



Thank you for participating in the NDIT study once again! Please answer all questions.

**1. Have you ever in your life smoked a cigarette, even just a puff (drag, hit, haul)?**

- <sup>1</sup> No → **Go to question 9**
- <sup>2</sup> Yes, 1 or 2 times
- <sup>3</sup> Yes, 3 or 4 times
- <sup>4</sup> Yes, 5 to 10 times
- <sup>5</sup> Yes, more than 10 times

**2. Check the box that describes you best...**

- <sup>1</sup> I have smoked cigarettes, but not at all in the past 12 months → **Go to question 9**
- <sup>2</sup> I smoked cigarettes once or a couple of times in the past 12 months
- <sup>3</sup> I smoke cigarettes once or a couple of times each month
- <sup>4</sup> I smoke cigarettes once or a couple of times each week
- <sup>5</sup> I smoke cigarettes every day

**3. During November, on how many days did you smoke cigarettes, even just a puff?**

- <sup>1</sup> None → **Go to question 5**
- <sup>2</sup> 1 day
- <sup>3</sup> 2-3 days
- <sup>4</sup> 4-5 days
- <sup>5</sup> 6-10 days
- <sup>6</sup> 11-15 days
- <sup>7</sup> 16-20 days
- <sup>8</sup> 21-30 days
- <sup>9</sup> Every day
- <sup>10</sup> Don't know

**4. On the days that you smoked during November, how many cigarettes did you usually smoke each day?**

- <sub>1</sub> Less than 1 cigarette (one or a few puffs)
- <sub>2</sub> 1 cigarette
- <sub>3</sub> 2-3 cigarettes
- <sub>4</sub> 4-5 cigarettes
- <sub>5</sub> 6-10 cigarettes
- <sub>6</sub> 11-15 cigarettes
- <sub>7</sub> 16-20 cigarettes
- <sub>8</sub> 21-25 cigarettes
- <sub>9</sub> More than 25
- <sub>10</sub> Don't know

**5. During October, on how many days did you smoke cigarettes, even just a puff?**

- <sub>1</sub> None → **Go to question 7**
- <sub>2</sub> 1 day
- <sub>3</sub> 2-3 days
- <sub>4</sub> 4-5 days
- <sub>5</sub> 6-10 days
- <sub>6</sub> 11-15 days
- <sub>7</sub> 16-20 days
- <sub>8</sub> 21-30 days
- <sub>9</sub> Every day
- <sub>10</sub> Don't know

**6. On the days that you smoked during October, how many cigarettes did you usually smoke each day?**

- <sub>1</sub> Less than 1 cigarette (one or a few puffs)
- <sub>2</sub> 1 cigarette
- <sub>3</sub> 2-3 cigarettes
- <sub>4</sub> 4-5 cigarettes
- <sub>5</sub> 6-10 cigarettes
- <sub>6</sub> 11-15 cigarettes
- <sub>7</sub> 16-20 cigarettes
- <sub>8</sub> 21-25 cigarettes
- <sub>9</sub> More than 25
- <sub>10</sub> Don't know

7. During September, on how many days did you smoke cigarettes, even just a puff?

- None → Go to question 9
- 1 day
- 2-3 days
- 4-5 days
- 6-10 days
- 11-15 days
- 16-20 days
- 21-30 days
- Every day
- Don't know

8. On the days that you smoked during September, how many cigarettes did you usually smoke each day?

- Less than 1 cigarette (one or a few puffs)
- 1 cigarette
- 2-3 cigarettes
- 4-5 cigarettes
- 6-10 cigarettes
- 11-15 cigarettes
- 16-20 cigarettes
- 21-25 cigarettes
- More than 25
- Don't know

9. In the last 7 days, on how many days did you do vigorous physical activities (heavy lifting, digging, aerobics, fast bicycling) for at least 10 minutes at a time?

