Additional File 1



Additional File 2

<https://apps.who.int/iris/bitstream/handle/10665/366271/WHO-MSD-GSEDpackage-v1.0-2023.7-eng.pdf>

Additional File 3

1. Did you feel uncomfortable with any of the questions? If YES, ask: Can you tell me which questions made you uncomfortable? Can you tell me why these questions made you uncomfortable?
2. Did you feel uncomfortable with how any questions were administered? If YES, ask: Can you explain what made you uncomfortable? For example, did the use of the tablet make you uncomfortable? Or did the way questions were framed make you uncomfortable? Is there anything else about how any questions were asked that made you uncomfortable?
3. Did you feel uncomfortable about where any questions were administered? If YES, ask: Can you explain what made you uncomfortable? That is, which questions in which locations made you uncomfortable? Where do you feel would be a better location to answer these questions?
4. Did you ever feel like you wanted to stop answering questions? If YES, ask: Can you remember which questions you wanted to stop answering? Can you tell me why you wanted to stop answering those questions?
5. Do you feel that the order in which we administered the various questionnaires to you and your child was acceptable? If NO, ask: Can you tell me what you did not like about the order of administration?
6. Do you feel the visits were a burden or significant disruption to your day? If YES, ask: Can you suggest a better way to arrange visits so that they are not so disruptive?
7. Did you ever feel that some of the questions were inappropriate or unnecessary? If YES, ask: Can you remember which questions seemed inappropriate or unnecessary? Can you explain why you feel these questions were inappropriate or unnecessary?
8. Did you think the visits were too short, too long, or just about right?
9. Do you have any other comments on this section? If YES, say: Can you please tell me your thoughts?