

After asking demographic information the following item modules are assessed:

Regional social distancing mandates

1. What government mandates have been made by your city or region to prevent the spread of coronavirus?
 - a. Stay-at-home/Shelter in place order (voluntary or encouraged, but not legally enforced)
 - b. Stay-at-home/Shelter in place order (mandatory or legally enforced)
 - c. Government ordered lockdown (except for essential outings)
 - d. Social distancing - restricted gathering of people to less than 50
 - e. Social distancing - restricted gathering of people to less than 10
 - f. None
 - g. Other, please specify: _____

Impacts of COVID-19 on Food Security:

1. Have you applied for government assisted food resources?
 - a. Yes
 - b. No
 - c. NA, my country/region does not have government assisted food resources.
 - [If Yes to question above] which government assisted food resources (check all that apply)?
 - Women, Infants, and Children
 - Emergency food boxes
 - Charitable sources
 - Other, within the United States of America.
 - Other, outside the United States of America.

For the next 3 statements, please indicate whether the statement was often true, sometimes true, or never true for your household before the COVID-19 outbreak in your country/region.

1. We were worried whether our food would run out before we got money to buy more.
 - a. Often true
 - b. Sometimes true
 - c. Never true
 - d. I don't know.
2. The food that we bought just didn't last, and we didn't have money to get more.
 - a. Often true
 - b. Sometimes true
 - c. Never true
 - d. I don't know.
3. We couldn't afford to eat balanced meals.
 - a. Often true

- b. Sometimes true
- c. Never true
- d. I don't know.

Here are several statements that people have made about their food situation. For the next 3 statements, please indicate whether the statement is often true, sometimes true, or never true for your household after the COVID-19 outbreak in your country/region.

- 2. We are worried whether our food will run out before we get money to buy more.
 - a. Often true
 - b. Sometimes true
 - c. Never true
 - d. I don't know.
- 3. The food that we buy just doesn't last, and we don't have money to get more.
 - a. Often true
 - b. Sometimes true
 - c. Never true
 - d. I don't know.
- 4. We cannot afford to eat balanced meals.
 - e. Often true
 - f. Sometimes true
 - g. Never true
 - h. I don't know.

Worry about COVID-19 Infection

- 1. Are you worried about *your* physical health, as it relates to COVID-19, during this time?
 - a. Yes
 - b. Somewhat or moderately
 - c. No
- 2. Are you worried about a close family member or friend's health, as it relates to COVID-19, during this time?
 - a. Yes
 - b. Somewhat or moderately
 - c. No
- 3. Have you been tested for coronavirus?
 - a. Yes
 - i. The results were positive
 - ii. The results were negative
 - iii. The results are pending
 - b. No
- 4. Has a family member or close friend contracted coronavirus?
 - a. Yes
 - b. No

1. How has the quality of your sleep changed since COVID-19?
 - a. Improved
 - b. Worsened
 - c. Stayed the same.
 - d. I have not noticed.
2. Since COVID-19, do you often wake up in the middle of your sleep with worry about the virus, check the news or take your temperature?
 - a. Yes
 - b. No

Please answer the following questions regarding your mental state **after the COVID-19 outbreak in your country/region.**

1. In general, I feel more stressed
 - a. Strongly agree
 - b. Somewhat agree
 - c. Neutral
 - d. Somewhat disagree
 - e. Strongly disagree
2. In general, I feel that I have more anxiety
 - a. Strongly agree
 - b. Somewhat agree
 - c. Neutral
 - d. Somewhat disagree
 - e. Strongly disagree
3. In general, I feel that I am more sad
 - a. Strongly agree
 - b. Somewhat agree
 - c. Neutral
 - d. Somewhat disagree
 - e. Strongly disagree

Please answer the following questions as they relate to your daily life **before the COVID-19 outbreak in your country /region.**

How often have you been bothered by the following conditions?

1. Feeling nervous, anxious, or on edge
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
2. Not being able to stop or control worry

- a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 3. Worrying too much about different things
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 4. Trouble relaxing
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 5. Being so restless that it's hard to sit still
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 6. Becoming easily annoyed or irritable
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 7. Feeling afraid as if something awful might happen
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 8. If you have experienced any of the previous conditions, how difficult did these make it for you to do your work, take care of things, or get along with other people?
 - a. Not difficult at all
 - b. Somewhat difficult
 - c. Very difficult
 - d. Extremely difficult
 - e. I did not experience any of the previous conditions.

