

Since March and April 2020, the social distancing policies introduced to flatten the curve of infection **during the coronavirus pandemic, also known as COVID-19**, have led to many changes in everyday life. We are interested in hearing how much these changes have affected you and your life. The questions on the next pages ask about your concerns related to the coronavirus pandemic and the changes that have occurred in your social contacts, activities, feelings, and well-being.

**Q1**

This first question is about things that people say they are worried about because of the coronavirus pandemic. On a scale from 1 to 10 where 1 means “not at all worried” and 10 means “very worried,” **BECAUSE OF THE CORONAVIRUS PANDEMIC HOW WORRIED ARE YOU ABOUT...**

Your own health?	<p>Not at all worried <span style="float: right;">Very worried</span></p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4   <input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8   <input type="checkbox"/> 9   <input type="checkbox"/> 10         </p>
The health of others in your family?	<p>Not at all worried <span style="float: right;">Very worried</span></p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4   <input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8   <input type="checkbox"/> 9   <input type="checkbox"/> 10         </p>
Your financial situation?	<p>Not at all worried <span style="float: right;">Very worried</span></p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4   <input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8   <input type="checkbox"/> 9   <input type="checkbox"/> 10         </p>
Being able to get help if you needed it from family, friends, or others?	<p>Not at all worried <span style="float: right;">Very worried</span></p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4   <input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8   <input type="checkbox"/> 9   <input type="checkbox"/> 10         </p>
What will happen in the future?	<p>Not at all worried <span style="float: right;">Very worried</span></p> <p style="text-align: center;"><i>(Mark (X) one number.)</i></p> <p> <input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4   <input type="checkbox"/> 5   <input type="checkbox"/> 6   <input type="checkbox"/> 7   <input type="checkbox"/> 8   <input type="checkbox"/> 9   <input type="checkbox"/> 10         </p>

**Q2**

Since the coronavirus pandemic, has the amount of contact you have with family and friends outside your home by PHONE, EMAIL, FACETIME, FACEBOOK, SKYPE, ZOOM OR SOCIAL MEDIA changed? (Mark (X) one box in each row.)

**IS THE AMOUNT OF PHONE OR INTERNET-BASED CONTACT YOU NOW HAVE WITH...**

	More	Less	About the same amount	Not relevant
Your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3**

Due to the coronavirus pandemic, did you experience any of these changes in activities?

	Yes	No	Not relevant
Unable to visit a family member in a care facility, nursing home, or group home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family celebrations cancelled or restricted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to visit a close family member who was in hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to attend in-person funeral or religious services for a family member or friend who died.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to visit family after the birth of a new baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4**

Overall, how stressful have changes in contacts with family and friends been for you?

Not at all stressful	Slightly stressful	Moderately stressful	Very stressful	Extremely stressful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q5**

Since the coronavirus pandemic, how often has anyone outside your household such as a parent, adult child, other relatives, friends, or neighbors **HELPED YOU** to obtain necessities (e.g. food, medications) or arrange emergency household repairs?

	About the		Not	Not
Less often	same	More often	needed	relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Q6**

Since the coronavirus pandemic, how often has anyone outside your household such as a parent, adult child, other relatives, friends, or neighbors **GIVEN YOU** advice, encouragement, moral, or emotional support?

	About the		Not	Not
Less often	same	More often	needed	relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Q7**

Since the coronavirus pandemic, how often **HAVE YOU HELPED** anyone outside your household such as a parent, adult child, other relatives or friends to obtain necessities (e.g. food, medications) or arrange emergency household repairs?

	About the		Not	Not
Less often	same	More often	needed	relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Q8**

Since the coronavirus pandemic, how often **HAVE YOU GIVEN** anyone outside your household such as a parent, adult child, other relatives, friends, or neighbors advice, encouragement, moral, or emotional support?

	About the		Not	Not
Less often	same	More often	needed	relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9**

Since the coronavirus pandemic, has the quality of any of your relationships with people outside your household changed?

**IS THE QUALITY OF YOUR RELATIONSHIPS WITH....**

	Better	Worse	About the same	Not relevant
Your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandchildren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10**

Since the coronavirus pandemic, how often have you felt lonely?

Often	Sometimes	Hardly ever or never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10a**

Is this about the same, more, or less often than before the outbreak?

