



Questionnaire on behavioural insights and mental health of COVID-19: a global study

Dear Participant,

Thank you for taking part in this study to help improve actions taken in response to COVID -19 pandemic and to inform the response to similar future outbreaks. This study will involve answering a 15-minute survey which will be asking you questions relating to the coronavirus. Please do not start until you will have enough time to complete it in one go. This study is conducted by a member of the Association of Pacific Rim Universities (APRU) Global Health Program. By taking part, you are agreeing that you have read and understood the information about the study below. Please ensure you have read and understood this information before continuing. There are about 60 questions in this survey.

What is this project about, and do I have to take part?

This study aims to inform governmental outbreak response measures to COVID-19, including policies, intervention and communications. Participation is open to people at the age of 18 or over, living in countries and regions of APRU and is entirely voluntary.

What are the benefits and risks of taking part?

By completing the survey, you will be eligible to enter a raffle which consists of 15 cards, each valued at \$100 USD regardless of the country you are from. There are no foreseeable risks for you when taking part in the survey other than time spent on the survey and potential discomfort. Should you feel uncomfortable and want to leave the study you are free to do so without any consequences.

What will you ask and what will happen to the information I give you?

You will be asked questions about yourself, your knowledge of the coronavirus, the actions you have taken to protect yourself from the virus, your trust in various stakeholders, your opinions of COVID-19 policies in your countries and regions, and your own fears and worries relating to the coronavirus pandemic. However, you will not be asked to provide any personally identifiable information. Your anonymous data will be collected and analysed by the research team. Your data will be shared with the research team, but your data will be completely anonymous, and it will not be possible to identify you individually from your answers. This study has received approval from the WHO Research Ethics Review Committee and Survey and Behavioural Research Ethics Committee (SBREC) of the Chinese University of Hong Kong.

For how long will my data be stored?

In order to help inform future pandemic and epidemic preparedness, the data you have provided will be helpful even beyond the current coronavirus pandemic. Your anonymous data will therefore be stored securely for up to 10 years after the end of the research for this study. At this point the data will be reviewed, and if they are still deemed to be of public interest, they may be retained for longer. If not, your data will be permanently deleted.

Local Data Protection Privacy Notice and concerns

Notice: The controller for this project will be the APRU Global Health Program team members. The data will be collected by them. All the information of the study participants will be kept strictly confidential, which could only be accessed by the researchers. They will be password protected and stored in a locked cabinet. All the data will be presented as aggregate parameters only. Email address will be required only if participants are interested in entering the random lucky draw for a US\$100 gift card. And the email addresses will be totally separated from questionnaires to protect confidentiality. The information that is required to be provided to participants under data protection legislation. The survey is in the public interest and is necessary for research and public health purposes.

If you are concerned about this study, or how your data is being processed, or if you would like to contact us about your rights, please get in touch with Professor WONG, Chi Sang Martin of the Chinese University of Hong Kong in the first instance at wong_martin@cuhk.edu.hk via any languages (English preferred)

Consent

I understand that:

- My participation is completely voluntary.
- All my answers will be used for scientific research to improve actions taken in response to the coronavirus pandemic and to inform the response to similar future outbreaks.
- My data will be stored securely, however, no personal data will be stored, and my answer will be completely anonymous.
- My anonymized data gathered in this study will be shared with relevant researchers and institutions.
- Because I am submitting anonymous data, it will not be possible to withdraw my answers after they have been submitted.

* 1. Have you ever filled out this questionnaire?

- ☐ I have ever filled out it
- ☐ I have never filled out it

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* 2. Please note that you can stop the survey at any time. This will not entail any penalty, and it will not affect the services (health care services or others) that you receive. By selecting the “agree box”, you are agreeing that you are at least 18 years old, that you have read the information about the study, and that you voluntarily agree to take part in it.

- ☐ I agree to participate in this study
- ☐ I do not agree to participate in this study



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3. Date

Date / Time

Date

MM/DD/YYYY



4. Email address (Only required if you are interested in entering the random lucky draw for a US\$100 gift card. Six prizes will be given and winners will be notified by email.)

