

S0. COUNTRY SELECTION. BEHIND THE SCENES.

1. UK
2. FRANCE
3. GERMANY
4. SPAIN
5. ITALY
6. USA

Intro.

Please read the following and select your response at the bottom of the page.

Understanding nutritional and lifestyle related risk factors associated with Covid-19 susceptibility and disease course in physicians and nurses may help to develop supportive strategies for protecting them and others in the future. To create a resource to study risk factors for Covid-19, a group of academic physicians and scientists from Columbia and Harvard Medical Schools and Johns Hopkins School of Public Health have developed this survey with an emphasis on nutritional and lifestyle factors. This survey is being conducted by Envision Health Partners, an independent market research agency. Taking this opportunity to have your voice heard would greatly help us further our research, and your participation would be hugely appreciated.

This survey will take approximately 10 minutes to complete.

Your participation in this survey is voluntary. If you do not wish to complete this survey, you do not need to do so. In no way will you be penalized if you do not wish to participate in the survey.

Your information will be kept confidential and will not be associated with you specifically if you choose to participate in this survey. As part of this survey, we will collect demographic information which will be anonymised. All survey data will be reported in the aggregate only.

If you have questions about your rights as a research participant, or concerns or complaints about the research, please contact **Christine LaFiura** at **Envision Health Partners** by email Clafiura@envisionhealthllc.com

[For US (S0=6)Show]: The research will comply with the Insights Association's Legal & Ethical Guidelines.

[For EU (non-UK (S0=2-5) show): The research will comply with GDPR Data protection law, as well as the Insights Association and European Pharmaceutical Market Research Association (EphMRA) Legal & Ethical Guidelines.

[For UK (S0=1) show]: The research will comply with UK Data Protection law and with the British Healthcare Business Intelligence Association's Legal & Ethical Guidelines.

By signing below/clicking on the box below:

S0A.

I consent to **Envision Health Partners** collecting and using de-identified information about me that I voluntarily provide for the purposes of research.

1. Yes
2. No

S0B.

I have read, understand and agree to the terms described above.

1. Yes
2. No

[Work]

[ALL CONTINUING RESPONDENTS]

S1. Please select what describes you best. *Select one.*

1. Nurse/Nurse Practitioner/Physician Assistant
2. Physician
3. All Other

[ALL CONTINUING PHYSICIANS (S1=2)]

S2. Which best describes your focus? *Select one.* **[ALPHABETIZE 1-12]**

1. Emergency Medicine
2. Critical Care
3. Internal Medicine
4. Pulmonology
5. Cardiology
6. Rheumatology
7. Endocrinology, Diabetes, and Metabolism
8. Gastroenterology
9. Allergy and Immunology
10. Hematology
11. Family Medicine
12. Pediatrics
13. Other (specify: _____)

[ALL CONTINUING NURSES/NPs/PAs (S1=1)]

S2X. Which best describes your primary practice setting? *Select one.*

1. Private practice / doctor's office
2. Community clinic
3. Comprehensive cancer centre
4. Emergency room
5. Intensive Care Unit (ICU)
6. Other hospital-based department
7. Other, specify: _____

[BANK S3 AND S4 ON SAME SCREEN]**[ALL CONTINUING RESPONDENTS, S1=1-2]**

S3. Prior to the Covid-19 pandemic, how long was your typical work shift in hours?

[Drop Down Menu: Range 1-24]

[ALL CONTINUING RESPONDENTS, S1=1-2]

S4. Prior to the Covid-19 pandemic, how many shifts did you work each week?

[Drop Down Menu Range 1-10]

[Covid-19 related questions]

Now, thinking about the current Covid-19 pandemic...

