Before you start the questionnaire

By completing this questionnaire*, you agree to participate in the GGD Health Monitor 2022. Please note that you do not have to answer a certain question if you do not want to, and you may stop completing the questionnaire at any time.

The questionnaire contains questions about your health, lifestyle and well-being. The answers that you provide will be processed at group level by the GGD, RIVM and Statistics Netherlands. Your answers will be processed confidentially, will be stored safely and will not be shared with any party that is not named in the privacy statement. For further information on how we process your answers, please read the privacy statement at www.ggdzl.nl/gezondheidsmonitor2022

Your answers will be saved and stored as soon as you start to fill in the questionnaire.* ***If you stop filling in the questionnaire, the answers that you have provided until then will be saved.* *Should you decide that you do not want your answers to be used in the study, we can remove your answers. For this, you can contact I&O Research at helpdeskGM@ioresearch.nl or on 0800-0191. Once you have provided your login details, I&O Research will make sure that your answers are deleted.*

General

A1 What is your year of birth?

☐☐☐☐

A2 Are you … ?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Other than the abovementioned

A3 Who lives with you <u>at present</u>?

You may give more than one answer.

- ☐ My partner / husband or wife
- ☐ A child/children below the age of 4
- ☐ A child/children between the ages of 4 and 11
- ☐ A child/children between the ages of 12 and 17
- ☐ A child/children aged 18 or over
- ☐ My parent(s)
- ☐ Another adult / other adults
- ☐ I do not live with a partner, but I do have a long-term relationship
- ☐ I live alone

Work, education, and income

B1 What is your highest completed education (with a diploma or a certificate of proficiency)?

- ☐ No education *(not finished primary school)*
- ☐ Primary education *(primary school, special primary education)*
- ☐ Lower or preparatory vocational education *(such as lts, leao, lhno, vmbo-b/k, special or pre-vocational education)*
- ☐ Junior general secondary education *(such as (m)ulo, mavo, vmbo-g/t, mbo-kort, mbo-1)*
- ☐ Upper secondary vocational education and apprenticeship training *(such as training to become a baker or hairdresser, mts, meao, bol, bbl, mbo-2, mbo-3, mbo-4)*
- ☐ Upper general secondary education and pre-university education *(such as hbs, mms, havo, vwo, atheneum, gymnasium)*
- ☐ Higher professional education *(such as teacher training college, hbo, hts, heao, hbo-v, kandidaats or bachelor)*
- ☐ University *(doctoral or master, postdoctoral, hbo-master)*

B2 Which situation applies to you?

You may give more than one answer.

- ☐ I have a paid job, 1-19 hours per week
- ☐ I have a paid job, 20 hours or more per week
- ☐ I have retired *(AOW, prepensioen)*
- ☐ I am unemployed / looking for employment *(registered at UWV WERKbedrijf)*
- ☐ I am unfit for work, receiving invalidity benefit *(WAO, WAZ, WIA, Wajong)*
- ☐ I receive social assistance benefits *(in Dutch: bijstand)*
- ☐ I am a housewife / houseman
- ☐ I attend school / I am a student

B3 Have you had difficulties in the last 12 months to make ends meet with your household's income?

- ☐ No, no difficulties at all
- ☐ No, no difficulties , but I do have to pay attention to my expenditures
- ☐ Yes, some difficulties
- ☐ Yes, big difficulties

B4 For how long have you had difficulty managing financially?

- ☐ Less than 6 months
- ☐ 6 – 12 months
- ☐ 1 – 4 years
- ☐ More than 4 years

B5 Do you receive help to manage your finances?

- ☐ No, I don't need it
- ☐ No, but I would like to
- ☐ Yes, from family, friend or acquaintances

☐ Yes, from a professional organisation or agency

☐ Yes, I receive debt assistance

General health

C1 How is your health in general?

☐ Very good

☐ Good

☐ Reasonable

☐ Poor

☐ Very poor

C2 Do you suffer from one or more chronic illnesses or disorders?

Chronic implies (it has lasted or is expected to last for) 6 months or longer.

☐ Yes

☐ No

C3 Are you restricted by your health problems in your daily life?