Part 1: Socio-demography

5. How old are you?

6. What is your sex?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ I prefer not to tell

7. What is your height (in centimeters)?

- ☐ No, I do not know my height
- ☐ Yes, I know my height, my height is:

8. What is your current weight (in kilos)?

☐ No, I do not know my weight

☐ Yes, I know my weight, my weight is:

9. Please assess your weight change over the past six months:

☐ Increased

☐ Remains the same

☐ Decreased

☐ Don't know

10. Which country or region are you currently living in?

☐ Australia

☐ Thailand

☐ Canada

☐ China

☐ South Korea

☐ Germany

☐ Japan

☐ India

☐ Other (please specify)

☐ Malaysia

☐ Philippines

☐ Mexico

☐ New Zealand

☐ Ecuador

☐ United Kingdom

☐ United States

11. What is your race?

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other (please specify)

12. What is your religion?

- ☐ Christian (Catholic protestant or any other Christian denominations)
- ☐ Buddhist
- ☐ Hindu
- ☐ Muslim
- ☐ Jewish
- ☐ Sikh
- ☐ No Religion
- ☐ Any other religion:

13. How many years of education have you completed (including non-formal education such as part time, night)?

- ☐ 0-9 years
- ☐ 10-12 years (secondary school completed)
- ☐ more than 12 years

14. Where do you live?

- ☐ Rural area
- ☐ Urban area
- ☐ Rural–urban fringe
- ☐ Other (please specify)

15. Who lives in your household besides yourself?

- ☐ I live alone
- ☐ I live with my family members (parents, husband/wife, children, etc)
- ☐ I live with other people other than my family members (such as roommates or friends) (please specify the relationship)

- ☐ None of the above

16. Please assess your private financial situation over the past six months:

- ☐ Improved
- ☐ Remains the same
- ☐ Worse
- ☐ Don't know



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Part 2: COVID-19 personal experience

17. Do you currently suffer from COVID-19 symptoms such as fever, dry cough, breathing problems, sore throat, loss of smell/taste, headaches or diarrhoea?

☐ Yes

☐ No

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18. Have you taken any test for COVID-19 (SARS-CoV-2)? (If no, please skip the subsequent 2 questions and go to *)

☐ Yes

☐ No



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19. Have you been tested positive for COVID-19?

☐ Yes

☐ No

20. Have you been tested positive for COVID-19 antibodies?

☐ Yes

☐ No

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21. *Has someone close to you been infected with COVID-19 that you know of?

☐ Yes

☐ No



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22. Has a person close to you died due to COVID-19?

☐ Yes

☐ No

23. Has anyone with whom you have had direct contact in the past two weeks become infected with COVID-19 that you are aware of?

☐ Yes

☐ No

24. Please indicate which of the following conditions apply to you?

	Yes	No
Older than 60 years	<input type="radio"/>	<input type="radio"/>
Cardiovascular disease (e.g. coronary heart disease, heart failure, cardiomyopathy)	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>
Type 2 Diabetes	<input type="radio"/>	<input type="radio"/>
Immunodeficiency, or taking medication that suppresses the immune system (e.g. corticosteroid)	<input type="radio"/>	<input type="radio"/>
Chronic disease of the respiratory system (e.g. asthma, chronic bronchitis)	<input type="radio"/>	<input type="radio"/>
Chronic liver disease	<input type="radio"/>	<input type="radio"/>
Chronic kidney disease	<input type="radio"/>	<input type="radio"/>
Cancer during past 5 years	<input type="radio"/>	<input type="radio"/>
Long-standing heavy cigarette consumption (more than 20 cigarettes per day in the last 5-10 years)	<input type="radio"/>	<input type="radio"/>
Sickle cell disease	<input type="radio"/>	<input type="radio"/>
Obesity (Body mass index ≥ 30 kg/m ²)	<input type="radio"/>	<input type="radio"/>
None of the above risk factors	<input type="radio"/>	<input type="radio"/>

25. Please indicate which of the following risk factors for a severe course of COVID-19 apply to people living or working with you.