[ALL CONTINUING RESPONDENTS, S1=1-2]

S5. To your knowledge, have you had significant close contact with Covid-19 (SARS-CoV2) patients in your workplace? *Select one.*

(Face-to-face within 6 feet for \geq 10 minutes)

1. Yes
2. No
3. Not sure

[BANK S6b AND S7 ON SAME SCREEN]**[ALL CONTINUING RESPONDENTS, S5=1]**

S6b. On a typical shift during the Covid-19 pandemic, how frequently were you in close proximity to patients or others with Covid-19? *Select one.*

(Face-to-face within 6 feet for \geq 10 minutes)

1. Infrequent (<5% of my time)
2. Not very frequent (5-10% of my time)
3. Somewhat frequent (11-25% of my time)
4. Frequent (26-50% of my time)
5. Very frequent (51-75% of my time)
6. Continuous (greater than 75% of my time)

[ALL CONTINUING RESPONDENTS, S5=1]

S7. Since exposure, have you personally experienced symptoms consistent with a diagnosis of Covid-19 (fever, coughing, fatigue, loss of taste or smell)?

Select one.

1. Yes
2. No [\[Skip to S10\]](#)

[BANK S9, S10, AND S11 ON SAME SCREEN]**[ASK IF EXPERIENCED COVID-19 SYMPTOMS (S7=1)]**

S9. How many days did you experience symptoms of Covid-19? Please answer from the first day that you experienced any symptoms until you were completely asymptomatic.

[NUMERIC QUESTION]

_____ days **[Range 1-99]**

[ASK ALL CONTINUING RESPONDENTS, S7=1-2]

S10. Did you have a PCR or antibody test of Covid-19? *Select one.*

1. Yes – I tested positive.
2. Yes – I tested negative.
3. No – I did not get a test.
4. No – I did not have access to the test.

[ASK ALL CONTINUING RESPONDENTS, S7=1-2]

S11. **[IF S7=1, SHOW:]** Since Covid-19 symptom onset, did you have a test for influenza or other respiratory viruses? *Select one.*

[IF S7=2, SHOW:] Did you have a test for influenza or other respiratory viruses? *Select one.*

1. Yes – I tested positive.
2. Yes – I tested negative.
3. No – I did not get a test.
4. No – I did not have access to the test.

[BANK S12, S13, S8-ON SAME SCREEN]**[ASK ALL CONTINUING RESPONDENTS, S7=1-2]**

S12. How would you describe your access to personal protective equipment during the Covid-19 pandemic? By personal protective equipment (PPE), we mean masks, face shields, gowns, and gloves. *Select one.*

1. Nonexistent (no access to at least one of the following: masks, face shields, gowns, and gloves)
2. Poor (little access to masks, face shields, gowns, and gloves)
3. Basic (access to at least one daily mask, face shield, gown, and gloves)
4. Good (I had access to a change of mask, gown, and gloves if soiled as well as a face shield)
5. Excellent (I had access to a fresh mask, gown, and gloves every time that I entered a new patient room as well as a face shield)

[ASK SYMPTOMATIC RESPONDENTS, S7=1]

S13. How would you rate the severity of your personal Covid-19 illness? *Select one.*

1. Very Mild: asymptomatic or nearly asymptomatic
2. Mild: symptoms [fever <38°C (without treatment), with or without cough, no dyspnea, no gasping, no abnormal imaging findings]
3. Moderate: [fever, respiratory symptoms, and/or imaging findings of pneumonia]
4. Severe: meet any of the following: 1) respiratory distress, RR ≥30 times/min 2) SpO₂ <93% at rest 3) PaO₂/FiO₂ ≤ 300 mm Hg
5. Critical: Respiratory failure needing mechanical assistance, ICU admission, shock, or extra pulmonary organ failure

[ASK IF EXPERIENCED COVID-19 SYMPTOMS (S7=1)]

S8. Please check off all of the symptoms or diagnoses that you experienced with Covid-19. *Select all that apply.*

**GROUP LIKE-SYMPTOMS TOGETHER IN BLOCKS BUT RANDOMIZE ITEMS WITHIN EACH BLOCK:
1-4, 5-6, 8-10, 11-12, 13-18, 19-24**

RANDOMIZE THE GROUP BLOCKS; ANCHOR CODE 24

1. Cough
2. Fever (subjective or documented)
3. Chills
4. Fatigue
5. Sore throat
6. Muscle aches
7. Headache
8. Nausea
9. Vomiting

