	17	68	17	77.3
Quite	9	37.5	13	43.3	14	43.8	6	27.3	4	16	2	9.1
A Lot	3	12.5	4	13.3	4	18.8	2	9.1	1	4	1	4.5
Very Much	1	4.2	3	10	3	6.3	0	0	3	12	2	9.1

	Be disobedient and fight often		*To cry easily*		*Worry excessively about social situations*		*Worry excessively about separation from parent/caregiver*		*To appear overly frightened*	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Very little	12	60	15	57.7	14	60.9	12	57.1	15	93.8
Quite	6	30	7	26.9	6	26.1	8	38.1	1	6.3
A Lot	1	5	2	7.7	2	8.7	0	0	0	0
Very Much	1	5	2	7.7	1	4.3	1	4.8	0	0

In table 14, in the first column of the table concerning the frequency of responses of how important a problem hyperactivity was, 11 (45.8%) people answered that it was hardly important, 9 (37.5%) people answered that it was quite important, 3 (12.5 %) people answered that it was very important and 1 (4.2%) person answered that it was very important. Difficulty staying on a project as a problem, 13 (43.3%) people answered that it was quite an important problem, 10 (33.3%) people answered that it was hardly important, 4 (13.3%) people answered that it was very important and 3 (10 %) people answered that it was very important. Getting angry or losing temper easily as a problem, 14 (43.8%) people answered that it was quite an important problem, 10 (31.3%) people answered that it was hardly important, 4 (18.8%) people answered that it was very important, and 3 (6.3%) people answered that it was very important. Verbal aggression as a problem, 14 (63.6%) people answered that it was hardly important, 6 (27.3%) people answered that it was quite important and 2 (9.1%) people answered that it was very important. Physical aggression towards others or objects as a problem, 17 (68%) people answered that it was a little important, 4 (16%) people answered that it was quite important, 3 (12%) people answered that it was very important and 1 (4%) person answered that it was very important. Intentional self-injury as a problem, 17 (77.3%) people answered that it was hardly important, 2 (9.1%) people answered that it was quite important, 2 (9.1%) people answered that it was very important, 1 (4.5%)

person answered that it was very important. Being disobedient and fighting often as a problem, 12 (60%) people answered that it was hardly important, 6 (30%) people answered that it was quite important, 1 (5%) person answered that it was very important and 1 (5 %) person answered that it was very important. Crying easily as a problem, 15 (57.7%) people answered that it was hardly important, 7 (26.9%) people answered that it was quite important, 2 (7.7%) people answered that it was very important, and 2 (7.7%) people answered that was very important. Worrying too much about social situations as a problem, 14 (60.9%) subjects answered that it was hardly important, 6 (26.1%) subjects answered that it was quite important, 2 (8.7%) subjects answered that it was very important, and 1 (4.3%)) person answered that it was very important. Worrying too much about being separated from their parent/caregiver as a problem, 12 (57.1%) people answered that it was hardly important, 8 (38.1%) people answered that it was quite important, and 1 (4.8%) person answered that it was very important and finally, looking too scared as a problem, 15 (93.8%) people answered that it was hardly important and 1 (6.3%) person answered that it was quite important.

The following questions concern the use of digital media during the three months before the start of the Corona virus / COVID-19 crisis

Table 15 Participant responses to the questions: *How much time per day did your child spend watching TV or digital media, how much time per day did your child spend using social media, and how much time per day did your child spend playing video games?*

	How much time per day did your child spend watching TV or digital media?		How much time per day did your child spend using social media?		How much time per day did your child spend playing video games?	
	N	(%)	N	(%)	N	(%)
No TV or digital media	1	1.4	55	83.3	40	57.1
Less than 1 hour	21	30	7	10.6	16	22.9
1-3 hours	33	47.1	3	4.5	12	17.1
4-6 hours	10	14.3	0	0	2	2.9
More than 6 hours	5	7.1	1	1.5	0	0

In table 15, in the first column of the table about the time per day your child spent watching TV or digital media 33 (47.1%) people answered that their child spent 1-3 hours per day watching TV or digital media in, 21 (30%) people answered that they spent less than 1 hour, 10 people spent 4-6 hours, 5 (7.1%) people answered that they spent more than 6 hours, and 1 (1.4%) person answered that they did not spend any time on TV or digital media. In the next column regarding the time per day that the child spent using social media, 55 (83.3%) people answered that they did not use digital media at all, 7 (10.6%) people answered that their child used it for less than 1 hour on social media, 3 (4.5%) people answered that their child used 1-3 hours on social media and 1 person answered that their child used more than 6 hours on social media. In the next and last column regarding the time per day that the child spent playing video

games, 40 (57.1%) people answered that their child did not spend any time, 16 (22.9%) people answered that their child spent less than 1 hour per day the child spent playing video games, 12 (17.1%) people answered that their child spent 1-3 hours per day the child spent playing video games, and 2 (2.9%) people answered that the child he gave them 4-6 hours a day that the child spent playing video games.

Table 16 Participant responses to the questions: *How often did your child engage in interactions with peers outside the home via internet/phone call/video call, How often did your child engage in interactions with adults outside the home—such as extended family members (not including therapists or teachers) - via internet / messages / email / phone call / video call?*

	How often did your child engage in interactions with peers outside the home via internet/phone call/video call? How often did your child engage in interactions with adults outside the home—such as extended family members (not including therapists or teachers)—via the Internet/texting/email/phone call/video call?		How often did your child engage in interactions with adults outside the home—such as extended family members (not including therapists or teachers)—via the Internet/texting/email/phone call/video call?	
	N	(%)	N	(%)
No TV or digital media	42	65.6	37	56.9
Less than 1 hour	8	12.5	14	21.5
1-3 hours	6	9.4	6	9.2
4-6 hours	6	9.4	5	7.7
More than 6 hours	0	0	2	3.1
Not applicable (e.g. my child did not have this option)	2	3.1	1	1.5

In table 16, in the first column of the table regarding the frequency the child engaged in interactions with peers outside the home via the Internet/telephone call/video call, 42 (65.6%) people answered that they did not engage in interactions with peers outside the home via the Internet at all /phone call/video call, 8 (12.5%) people answered that their child was occupied less than 1 hour engaged in interactions with peers outside the home via the Internet/phone call/video call, 6 (9.4%) people answered that their child was occupied 1 -3 hours and 4-6 hours in interactions with peers outside the home via internet/telephone call/video call respectively and finally 2 (3.1%) people answered that this is not the case because the child did not have this possibility. In the next and last column, regarding how often the child engaged in interactions with adults outside the home - such as extended family members (not including therapists or teachers) - via internet / text / email / phone call / video call, 37 (56.9%) people answered that they were not at all engaged in interactions with peers outside the home via internet/phone call/video call, 14 (21.5%) people answered that their child was engaged less than 1 hour engaged in interactions with peers outside the home via internet/phone call/ video call, 6 (9.2%) people answered that their child was busy 1-3 hours, 5 (7.7%) people answered that their child was busy 4-6 hours, 2 (3.1%) people answered that their child

was busy more than 6 hours and finally 1 (1.5%) person answered that this is not the case as the child did not have this possibility.

2.5 DAILY BEHAVIORS (LAST 2 WEEKS)

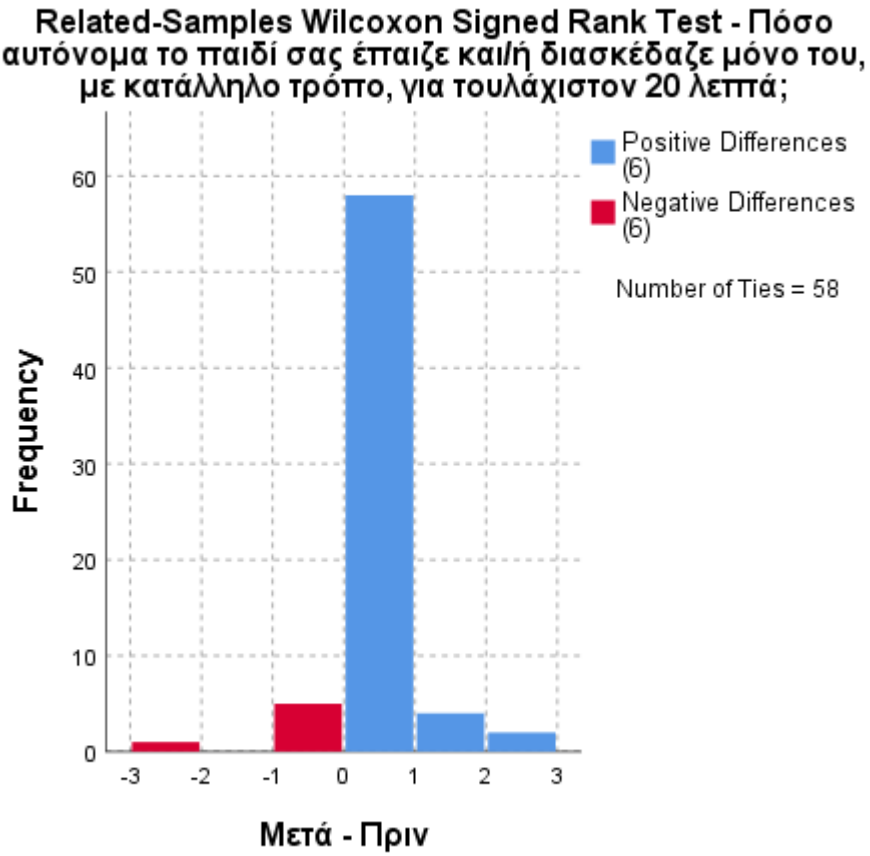
The questions concern the period of the last two weeks since the Corona crisis and concern the daily behaviors of the child as well as his sleep.

Table 17 Participant responses to the questions: How independently did your child play and/or entertain themselves, appropriately, for at least 20 minutes, How independently did your child organize/initiate daily activities (e.g. start and complete schoolwork/ classes/other chores, followed a general activity completion schedule), how independently your child completed self-care activities (eg dressing/changing clothes independently/brushing teeth/bathing/showering daily) and/or starting the day's activities and how Did your child independently manage mealtimes and other food-related needs (eg preparation, organization and cleanup)?

	How independently did your child play and/or entertain themselves, appropriately, for at least 20 minutes?		How independently did your child organize/initiate daily activities?		How independently did your child complete self-care activities and/or initiate daily activities?		How independently did your child manage mealtimes and other food-related needs?	
	N	(%)	N	(%)	N	(%)	N	(%)
Autonomous	47	67.1	11	15.7	19	27.1	15	21.4
Moderate Supervision	14	20	31	44.3	29	41.4	27	28.6
Close Supervision	6	8.6	23	32.9	16	22.9	17	24.3
Not at all	3	4.3	5	7.1	6	8.6	11	15.7

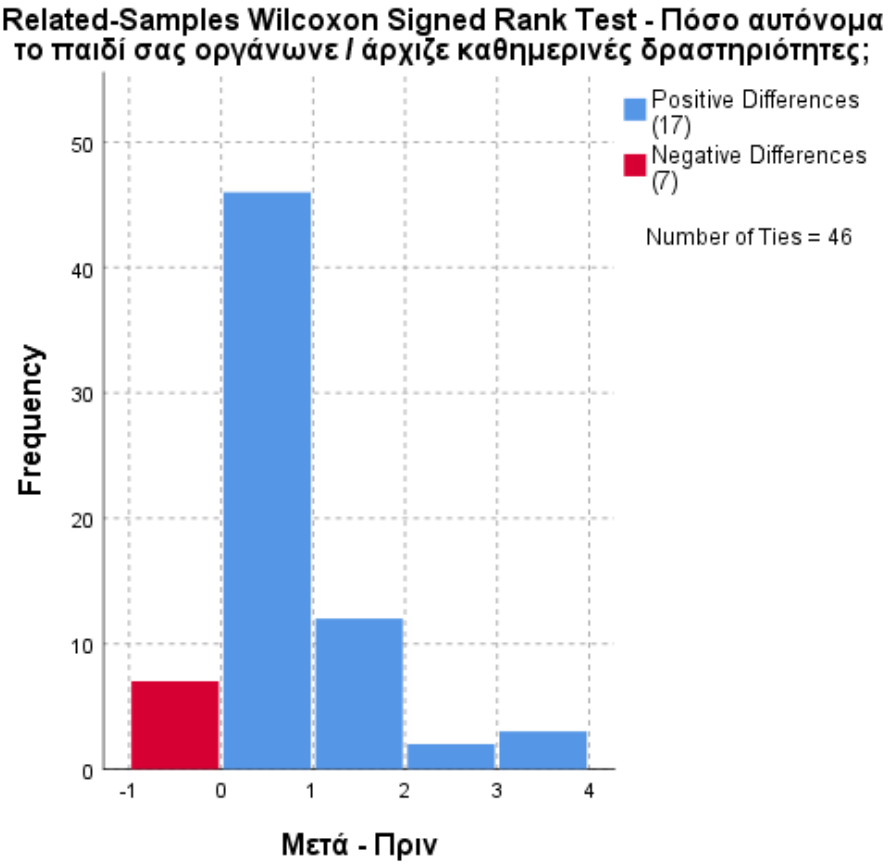
In table 17 in the first column, regarding how much their child played and/or had fun alone, in an appropriate way, for at least 20 minutes, we notice that 47 (67.1%) people answered autonomously without support, prompting or supervision, 14 (20%) people answered with moderate supervision, i.e. some verbal and/or visual reminders, 6 (8.6%) people answered with close supervision, i.e. support and step-by-step instructions and finally 3 (4.3%) people answered without any supervision . The Wilcoxon statistical test showed that there was no statistically significant difference between the period of 3 months before the seizure (Mdn = 1) and the last 2 weeks (Mdn = 1), $Z = 0.165$, $p = 0.869$.

Figure 13 Related - Samples Wilcoxon Signed Rank Test - *How independently did your child play and/or entertain themselves, appropriately, for at least 20 minutes?*



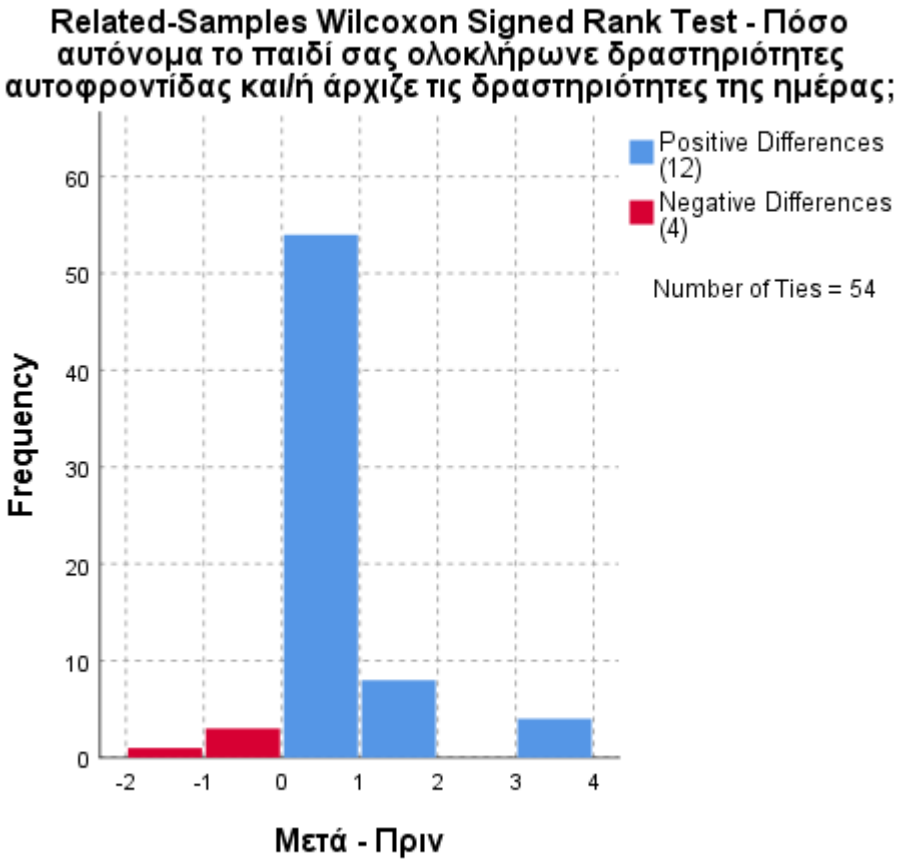
Then, in the second column regarding how autonomously the child organized / started daily activities (e.g. started and finished schoolwork / lessons / other chores, followed a general schedule of completing activities), 31 (44.3%) people answered with moderate supervision, i.e. some verbal and/or visual reminders, 23 (32.9%) subjects answered with close supervision, i.e. support and step-by-step instructions, 11 (15.7%) subjects answered autonomously without support, prompting or supervision and finally 5 (7.1%) subjects answered without any supervision. The Wilcoxon statistical test showed that there was a statistically significant difference between the period of 3 months before the seizure (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = 2.432, p = 0.015.

Figure 14 Related - Samples Wilcoxon Signed Rank Test - How autonomously did your child organize/initiate daily activities?



In the third column regarding how autonomously the child completed self-care activities and/or started the day's activities, 29 (41.4%) people answered with moderate supervision, i.e. some verbal and/or visual reminders, 19 (27.1%) people answered autonomously without support, prompting or supervision, 16 (22.9%) people answered with close supervision, i.e. with support and with step-by-step instructions and finally 6 (8.4%) people answered without any supervision. The Wilcoxon statistical test showed that there was a statistically significant difference between the period of 3 months before the seizure (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = 2.045, p = 0.041.

Figure 15 Related - Samples Wilcoxon Signed Rank Test - How autonomously did your child complete self-care activities and/or start daily activities?



In the fourth and last column of the table, regarding how autonomously the child managed mealtimes and other food-related needs, 27 (28.6%) subjects responded with moderate supervision, i.e. some verbal and/or visual reminders, 17 (24.3%) people answered with close supervision, i.e. with support and with step-by-step instructions, 15 (21.4%) people answered autonomously without any supervision and finally 11 (15.7%) people answered without any supervision. The Wilcoxon statistical test showed that there was no statistically significant difference between the period of 3 months before the seizure (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = 1.176, p = 0.239.

Figure 16 Related - Samples Wilcoxon Signed Rank Test - *How autonomously did your child manage mealtimes and other food-related needs?*

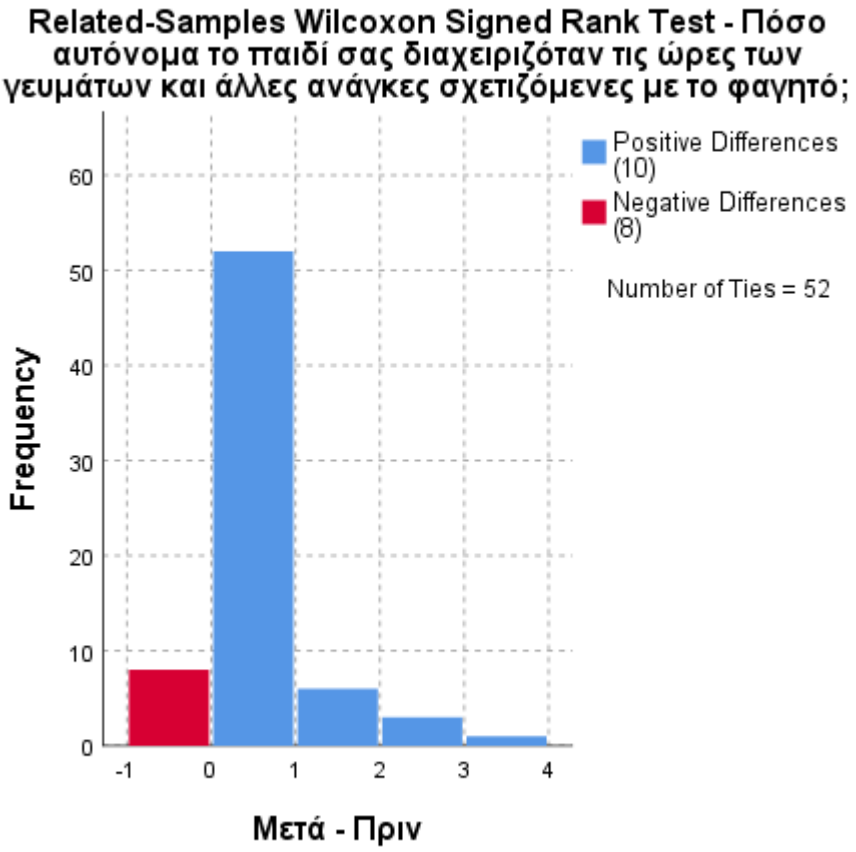


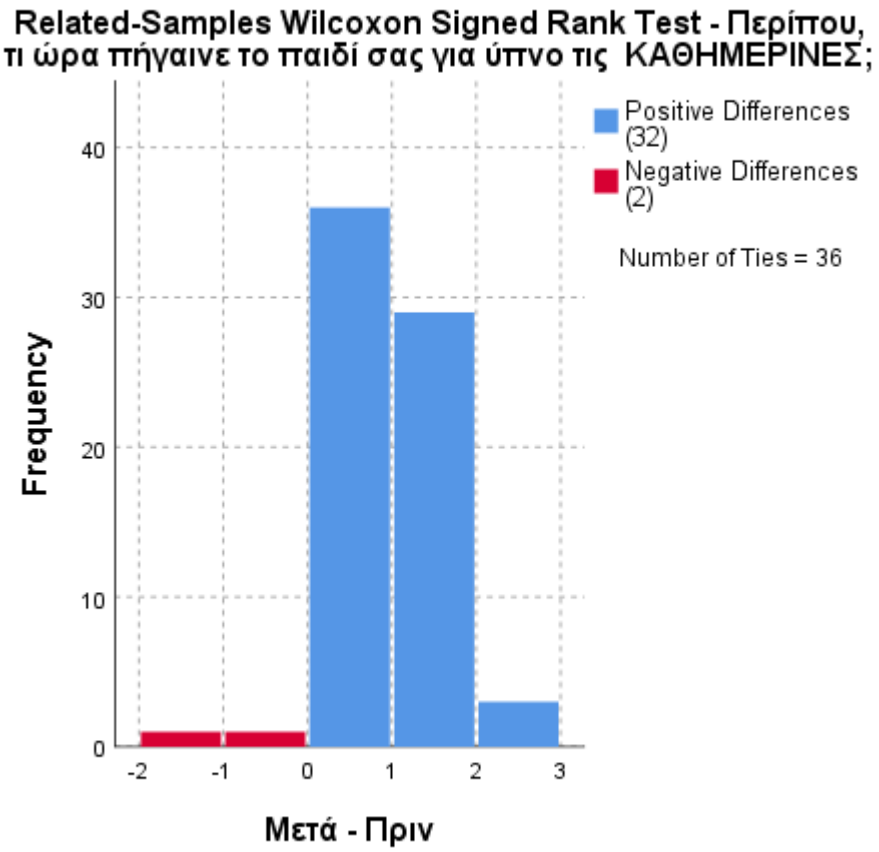
Table 18 Participant responses to the questions: *Approximately, what time did your child go to bed on weekdays and approximately, what time did your child go to bed on weekends?*

	About what time did your child go to bed on weekdays?		*About what time did your child go to bed on the weekends?*	
	N	(%)	N	(%)
Before 8 p.m.	2	2.9	1	1.4
Between 8-10 p.m.	13	18.6	10	14.3
Between 10-12 p.m	44	62.9	41	58.6
After midnight	11	15.7	18	25.7

In table 18 in the first column, which concerns the child's bedtime on weekdays, we notice that 44 (62.9%) people stated that the child went to bed between 10-12 pm, 13 (18.6%) people between 8- 10 p.m., 11 (15.7%) subjects reported after midnight and 2 (2.9%) subjects reported before 8 p.m. The Wilcoxon statistical test showed that there

was a statistically significant difference between the 3-month pre-crisis period (Mdn = 2) and of the last 2 weeks (Mdn = 3), Z = 4.667, p < 0.001.

