

# CONTENT QUESTIONNAIRE

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languages

☐ Spanish

☐ Catalan

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Welcome to the CONTENT survey. A study on the impact of the pandemic on mental health and social inequalities.

The COVID-19 pandemic is a global health emergency, and that is why it is of the utmost importance to face the scientific and research challenges derived from this health emergency to provide solutions in the present and in the future.

We want to assess the symptoms of Covid-19 disease and factors associated with pathology, transmission, susceptibility to Covid-19, and prognosis. Likewise, we consider that it is necessary to study how the pandemic affects people, specifically the effect that this confinement causes on physical and mental health.

This study is coordinated by the Barcelona Institute for Global Health (ISGlobal) in collaboration with other research centers in Spain and includes more than 20,000 people from the Spanish territory.

Note that at the end of the survey you can add any comments or clarifications you want.

Information to answer the questionnaire:

To scroll through the survey, press the button with the "V" that you can see in the questionnaire below.

Please do not use the back / forward buttons of the browser. The approximate duration of the survey is 30-40 minutes.

We recommend that you begin the questionnaire when you know you have enough time. If you need to stop, you can save the survey by pressing the "save and come back later" button and continue it later.

Your collaboration is extremely important to us and we appreciate your participation.

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## GENERAL INQUIRIES

First, we will ask you some related questions about your residence and current situation.

A01. How old are you?

(Please indicate only the number)

A02. You define yourself as:

- ☐ Man
- ☐ Woman
- ☐ Other

A03. Are you currently pregnant?

- ☐ Yes
- ☐ No
- ☐ I do not know

A03a. What trimester of pregnancy are you in?

- ☐ First trimester
- ☐ Second trimester
- ☐ Third trimester

A04. What is your current residence?

A04a1. Indicate the type of road:

- ☐ Mall
- ☐ Street
- ☐ Road
- ☐ Highway
- ☐ Roundabout
- ☐ Passage
- ☐ Ride
- ☐ Square
- ☐ Boulevard
- ☐ Round
- ☐ Crossing
- ☐ Avenue
- ☐ Neighborhood
- ☐ Countryside
- ☐ Slope
- ☐ Edifice
- ☐ Gardens
- ☐ Park
- ☐ Industrial State
- ☐ Via
- ☐ Crossbar
- ☐ Others

A04a1.1. Specify another type of road:

\_\_\_\_\_

A04a2. Indicate the name of the street:

\_\_\_\_\_

A04a3. Enter the number:

(Please indicate only the number)

A04a4. Indicate other details of your residence (floor, staircase, door, etc):

\_\_\_\_\_  
(Write 77 if you live in a house)

A04b. Please indicate your city:

\_\_\_\_\_

A04c. Please indicate your province:

\_\_\_\_\_

A04d. Enter your zip code:

\_\_\_\_\_  
(If you don't know your zip code, write 99999)

A05. In this place, do you have access to an outdoor space such as a patio, terrace, garden, etc.?

- ☐ Balcony / terrace  
☐ Patio / Private Garden / Garden that you can access  
☐ Large plot of land in country house  
☐ Roof of the building  
☐ None / I do not have  
(You can check more than one option)

A06. How many square meters is your current residence?

\_\_\_\_\_  
(Indicate only the number of square meters)

A07. Do you live alone or are you living with other people?

- ☐ I am living alone  
☐ I am living with other people

A08. How many people of each age group are you living with? A08a.

People UNDER 6 years:

\_\_\_\_\_

A08b. People BETWEEN 6 and 13 years:

\_\_\_\_\_

A08c. People BETWEEN 14 and 17 years old:

\_\_\_\_\_

A08d. People BETWEEN 18 and 30 years old:

\_\_\_\_\_

A08e. People BETWEEN 31 and 50 years:

\_\_\_\_\_

A08f. People BETWEEN 51 and 64 years:

\_\_\_\_\_

A08g. People BETWEEN 65 and 80 years:

\_\_\_\_\_

A08h. People OVER 80 years:

\_\_\_\_\_

A08i. Are any of the cohabitants health personnel or workers in direct contact with COVID-19 patients?

- ☐ Yes  
☐ No

A09. Currently at home, who does the housework?

- ☐ Always / usually me  
☐ Me and my partner/housemates  
☐ Always / almost always other people (partner, housemates, etc.)  
☐ Always / usually people who do NOT live in my house (paid or not)

A09a. Currently at home, who does the housework?

- ☐ Always me  
☐ Always / almost always people who do NOT live in my house (paid or not)

A10. Are any of the people you live with your children or grandchildren?

