Supplementary Appendix for

'The adverse impact of consecutive COVID-19 waves on mental health'

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Supplementary Table 2. Comparison of the goodness-of-fit of full base model with final model

Sex

	A. Stress level			B. Severity of depressive symptoms		
	Base model	Final model	Comparison	Base model	Final model	Comparison
X ² [DF]	134.528[61]	96.471[38]	40.34[23]	112.709[61]	50.239[28]	57.145[33]
X ² P-value	< 0.001	< 0.001	0.014	<0.001	0.006	0.006
AIC	7591.865	6549.68		4433.194	3356.535	
BIC	7715.7	6659.182		4562.25	3446.483	
CFI	0.92	0.937		0.907	0.95	
TLI	0.887	0.901		0.869	0.92	
RMSEA	0.062	0.066		0.048	0.049	

Supplementary Table 3. Comparison of the goodness-of-fit of individual growth model formulas

	AIC	BIC	CFI	TLI	RMSEA
Depressive symptoms					
Linear	4670.62	4694	0.83	0.873	0.129
Quadratic	4682.75	4706.22	0.79	0.842	0.144
Cubic	4686.75	4710.21	0.776	0.832	0.148
Relative change	4625.77	4657.06	0.987	0.987	0.041
Stress level					
Linear	7899.72	7922.23	0.903	0.927	0.148
Quadratic	7918.33	7940.84	0.87	0.902	0.171
Cubic	7922.36	7944.87	0.863	0.897	0.176
Relative change	7856.39	7886.41	0.98	0.98	0.078

Kardiovize COVID-19 e-questionnaire (excluding standardized questionnaires)

If the question was used only in one of the data collections or has been modified, this is indicated in italics in square brackets after the question text)

- 1) What is your current weight? [Data collection 1]
- 2) How many cigarettes do you smoke per day? If you are a non-smoker, please, fill 0. [Data collection
- 3) What is your current family situation?
 - a. Living in the relationship with the children
 - b. Living in the relationship without the children
 - c. Monoparental household (living with one parent)
 - d. Living alone
 - e. Other (please, specify)
- 4) How many children do you have? [Data collection 1]
 - a. None
 - b. One child
 - Two children
 - d. Three or more children
- 5) Who are you spending your time with during the quarantine? (multiple choice)
 - a. No one
 - b. With my partner or spouse
 - c. With my children
 - d. With other family members
 - e. With someone outside my own family
- 6) During the last 14 days, how often have you been actively and specifically seeking information about the current situation regarding the COVID-19 pandemic and related measures?
 - a. Never
 - b. Less than once per week
 - c. 1-2 times per week

 - d. 2-3 times per weeke. Approximately once per day
 - f. Many times per day
- 7) Does the COVID-19 state of emergency affect your financial situation?
 - a. Not at all
 - b. Just a little
 - c. Pretty much
 - d. Extremely
- 8) How much does the current COVID-19 situation affect your work life? (multiple choice)
 - a. The pandemic did not affect my work life/I am currently not working
 - b. I have more work than usual
 - c. I have less work than usual
 - d. I work from home
 - e. I changed my job/my job duties or position changed
 - f. I stayed home because of kids or family member
 - g. I lost my job
- 9) How many individual PRIVATE (not work-related) social contacts (phone, SMS, Skype, WhatsApp, email, ...) have you had in the last 7 days? [Data collection 1]
 - a. None, I am without social contacts
 - b. 1 to 3 contacts
 - c. 4 -7 contacts
 - d. 8 -14 contacts
 - e. 15 and more contacts
- 10) How many individual WORK-RELATED social contacts (phone, SMS, Skype, WhatsApp, email, ...) have you had in the last 7 days? [Data collection 1]
 - a. None
 - b. 1 to 3 contacts
 - c. 4 -7 contacts
 - d. 8 -14 contacts
 - e. 15 and more contacts

- 11) Has your sleep quality changed in the past last 14 days/compared to last time you filled this survey?
 - a. it got better
 - b. it not changed
 - c. it got worse
- 12) Has the length of your sleep changed (on average per day) /compared to last time you filled this survey?
 - a. sleep time has increased
 - b. sleep time did not change
 - c. sleep time has decreased

How often have you exercised in the last 14 days? Write down how many hours per week have you spent performing specific exercises, if zero time, fill in 0.