Figure 17 Related - Samples Wilcoxon Signed Rank Test - Approximately, what time did your child go to bed on weekdays?



For weekends in the second column of the table, 41 (58.6%) people said the child went to bed between 10-12 pm, 18 (25.7%) people said after midnight, 10 (7.1%) people said between 8 -10 pm and finally 1 (1.4%) person declared before 8 pm. The Wilcoxon statistical test showed that there was a statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 3.772, p < 0.001.

Figure 18 Related - Samples Wilcoxon Signed Rank Test - *Approximately, what time did your child go to bed on weekends?*

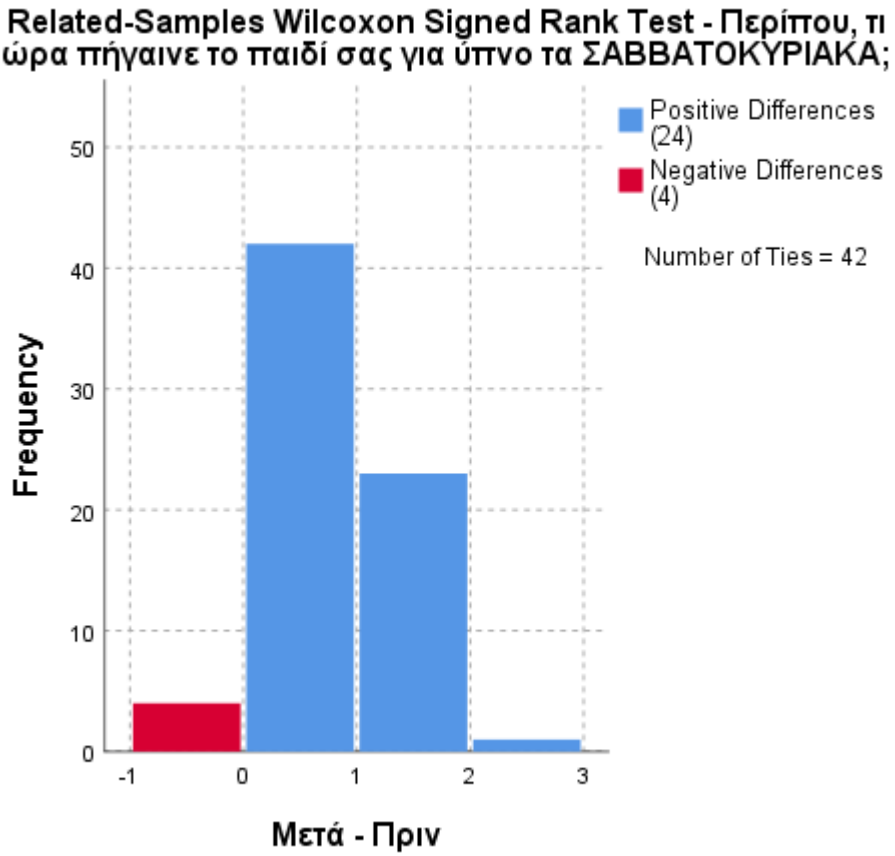


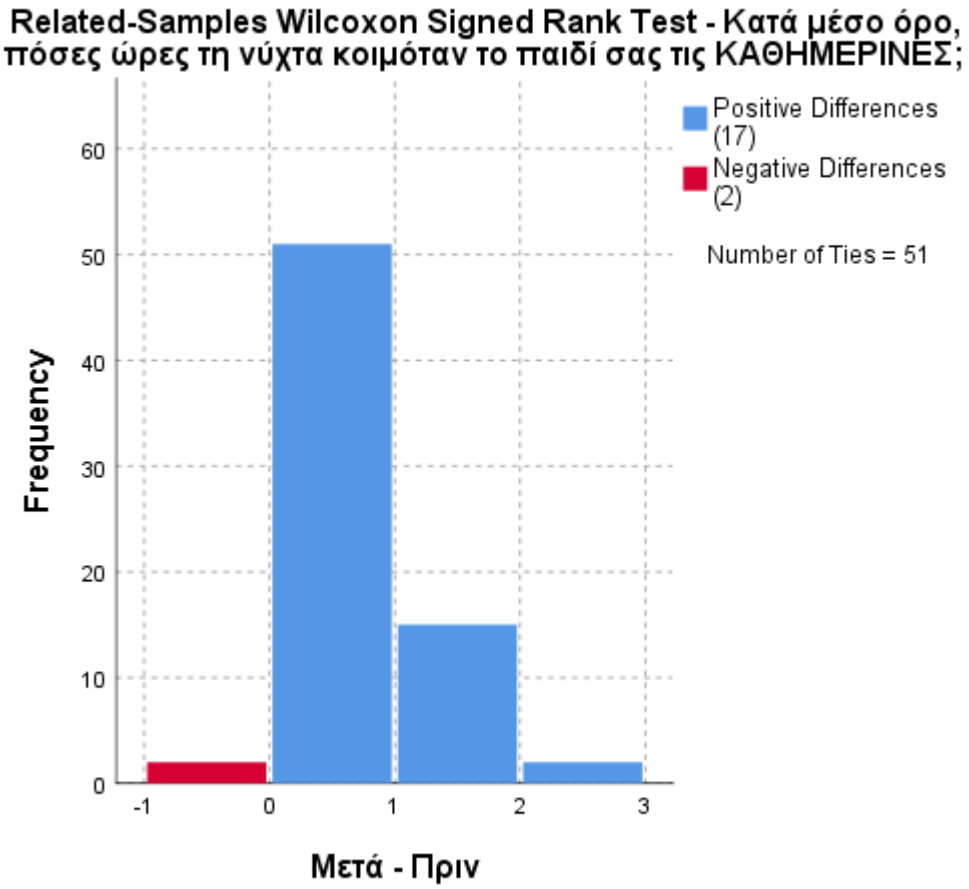
Table 19 Participant responses to the questions: *On average, how many hours per night did your child sleep on weekdays and on average, how many hours per night did your child sleep on weekends?*

	On average, how many hours a night did your child sleep on weekdays		*On average, how many hours a night did your child sleep on the weekends?*	
	N	(%)	N	(%)
< 6 hours	0	0	0	0
6-8 hours	12	17.1	9	12.9
8-10 hours	50	71.4	53	75.7
> 10 hours	8	11.4	8	11.4

In table 19 in the first column, which concerns the average time the child slept on weekdays, we notice that 50 (71.4%) people stated that the child slept an average of 8-10 hours, 12 (17.1%) people answered 6 -8 hours and 8 (11.4%) people stated more than 10 hours. The Wilcoxon statistical test showed that there was a statistically

significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 3.392 , p = 0.001.

Figure 19 Related - Samples Wilcoxon Signed Rank Test - *On average, how many hours per night did your child sleep on weekdays?*



For weekends, in the second column of the table, 53 (75.7%) people stated that the child slept an average of 8-10 hours, 9 (12.9%) people answered 6-8 hours and 8 (11.4%) people said more than 10 hours. The Wilcoxon statistical test showed that there was a statistically significant difference between the period of 3 months before the seizure (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 2.5, p = 0.012.

Figure 20 Related - Samples Wilcoxon Signed Rank Test - *On average, how many hours a night did your child sleep on the weekends?*

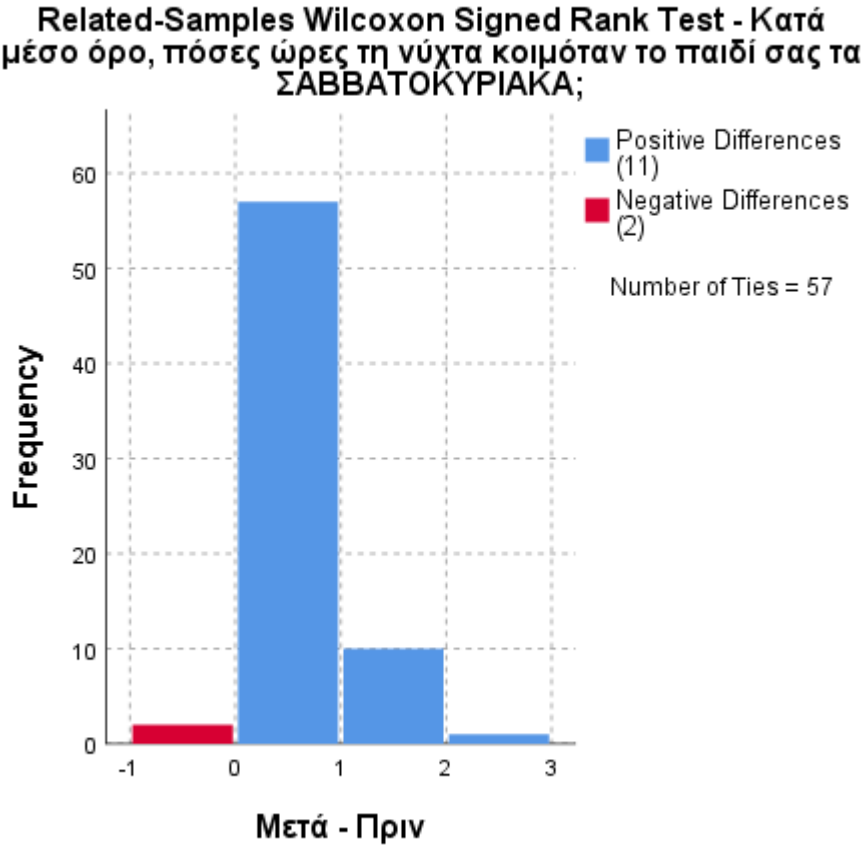
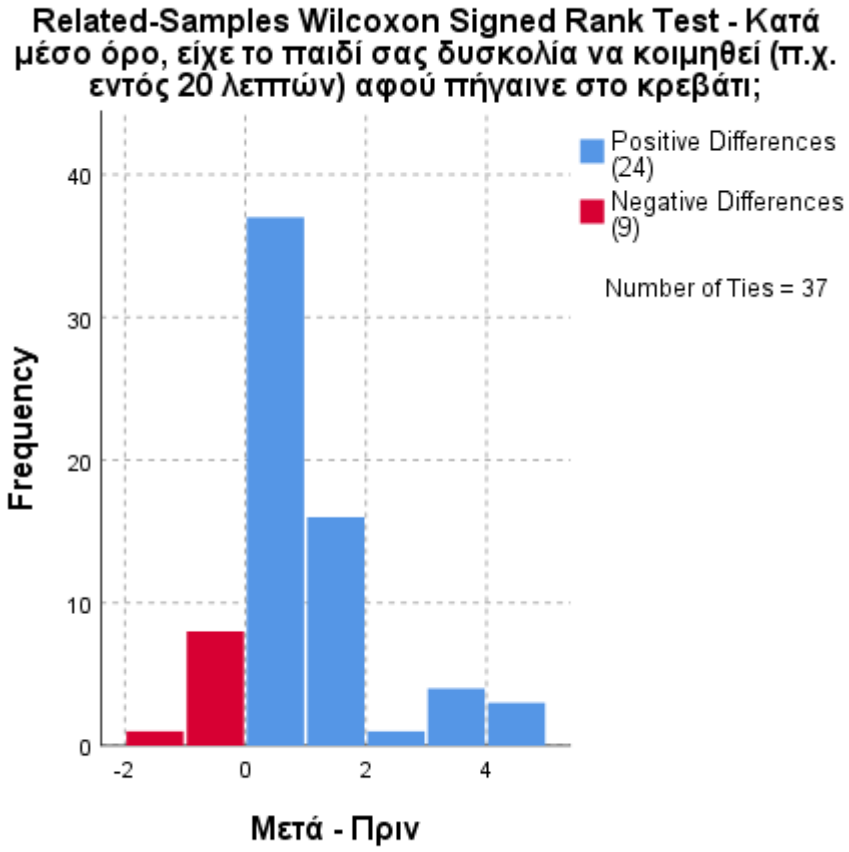


Table 20 Participants' answers to the questions: *On average, did your child have difficulty falling asleep (eg within 20 minutes) after going to bed, and on average, did your child wake and stay awake during the night after first falling asleep?*

	On average, did your child have difficulty falling asleep (eg within 20 minutes) after going to bed?		On average, did your child wake up and stay awake during the night after first falling asleep?	
	N	(%)	N	(%)
Not at all	20	28.6	40	57.1
Rarely	16	22.9	17	24.3
Occasionally	9	12.9	4	5.7
Often	13	18.6	8	11.4
Regularly	12	17.1	1	1.4

In table 20 in the first column, which concerns the difficulty of sleeping that the child had within 20 minutes after going to bed, we notice that 20 (28.6%) people answered that the child had no difficulty, 16 (22.9%) people answered rarely had difficulty, 13 (18.6%) people answered that they often had difficulty sleeping, 12 (17.1%) people answered that they regularly had difficulty sleeping, and 9 (12.9%) people answered occasionally. The Wilcoxon statistical test showed that there was a statistically significant difference between the period of 3 months before the seizure (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = 2.907, p = 0.004.

Figure 21 Related - Samples Wilcoxon Signed Rank Test - *On average, did your child have difficulty falling asleep (eg within 20 minutes) after going to bed?*



When asked if, on average, your child woke up and stayed awake during the night after first falling asleep, 40 (57.1%) people answered that their child did not wake up but did not stay awake during the night after falling asleep previously, 17 (24.3%) subjects answered that this rarely happened, 8 (11.4%) subjects answered that he occasionally woke up and stayed awake during the night, 4 (5.7%) subjects answered that they had often noticed him waking up and staying awake during during the night, as well as 1 (1.4%) person answered the question regularly. The Wilcoxon statistical test showed

that there was no statistically significant difference between the period of 3 months before the seizure (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = 1.316, p = 0.188.

Figure 22 Related - Samples Wilcoxon Signed Rank Test - *On average, did your child wake up and stay awake during the night after first falling asleep?*

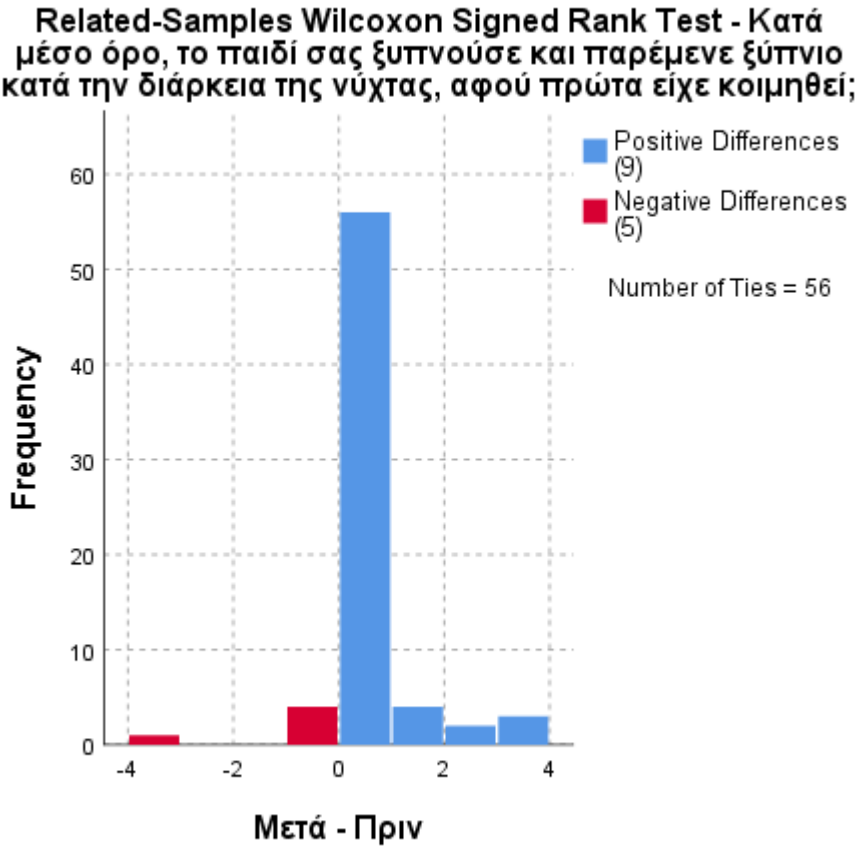
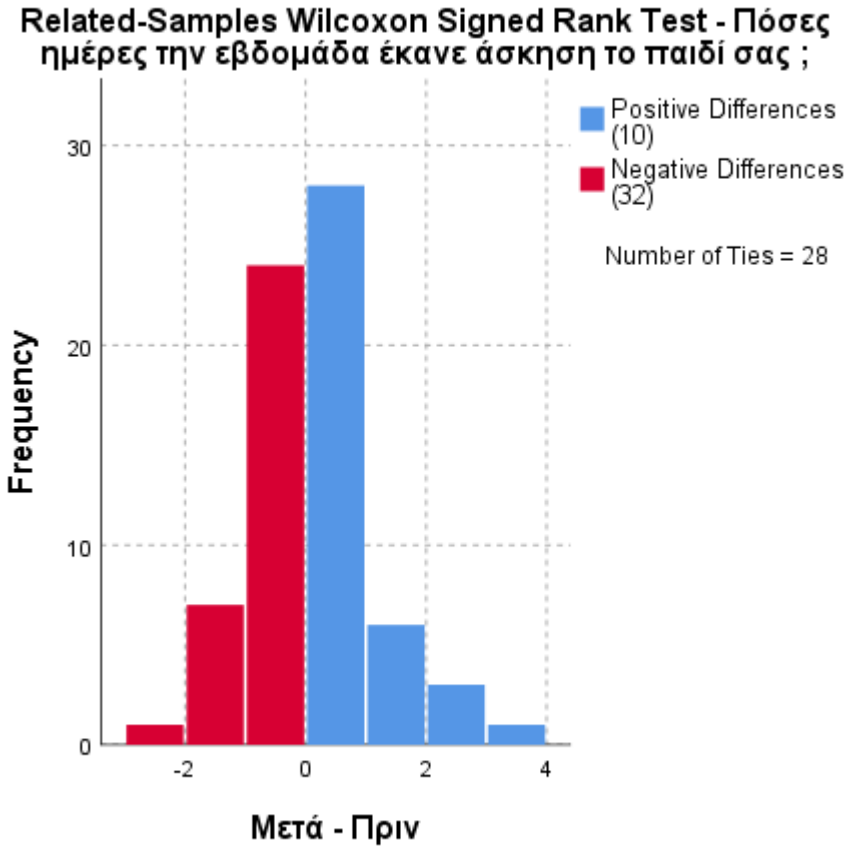


Table 21 Participants' responses to the questions: *How many days per week did your child exercise and how many days per week did your child spend outside the home?*

	How many days a week did your child have exercised?		*How many days a week did your child spend outside the home?*	
	N	(%)	N	(%)
None	29	41.4	30	42.9
1-2 Days	24	34.3	21	30
3-4 Days	8	11.4	7	10
3-4 Days	3	4.3	5	7.1
Daily	6	8.6	7	10

In table 21 in the first column, which concerns the weekly frequency of the child's exercise, 29 (41.4%) people answered that their child did not do exercise, 24 (34.3%) people answered 1-2 Days per week, 8 (11.4%) people answered 3-4 Days per week, 6 (8.6%) people answered that their child did daily exercise and finally 3 (4.3%) people answered 3-4 Days per week. Wilcoxon's statistical test showed that there was a statistically significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = -2,761, p = 0.006.

Figure 23 Related - Samples Wilcoxon Signed Rank Test - *How many days a week did your child have exercised?*



In answering the question how many days a week your child spent outside the home, in the second column, 30 (42.9%) people answered that their child did not spend time outside the home per week, 21 (30%) people answered that 1-2 Days a week spent time outside the home, as well as 7 (10%) people answered 3-4 Days and 7 (10%) people answered Daily, 5 (7.19%) people answered 3-4 Days per week. Wilcoxon's statistical test showed that there was a statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 2), Z = -3.993, p < 0.001.

Figure 24 Related - Samples Wilcoxon Signed Rank Test - How many days a week did your child spend outside the home?

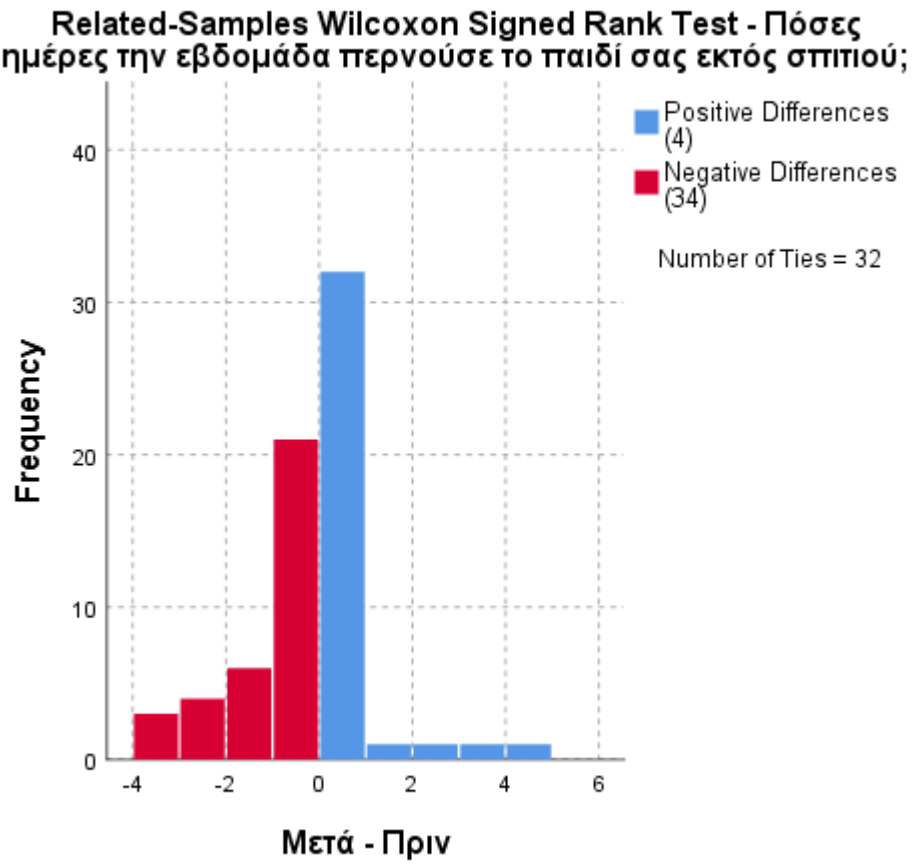
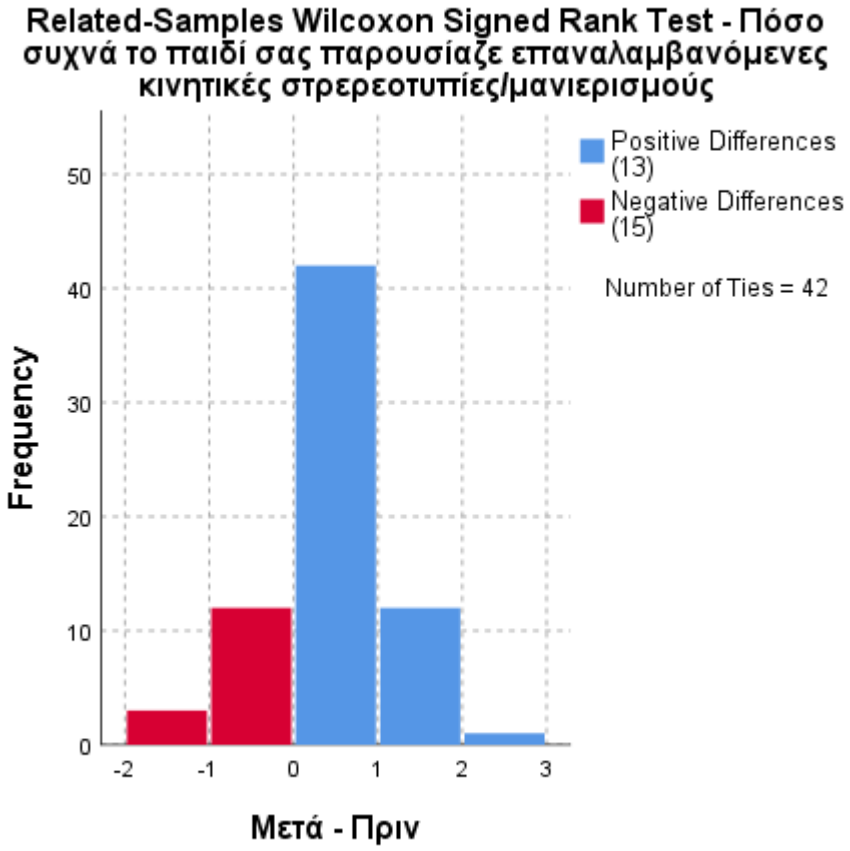