None → Go to question 11

\_\_\_\_\_ days in the last 7 days

10. On the days that you did vigorous physical activities, how many minutes did you usually spend per day?

\_\_\_\_\_ minutes per day

11. In the last 7 days, on how many days did you do moderate physical activities (carrying light loads, bicycling at a regular pace, doubles tennis) for at least 10 minutes? Do not include walking.

None → Go to question 13

\_\_\_\_\_ days in the last 7 days

12. On the days that you did moderate physical activities, how many minutes did you usually spend per day?

\_\_\_\_\_ minutes per day

13. In the last 7 days, on how many days did you walk for at least 10 minutes at a time?

None → Go to question 15

\_\_\_\_\_ days in the last 7 days

14. On the days that you walked, how many minutes did you usually spend walking per day?

\_\_\_\_\_ minutes per day

**15. In the last 7 days, how much time did you spend sitting (including time spent at work, at home, while doing course work and during leisure time) on a weekday? Please answer in hours or in minutes.**

hours per day

minutes per day

**16. In the last 7 days, how much time did you spend sitting (including time spent at work, at home, while doing course work and during leisure time) on a weekend day? Please answer in hours or in minutes.**

hours per day

minutes per day

**17. How many hours per day do you usually spend in front of a screen (computer, hand-held device) for work or for school? Write "0" if none. Write 0.5 if less than a half hour.**

On weekdays, I usually spend            hour(s) per day in front of a screen for work or school

On weekends, I usually spend            hour(s) per day in front of a screen for work or school

**18. How many hours per day, during your leisure time, do you usually spend in front of a screen (computer, TV, hand-held device)? Write "0" if none. Write 0.5 if less than a half hour.**

On weekdays, I usually spend            hour(s) per day in front of a screen in my leisure time

On weekends, I usually spend            hour(s) per day in front of a screen in my leisure time

**19. How many minutes per day do you usually spend on social media (Facebook, Twitter, Instagram, Snapchat) posting or browsing? Write "0" if none.**

On weekdays, I usually spend \_\_\_\_\_ minute(s) per day posting or browsing on social media

On weekends, I usually spend \_\_\_\_\_ minute(s) per day posting or browsing on social media

**20. In the past month, how many days per week did you exergame (play an active videogame using a console (Nintendo Wii, XBOX 360, Kinect, Sony Play Station Move, Sony Eye Toy: Kinetic), a cell phone or a mobile APP (RUN!, Nike+ Running APP, Pokémon Go)) ?**

None → **Go to question 23**

\_\_\_\_\_ days per week

**21. On average, how many minutes did you spend each time you exergamed?**

\_\_\_\_\_ minutes on average

**22. In the past month, what was your usual level of effort when you exergamed?**

Light

Moderate

Intense

**23. In general, how would you rate...?**

	Poor	Fair	Good	Very good	Excellent
Your health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your mental health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your ability to handle unexpected and difficult problems (a family or personal crisis)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your ability to handle day-to-day demands in your life (work, family responsibilities)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The overall quality of your sleep at night	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The quality of your sleep in the past month	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**24. Thinking about the amount of stress in your life, would you say that most days are...?**

- 1  Not at all stressful
- 2  Not very stressful
- 3  A bit stressful
- 4  Quite stressful
- 5  Extremely stressful

**25. In the past 2 weeks, how much of the time have you...?**

	At no time	Some of the time	Slightly less than half of the time	Slightly more than half of the time	Most of the time	All the time
Felt low in spirits or sad	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Lost interest in, or could no longer enjoy your daily activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Felt lacking in energy and strength	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Felt less self-confident	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Had a bad conscience or feelings of guilt	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Felt that life wasn't worth living	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Had difficulty concentrating (when reading the newspaper or watching TV)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Felt very restless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Felt subdued or slowed down	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Had trouble sleeping at night or waking up too early	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Suffered from reduced appetite	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Suffered from increased appetite	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>