- ☐ Yes  
☐ No

A10a. Currently in your home, who carries out the activities dedicated to the children or grandchildren?

- ☐ Always / usually me  
☐ Me and my partner/housemates  
☐ Always / almost always other partners (partner, housemates, etc.)  
☐ Always / almost always people who do NOT live in my house (paid or not)

A11. In your home, is it necessary to carry out activities / care dedicated to dependent OLDER people (people who need help to carry out activities of daily living)?

- ☐ Yes  
☐ No

A11a. Currently in your home, who carries out the activities / care dedicated to the elderly?

- ☐ Always / usually me  
☐ Me and my partner/housemates  
☐ Always / almost always other partners (partner, housemates, etc.)  
☐ Always / almost always people who do NOT live in my house (paid or not)

A12. Are you responsible for the care of people who do not live with you (for example, parents or other relatives or acquaintances)?

- ☐ Yes  
☐ No

A13. Please indicate how often you have had the following problems IN THE LAST 15 DAYS:

	Never	Several days	More than half of the days	Usually
You have felt nervous or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't stop worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you felt down,  
depressed, or  
hopeless

☐☐☐☐

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COVID-19

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We would now like to ask you about the coronavirus and covid-19.

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B01. Have you been diagnosed with coronavirus disease  
(covid-19) or suspected of coronavirus disease?

☐ Yes☐ No

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B02. When were you diagnosed with the coronavirus  
(covid-19)?

\_\_\_\_\_  
(If you don't know the exact date, don't worry,  
write the closest date you can remember)

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ERROR: The date entered is in the future. Please review and correctly indicate the date. If you don't know the exact date, don't worry, write the closest date you can remember.

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B03. Have you been diagnosed, more than  
once, with the coronavirus (covid19)?

☐ Yes☐ No

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B04. During the illness, which symptoms did you have?

- ☐ Fever or low-grade fever
  - ☐ Dry cough
  - ☐ Tiredness, unusual fatigue
  - ☐ Loss of taste or smell
  - ☐ Nasal congestion (runny / stuffy nose)
  - ☐ Conjunctivitis (red eyes)
  - ☐ Sore throat
  - ☐ Headache
  - ☐ Muscle or joint pain
  - ☐ Different types of skin rash
  - ☐ Nausea, vomiting
  - ☐ Diarrhea
  - ☐ Chills, vertigo, dizziness
  - ☐ Dyspnoea, shortness of breath,
  - ☐ Loss of appetite
  - ☐ Confusion, loss of speech or movement
  - ☐ Persistent chest pain or tightness
  - ☐ I don't know
  - ☐ None
- (You can check more than one option)
- 

B05. On what date did the first symptom that you  
reported to us begin?

\_\_\_\_\_  
(If you can't remember the exact date, don't  
worry, write the closest date you can remember.)

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B06. Have any of the reported symptoms been persistent / have lasted since they appeared? Persistent is defined as lasting MORE THAN 15 DAYS

- ☐ Fever or low-grade fever
  - ☐ Dry cough
  - ☐ Tiredness, unusual fatigue
  - ☐ Loss of taste or smell
  - ☐ Nasal congestion (runny / stuffy nose)
  - ☐ Conjunctivitis (red eyes)
  - ☐ Sore throat
  - ☐ Headache
  - ☐ Muscle or joint pain
  - ☐ Different types of skin rash
  - ☐ Nausea, vomiting
  - ☐ Diarrhea
  - ☐ Chills, vertigo, dizziness
  - ☐ Dyspnoea, shortness of breath,
  - ☐ Loss of appetite
  - ☐ Confusion, loss of speech or movement
  - ☐ Persistent chest pain or tightness
  - ☐ I don't know
  - ☐ None
- (You can check more than one option)

B06a1. How long has the fever or low-grade fever lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

B06a2. How long has the dry cough lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

B06a3. How long has unusual tiredness or fatigue lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

B06a4. How long has the loss of taste or smell lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

B06a5. How long has nasal congestion lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

B06a6. How long has conjunctivitis lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

B06a7. How long has the sore throat lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a8. How long has the headache lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a9. How long have muscle or joint pain lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a10. How long have different types of skin rashes lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a11. How long has the nausea or vomiting lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a12. How long has the diarrhea lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a13. How long have the chills, vertigo, or dizziness lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a14. How long has the dyspnea, shortness of breath, shortness of breath lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a15. How long has the loss of appetite lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a16. How long has the confusion, loss of speech or movement lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

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B06a17. How long has persistent chest pain or tightness lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between 4 and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

B07. After the diagnosis of coronavirus (covid-19), have you had any of these sequelae, which you cannot explain for any other reason?

