

1. Information on the study “Survey of ethical attitudes and changing health practices during the COVID-19 pandemic.”

Dear Patients,

In this unprecedented time of the COVID-19 pandemic, we are interested in understanding how experiences of health and health care are changing. In order to better understand you as a patient, and thus better serve you in the future, we want to find out if and how you have been impacted by the pandemic.

Please do not limit your answers to if you have been affected by the COVID-19 virus specifically, but include any other changes as a result of maintaining your health, such as changes in doctor visits or self-care.

Please answer spontaneously, without much thought. You may type answers in the blank spaces provided. There are no right or wrong answers.

Thank you very much for your cooperation!

1.1 Please check yes if you would like to participate in the survey as part of our study.

- Yes, I would like to participate in the study.
- (If no, please close this window)

2. Survey on attitudes and health behaviors in the COVID-19 pandemic

2.1 My health has been affected by the COVID-19 pandemic:

- Very much ☐ ☐ ☐ ☐ Very little

2.2 In what way?

2.3 Please check all answers that apply:

- I have received medical confirmation of a novel coronavirus infection (for example, via a positive test result)
- I have been tested for the novel coronavirus infection, but it was negative
- I suspect that I have had COVID-19 in the past month(s) because I have had associated symptoms (such as loss of smell, loss of taste, dry cough, fever, fatigue)
- I have not had any symptoms of COVID-19 in the past three months

2.4 ONLY if you have had symptoms of COVID-19 disease: Have you seen a doctor?

- Yes
- No

2.5 Have you had to quarantine recently?

- Yes
- No

2.6 If yes, how did this affect you?

2.7 During the COVID-19 pandemic, did you experience any health conditions (unrelated to coronavirus) for which you would normally see a doctor?

- Yes

- No

2.8 If yes: which ones?

2.9 If you had any health complaints, did you go to the doctor as usual?

- Yes

- No

2.10 If yes, did you have any concerns about going to the doctor during the COVID-19 pandemic?

2.11 If yes, what were they?

2.12 Compared to before the COVID-19 pandemic, has your health care

- improved

- stayed the same

- worsened

2.13 Was your health care affected by the COVID 19 pandemic, for instance because a doctor's office was closed, appointments were postponed, or for other reasons?

- Yes

- No

2.14 If yes, how was your health care affected?:

2.15 Before the pandemic, did you engage in any self-care measures to maintain your health, such as using health apps, participating in online support groups, or exercising, meditating, or other activities to relax?

- Yes

- No

2.16 If yes, which ones?

2.17 During/since the pandemic, did you engage in any new or additional activities to improve your health?

- Yes

- No

2.18 If yes, which ones?

OR

If no, why?

2.19 Do you inform yourself more about your health since the pandemic?

- Yes

- No

2.20 If yes, why?

2.21 During the COVID-19 pandemic, what was/is the most challenging thing for you in terms of your health?

2.22 What would have made it easier for you to take care of yourself health-wise during this time?

2.23 At the beginning of the pandemic, several changes were made in healthcare delivery to respond to the new needs created by the COVID-19 outbreak. Many doctor visits were postponed, office hours were changed, scheduled surgeries were postponed to a later date, etc. Do you feel that you have been affected?

- Yes
- No

2.24 If yes, how:

2.25 Would you describe these changes in health care as (Check all that apply):

- Necessary
- Not necessary
- Fair
- Unfair
- Other
- I can't say

2.26 Did you experience people helping others in relation to their health during the pandemic? Can you give an example?

2.27 Do you have any fears with regard to your future health care?

- Yes
- No

2.28 If yes, what are they?
OR If no, why?

3. Survey on mental health complaints: During the last 2 weeks, how often did you feel affected by the following complaints?

3.1 Nervousness, anxiety or tension

Not at all; On single days; On more than half of the days; Almost every day

3.2 Not being able to stop or control worrying

Not at all; On single days; On more than half of the days; Almost every day

3.3 Excessive worry about various matters

Not at all; On single days; On more than half of the days; Almost every day

3.4 Difficulty relaxing

Not at all; On single days; On more than half of the days; Almost every day

3.5 Restlessness, making it difficult to sit still

Not at all; On individual days; On more than half of the days; Almost every day

3.6 Quick temper or irritability

Not at all; On some days; On more than half of the days; Almost every day

3.7 Feeling anxious, as if something bad is going to happen

Not at all; On some days; On more than half of the days; Almost every day

4. During the last 2 weeks, how often did you feel affected by the following complaints?

4.1 Little interest or pleasure in activities

Not at all; On single days; On more than half of the days; Almost every day

4.2 Dejection, melancholy or hopelessness

Not at all; On individual days; On more than half of the days; Almost every day

4.3 Difficulty falling asleep or staying asleep, or increased sleep

Not at all; On single days; On more than half of the days; Almost every day

4.4 Fatigue or feeling of having no energy

Not at all; On single days; On more than half of the days; Almost every day

4.5 Decreased appetite or excessive need to eat

Not at all; On individual days; On more than half of the days; Almost every day

4.6 Poor self opinion; feeling like a failure or having let family down

Not at all; On single days; On more than half of the days; Almost every day

4.7 Difficulty concentrating on something, such as reading the newspaper or watching television

Not at all; On single days; On more than half of the days; Almost every day

4.8 Were your movements or speech slowed down in a way that others would notice? Or, on the contrary, were you “fidgety” or restless and thus had a stronger urge to move than usual?

Not at all; On single days; On more than half the days; Almost every day.

4.9 Thoughts that you would rather be dead or want to cause yourself suffering?

Not at all; On single days; On more than half of the days; Almost every day

5. Personal questions

5.1 Your gender

- Female
- Male
- Other

5.2 Your year of birth (e.g. 1991)