Table 22 Participants' responses to the questions: *How often did your child exhibit repetitive motor stereotypes/mannerisms, how often did your child exhibit sensory search behaviors, and how often did your child engage in other rituals or routines?*

	How often did your child exhibit repetitive motor stereotypes/mannerisms?		*How often did your child exhibit repetitive motor stereotypes/mannerisms ?*		*How often did your child engage in other rituals or routines?*	
	N	(%)	N	(%)	N	(%)
Not at all	21	30	14	20	32	45.7
Rarely	10	14.3	16	22.9	9	12.9
Occasionally	18	25.7	16	22.9	8	11.4
Often	9	12.9	18	25.7	11	15.7
Regularly	12	17.1	6	8.6	10	14.3

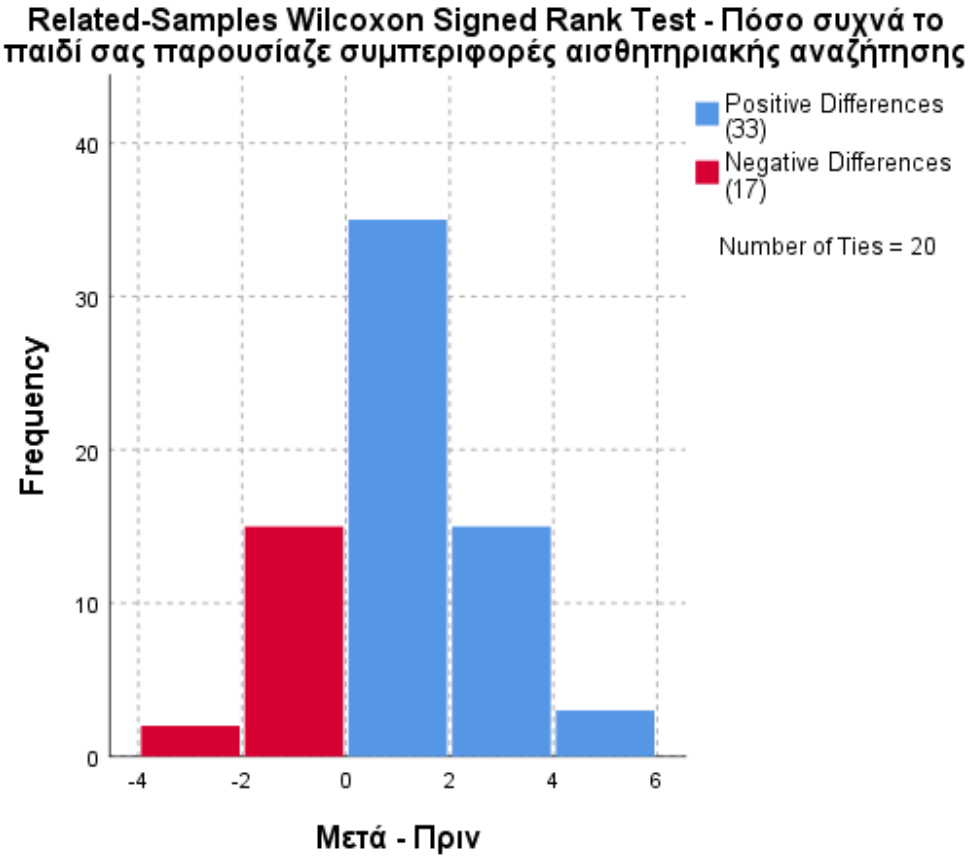
In table 22 in the first column, concerning frequency of repetitive motor stereotypies and mannerisms, 21 (30%) subjects answered that they did not present such type of motor stereotypies, 18 (25.7%) subjects answered that they occasionally exhibited repetitive motor stereotypies and mannerisms, 12 (17.1%) people answered regularly, 10 (14.3%) people answered rarely and finally, 9 (12.9%) people answered often. The Wilcoxon statistical test showed that there was no statistically significant difference between the period of 3 months before the seizure (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = -0.654, p = 0.513.

Figure 25 Related - Samples Wilcoxon Signed Rank Test - *How often did your child exhibit repetitive motor stereotypes/mannerisms?*



In the second column concerning the frequency of presentation of sensory search behavior, 18 (25.7%) people responded that they often exhibited sensory search behaviors, 16 (22.9%) people responded that they rarely exhibited sensory search behaviors, 16 (22.9%) people responded that Occasionally exhibited sensory search behaviors, 14 (20%) people responded that they did not exhibit sensory search behaviors, and finally 6 (8.6%) people responded that They regularly exhibited sensory search behaviors. Wilcoxon's statistical test showed that there was a statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 2,051, p = 0.040.

Figure 26 Related - Samples Wilcoxon Signed Rank Test - *How often did your child exhibit sensory search behaviors?*



In the third and final column, which concerns the frequency of engagement with other rituals and routines, 32 (45.7%) people responded that they were not engaged in rituals or routines, 11 (15.7%) people responded that they were often engaged in rituals or routines, 10 (14.3%) people responded that They were regularly engaged in rituals or routines, 9 (12.9%) people responded that they were rarely engaged in rituals or routines and finally, 8 (11.4%) people responded that Occasionally engaged in rituals or routines. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 2), Z = -1,705, p = 0.088.

Figure 27 Related - Samples Wilcoxon Signed Rank Test - *How often did your child engage in other rituals or routines?*

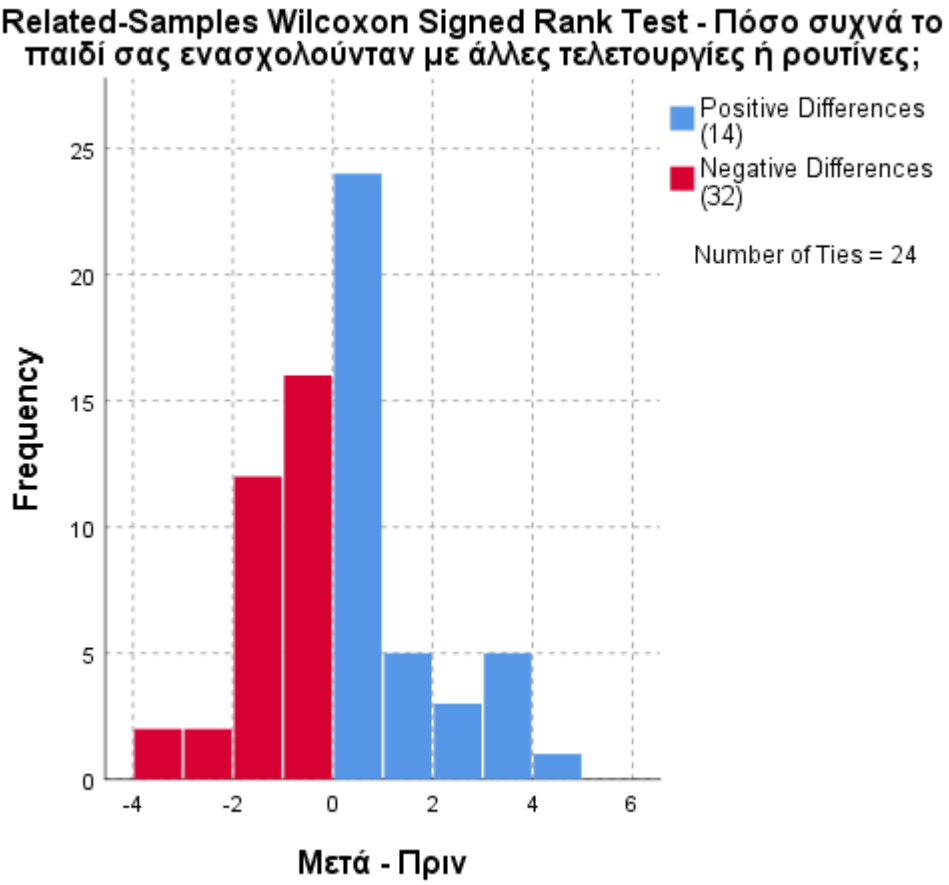
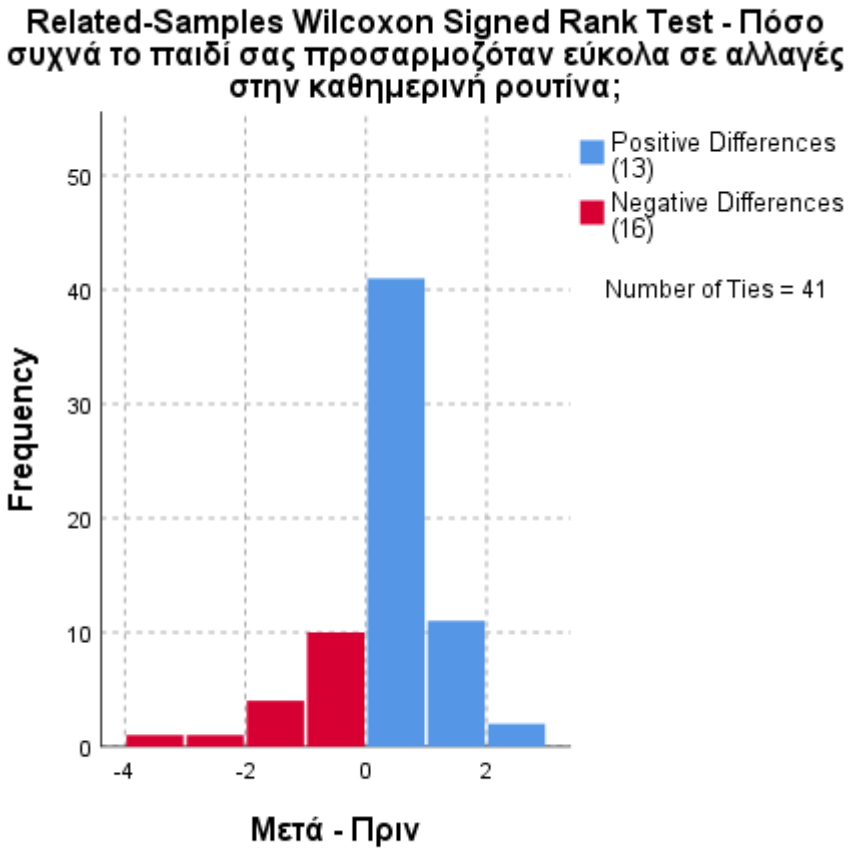


Table 23 Participants' responses to the questions: *How often did your child exhibit repetitive motor stereotypes/mannerisms, how often did your child exhibit sensory seeking behaviors, and how often did your child engage in other rituals or routines?*

	How often did your child easily adapt to changes in the daily routine?		*How often did your child require family members and those associated to maintain certain routines?*		*How often was your child engaged in an activity related to some very limited, strong interest?*	
	N	(%)	N	(%)	N	(%)
Not at all	6	8.6	21	30	8	11.6
Rarely	10	14.3	13	18.6	14	20.3
Occasionally	17	24.3	10	14.3	12	17.4
Often	24	34.3	17	24.3	19	27.5
Regularly	13	18.6	9	12.9	16	23.2

In table 23 in the first column, which concerns the frequency of ease of adaptation to changes in the daily routine, 24 (34.3%) people responded that often the child could adapt to changes in his daily routine, 17 (24.3%) people answered that Occasionally the child could adapt to changes in his daily routine, 13 (18.6%) people responded that Regularly the child could adapt to changes in his daily routine, 10 (14.3%) people responded that rarely the child could adapt to changes in his daily routine and finally 6 (8.6%) people answered that he could not at all adapt to changes in his daily routine. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 4) and the last 2 weeks (Mdn = 4), Z = -1,078, p = 0.281.

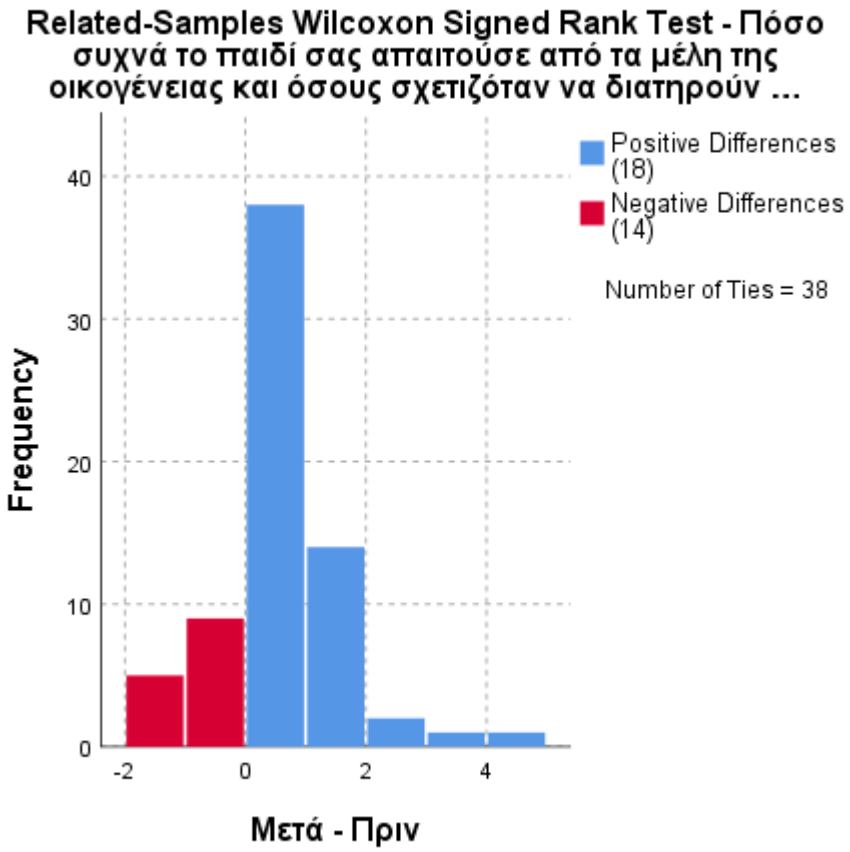
Figure 28 Related - Samples Wilcoxon Signed Rank Test - *How often did your child easily adapt to changes in the daily routine?*



In the second column on the frequency that the child required of family members and those associated with maintaining certain routines, 21 (30%) people responded that they did not require family members and those associated to maintain specific routines, 17 (24.3%) individuals responded that they often required family members and those

associated to maintain specific routines, 13 (18.6%) individuals responded that They rarely required family members and those associated to maintain specific routines, 10 (14.3%) individuals responded that Occasionally required family members and those associated to maintain specific routines and finally, 9 (12.9%) individuals responded that They regularly required family members and those associated to maintain specific routines. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = 0.412, p = 0.680.

Figure 29 Related - Samples Wilcoxon Signed Rank Test - How often did your child require family members and those associated to maintain certain routines?



In the third and final column, which concerns the frequency the child was engaged in an activity related to some very limited strong interest, 19 (27.5%) people responded that Often the child was engaged in an activity related to some very limited strong interest, 16 (23.2%) people responded that Regularly the child was engaged in an activity related to some very limited strong interest, 14 (20.3%) individuals responded that rarely the child was engaged in an activity related to some very limited strong interest, 12 (17.4%) people responded that Occasionally the child was engaged in an

activity related to some very limited strong interest and finally, 8 (11.6%) people responded that they were not employed in an activity related to some very limited strong interest. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 4) and the last 2 weeks (Mdn = 4), Z = 0.122, p = 0.903.

Figure 30 Related - Samples Wilcoxon Signed Rank Test - *How often was your child engaged in an activity related to some very limited, strong interest?*

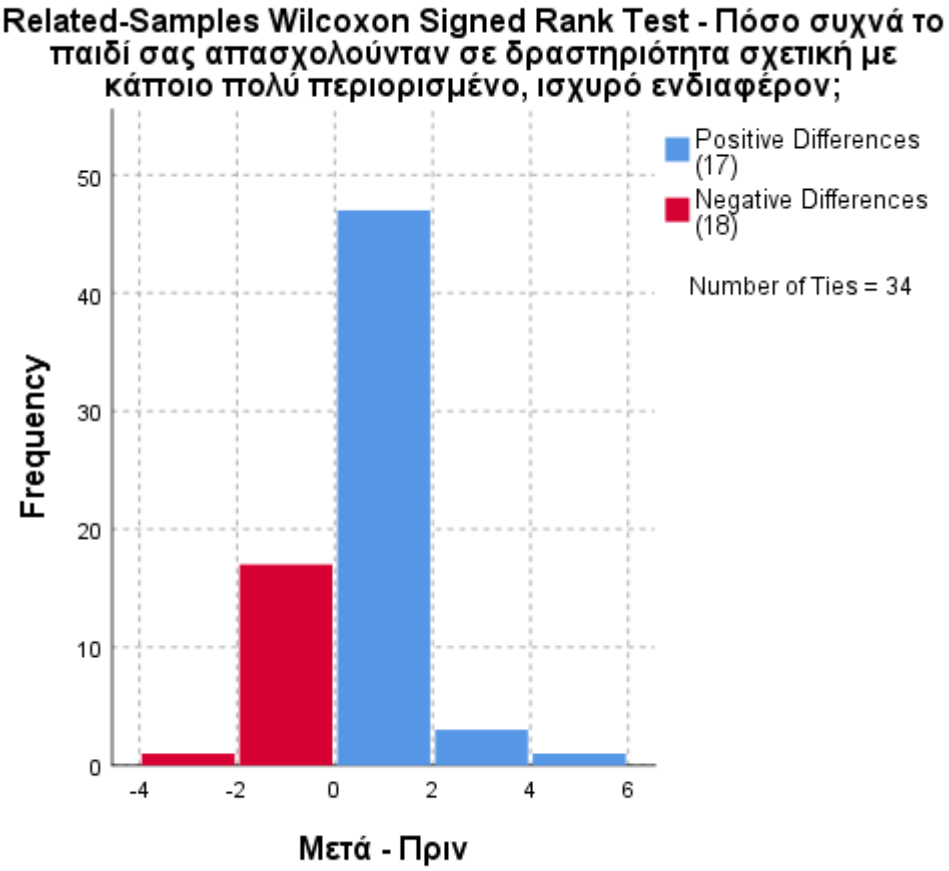


Table 24 Participants' responses to the questions: *was any of the following a major problem in your child's behavior (who had not already been previously tested by treatment); Multiple choice of answers.*

	N	(%)
Hyperactivity	12	41.4
Difficulty staying on a project	15	51.7
Getting angry or losing temper easily	15	51.7
Verbal Aggression	15	51.7

Physical aggression towards others or objects	13	44.8
Intentional self-injury	15	51.7
Being disobedient and fighting often	11	37.9
To cry easily	14	48.3
Worry excessively about social situations	11	37.9
Worry excessively about separation from parent/caregiver	16	55.2
To appear overly frightened	15	51.7

In table 24, which concerns the frequency of responses to the participants' question, according to the multiple options that it was possible to complete an option as an answer, Hyperactivity was selected in total at a rate of 41.4%, Difficulty staying on a project was found 51.7%, in 51.7% was found Getting angry or losing temper easily, Verbal Aggression at a rate of 51.7%, 44.8% found Physical aggression towards others or objects, Intentional self-injury at 51.7%, 37.9% found Being disobedient and fighting often, To cry easily at 48.3%, 37.9% found Worry excessively about social situations, Worry excessively about separation from parent/caregiver at a rate of 55.2% and finally, Appear overly frightened was found at a rate of 51.7%. Then follows Table with how important a problem was each or all of the behaviors of each answer chosen from the previous question.

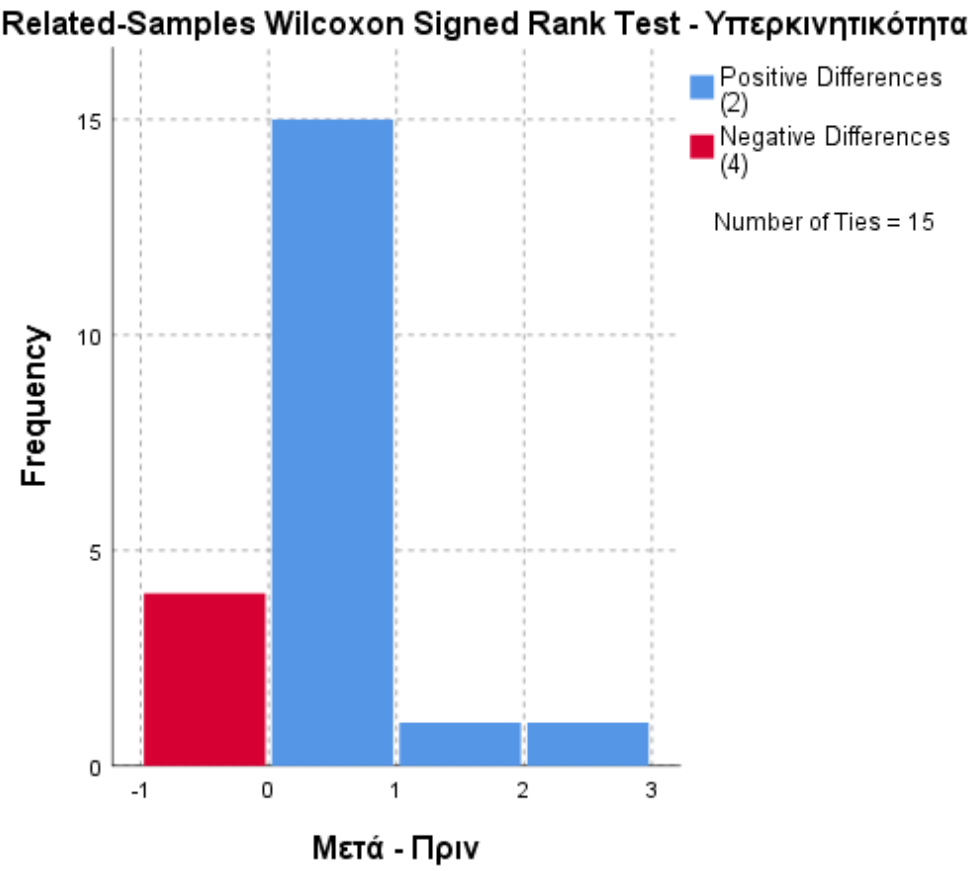
Table 25 Participants' responses to the questions: *How important a problem was that for you?*

	Hyperactivity		*Difficulty staying on a project*		*Getting angry or losing temper easily*		*Verbal Aggression*		*Physical aggression towards others or objects*		*Intentional self-injury*	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Very little	12	48	15	50	15	38.5	15	60	13	59.1	15	75
Quite	7	28	3	10	11	28.2	5	20	5	22.7	1	5
A lot	3	12	5	16.7	6	15.4	3	12	1	4.5	1	5
Very much	3	12	7	23.3	7	17.9	2	8	3	13.6	3	15

	Being disobedient and fighting often		*To cry easily*		*Worry excessively about social situations*		*Worry excessively about separation from parent/caregiver*		*To appear overly frightened*	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Very little	11	42.3	14	50	11	45.8	16	55.2	15	62.5
Quite	9	34.6	1	3.6	3	12.5	4	13.8	2	8.3
A Lot	1	3.8	5	17.9	3	12.5	2	6.9	0	0
Very Much	5	19.2	8	28.6	7	29.2	7	24.1	7	29.2

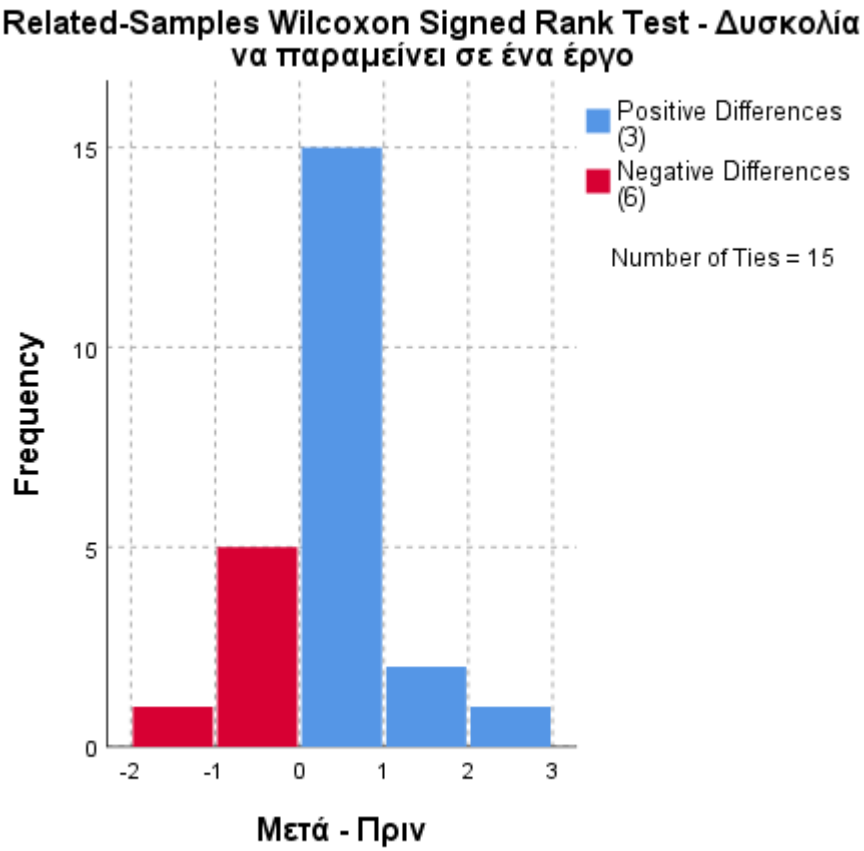
In table 25, in the first column of the table on the frequency of responses of how important a problem Hyperactivity was, 12 (48%) people responded that it was Very little important, 7 (28%) people responded that it was Quite significant, 3 (12%) people responded that it was very important and 3 (12%) people responded that it was very important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = -0.333, p = 0.739.

