

# Global Survey of Lifestyle Changes during COVID-19 Pandemic

There are 5 categories in this survey:

Introduction Social interactions Hobbies & Health Professional life Social contributions This survey is only for adults >18 years of age.

If you are not able to finish survey now, you can save and come back later.

Once you click submit at the bottom of the page, it will automatically take you to next section.

Part 1 out of 5

## Consent to Participate

**DESCRIPTION:** You are invited to participate in a research study on effect of lifestyle changes due to COVID-19 pandemic. You will be asked to answer a series of questions below.

**TIME INVOLVEMENT:** Your participation will take approximately 10 minutes.

**RISKS AND BENEFITS:** The risks associated with this study are none. The benefits which may reasonably be expected to result from this study are understanding of lifestyle changes, impact on mental and physical well-being, effect on social contributions. We cannot and do not guarantee or promise that you will receive any benefits from this study.

**PAYMENTS:** You will not receive any compensation for your participation.

**PARTICIPANT'S RIGHTS:** If you have read this form and have decided to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. The alternative is not to participate. You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. Your individual privacy will be maintained in all published and written data resulting from the study.

### CONTACT INFORMATION:

**Questions:** If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Ronald W. Davis.

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**Independent Contact:** If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650) 723-5244 or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, CA 94306.

Please print a copy of this page for your records.

If you agree to participate in this research, please complete the attached survey.

Please refrain from adding any personal/identifiable information in the survey text boxes.

## Introduction

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Country of Residence

- ☐ United States of America
- ☐ India
- ☐ China
- ☐ Canada
- ☐ American Samoa
- ☐ Andorra
- ☐ Angola
- ☐ Anguilla
- ☐ Antarctica
- ☐ Antigua and Barbuda
- ☐ Argentina
- ☐ Armenia
- ☐ Aruba
- ☐ Ashmore and Cartier Islands
- ☐ Australia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Bahamas, The
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Barbados
- ☐ Bassas da India
- ☐ Belarus
- ☐ Belgium
- ☐ Belize
- ☐ Benin
- ☐ Bermuda
- ☐ Bhutan
- ☐ Bolivia
- ☐ Bosnia and Herzegovina
- ☐ Botswana
- ☐ Bouvet Island
- ☐ Brazil
- ☐ British Indian Ocean Territory
- ☐ British Virgin Islands
- ☐ Brunei
- ☐ Bulgaria
- ☐ Burkina Faso
- ☐ Burma
- ☐ Burundi
- ☐ Cambodia
- ☐ Cameroon
- ☐ Algeria
- ☐ Cape Verde
- ☐ Cayman Islands
- ☐ Central African Republic
- ☐ Chad
- ☐ Chile
- ☐ Albania
- ☐ Christmas Island
- ☐ Clipperton Island
- ☐ Cocos (Keeling) Islands
- ☐ Colombia
- ☐ Comoros
- ☐ Congo, Democratic Republic of the
- ☐ Congo, Republic of the
- ☐ Cook Islands
- ☐ Coral Sea Islands
- ☐ Costa Rica
- ☐ Cote d'Ivoire
- ☐ Croatia
- ☐ Cuba
- ☐ Cyprus
- ☐ Czech Republic
- ☐ Denmark
- ☐ Dhekelia
- ☐ Djibouti
- ☐ Dominica
- ☐ Dominican Republic

- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea
- ☐ Estonia
- ☐ Ethiopia
- ☐ Europa Island
- ☐ Falkland Islands (Islas Malvinas)
- ☐ Faroe Islands
- ☐ Fiji
- ☐ Finland
- ☐ France
- ☐ French Guiana
- ☐ French Polynesia
- ☐ French Southern and Antarctic Lands
- ☐ Gabon
- ☐ Gambia, The
- ☐ Gaza Strip
- ☐ Georgia
- ☐ Germany
- ☐ Ghana
- ☐ Gibraltar
- ☐ Glorioso Islands
- ☐ Greece
- ☐ Greenland
- ☐ Grenada
- ☐ Guadeloupe
- ☐ Guam
- ☐ Guatemala
- ☐ Guernsey
- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Guyana
- ☐ Haiti
- ☐ Heard Island and McDonald Islands
- ☐ Holy See (Vatican City)
- ☐ Honduras
- ☐ Hong Kong
- ☐ Hungary
- ☐ Iceland
- ☐ Akrotiri
- ☐ Indonesia
- ☐ Iran
- ☐ Iraq
- ☐ Ireland
- ☐ Isle of Man
- ☐ Israel
- ☐ Italy
- ☐ Jamaica
- ☐ Jan Mayen
- ☐ Japan
- ☐ Jersey
- ☐ Jordan
- ☐ Juan de Nova Island
- ☐ Kazakhstan
- ☐ Kenya
- ☐ Kiribati
- ☐ Korea, North
- ☐ Korea, South
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Laos
- ☐ Latvia
- ☐ Lebanon
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg

- ☐ Macau
- ☐ Macedonia
- ☐ Madagascar
- ☐ Malawi
- ☐ Malaysia
- ☐ Maldives
- ☐ Mali
- ☐ Malta
- ☐ Marshall Islands
- ☐ Martinique
- ☐ Mauritania
- ☐ Mauritius
- ☐ Mayotte
- ☐ Mexico
- ☐ Micronesia, Federated States of
- ☐ Moldova
- ☐ Monaco
- ☐ Mongolia
- ☐ Montserrat
- ☐ Morocco
- ☐ Mozambique
- ☐ Namibia
- ☐ Nauru
- ☐ Navassa Island
- ☐ Nepal
- ☐ Netherlands
- ☐ Netherlands Antilles
- ☐ New Caledonia
- ☐ New Zealand
- ☐ Nicaragua
- ☐ Niger
- ☐ Nigeria
- ☐ Niue
- ☐ Norfolk Island
- ☐ Northern Mariana Islands
- ☐ Norway
- ☐ Oman
- ☐ Pakistan
- ☐ Palau
- ☐ Panama
- ☐ Papua New Guinea
- ☐ Paracel Islands
- ☐ Paraguay
- ☐ Peru
- ☐ Philippines
- ☐ Pitcairn Islands
- ☐ Poland
- ☐ Portugal
- ☐ Puerto Rico
- ☐ Qatar
- ☐ Reunion
- ☐ Romania
- ☐ Russia
- ☐ Rwanda
- ☐ Saint Helena
- ☐ Saint Kitts and Nevis
- ☐ Saint Lucia
- ☐ Saint Pierre and Miquelon
- ☐ Saint Vincent and the Grenadines
- ☐ Samoa
- ☐ San Marino
- ☐ Sao Tome and Principe
- ☐ Saudi Arabia
- ☐ Senegal
- ☐ Serbia and Montenegro
- ☐ Seychelles
- ☐ Sierra Leone
- ☐ Singapore
- ☐ Slovakia
- ☐ Slovenia
- ☐ Solomon Islands

- ☐ Somalia
- ☐ South Africa
- ☐ South Georgia and the South Sandwich Islands
- ☐ Spain
- ☐ Spratly Islands
- ☐ Sri Lanka
- ☐ 218. Sudan
- ☐ Suriname
- ☐ Svalbard
- ☐ Swaziland
- ☐ Sweden
- ☐ Switzerland
- ☐ Syria
- ☐ Taiwan
- ☐ Tajikistan
- ☐ Tanzania
- ☐ Thailand
- ☐ Timor-Leste
- ☐ Togo
- ☐ Tokelau
- ☐ Tonga
- ☐ Trinidad and Tobago
- ☐ Tromelin Island
- ☐ Tunisia
- ☐ 236. Turkey
- ☐ Turkmenistan
- ☐ Turks and Caicos Islands
- ☐ Tuvalu
- ☐ Uganda
- ☐ Ukraine
- ☐ United Arab Emirates
- ☐ United Kingdom
- ☐ Afghanistan
- ☐ Uruguay
- ☐ Uzbekistan
- ☐ Vanuatu
- ☐ Venezuela
- ☐ Vietnam
- ☐ Virgin Islands
- ☐ Wake Island
- ☐ Wallis and Futuna
- ☐ West Bank
- ☐ Western Sahara
- ☐ Yemen
- ☐ Zambia
- ☐ Zimbabwe

