

1. Since the outbreak of the COVID-19 pandemic, how often did you do the following activities, as compared to before the outbreak? Not at all, less often, about the same, or more often?

Please tick one box per line	Not at all	Less often	About the same	More often
Leave your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to visit family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to visit friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend religious services outside your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk outside your home for more than 20 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do hobbies, crafts, or puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch TV, Netflix, stream movies, or shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do garden work or home repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read books, magazines, or newspapers (in print or online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet with social groups on Zoom or other online video conference sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. People have been asked to socially distance when outside meaning that they stay at least two metres apart from others.

	Always	Often	Sometimes	Never
Did you keep distance to others when you went outside your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We are interested in learning about people's behaviours during the COVID-19 pandemic. Can you please tell us if you did or did not do the following during the lockdown phase?

Please tick one box per line	Yes	No
Did you wash your hands more frequently than usual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use special hand sanitiser or disinfection fluids?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay special attention to covering coughs and sneezes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take any drugs or medicine as a prevention against COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Did you wear a protective face mask when outside the home, around other people?	<input type="checkbox"/>	<input type="checkbox"/>

4. On a scale of 1-10, to what extent have you changed your behavior in response to the government recommendations? (Please circle a number from 1 = no change to behavior to 10 = a lot).

Please circle one number per line	1	2	3	4	5	6	7	8	9	10	N/A
At home											
At work											
In outdoor public places (parks etc.)											
Indoor public places (supermarkets, garages, other retail outlets etc.)											

5. How many other people did you share your accommodation with during the COVID-19 pandemic?

Number of people aged 18 years and older:

Number of people aged less than 18 years:

6. Does the property you are currently living in have any of the following?

Please tick one box per line	Yes	No
A garden	<input type="checkbox"/>	<input type="checkbox"/>
A roof terrace or large balcony	<input type="checkbox"/>	<input type="checkbox"/>
Other private outdoor space	<input type="checkbox"/>	<input type="checkbox"/>
Other shared outdoor space	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>

7. Did you change where you live because of the COVID-19 pandemic?

Please circle one answer Yes No If "No" please go to question **8**

7.1 If you did change where you live because of the COVID-19 pandemic, where did you move to?

Please tick all that apply

To own home	<input type="checkbox"/>	To a friend's home	<input type="checkbox"/>
To a child's / stepchild's home	<input type="checkbox"/>	To a health care facility (incl. nursing home)	<input type="checkbox"/>
To a home of some other family member	<input type="checkbox"/>	Other, specify	<input type="checkbox"/>

Specify:

8. Did you have someone move in with you because of the COVID-19 pandemic?

Please circle one answer Yes No If "No" please skip

8.1. If someone did move in with you because of the COVID-19 pandemic, what was the relationship of this person to you?

Please tick all that apply

Spouse / partner	<input type="checkbox"/>	Grandchild(ren)	<input type="checkbox"/>	Parent(s)	<input type="checkbox"/>
Other relative(s)	<input type="checkbox"/>	Sibling(s)	<input type="checkbox"/>	Friend / neighbour(s)	<input type="checkbox"/>
Son(s) or daughter(s)	<input type="checkbox"/>	Carer	<input type="checkbox"/>	Other, specify: _____	