**SHARE AUSTRIA - NATIONAL CATI SURVEY**
**NOVEMBER 2020-JANUARY 2021**
**IMPLEMENTING AGENCY: IFES GMBH**


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Notes:            The whole sample from the SHARE-CATI 1 survey is used. For each question
                  metadata in form of an automated timestamp is added.
                  Only interviews with respondents, no proxy allowed.

DATA PROTECTION

*In line with SHARE regulations, the respondents are being informed about their rights in regards to data protection regulations.*


## Contents

# PART 1: GENERAL CORONA-RELATED QUESTIONS

## Introduction

**Good morning/day/evening Mrs/Mr \*NAME\*, my name is \*INT_NAME\* from the Institute for Emprical Social Research in Vienna. You are a participant in the SHARE Study, which we want to thank you for. Especially in times like these, your participation in this project is vital in order to be able to improve the life quality of people.**

**This is why we want to ask you a few questions regarding your personal well-being in the past weeks and months, just like we did last summer. This will only take 20 minutes of your time. Could you spare some time for it now?**

**If No:**

**May I call you at another time? What time would be convenient for you?**

Take time for call ...........................................TE
Appointment: ............. _____
Hard refusal .................................................. HR

**I1: Some time ago, we sent you an invitation letter, which also included a data protection statement. Have you received the statement?**

Yes ............................................................... 1
No ................................................................ 2
Don't know ................................................. -1

**If I1 = 2|-1: I2: In this case, I will then summarise the most important points of the statement for you. Furthermore, I will be pleased to answer any question regarding the protection of your data that you may have now.**

**The University of Linz is responsible for the implementation of the survey. We, IFES, are commissioned to carry out the interviews.**

**The purpose of the study is to provide scientists with data on health, socio-economic status and social and family networks to address their research questions in relation to the process of population ageing.**

**Participating in this interview is voluntary and the information is kept confidential. We will not record the conversation. During the interview, I will enter your answers in a computer. They will be stored together with a code number only. I.e., your contact details and names are strictly stored separately from the information provided by you during the interview. Your contact details and names will be stored until the end of the SHARE study's last wave of data collection only. After the collection of the individual interviews, they will be compiled and later on be used only for research purposes in different analyses, without the individual researcher knowing your identity. The results of the analyses will be presented in an anonymised form only.**

**If we should come to any question you don't want to answer, just let me know and I will go on to the next question. Non-participation will not lead to any disadvantages for you. You can also withdraw consent at any time with effect for the future. Furthermore, you have several other data protection rights. In the next step, I will tell you how you can receive more information about your rights.**

**Do you agree to participate in this study?**

*IWER: Answer all questions of the respondent.*

Yes, respondent consented to participate.................................... 1
No, respondent refused to participate. No interview possible….. 2


**If I2 = 1: I3: Thank you. For further information, you can contact us by calling [FILL in telephone number of survey agency]. Furthermore, we can send the data protection statement to you again. Do you want us to send you the statement once more?**

*IWER: Give the respondent enough time to write down the phone number.*

Yes, respondent wants to have statement sent again........... 1
No, respondent is satisfied with received information………..2


**If I1 = 1: I4: If you have questions regarding the data protection statement, I will be pleased to answer them. Let me stress that participating in this interview is voluntary and that the information is kept confidential. We will not record the conversation. Instead, during the interview, I will enter your answers in a computer. Your answers will be used only for research purposes in different analyses, without the individual researcher knowing your identity. If we should come to any question you don't want to answer, just let me know and I will go on to the next question.**

**Do you agree to participate in this study?**

*IWER: Answer all questions of the respondent.*

Statement provided; respondent consented to participate………………………………..1
Statement provided; respondent refused to participate. No interview possible....2


**If I2 = 2 | I4 = 2: I5:** *IWER: Are you sure that Respondent has refused to participate?*

Yes, respondent refused. Terminate interview................1
No, respondent consented, Continue interview..............2


*If I5 = 1 end interview*
*If I2 = 1 | I4 = 1 | I5 = 2 continue with general part*

## General Part

**C0: (Thank You!) First, we would like to ask you some questions regarding your experience with Corona.**

    Continue ........................................................................... 1

C1: Do you think that you or somebody from your household has had Corona?