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State or Union Territory of Residence in India

- ☐ Andaman and Nicobar Islands
- ☐ Andhra Pradesh
- ☐ Arunachal Pradesh
- ☐ Assam
- ☐ Bihar
- ☐ Chandigarh
- ☐ Chhattisgarh
- ☐ Dadra and Nagar Haveli
- ☐ Daman and Diu
- ☐ Goa
- ☐ Gujarat
- ☐ Haryana
- ☐ Himachal Pradesh
- ☐ Jammu and Kashmir
- ☐ Jammu and Kashmir
- ☐ Jharkhand
- ☐ Karnataka
- ☐ Kerala
- ☐ Ladakh
- ☐ Lakshadweep
- ☐ Madhya Pradesh
- ☐ Maharashtra
- ☐ Manipur
- ☐ Meghalaya
- ☐ Mizoram
- ☐ Nagaland
- ☐ Odisha (former Orissa)
- ☐ Puducherry (former Pondicherry or Pondichéry)
- ☐ Punjab
- ☐ Rajasthan
- ☐ Sikkim
- ☐ Tamil Nadu
- ☐ Telangana
- ☐ Tripura
- ☐ Uttar Pradesh
- ☐ Uttarakhand
- ☐ West Bengal
- ☐ Delhi

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State of Residence in the US

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ District of Columbia / Washington DC



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Residence of Province in China

- ☐ Anhui Province
- ☐ Beijing Municipality
- ☐ Chongqing Municipality
- ☐ Fujian Province[e]
- ☐ Gansu Province
- ☐ Guangdong Province[g]
- ☐ Guangxi Zhuang Autonomous Region
- ☐ Guizhou Province
- ☐ Hainan Province[h]
- ☐ Hebei Province
- ☐ Heilongjiang Province
- ☐ Henan Province
- ☐ Hong Kong Special Administrative Region
- ☐ Hubei Province
- ☐ Hunan Province
- ☐ Inner Mongolia Autonomous Region
- ☐ Jiangsu Province
- ☐ Jiangxi Province
- ☐ Jilin Province
- ☐ Liaoning Province
- ☐ Macau Special Administrative Region
- ☐ Ningxia Hui Autonomous Region
- ☐ Qinghai Province
- ☐ Shaanxi Province
- ☐ Shandong Province
- ☐ Shanghai Municipality
- ☐ Shanxi Province
- ☐ Sichuan Province
- ☐ Taiwan Province[l]
- ☐ Tianjin Municipality
- ☐ Tibet Autonomous Region
- ☐ Xinjiang Uyghur Autonomous Region
- ☐ Yunnan Province
- ☐ Zhejiang Province

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State of Residence

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Age bracket (in years)

- 
- ☐ 18 - 25
  - ☐ 26 - 35
  - ☐ 36 - 45
  - ☐ 46 - 55
  - ☐ 56 - 65
  - ☐ 66 - 75
  - ☐ >75

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Race and Ethnicity

- ☐ American Indian / Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ Hispanic or Latino
- ☐ More Than One Race
- ☐ Prefer not to answer