10. Diarrhea
11. Loss of taste
12. Loss of smell
13. Shortness of breath
14. Difficulty breathing
15. Abnormal Chest X-ray
16. Low oxygen saturation, SpO₂ <93% at rest
17. Respiratory distress, RR ≥30 times/min
18. Acute lung injury, PaO₂/FiO₂ ≤ 300 mm Hg
19. Respiratory failure, needed mechanical assistance
20. Pulmonary embolus
21. Deep Vein Thrombosis
22. Stroke
23. Shock
24. Heart attack
25. Other (specify: _____)

[X – Covid Exposure Risk]**[ASK ALL]**

NEW

X1 Have you been in close contact with anyone **outside** of your workplace with a confirmed diagnosis of Covid-19 (SARS-CoV2)? *Select one.*

(Face-to-face within 6 feet for ≥ 10 minutes)

1. Yes
2. No
3. Not sure

[BANK X2 and X3 ON SAME SCREEN]**[ASK ALL]**

NEW

X2 Have you been in close contact with any **suspected or confirmed** case of Covid-19 **inside** your workplace while **not wearing** Covid-recommended PPE? *Select one.*

(Face-to-face within 6 feet for ≥ 10 minutes)

1. Yes
2. No
3. Not sure

[ASK ALL]

NEW

X3 Have you been in the room of a **confirmed** Covid-19 patient during any of the following? *Select all that apply*

1. CPAP or BiPAP
2. Nebulization
3. Intubation
4. CPR
5. Other procedure, please specify: _____

[A - Demographic and clinical characteristics]**[BANK A1, A2, A3, A4 ON SAME SCREEN]****[ASK ALL]**

A1. Are you male or female...? *Select one.*

1. Male
2. Female
3. Other
4. Prefer not to say

Source: From NHANES 2017-2018

https://wwwn.cdc.gov/Nchs/Nhanes/2017-2018/DEMO_J.htm

[ASK ALL]

A2. Are you...? *Select one.*

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never married
6. Living with partner
7. Prefer not to say

[ASK ALL]

A3. How many people including yourself live in your household?

1. # of adults age 18+ _____ [DROP DOWN MENU: RANGE 1-12]
2. # of children age 0-17 _____ [DROP DOWN MENU: RANGE 0-12]

[ASK ALL]

A4. Which one or more of the following would you say is your race or ethnicity? *Select all that apply.*

[SHOW SECTION HEADERS IN THIS QUESTION, "White", "Asian / Asian British", etc.]**White**

1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveler
4. Any other White background

Mixed / Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background

Asian / Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background

Black / African / Caribbean / Black British

14. African
15. Caribbean
16. Any other Black / African / Caribbean background

17. Other ethnic group
18. Prefer not to say **[EXCLUSIVE]**

[BANK A5, A6, A7, A8 ON SAME SCREEN]**[ASK ALL]**

A5. What is your age in years?

_____ years **[Range 18-99]**

[ASK ALL]

A6. What is your height? **[For US show ft/inches, for EU show cm]**

[NUMERIC RESPONSES]

1. **[EX-US, EX-UK: S0=2-5]** _____ cm **[RANGE: 90-220]**
2. **[US & UK ONLY: S0=1, 6]** _____ ft _____ inches **[RANGE: 3-7 FEET; INCHES: 0-11]**

[ASK ALL]

A7. What is your weight? **[For US show pounds, for EU show kg]**

[NUMERIC RESPONSES]

1. **[EX-US, EX-UK: S0=2-5]** _____ kg **[RANGE: 12-160]**
2. **[US & UK ONLY: S0=1, 6]** _____ pounds **[RANGE: 50-350]**

[ASK ALL]

A8. How would you classify your smoking status? *Select one.*

1. Current smoker
2. Former smoker
3. Never smoked

[B - Medical history and medication history]**[BANK B1, B2 ON SAME SCREEN]****[ASK ALL]**

B1. Have you ever been diagnosed with any of the following medical conditions **prior** to the Covid-19 pandemic? *Select all that apply.*

[ALPHABETIZE LIST]