*(IWER: both infections that were confirmed through testing and assumed infections)*

    Yes ................................................................................... 1
    No ..................................................................................... 2
    Don't know ..................................................................... -1
    No answer...................................................................... -2

*If* C1 = 1: **C2: Who was that? (Multiple responses possible)**

    Myself ............................................................................... 1
    Household member 1 from CS (PROGRAMME) ................. 2
    Household member 2 from CS (PROGRAMME) ................ 3
    (Household member 3 until n, PROGRAMME)…. 4 until n+1
    New Household member ................................................. 20
        Name of the new household member: _____
        Year of birth & gender of new household member: __
    No answer ...................................................................... -2

*If* C1 = 1: **C3: When was that (enter month)?**

**C3a:** Person 1:
    Time (Month) ..................................... _____
    Don't know ....................................................................... -1
    No answer ...................................................................... -2

**C3b:** Person 2:

    Time (Month) ................................. _____
    Don't know .................................................................. -1
    No answer ...................................................................... -2

C3c ….

*If* C1 = 1: **C4: Was that person/Were those persons tested for Covid at the time of infection and what was the result?**
**C4a: Person 1:**

    Yes, tested and positive (infected) .................................. 1
    Yes, tested und negative (not infected) .......................... 2
    Yes, tested but no clear result ........................................ 3

No, not tested at time of infection ................................. 4

Don't know ..................................................................... -1

No answer ..................................................................... -2

**C4b: Person 2:**

Yes, tested and positive (infected) ................................ 1

Yes, tested und negative (not infected) ........................ 2

Yes, tested but no clear result ....................................... 3

No, not tested at time of infection ................................. 4

Don't know ..................................................................... -1

No answer ..................................................................... -2

**C4c …**

*If* C1 = 1:  C5: How severe was the infection of the household member? Please answer on a scale of 1 to 5, with 1 being very mild and 5 very severe.

**C5a: Person 1:**

1 (Very mild) ................................................. 1

2     ................................................................ 2

3     ................................................................ 3

4     ................................................................ 4

5 (Very severe) ............................................. 5

Not applicable (no symptoms) ..................... 6

Don't know ................................................... -1

No answer ..................................................... -2

**C5b: Person 2:**

1 (Very mild) ................................................. 1

2     ................................................................ 2

3     ................................................................ 3

4     ................................................................ 4

5 (Very severe) ............................................. 5

Not applicable (no symptoms) ..................... 6

Don't know ................................................... -1

No answer ..................................................... -2

**C5c …**

*If* C1 = 1: **C6: Were you / was this person / were these people treated in the hospital, either as outpatients or inpatients?**

**C6a: Person 1:**

No ................................................................... 1

Yes, outpatient ............................................... 2

Yes, inpatient ................................................. 3

Don't know ............................................................. -1
No answer ............................................................. -2

**C6b: Person 2:**

No …………………………………………………………………………... 1
Yes, outpatient ..................................................... 2
Yes, inpatient ........................................................ 3
Don't know ............................................................. -1
No answer ............................................................. -2

C6c…


*If* C1 = 1 **C7: Do you/these people still suffer from the effects of the infection?**
*(IWER: please code accordingly)*

**C7a: Person 1:**

Not at all ............................................. 1
A bit ................................................ 2
Medium ............................................. 3
Quite a bit ......................................... 4
A lot ................................................ 5
Person passed away ........................... 6
Don't know ......................................... -1
No answer ......................................... -2

**C7b: Person 2:**

Not at all ............................................. 1
A bit ................................................ 2
Medium ............................................. 3
Quite a bit ......................................... 4
A lot ................................................ 5
Person passed away ........................... 6
Don't know ......................................... -1
No answer ......................................... -2

C7…


*If C1!1 | (C1=1 & C2!1):* **C8: How high do you consider your risk of catching Corona within the next 6 months on a scale of 1 to 5, with 1 being very low and 5 very high.**

1 (Very low) ............................................................ 1
2 ......................................................................... 2
3 ......................................................................... 3
4 ......................................................................... 4
5 (Very high) ......................................................... 5
Don't know ............................................................. -1
No answer ............................................................. -2