☐ Yes, seriously restricted

☐ Yes, restricted but not seriously

☐ No, not restricted at all

C4 Have you been restricted by your health problems for 6 months or longer?

☐ Yes

☐ No

Well-being

D1 The questions below are about how you felt in the last 4 weeks.

Provide one answer for all the questions below.

	All the time	Most of the time	Some of the time	A little of the time	None of the time
About how often did you feel tired out for no good reason?	☐	☐	☐	☐	☐
About how often did you feel nervous?	☐	☐	☐	☐	☐
About how often did you feel so nervous that nothing could calm you down?	☐	☐	☐	☐	☐
About how often did you feel hopeless?	☐	☐	☐	☐	☐
About how often did you feel restless or fidgety?	☐	☐	☐	☐	☐
About how often did you feel so restless that you could not sit still?	☐	☐	☐	☐	☐
About how often did you feel depressed?	☐	☐	☐	☐	☐
About how often did you feel that everything was an effort?	☐	☐	☐	☐	☐
About how often did you feel so sad that nothing could cheer you up?	☐	☐	☐	☐	☐
About how often did you feel worthless?	☐	☐	☐	☐	☐

D2 **In the last 4 weeks, have you been suffering from stress?** *For example because of work/education, child-raising, health, informal care, money matters, social media?*

- ☐ No or barely
- ☐ Yes, a little bit of stress
- ☐ Yes, much stress
- ☐ Yes, a lot of stress

D3 **In which domains did you experience this stress?**
You may give more than one answer.

- ☐ Work
- ☐ Education
- ☐ Relationship with partner
- ☐ Family or friends
- ☐ Child-raising
- ☐ Housing
- ☐ Health
- ☐ Informal care
- ☐ Money matters
- ☐ Social media
- ☐ Other

D4 **The following statements concern how you have felt in the last 4 weeks.**
Are you not sure which answer applies to you? Give the answer that most closely corresponds to how you have felt.
Provide one answer for each row.

	Almost never	Sometimes	Now and then	Regularly	Usually	Almost always	Always
I am very capable of dealing with setbacks	☐	☐	☐	☐	☐	☐	☐
I am very good at coming up with solutions in difficult situations	☐	☐	☐	☐	☐	☐	☐
I recover quickly after a difficult period	☐	☐	☐	☐	☐	☐	☐
Previous experiences mean that I feel stronger in difficult times	☐	☐	☐	☐	☐	☐	☐
Every experience that I have makes me stronger	☐	☐	☐	☐	☐	☐	☐

D5 Please indicate for each of the following statements, the extent to which they apply to your situation, the way you have been lately.

Provide one answer for each row.	Yes	More or less	No
There is always someone I can talk to about my day-to-day problems	☐	☐	☐
I miss having a really close friend	☐	☐	☐
I experience a general sense of emptiness	☐	☐	☐
There are plenty of people I can lean on when I have problems	☐	☐	☐
I miss the pleasure of the company of others	☐	☐	☐
I find my circle of friends and acquaintances too limited	☐	☐	☐
There are many people I trust completely	☐	☐	☐
There are enough people I feel close to	☐	☐	☐
I miss having people around me	☐	☐	☐
I often feel rejected	☐	☐	☐
I can call on my friends whenever I need them	☐	☐	☐

D6 Please answer the following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

During the past month, how often did you feel …

Give your answer on each line	Never	Once or twice	About once a week	About 2 or 3 times a week	Almost every day	Ever y day
happy	☐	☐	☐	☐	☐	☐
interested in life	☐	☐	☐	☐	☐	☐
satisfied with life	☐	☐	☐	☐	☐	☐
that you had something important to contribute to society	☐	☐	☐	☐	☐	☐
that you belonged to a community (like a social group, or your neighborhood)	☐	☐	☐	☐	☐	☐
that our society is a good place, or is becoming a better place, for all people	☐	☐	☐	☐	☐	☐
that people are basically good	☐	☐	☐	☐	☐	☐
that the way our society works makes sense to you	☐	☐	☐	☐	☐	☐
hat you liked most parts of your personality	☐	☐	☐	☐	☐	☐
good at managing the responsibilities of your daily life	☐	☐	☐	☐	☐	☐
that you had warm and trusting relationships with others	☐	☐	☐	☐	☐	☐
that you had experiences that challenged you to grow and become a better person	☐	☐	☐	☐	☐	☐
confident to think or express your own ideas and opinions	☐	☐	☐	☐	☐	☐
that your life has a sense of direction or meaning to it	☐	☐	☐	☐	☐	☐

D7 Several statements are given below. Please indicate to what extent each statement applies to you if you think about the last six months.

