1. Was your work affected because of the COVID-19 pandemic?
   Please tick one box
   Yes  No  No, I was not working when it started

2. If employed or self-employed, how was your work affected?
   Please tick all that apply
   Had to change work days or hours
   Work became more risky or dangerous
   Work became harder
   Switched to working from home or working remotely

   If work days or hours changed:
   Did the total amount of work increase or decrease?
   Increase  Decrease

   Other, specify: ______________________________________________________

3. If employed or self-employed, did you lose your job, were you furloughed, did you quit, or other?
   Please tick one box
   Lost job / laid off permanently  Furloughed / laid off temporarily  Quit

   Other, specify: ______________________________________________________

4. Are you in receipt of the COVID-19 pandemic unemployment payment of €350 per week?
   Please tick one box
   Yes  No  I do not know what this payment is
5. Has your income gone up or down or stayed about the same because of the COVID-19 pandemic? By income we mean all sources of money including wages, salaries, pension, investment income, rental income, welfare payments etc.

Please tick one box

Income went up  [ ]  Income went down  [ ]  Income stayed about the same  [ ]

5.1. Which types of income changed?

Please tick all that apply

Earnings from work  [ ]  Income from business  [ ]
Income from retirement plan or other assets  [ ]  Rental income  [ ]

Other, specify: ________________________________

6. Has your household spending gone up or down or stayed about the same?

Please tick one box

Spending went up  [ ]  Spending went down  [ ]  Spending stayed around the same  [ ]

7. Did you experience any of the following?

Please tick all that apply

Missed any regular payments on rent or mortgage  [ ]
Missed any regular payments on credit cards or other debt  [ ]
Missed any other regular payments such as utilities or insurance  [ ]
Could not pay medical bills  [ ]
Did not have enough money to buy food  [ ]
Not applicable  [ ]

8. Did you need to dip into your savings to cover the necessary day-to-day expenses?

Please circle one answer

Yes  [ ]  No  [ ]  I have no savings to dip into  [ ]

9. Overall, how do you feel your current financial situation compares to before the beginning of the COVID-19 pandemic?

Please tick one box

I am much worse off  [ ]  I am a little worse off  [ ]  I am about the same  [ ]  I am a little better off  [ ]  I am much better off  [ ]
10. How strongly do you agree or disagree with the following statement: “I am worried about my future financial situation”?  

<table>
<thead>
<tr>
<th>Please tick one box</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
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Contains renumbered items 4.1-4.10 from "Section 4" from pages 14-16 of the full document "TILDA COVID-19 Self-Completion Questionnaire"