	Yes	No
Older than 60 years	<input type="radio"/>	<input type="radio"/>
Cardiovascular disease (e.g. coronary heart disease, heart failure, cardiomyopathy)	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>
Type 2 Diabetes	<input type="radio"/>	<input type="radio"/>
Immunodeficiency, or taking medication that suppresses the immune system (e.g. corticosteroid)	<input type="radio"/>	<input type="radio"/>
Chronic disease of the respiratory system (e.g. asthma, chronic bronchitis)	<input type="radio"/>	<input type="radio"/>
Chronic liver disease	<input type="radio"/>	<input type="radio"/>
Chronic kidney disease	<input type="radio"/>	<input type="radio"/>
Cancer during past 5 years	<input type="radio"/>	<input type="radio"/>
Long-standing heavy cigarette consumption (more than 20 cigarettes per day in the last 5-10 years)	<input type="radio"/>	<input type="radio"/>
Sickle cell disease	<input type="radio"/>	<input type="radio"/>
Obesity (Body mass index ≥ 30 kg/m ²)	<input type="radio"/>	<input type="radio"/>
None of the above risk factors	<input type="radio"/>	<input type="radio"/>

26. Please indicate whether you have been in quarantine due to Covid-19 in total since January 2020

☐ No

☐ If yes, Please indicate the number of days you have been in quarantine in total since January 2020.

27. Please indicate whether you are currently under a state-imposed curfew due to COVID-19 (a law which says that people must not go outside after a particular time at night until the morning).

☐ No

☐ If yes, please indicate how many days you have been under the state-imposed curfew in total since January 2020

28. Please indicate if you are currently working or studying from home.

☐ No

☐ If yes, please indicate how many weeks you have been working or studying from home in total since January 2020.

29. Please indicate whether you are engaged in an essential activity for the maintenance of critical infrastructure.

	Yes	No
Doctors	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>
Clinical psychologists	<input type="radio"/>	<input type="radio"/>
Public safety and national security guards	<input type="radio"/>	<input type="radio"/>
Staff of local and national government	<input type="radio"/>	<input type="radio"/>
Supermarket/grocery workers	<input type="radio"/>	<input type="radio"/>
Drivers need to cross border or deliver grocery within countries	<input type="radio"/>	<input type="radio"/>
Cargo flight pilots / ground staff	<input type="radio"/>	<input type="radio"/>
Professional cleaners	<input type="radio"/>	<input type="radio"/>

Other (please specify)

30. Please indicate your work or study status

- ☐ Full-time employed
- ☐ Part-time employed
- ☐ Not employed
- ☐ Self-employed
- ☐ Caregiver (e.g., Children, Elderly)
- ☐ Student
- ☐ Retired
- ☐ Other (please specify)

31. Please indicate your health insurance coverage.

- ☐ None
- ☐ Partial coverage
- ☐ Full coverage (public)
- ☐ Full coverage (private)
- ☐ Not applicable

32. Please indicate whether you receive welfare benefits.

- ☐ Yes
- ☐ No

33. Have you ever been diagnosed by a doctor or therapist with one or more of the following?

	Yes	No
Depression	<input type="radio"/>	<input type="radio"/>
Mania/Bipolar disorder	<input type="radio"/>	<input type="radio"/>
Psychotic disorders (including schizophrenia)	<input type="radio"/>	<input type="radio"/>
Anxiety disorder	<input type="radio"/>	<input type="radio"/>
Posttraumatic stress disorder	<input type="radio"/>	<input type="radio"/>
Eating disorder	<input type="radio"/>	<input type="radio"/>
Compulsive disorders (OCD)	<input type="radio"/>	<input type="radio"/>
Substance abuse or Addiction disorder	<input type="radio"/>	<input type="radio"/>
Attention disorder (ADD or ADHD)	<input type="radio"/>	<input type="radio"/>
Somatoform disorder	<input type="radio"/>	<input type="radio"/>
Personality disorder	<input type="radio"/>	<input type="radio"/>
Autism Spectrum Disorder (including Asperger's Syndrome)	<input type="radio"/>	<input type="radio"/>
Cognitive disorder/dementia	<input type="radio"/>	<input type="radio"/>

34. Are you currently receiving formal mental health support or treatment, including psychotherapy, clinical counselling, etc.?

☐ Yes

☐ No



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35. If you are receiving formal mental health support: Does the psychotherapy currently take place in face-to-face contact?