**26. In the past 2 weeks, how often have you been bothered by ...?**

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Not being able to stop or control worrying	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Worrying too much about different things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Trouble relaxing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Being so restless that it's hard to sit still	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Becoming easily annoyed or irritable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Feeling afraid as if something awful might happen	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**27. In the past 12 months, how often did you...?**

	Never	Less than once a month	1-3 times per month	1-6 times per week	Every day
Use electronic cigarettes without nicotine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use electronic cigarettes with nicotine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use electronic cigarettes to smoke marijuana, hash oil, liquid or wax	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Smoke cigarillos	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Smoke cigars or a pipe, use bidis, chewing tobacco and/or snuff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Smoke flavored cigarettes or flavored cigarillos	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Use a waterpipe (hubble bubble, shisha)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Drink alcoholic beverages (beer, wine, liquor)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Drink 5 or more alcoholic beverages on one occasion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use pain relief pills (Percocet, Percodan, Demerol, OxyNeo, OxyCotin, codeine) without a prescription or without a doctor telling you to take them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use marijuana, cannabis or hashish without tobacco	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use marijuana, cannabis or hashish mixed with tobacco	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use illicit drugs (cocaine, speed, ecstasy, inhalants, hallucinogens, heroin, other illicit drugs)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use a smartphone APP (Moves and Strava) that monitors your physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Wear a fitness device (Fitbit, Jawbone, Apple Watch) that monitors your physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Exergame (play an active videogame) that uses a console (Nintendo Switch or Wii, XBOX 360, Kinect, Sony Play Station Move, Sony Eye Toy: Kinetic), a mobile device or a mobile APP (RUN!, Nike+ Running APP, Pokémon Go)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Use an APP to track your food intake (My Fitness Pal, Carbon diet coach, Zoom, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**28. In the past month, what time did you usually go to bed at night?**

\_\_\_\_\_

**29. In the past month, how long did it usually take you to fall asleep at night?**

minutes

**30. In the past month, what time did you usually get up in the morning?**

\_\_\_\_\_

**31. In the past month, how many hours of actual sleep did you usually get during a 24-hour period?**

hours of sleep

**32. Have you, or someone you live with or have regular contact with, been infected with COVID-19?**

<sup>1</sup>  No → **Go to question 34**

<sup>2</sup>  Yes

**33. Who was infected? (Select all that apply)**

- I have COVID-19
- I had COVID-19 but have now recovered
- Someone you live with or have regular contact with has COVID-19
- Someone you live with or have regular contact with had COVID-19 but has now recovered

**34. In the past 2 weeks, how often did you do the following to prevent infection from COVID-19?**

	Never	Rarely	Some of the time	Often	Very Often	Not applicable
Wash your hands with soap and water for at least 20 seconds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Use hand sanitizer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Wear a face mask indoors (shops, restaurants, public transit, at work)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Stay 1-2 meters (3-6 feet) away from other people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Stay or work at home rather than go to work or school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Self-quarantine after a trip for 14 days	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Self-quarantine if you have COVID-19 or if you have symptoms similar to COVID-19 (i.e., fever, sudden loss of sense of smell and/or taste, fatigue, general muscle pain)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Avoid going to bars, pubs or restaurants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Avoid large social gatherings (cinema, weddings)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Avoid small social gatherings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Avoid non-essential travel	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**35. Indicate your level of agreement with the following.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
In general, I follow public health recommendations on COVID-19	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I check the news or search for information about COVID-19 several times each day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**36. In the past 2 weeks, how often did you use the following to stay informed about COVID-19?**

	Never	Rarely	Some of the time	Often	Very Often
Television	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Newspapers (paper or online)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Radio	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Official government press releases	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Social media (Facebook, Twitter, Instagram, Tik Tok)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Online video platforms (Youtube, Dailymotion)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Family and friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**37. In the past 2 weeks, how often did you worry about....:**