	Strongly disagree	Mainly disagree	Neither agree nor disagree	Mainly agree	Strongly agree
In most ways my life is close to my ideal	☐	☐	☐	☐	☐
The conditions of my life are excellent.	☐	☐	☐	☐	☐
I am satisfied with my life	☐	☐	☐	☐	☐
So far I have gotten the important things I want in life	☐	☐	☐	☐	☐
If I could live my life over, I would change almost nothing	☐	☐	☐	☐	☐

D8

	 0	1	2	3	4	5	6	7	8	9	10
How happy do you feel today?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
How happy have you felt in the last month?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Height and weight

E1 How tall are you (without shoes)?

☐☐☐ centimeters

E2 How many kilos do you weigh without clothes? (round up or down to whole kilos)

If you are pregnant, please fill in your weight prior to the pregnancy.

☐☐☐ Kilograms

Smoking and alcohol

F1 Do you smoke sometimes?

We are referring to all sorts of tobacco products. Electronic cigarettes do not count. Heating tobacco or heatsticks with a device like the IQOS also do not count.

☐ Yes

☐ No

F2 Have you ever smoked before?

☐ Yes

☐ No

The following questions concern alcoholic drinks. This means drinks with more than 0.5% alcohol, such as beer, wine, spirits, mixed drinks, and cocktails.

F3 In the last 12 months, have you ever consumed alcoholic beverages?

- ☐ Yes
- ☐ No

F4 Have you ever consumed alcoholic beverages?

- ☐ Yes
- ☐ No

F5 On average, on how many of the 4 weekdays (Monday through Thursday) do you drink alcoholic beverages?

- ☐ 4 days
- ☐ 3 days
- ☐ 2 days
- ☐ 1 day
- ☐ Less than 1 day
- ☐ I never drink on weekdays

F6 When drinking alcoholic beverages on a weekday, how many glasses do you drink on average?

- ☐ 16 or more glasses
- ☐ 11 – 15 glasses
- ☐ 7 – 10 glasses
- ☐ 6 glasses
- ☐ 5 glasses
- ☐ 4 glasses
- ☐ 3 glasses
- ☐ 2 glasses
- ☐ 1 glass

F7 On average, on how many of the 3 weekend days (Friday through Sunday) do you drink alcoholic beverages?

- ☐ 3 days
- ☐ 2 days
- ☐ 1 day
- ☐ Less than 1 day
- ☐ I never drink in the weekend

F8 When drinking alcoholic beverages on a weekend day, how may glasses do you drink on average?

- ☐ 16 or more glasses
- ☐ 11 – 15 glasses
- ☐ 7 – 10 glasses
- ☐ 6 glasses
- ☐ 5 glasses
- ☐ 4 glasses
- ☐ 3 glasses
- ☐ 2 glasses
- ☐ 1 glass

F9 How often have you drunk 4 or more glasses of alcoholic beverages in one day in the last 6 months?

- ☐ More than once a week
- ☐ Once a week
- ☐ 1-3 times a month
- ☐ Less than once a month
- ☐ Never

F10 How often have you drunk 6 or more glasses of alcoholic beverages on one day in the last 6 months?

- ☐ More than once a week
- ☐ Once a week
- ☐ 1-3 times a month
- ☐ Less than once a month
- ☐ Never

Physical activity

The following questions are about exercise. Each question concerns a different activity. Think about an average week in the past months. If you have not engaged in an activity, fill in '0'.

G1 Commuting activities
If you have not engaged in an activity, fill in '0'.

How many days per week do you walk to/from work or school?

☐ days

How much time do you spent on this activity on average on such a day?

☐☐ hour(s) ☐☐ minutes

How many days per week do you bicycle to/from work or school?

☐ days

How much time do you spent on this activity on average on such a day?