☐ Yes

☐ No



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36. If your current psychotherapy does not take place in face-to-face contact: How satisfied are you with the psychotherapeutic treatment via telephone or video platforms compared to face-to-face contact?

- ☐ Not at all
- ☐ Not satisfied
- ☐ Neutral
- ☐ Satisfied
- ☐ Very much

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37. If currently you are not receiving formal mental health support or treatment: If you do not receive psychotherapy or clinical counselling etc., is this due to COVID-19?

- ☐ Yes
- ☐ No
- ☐ Have never received psychotherapy

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Part 3: Health behaviors

38. Over the past 14 days I...

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
Have consumed substantially more alcohol than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have smoked considerably more cigarettes than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have consumed considerably more drugs (e.g. tranquilizers, sleeping pills or stimulants) than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bought drugs, herbs, supplements or other treatments that I heard are good for treating COVID-19 (e.g. Lotus Qing-wen capsule, Shuang-huang-lian oral liquid or eucalyptus oils).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercised less than I did before the pandemic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ate more unhealthy food than I did before the pandemic (such as fried food, coke, etc).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postponed vaccination for myself or my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided people that I thought might infect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have experienced verbal abuse (e.g. threats, humiliations) by people close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
Have had more physical arguments (e.g. beating, kicking) with people close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have had the excessive urge to wash and/or disinfect my hands again and again so that I do not become ill from germs or contamination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If last question you did not choose "not at all" or "NA", I perceived the extent as nonsensical, distressing or excessive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have had the excessive urge to wash and/or disinfect my hands again and again so that I do not pass on germs or contamination to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If last question you did not choose "not at all" or "NA", I perceived the extent as nonsensical, distressing or excessive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Part 4: Prevention own behaviors

39. During the last 14 days, which of the following measures have you taken to prevent infection from COVID-19?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A
Frequently washed my hands with soap and water for at least 20 seconds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided touching my eyes, nose and mouth with unwashed hands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used disinfectants/sanitizer to clean hands when soap and water were not available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided a social event I wanted to attend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stayed at home from work/school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used antibiotics/antibacterial/anti-microbial to prevent or treat COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wore a mask in public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensured physical distancing in public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfected surfaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Part 5: COVID-19 vaccine

40. Please share your position on COVID-19 vaccine:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am willing to get the COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe a vaccine can help control the spread of COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I knew I had been infected with COVID-19 before, I would not get the vaccine even if it were available.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If everyone else is vaccinated against COVID-19, I don't have to get vaccinated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am willing to participate in clinical trials or donate plasma for the development of a vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. My decision of whether or not to get vaccinated would depend on:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Country in which the vaccine is produced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommendation from my family doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommendation of the Ministry of Health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the vaccine has been in use for 2 years or more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the vaccine with no serious side-effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the vaccine is used in other countries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My risk of getting infected with COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How easy it is to get the vaccine (e.g. available out-of-hours or in pharmacies).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether the vaccine is free of charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whether restrictions on movement and gathering in groups would be lifted if most people got the vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Apart from COVID-19, I think everyone should be vaccinated according to the national vaccination schedule (such as for influenza, measles, etc.).

- ☐ Yes
- ☐ No
- ☐ Don't know

43. Have you ever been vaccinated against influenza?

- ☐ Yes
- ☐ No

44. How much are you willing to pay by yourself (out of pocket) for a COVID-19 vaccine? Less than _____ in your country's currency.

45. The country and region you live in is _____.

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Part 6: Mental Health

46. Please choose one option per row below. COVID-19 to me feels ...

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Spreading slowly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something I think about all the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear-inducing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media hyped	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something that makes me feel helpless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Highly stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. How do you currently perceive the risk of the COVID-19 pandemic? "I am worried that..."

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I have no means of control over the COVID-19 pandemic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will become infected with COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People close to me are going to be infected with COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The consequences of the COVID-19 pandemic will greatly affect me personally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will die of COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. We would now like for you to indicate your general well-being: Over the past 14 days...

	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
... I have felt cheerful and in good spirits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... I have felt calm and relaxed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... I have felt active and vigorous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... I have woken up feeling fresh and rested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... my daily life has been filled with things that interest me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Thank you !