1. Prediabetes
2. Diabetes
3. High cholesterol
4. Hypertension
5. Cancer
6. Coronary Disease or Heart attack
7. Heart Failure
8. Prior lung disease
9. Prior lung infection
10. Asthma
11. Overweight
12. Autoimmune disease [please specify]
13. Other [please specify] **[ANCHOR]**
14. None of the above **[EXCLUSIVE; ANCHOR]**

[ASK ALL]

B2. Prior to the Covid-19 pandemic, were you taking any of the following medications on a daily basis? *Select all that apply.*

[ALPHABETIZE LIST]

1. Angiotensin-converting enzyme inhibitor (ACEI)
2. Angiotensin receptor blocker (ARB)
3. Statin
4. Metformin
5. Aspirin
6. Ibuprofen
7. Albuterol inhaler
8. Inhaled steroids
9. Oral prednisone
10. Methotrexate
11. Hydroxychloroquine
12. Other [please specify] **[ANCHOR]**
13. None of the above **[EXCLUSIVE; ANCHOR]**

[C - Food frequency questionnaire]**[ASK ALL]****C1. Food Set [N] of 5 [ADD TO THIS LABEL TO TOP OF SCREEN FOR EACH PAGE; UPDATE THE COUNTER 'N' ON EACH SCREEN]**

Over the past 12 months prior to the Covid-19 pandemic, how often did you eat or drink 1 serving of each of the following?

Please enter the number of times "Per Week" **OR** the number of times "Per Month". *Select one only per row.*

RESPONDENT CAN SELECT ONE COLUMN PER ROW ONLY. RESPONDENT ALLOWED TO CHOOSE COLUMN 1 IN ONE ROW AND COLUMN 2 IN ANOTHER ROW, OR COLUMN 3 IN ANOTHER ROW.]

	1	2	3
[SHOW SETS IN NUMERIC ORDER – 1-6]	# Servings Per Week [RANGE: 0-99]	# Servings Per Month [RANGE: 0-99]	Never in Past 12 Months [EXCLUSIVE]
[PIPE IN LIST BELOW]	□□ #	□□ #	○

Set 1

1. Milk
2. Yogurt/Yoghurt
28. White or fresh cheese (Burgos, ...) or low-fat cheese
29. Other cheeses: cured or semi-cured, creamy
36. Dairy desserts: custard, flan, cottage cheese
40. Ice creams
3. Chocolate: table, chocolates, "Kit Kat", "Mars", [UK, S0=1: "Cadbury's Dairy Milk"] [FR, DE, SP, IT, DE S0=2-5: "Milka"], [US, S0=6: M&M's]
39. Treats: jelly beans, candy
4. Puffed breakfast cereals ("Corn Flakes", "Kellogg's", [UK, S0=1 4: "Weetabix"] [FR, S0=2: "Miel Pops"], [DE, S0=3: "Vitalis"], [SP, S0=4, "Miel Pops"], [IT, S0=5: "Miel Pops"] [US, S0=6: Cheerios]
5. Sweet cookies and crackers
6. Cookies with chocolate, cream ...
7. Cupcakes, sponge cake ...
37. Chocolate or cream cakes
8. Pastries, donut, croissant

Set 2

9. Salad: lettuce, tomato, endive
10. Green vegetables such as green beans, chard, or spinach
11. Other vegetables, such as eggplants, mushrooms
12. Baked, fried, or boiled potatoes
13. Legumes: lentils, chickpeas, beans ...
16. Soups or cream-based soups
14. White rice, paella
15. Pasta: noodles, macaroni, spaghetti
25. White Bread (in sandwich, with meals, ...)
26. Dark or whole grain bread
24. Croquettes, dumplings, pizza

Set 3

17. Eggs
18. Chicken or turkey
19. Veal, pork, lamb (steak, patty, ...)
20. Minced meat, longaliza, hamburger
27. Salty, sweet ham, sausages
21. White fish: hake, grouper, ...
22. Blue fish: sardines, tuna, salmon, ...
23. Seafood: mussels, prawns, squid, ...
24. [INTENTIONALLY BLANK]
25. [INTENTIONALLY BLANK]
26. [INTENTIONALLY BLANK]