☐☐ hour(s) ☐☐ minutes

G2 Physical activity at work or school
If you have not engaged in an activity, fill in '0'.

How many hours on average per week do you do light or moderately strenuous physical activity at work or school? *This could be seated/standing work, like work at an office, with occasional walking, such as desk work or work that requires walking with light loads.*

☐☐☐ hour(s)

How many hours on average per week do you do intense strenuous physical activity at work or school? *This could be work for which you have to walk a lot or regularly lifting heavy objects at work.*

☐☐☐ hour(s)

G3 Household activities

If you have not engaged in an activity, fill in '0'.

How many days per week do you do light or moderately strenuous household activities ? *This could be cooking, ironing, vacuuming or tidying up.*

☐ days

How much time do you spent on this activity on average on such a day?

☐☐ hour(s) ☐☐ minutes

How many days per week do you do intense strenuous household activities? *This could be carrying heavy shopping bags up the stairs, moving furniture or cleaning the floor on your knees*

☐ days

How much time do you spent on this activity on average on such a day?

☐☐ hour(s) ☐☐ minutes

G4 Leisure time activities
If you have not engaged in an activity, fill in '0'.

How many days per week do you go walking? This does not include walking to work or school.

☐ days

How much time do you spent on this activity on average on such a day?

☐☐ hour(s) ☐☐ minutes

How many days per week do you go bicycling? This does not include cycling to work or school.

☐ days

How much time do you spent on this activity on average on such a day?

☐☐ hour(s) ☐☐ minutes

How many days per week do you go gardening?

☐ days

How much time do you spent on this activity on average on such a day?

☐☐ hour(s) ☐☐ minutes

How many days per week do you do odd jobs in your spare time?

☐ days

How much time do you spent on this activity on average on such a day?

☐☐ hour(s) ☐☐ minutes

G5 Sports

Which sports do you practice?
Fill in a maximum of 4 sports e.g. fitness/endurance training, tennis, running, football.
If you do not take part in any sport, you may skip this question.

Sport 1 ☐

Sport 2 ☐

Sport 3 ☐

Sport 4 ☐

How many days per week do you practice <sport1>?

☐ days

How much time do you spent on <sport1> on average on such a day?

☐☐ hour(s) ☐☐ minutes

How many days per week do you practice <sport2>?

☐ days

How much time do you spent on <sport2> on average on such a day?

☐☐ hour(s) ☐☐ minutes

How many days per week do you practice <sport3>?

☐ days

How much time do you spent on <sport3> on average on such a day?

☐☐ hour(s) ☐☐ minutes

How many days per week do you practice <sport4>?

☐ days

How much time do you spent on <sport4> on average on such a day?

☐☐ hour(s) ☐☐ minutes

Mental health

H1 **The following questions concern how you have felt in the last 4 weeks. Please give the answer that best reflects how you have felt.**
Provide one answer for each row.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
How much of the time have you been a very nervous person?	☐	☐	☐	☐	☐	☐
How much of the time have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
How much of the time have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
How much of the time have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
How much of the time have you been a happy person?	☐	☐	☐	☐	☐	☐

Informal care

Informal care is the care that you give to a person you know, such as your partner, parents, child, neighbors, or friends, if this person is ill, in need of help, or handicapped for an extended period of time. This care may consist of household tasks, washing and dressing, keeping them company, providing transport, taking care of financial matters, etc. Informal care is unpaid. A volunteer from a volunteer center is not an informal carer.

I1 **Do you currently provide informal care?**

☐ Yes

☐ No

I2 **How many hours a week on average do you currently provide informal care, including travel time?**

Round to whole hours.

Average ☐☐☐ hours per week

I3 **How long have you been providing informal care?**

☐ Less than three months

☐ Three months or longer

I4 **Some people feel heavily burdened by providing care for another person. They find the care hard and difficult to maintain. For other people this applies to a lesser extent. All things considered, how burdened do you <u>currently</u> feel?**

- ☐ Not or hardly burdened
- ☐ Somewhat burdened
- ☐ Burdened considerably
- ☐ Heavily burdened
- ☐ Overburdened

I5 **Imagine that you need help for more than three months due to health problems or a disability (or because of old age), such as help with the housekeeping or organising your day-to-day life. Which of the following persons mentioned below would be able to provide you with this help.**
If you already receive help, we would like to know whether there is someone who could help if you needed more help. Take into account their travel time and other obligations.
More than one answer is possible.