- ☐ Cardiovascular problems: myocardial inflammation, ventricular dysfunction, palpitations, chest pain, arrhythmias
  - ☐ Respiratory problems: shortness of breath, choking sensation, reduced exercise capacity
  - ☐ Kidney problems: acute kidney injury
  - ☐ Dermatological problems: skin rash, alopecia (hair loss), psoriasis
  - ☐ Problems with dry eyes and / or mouth
  - ☐ Cognitive and neurological problems: smell and / or taste dysfunction, sleep dysregulation, difficulty in making decisions, memory deficiencies, disorientation, dizziness, tiredness or fatigue, feverish state, difficulty in swallow.
  - ☐ Psychological and psychiatric problems: depression, anxiety, mood swings, lack of motivation, apathy, reduced appetite
  
  - ☐ Muscle problems: weak muscles, joint pain
  
  - ☐ Hematological problems: thrombosis, blood clots
  
  - ☐ Endocrine problems: diabetic ketoacidosis, thyroiditis
  - ☐ Others
  - ☐ None
- (You can check more than one option)

B07a. How long have the cardiovascular problems lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between more than 4 weeks and 12 weeks
- ☐ More than 3 months
- ☐ They still last me
- ☐ I do not know

B07b. How long have the breathing problems lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between more than 4 weeks and 12 weeks
- ☐ More than 3 months
- ☐ I do not know

B07c. How long have kidney problems lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between more than 4 weeks and 12 weeks
- ☐ More than 3 months
- ☐ They still last me
- ☐ I do not know

B07d. How long have the dermatological problems lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between more than 4 weeks and 12 weeks
- ☐ More than 3 months
- ☐ They still last me
- ☐ I do not know

B07e. How long have dry eyes and / or mouth problems lasted?

- ☐ Between 2 and 4 weeks
- ☐ Between more than 4 weeks and 12 weeks
- ☐ More than 3 months
- ☐ They still last me
- ☐ I do not know



B07f. How long have the cognitive and neurological problems lasted?

- ☐ Between 2 and 4 weeks  
☐ Between more than 4 weeks and 12 weeks  
☐ More than 3 months  
☐ They still last me  
☐ I do not know

B07g. How long have the psychological and psychiatric problems lasted?

- ☐ Between 2 and 4 weeks  
☐ Between more than 4 weeks and 12 weeks  
☐ More than 3 months  
☐ They still last me  
☐ I do not know

B07h. How long have the muscle problems lasted?

- ☐ Between 2 and 4 weeks  
☐ Between more than 4 weeks and 12 weeks  
☐ More than 3 months  
☐ They still last me  
☐ I do not know

B07i. How long have the hematological problems lasted?

- ☐ Between 2 and 4 weeks  
☐ Between more than 4 weeks and 12 weeks  
☐ More than 3 months  
☐ They still last me  
☐ I do not know

B07j. How long have the endocrine problems lasted?

- ☐ Between 2 and 4 weeks  
☐ Between more than 4 weeks and 12 weeks  
☐ More than 3 months  
☐ They still last me  
☐ I do not know

B07k. What other sequelae do you have?

\_\_\_\_\_

B08. Have you followed rehabilitation therapies to attend to your symptoms and / or consequences of the coronavirus (covid-19)?

- ☐ Yes  
☐ No

B09. How have you done the rehabilitation therapies?

- ☐ Guide and / or video online  
☐ Face-to-face with a health professional (physiotherapist, etc.)

B10. What type of therapies did you perform?

- ☐ Cognitive rehabilitation  
☐ Muscle / mobility rehabilitation  
☐ Respiratory rehabilitation  
☐ Other rehabilitation  
(You can check more than one option)

B10a. Indicate what other rehabilitation you have done:

\_\_\_\_\_

B11. Have you been tested for the coronavirus?

- ☐ Yes  
☐ No  
☐ I do not know

B12. Was it positive?

- ☐ Yes  
☐ No

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B13. What type of test did you have for the diagnosis of coronavirus (covid-19) (positive result)?