Set 4

17. [INTENTIONALLY BLANK]
18. [INTENTIONALLY BLANK]
19. [INTENTIONALLY BLANK]

Set 4

20. Citrus fruits: orange, tangerine, ...
21. Other fruits, apple, pear, peach, banana ...
22. Canned fruits (in syrup)
23. Natural fruit juices
24. Commercial fruit juices
25. Nuts: peanuts, hazelnuts, almonds
26. [INTENTIONALLY BLANK]
27. [INTENTIONALLY BLANK]
28. Snack bags ([US, S0=6: "chips" / S0=1-5: "potato crisps"], "Cheetos", "Fritos", "~~Lays~~")
29. [INTENTIONALLY BLANK]
30. [INTENTIONALLY BLANK]

Set 5

31. Sugary drinks ("Coca-Cola", "Fanta" ...)
32. Low calorie drinks (diet coke, coca-cola light)
33. Wine, sangria
34. Beer (*not including alcohol-free beer*)
35. Coffee
36. Black or green tea
37. Distilled beverages: whiskey, gin, cognac
38. Vegetable oil (e.g., plant-based oil such as olive oil, corn, canola, or rapeseed oil)
39. Butter

[C - Perception of diet quality]**[BANK C2, C3 ON SAME SCREEN]****[ASK ALL]**

C2. Prior to the Covid-19 pandemic, what percentage of your diet was composed of packaged and processed foods (this includes ready-to-eat meals, packaged foods with chemical additives, colorants, or flavorings)? *Select one.*

1. <25% of total energy intake
2. 25-<50% of total energy intake
3. 50-75% of total energy intake
4. >75% of total energy intake

[ASK ALL]

C3. Prior to the Covid-19 pandemic, for ALL of the past 12 months, have you followed any type of specific diet? *Select all that apply.*

[ALPHABETIZE LIST]

1. Whole foods, plant-based diet
2. Keto
3. Vegetarian diet
4. Mediterranean diet
5. Pescatarian diet
6. Paleo
7. Low fat
8. Low carb
9. High protein
10. Other (specify: _____)
11. None of the above

[ANCHOR]
[EXCLUSIVE; ANCHOR]

[Dietary supplements]

Adapted version of dietary supplement questions from DHQ: [source: https://dceg.cancer.gov/tools/design/questionnaires/non-alcoholic-beverage-food-supplements/diet-history-dietary-supplement-use](https://dceg.cancer.gov/tools/design/questionnaires/non-alcoholic-beverage-food-supplements/diet-history-dietary-supplement-use)

[ASK ALL]

D1. How often do you take **vitamin D**? *Select one.*

1. Never **[go to question D2]**
2. Less than 1 day per month
3. 1-3 days per month
4. 1-3 days per week
5. 4-6 days per week
6. Every day

[BANK D1a, D1b ON SAME SCREEN]**[ASK IF D1=2-6]**

D1a. When you take **vitamin D**, about how much do you take in one day? *Select one.*

1. Less than 1000 IU
2. 1,000-1,499 IU
3. 1,500-1,999 IU
4. 2,000 IU or more
5. Don't know

[ASK IF D1=2-6]

D1b. For how many years have you taken **vitamin D**? *Select one.*

1. Less than 1 year
2. 1-4 years
3. 5-9 years
4. 10 or more years

[ASK ALL]

D2. How often do you take **omega-3 fatty acids or fish oil**? *Select one.*

1. Never **[go to question D3]**
2. Less than 1 day per month
3. 1-3 days per month
4. 1-3 days per week
5. 4-6 days per week
6. Every day

[BANK D2a, D2b ON SAME SCREEN]**[ASK IF D2=2-6]**

D2a. When you take **omega-3 fatty acids or fish oil**, about how much do you take in one day? *Select one.*

1. Less than 100 mg
2. 100-149 mg
3. 150-199 mg
4. 200 mg or more
5. Don't know

[ASK IF D2=2-6]

D2b. For how many years have you taken **omega-3 fatty acids or fish oil**? *Select one.*