Now, please answer the following questions as they relate to your daily life **after the COVID-19 outbreak in your country/region.**

How often have you been bothered by the following conditions?

- 1. Feeling nervous, anxious, or on edge
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 2. Not being able to stop or control worry

- a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 3. Worrying too much about different things
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 4. Trouble relaxing
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 5. Being so restless that it's hard to sit still
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 6. Becoming easily annoyed or irritable
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 7. Feeling afraid as if something awful might happen
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
- 8. If you have experienced any of the previous conditions, how difficult did these make it for you to do your work, take care of things, or get along with other people?
 - a. Not difficult at all
 - b. Somewhat difficult
 - c. Very difficult
 - d. Extremely difficult
 - a. I did not experience any of the previous conditions.

Impacts of COVID-19 on Employment:

As a result from COVID-19,

- 1. Were you laid off or furloughed from your job?
 - a. Yes
 - b. No
 - c. NA, I was not working prior to COVID-19.
- 2. Were your hours reduced?
 - a. Yes

- b. No
 - c. NA, I was not working prior to COVID-19.
3. Are you currently working from home?
- a. Yes
 - b. No
 - c. I was already working from home prior to COVID-19.
 - d. NA, I was not working prior to COVID-19.
4. Has the amount of time spent working declined?
- a. Yes
 - b. No
 - c. NA, I was not working prior to COVID-19.

As a result from COVID-19,

5. Has your family income changed?
- a. No
 - b. Yes if yes, did it:
 - i. increase or
 - ii. decrease
6. Have you filed for unemployment benefits?
- a. Yes
 - b. No
 - c. NA, my country/region does not have unemployment benefits.

Impacts of COVID-19 on Changes to Physical Activity and Sedentary Behaviors

Please answer the following questions as they relate to your daily life **before the COVID-19 outbreak in your country/region.**

1. Were you a member of a gym, fitness center, or exercise studio?
 - a. No
 - b. Yes
 - [If Yes to question above] how many times per week did you attend?
 - 0
 - 1-2
 - 3-4
 - >5
2. How many **minutes** per day **on weekdays** did you spend physically active (i.e., walking, jogging, swimming, gardening, house-chores)?
 - a. 0-30
 - b. 30-60
 - c. 60-90
 - d. 90-120
 - e. >120
3. How many **minutes** per day **on the weekend** did you spend physically active (i.e., walking, jogging, swimming, gardening, household chores)?

- a. 0-30
 - b. 30-60
 - c. 60-90
 - d. 90-120
 - e. >120

4. How many **hours** per day on weekdays did you watch television, use the computer for non-work, utilize your phone for entertainment, play video games?

 - a. 0-1
 - b. 1-2
 - c. 2-4
 - d. >5

5. How many **hours** per day on the weekend did you watch television, use the computer for non-work, utilize your phone for entertainment, play video games?

 - a. 0-1
 - b. 1-2
 - c. 2-4
 - d. >5

Now, please answer the following questions as they relate to your daily life **after the COVID-19 outbreak in your country/region.**

1. How many **minutes** per day **on weekdays** did you spend physically active (i.e., walking, jogging, swimming, gardening, house-chores)?
 - a. 0-30
 - b. 30-60
 - c. 60-90
 - d. 90-120
 - e. >120
2. How many **minutes** per day **on the weekend** did you spend physically active (i.e., walking, jogging, swimming, gardening, household chores)?
 - a. 0-30
 - b. 30-60
 - c. 60-90
 - d. 90-120
 - e. >120
3. How many **hours** per day **on weekdays** did you watch television, use the computer for non-work, utilize your phone for entertainment, play video games?
 - a. 0-1
 - b. 1-2
 - c. 2-4
 - d. >5
4. How many **hours** per day **on the weekend** did you watch television, use the computer for non-work, utilize your phone for entertainment, play video games?
 - a. 0-1
 - b. 1-2
 - c. 2-4
 - d. >5
5. Did you purchase equipment to keep you and/or your family active during this time? (i.e., bicycles, roller blades, swing sets, home gym equipment, sneakers)
 - a. Yes
 - b. No
6. If you wear a wearable fitness tracker (e.g., Apple Watch, Fitbit, Garmin), have you noticed that your physical activity has changed compared to before the COVID-19 outbreak?
 - a. I noticed that my activity increased
 - b. I noticed that my activity decreased
 - c. My activity levels stayed the same
 - d. I have not noticed
 - e. I do not use a wearable fitness tracker

After the COVID-19 outbreak in your country, what is your average time spent *per week* at each of the following recreational activities?

