

**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?**

<b>Please tick one box per line</b>	<b>Not at all</b>	<b>Less often</b>	<b>About the same</b>	<b>More often</b>
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.**

	<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Never</b>
Did you keep distance to others <b>when you went outside</b> 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?**

<b>Please tick one box per line</b>	<b>Yes</b>	<b>No</b>
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).**

<b>Please circle one number per line</b>	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: _____	