- 13. Low intensity exercise (e.g. walking):
- 14. High intensity exercise (e.g. running):
- 15. Body building:
- 16. Stretching:
- 17. Has the frequency of how often you exercise changed over the last 14 days/compared to last time you filled this survey?
 - a. the frequency has increased
 - b. the frequency has not changed
 - c. the frequency has decreased
- 18. How many times per week did you go out from your home (work, shop, nature, etc.) in the last 14 davs?
 - a. Never
 - b. 1-2 times per week
 - c. 3-5 times per week
 - d. Almost every day

How do you follow the government-imposed COVID-19 state of emergency measures?

- 19. Are you wearing a mask/respirator?
 - a. Always
 - b. Almost always
 - c. Sometimesd. Never
- 20. How often are you washing or disinfecting your hands?
 - a. Always
 - b. Almost always
 - c. Sometimes
 - d. Never
- 21. How often have you respected the restriction of going out?
 - a. Always
 - b. Almost always
 - c. Sometimes
 - d. Never
- 22. How often have you respected the 2-meter social distancing?
 - a. Always
 - b. Almost always
 - c. Sometimes
 - d. Never
- 23. How often have you respected the ban of direct contact with other people?
 - a. Always
 - b. Almost always
 - c. Sometimes
 - d. Never
- 24. How often have you respected the measure that only two people can be in closer contact in public places?
 - a. Always
 - b. Almost always
 - c. Sometimes
 - d. Never
- 25. Do you trust the government and other institutions involved in how they are dealing with the current situation? [Data collections 2 and 3]

- 1 = Do not trust at all 5 = Absolutely trust
- 26. Are current anti-epidemic measures adequate? [Data collections 2 and 3]
 - 1 = Completely inadequate 5 = Completely adequate
- 27. When do you think the life will get back to the normal in the Czech Republic? Please indicate the number of months.
- 28. How many days did you spend in isolation?

If you have not been in quarantine, please fill in 0.

- a. because of contact with a person with confirmed coronavirus infection:
- b. because returning from a COVID-19 high risk country:
- c. because you have been tested positive for coronavirus infection:
- 29. Have you been vaccinated with the Covid-19 vaccine? [Data collection 3]

 - a. Yes b. No
- 30. What is your willingness to be vaccinated with the Covid-19 vaccine? [Data collection 3]
 - 1 = Refuse to be vaccinated 5 = Definitely want to be vaccinated
- 31. Have you fell ill with COVID-19?
 - a. Yes
 - b. No
- 32. What symptoms or signs of COVID-19 have you manifested? (multiple choice)
 - c. Fever
 - d. Runny nose and cough
 - e. Emphysema
 - f. Pneumonia
 - g. Loss of taste and smell
 - h. Headache and dizziness
 - i. Nausea, vomiting, diarrhea
 - j. Weakness, joints and muscle pain
 - k. No symptoms or signs

In the following section we will ask you about your health. [Data collection 1]

- 33. Have you been treated for arterial hypertension?
 - a. Yes
 - b. No
- 34. If yes, please provide the name of the medication and the dosage to treat arterial hypertension:
- 35. Have you been diagnosed with diabetes mellitus type I?
 - a. Yes
 - b. No
- 36. If yes, please provide the name of the medication and the dosage to treat diabetes mellitus type I:
- 37. Have you been diagnosed for diabetes mellitus type II?
 - a. Yes
 - b. No
- 38. If yes, please provide the name of the medication and the dosage to treat diabetes mellitus type
- 39. Have you been diagnosed with disease of respiratory-tract (astma bronchiale, CHOPN, etc.)?
 - a. Yes
 - b. No
- 40. If yes, please provide the name of the medication and the dosage to treat the respiratory-track disease:
- 41. Have you been diagnosed with any of the following immune disorders?
 - a. Inflammatory bowel disease (e.g. ulcerative colitis or Crohn's disease)
 - b. Rheumatic diseases (e.g. rheumatoid arthritis)
 - c. Multiple sclerosis (MS)
 - d. Bone marrow transplant
 - e. Organ transplant and immunosuppressive therapy
 - f. Cancer treated with chemotherapy or radiotherapy
 - g. None
- 42. If yes, please provide the name of the medication and the dosage to treat these disorders:
- 43. Have you been diagnosed with an allergy or atopic eczema?
 - a. Yes
 - b. No

- 44. Are you currently taking medicines containing corticosteroid (e.g. Decamed, Medrol, Depo-Medrol, Dexamethasone, Hydrocortisone, Fortecortin, Methycetone, Fludrocortisone)?
 - a. Yes
 - b. No
- 45. Are you currently taking medicines containing Hydrochloroquine (e.g. Plaquenil)?
 - a. Yes b. No