	Never	Rarely	Some of the time	Often	Very Often
Your mental health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your physical health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Drinking too much	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your eating habits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your smoking habits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not being able to exercise as usual	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Your restricted freedom or liberties	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Being or becoming unemployed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not being able to pay your bills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not being able to visit people who depend on you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Having to defend a decision not to participate in a social event	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**38. Please think about each of these 3 time periods:**

- (i) the 2 months before COVID-19 (Jan - Feb 2020)
- (ii) the Generalized Isolation Period from March to May 2020 (social gatherings, nonessential visits to hospitals or senior's residences, nonessential travel, and summer activities were prohibited; the population was asked to remain at home and work/study from home whenever possible; and public venues, daycares, schools, and businesses were closed)
- (iii) right now

The following statements relate to your lifestyle. How well do they describe you in each of these time periods on a scale from 1 to 5?

(Example: I did not generally feel stressed in the months before COVID-19 (1), but I did feel very stressed during the Generalized Isolation Period (5). Right now, my stress is lower than in the prior period but I still feel more stressed than before the COVID-19 pandemic (3)).

	Before COVID-19 (Jan - Feb 2020)					Generalized Isolation (March - May 2020)					Right Now (Oct - Nov 2020)				
	Describes me....					Describes me....					Describes me....				
	Not at all				Perfectly	Not at all				Perfectly	Not at all				Perfectly
I am physically active	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I eat a healthy diet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I sleep well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I practice mindfulness meditation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I drink alcohol daily or almost daily	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I binge drink (5 or more alcoholic beverages on one occasion)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

I smoke cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I smoke e-cigarettes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I use cannabis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I feel stressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I feel depressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I feel anxious	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I feel the need to consult a mental health professional	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I check the news frequently	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I use social media	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I have a good social support network	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I meet with friends and family using online applications (Skype, Messenger, Discord, Zoom)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
I read books	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



I play board games or video games	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I watch movies and TV shows	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I spend a lot of time outdoors	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**39. People cope with stressful situations in different ways. Please read the list below and:**

- (i) choose the top 3 ways you cope with stress during the COVID-19 pandemic**
- (ii) rank the top 3 as #1, #2 and #3 in order of how frequently you use these strategies to cope**
- (iii) for each of the 3, indicate whether it helps you a lot, a little or not at all**

	Top 3	Did this help you .....		
		A lot	A little	Not at all
I am physically active		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I exergame (active video games) using a cell phone/mobile APP/console/tablet		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I eat a healthy diet		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I sleep well		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I practice mindfulness meditation		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I keep a daily routine		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I wash my hands frequently		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I drink alcohol daily or almost daily		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I binge drink (5 or more alcoholic beverages on one occasion)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I smoke cigarettes		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I smoke e-cigarettes		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I use cannabis		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I consult a mental health professional		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I consult my health care provider using the phone, text/email, or videoconferencing		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I check the news frequently		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I use social media		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I have a good social support network		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I meet with friends and family using online applications (Skype, Messenger, Discord, Zoom)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I read books		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I play board games or video games		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I watch movies and TV shows		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I spend a lot of time outdoors		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I eat dinner with my family		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other #1 (specify)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other #2 (specify)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Other #3 (specify)		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**40. What is your gender?**

- <sup>1</sup> Man
- <sup>2</sup> Woman
- <sup>3</sup> Other, please specify:
- <sup>4</sup> I prefer not to answer
- <sup>5</sup> I don't know

**41. What is your current marital status?**

- <sup>1</sup> Single
- <sup>2</sup> Married
- <sup>3</sup> Common-law
- <sup>4</sup> Divorced
- <sup>5</sup> Separated
- <sup>6</sup> Other (specify)

**42. Are you currently living....**

- In Canada: Which province?
- Outside Canada: Where?

