



COVID-19 PANDEMIC IMPACT ON BEHAVIOR

This is a list of potential actions we want to know if you have taken to reduce your risk of exposure to COVID-19. You can say “most or all of the time,” “sometimes,” or “rarely or never.”

	Most/All Times	Sometimes	Rarely/ Never
Staying at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding contact with people outside of my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing hands and/or using sanitizer frequently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying at least 6 feet away from others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding large gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding eating indoors at restaurants/bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancelled planned travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing a face mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not shaking hands or touching people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not going to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wiping down surfaces with disinfectant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



We would like to know how your activity may have changed since the start of the pandemic in March 2020.

Activity	In the 3 months prior to the pandemic (January to March 2020), did you regularly do this activity?		Are you doing this activity now?		If yes-prior and yes-now: Compared to before the pandemic, are you doing this more, less, or the same amount?			
	No	Yes	No	Yes	More	Less	Same amount	
Walking for exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Vigorous activities (like running)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Watching shows or movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If doing this activity now, how much?
Drinking alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ drinks/week
Smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ cigarettes/day
E-cigarettes (vaping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ e-cigarettes/day
Using medical or recreational marijuana/cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ uses/week

During the pandemic, are you generally eating and snacking more, less, or the same?

- More
- Less
- Same amount



Has your weight changed since March 2020?

- Gained weight
- Lost weight
- No change in weight

Were you trying to change your weight since March 2020?

- Yes
- No

How does your general health compare to before the pandemic?

- Better
- Worse
- About the same

During the pandemic, are you generally sleeping more, less, or the same?

- More
- Less
- Same amount

These questions ask about your sleep habits. Pick the answer that best describes how often you experienced the situation over the PAST 4 WEEKS.

	No, not in past 4 weeks	Yes, less than once a week	Yes, 1 or 2 times a week	Yes, 3 or 4 times a week	Yes, 5 or more times a week
Did you have trouble falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you wake up several times at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you wake up earlier than you planned to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have trouble falling back asleep after you woke up too early?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very sound or restful	Sound or restful	Average quality	Restless	Very restless
Overall, was your typical night's sleep over the past 4 weeks...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- Yes
- No