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B13a1. PCR (Nasal sample with results in 1-2 days)

- ☐ Yes  
☐ No  
☐ I do not know
- 

B13a2. Indicate the date you were tested:

\_\_\_\_\_  
(If you don't know the exact date, don't worry,  
write the closest date you can remember)

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B13b1. Serological test - to know if you have  
antibodies (blood sample with results in 1-2 days)

- ☐ Yes  
☐ No  
☐ I do not know
- 

B13b2. Indicate the date you were tested:

\_\_\_\_\_  
(If you don't know the exact date, don't worry,  
write the closest date you can remember)

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B13c1. Rapid test - antigen test (nasal sample or  
finger prick with results in 10-15 minutes)

- ☐ Yes  
☐ No  
☐ I do not know
- 

B13c2. Indicate the date you were tested:

\_\_\_\_\_  
(If you don't know the exact date, don't worry,  
write the closest date you can remember)

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B13d1. Other / I don't know what kind

- ☐ Yes  
☐ No  
☐ I do not know
- 

B13d2. Indicate the date you were tested:

\_\_\_\_\_  
(If you don't know the exact date, don't worry,  
write the closest date you can remember)

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ERROR: The date entered is in the future. Please review and correctly indicate the date. If you don't know the exact date, don't worry, write the closest date you can remember.

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B14. Have you been hospitalized for coronavirus  
(covid-19)?

- ☐ Yes  
☐ No
- 

B15. What date were you admitted to the hospital?

\_\_\_\_\_  
(If you don't know the exact date, don't worry,  
write the closest date you can remember)

ERROR: The date entered is in the future. Please review and correctly indicate the date. If you don't know the exact date, don't worry, write the closest date you can remember.

B16. Have you been discharged?

☐ Yes  
☐ No

B17. What date were you discharged from the hospital?

\_\_\_\_\_  
(If you don't know the exact date, don't worry,  
write the closest date you can remember)

ERROR: The date entered is in the future. Please review and correctly indicate the date. If you don't know the exact date, don't worry, write the closest date you can remember.

ERROR: The discharge date is prior to the hospitalization date. Please review and correctly indicate the date. If you don't know the exact date, don't worry, write the closest date you can remember.

B18. During admission, did you have to enter the ICU  
or intensive surveillance unit?

☐ Yes  
☐ No

B19. How many days were you in the ICU?

\_\_\_\_\_  
(Write only the number of days)

B20. During admission, did you receive any of these therapies?

	Yes	No	I do not know
Non-invasive mechanical ventilation (oxygen intake through face mask, nose or helmet with the FACE UP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invasive mechanical ventilation (oxygen intake by placing a tube / tube through the mouth or nose into the windpipe with the FACE UP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inserted tracheostomy (tube / cannula that is inserted DIRECTLY THROUGH THE TRACHEA/NECK)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extracorporeal membrane oxygenation (mechanical respiratory and circulatory assistance with a MACHINE with the FACE UP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mechanical ventilation in the prone position (mechanical ventilation with a MACHINE with the FACE DOWN)

☐☐☐

Inhaled nitric oxide (gas that is put through the mouth through a mouthpiece, squeezed, and inhaled)

☐☐☐

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#### EXPOSURE TO CORONAVIRUS

Now we ask you about your possible exposure to the coronavirus (covid-19)

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C01. Have you been vaccinated against the coronavirus (covid-19)?

☐ Yes☐ No

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C01a. On what date were you vaccinated the first time?

\_\_\_\_\_  
(If you don't know the exact date, don't worry, write the closest date you can remember)

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C01b. What type of vaccine was it?

☐ AstraZeneca / Oxford☐ Pfizer☐ Modern☐ Johnson & Johnson☐ Other☐ I do not know

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C01b1. What other type of vaccine was it?

\_\_\_\_\_

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C01c. Have you received the second dose of the vaccine?

☐ Yes☐ No

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C01c1. On what date were you vaccinated with the second dose?

\_\_\_\_\_  
(If you don't know the exact date, don't worry, write the closest date you can remember)

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ERROR: The date entered is in the future. Please review and correctly indicate the date. If you don't know the exact date, don't worry, write the closest date you can remember.

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ERROR: The date entered is before the first dose of the vaccine. Please review and correctly indicate the date. If you don't know the exact date, don't worry, write the closest date you can remember.

C01d. Did you have any side effects after the injection?  
Consider the 2 DAYS AFTER THE INJECTION and indicate all the effects that you suffered.

- ☐ Arm / shoulder pain
  - ☐ Pain / swelling / itching / redness at the vaccine injection site
  - ☐ Headache
  - ☐ Fatigue / Tiredness / Muscle / joint pain / Malaise
  - ☐ Fever / feeling of fever
  - ☐ Nausea / vomiting / Diarrhea
  - ☐ Chills
  - ☐ Insomnia / difficulty sleeping
  - ☐ None
- (You can check more than one option)

C02. Will you get vaccinated when offered?