- ☐ Partner
- ☐ Child living at home
- ☐ Child living away from home
- ☐ Someone else in the household
- ☐ Father or mother
- ☐ A family member who does not live in the same house
- ☐ Someone else, such as a friend, acquaintance, colleague or neighbour
- ☐ None of the above

Social support

J1 **The following questions concern how people treat you and whether you would like them to treat you differently. This includes friends, family, your partner, neighbours, colleagues, and so on.**
Provide one answer for each row.

Do you miss that people you interact with...	Yes, I do	Not really, but a little more often would be nice	No, it is fine as it is	No, it is already too much
give you support?	☐	☐	☐	☐
help cheer you up?	☐	☐	☐	☐
give you a push in the right direction?	☐	☐	☐	☐
give you good advice?	☐	☐	☐	☐
tell you to persevere?	☐	☐	☐	☐
comfort you?	☐	☐	☐	☐
help you to clarify your problems?	☐	☐	☐	☐
reassure you?	☐	☐	☐	☐

The following question is about social contact, i.e. physical, telephone and written contact/email contact with relatives or family members who do <u>not</u> live with you.

J2 How often are you in contact with one or more family members?

- ☐ At least once a week
- ☐ Three times a month
- ☐ Twice a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Seldom or never

J3 How often are your in contact with friends or close acquaintances?

- ☐ At least once a week
- ☐ Three times a month
- ☐ Twice a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Seldom or never

J4 How often do you have contact with your neighbours or people who live in your street?

- ☐ At least once a week
- ☐ Three times a month
- ☐ Twice a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Seldom or never

Volunteer work

K1 Do you do any volunteer work? *This refers to organized work (such as for a sports club, a church council, a school) for which you receive no pay.*

- ☐ Yes
- ☐ No

Negative thoughts

L1 In the <u>last 12 months</u>, have you ever seriously considered ending your life?

- ☐ Never
- ☐ Rarely
- ☐ Occasionally
- ☐ Often
- ☐ Very often

Do you need help? If so, please contact 113 Suicide Prevention anonymously on 0800-0113 (available 24/7) or at https://www.113.nl/english.

Physical complaints

M1 **A list of health problems is given below. For each problem, please check in column: A: whether you have been bothered by this complaint in the <u>past month</u>, and if you checked 'Yes', please check in column B how many months you have been bothered by this complaint.**

	A. Has this complaint bothered you in the past month?		**B. How many months have you been bothered by this complaint?**		
	No	**Yes**	**Less than 1 month**	**1-6 months**	**More than 6 months**
Fatigue/tiredness	☐	☐ ▶	☐	☐	☐
Abdominal/stomach pain	☐	☐ ▶	☐	☐	☐
Nausea	☐	☐ ▶	☐	☐	☐
Diarrhea or constipation	☐	☐ ▶	☐	☐	☐
Eye irritation	☐	☐ ▶	☐	☐	☐
Ear symptoms	☐	☐ ▶	☐	☐	☐
Heart palpitations/awareness	☐	☐ ▶	☐	☐	☐
Neck– or shoulder symptoms	☐	☐ ▶	☐	☐	☐
Back problems	☐	☐ ▶	☐	☐	☐
Pain or pressure in chest	☐	☐ ▶	☐	☐	☐
Arm/elbow/hand/wrist symptoms	☐	☐ ▶	☐	☐	☐
Leg/hip/knee/foot symptoms	☐	☐ ▶	☐	☐	☐
Pain in muscles	☐	☐ ▶	☐	☐	☐
Headache	☐	☐ ▶	☐	☐	☐
Tingling of fingers, feet or toes	☐	☐ ▶	☐	☐	☐
Dizziness or feeling light-headed	☐	☐ ▶	☐	☐	☐
Feeling anxious/nervous/tense	☐	☐ ▶	☐	☐	☐
Feeling down/depressed	☐	☐ ▶	☐	☐	☐
Feeling acute (intense) stress or crisis	☐	☐ ▶	☐	☐	☐
Feeling irritable/angry	☐	☐ ▶	☐	☐	☐
Memory- or concentration problems	☐	☐ ▶	☐	☐	☐
Sleeping problems	☐	☐ ▶	☐	☐	☐
Shortness of breath or wheezing	☐	☐ ▶	☐	☐	☐
Cough	☐	☐ ▶	☐	☐	☐
Nasal symptoms (e.g. frequent sneezing, a tingling feeling or regularly having a blocked nose)	☐	☐ ▶	☐	☐	☐
Skin symptoms (e.g. an itch, a rash or red spots)	☐	☐ ▶	☐	☐	☐
Weight change	☐	☐ ▶	☐	☐	☐
Hypersensitivity to light or noise	☐	☐ ▶	☐	☐	☐
A sore throat	☐	☐ ▶	☐	☐	☐
Loss of sense of smell or taste	☐	☐ ▶	☐	☐	☐