1. Less than 1 year
2. 1-4 years
3. 5-9 years
4. 10 or more years

[ASK ALL]

D3. How often do you take **vitamin C**? *Select one.*

1. Never **[go to question D4]**
2. Less than 1 day per month
3. 1-3 days per month
4. 1-3 days per week
5. 4-6 days per week
6. Every day

[BANK D3a, D3b ON SAME SCREEN]**[ASK IF D3=2-6]**

D3a. When you take **vitamin C**, about how much do you take in one day? *Select one.*

1. Less than 500 mg
2. 500-999 mg
3. 1,000- 1,499 mg
4. 1,500-1,999 mg
5. 2,000 mg or more
6. Don't know

[ASK IF D3=2-6]

D3b. For how many years have you taken **vitamin C**? *Select one.*

1. Less than 1 year
2. 1-4 years
3. 5-9 years
4. 10 or more years

[ASK ALL]

D4. How often do you take **cod liver oil**? *Select one.*

1. Never **[go to question D5]**
2. Less than 1 day per month
3. 1-3 days per month
4. 1-3 days per week
5. 4-6 days per week
6. Every day

[BANK D4a, D4b ON SAME SCREEN]**[ASK IF D4=2-6]**

D4a. When you take **cod liver oil**, about how much do you take in one day? *Select one.*

1. Less than 1000 mg
2. 1,000-1,499 mg
3. 1,500-1,999 mg
4. 2,000 mg or more
5. Don't know

[ASK IF D4=2-6]

D4b. For how many years have you taken **cod liver oil**? *Select one.*

1. Less than 1 year
2. 1-4 years
3. 5-9 years
4. 10 or more years

[BANK D5, D6 ON SAME SCREEN]**[ASK ALL]**

D5. Please mark any of the following single supplements you took more than once per week for the 12 months prior to the Covid-19 pandemic. *Select all that apply.*

[Randomize all except other/none]

1. Multivitamin/mineral
2. Folic acid/folate
3. Vitamin A
4. Vitamin B complex
5. Vitamin E
6. Zinc
7. N-acetyl-cysteine
8. Choline
9. Other (specify: _____)
10. None of the above

[ANCHOR]
[EXCLUSIVE; ANCHOR]

[ASK ALL]

D6. Please mark any of the following herbal or botanical supplements you took more than once per week for the 12 months prior to the Covid-19 pandemic. *Select all that apply.*

[Randomize all except other/none]

1. Curcumin
2. Elderberry
3. Echinacea
4. Other (specify: _____)
5. None of the above

[ANCHOR]
[EXCLUSIVE; ANCHOR]

[E - Physical activity]

Source: https://www.cdc.gov/Nchs/Nhanes/2005-2006/PAQIAF_D.htm - PDACTIV

[ASK ALL]

E1. Prior to the Covid-19 pandemic, what activities did you do during a typical week? Please report the frequency and duration of each type of physical activity you did during a typical 7-day period prior to Covid-19.

[ZERO FILL THE GRID TO BEGIN WITH AND ALLOW RESPONDENTS TO CHANGE THE RESPONSES IN THE GRID]

[# FREQUENCY RANGE: 0-14 0-99]

[# DURATION RANGE: 0-360]