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Specify the region in Asia

- ☐ Afghanistan
- ☐ Armenia
- ☐ Azerbaijan
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Bhutan
- ☐ Brunei
- ☐ Cambodia
- ☐ China
- ☐ Cyprus
- ☐ Georgia
- ☐ India
- ☐ Indonesia
- ☐ Iran
- ☐ Iraq
- ☐ Israel
- ☐ Japan
- ☐ Jordan
- ☐ Kazakhstan
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Laos
- ☐ Lebanon
- ☐ Malaysia
- ☐ Maldives
- ☐ Mongolia
- ☐ Myanmar
- ☐ Nepal
- ☐ North Korea
- ☐ Oman
- ☐ Pakistan
- ☐ Philippines
- ☐ Qatar
- ☐ Saudi Arabia
- ☐ Singapore
- ☐ South Korea
- ☐ Sri Lanka
- ☐ State of Palestine
- ☐ Syria
- ☐ Tajikistan
- ☐ Thailand
- ☐ Timor-Leste
- ☐ Turkey
- ☐ Turkmenistan
- ☐ United Arab Emirates
- ☐ Uzbekistan
- ☐ Vietnam
- ☐ Yemen
- ☐ Other

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Gender

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Other
- ☐ Prefer not to answer

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Other

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Choose current status from list below to the best of your knowledge

- ☐ Single
  - ☐ Domestic relationship / Living with partner
  - ☐ Married
  - ☐ Separated
  - ☐ Divorced
  - ☐ Widowed
  - ☐ Prefer not to answer
- 

People you live with  
(check all that apply)

- ☐ Spouse or partner
  - ☐ Children
  - ☐ Parents
  - ☐ Siblings
  - ☐ By yourself
  - ☐ Other relatives
  - ☐ Friends
  - ☐ Housemates / Roommates
  - ☐ Prefer not to answer
- 

Number of people currently living in your household  
(including yourself)

- ☐ 1-2
  - ☐ 3-5
  - ☐ 5-8
  - ☐ >8
- 

Highest degree of education

- ☐ Less than high school
  - ☐ High school or equivalent
  - ☐ Associate or equivalent
  - ☐ Bachelors
  - ☐ Masters
  - ☐ Doctoral / Professional
  - ☐ Prefer not to answer
- 

To your best knowledge, please choose income group to the nearest category

- ☐ Low
  - ☐ Lower middle
  - ☐ Middle
  - ☐ Upper middle
  - ☐ High
  - ☐ Prefer not to answer
- 

Employment status  
(check all that apply)

- ☐ Employed Full-time
  - ☐ Self-employed / Freelance
  - ☐ Employed Part-time
  - ☐ Unemployed
  - ☐ Homemaker
  - ☐ Student
  - ☐ Retired
  - ☐ Prefer not to answer
- 

Unemployed  
(check all that apply)

- ☐ Looking for work
- ☐ Not looking for work
- ☐ Lost work due to COVID-19

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Choose the category that best fits your employment

- ☐ Healthcare
- ☐ Finance
- ☐ Science & Technology
- ☐ Education
- ☐ Research
- ☐ Biotechnology & Pharmaceutical
- ☐ Transportation
- ☐ Local business
- ☐ News & Media
- ☐ Art & Entertainment
- ☐ Military/Forces
- ☐ First Responders
- ☐ Civil Services
- ☐ Other

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Please specify 'Other'

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Are you an essential worker during COVID-19 pandemic?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

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Tell us about your work schedule as an essential worker

- ☐ I have to go to work every day
- ☐ I have to go 2-3 times a week
- ☐ I have to go as necessary
- ☐ I don't have to go and can work from home

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Tell us about your schedule as a non-essential worker

- ☐ I work from home
- ☐ I cannot work from home
- ☐ N/A

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Have you been tested for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

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Result of the test

- ☐ Positive
- ☐ Negative
- ☐ Prefer not to answer

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Type of sample submitted for the test

- ☐ Blood
- ☐ Nasal Swab
- ☐ Both 1 & 2
- ☐ Prefer not to answer

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Current quarantine status

- ☐ Hospital / Clinic
- ☐ Home
- ☐ Some other location

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Currently, has anyone in your immediate friends/family been tested positive for COVID-19?