Figure 31 Related - Samples Wilcoxon Signed Rank Test - *Hyperactivity*



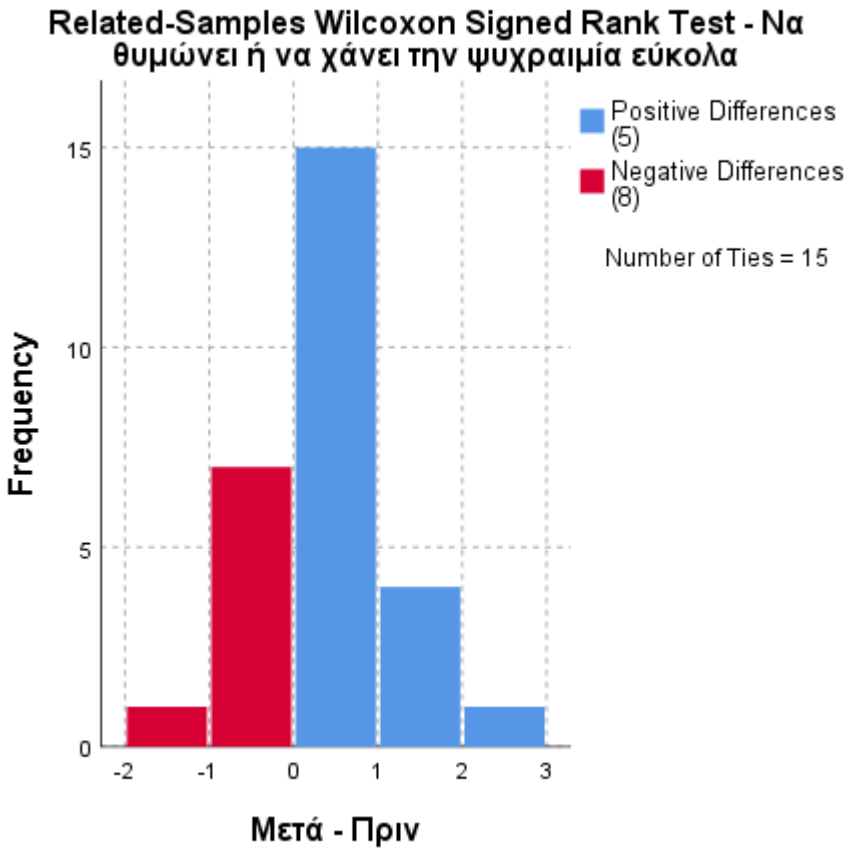
Difficulty staying on a project as a problem, 15 (50%) people responded that it was Very little a major problem, 7 (23.3%) people responded that it was too important, 5 (16.7%) people responded that it was very important and 3 (10%) people responded that it was Quite important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = -0.749, p = 0.454.

Figure 32 Related - Samples Wilcoxon Signed Rank Test - *Difficulty staying on a project*



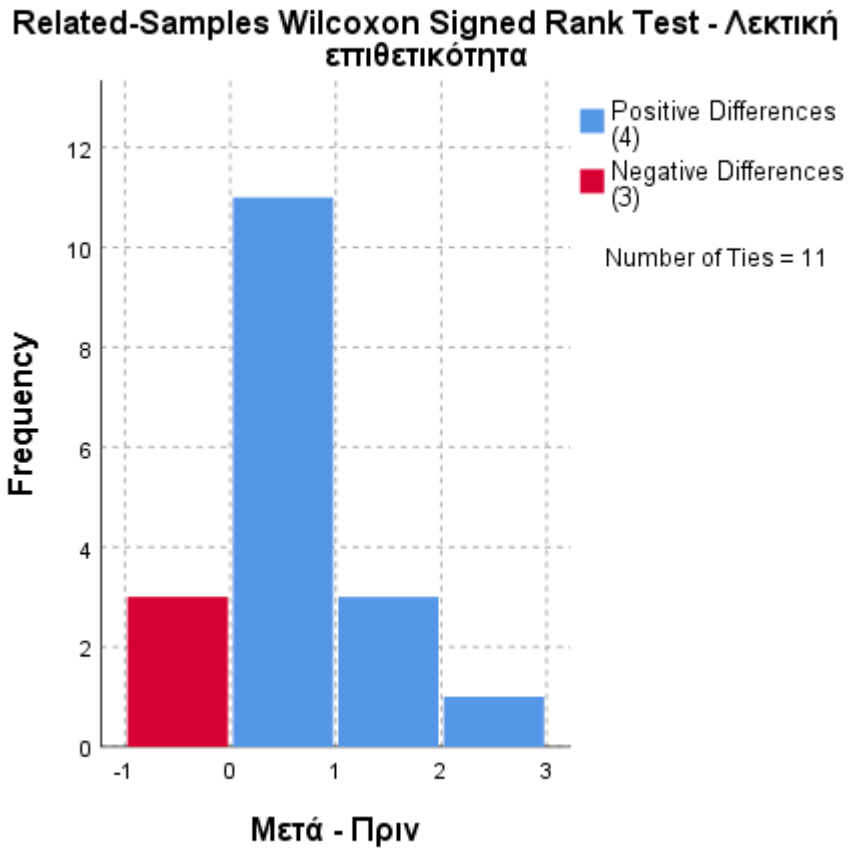
Getting angry or losing temper easily as a problem, 15 (38.5%) people responded that it was Very little a major problem, 11 (28.2%) people responded that it was Quite significant, 7 (17.9%) people responded that it was very important and 6 (15.4%) people responded that it was very important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = -0.676, p = 0.499.

Figure 33 Related - Samples Wilcoxon Signed Rank Test - *Getting angry or losing temper easily*



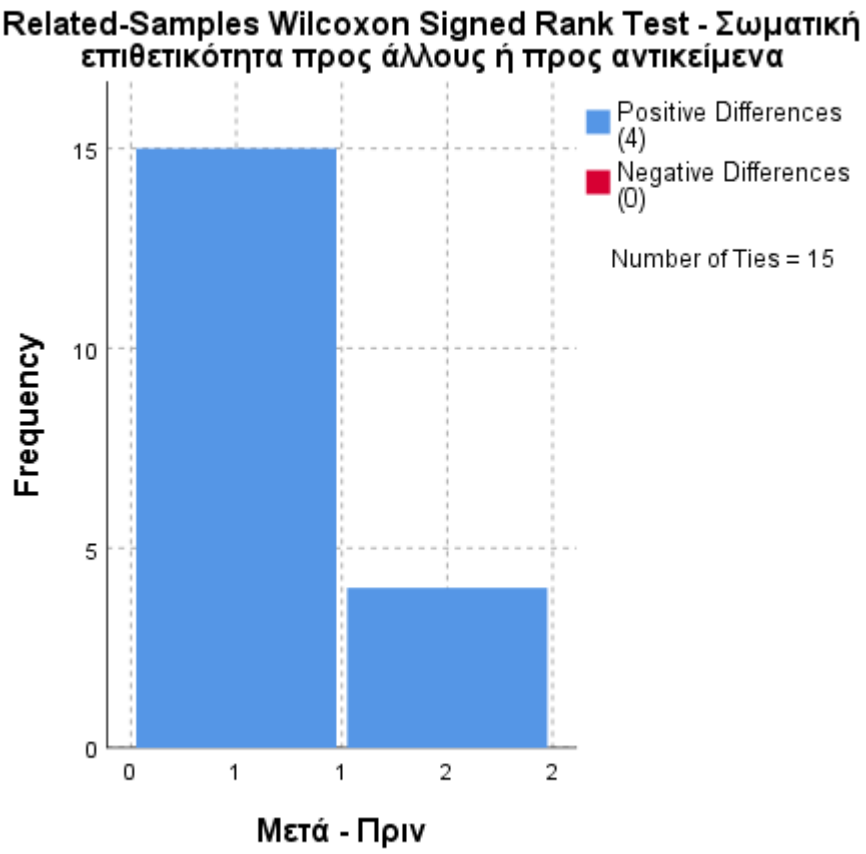
Verbal Aggression as a problem, 15 (60%) people responded that it was Very little important, 5 (20%) people responded that it was Quite important, 3 (12%) people responded that it was too important and 2 (8%) people responded that it was very important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = 0.632, p = 0.527.

Figure 34 Related - Samples Wilcoxon Signed Rank Test - *Verbal Aggression*



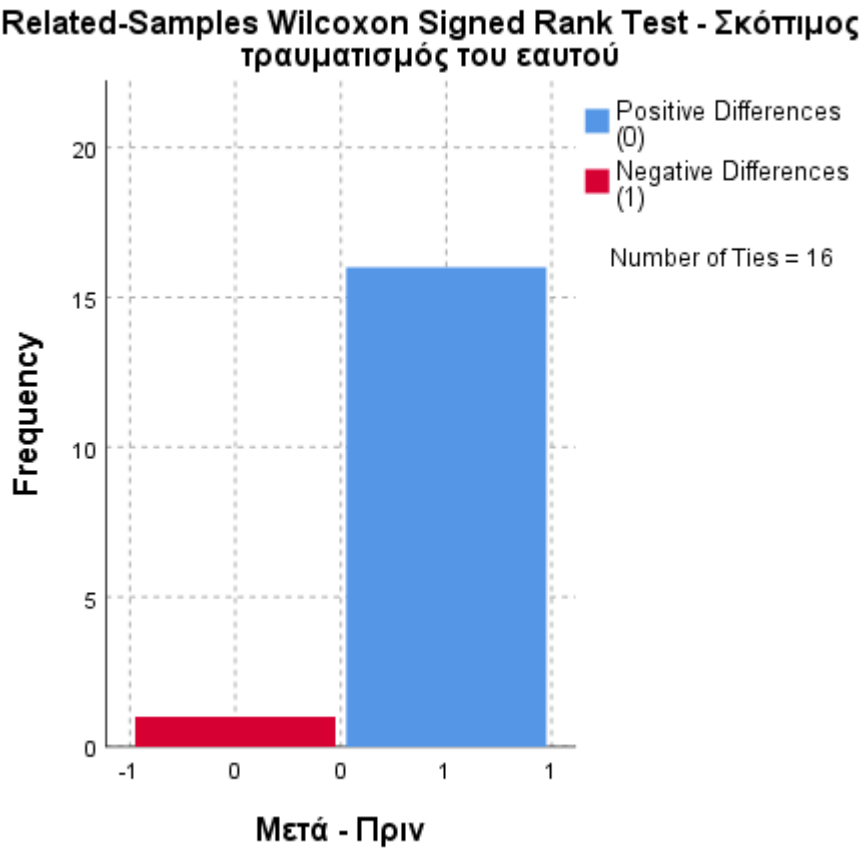
Physical aggression towards others or objects as a problem, 13 (59.1%) people responded that it was Very little important, 5 (22.7%) people responded that it was Quite important, 3 (13.6%) people responded that it was very important and 1 (4.5%) person responded that it was very important. Wilcoxon's statistical test showed that there was a statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = 2, p = 0.046.

Figure 35 Related - Samples Wilcoxon Signed Rank Test - *Physical aggression towards others or objects*



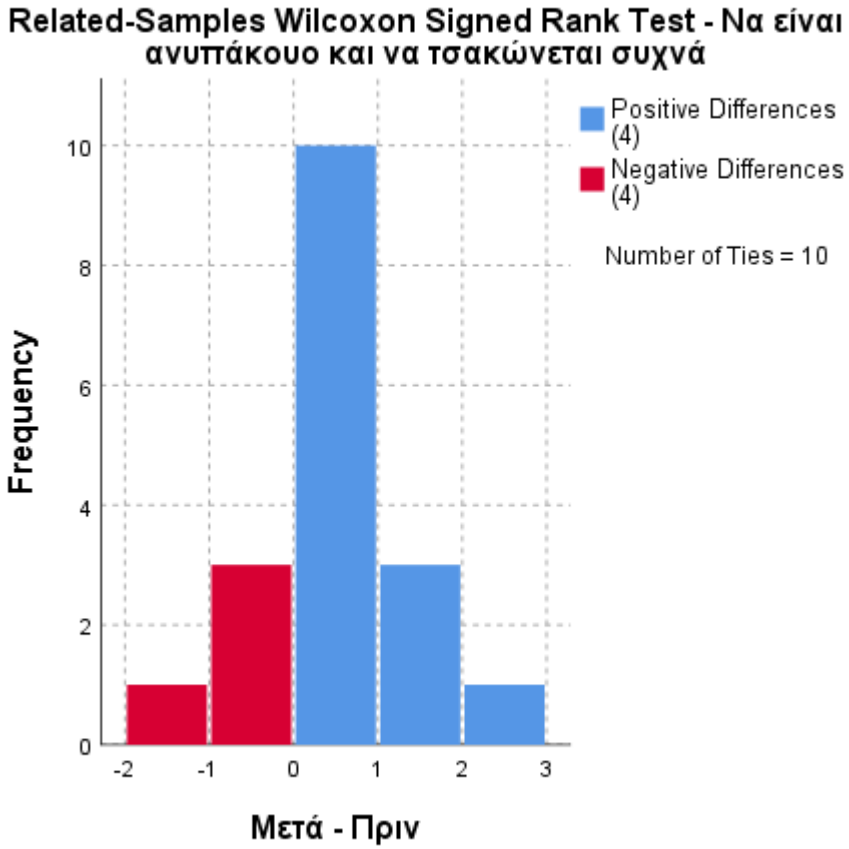
Intentional self-injury as a problem, 15 (75%) people responded that it was Very little important, 3 (15%) people responded that it was too important, 1 (5%) person answered that it was Quite important and 1 (5%) person responded that it was very important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = -1, p = 0.317.

Figure 36 Related - Samples Wilcoxon Signed Rank Test - *Intentional self-injury*



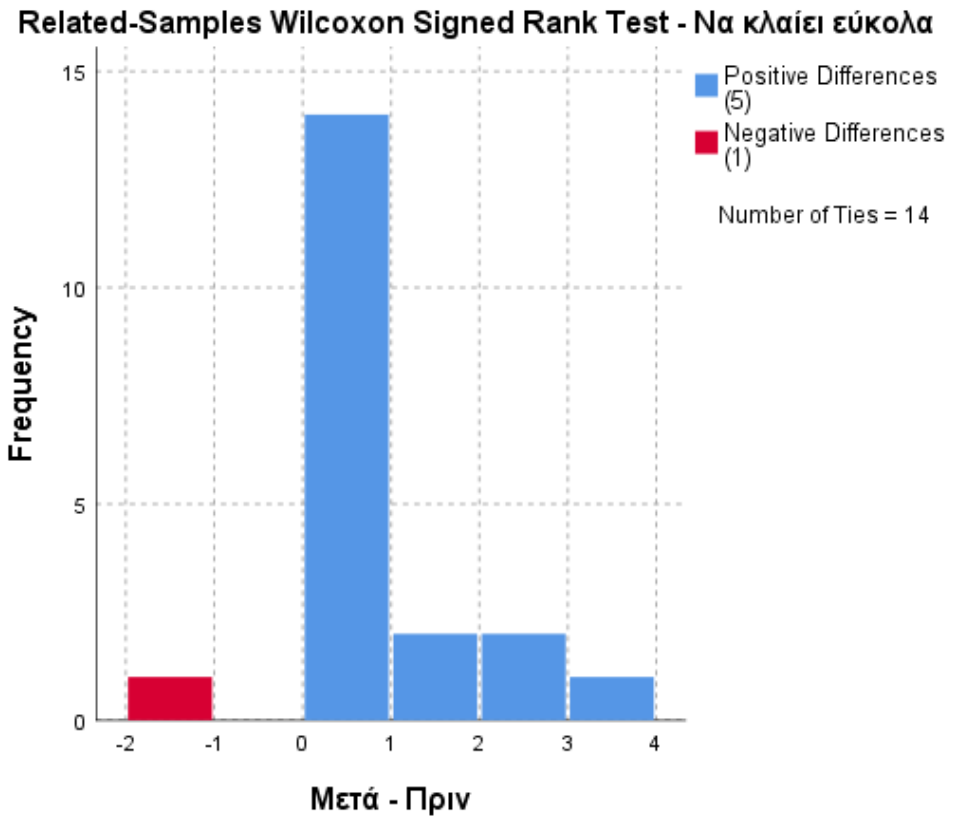
Being disobedient and fighting often as a problem, 11 (42.3%) people responded that it was Very little important, 9 (34.6%) people responded that it was Quite significant, 5 (19.2%) people responded that it was too important and 1 (3.8%) person responded that it was very important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = 0, p = 1.

Figure 37 Related - Samples Wilcoxon Signed Rank Test - *Being disobedient and fighting often*



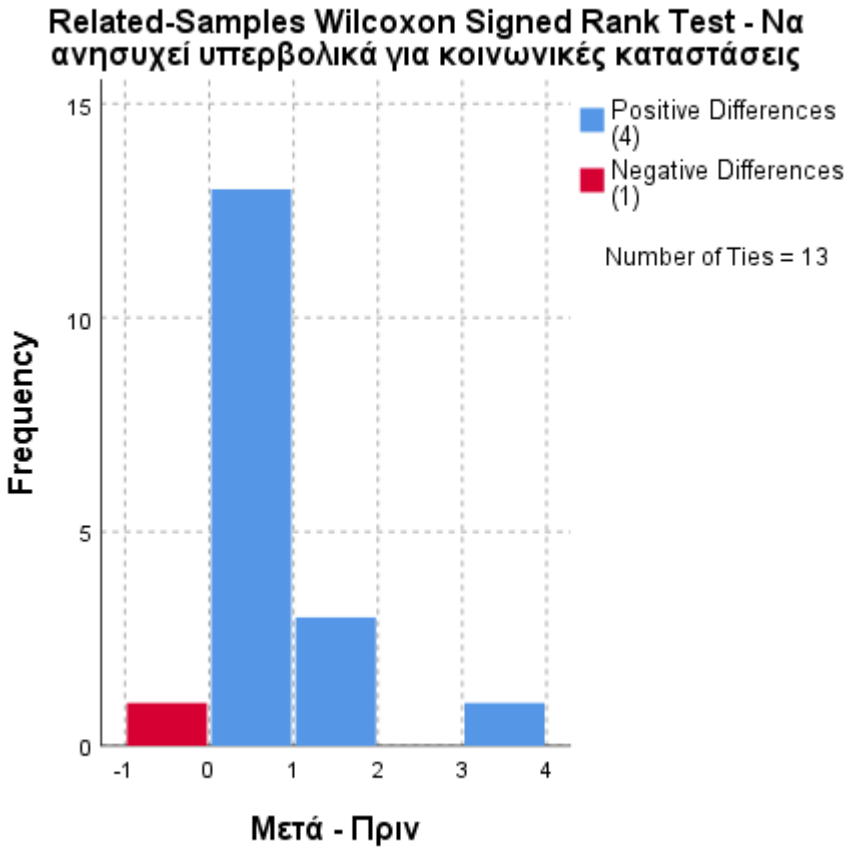
Cry easily as a problem, 14 (50%) people responded that it was Very little important, 8 (28.6%) people responded that it was too important, 5 (17.9%) people responded that it was very important and 1 (3.6%) person responded that it was Quite important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = 1,382, p = 0.167.

Figure 38 Related - Samples Wilcoxon Signed Rank Test - *To cry easily*



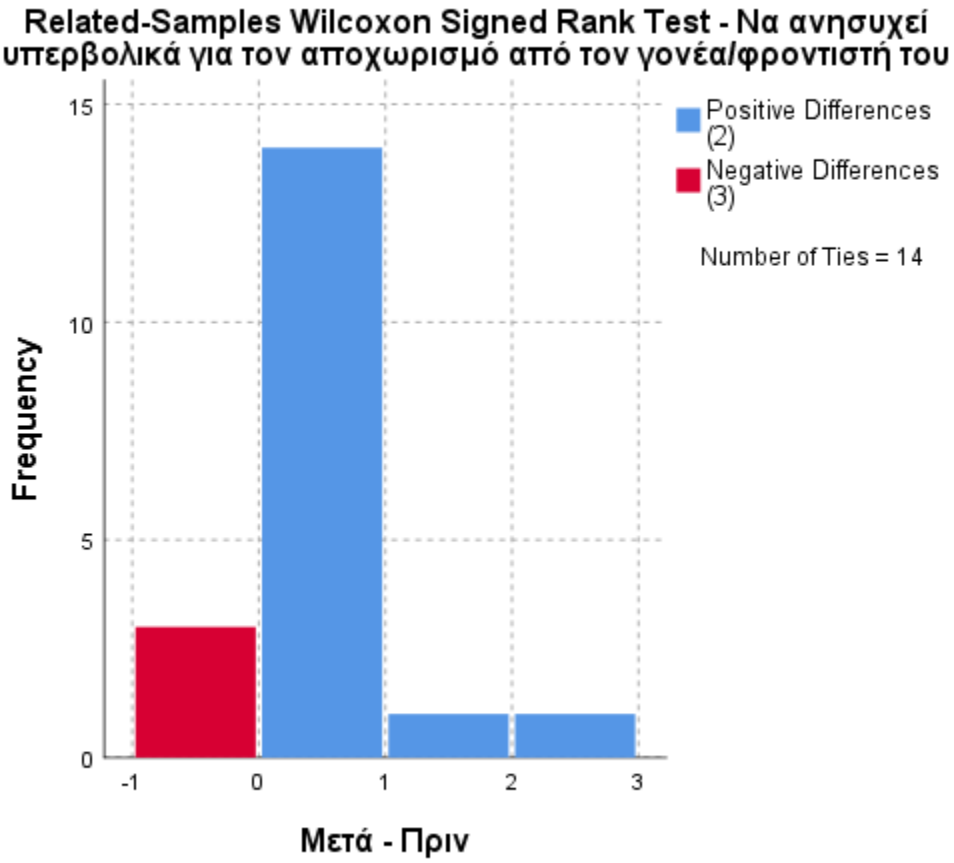
Worry excessively about social situations as a problem, 11 (45.8%) people responded that it was Very little important, 7 (29.2%) people responded that it was very important, 3 (12.5%) people responded that it was very important and 3 (12.5%) person responded that it was Quite important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = 1,414, p = 0.157.

