

Impact of Covid-19 on the adult Maltese population's health – Experiences, Attitudes and Perspectives

General Information

1. What is your gender?
 - a. Male
 - b. Female
 - c. I prefer not to say
2. Age last birthday (Choose appropriate age range)
 - a. 18 – 19 years
 - b. 20 – 29 years
 - c. 30 – 39 years
 - d. 40 – 49 years
 - e. 50 – 59 years
 - f. 60 – 69 years
 - g. 70 – 79 years
 - h. Above 80 years
3. In which district do you live in?
 - a. **Southern Harbour** (Cospicua; Fgura; Floriana; Hal Luqa; Haż-Żabbar; Kalkara; Marsa; Paola; Santa Luċija; Senglea; Hal Tarxien; Valletta; Vittoriosa; Xgħajra.)
 - b. **Northern Harbour** (Birkirkara; Gżira; Hal Qormi; Hamrun; Msida; Pembroke; San Ġwann; Santa Venera; St Julian's; Swieqi; Ta' Xbiex; Tal-Pietà; Tas-Sliema)
 - c. **South Eastern** (Birżebbuġa; Gudja; Hal Ghaxaq; Hal Kirkop; Hal Safi; Marsaskala; Marsaxlokk; Mqabba; Qrendi; Żejtun; Żurrieq.)
 - d. **Western** (Had-Dingli; Hal Balzan; Hal Lija; H'Attard; Haż-Żebbuġ; Iklin; Mdina; Mtarfa; Rabat; Siġġiewi.)
 - e. **Northern** (Hal Gharghur; Mellieħa; Mgarr; Mosta; Naxxar; St Paul's Bay.)
 - f. **Gozo**
4. What is your education level?
 - a. Up to secondary school
 - b. Up to sixth form
 - c. Undergraduate degree
 - d. Post-graduate degree
5. What is your current employment status?
 - a. Employed
 - b. Unemployed
 - c. Student
 - d. Retired
 - e. Housewife/man

6. Please use the space below to share further comments related to your employment, if this was affected by the pandemic

Lifestyle habits

7. Since Covid-19 (last March) has your daily cigarettes/cigars smoking increased?
- Yes
 - No
 - Unsure
 - Not applicable
8. Since Covid-19 (last March) has your daily alcohol intake (wine/spirits/beer) increased?
- Yes
 - No
 - Unsure
 - Not applicable
9. Since Covid-19 (last March) has your daily physical activity (e.g. walking, jogging, cycling etc..) decreased?
- Yes
 - No
 - Unsure
10. Please use the space below to share further comments related to your lifestyle habits since the start of the pandemic

Medical care

11. Since Covid-19 (last March) did you visit your family doctor (GP) less often than before?
- Yes (Go to Q.12)
 - No
 - Not applicable
12. Why did you visit your family doctor (GP) less often than before the pandemic? (Multiple options can be chosen)
- Concerned about going out of the house
 - Concerned about going to a clinic / health centre
 - Afraid of acquiring Covid-19 infection
 - Experienced fewer sick days
 - My family doctor reduced his practice availability
 - Other
13. Do you suffer and take medication for any of the following chronic conditions? (Please choose appropriately if applicable)
- Heart problems (angina, past heart attack/s, abnormal heart rate)
 - High blood pressure

- c. Stroke
 - d. Type 2 diabetes
 - e. Type 1 diabetes
 - f. Respiratory problems (Asthma, Chronic obstructive pulmonary disease, Fibrosis etc..)
 - g. Thyroid problems (hypothyroid or hyperthyroid)
 - h. Kidney problems
 - i. Circulation problems (peripheral vascular disease)
 - j. Mental health condition (Depression, Anxiety, etc..)
14. Was the management of your condition/s, impacted by Covid-19? (Multiple options can be chosen)
- a. Yes, my hospital/clinic visits were cancelled
 - b. Yes, my hospital/clinic visits were re-scheduled to a later much date
 - c. No, I still visited my doctor in a private setting
 - d. No, I had my consultations done virtually (telemedicine)
 - e. No, I did not require medical attention / I did not have any pending follow-up appointments
 - f. Not applicable
15. Please use the space below to share further comments related to your medical care since the start of the pandemic

Covid-19 related questions

16. Did you acquire Covid-19 infection?
- a. Yes (Go to Q. 17, Q.18 and Q.19)
 - b. No (Go to Q. 20)
 - c. Prefer not to say (Go to Q. 20)
17. Which of the following Covid-19 symptoms did you suffer from? (Multiple options can be chosen)
- a. Fever
 - b. Cough
 - c. Shortness of breath
 - d. Headaches
 - e. Loss of smell
 - f. Loss of taste
 - g. Diarrhoea
18. Did you need to be admitted to hospital for further Covid-19 management?
- a. Yes, admitted to a hospital ward
 - b. Yes, admitted to infectious disease unit (IDU)
 - c. Yes, admitted to intensive care unit (ITU)
 - d. No, I stayed home
19. After a month that you were tested as Covid-19 negative, did you continue to experience any of these symptoms? Please chose the most appropriate:
- a. Loss of smell
 - b. Loss of taste

- c. Headaches
- d. Aches and pains in your joints
- e. Cough
- f. Shortness of breath
- g. Fatigue / Tired
- h. Dizziness
- i. Not applicable

20. Do you intend to take the Covid-19 vaccine?

- a. Yes
- b. No (Go to Q.21)
- c. Already took it

21. Which of the following (if applicable) is/are the potential reason/s why you do not intend to take the Covid-19 vaccine?

- a. Concerned about the safety of the vaccine
- b. Concerned that the vaccine will not be effective
- c. Concerned about the short side effects
- d. Concerned about the long side effects
- e. I have been tested and have natural Covid-19 antibodies
- f. I do not believe in vaccines

22. Please use the space below to share further comments related to your Covid-19 experience/s.

Wellbeing

23. Since the onset of Covid-19 have you noticed a change in body weight (not applicable if you were on a weight management diet)?

- a. Yes, I increased in weight
- b. Yes, I lost weight
- c. No, my weight remained the same
- d. Not applicable

Since the onset of Covid-19 pandemic (March 2020), how often have you been bothered by any of the following concerns? Chose the most appropriate.

24. Bothered by feeling nervous, anxious or on edge?

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

25. Bothered by not being able to stop or control worrying?

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

26. Bothered by worrying too much about different things?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
27. Bothered by troubling to relax
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
28. Bothered by being so restless that it's hard to sit still
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
29. Bothered by becoming easily annoyed or irritable?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
30. Bothered by feeling afraid that something awful might happen?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
31. Bothered by having little interest or pleasure in doing things?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
32. Bothered by feeling down, depressed or hopeless?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
33. Bothered by trouble falling or staying asleep or sleeping too much?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day

34. Bothered by feeling tired or having little energy?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
35. Bothered by having poor appetite or overeating?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
36. Bothered by feeling bad about yourself or that you are a failure or have let your family down?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
37. Bothered by trouble concentrating on things such as reading or watching the TV?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
38. Bothered by moving or speaking so slow that other people have noticed? Or being so fidgety or restless that you have been moving around a lot more than usual?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day
39. Bothered by thoughts that you would be better off dead or of hurting yourself in some way?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly every day