About the same	Less so	More so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11**

Since the coronavirus pandemic, how often have you felt that you do not get enough in-person contact with people outside your household?

Often	Sometimes	Hardly ever or never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11a**

Is this about the same, more, or less often than before the outbreak?

About the same	Less so	More so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12**

G]bWY'h YW'fcbUj ]fi g'dUbXYa ]W\ ck 'cZyb\ Uj Y'nci 'ZY'hnci \ UX'lc' g\ UfY'fcc'a i W 'hja Yk ]h 'cH Yf'dYcd'Y]b'nci f\ ci gY c`X3

			Hardly ever or never	NA/No one else in household
Often	Sometimes			
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**Q13**

G]bWY'h YW'fcbUj ]fi g'dUbXYa ]W\ ck 'cZyb\ Uj Y'nci 'Yi dYf]YbWYX' X]gW]a ]bU]cb ]b`Yj YfnXUm`]ZY'fY'[ 'ZVYWU gY'cZnci f'fUWY#H b]W]mz U[ Yz[ YbXYfzZ]bUbW]U`g]U]i gZ]X]gUV] ]mzk Y][ \ hzd\ ng]WU`UddYUfUbWYz fY][ ]cbzcf`cH Yf'fYUgcbk3

		Hardly ever or never
Often	Sometimes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13a**

g'h ]g'UWci hiH Y'gUa Yza cfYzcf`Ygg'cZyb'h Ub`VYZ'fY'h Y'ci HfYU\_3

About the same	Less so	More so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q14**

Since the coronavirus pandemic, have you...

	Always	Sometimes	Never
Worn a mask around other people outside your home (e.g., in shops)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washed your hands with soap more frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept distance from others when you went outside your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used special hand sanitizers or disinfectants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15**

Since the coronavirus pandemic, have you changed how often you...

	Do more often	Do less often	About the same	Not relevant
Leave your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go 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"/>
Pray or do other spiritual activities at 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"/>
Listen to music?	<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"/>
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 digitally)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditate?	<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"/>

**Q16**

Since the coronavirus pandemic, did you learn how to use a new technology device (e.g., iPad), application, or computer program?

Yes

No

**Q17**

During the coronavirus pandemic, did someone in your household work in a job that was considered essential work?

Yes

No

**Q18**

At any time since the coronavirus pandemic, did you work for pay?

Yes  Continue to Question **Q18a**

No  → Go to Question **Q19**

**Q18a**

Was your job considered essential? If you had multiple jobs, please tell us if any of them was considered essential.

Yes

No

**Q18b**

Did you work outside your home?

Yes  Continue to Question **Q18c**

No  → Go to Question **Q19**

**Q18c**

How often did your job mean that you were...

Always    Sometimes    Never

In close contact with people in health care settings with confirmed COVID-19?




In close contact with the general public?




In close contact with co-workers?

**Q19**

Since the coronavirus pandemic, how often did you feel emotionally overwhelmed?

Often

Sometimes

Hardly ever  
or never

**Q20**

Since the coronavirus pandemic, how often did you feel stressed?

Often

Sometimes

Hardly ever  
or never

**Q21**

Even in hard times, sometimes people experience good things and learn new things about themselves. Please think about your own experiences since the coronavirus pandemic. How much do the following statements describe your experiences since the coronavirus pandemic?

	Strongly disagree	Some what disagree	Slightly disagree	Slightly agree	Some what agree	Strongly agree
I tend to recover quickly after difficult times like this one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have learnt some positive things from this situation about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found greater meaning in work or my other activities and hobbies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I now feel more in touch with people in my local community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found new ways to connect socially with other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am now more appreciative of things that I had taken for granted before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Q22**

**We are interested to read about the things that have inspired you or cheered you up since the coronavirus pandemic. Please write about these things in the space below.**


**Q23**

**Were the questions in this booklet answered by the person whose first name is written on the front cover? (Mark (X) one.)**

- YES, the person whose name is on the front cover completed the questionnaire by him/herself.
  
- YES, the person whose name is on the front cover answered the questions, but someone else assisted by writing in the answers for that person.
  
- NO, the person whose name is on the front cover did not answer/complete the questionnaire.

**Q24**

**If there is anything else you would like to tell us, please write in the space below. We are very interested to read what you have to say.**