Figure 39 Related - Samples Wilcoxon Signed Rank Test - *Worry excessively about social situations*



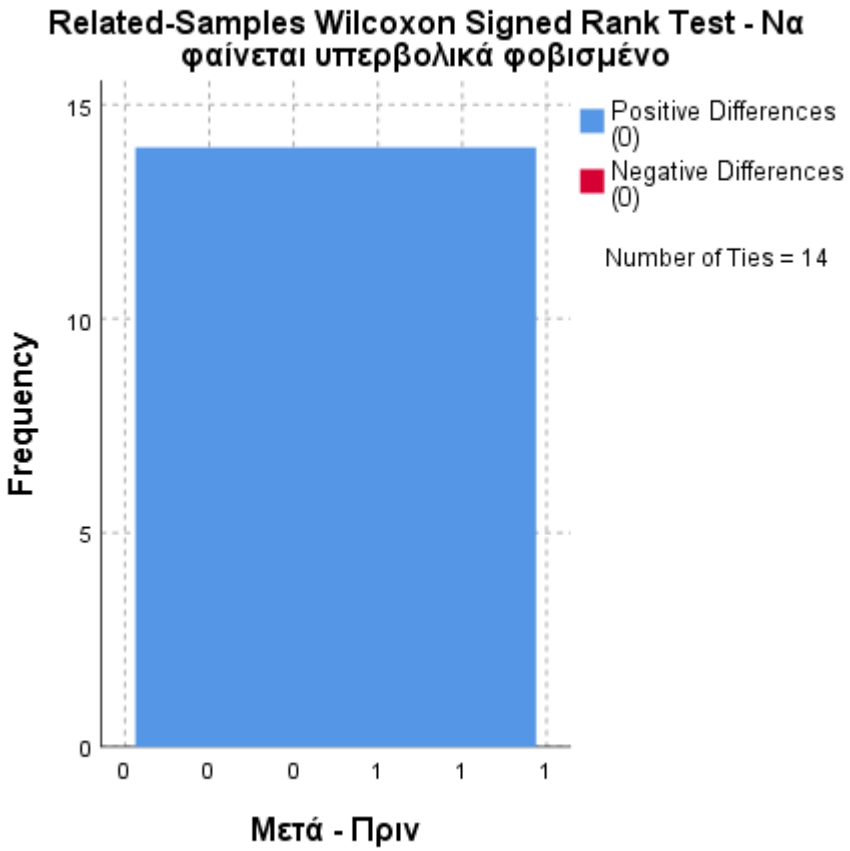
Worry excessively about separation from parent/caregiver as a problem, 16 (55.2%) people responded that it was Very little important, 7 (24.1%) people responded that it was very important, 4 (13.8%) people responded that it was Quite important, and 2 (6.9%) people responded that it was very important. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = 0, p = 1.

Figure 40 Related - Samples Wilcoxon Signed Rank Test - *Worry excessively about separation from parent/caregiver*



Finally, the To appear overly frightened as a problem, 15 (62.5%) people responded that it was Very little significant 7 (29.2%) people responded that it was too important and 2 (8.3%) people responded that it was Quite significant. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = -1, p = 1.

Figure 41 Related - Samples Wilcoxon Signed Rank Test - *To appear overly frightened*



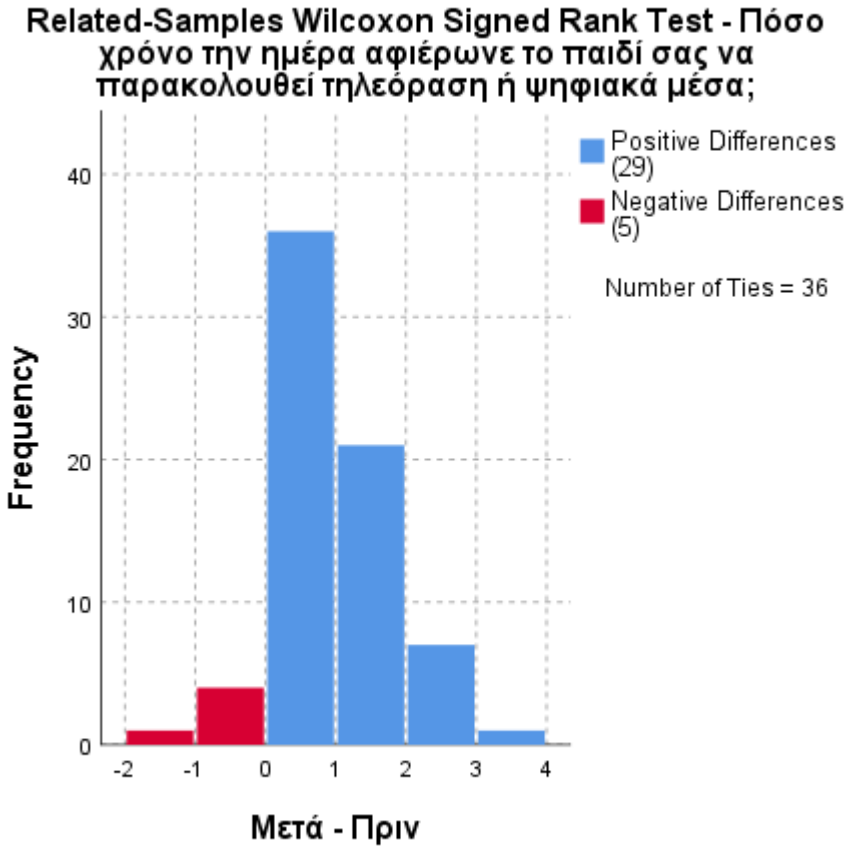
The next questions concern the use of digital media during the three months before the start of the Coronavirus /COVID-19 crisis

Table 26 Participants' responses to the questions: *How much time per day did your child spend watching TV or digital media, how much time a day did your child spend using social media, and How much time per day did your child spend playing video games?*

	How much time per day did your child spend watching TV or digital media?		*How much time per day did your child spend using social media?*		*How much time per day did your child spend playing video games?*	
	N	(%)	N	(%)	N	(%)
Not at all TV or digital media	4	5.7	47	72.3	32	45.7
Less than 1 hour	8	11.4	11	16.9	14	20
1-3 Hours	25	35.7	6	9.2	16	22.9
4-6 Hours	21	30	0	0	8	11.4
More than 6 Hours	12	17.1	1	1.5	0	0

In table 26, in the first column of the table concerning the time your child spent watching TV or digital media on the day 25 (35.7%) people responded that their child devoted 1-3 Hours a day to watching TV or digital media, 21 (30%) people responded that they devoted 4-6 Hours, 12 (17.1%) people devoted More than 6 Hours, 8 (11.4%) people responded that they devoted Less than 1 hour and 4 (5.7%) people responded that they did not devote Not at all time to television or digital media. Wilcoxon's statistical test showed that there was a statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 3,888, p < 0.001.

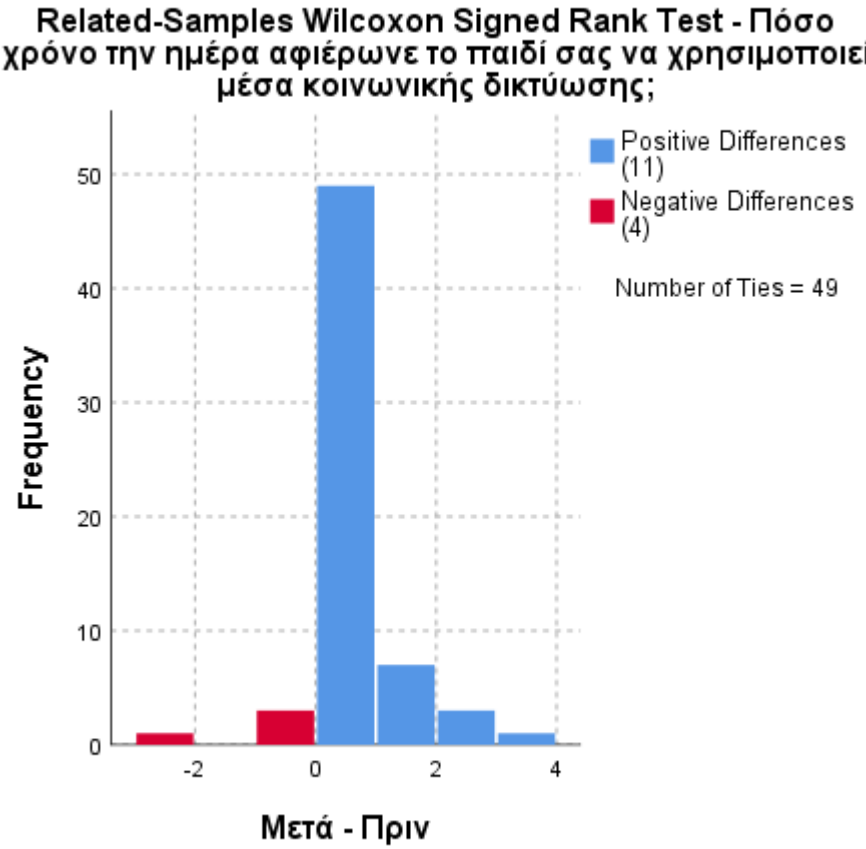
Figure 42 Related - Samples Wilcoxon Signed Rank Test - *How much time per day did your child spend watching TV or digital media?*



In the next column about the time spent by the child to use social media, 47 (72.3%) people responded that they did not use Not at all digital media, 11 (16.9%) people answered that their child used social media for Less than 1 hour, 6 (9.2%) people answered that their child used 1-3 Hours on social media and 1 (1.5%) person replied that their child was using More than 6 Hours on social media. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3

months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 1), Z = 1,707, p = 0.088.

Figure 43 Related - Samples Wilcoxon Signed Rank Test - *How much time per day did your child spend using social media?*



In the next and last column about the time of day that the child spent playing video games, 32 (45.7%) people answered that their child did not devote any time at all, 16 (22.9%) people answered that their child devoted 1-3 Hours a day the child devoted himself to playing video games, 14 (20%) people answered that their child devoted Less than 1 hour on the day the child devoted himself to playing video games and 8 (11.4%) people replied that their child devoted 4-6 hours a day to the child dedicated to playing video games. The statistical test of Wilcoxon showed that there was a statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 2), Z = 3,439, p = 0.001.

Figure 44 Related - Samples Wilcoxon Signed Rank Test - *How much time per day did your child spend playing video games?*

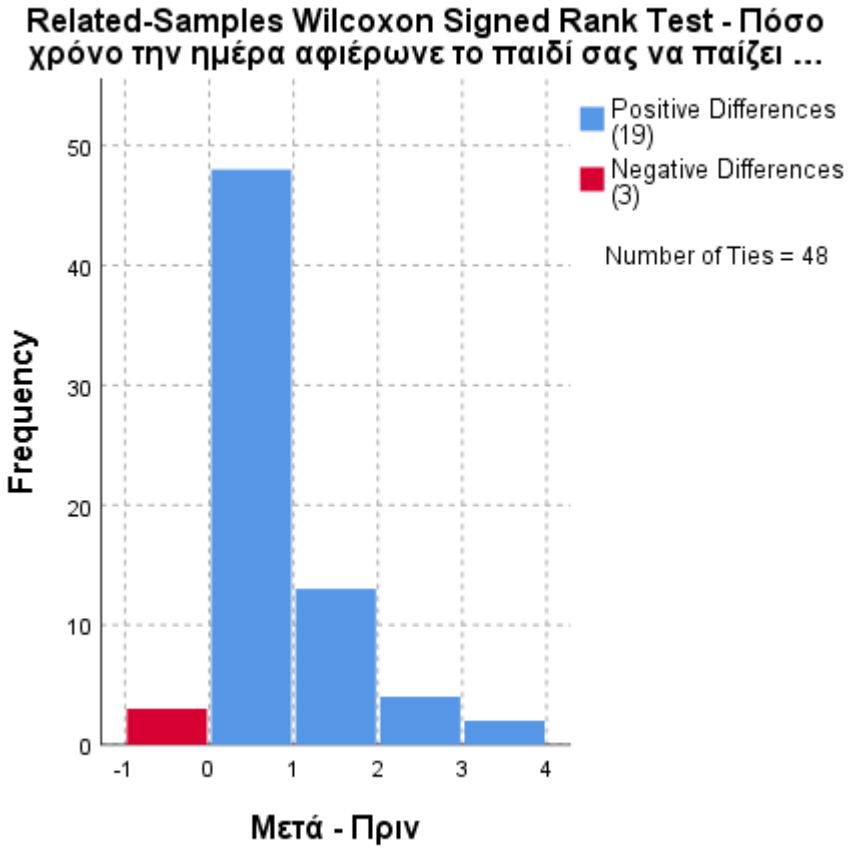
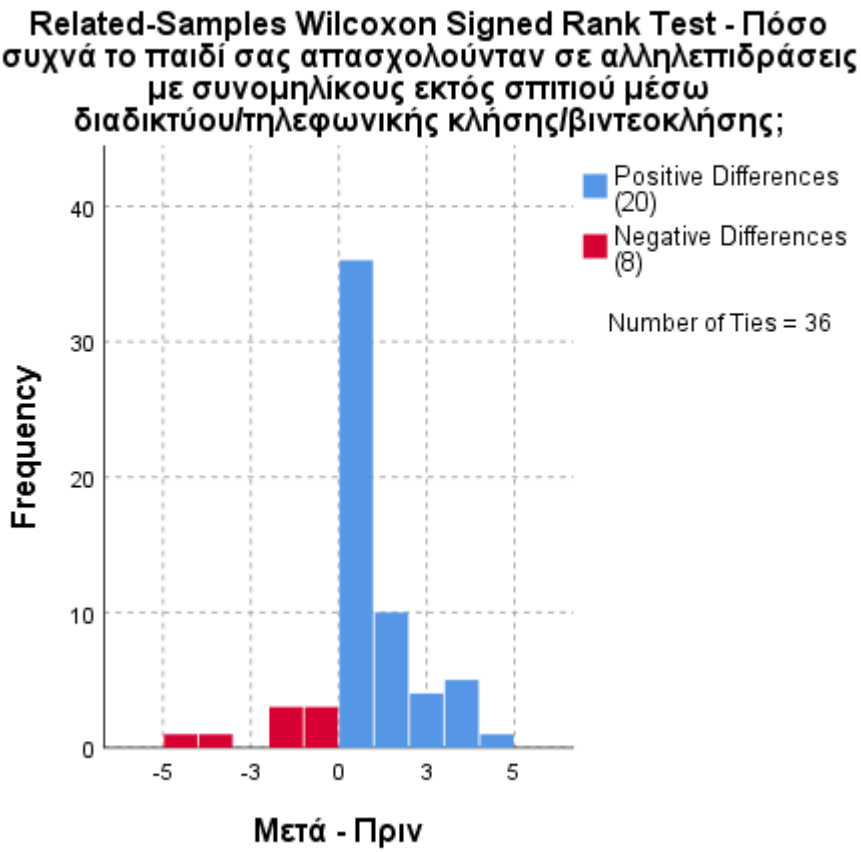


Table 27 Participants' responses to the questions: *How often was your child engaged in interactions with peers outside the home via internet/phone call/video call, how often was your child engaged in interactions with adults outside the home –such as extended family members (not including therapists or teachers) – online/messaging/email/phone call/video call?*

	How often was your child engaged in interactions with peers outside the home via internet/phone call/video call?		*How often was your child engaged in interactions with adults outside the home – such as extended family members (not including therapists or teachers) – via the internet/messages/email/phone call/video call?*	
	N	(%)	N	(%)
Not at all TV or digital media	33	49.3	28	42.4
Less than 1 hour	15	22.4	13	19.7
1-3 Hours	9	13.4	12	18.2
4-6 Hours	4	6	8	12.1
More than 6 Hours	6	9	5	7.6

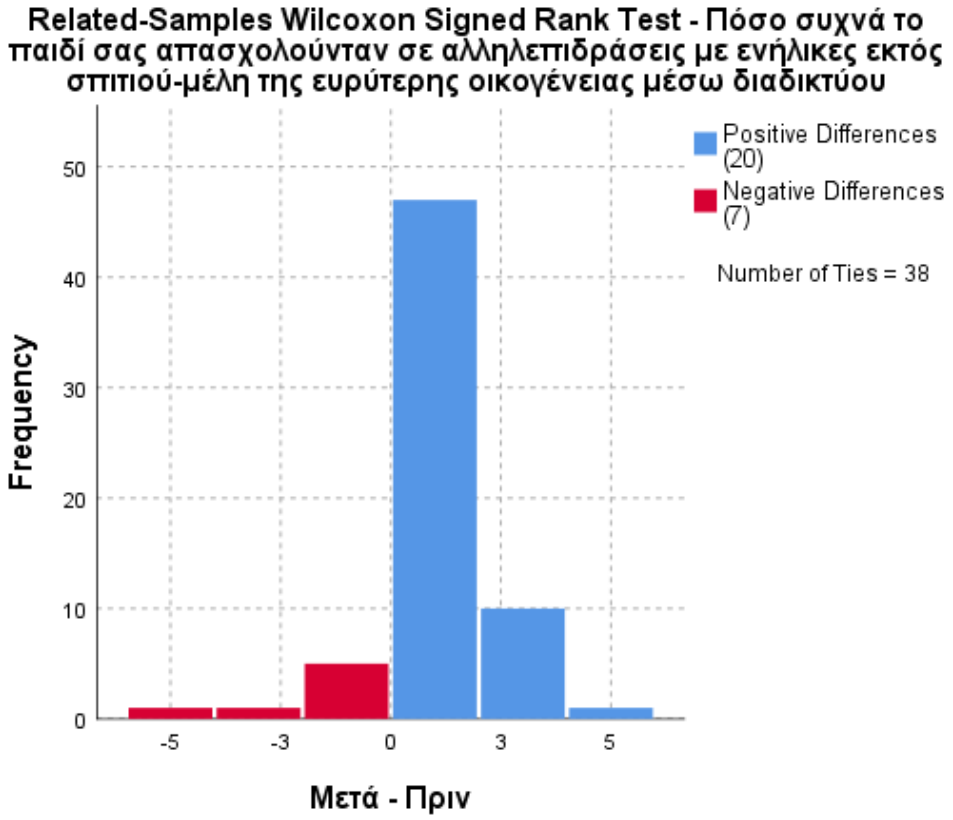
In table 27, in the first column of the table on how often the child was engaged in interactions with peers outside the home via internet/phone call/video call, 33 (49.3%) people responded that they were not employed Not at all in interactions with peers outside the home via the internet/phone call/video call, 15 (22.4%) people responded that their child was employed less than 1 hour were engaged in interactions with peers outside the home via internet/phone call/video call, 9 (13.4%) people answered that their child was employed for 1-3 Hours, 6 (9%) people answered that their child was employed more than 6 Hours in interactions with peers outside the home via internet/phone call/video call and finally 4 (6%) people answered that their child was employed 4-6 Hours in interactions with peers outside the home via internet/phone call/video call. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 2), Z = 1,767, p = 0.077.

Figure 45 Related - Samples Wilcoxon Signed Rank Test - *How often was your child engaged in interactions with peers outside the home via internet/phone call/video call?*



In the next and last column, which concerns the frequency the child was engaged in interactions with adults outside the home – such as members of the extended family (therapists or teachers are not included) – via the internet / messages / email / phone call / video call, 28 (42.4%) people responded that they were not employed Not at all in interactions with peers outside the home via internet / phone call / video call, 13 (19.7%) people responded that their child was employed Less than 1 hour was engaged in interactions with peers outside the home via internet/phone call/video call, 6 (12.1%) people answered that their child was employed 1-3 Hours, 12 (18.2%) people answered that their child was employed 4-6 Hours and finally, 8 (7.6%) people answered that their child was employed More than 6 Hours.Wilcoxon's statistical test showed that there was a statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 2), Z = 2,497, p = 0.013.

Figure 46 Related - Samples Wilcoxon Signed Rank Test - *How often was your child engaged in interactions with adults outside the home – such as extended family members (not including therapists or teachers) – via the internet/messages/email/phone call/video call?*



2.6 SCHOOL SERVICES OR OUTSIDE PROVISIONS

Table 28 Participants' responses to the questions: *How were the educational or other services your child received affected BY WHEN the coronavirus (COVID-19) crisis began in the country? Multiple choice of answers.*

	N	(%)
My child had to continue his/her education at home.	19	27.1
My child has returned home from a residential care facility.	0	0
My child's school is closed.	43	61.4
The care facility where my child lives is closed to visitors	0	0
My child lost access to education, therapeutic interventions, services or health care.	22	31.4
My child's education and access to treatment has not been affected due to the coronavirus.	5	7.1

In table 28, which concerns the frequency of responses to the participants' question, according to the multiple options that it was possible to complete an option as an answer, a total of 27.1% was selected that The child needed to continue his/her education at home, my child's school is closed was found to be 61.4%, in 31.4% it was found that the child lost access to education, therapeutic interventions, services or health care and finally, education and access to treatment of the child was not affected due to the coronavirus, it was found at a rate of 7.1%. Then follows Table 29.

Table 29 Participants' responses to the questions: *How has your child's access to the following interventions or services they receive at school affected due to the Coronavirus (COVID-19) pandemic?*

	My child still receives this service through the school		*My child lost access and did not receive this service since the onset of COVID-19*		*My child did not previously receive This Service Regularly*	
	N	(%)	N	(%)	N	(%)
Special Education	14	20.3	22	31.9	33	47.8
Speech Therapy	10	14.3	21	30	39	55.7
Occupational Therapy	10	14.3	22	31.4	38	54.3
Physical Therapy	2	2.9	13	18.6	55	78.6
Applied Behavior Analysis (ABA Therapy)	2	2.9	17	24.3	51	72.9
Social skills Therapy	13	18.6	18	25.7	39	55.7
General psychology / School counseling	14	20	18	25.7	38	54.3

In table 29, which concerns the frequency of responses to the participants' question, it was selected for the Special Education service at a total rate of 20.3% that the child continues to receive this service through the school, at a rate of 31.9% that the child lost access and did not receive this service since the beginning of COVID-19 and finally, 47.8% of them were found that the child did not previously receive This Service

Regularly. For the Speech Therapy service, a total of 14.3% that the child still receives this service through the school, at a rate of 30% that the child lost access and did not receive this service since the onset of COVID-19, and finally, at a rate of 55.7% it was answered that the child did not previously receive this service Regularly. For the Occupational Therapy service, a total of 14.3% that the child still receives this service through the school, at a rate of 30% that the child lost access and did not receive this service since the onset of COVID-19 and finally, at a rate of 55.7% it was answered that the child did not previously receive this service Regularly. For the Physical Therapy service, a total of 2.9% that the child still receives this service through school, at a rate of 18.6% that the child lost access and did not receive this service since the onset of COVID-19, and finally, 78.6% were answered that the child did not previously receive this service Regularly. For the service of Applied Behavior Analysis (ABA Therapy), a total of 2.9% that the child still receives this service through the school, at a rate of 24.3% that the child lost access and did not receive this service since the onset of COVID-19 and finally, 72.9% were answered that the child did not previously receive this service Regularly. For the Social Skills Therapy service, a total of 18.6% that the child still receives this service through the school, at a rate of 18% that the child lost access and did not receive this service since the onset of COVID-19 and finally, 39% were answered that the child did not previously receive this service Regularly. For the General Psychology/Counseling service at school, a total of 20% that the child still receives this service through the school, at a rate of 25.7% that the child lost access and did not receive this service since the onset of COVID-19 and finally, 54.3% were answered that the child did not previously receive this service regularly. In the next table for each service selected the option "the child continues to receive this service through the school", it was determined how it is provided during the quarantine period.