- ☐ Yes
- ☐ No
- ☐ I do not know

C03. What are your reasons for not getting vaccinated?

- ☐ Possible short-term side effects (arm pain, headache ...)
  - ☐ Possible long-term side effects (autism, cancer, and other health problems)
  - ☐ I don't believe in its effectiveness
  - ☐ I don't need it, I already adopt other protection measures (eg: use of a mask, physical distance, etc.)
  - ☐ I think I don't need it because I have already had the coronavirus (covid-19)
  - ☐ I prefer that others get vaccinated before (ex: people who are more at risk)
  - ☐ In general, I would get vaccinated, but not with the vaccine they proposed to me
  - ☐ I am afraid of the vaccine
  - ☐ I think the risks outweigh the benefits it can provide me
  - ☐ Vaccines contain other elements that are harmful to me (such as mercury)
  - ☐ Vaccines contain microchips that allow governments to track people who have been vaccinated
  - ☐ I think that the coronavirus is an invention to control us
  - ☐ Other reasons
- (You can check more than one option)

C03a. List your other reasons:

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C04. Have you been in contact \* with someone diagnosed with Covid-19?

- ☐ Yes
  - ☐ No
  - ☐ I do not know
- (\* In contact = less than 2 meters for more than 15 minutes without a mask)

C05. Have you been isolated in a room of your house separated from the rest of the members of the house and / or have you stayed at home because you thought you were suffering from Covid-19, that you were a carrier of the virus that causes Covid-19 or that you had been in contact with someone diagnosed with Covid-19?

- ☐ Yes
- ☐ No

C06. When you go out, do you wear a mask?	<input type="radio"/> Yes, consistently during every outing <input type="radio"/> Yes, almost every time I go out <input type="radio"/> Yes, but only sometimes <input type="radio"/> Never
C07. When you return home, after going outside, do you wash your hands with soap or disinfect them with a hydro-alcoholic solution?	<input type="radio"/> Yes, consistently after every outing <input type="radio"/> Yes, almost every time I go out <input type="radio"/> Yes, but only sometimes <input type="radio"/> Never
C08. Do you consider it important to follow the prevention regulations for the protection of a possible infection (frequent handwashing, physical distance, etc.)?	<input type="radio"/> Yes, I think it is very important <input type="radio"/> I think sometimes I can skip them <input type="radio"/> No, they are not important
C09. Can you tell how the virus is transmitted?	<input type="checkbox"/> From an infected person to an uninfected person <input type="checkbox"/> From an infected person when coughing, sneezing or talking (aerosols) <input type="checkbox"/> Touching infected objects and surfaces (eg, tables, doorknobs, and handrails) (You can check more than one option)
C10. What do you think is your current risk of becoming infected or reinfected?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 (On a scale of 0 to 10 (0 = no risk; 10 = very high risk))
C10a. What do you think is your current risk of becoming seriously ill with coronavirus (covid-19) and entering the hospital?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 (On a scale of 0 to 10 (0 = no risk; 10 = very high risk))
C10b. What do you think is your current risk of dying from coronavirus (covid-19)?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 (On a scale of 0 to 10 (0 = no risk; 10 = very high risk))
C11. What do you do to protect yourself against the coronavirus (covid-19)?	<input type="checkbox"/> Wash my hands with soap / hydro-alcoholic disinfectant <input type="checkbox"/> Keep a distance of at least two meters from other people <input type="checkbox"/> Avoid touching my eyes, nose and mouth <input type="checkbox"/> Self-isolation / staying home <input type="checkbox"/> Avoid getting together with friends and family who do not belong to my home / family bubble <input type="checkbox"/> Wear a mask <input type="checkbox"/> None of the above (You can check more than one option)

C12. When you have to move DURING THE WEEK, what method of transportation do you use?

- ☐ Walking  
☐ Bike  
☐ Car / Van / Truck  
☐ Motorcycle  
☐ Metro / bus / train / tram  
☐ Others (scooter, etc)  
☐ I do not move  
 (You can check more than one option)

C12a. When you have to move ON THE WEEKEND, what method of transportation do you use?

- ☐ Walking  
☐ Bike  
☐ Car / Van / Truck  
☐ Motorcycle  
☐ Metro / bus / train / tram  
☐ Others (scooter, etc)  
☐ I do not move  
 (You can check more than one option)

C13. Please tell us what degree of help and social support you have for each of the activities described below, on a scale of 0 to 4, with 0 being much less than I would like and 4 as much as I want.