- ☐ Yes. My household
- ☐ Yes. Immediate family not in my household
- ☐ Yes. Friend(s)
- ☐ Yes. My neighbor(s)
- ☐ None I know
- ☐ Prefer not to answer

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To the best of your knowledge, what percentage of your daily total interaction with anyone involves talking about COVID-19?

- ☐ Rarely (0-20%)
- ☐ A little bit (21-40%)
- ☐ About half the time (41-60%)
- ☐ A lot (>60%)
- ☐ Prefer not to answer

# Social Interactions

Part 2 out of 5

During COVID-19 pandemic, do you see any change in your social interaction with non-household friends & family?

- ☐ Yes  
☐ No  
☐ Not sure  
☐ Prefer not to answer

What social changes have you made to cope with the pandemic?  
(check all that apply)

- ☐ Checking up on family / friends  
☐ Revival of long lost connections with family / friends  
☐ Other  
☐ Prefer not to answer

Other \_\_\_\_\_

How do you feel about spending more time in your household during this pandemic?

- ☐ I live by myself  
☐ Great  
☐ Neutral  
☐ Overwhelming  
☐ It varies  
☐ Prefer not to answer

After end of this pandemic, do you intend to maintain similar level of social interactions with friends & family?

- ☐ Yes, definitely  
☐ Maybe, I will try to  
☐ No, it's overwhelming  
☐ Prefer not to answer

## During social distancing, how are you communicating with friends/family who are not in your household?

	Rarely (0-20%)	A little bit (21-40%)	About half the time (41-60%)	A lot (>60%)	Prefer not to answer
Video call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audio call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Messaging (imsg / Whats app / Messenger )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media (Facebook / Twitter / Instagram / TikTok)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Conferencing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other \_\_\_\_\_

During this pandemic, did you feel the need to transition from audio calls to video calls to communicate with friends & family?

- ☐ Yes  
☐ No  
☐ Prefer not to answer

# Hobbies and Health

Part 3 out of 5

Have you discovered any new hobbies?  
(check all that apply)

- ☐ Yes  
☐ No  
☐ Still exploring  
☐ Revisiting an old hobby  
☐ Prefer not to answer

## How are you utilizing your personal time?

	Rarely (0-20%)	A little bit (21-40%)	About half the time (41-60%)	A lot (>60%)	Prefer not to answer
Household work / Home improvements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking / becoming Masterchef	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading / Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indoor & Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing Arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching Movies / Documentaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts & Crafts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Photography & Videography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness & Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time with kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

## What is the effect of stay-at-home order on your overall health?

	Great	Neutral	Could have been better	It varies	Prefer not to answer
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socio-emotional Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Before COVID-19, on an average how much time did you spend on physical activities?

(run / walk / exercises / gardening / yoga /golf etc)

- ☐ More than 4 times a week  
☐ Between 3-4 times a week  
☐ Between 1-2 times a week  
☐ Between 2-4 times a month  
☐ Rarely (less than once a month)  
☐ I cannot do any physical activity  
☐ Prefer not to answer

Since the start of COVID-19, on an average how much time did you spend on physical activities?

(run / walk / exercises / gardening / yoga /golf etc)

- ☐ More than 4 times a week  
☐ Between 3-4 times a week  
☐ Between 1-2 times a week  
☐ Between 2-4 times a month  
☐ Rarely (less than once a month)  
☐ I cannot do any physical activity  
☐ Prefer not to answer

What is the effect of COVID-19 lockdown on your mental health?