Table 30 Participants' responses to the questions: *For each service, please specify how it is provided now.*

	Using telemedicine (Zoom, skype, telephone conversations)		*Through emails and material sent to my home*	
	N	(%)	N	(%)
Special Education	28	40	28	40
Speech Therapy	14	20	15	21.4
Occupational Therapy	12	17.1	15	21.4
Physical Therapy	5	7.1	4	5.7
Applied Behavior Analysis (ABA Therapy)	7	10	4	5.7
Social skills Therapy	12	17.1	11	15.7
General psychology / School counseling	15	21.4	11	15.7

In table 30, which concerns the frequency of answers to the participants' question on how each service is provided, for the Service of Special Education, 28 people (40%) answered using telemedicine (Zoom, skype, telephone conversations) and 28 people

(40%) answered through emails and material sent to their home. For the Speech Therapy service, 14 people (20%) responded using telemedicine (Zoom, skype, telephone conversations) and 15 people (21.4%) responded through emails and material sent to their home. For the Occupational Therapy service, 12 people (17.1%) responded using telemedicine (Zoom, skype, telephone conversations) and 15 people (21.4%) responded through emails and material sent to their home. For the Physical Therapy service, 5 people (7.1%) responded using telemedicine (Zoom, skype, telephone conversations) and 4 people (5.7%) responded through emails and material sent to their home. For the service of Applied Behavior Analysis (ABA Therapy), 7 people (10%) responded using telemedicine (Zoom, skype, telephone conversations) and 4 people (5.7%) responded through emails and material sent to their home. For the Social Skills Therapy service, 12 people (17.1%) responded using telemedicine (Zoom, skype, telephone conversations) and 11 people (15.7%) responded through emails and material sent to their home and finally, for the General Psychology / Counseling service at school, 15 people (21.4%) responded using telemedicine (Zoom, skype, telephone conversations) and 11 people (15.7%) responded through emails and material sent to their home.

Table 31 Evaluation of services using telemedicine (Zoom, skype, telephone conversations)

	Not at all helpful		*A bit helpful*		*Somewhat helpful*		*Extremely helpful*	
	N	(%)	N	(%)	N	(%)	N	(%)
Special Education	4	14.3	4	14.3	8	28.6	12	42.9
Speech Therapy	4	28.6	2	14.3	2	14.3	6	42.9
Occupational Therapy	5	41.7	2	16.7	1	8.3	4	33.3
Physical Therapy	4	80	1	20	0	0	0	0
Applied Behavior Analysis (ABA Therapy)	3	42.9	2	28.6	1	14.3	1	14.3
Social skills Therapy	3	25	1	8.3	2	16.7	6	50
General psychology / School counseling	3	20	2	13.3	4	26.7	6	40

In table 31, which concerns the evaluation of each service through the use of telemedicine (Zoom, skype, telephone conversations), for the service of Special Education, 4 people (14.3%) considered that telemedicine services were not at all auxiliary, 4 people (14.3%) considered that the services were a little auxiliary, 8 people (28.6%) considered that the services were somewhat auxiliary and finally, 12 people (42.9%) considered telemedicine services to be extremely helpful. For the Speech Therapy service, 4 people (28.6%) considered that telemedicine services were not at all auxiliary, 2 people (14.3%) considered that the services were a bit auxiliary, 2 people (14.3%) considered that the services were somewhat auxiliary and finally, 6 people (42.9%) considered that telemedicine services were extremely helpful. For the Occupational Therapy service, 5 people (41.7%) considered that telemedicine services were not at all auxiliary, 2 people (16.7%) considered that the services were a bit

auxiliary, 1 people (8.3%) considered that the services were somewhat auxiliary and finally, 4 people (33.3%) considered that telemedicine services were extremely helpful. For the Physical Therapy service, 4 people (80%) considered that telemedicine services were not at all auxiliary and finally, 1 person (20%) considered that telemedicine services were a bit helpful. For the service of Applied Behavior Analysis (ABA Therapy), 3 people (42.9%) considered that telemedicine services were not not at all auxiliary, 2 people (28.6%) considered that the services were a little auxiliary, 1 person (14.3%) considered that the services were somewhat auxiliary and finally, 1 person (14.3%) considered that telemedicine services were extremely helpful. For the Social Skills Therapy service, 3 people (25%) considered that telemedicine services were not not at all auxiliary, 1 person (8.3%) considered that the services were a bit auxiliary, 2 people (16.7%) considered that the services were somewhat auxiliary and finally, 6 people (50%) considered that telemedicine services were extremely helpful. Finally, for the service of General Psychology / counseling at school, 3 people (20%) considered that telemedicine services were not at all auxiliary, 2 people (13.3%) considered that the services were a little auxiliary, 4 people (26.7%) considered that the services were somewhat auxiliary and finally, 6 people (40%) considered that telemedicine services were extremely helpful.

Table 32 Evaluation of services using e-mails and material sent home.

	Not at all helpful		*A bit helpful*		*Somewhat helpful*		*Extremely helpful*	
	N	(%)	N	(%)	N	(%)	N	(%)
Special Education	4	14.3	11	39.1	9	32.1	4	14.3
Speech Therapy	4	26.7	5	33.3	4	26.7	2	13.3
Occupational Therapy	5	33.3	4	26.7	4	26.7	2	13.3
Physical Therapy	3	75	1	25	0	0	0	0
Applied Behavior Analysis (ABA Therapy)	2	50	1	25	1	25	0	0
Social skills Therapy	3	27.3	3	27.3	4	36.4	1	9.1
General psychology / School counseling	3	27.3	3	27.3	4	36.4	1	9.1

In table 32, which concerns the evaluation of each service through the use of e-mails and material sent at home, for the Service of Special Education, 4 people (14.3%) considered that telemedicine services were not at all auxiliary, 11 people (39.1%) considered that the services were a little auxiliary, 9 people (32.1%) considered that the services were somewhat auxiliary and finally, 4 people (14.3%) considered telemedicine services to be extremely helpful. For the Speech Therapy service, 4 people (26.7%) considered that telemedicine services were not at all auxiliary, 5 people (33.3%) considered that the services were a bit auxiliary, 4 people (26.7%) considered that the services were somewhat auxiliary and finally, 2 people (13.3%) considered that telemedicine services were extremely helpful. For the Occupational Therapy service, 5 people (33.3%) considered that telemedicine services were not at all auxiliary, 4 people (26.7%) considered that the services were a bit auxiliary, 4 people (26.7%) considered that the services were somewhat auxiliary and finally, 2 people (13.3%) considered that

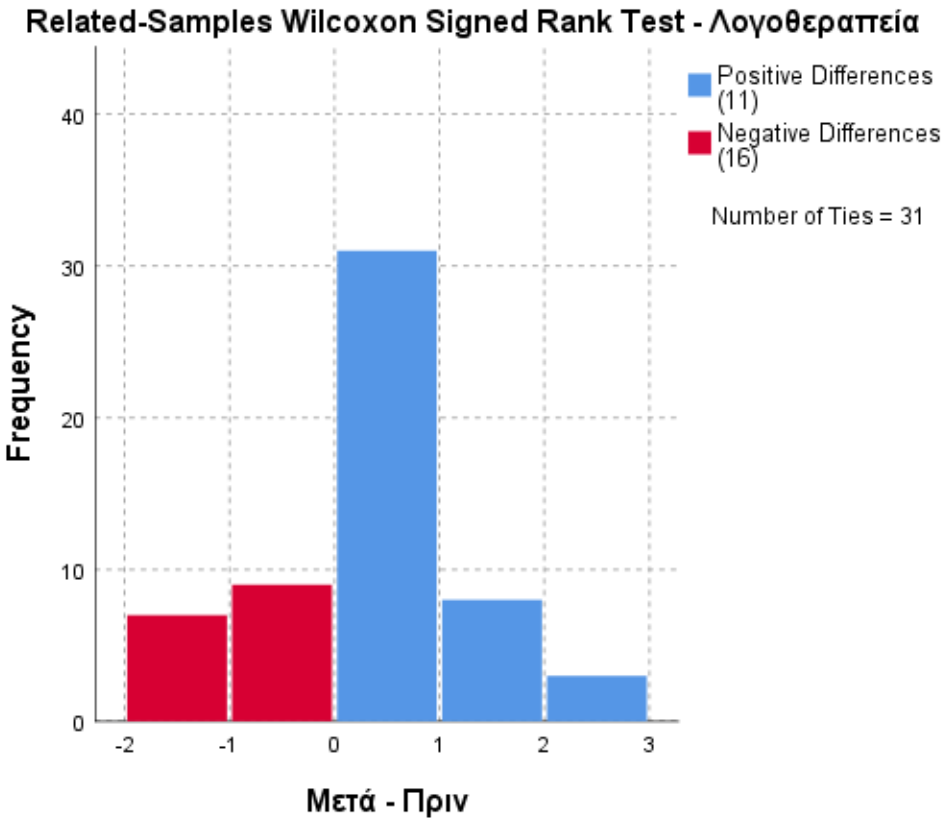
telemedicine services were extremely helpful. For the Physical Therapy service, 3 people (75%) considered that telemedicine services were not at all auxiliary and finally, 1 person (25%) considered that telemedicine services were a bit helpful. For the service of Applied Behavior Analysis (ABA Therapy), 2 people (50%) considered that telemedicine services were not at all auxiliary, 1 person (25%) considered that the services were a bit auxiliary and finally, 1 person (25%) considered that the services were somewhat auxiliary. For the service of Social Skills Therapy, 3 people (27.3%) considered that telemedicine services were not at all auxiliary, 3 people (27.3%) considered that the services were a little auxiliary, 4 people (36.4%) considered that the services were somewhat auxiliary and finally, 1 person (9.1%) considered that telemedicine services were extremely helpful. Finally, for the general psychology/counseling service at school, 3 people (27.3%) considered that telemedicine services were not at all auxiliary, 3 people (27.3%) considered that the services were a bit auxiliary, 4 people (36.4%) considered that the services were somewhat auxiliary and finally, 1 person (9.1%) considered that telemedicine services were extremely helpful.

Table 33 Participants' responses to the questions: *How has your child's access to the following interventions or services they receive outside of school affected due to the Coronavirus (COVID-19) pandemic?*

	My child is still receiving this service (can vary)		*My child lost access and did not receive this service since the onset of COVID-19*		*My child did not previously receive This Service Regularly*	
	N	(%)	N	(%)	N	(%)
Speech Therapy	8	13.8	23	39.7	27	46.6
Occupational Therapy	10	14.3	34	48.6	26	37.1
Physical Therapy	3	4.3	14	20.3	52	75.4
Applied Behavior Analysis (ABA Therapy)	2	2.9	21	30.4	46	66.7
Social skills Therapy	8	11.6	21	30.4	40	58
General psychology / School counseling	10	14.5	22	31.9	37	53.6
Psychiatry / Developmental Pediatrics	4	5.8	17	24.6	48	69.6
Therapeutic Entertainment (e.g. therapeutic swimming, music, etc.)	1	1.5	28	41.2	39	57.4

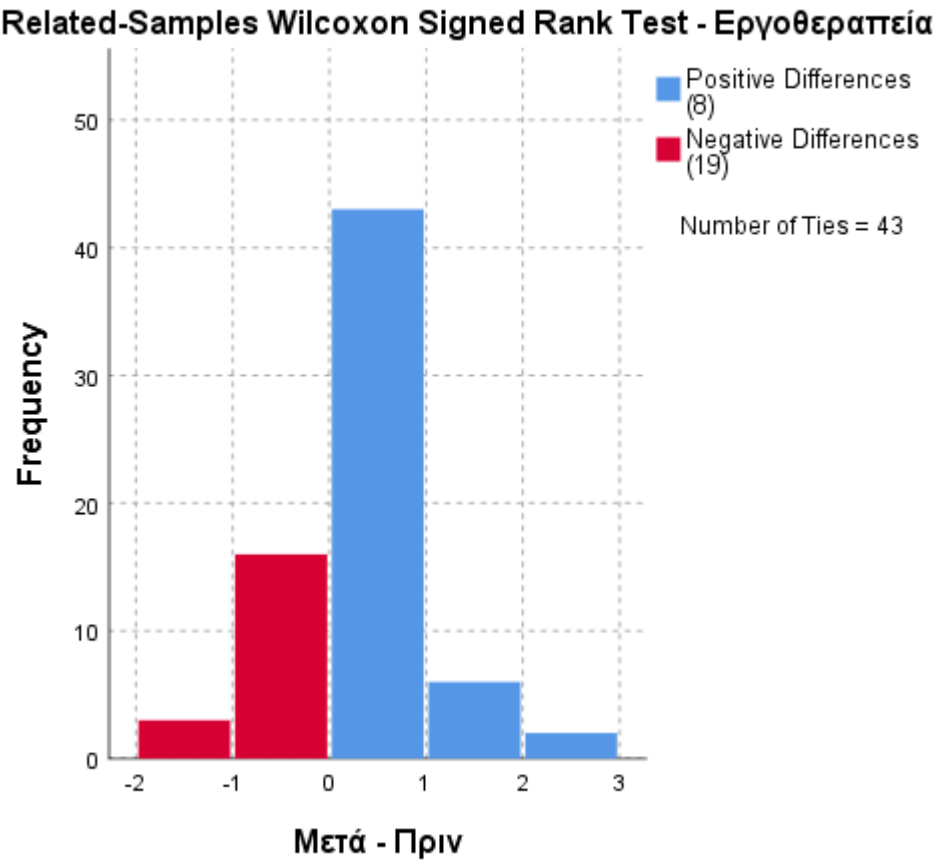
In table 32, which concerns the frequency of responses to the participants' question, it was selected for the Speech Therapy service, at a total rate of 13.8% that the child continues to receive this service through school, at a rate of 39.7% that the child lost access and did not receive this service since the beginning of COVID-19 and finally, 46.6% of them were found that the child did not previously receive this service Regularly. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 2), Z = -1,234, p = 0.217.

Figure 47 Related - Samples Wilcoxon Signed Rank Test - Speech Therapy



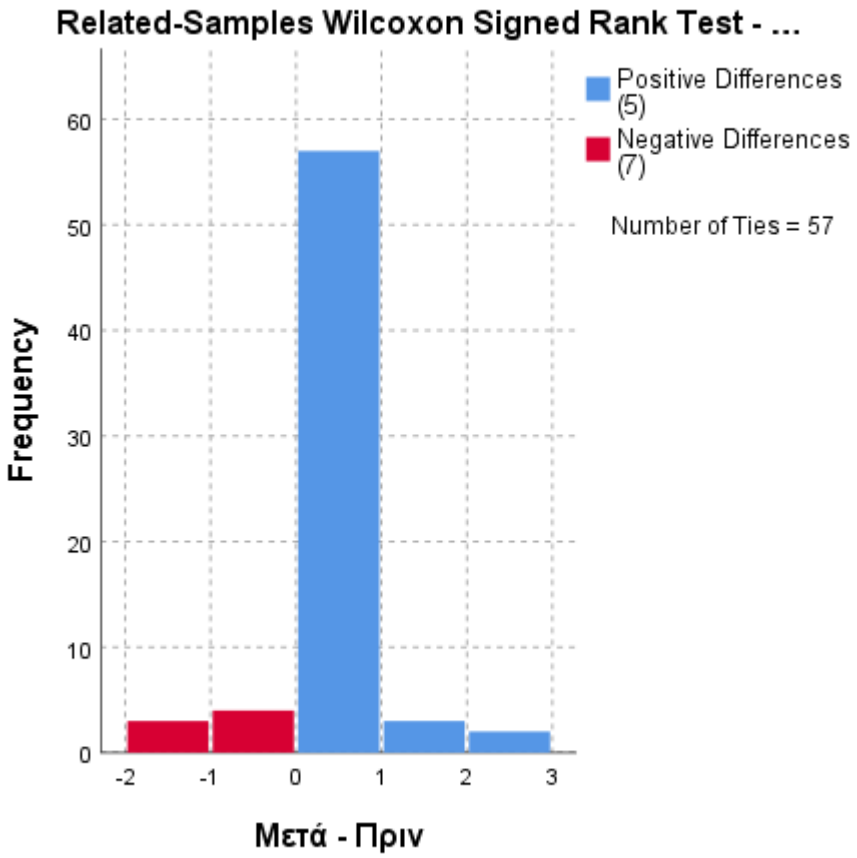
For the Occupational Therapy service, a total of 14.3% that the child still receives this service through the school, at a rate of 48.6% that the child lost access and did not receive this service since the onset of COVID-19 and finally, 37.1% were answered that the child did not previously receive this service Regularly. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 2), Z = -1,802, p = 0.072.

Figure 48 Related - Samples Wilcoxon Signed Rank Test - Occupational Therapy



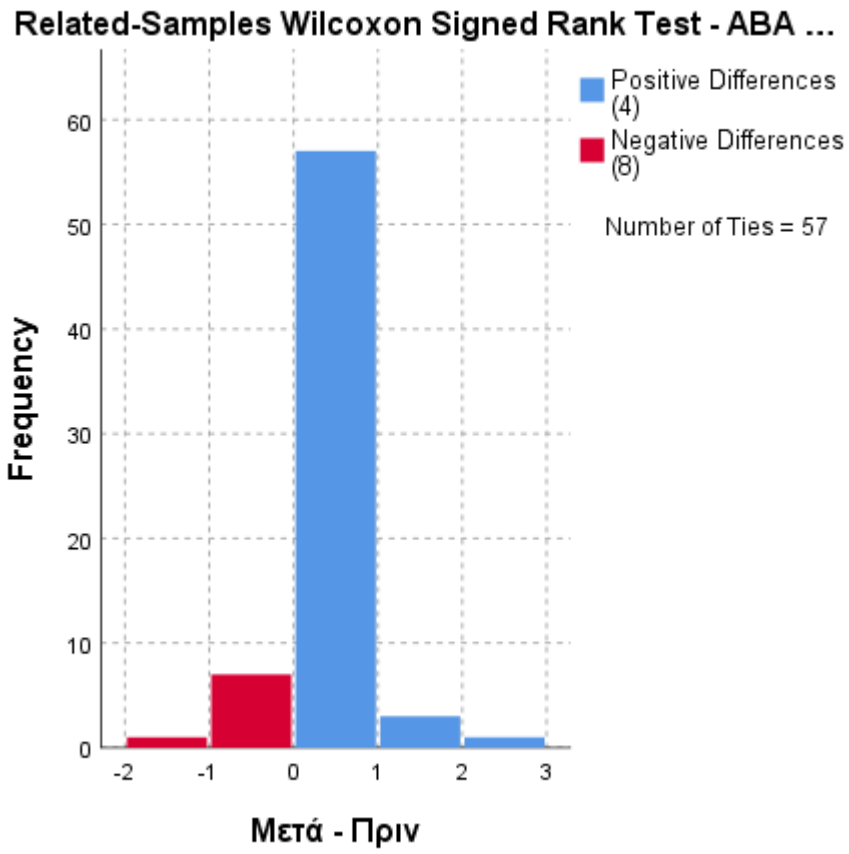
For the Physical Therapy service, a total of 4.3% that the child still receives this service through the school, at a rate of 20.3% that the child lost access and did not receive this service since the onset of COVID-19 and finally, 75.4% were found that the child did not previously receive this service Regularly. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = -0.566, p = 0.571.

Figure 49 Related - Samples Wilcoxon Signed Rank Test - Physical Therapy



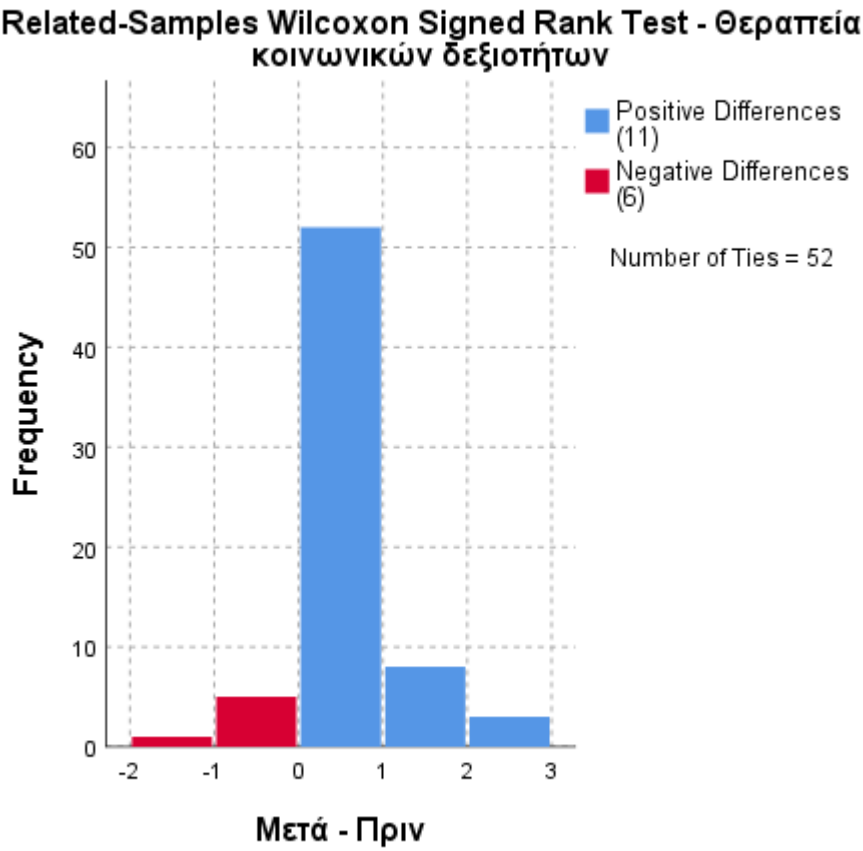
For the service of Applied Behavior Analysis (ABA Therapy), a total of 2.9% that the child still receives this service through the school, at a rate of 30.4% that the child lost access and did not receive this service since the onset of COVID-19 and finally, 66.7% were answered that the child did not previously receive this service Regularly. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = -0.924, p = 0.356.