**C9: On a scale of 1 to 5, with 1 being not dangerous at all and 5 very dangerous, how dangerous do you think would a Corona infection be for you considering your health?**

1 (Not dangerous at all) ........................................... 1
2 .................................................................. 2
3 .................................................................. 3
4 .................................................................. 4
5 (Very dangerous) ................................................ 5
Don't know ...................................................... -1
No answer ....................................................... -2

**C10: Do you currently have concerns about going to the doctor's office, pharmacy, your therapist, an outpatient department or a hospital because of Corona?**

Yes ........................................................1
No ........................................................ 2
Don't know ............................................... -1
No answer ................................................ -2

**C11: Did you reduce your social contacts with people outside of your household at the beginning of the Corona-pandemic?**

Yes ........................................................1
No ........................................................ 2
Don't know ............................................... -1
No answer ................................................ -2

**C12: Do you currently reduce your social contacts with people outside of your household because of Corona?**

Yes ........................................................1
No ........................................................ 2
Don't know ............................................... -1
No answer ................................................ -2

## Healthcare

**Now I have a few questions regarding your visits to the doctor and the healthcare system in general:**

**D1: Did you ask for an appointment or a medical examination but did not get one since October 2020?**

Yes ........................................................1
No ........................................................ 2
No answer ................................................ -2

**D2: Were you rejected or treated insufficiently by a doctor or hospital since October 2020?**

Yes ........................................................1
No ........................................................ 2
No answer ................................................ -2

**D3: Did you postpone or cancel a medical examination, treatment or other medical appointment because of Corona since October 2020?**

Yes ................................................................................1
No .............................................................................. 2
No answer ................................................................. -2

*If D1 | D2 | D3 = 1*: **D4: Where was the examination/treatment supposed to take place?**

General practitioner ……………………………………………………. 1
Specialist or dentist........................................................ 2
Hospital ......................................................................... 3
Physiotherapist, psychotherapist or rehabilitation centre .......... 4
Other………………………………………………………………………… 5
Don't know ..................................................................... -1
No answer ...................................................................... -2

**D5: Which examination/treatment was affected?**
*IWER: please give a detailed description of the treatment*

**D5a:** *IWER: Please code the affected organ, body part or bodily function. This is about the TARGET of the treatment*

1 - Targets for Body Systems and Functions
     01 - Nervous System and Mental Function Targets
     02 – Visual System Targets
     03 – Ear and Mastoid Targets
     04 – Haematopoietic and Lymphatic System Targets
     05 – Endocrine System Targets
     06 - Circulatory System Targets
     07 – Respiratory System and Voice and Speech Targets
     08 - Digestive System Targets
     09 – Integumentary System Targets
     10 – Musculoskeletal System Targets
     11 – Genitourinary System Targets
     12 – Other and Unspecified Body System and Function Targets

2 - Targets for Activities and Participation Domains
     13 - Learning and Applying Knowledge Targets
     14 - General Task and Demand Targets
     15 - Communication Targets
     16 - Mobility Targets
     17 – Self Care Targets
     18 - Domestic Life Targets
     19 – Interpersonal Interaction and Relationship Targets
     20 – Major Life Area Targets
     21 – Community, Social and Civic Life Targets

3 – Targets for the Environment
     24 – Environment: Support and Relationship Targets

**D5b:** *IWER: Please specify the MEASURE that was planned.*

1 - Diagnostic

    AA – Assessment
    AB – Measurement
    AC - Test
    AD - Biopsy
    AE – Inspection
    AF - Mapping
    AH - Specimen Collection
    AI – Monitoring
    AM – Observation
    AN – Interview
    BA – Imaging

2 - Therapeutic

    DA - Alimentation
    DB – Application of substance
    DC – Anaesthesia
    DD – Oxygenation
    DE – Ventilation
    DF - Perfusion
    DG – Transfusion
    DH – Fertilisation
    DK – Application of dressing
    DL – Insertion of internal device
    DN - Implantation of internal device
    DP – Installation of assistive product
    FA – Incision
    FB – Division
    FC – Release
    GA – Destruction
    JA – Irrigation
    JB – Drainage
    JC – Dialysis
    JD – Removal of internal device or foreign body
    JE – Extraction
    JF – Delivery
    JG – Debridement
    JH – Procurement
    JI – Excision, local
    JJ - Excision, partial
    JK - Excision, total
    JL - Excision, extended
    JN - Amputation
    KA - Replacement of internal device
    KB – Change of assistive product
    KD – Transplantation
    LA - Occlusion
    LB – Reattachment
    LC – Set

