## 1. What colour are your eyes?

Please tick one box			
Amber	Green	Blue	
Hazel	Brown	Red	
Grey	Don't Know		

### 2. Would you say your health during the COVID-19 pandemic was...

Please tick one box	Excellent	Very Good	Good	Fair	Poor
3. What about your em pandemic? Was it.		nental health	n during the	e COVID-19	
Please tick one box	Excellent	Very Good	Good	Fair	Poor

## 4. Overall, how satisfied are you with your life nowadays?

Please circle one number											
1 = not at all satisfied 10 = completely satisfied	1	2	3	4	5	6	7	8	9	10	N/A

#### 5. The next questions are about how you felt about different aspects of your life during the COVID-19 pandemic. For each one, please say how often you felt that way.

Please tick one box per line	Often	Some of the time	Hardly ever or never
How often do you feel you lack companionship?			
How often do you feel left out?			
How often do you feel isolated from others?			
How often do you feel in tune with the people around you?			
How often do you feel lonely?			

# 6. For each item in the list below, please indicate how often you have felt or behaved this way during the last 7 days?

Please tick one box per line	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
I felt depressed				
I felt that everything I did was an effort				
My sleep was restless				
I was happy				
I felt lonely				
I enjoyed life				
I felt sad				
I could not get "going"				

## 7. Here is a list of statements that people have used to describe their lives or how they feel. How often have you felt like this during the COVID-19 pandemic?

Please tick one box per line	Often	Sometimes	Rarely	Never
My age prevents me from doing the things I would like to.				
I feel that what happens to me is out of my control.				
I feel free to plan for the future.				
I feel left out of things.				
I feel that I can please myself in what I can do.				
My health stops me from doing the things I want to do.				
Shortage of money stops me from doing the things that I want to do.				
I look forward to each day.				
I feel that my life has meaning.				
I enjoy being in the company of others.				
I feel satisfied with the way my life has turned out.				
I feel that life is full of opportunities.				

### 8. Here is a list of statements that people have used to describe their lives or how they feel. Please indicate how strongly you agree or disagree with each of the following statements.

Please tick one box per line	Strongly disagree	Disagree	Disagree slightly	Agree slightly	Agree	Strongly agree
I enjoy making plans for the future and working to make them a reality.						
My daily activities often seem trivial and unimportant to me.						
I am an active person in carrying out the plans I set for myself.						
I don't have a good sense of what it is I'm trying to accomplish in life.						
I sometimes feel as if I've done all there is to do in life.						
I live life one day at a time and don't really think about the future.						
I have a sense of direction and purpose in my life.						

# 9. The next four questions are also about how you have felt during the COVID-19 pandemic.

Please tick one box per line	Hardly ever	Almost never	Sometimes	Fairly often	Very often
How often have you felt that you were unable to control the important things in your life?					
How often have you felt confident about your ability to handle your personal problems?					
How often have you felt that things were going your way?					
How often have you felt difficulties were piling up so high that you could not overcome them?					

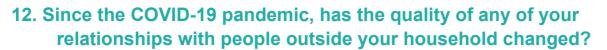
# 10. For each item in the list below, please indicate how often you have felt or behaved this way during the last 7 days?

Please tick one box per line	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				

### **11. Approximately how many hours do you sleep on a week night?**

Hours

Please tick one box per line	Rarely / never	Sometimes	Most of the time
<b>11.1</b> How often do you have trouble falling asleep?			
<b>11.2</b> How often do you have trouble with waking up too early and not being able to fall asleep again?			



Please tick one box per line	Better	Worse	About the same	Not relevant
Your children				
Your grandchildren				
Other family members				
Your friends				
Your neighbours				