**Appendix A**

**1. Do you work at the moment?**□ Yes  
□ No

**2. Do you work from home?**□ All the time  
□ Partly  
□ My occupation requires that I am at work  
□ I can work at home, but choose to be at work

**3. How has your lifestyle changed the last 14 days due to the COVID-19 pandemic?**

Sitting □ Increased □ Unchanged □ Decreased

Daily activity □ Decreased □ Unchanged □ Increased

Exercise □ Decreased □ Unchanged □ Increased

Diet □ Worsened □ Unchanged □ Improved

Alcohol intake □ Increased □ Unchanged □ Decreased

Smoking □ Increased □ Unchanged □ Decreased

**4. How have your commuting habits to and from work changed due to the COVID-19 pandemic?**□ Same as before  
□ Changed  
□ Stopped commuting

**5. If changed, how have they changed?**□ Bus/train to active commuting  
□ Bus/train to car  
□ Car to active commuting  
□ Car to bus/train  
□ Active commuting to car  
□ Active commuting to bus/train

**6. When sitting at home, how much of the time do you spend in:  
- Mentally passive sitting, including tv-viewing, using you phone/ipad/computer to browse the internet etc.**\_\_\_\_\_\_ hours/day \_\_\_\_\_\_ min/day **- Mentally active sitting, including working, reading, solving cross-words or sudoku etc.**\_\_\_\_\_\_ hours/day \_\_\_\_\_\_ min/day

**- Socialization, including having a meal, talking with friends or family etc.**\_\_\_\_\_\_ hours/day \_\_\_\_\_\_ min/day

**7. Choose the statement that best describes how you have felt the last week:  
A) My own health:**□ 1. I do not worry about my health  
□ 2. I worry now and then about my health  
□ 3. I spend a lot of time worrying about my health  
□ 4. I spend most of the time worrying about my health

**B) The health of my relatives:**□ 1. I do not worry about the health of my relatives  
□ 2. I worry now and then about the health of my relatives  
□ 3. I spend a lot of time worrying about the health of my relatives  
□ 4. I spend most of the time worrying about the health of my relatives

**8. I am worried that I will have to leave my employment before I would like to**□ 1. Not at all  
□ 2.  
□ 3.   
□ 4.   
□ 5. A lot

**9. I am worried about the economy of the household**□ 1. Not at all  
□ 2.  
□ 3.   
□ 4.   
□ 5. A lot

**10. During the last 14 days, how often have the following troubled you?  
A) Not being able to stop worrying or control your worrying?**□ 1. Not at all  
□ 2. Several days  
□ 3. More than half of the days  
□ 4. Almost every day

**B) Felt down, depressed or hopelessness?**□ 1. Not at all  
□ 2. Several days  
□ 3. More than half of the days  
□ 4. Almost every day