- ☐ I am extremely affected  
☐ I am moderately affected  
☐ It hasn't affected me at all  
☐ It has not affected but I feel anxious at times  
☐ It's overwhelming  
☐ It fluctuates depending on my mood  
☐ Prefer not to answer

How are you coping with your mental stress?  
(check all that apply)

- ☐ I talk to friends/family  
☐ I go to online therapy sessions  
☐ I do meditation/yoga  
☐ I pursue my hobbies  
☐ I perform religious practices  
☐ Other  
☐ Prefer not to answer

Please specify 'Other'

Health Professionals recommend frequent hand washing and improve hygiene / habits. Do these have any effect on you?  
(check all that apply)

- ☐ Yes. I am washing hands more than before  
☐ Yes. I shower every time I get home from outside  
☐ Yes. I keep wiping down all the common areas  
☐ No. I have just been social distancing  
☐ Prefer not to answer

### Have you ever been diagnosed with the following?

	Yes	No	Not aware of the term	Prefer not to answer
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiovascular Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Infections (Example: flu, tuberculosis, pneumonia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory Disorders (Example: asthma, bronchitis, cystic fibrosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastrointestinal Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autoimmune Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Are you aware that a viral infection can cause:**

	Yes	No	Not aware of the term	Prefer not to answer
Skin Warts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type 1 Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver Cirrhosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal flu / Influenza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate the following to the best of your knowledge:****1 = least affected****5 = most affected**

	1	2	3	4	5
Overall daily routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time spent on hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Professional Life

Part 4 out of 5

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Does the nature of your work allow you to work from home during this lockdown period?

- ☐ Yes. I can work from home entirely without any effect  
☐ No. I cannot work from home at all  
☐ Partially affected (Part of my work requires me to go onsite)  
☐ I do not work  
☐ Prefer not to answer

---

How well are you able to balance work life and personal/family life?

- ☐ Excellent  
☐ Good  
☐ Neutral  
☐ Could be improved  
☐ Prefer not to answer

---

Did you lose job during this pandemic era?

- ☐ Yes  
☐ No  
☐ Prefer not to answer

---

Did COVID-19 affect your income even though your job is secure?

- ☐ Yes  
☐ No  
☐ Partially  
☐ Prefer not to answer

---

Are you actively looking for a new job?

- ☐ Yes  
☐ No  
☐ Prefer not to answer

---

How well are you utilizing your time now to work on your professional skills?  
(1 being the worst and 5 being the best)

- ☐ 1   ☐ 2   ☐ 3   ☐ 4  
☐ 5

---

Are you looking for a career transition at this time?

- ☐ Yes  
☐ No  
☐ I don't work  
☐ Prefer not to answer

---

Professionally, are you pursuing any of the following options to grow in your career?

- ☐ Networking with my peers  
☐ Online training on professional development courses  
☐ Trying to switch my area of expertise  
☐ Happy with my current position  
☐ N/A  
☐ Other

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Other

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If you are a full-time/part-time student, do you see any impact on your studies?

- ☐ Yes  
☐ No  
☐ Partially  
☐ N/A

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How has it affected your studies?  
(Choose all that apply)

- ☐ Lost focus on studies
- ☐ Online learning isn't effective
- ☐ Internet isn't accessible to me
- ☐ More guidance from teachers needed
- ☐ Cannot concentrate on studies at home
- ☐ Prefer not to answer

# Social contributions

Part 5 out of 5

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In your experience, do you think social distancing affected volunteering efforts to help the community?

1 = least affected  
5 = most affected.

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5

---

Did you contribute to help your local community in these unprecedented times?

- ☐ Yes  
☐ No  
☐ Prefer not to answer

---

Do you plan to contribute in the future?

- ☐ Yes  
☐ No  
☐ Maybe Yes  
☐ Maybe No

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How did you help your local or global community? (check all that apply)

- ☐ Donated my time/efforts  
☐ Volunteered at NGOs/NPOs  
☐ Provided financial assistance  
☐ Provided blood/food/groceries/in-kind donations  
☐ Other

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Other

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Where have your contributions helped? (check all that apply)

- ☐ In health care sector  
☐ For elderly people and families who have losses due to the pandemic  
☐ To fundraise for low income families  
☐ For animal welfare/pet relief funds  
☐ Other

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Other

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