M2 **Have you consulted a general practitioner (GP) for these complaints in the <u>past 12 months</u>?**

Provide one answer for each row.

	No	Yes
Fatigue/tiredness	☐	☐
Abdominal/stomach pain	☐	☐
Nausea	☐	☐
Diarrhea or constipation	☐	☐
Eye irritation	☐	☐
Ear symptoms	☐	☐
Heart palpitations/awareness	☐	☐
Neck- or shoulder symptoms	☐	☐
Back problems	☐	☐
Pain or pressure in chest	☐	☐
Arm/elbow/hand/wrist symptoms	☐	☐
Leg/hip/knee/foot symptoms	☐	☐
Pain in muscles	☐	☐
Headache	☐	☐
Tingling of fingers, feet or toes	☐	☐
Dizziness or feeling light-headed	☐	☐
Feeling anxious/nervous/tense	☐	☐
Feeling down/depressed	☐	☐
Feeling acute (intense) stress or crisis	☐	☐
Feeling irritable/angry	☐	☐
Memory- or concentration problems	☐	☐
Sleeping problems	☐	☐
Shortness of breath or wheezing	☐	☐
Cough	☐	☐
Nasal symptoms (e.g. frequent sneezing, a tingling feeling or regularly having a blocked nose)	☐	☐
Skin symptoms (e.g. an itch, a rash or red spots)	☐	☐
Weight change	☐	☐
Hypersensitivity to light or noise	☐	☐
A sore throat	☐	☐
Loss of sense of smell or taste	☐	☐

M3 **Have you been infected with COVID-19?**

You may give more than one answer. [

- ☐ Yes, in the past 3 months
- ☐ Yes, more than 3 months ago
- ☐ I do not know
- ☐ No

M4 Do you still have symptoms as a result of infection with COVID-19?

- ☐ Yes
- ☐ No

COVID-19

The following questions concern your experiences during the coronavirus pandemic or continued impacts of the coronavirus pandemic on your life. This therefore concerns the period from March 2020 onwards.

Postponed healthcare

N1 Did you not receive care or was the care postponed during the coronavirus pandemic?
This could be a visit to a general practitioner (GP), physiotherapist, psychologist, hospital specialist or dentist.

You may give more than one answer.

- ☐ No, I did not require any care
- ☐ No, my appointments were not postponed or cancelled
- ☐ Yes, my healthcare provider postponed or cancelled one or more appointments
- ☐ Yes, I postponed or cancelled one or more appointments myself

N2 Why did you postpone or cancel your appointment?
You may give more than one answer.

- ☐ I was in quarantine or self-isolation
- ☐ I was worried that I would be infected with COVID-19
- ☐ I was worried that I might infect someone else with COVID-19
- ☐ I did not want to put any more pressure on the healthcare service
- ☐ The appointment was only possible via telephone or online, which I did not feel comfortable with
- ☐ Another reason related to COVID-19 (e.g. I did not want to use public transport because of COVID-19)
- ☐ Another reason unrelated to COVID-19 (e.g. lack of time)

N3 Have you now received the postponed or cancelled care?