		1	2
		Frequency you did during a typical 7-day period prior to Covid-19	Average duration of activity each time
1.	No physical activity	<input type="checkbox"/>	
2.	Aerobics	_____ times	_____ minutes
3.	Baseball	_____ times	_____ minutes
4.	Basketball	_____ times	_____ minutes
5.	Bicycling	_____ times	_____ minutes
6.	Bowling	_____ times	_____ minutes
7.	Boxing	_____ times	_____ minutes
8.	Cheerleading and gymnastics	_____ times	_____ minutes
9.	Dance	_____ times	_____ minutes
10.	Fishing	_____ times	_____ minutes
11.	Football	_____ times	_____ minutes
12.	Frisbee	_____ times	_____ minutes
13.	Gardening	_____ times	_____ minutes
14.	Golf	_____ times	_____ minutes
15.	Hiking	_____ times	_____ minutes
16.	Hockey	_____ times	_____ minutes
17.	Horseback riding	_____ times	_____ minutes
18.	Hunting	_____ times	_____ minutes
19.	Jogging	_____ times	_____ minutes
20.	Kayaking	_____ times	_____ minutes
21.	Martial arts	_____ times	_____ minutes
22.	Push-ups	_____ times	_____ minutes
23.	Racquetball	_____ times	_____ minutes
24.	Rollerblading	_____ times	_____ minutes
25.	Rope jumping	_____ times	_____ minutes
26.	Rowing	_____ times	_____ minutes
27.	Running	_____ times	_____ minutes
28.	Sit-ups	_____ times	_____ minutes
29.	Skateboarding	_____ times	_____ minutes
30.	Skating	_____ times	_____ minutes
31.	Skiing – cross country	_____ times	_____ minutes
32.	Skiing – downhill	_____ times	_____ minutes
33.	Soccer	_____ times	_____ minutes
34.	Softball	_____ times	_____ minutes
35.	Stair climbing	_____ times	_____ minutes

36.	Stretching	_____ times	_____ minutes
37.	Surfing	_____ times	_____ minutes
38.	Swimming	_____ times	_____ minutes
39.	Tennis	_____ times	_____ minutes
40.	Treadmill	_____ times	_____ minutes
41.	Volleyball	_____ times	_____ minutes
42.	Walking	_____ times	_____ minutes
43.	Weight lifting	_____ times	_____ minutes
44.	Wrestling	_____ times	_____ minutes
45.	Yard work	_____ times	_____ minutes
46.	Yoga	_____ times	_____ minutes
47.	Other, specify: _____	_____ times	_____ minutes
48.	Other, specify: _____	_____ times	_____ minutes
49.	Other, specify: _____	_____ times	_____ minutes

[IF-FREQUENCY > 0, THEN MINUTES FOR THAT ACTIVITY MUST BE >0 AS WELL]

[ASK ALL]

E1a. You indicated that you take part in the following physical activities in a typical 7-day period prior to Covid-19. Is this list correct? *Select one.*

Note: if the list is not correct, you will be re-asked the prior question.

[LIST ALL ACTIVITIES IN E1>0 days and 0 minutes]

[E1 ACTIVITY]	[E1 FREQUENCY > 0] times per week	[E1 DURATION > 0] minutes each time
---------------	-----------------------------------	-------------------------------------

1. Yes **[Go to F1]**
2. No **[Go to E1]**

[F - Sleep]**[BANK F1, F2, F3, F4, F5 ON SAME SCREEN]****[ASK ALL]**

F1. Please report the average duration of sleep (in hours) per **night** during the last 12 months prior to the Covid-19 pandemic.

_____ hours **[DROP DOWN MENU: RANGE 1-15]**

[ASK ALL]

F2. Please report the average duration of napping per **daytime hours** during the last 12 months.

_____ hours **[DROP DOWN MENU: RANGE 0-12]**

[ASK ALL]

F3. Prior to the Covid-19 pandemic, did you have difficulties falling asleep at **night**? *Select one.*

1. Yes
2. No

[ASK ALL]

F4. Prior to the Covid-19 pandemic, did you often wake up in the early hours, unable to get back to sleep? *Select one.*

1. Yes
2. No

[ASK ALL]

F5. Prior to the Covid-19 pandemic, did you take sleeping pills more than 3 times per week? *Select one.*

1. Yes
2. No

[G - Stress]**Emotional exhaustion:****[ASK ALL]**

G1. Prior to the Covid-19 pandemic, I felt burned out from my work:
Select one.

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month
5. Once a week
6. A few times a week
7. Every day

Source: [10.5116/ijme.5918.ad11](https://doi.org/10.5116/ijme.5918.ad11)

[ASK ALL]

G2. Prior to the Covid-19 pandemic, thinking of your assets, debts, and savings, how satisfied were you with your overall personal financial condition? *Select one.*

Not at all Satisfied				Somewhat Satisfied					Extremely Satisfied
1	2	3	4	5	6	7	8	9	10

[END OF SURVEY]