**43. Do you currently live alone?**

- <sup>1</sup> No
- <sup>2</sup> Yes → **Go to question 46**

**44. Are there children living with you at your current place of residence?**

- <sup>1</sup> No → **Go to question 46**
- <sup>2</sup> Yes

**45. What is the age of the youngest child? (write LT 1 if child is less than 1 year)**

Age of the youngest child	years
Age of the next youngest child	years
Age of the next youngest child	years
Age of the next youngest child	years
Age of the next youngest child	years
Age of the next youngest child	years

**46. How far have you gone in school?**

- <sup>1</sup> Attended high school, but did not graduate
- <sup>2</sup> Graduated high school
- <sup>3</sup> Attended CEGEP, community/technical college, but did not graduate
- <sup>4</sup> Graduated CEGEP, community/technical college
- <sup>5</sup> Attended university (or teacher's college), but did not graduate
- <sup>6</sup> Graduated university with a Bachelor's degree
- <sup>7</sup> Graduated university with a Master's degree
- <sup>8</sup> Graduated university with a PhD
- <sup>9</sup> Other (specify)

**47. Are you currently enrolled as a full- or part-time student?**

- <sup>1</sup> No → **Go to question 49**
- <sup>2</sup> Yes, full-time. Where?
- <sup>3</sup> Yes, part-time. Where?

**48. Do you attend classes in person?**

- <sup>1</sup> No, online only
- <sup>2</sup> Mixed (online and in person)
- <sup>3</sup> Yes, in person only
- <sup>4</sup> I prefer not to answer

**49. Are you currently working at a job or business (paid or unpaid)?**

- <sup>1</sup> No → **Go to question 52**
- <sup>2</sup> Yes

**50. Do you go to your workplace in person?**

- <sup>1</sup> No, I work from home
- <sup>2</sup> Mixed (go to workplace and work from home)
- <sup>3</sup> Yes, I go to my workplace in person
- <sup>4</sup> I prefer not to answer

**51. About how many hours per week do you currently work at your job/business (paid or unpaid)?**

hours per week

**52. How comfortable do you perceive your financial situation to be in comparison with other people your age?**

Much worse 1  2  3  4  5  Much more comfortable

**53. What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?**

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Less than \$20 000  | 7 <input type="checkbox"/> 70 000\$ - 79 999\$    |
| 2 <input type="checkbox"/> 20 000\$ - 29 999\$ | 8 <input type="checkbox"/> 80 000\$ - 99 999\$    |
| 3 <input type="checkbox"/> 30 000\$ - 39 999\$ | 9 <input type="checkbox"/> 100 000\$ - 119 999\$  |
| 4 <input type="checkbox"/> 40 000\$ - 49 999\$ | 10 <input type="checkbox"/> 120 000\$ - 149 999\$ |
| 5 <input type="checkbox"/> 50 000\$ - 59 999\$ | 11 <input type="checkbox"/> 150 000\$ or more     |
| 6 <input type="checkbox"/> 60 000\$ - 69 999\$ | 12 <input type="checkbox"/> Don't know            |

**54. What is the postal code or address of your current place of residence?**

Postal code

--	--	--	--	--	--

OR Home address

\_\_\_\_\_ # \_\_\_\_\_ Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_

**55. To help us locate you for the next follow-up, what is your....?**

Home telephone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Email address \_\_\_\_\_

**56. In the next few months, our research team will reach out to NDIT participants to conduct one-on-one virtual interviews (using an online platform such as Skype, Zoom, or Google Meets), to further understand your COVID-19 pandemic experience. Would you be interested in participating in these interviews?**

Yes, I would be interested in participating in the virtual interviews

**57. Do you have any comments for us:**

---

**58. Thank you for completing this survey. To make sure you receive your \$50 money transfer, please:**

**1) Submit the questionnaire**

**2) Provide us with a valid phone number and/or email address\***

**\*Keep an eye on your email or text messages. We will send your money transfer using the contact information you provide!**

**Please select the method you would like us to use for the money transfer and enter your email address or phone number in the comment box.**

Email (insert email address): \_\_\_\_\_

Text message (insert phone number): \_\_\_\_\_