Figure 50 Related - Samples Wilcoxon Signed Rank Test - Applied Behavior Analysis (ABA Therapy)



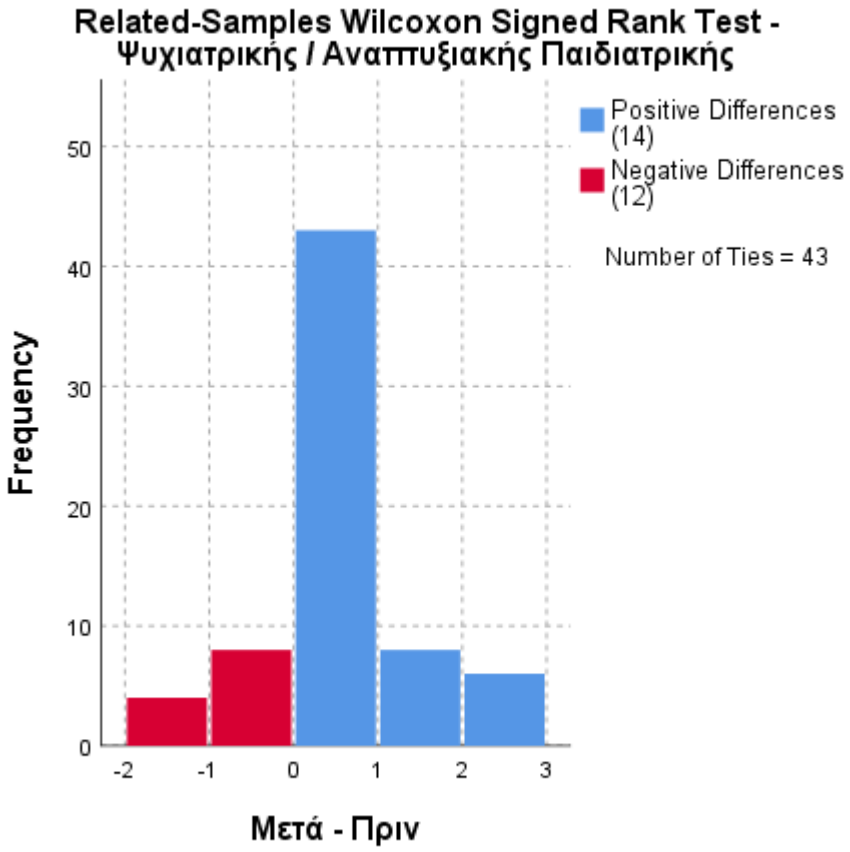
For the Social Skills Therapy service, a total of 11.6% that the child still receives this service through school, 30.4% that the child lost access and did not receive this service since the start of COVID-19 and finally, 58% responded that the child did not previously receive this service regularly. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 1,301, p = 0.193.

Figure 51 Related - Samples Wilcoxon Signed Rank Test - Social skills Therapy



For the Service of General Psychology/Counseling at school, a total of 14.5% that the child still receives this service through the school, at a rate of 31.9% that the child lost access and did not receive this service since the beginning of COVID-19 and finally, 53.6% were answered that the child did not previously receive this service Regularly. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 0.566, p = 0.572.

Figure 52 Related - Samples Wilcoxon Signed Rank Test - *Psychiatry / Developmental Pediatrics*



For the service of Psychiatry/Developmental Pediatrics, a total of 5.8% that the child still receives this service through the school, 24.6% that the child lost access and did not receive this service since the onset of COVID-19 and finally, 69.6% were answered that the child did not previously receive this service Regularly. For the therapeutic entertainment service (e.g. therapeutic swimming, music, etc.), a total of 1.5% that the child still receives this service through the school, 41.2% that the child lost access and did not receive this service since the onset of COVID-19 and finally, 57.4% were answered that the child did not previously receive this service Regularly. In the next table for each service selected the option "the child continues to receive this service through the school", it was determined how it is provided during the quarantine period.

Table 34 Participants' responses to the questions: *For each service, please specify how it is provided now.*

	Using telemedicine (Zoom, skype, telephone conversations)		*Through emails and material sent to my home*	
	N	(%)	N	(%)
Speech Therapy	20	28.6	16	22.9
Occupational Therapy	9	12.9	11	15.7
Physical Therapy	4	5.7	3	4.3
Applied Behavior Analysis (ABA Therapy)	4	5.7	5	7.1
Social skills Therapy	10	14.3	6	8.6
General psychology / School counseling	15	21.4	7	10
Psychiatry / Developmental Pediatrics	3	4.3	2	2.9
Therapeutic Entertainment (e.g. therapeutic swimming, music, etc.)	6	8.6	4	5.7

In table 34, which concerns the frequency of answers to the participants' question on how each service is provided, for the Speech Therapy service, 20 people (28.6%) answered using telemedicine (Zoom, skype, telephone conversations) and 16 people (22.9%) answered through emails and material sent to their home. For the Occupational Therapy service, 9 people (12.9%) responded using telemedicine (Zoom, skype, telephone conversations) and 11 people (15.7%) responded through emails and material sent to their home. For the Physical Therapy service, 4 people (5.7%) responded using telemedicine (Zoom, skype, telephone conversations) and 3 people (4.3%) responded through emails and material sent to their home. For the service of Applied Behavior Analysis (ABA Therapy), 4 people (5.7%) responded using telemedicine (Zoom, skype, telephone conversations) and 5 people (7.1%) responded through emails and material sent to their home. For the Social Skills Therapy service, 10 people (14.3%) responded using telemedicine (Zoom, skype, telephone conversations) and 6 people (8.6%) responded through emails and material sent to their home. For the General Psychology/Counseling service at school, 15 people (21.4%) responded using telemedicine (Zoom, skype, telephone conversations) and 7 people (10%) responded through emails and material sent to their home. For the service of Psychiatry / Developmental Pediatrics, 3 people (4.3%) responded using telemedicine (Zoom, skype, telephone conversations) and 2 people (2.9%) responded through emails and material sent to their home and finally, for the service of Therapeutic Entertainment (eg therapeutic swimming, music, etc.) at school, 6 people (8.6%) responded using telemedicine (Zoom, skype, telephone conversations) and 4 people (5.7%) responded through emails and material sent to their home.

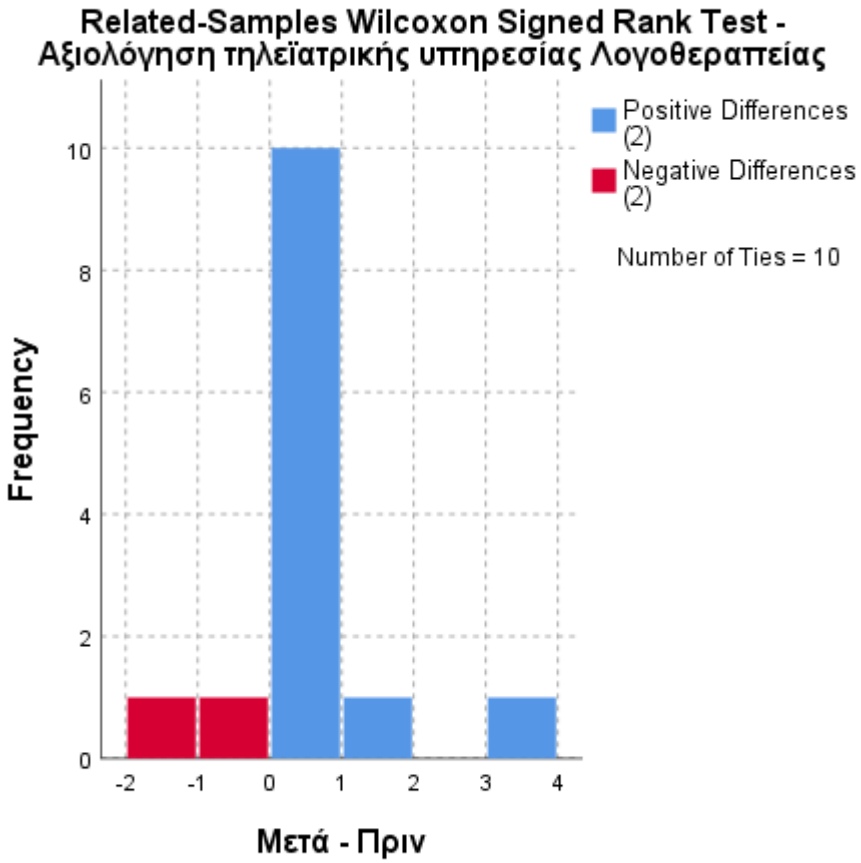
Table 35 Evaluation of services using telemedicine (Zoom, skype, telephone conversations)

	Not at all helpful		*A bit helpful*		*Somewhat helpful*		*Extremely helpful*	
	N	(%)	N	(%)	N	(%)	N	(%)
Speech Therapy	4	20	4	20	4	20	8	40
Occupational Therapy	2	22.2	2	22.2	4	44.4	1	11.1
Physical Therapy	2	50	1	25	0	0	1	25
Applied Behavior Analysis (ABA Therapy)	2	50	2	50	0	0	0	0
Social Skills Therapy	2	20	1	10	2	20	5	50
General psychology / School counseling	2	13.3	1	6.7	4	26.7	8	53.3
Psychiatry / Developmental Pediatrics	2	66.7	1	33.3	0	0	0	0
Therapeutic Entertainment (e.g. therapeutic swimming, music, etc.)	2	33.3	2	33.3	0	0	2	33.3

In table 35, which concerns the evaluation of each service through the use of telemedicine (Zoom, skype, telephone conversations), for the Speech Therapy service, 4 people (20%) considered that the telemedicine services were not at all auxiliary, 4 people (20%) considered that the services were a little auxiliary, 4 people (20%) considered that the services were somewhat auxiliary and finally, 8 people (40%) considered that telemedicine services were extremely helpful. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3

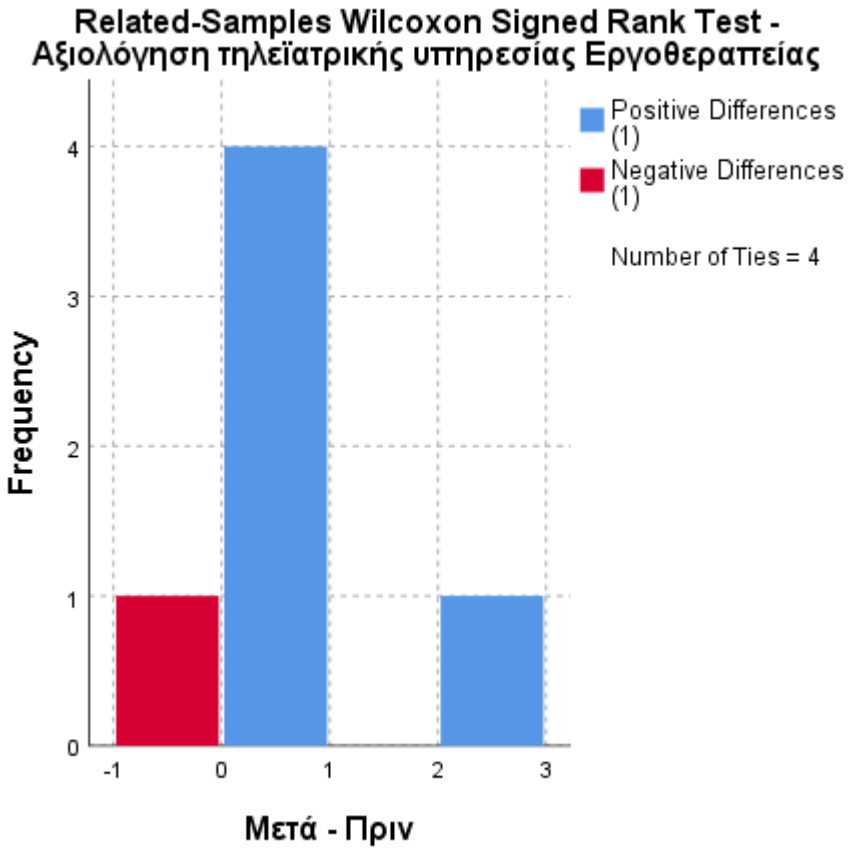
months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 0.184, p = 0.854.

Figure 53 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service Speech Therapy



For the Occupational Therapy service, 2 people (22.2%) considered that telemedicine services were not at all auxiliary, 2 people (22.2%) considered that the services were a bit auxiliary, 4 people (44.4%) considered that the services were somewhat auxiliary and finally, 1 person (11.1%) considered that telemedicine services were extremely helpful. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = 0.447, p = 0.655.

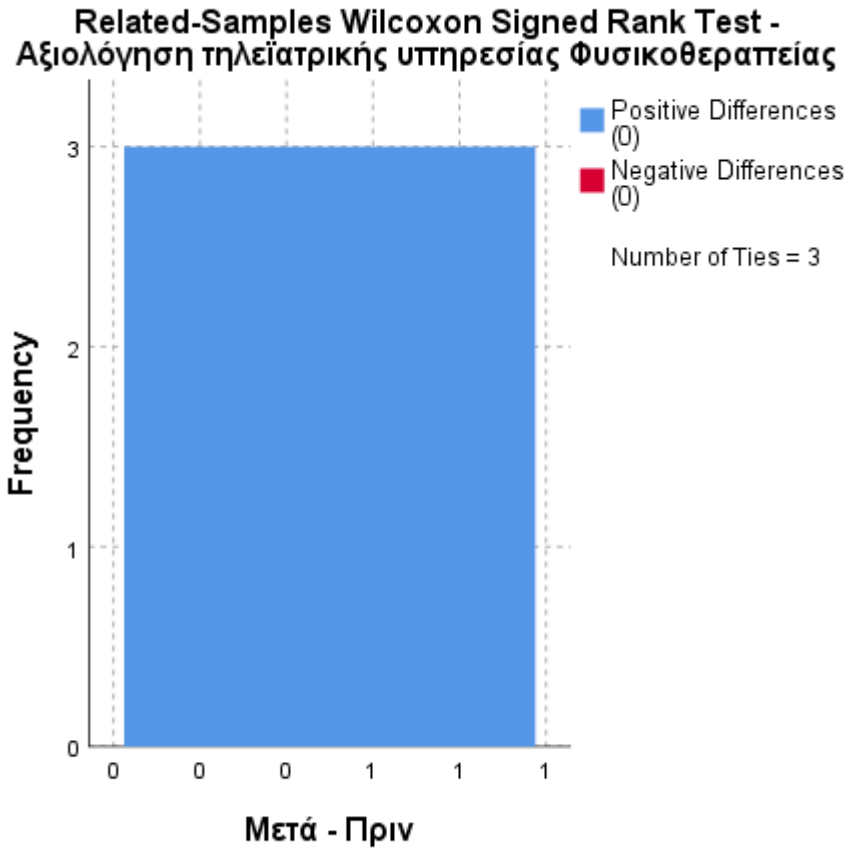
Figure 54 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service Occupational Therapy



For the Physical Therapy service, 2 people (50%) considered that telemedicine services were not at all auxiliary and finally, 1 person (25%) considered that telemedicine services were a bit helpful. Wilcoxon's statistical test showed that there was no

statistically significant difference between the period of 3 months before the crisis (Mdn = 3) and the last 2 weeks (Mdn = 3), Z = -1, p = 1.

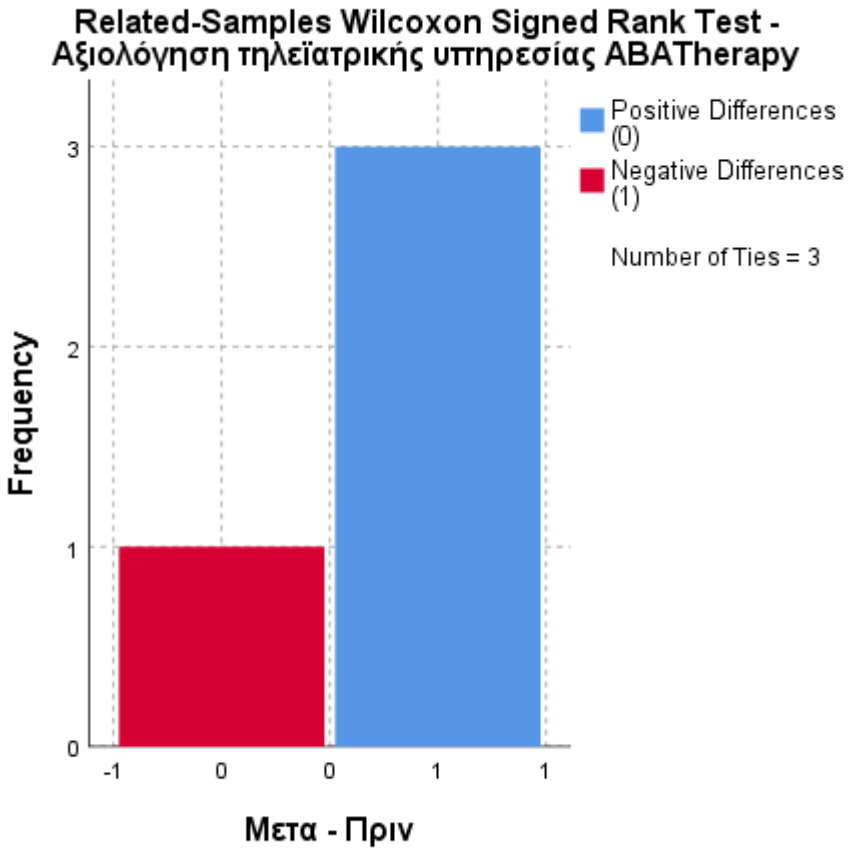
Figure 55 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service Physical Therapy



For the service of Applied Behavior Analysis (ABA Therapy), 2 people (50%) considered that telemedicine services were not at all auxiliary and finally 2 people (50%) considered that the services were a little helpful. Wilcoxon's statistical test

showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 2), Z = -1, p = 0.317.

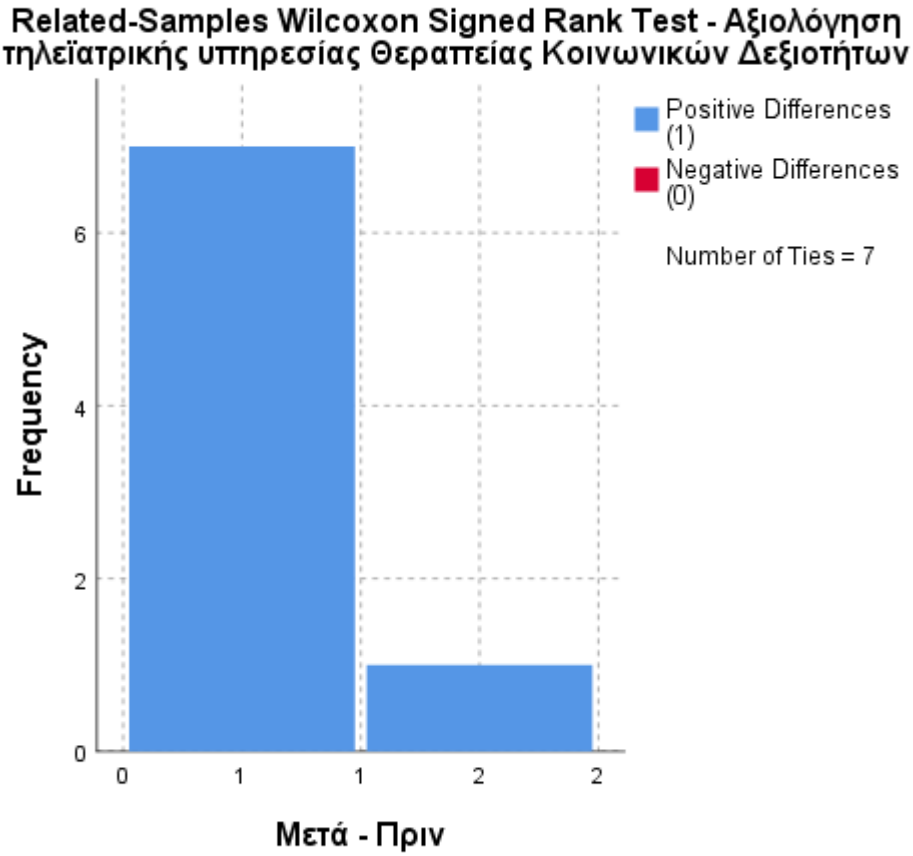
Figure 56 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service Applied Behavior Analysis (ABA Therapy)



For the Service of Social Skills Therapy, 2 people (20%) considered that telemedicine services were not at all auxiliary, 1 person (10%) considered that the services were a bit auxiliary, 2 people (20%) considered that the services were somewhat auxiliary and finally, 5 people (50%) considered that telemedicine services were extremely helpful. Wilcoxon's statistical test showed that there was no statistically significant difference

between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 2), Z = 1, p = 0.317.

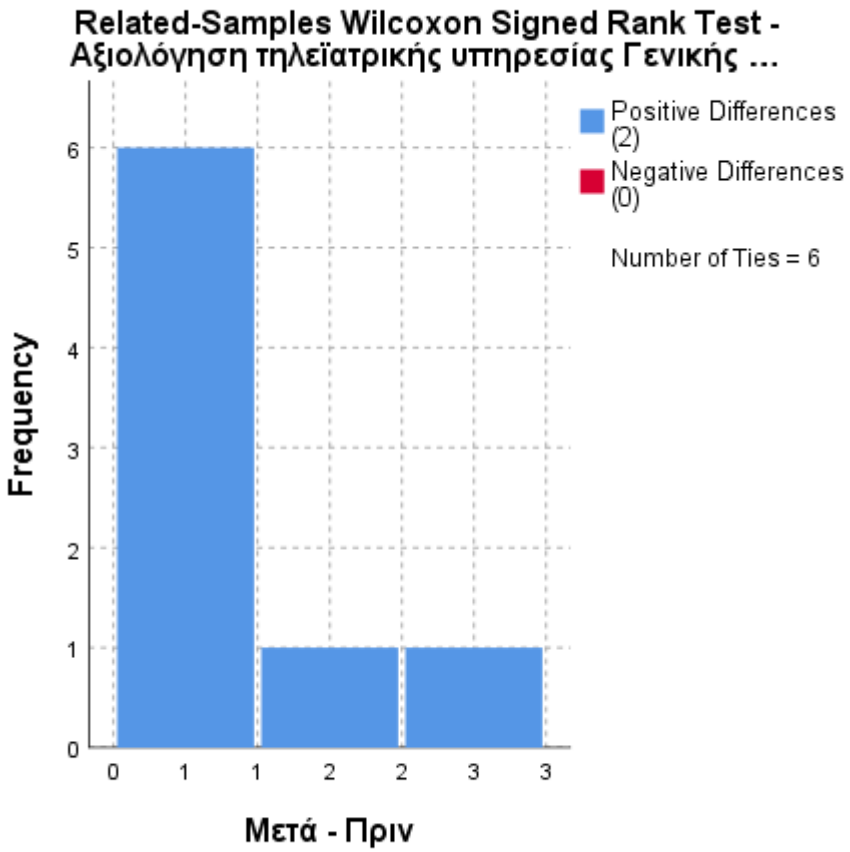
Figure 57 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service Social Skills Therapy



For the General Psychology/Counseling service at school, 2 people (13.3%) considered that telemedicine services were not at all auxiliary, 1 person (6.7%) considered that the services were a bit auxiliary, 4 people (26.7%) considered that the services were somewhat auxiliary and finally, 8 people (53.3%) considered that telemedicine services were extremely helpful. Wilcoxon's statistical test showed that there was no statistically

significant difference between the period of 3 months before the crisis (Mdn = 4) and the last 2 weeks (Mdn = 4), Z = 1,342, p = 0.180.

Figure 58 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service General psychology / School counseling



For the service of Psychiatry / Developmental Pediatrics, 2 people (66.7%) considered that telemedicine services were not at all auxiliary and finally, 1 person (33.3%) considered that telemedicine services were a bit auxiliary. For the service of Therapeutic Entertainment (e.g. therapeutic swimming, music, etc.), 2 people (33.3%) considered that telemedicine services were not at all auxiliary, 2 people (33.3%) considered that telemedicine services were a bit auxiliary and finally, 2 people (33.3%) considered that telemedicine services were extremely helpful.

