

We have some questions about your physical activity before and after COVID-19 restrictions.

How often have you:

In a TYPICAL MONTH BEFORE COVID

During the LAST MONTH

Very often	Fairly often	Sometimes	Almost never	Never		Very often	Fairly often	Sometimes	Almost never	Never
1	2	3	4	5	Engaged in recreational physical activity	1	2	3	4	5
1	2	3	4	5	Engaged in work physical activity	1	2	3	4	5
1	2	3	4	5	Engaged in active transportation	1	2	3	4	5
1	2	3	4	5	Used public transportation	1	2	3	4	5
1	2	3	4	5	Engaged in household physical activity	1	2	3	4	5
1	2	3	4	5	Spent time sitting	1	2	3	4	5
1	2	3	4	5	Spent time riding a bicycle	1	2	3	4	5
1	2	3	4	5	Spent time walking in neighborhood	1	2	3	4	5
1	2	3	4	5	Spent time walking on trails	1	2	3	4	5
1	2	3	4	5	Spent time walking in parks	1	2	3	4	5

Please describe how your physical activity has changed.

Please tell us about the physical activity resources you have used BEFORE and DURING the COVID-19 pandemic, over a one-month period.

	In a typical month BEFORE COVID-19				During the LAST MONTH			
	Frequently	Sometimes	Rarely	Never	Frequently	Sometimes	Rarely	Never
Parks/Trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Botanical gardens								
Recreational sports/intramurals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood (sidewalks, parks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home-based activity (workouts, housework, yard work, gardening, playing outside)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness facilities (gyms, clubs, studios)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time outdoors with animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us how much time per week you spent being physically active in each of these settings BEFORE and DURING COVID-19.

	Typical week BEFORE COVID-19	Last week
	<i>Minutes per week</i>	<i>Minutes per week</i>
Parks/trails		
Botanical gardens		
Recreational sports/intramurals		
Neighborhoods (sidewalks, parks)		
Home-based activity (workouts, yard work, gardening, playing outside)		
Fitness facilities (gyms, clubs, studios)		
Time outdoors with animals		

Please describe alternatives and substitutions you have used or would like to use to replace being outdoors DURING COVID-19.

Please indicate the extent to which you agree or disagree with the following statements about alternatives to being outdoors.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy watching nature through a window.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy listening to nature through a window.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy looking at images of nature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy listening to natural sounds through recordings (water, birds).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy growing indoor plants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy virtual reality of nature scenes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can access/use sidewalks/shared spaces in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can access/use a fitness facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My ideal vacation spot would be a remote, wilderness area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always think about how my actions affect the environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My connection to nature and the environment is a part of my spirituality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take notice of wildlife wherever I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My relationship to nature is an important part of who I am	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very connected to all living things and the earth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, we have a few questions about your current cancer and treatment.

Please check all that are true of your breast cancer diagnosis.

- Bilateral (both breasts)
- Unilateral (one breast)
- Recurrent
- Metastatic
- Inflammatory
- I have been told that I inherited the gene BRAC1 or BRAC2
- I have been told that my cancer cells are hormone receptor positive
- I have been told that my cancer cells are hormone receptor triple negative
- My mother was diagnosed with breast cancer
- My maternal grandmother (mother's mother) was diagnosed with breast cancer
- My paternal grandmother (father's mother) was diagnosed with breast cancer
- Don't know

How old were you when you were diagnosed with cancer? Please answer in years, for example "45".

Age (in years): _____

Which stage of cancer were you in at the time of diagnosis?

- Stage 0
- Stage I
- Stage II
- Stage III
- Stage IV

Please select all the treatments that you have had for your breast cancer.

- Chemotherapy
- Radiation
- Surgery
- Hormonal therapy
- Targeted therapy
- Immunotherapy
- Complementary therapies (e.g. reflexology, meditation)
- None

Have you had any disruptions in your cancer care during COVID?

- Yes
- No
- Not applicable
- Not so far

Last, we have a few questions about your demographics.

How old are you today? Please answer in years, for example "65".

Age (in years): _____

What is your gender?

- Male
- Female

What is your ethnicity? You may select any that apply.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian/Pacific Islander
- Other

What is your marital status?

- Single
- Married or domestic partnership
- Widowed
- Divorced
- Separated

How many children under the age of 18 live in your household?

- None
- 1
- 2
- 3
- 4
- 5 or more

How many adults over the age of 18 live in your household, counting yourself?

- 1
- 2
- 3
- 4
- 5 or more

What is your total household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- More than \$150,000
- Don't know
- Prefer not to answer

What is your highest level of education?

- Some high school, no diploma
- High school graduate
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

What is the name of the city or town where you are currently residing?

What is the zip code where you are currently residing?

Have you been tested for COVID?

- Yes
- No

If you have been tested for the COVID-19 virus, please provide the date and result of your test.

Date of test ___/___/___ (DD/MM/YYYY)

Result of test

- Positive
- Negative
- Don't know
- Prefer not to answer

If you have been tested for COVID-19 Antibodies, please provide the date and results of your test.

Date of test ___/___/___ (DD/MM/YYYY)

Result of test

- Positive
- Negative
- Don't know
- Prefer not to answer