- ☐ Yes, in full
- ☐ Yes, partly
- ☐ No, but I do need it
- ☐ No, but I do not need it any more (e.g. because the complaint went away)

N4 Are you currently experiencing any negative consequences of the postponed/cancelled care?
For example, the complaint has got worse, stress or changes in money matters.

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No

Impact of the coronavirus pandemic

The following questions concern the impact of the coronavirus pandemic you are currently experiencing.

O1 What are the positive effects of the coronavirus pandemic you still experience now?
You may give more than one answer.

- ☐ I am feeling better about things
- ☐ More time to relax
- ☐ A better balance between work/study and leisure
- ☐ More time for family or friends
- ☐ Working at home or following online education at home
- ☐ My diet is healthier
- ☐ I exercise more
- ☐ I sleep better
- ☐ I spend less money
- ☐ Other
- ☐ I am not experiencing any positive effects now

O2 What are the negative effects of the coronavirus pandemic you still experience now?
You may give more than one answer.

- ☐ It is taking a long time to recover after a COVID-19 infection
- ☐ Postponed/cancelled healthcare
- ☐ Someone important to me died or was seriously ill due to COVID-19
- ☐ I am feeling worse about things
- ☐ Less contact with family or friends
- ☐ Arguments or tension at home, with family or friends
- ☐ Worries about my children's development
- ☐ Having to follow online teaching or work from home
- ☐ Stopped with studies or experienced a study delay
- ☐ Lack of a clear boundary between leisure and work/study
- ☐ Worries about work or income
- ☐ My diet is less healthy
- ☐ I exercise less
- ☐ I sleep less well
- ☐ Other
- ☐ I am not experiencing any negative effects now

O3 Have you received a vaccination for the coronavirus?

- ☐ No → **go to question P1**
- ☐ Yes, one
- ☐ Yes, two
- ☐ Yes, three
- ☐ Yes, four or more

O4 In which country did you receive your vaccination for the coronavirus?

	The Netherlands	Belgium	Germany	Other EU country	Non-EU country
1st vaccination	☐	☐	☐	☐	☐
2nd vaccination	☐	☐	☐	☐	☐
3rd vaccination	☐	☐	☐	☐	☐
4th vaccination	☐	☐	☐	☐	☐
5th vaccination	☐	☐	☐	☐	☐

P1 The following questions concern the events you may have experienced during the coronavirus pandemic. In column A, we ask you to indicate for each event whether you have experienced this event since the start of the coronavirus pandemic. If "yes", we ask you to indicate in column B whether this event is still bothering you.

Choose Yes or No for each question.	**A. Have you experienced this event since the start of the coronavirus pandemic?**		**B. Are you still affected by this event now?**	
I was admitted to hospital with COVID-19	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
Someone who is important to me was admitted to hospital with COVID-19	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
Someone who is important to me died from COVID-19	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
Someone who is important to me was admitted to hospital with something other than COVID-19	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
Someone who is important to me died from something other than COVID-19	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
I was worried that I or someone who is important to me would get COVID-19	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
I saw lots of people at my workplace who were seriously ill with or died from COVID-19	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
I was unable to say my goodbyes to someone that passed away due to the coronavirus measures	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
I was threatened and/or experienced physical violence	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
I experienced sexual violence	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**
I experienced a life-threatening accident (for example a traffic accident or at work)	☐ **No**	☐ **Yes ►**	☐ **Yes**	☐ **No**

If you did not answer that you are still affected by one of the events in the previous question, please go to the end of the questionnaire.

If you are still affected by one event, go to Question P3. If you are affected by more than one event, go to Question P2.

P2 Which event was the most traumatic for you?

You may give one answer.

- ☐ That I was admitted to hospital with COVID-19
- ☐ That someone who is important to me was admitted to hospital with COVID-19
- ☐ That someone who is important to me died from COVID-19
- ☐ That someone who is important to me was admitted to hospital with something other than COVID-19
- ☐ That someone who is important to me died from something other than COVID-19
- ☐ That I was worried that I or someone who is important to me would get COVID-19
- ☐ That I saw lots of people at my workplace who were seriously ill with or died from COVID-19
- ☐ That I was unable to attend someone's funeral due to the coronavirus measures
- ☐ That I was threatened and/or experienced physical violence
- ☐ That I experienced sexual violence
- ☐ That I experienced a life-threatening accident (for example a traffic accident or at work)

P3 When did this event take place?