	Zer o min	1-4 min	5-19 min	20- 59 min	1-1.5 hrs	2-3 hrs	4-6 hrs	7-10 hrs	11+ hrs
Walking for exercise or walking to work									
Jogging (slower than 10 minutes/ mile)									
Running (10 minutes/ mile or faster)									
Bicycling (including stationary machine)									
Lap swimming									
Other aerobic exercise (elliptical machine, dance, aerobics, kayaking, etc.)									
Lower intensity exercise (yoga, stretching, toning)									
Other household activities (e.g., gardening, lawn mowing, vacuuming, doing laundry)									
Weight training or resistance exercise using weights (Include free weights, bands, or machines)									
Playing sports (e.g., basketball, soccer, volleyball)									
Workout/exercise videos (e.g., videos, live workouts on social media, YouTube)									
Exergaming (e.g., Xbox fitness, Kinect training, Wii fit)									

Impacts of COVID-19 on Dietary Changes

Please answer the following questions as they relate to your daily life **before the COVID-19 outbreak in your country /region.**

1. On average, how many times per week did you or your family eat meals out (i.e., eating at a restaurant, take-out/delivery, fast-food restaurants, purchased prepared foods)?
 - a. 0-1 times per week
 - b. 2-3 times per week
 - c. 4-5 times per week,
 - d. >6 times per week
2. On average, how many times per week did you or your family cook and prepare dinners at home?
 - a. 0-1 times per week
 - b. 2-3 times per week
 - c. 4-5 times per week
 - d. >5 times per week
3. On average, how many alcoholic beverages did you consume per week?
 - a. 0 drinks per week, I did not drink
 - b. 1-2 drinks per week
 - c. 3-4 drinks per week
 - d. 5-7 drinks per week
 - e. Over 7 drinks per week

Now, please answer the following questions as they relate to your daily life **after the COVID-19 outbreak in your country /region.**

4. On average, how many times per week did you or your family eat meals out (i.e., eating at a restaurant, take-out/delivery, fast-food restaurants, purchased prepared foods)?
 - a. 0-1 times per week
 - b. 2-3 times per week
 - c. 4-5 times per week,
 - d. >6 times per week
1. On average, how many times per week do you or your family currently cook and prepare dinners at home?
 - a. 0-1 times per week
 - b. 2-3 times per week
 - c. 4-5 times per week
 - d. >5 times per week
2. On average, how many alcoholic beverages do you currently consume per week?
 - a. 0 drinks per week, I do not drink
 - b. 1-2 drinks per week
 - c. 3-4 drinks per week
 - d. 5-7 drinks per week
 - e. Over 7 drinks per week
3. Compared to before the COVID-19 outbreak in the United States, how has your incidence of snacking on foods from a bag, sack, or box changed during this time (i.e., chips, crackers, cookies)?
 - a. Increased
 - b. Decreased
 - c. Stayed the same
 - d. I have not noticed.
4. Compared to before the COIVD-19 outbreak in the United States, how has your incidence of snacking on fresh fruits and vegetables changed during this time?
 - a. Increased
 - b. Decreased
 - c. Stayed the same
 - d. I have not noticed.
5. How do you think your eating habits have changed compared to before the COVID-19 outbreak?
 - a. I feel that I am eating less healthy now than before the COVID-19 outbreak
 - b. I feel that I am eating more healthy now than before the COVID-19 outbreak
 - c. I am eating about the same as before the COVID-19 outbreak
6. Have you noticed your weight change since the COVID-19 outbreak?
 - a. I have gained weight
 - b. I have lost weight
 - c. I think I weigh about the same.
 - d. I have not noticed.