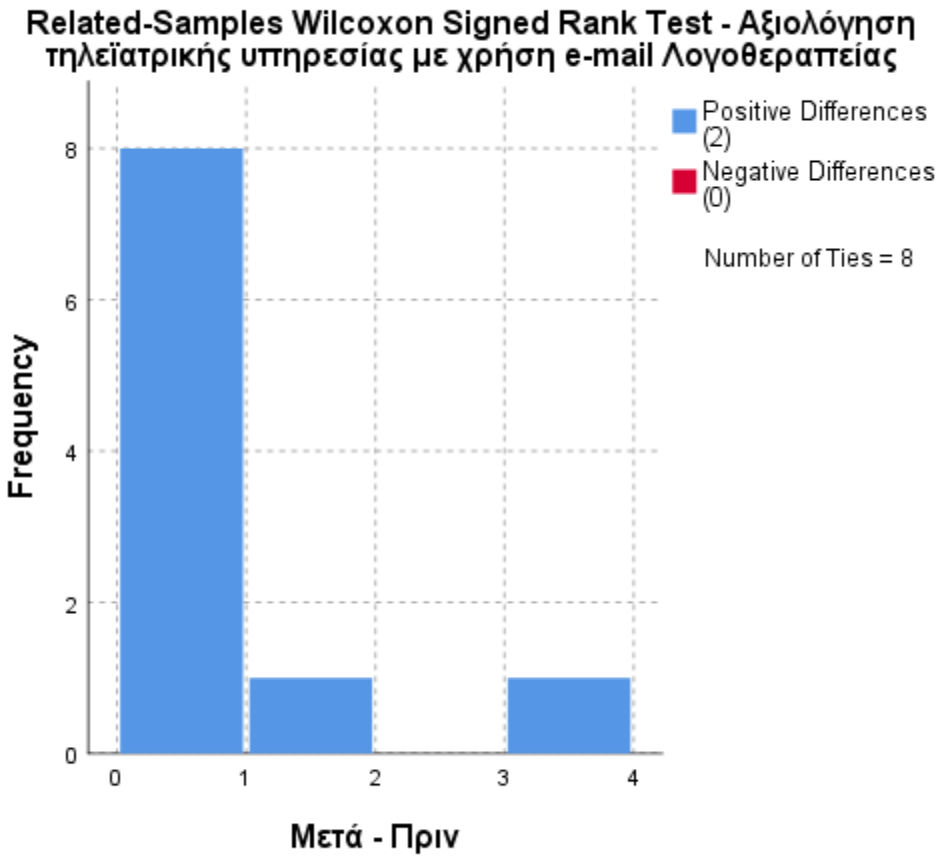
Table 36 Evaluation of services using e-mails and materials sent to the home.

	Not at all helpful		*Λίγο helpful*		*Κάπως helpful*		*Extremely helpful*	
	N	(%)	N	(%)	N	(%)	N	(%)
Speech Therapy	2	12.5	6	37.5	3	18.8	5	31.3
Occupational Therapy	1	9.1	4	36.4	4	36.4	2	18.2
Physical Therapy	1	33.3	2	66.7	0	0	0	0
Applied Behavior Analysis (ABA Therapy)	1	20	3	60	1	20	0	0
Social skills Therapy	2	33.3	2	33.3	1	16.7	1	16.7
General psychology / School counseling	1	14.3	4	57.1	1	14.3	1	14.3
Psychiatry / Developmental Pediatrics	1	50	1	50	0	0	0	0
Therapeutic Entertainment (e.g. therapeutic swimming, music, etc.)	2	50	2	50	0	0	0	0

In table 36, which concerns the evaluation of each service through e-mails and material sent home, for the Speech Therapy service, 2 people (12.5%) considered that telemedicine services were not at all auxiliary, 6 people (37.5%) considered that the services were a little auxiliary, 3 people (18.8%) considered that the services were somewhat auxiliary and finally, 5 people (31.3%) considered telemedicine services to be extremely helpful. Wilcoxon's statistical test showed that there was no statistically

significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 3), Z = 1,342, p = 0.180.

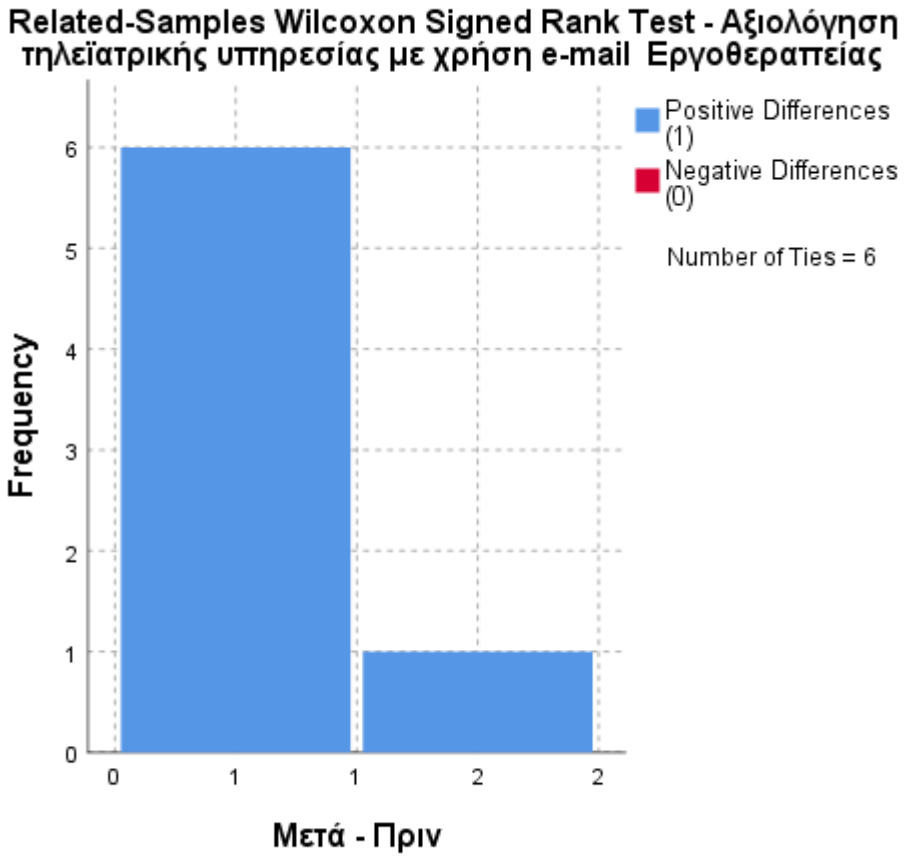
Figure 59 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service using e-mail Speech Therapy



For the Occupational Therapy service, 1 people (9.1%) considered that telemedicine services were not at all auxiliary, 4 people (36.4%) considered that the services were a bit auxiliary, 4 people (36.4%) considered that the services were somewhat auxiliary and finally, 2 people (18.2%) considered that telemedicine services were extremely helpful. Wilcoxon's statistical test showed that there was no statistically significant

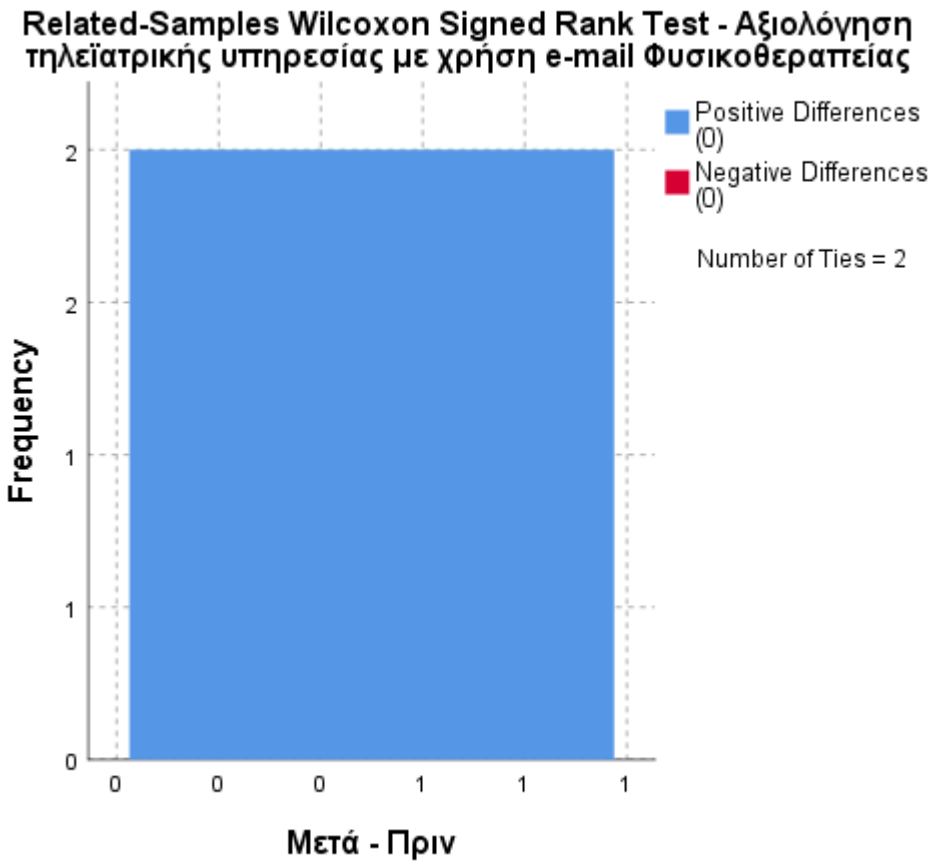
difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 3), Z = 1, p = 0.317.

Figure 60 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service using e-mail Occupational Therapy



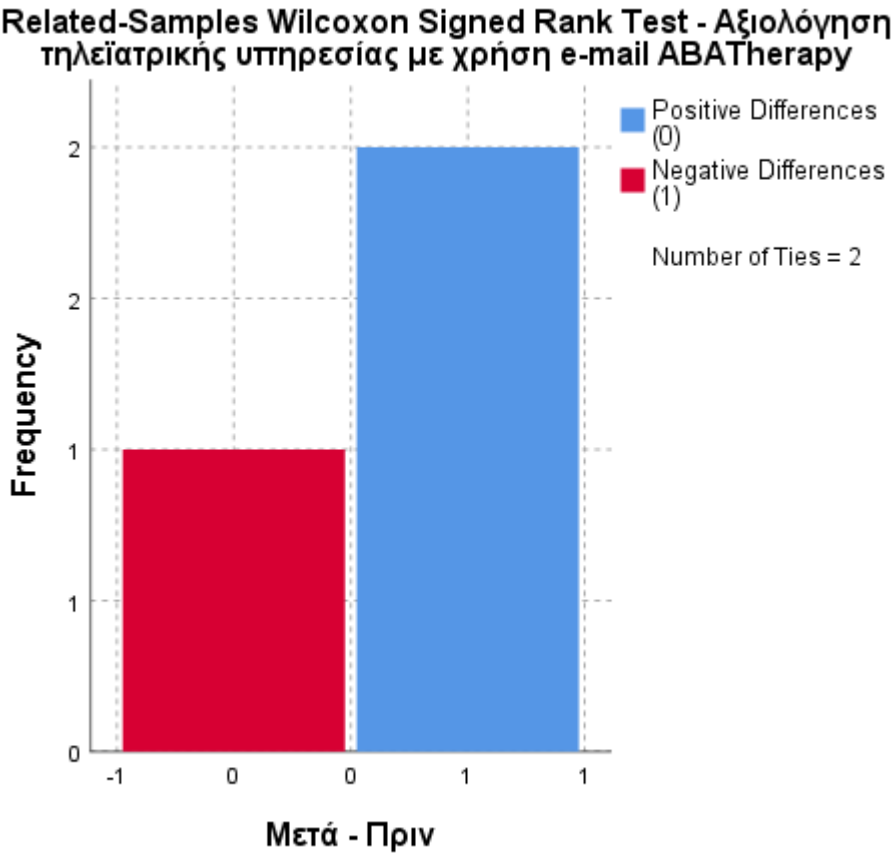
For the Physical Therapy service, 1 person (33.3%) considered that telemedicine services were not at all auxiliary and finally, 2 people (66.7%) considered that telemedicine services were a bit helpful. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 3), Z = 0, p = 1.

Figure 61 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service using e-mail Physical Therapy



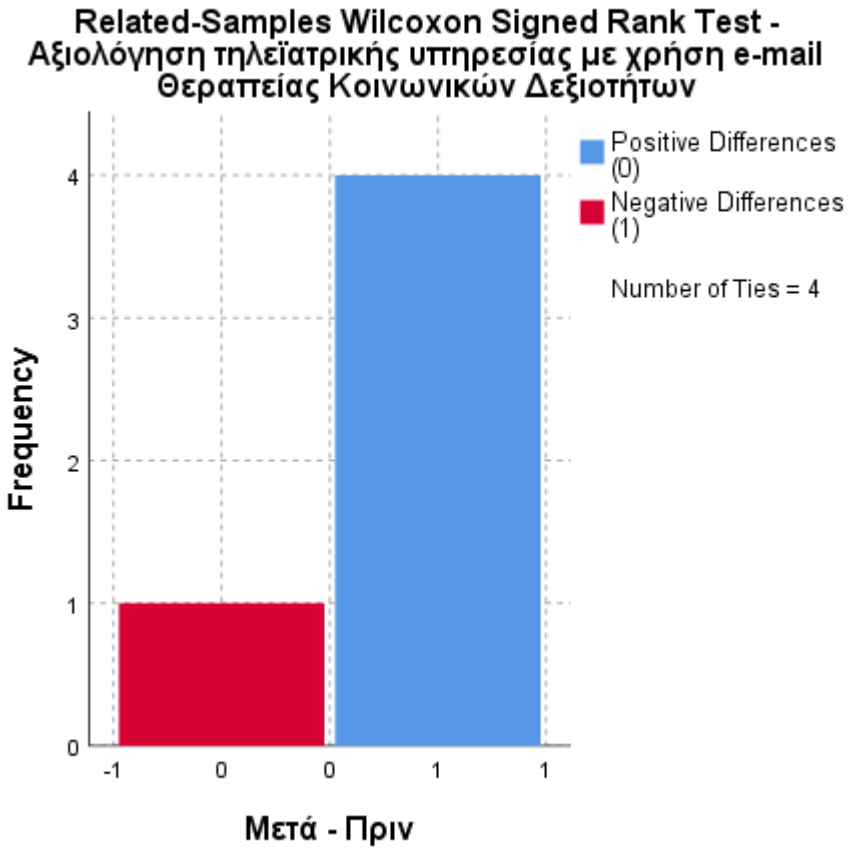
For the ABA Therapy service, 1 person (20%) considered that telemedicine services were not at all auxiliary, 3 people (60%) considered that the services were a bit helpful and finally, 1 person (20%) considered that the services were somewhat auxiliary. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 1) and the last 2 weeks (Mdn = 2), Z = -1, p = 0.317.

Figure 62 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service using e-mail Applied Behavior Analysis (ABA Therapy)



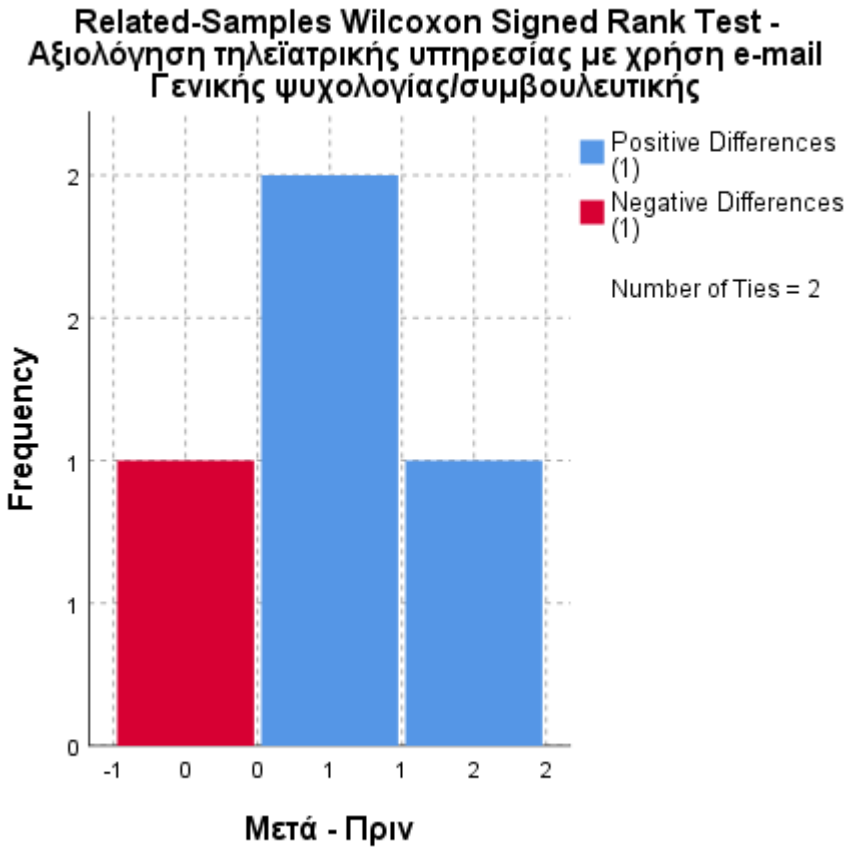
For the Social Skills Therapy service, 2 people (33.3%) considered that telemedicine services were not at all auxiliary, 2 people (33.3%) considered that the services were a bit auxiliary, 1 person (16.7%) considered that the services were somewhat auxiliary and finally, 1 person (16.7%) considered that telemedicine services were extremely helpful. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = 1, p = 0.317.

Figure 63 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service using e-mail Social skills Therapy



For the General Psychology/Counseling service at school, 1 person (13.3%) considered that telemedicine services were not at all auxiliary, 4 people (6.7%) considered that the services were a bit auxiliary, 1 person (13.3%) considered that the services were somewhat auxiliary and finally, 1 person (13.3%) considered that telemedicine services were extremely helpful. Wilcoxon's statistical test showed that there was no statistically significant difference between the period of 3 months before the crisis (Mdn = 2) and the last 2 weeks (Mdn = 2), Z = 0, p = 1.

Figure 64 Related - Samples Wilcoxon Signed Rank Test - Evaluation of telemedicine service using e-mail General psychology / School counseling



For the service of Psychiatry / Developmental Pediatrics, 1 person (50%) considered that telemedicine services were not at all auxiliary and finally, 1 person (50%) considered that telemedicine services were a bit auxiliary. For the service of Therapeutic Entertainment (eg therapeutic swimming, music, etc.), 2 people (50%) considered that telemedicine services were not at all auxiliary and finally, 2 people (50%) considered that telemedicine services were a bit helpful.

Table 37 Participants' responses to the questions: *Did your child need to have access to any of the following providers since the start of the coronavirus (COVID-19) pandemic and how did it happen?*

	My child did not need access to this provider		*My child did not need access to this provider*		*My child did not need access to this provider*		*My child did not need access to this provider*		*My child did not need access to this provider*	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Family Practitioner/General Paediatrician	41	82	1	2	6	12	2	4	0	0
Psychiatrist	42	91.3	1	1.4	2	4.3	1	1.4	0	0
Neurologist/Developmental Pediatrician	42	99.3	0	0	0	0	3	6.7	0	0
Gastroenterologist	40	90.9	0	0	1	2.3	0	0	3	6.8
Psychologist	33	73.3	6	13.3	0	0	0	0	6	13.3
Other specialties (such as endocrinologist, dentist)	41	91.1	0	0	0	0	4	8.9	0	0

In table 37, which concerns the frequency of responses to the participants' question on how the child needed to have access to one of the above providers since the beginning of the pandemic, for the Family Doctor / General Pediatrician, 41 people (82%) answered that their child did not need access to this provider, 1 person (2%) answered that his child had access through telehealth or telemedicine services, 6 people (12%) answered that the child had access through home visits and finally, 2 people (4%) answered that the child had access through meetings in the doctor's office/ office. For the Psychiatrist, 42 people (91.3%) answered that their child did not need access to this provider, 1 person (1.4%) answered that their child had access through telehealth or telemedicine services, 2 people (4.3%) answered that the child had access through home visits and finally, 1 person (1.4%) answered that the child had access through meetings in the doctor's office / office. For the Neurologist/Developmental Pediatrician, 42 people (99.3%) answered that their child did not need access to this provider and finally, 3 people (6.7%) answered that the child had access through meetings in the doctor's office/ office. For the Gastroenterologist, 40 people (90.9%) responded that their child did not need access to this provider, 1 person (2.3%) answered that the child had access through home visits, and finally 3 people (6.8%) responded that the child did not have access to this provider. For the Psychologist, 33 people (73.3%) answered that their child did not need access to this provider, 6 people (13.3%) people answered that the child had access through telehealth or telemedicine services and finally, 6 people (13.3%) answered that the child did not have access to this provider, finally for the other specialties such as endocrinologist, dentist and others, 41 people (91.9%) responded that their child did not need access to this provider and finally, 4 people (8.9%) answered that the child had access through meetings in the doctor's office/ office.

Table 38 Participants' responses to the questions: *Since the start of the coronavirus (COVID-19) pandemic, which of the following have you experienced overall? Multiple choice of answers.*

	N	(%)
My child's scheduled appointments have been canceled or postponed.	22	31.4
My child's scheduled procedures or treatments have been canceled or postponed	43	61.4
I had difficulty finding or talking to my child's doctor(s).	4	5.7
I had trouble accessing my child's medications or getting prescriptions	1	1.4
I had trouble managing or administering my child's medications	4	5.7
I find it difficult to meet the financial costs of my child's medicines, treatments or psychotherapy	3	4.3
Other	7	10

In table 38, which concerns the frequency of answers to the question of the participants, according to the multiple options that it was possible to fill in an option as an answer, a total of 31.4% was selected that the child's scheduled appointments were canceled or postponed, the child's scheduled procedures or treatments were canceled or postponed, 61.4% were found, in 5.7% it was found that there was difficulty in finding or communicating with the child's doctor or doctors, 1.4% found that there was a problem with access to the child's medications or prescriptions. 5.7% found that there was a problem with the management or administration of the child's medications. The option "I find it difficult to respond financially to my child's medications, treatments or psychotherapy" was found 4.3% and finally, the choice of another, was found at a rate of 10%.

Table 39 Participants' responses to the questions: *Are your child prescribed medicines for mental health or behavioral problems and prescribed to your child other medicines for his or her physical health?*

	Prescribed to your child medicines for mental health or behavioral problems;		*Your child is prescribed other medicines for his or her physical health*	
	N	(%)	N	(%)
No	56	82.4	53	77.9
Yes	12	17.6	15	22.1

In table 39, 12 people (17.6%) said their child was prescribed medications for mental health or behavioral problems, and 15 people (22.1%) said that their child was prescribed other medications for his or her physical health. The following table analyzes which options would be the most helpful to better manage their child's medication.

Table 40 Participants' responses to the questions: *Which options would be the most helpful to better manage your child's medication?*

	Are your child prescribed medications for mental health or for behavioral problems?		*Are your child prescribed other medicines for his or her physical health?*	
	N	(%)	N	(%)
Medication reminders or notifications	0	0	3	20
Help with the financial cost of medicines	5	41.7	6	40
Access to refills or enough medication at home	2	16.7	6	40
Help adjusting the dose of the drug	5	41.7	0	0
Other	0	0	0	0
None of the above	0	0	0	0

In table 40, in the answer to the question your child is prescribed medications for mental health or for behavioral problems, and if so, which options would be the most helpful to better manage your child's medication, 5 people (41.7%) answered "Help with the financial cost of medications", 5 people (41.7%) answered "Help in adjusting the dose of the drug" and finally, 2 people (16.7%) answered "Access to replenishment or enough medication at home". In answering the question, your child is prescribed other medications for his or her physical health and if so, which options would be the most helpful to better manage your child's medication, 6 people (40%) answered "Help with the financial cost of medicines", 6 people (40%) answered "Access to her replenishment or enough medication at home" and finally, 3 people (20%) responded to "Reminders or notifications about drug administration".