We refer to the most traumatic event you experienced since the start of the coronavirus pandemic and by which you are still affected.

You may give more than one answer.

- ☐ Less than one month ago → **go to the end of the questionnaire if this is your only answer**
- ☐ 1–6 months ago
- ☐ 6-12 months ago
- ☐ More than 12 months ago

P4 Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each description carefully while you think about the event that was most traumatic for you. Give one answer for each description to indicate how much it bothered you in the last 4 weeks.

Provide one answer for each row.

	Not at all	A little	Average	Quite a lot	A lot
Repeated, disturbing, and unwanted memories of the stressful experience?	☐	☐	☐	☐	☐
Repeated, disturbing dreams of the stressful experience?	☐	☐	☐	☐	☐
Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	☐	☐	☐	☐	☐
Feeling very upset when something reminded you of the stressful experience?	☐	☐	☐	☐	☐
Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	☐	☐	☐	☐	☐

Avoiding memories, thoughts, or feelings related to the stressful experience?	☐	☐	☐	☐	☐
Avoiding external reminders of the stressful experience (e.g., people, places, conversations, activities, objects, or situations)?	☐	☐	☐	☐	☐
Trouble remembering important parts of the stressful experience?	☐	☐	☐	☐	☐
Having strong negative beliefs about yourself, other people, or the world (e.g. having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	☐	☐	☐	☐	☐
Blaming yourself or someone else for the stressful experience or what happened after it?	☐	☐	☐	☐	☐
Having strong negative feelings such as fear, horror, anger, guilt, or shame?	☐	☐	☐	☐	☐
Loss of interest in activities that you used to enjoy?	☐	☐	☐	☐	☐
Feeling distant or cut off from other people?	☐	☐	☐	☐	☐
Trouble experiencing positive feelings (e.g. being unable to feel happiness or have loving feelings for people close to you)?	☐	☐	☐	☐	☐
Irritable behavior, angry outbursts, or acting aggressively?	☐	☐	☐	☐	☐
Taking too many risks or doing things that could cause you harm?	☐	☐	☐	☐	☐
Being "superalert" or watchful or on guard?	☐	☐	☐	☐	☐
Feeling jumpy or easily startled?	☐	☐	☐	☐	☐
Having difficulty concentrating?	☐	☐	☐	☐	☐
Trouble falling or staying asleep?	☐	☐	☐	☐	☐

Do you need help as a result of a stressful or traumatic event? If so, please do not hesitate to contact MIND Korrelatie at www.mindkorrelatie.nl.

End of the questionnaire

Would you like to win one of the VVV gift vouchers of €50 that we raffle?

☐ Yes, I want a chance to win one of the VVV vouchers and participate in the price draw and give permission to use my address details **(i)** if I have won to receive the voucher.
☐ No, I do not want to win one of the VVV vouchers and do not participate in the price draw.

The GGD is keen to find people who would like to take part in research, for example by filling in a questionnaire, participating in an interview or taking part in a GGD panel. The research questions will concern your health, lifestyle and daily activities. In some cases, we require participants in a specific age group or residents in a certain municipality.

May we approach you to take part in a follow-up study?
For each study, you may decide whether or not you wish to take part.

☐ Yes, you may contact me → Email address:

☐ No, please do not contact me

You have answered all of the questions. Thank you very much for participating!

Do you have any remaining additions or comments regarding this questionnaire? You can indicate that below:

□ No comments

Do you want to know more or do you have questions about your health?
This questionnaire about your health, lifestyle, well-being and living situation may have raised some questions. We would like to help you find reliable information. You can find reliable information on health, lifestyle and illnesses at www.thuisarts.nl. Information about the coronavirus can be found on the website of the central government.

Would you like to improve your health?

- Complete the test on mijnpositievegezondheid.nl to find out what you can do to improve your physical and mental health.
- You can find an overview of reliable apps and websites that you can use right away at www.ggdappstore.nl.

Would you rather talk to someone?
There are many helplines available that you can call with questions or for support; from the coronavirus to other topics and concerns. You can find a useful overview of helplines online. You may of course also contact your general practitioner.