	0	1	2	3	4
I have people who care about what happens to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have love and affection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities to talk to someone about work or housework issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities to talk to someone I trust about my personal or family problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities to talk about my economic problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive invitations to video calls or virtual meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get helpful advice on important things in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have help when I am sick in bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C14. Please indicate the extent to which you agree with the following sentences. Consider how you felt during the past month.

Rate on a scale from 0 to 4, where 0 = completely disagree and 4 = completely agree:

	0	1	2	3	4
I am very afraid of the coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

It makes me uncomfortable thinking about the coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My hands sweat when I think about the coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of dying from the coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I watch news about the coronavirus I get nervous or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't sleep because of the worries about the coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My heart is racing or do I have palpitations when I think about getting the coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consult information about the coronavirus several times a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It makes me anxious not to find the products I need in the supermarket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried that my loved ones will get the coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C15. Has a close family member or close friend died from coronavirus?

- ☐ Yes, in the last month  
☐ Yes, more than a month ago  
☐ No

## WORK AND CORONAVIRUS

Now we would like to ask you specifically about your work

D01. Which of these situations best describes your current employment situation?

- ☐ Contracted (working for someone else)  
☐ Self-employed  
☐ Work without a contract  
☐ Volunteering or working without pay  
☐ I take care of the house / family  
☐ Permanent work disability  
☐ Temporary sick leave  
☐ Unemployed  
☐ In ERTE  
☐ No job, no unemployment, no benefits  
☐ Retired  
☐ Student  
☐ Minimum vital income  
☐ None of the above

D02. Do you currently work physically at your workplace, work remotely (telecommuting) or combine both options?

- ☐ Yes, in person at my workplace  
☐ Yes, telecommuting  
☐ Yes, combining teleworking and presence in my workplace  
☐ I do not work

D02a. To what extent are the conditions for working in your habitual residence suitable for teleworking?



	Yes	No	Sometimes
Heating and / or air conditioning to ensure good thermal comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good noise insulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural light spaces to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Space to work exclusively for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Furniture (chair, tables, etc.) adapted to ensure good ergonomic posture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well ventilated space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital equipment and internet necessary to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help from my company to adapt to my telework conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D03. In your workplace, do you have access to the necessary personal protective equipment (PPE)?

	Yes	Yes, with restrictions	No
Gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified masks (FFP-2, FFP-3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other types of masks (ex: surgical masks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye protection (goggles, face shield)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other PPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D04. Have you noticed changes in the number of WEEKLY hours of work compared to the situation before the start of the pandemic?

- ☐ Yes, they have increased  
☐ Yes, they have decreased  
☐ No

D05. Since the beginning of the pandemic (March 2020), in your work, has any protection measure of an organizational or management type been introduced (reducing the number of people or hours staggered, changes in the ventilation of buildings, avoid face-to-face meetings, etc.)?

- ☐ Yes  
☐ No  
☐ I do not know

D06a. What level are you in?

- ☐ Primary  
☐ Secondary (ESO)  
☐ High school diploma  
☐ Middle / higher degree studies  
☐ University studies, postgraduate studies (master's degree, thesis)

D06b. During confinement from March to June 2020, did you continue to study (even if it was online or partially)?

- ☐ Yes  
☐ No

## LIFE HABITS

The following questions ask about your CURRENT lifestyle, that is TODAY OR LAST WEEK, and the possible changes compared to last year.

## Tobacco

E01. Are you currently a smoker?

- ☐ Yes, daily  
☐ Yes, occasionally  
☐ No  
☐ I do not know

E02. How many cigarettes do you smoke PER DAY?

\_\_\_\_\_  
(Enter only the number of cigarettes)

E03. If you are not a smoker, have you been a smoker before, ever during your life?

- ☐ Yes  
☐ No  
☐ I do not know

E04. At what age did you stop smoking?

\_\_\_\_\_  
(Indicate only the number in years)

E05. Since the start of the pandemic (March 2020), have your smoking habits changed?

- ☐ No, I have never smoked  
☐ No, I am an ex-smoker  
☐ No, I am a smoker and my consumption has not changed  
☐ Yes, and I have increased my consumption  
☐ Yes, and I have decreased my consumption  
☐ Yes, I have stopped smoking  
☐ Yes, I have gone back to smoking after quitting  
☐ Yes, I have started to smoke

## Alcohol

E06. Do you CURRENTLY consume alcoholic beverages?

- ☐ Yes, daily  
☐ Yes, occasionally  
☐ No  
☐ I do not know

E07. What is your CURRENT consumption of each of the following drinks?