Please answer the following questions as they relate to your daily life **before the COVID-19 outbreak in your country/region.**

In an average week, how often did you do each of the following:

1. Skip breakfast
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
2. Eat 4 or more meals from a sit-down or take out restaurant?
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
3. Eat less than 2 servings of fruit per day? (one serving = $\frac{1}{2}$ cup or 1 medium fruit)
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
4. Eat less than 2 servings of vegetables per day? (one serving= $\frac{1}{2}$ cup vegetables or 1 cup leafy raw vegetables)
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
5. Eat fried foods such as fried chicken, fish, or French fries?
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
6. Eat sweets like cake, cookies, pastries, chocolate, or ice cream?
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
7. Drink 16 ounces or more of sugar sweetened beverages such as soda, fruit drink, or punch?
(note: 1 can = 12 ounces)
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
8. Eat 2 or more times per week at a fast food restaurant?
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never

Now, please answer the following questions as they relate to your daily life **after the COVID-19 outbreak in your country/region.**

In an average week how often do you do each of the following:

1. Skip breakfast
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
2. Eat 4 or more meals from a sit-down or take out restaurant?
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
3. Eat less than 2 servings of fruit per day? (serving = $\frac{1}{2}$ cup or 1 medium fruit)
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
4. Eat less than 2 servings of vegetables per day? (serving= $\frac{1}{2}$ cup vegetables or 1 cup leafy raw vegetables)
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
5. Eat fried foods such as fried chicken, fish, or French fries?
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
6. Eat sweets like cake, cookies, pastries, chocolate, or ice cream?
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
7. Drink 16 ounces or more of sugar sweetened beverages such as soda, fruit drink, or punch?
(note: 1 can = 12 ounces)
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never
8. Eat 2 or more times per week at a fast food restaurant?
 - a. Usually/often
 - b. Sometimes
 - c. Rarely/never

Impacts of COVID-19 on Sleep Changes

Please answer the following questions regarding your sleeping patterns.

1. Prior to COVID-19, what time did you go to bed?
 - a. __:__ AM PM
2. Currently, what time do you go to bed?
 - a. __:__ AM PM
3. Prior to COVID-19 what time did you wake up?
 - a. __:__ AM PM
4. Currently, what time do you wake up?
 - a. __:__ AM PM
5. In the past week, how likely are you to doze off or fall asleep while sitting quietly, reading, or watching tv?
 - a. Never
 - b. Slight chance of dozing
 - c. Moderate chance of dozing
 - d. High chance of dozing

Impacts of COVID-19 on Well-Being

Please answer the following questions regarding your mental state after the COVID-19 outbreak in your country/region.

4. In general, I feel more stressed
 - a. Strongly agree
 - b. Somewhat agree
 - c. Neutral
 - d. Somewhat disagree
 - e. Strongly disagree
5. In general, I feel that I have more anxiety
 - a. Strongly agree
 - b. Somewhat agree
 - c. Neutral
 - d. Somewhat disagree
 - e. Strongly disagree
6. In general, I feel that I am more sad
 - a. Strongly agree
 - b. Somewhat agree
 - c. Neutral
 - d. Somewhat disagree
 - e. Strongly disagree
7. Would you be willing to answer a few more questions about your mental state since the COVID-19 outbreak in your country/region?
 - e. Yes
 - f. No

[If Yes to question above show section]

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Please answer the following questions as they relate to your daily life before the COVID-19 outbreak in your country /region.

How often have you been bothered by the following conditions?

9. Feeling nervous, anxious, or on edge
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
10. Not being able to stop or control worry
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
11. Worrying too much about different things
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
12. Trouble relaxing
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
13. Being so restless that it's hard to sit still
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
14. Becoming easily annoyed or irritable
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
15. Feeling afraid as if something awful might happen
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
16. If you have experienced any of the previous conditions, how difficult did these make it for you to do your work, take care of things, or get along with other people?
 - a. Not difficult at all
 - b. Somewhat difficult
 - c. Very difficult
 - d. Extremely difficult
 - e. I did not experience any of the previous conditions.

Now, please answer the following questions as they relate to your daily life **after the COVID-19 outbreak in your country/region.**

How often have you been bothered by the following conditions?

9. Feeling nervous, anxious, or on edge
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
10. Not being able to stop or control worry
 - a. Not at all
 - b. Several days
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11. Worrying too much about different things
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
12. Trouble relaxing
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
13. Being so restless that it's hard to sit still
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
14. Becoming easily annoyed or irritable
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
15. Feeling afraid as if something awful might happen
 - a. Not at all
 - b. Several days
 - c. Over half the days
 - d. Nearly every day
16. If you have experienced any of the previous conditions, how difficult did these make it for you to do your work, take care of things, or get along with other people?
 - e. Not difficult at all
 - f. Somewhat difficult
 - g. Very difficult
 - h. Extremely difficult
 - b. I did not experience any of the previous conditions.