

1. During the lockdown phase of the COVID-19 pandemic, how often did you have personal contact (that is, face to face) with the following people from outside your home?

Please tick one box per line	Frequency					Not applicable
	Daily	Several times a week	About once a week	Less often	Never	
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours / friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. During the lockdown phase of the COVID-19 pandemic, how often did you have contact by phone, email or any other electronic means with the following people from outside your home?

Please tick one box per line	Frequency					Not applicable
	Daily	Several times a week	About once a week	Less often	Never	
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours / friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you smoke at the present time?

Please circle one answer Yes No If "No" please go to question **4**

3.1. What do you smoke?

Please tick one box

- Cigarettes
- Pipe
- Cigars or cigarillos
- E-cigarettes or tank\ clearomizers
- I do not smoke

3.2. How many cigarettes/pipes/cigars/e-cigarettes do you smoke on average per day?

3.3. Since the COVID-19 outbreak, has the amount you smoke?

- Please tick one box
- | Decreased | Remained the same | Increased | I do not smoke |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Since the COVID-19 outbreak, how often have you drunk any alcoholic beverages, such as beer, cider, wine, spirits or cocktails?

Please tick one box

- | | | | |
|-----------------|--------------------------|------------------|--------------------------|
| Daily | <input type="checkbox"/> | 2-3 days a month | <input type="checkbox"/> |
| 4-6 days a week | <input type="checkbox"/> | Once a month | <input type="checkbox"/> |
| 2-3 days a week | <input type="checkbox"/> | Never | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> | | |

5. Since the COVID-19 outbreak, has the amount of alcohol you consume?

- Please tick one box
- | Decreased | Remained the same | Increased | I do not drink alcohol |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next set of questions will ask you about the time you spent being physically active in the last 7 days.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think **only** about those physical activities that you did for at least 10 minutes at a time.

6. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ Number of days per week

No I have not done any vigorous physical activities

6.1. How much time did you usually spend doing these **vigorous** physical activities on one of those days?

_____ hours per day

_____ minutes per day

7. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads or bicycling at a regular pace? **Do not include walking**

_____ Number of days per week

No I have not done any moderate physical activities

7.1 How much time did you usually spend doing these **moderate** physical activities on one of those days?

_____ hours per day

_____ minutes per day

8. Now think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise, or leisure

_____ Number of days per week

No I have not done any walking

8.1. How much time did you usually spend **walking** on one of those days?

_____ hours per day

_____ minutes per day

9. Which of the following statements best describes the food eaten in your household in the last week?

Please tick one box

You always had enough of the kinds of foods you wanted to eat

You had enough to eat, but not always the kinds of food you wanted

You sometimes did not have enough to eat

You often did not have enough to eat