	Never/Less than 1 time per month	1-3 times per month	1-2 times per week	3-4 times per week	5-6 times per week	1 time per day	2-3 a day	4 or more a day
Wine, champagne, cava, vermouth, sherry, sweet wine (1 glass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer with alcohol / cider (1 beer, bottle or can)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Brandy, cognac or carajillo,  
gin, rum, whiskey, pomace,  
vodka, brandy, liqueurs,  
anisetete, pacharán (1 glass)

☐ ☐ ☐ ☐ ☐ ☐ ☐

E08. Since the start of the pandemic (March 2020),  
have your drinking habits changed?

- ☐ No, I have never consumed alcohol  
☐ No, I don't drink alcohol, but I have used before the pandemic  
☐ No, I drink alcohol, but my habits haven't changed  
  
☐ Yes, I have increased my consumption  
☐ Yes, I have decreased my consumption  
☐ Yes, I have stopped drinking alcohol  
☐ Yes, I have started drinking alcohol again after I quit  
☐ Yes, I have started drinking alcohol

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#### Physical activity

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Now we will ask you about your vigorous and moderate physical activity and your walking habits.

Think about all the vigorous activities you have done during the last 7 days. Vigorous activities are those that require strong physical effort and make you breathe much harder than normal. Think only of those activities that you did for at least 10 continuous minutes.

E09. DURING THE PAST 7 DAYS, have you engaged  
in vigorous physical activities such as heavy lifting,  
digging, aerobics, or fast cycling?

- ☐ Yes  
☐ No

E10. How many days PER WEEK have you engaged in  
vigorous physical activities?

\_\_\_\_\_  
(Please indicate only the number)

E11. For how long, on average, have you done these  
physical activities, on one of the days you have done  
them?

\_\_\_\_\_  
(Please indicate only the number)

Think about all those moderate activities that you have done in the last 7 days. Moderate activities are those that require moderate physical effort and make you breathe somewhat harder than normal. Think only of those activities that you have done for at least 10 continuous minutes.

E12. DURING THE PAST 7 DAYS, have you done  
moderate physical activities such as carrying light  
objects, cycling at a regular pace, or playing doubles  
tennis? Do not include walks.

- ☐ Yes  
☐ No  
(Do not include walks)

E13. How many days A WEEK have you done  
moderate physical activities?

\_\_\_\_\_  
(Please indicate only the number)

E14. How much time, on average, do you spend on  
one of those days doing moderate physical activity?

\_\_\_\_\_

Think about the time you have spent walking in the LAST 7 DAYS. This includes work around the house, walks to get from one place to another, or any other walk that you have done solely for recreation, sport, exercise or pleasure.

---

E15. DURING THE LAST 7 DAYS, have you walked for at least 10 continuous minutes?

- ☐ Yes  
☐ No
- 

E16. DURING THE PAST 7 DAYS, on how many days have you walked for at least 10 continuous minutes?

\_\_\_\_\_

(Please indicate only the number)

---

E17. How much time, on average, have you spent on one of those days walking?

\_\_\_\_\_

---

The next question asks how long you have sat down during the last 7 days. Include time sitting at work, home, studying, and in your free time. This may include time sitting at a desk, visiting friends, reading or sitting, or lying down watching television.

---

E18. DURING THE PAST 7 DAYS, how long have you been sitting on average on a weekday?

\_\_\_\_\_

---

E18a. DURING THE PAST 7 DAYS, how long have you been sitting on average in one day on the weekend?

\_\_\_\_\_

---

E19. Taking the start of the pandemic (March 2020) as a reference, would you say that your physical activity has changed in the last month?

- ☐ I do much more physical activity  
☐ I do more physical activity  
☐ I do a little more physical activity  
☐ No change  
☐ I do a little less physical activity  
☐ I do less physical activity  
☐ I do a lot less physical activity
- 

Dream  
Duration and quality of sleep

---

E20a. Today, on a weekday or weekday, what time do you get up?

\_\_\_\_\_

---

E20b. Currently, on a weekday or weekday, what time do you usually go to sleep?

\_\_\_\_\_

---

E21a. Currently, on a day off from work or on the weekend, what time do you get up?

\_\_\_\_\_

---

E21b. At present, a day off from work or on the weekend, what time do you go to sleep?

\_\_\_\_\_

---

E22. Do you currently have sleep problems? Consider yourself to have sleep problems if you have had them for at least 3 months.

- ☐ No, I have no sleep problems  
☐ Yes, I have sleep problems less than 3 nights a week  
☐ Yes, I have sleep problems 3 nights a week or more
- 

E23. How many hours, on average, do you sleep NOW?

\_\_\_\_\_

E23a. How would you view the quality of your sleep CURRENTLY?

- ☐ Good, I sleep without interruptions  
☐ With interruptions or awakenings  
☐ I have a hard time falling asleep  
☐ I wake up early in the morning

(You can check more than one option)

E23b. Do you use any type of medical or natural treatment to help you sleep or relieve insomnia, if you suffer from these problems?

- ☐ Yes, medical treatment  
☐ Yes, natural treatment  
☐ No

E24. Since the start of the pandemic (March 2020), would you say your sleeping time has changed?

- ☐ No, it is the usual  
☐ Yes, it has increased  
☐ Yes, it has decreased

E24a. How many hours on average did you sleep, before the pandemic?

\_\_\_\_\_

E25. What is your current height?

\_\_\_\_\_ (In cm. If you don't know, enter 999)

E26. What is your current weight?

\_\_\_\_\_ (In Kg. If you don't know, enter 999)

E27. Since the start of the pandemic (March 2020), your weight has:

- ☐ Stayed the same  
☐ Has increased  
☐ Has decreased

E28. What was your weight before the pandemic?

\_\_\_\_\_ (In Kg. If you don't know, enter 999)

Meal times

E29a. Currently on a weekday or a workday, what time do you have your first intake (anything other than water) of the day?

\_\_\_\_\_

E29b. Currently, on a weekday or a workday, what time do you have your last intake (anything other than water) of the day?

\_\_\_\_\_

E30a. Currently, on a day off from work or on the weekend, what time do you usually have your first drink (anything other than water) of the day?

\_\_\_\_\_

E30b. Currently, on a day off from work or on the weekend, what time do you usually have the last drink (anything other than water) of the day?

\_\_\_\_\_

## ENVIRONMENT

The following questions refer to green spaces and the environment (noise).

---

F01. In a typical week, DURING THE LAST 12 MONTHS, have you spent free time in green and blue spaces?

- ☐ Yes, in parks, green spaces  
☐ Yes, in forests, national parks, other natural green spaces  
☐ Yes, in gardens  
☐ Yes, in lakes, beaches, rivers and other places with water  
☐ No, I have not spent free time in green spaces nor in spaces with water  
(You can check more than one option)
- 

F02a1. In a typical week, during the last 12 months, on average, how many hours of your free time EVERY WEEK (Monday through Friday) have you spent in parks or green spaces?

---

F02a2. In a typical week, during the last 12 months, on average, how many hours of your free time DURING THE WEEKEND have you spent in parks or green spaces?

---

F02b1. In a typical week, during the last 12 months, on average, how many hours of your free time EVERY WEEK (Monday through Friday) have you spent in forests, national parks or other natural green spaces?

---

F02b2. In a typical week, during the last 12 months, on average, how many hours of your free time DURING THE WEEKEND have you spent in forests, national parks or other natural green spaces?

---

F02c1. In a typical week, during the last 12 months, on average, how many hours of your free time EVERY WEEK (Monday through Friday) have you spent in gardens?

---

F02c2. In a typical week, during the last 12 months, on average, how many hours of your free time DURING THE WEEKEND has spent in gardens?

---

F02d1. In a typical week, during the last 12 months, on average, how many hours of your free time EVERY WEEK (Monday through Friday) have you spent on lakes, beaches, rivers and other areas with water?

---

F02d2. In a normal week, during the last 12 months, on average, how many hours of your free time DURING THE WEEKEND have you spent in lakes, beaches, rivers and other areas with water?

---

F03. From 0 to 10, where 0 is "absolutely does not bother me" and 10 is "extremely annoying", indicate how much noise from the following activities bothers you, AT THE CURRENT MOMENT:

	0	1	2	3	4	5	6	7	8	9	10
Car traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trains and trams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure activities (neighbors, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industries/activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other noises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## EMOTIONAL HEALTH

G01. Next, we will ask you for your feelings and thoughts in the last two weeks. Read each question and answer how you have felt or thought in each situation. You don't need to think long about each answer; In this questionnaire, spontaneous responses are of greater value than those that require a lot of thought.

	Never	Rarely	Once in a while	Often	Very often
In the past two weeks, how often have you been affected by something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past two weeks, how often have you felt unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past two weeks, how often have you felt nervous or stressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past two weeks, how often have you been confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past two weeks, how often have you felt things are going well for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past two weeks, how often have you felt like you couldn't cope with all the things you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past two weeks, how often have you been able to handle difficulties in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past two weeks, how often have you felt in control of everything?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>