LD – Position
LE - Fusion
LG - Dilatation
LH - Dilatation with insertion of device
LI - Deviation
LJ - Transfer
LK – increase size
LL – decrease size
MA – Creation
MC - Resuscitation
MK Repair
ML – Reconstruction
PA - Manipulation
PB – Mobilisation
PC - Massage
PD - Stretch
PG – Assisting or leading exercise
PH - Training
PJ - Deconditioning from use of internal or external device
PM – Education
PN – Advising
PP – Counselling
PQ – Psychotherapy
RA - Task performed by another
RB - Practical support
RC - Emotional support
RD - Providing products
RE - Providing peer support
RF - Providing opportunities for participation
SB – Acupressure
SC - Stimulation
SD - Hyperthermia
SE - Hypothermia
SH - Augmentation and induction of labour
SI - Preparation
SJ – Making of an assistive product
SM – Management of assistive product
SN – Management of internal device
SO – Removal of an assistive product
SP – Acupuncture
SQ - Moxibustion
SR - Cupping

3 - Managing

TE – Detoxification
TI - Prescription
TJ – Transport

4 - Preventing

VE – Infection control measures
VI - Food fortification or enrichment

5 - Action, other

ZY – Other action, not elsewhere classified

6 - Action, unspecified

    ZZ – Unspecified action


**D5c:** *IWER: Please specify the MEANS or METHOD of the measure.*

1 – Approach

    AA – Open approach
    AB – Percutaneous endoscopic
    AC – Per Orifice
    AD – Per orifice endoscopic
    AE – Percutaneous
    AF - Percutaneous transluminal
    AG – Transparietal intraluminal endoscopic access
    AH – External
    AI - Combined approach, percutaneous endoscopic and by orifice
    AJ - Combined approach, percutaneous and per orifice endoscopic
    AK - Combined approach, open and transparietal or transvascular
    AL - Combined approach, not otherwise specified
    AZ – Approach not elsewhere classified

2 – Technique

    BA – Radiation, not otherwise specified
    BB – Radiation with contrast medium
    BC – Computerised tomography, not otherwise specified
    BD – Computerised tomography with contrast medium
    BE – Ionising agents, open, not otherwise specified
    BF - Ionising agents emitting (single) photons
    BG – Ionising agents emitting positrons
    BH – Nuclear magnetic resonance, not otherwise specified
    BI – Nuclear magnetic resonance with contrast medium
    BJ – Ultrasound
    BL – Image (capture and) analysis
    BO – Magnetic field
    BP – Electric field
    BQ - Heat
    BS – Water

4 - Sample

    XA - Blood
    XB – Urine
    XC - Sputum
    XD – Saliva
    XE – Cerebro-spinal fluid
    XF – Secretion not elsewhere classified
    XG – Faeces
    XH – Tissue

5 – Unspecified

    ZZ – Other and unspecified means


# Willingness to get vaccinated

**Now I would like to ask you a few questions on vaccination:**

**V1 Have you been vaccinated against the flu last winter or last year?**

Yes ............................................................1
No ........................................................... 2
Don't know ................................................ -1
No answer ................................................. -2


**V2: And this year/this winter? [Vaccination against flu]?** *(IWER: code accordingly)*

Yes, I have already been vaccinated .............................. 1
Not yet, but I plan to ..................................................... 2
No, and I do not plan to................................................... 3
No, I would like to but couldn't get the vaccine............. 4
Don't know (yet) .......................................................... -1
No answer ................................................................... -2


**V3: If a vaccine against Covid-19 were available, would you get vaccinated?**

Yes ............................................................1
No ........................................................... 2
Don't know ................................................ -1
No answer ................................................. -2

# PART 2: NUTRITION – GENERAL QUESTIONS REGARDING HEALTH STATUS *(Scale: MNA – Long version)*

**Now we turn to your health and your eating habits.**

**H1: In comparison to other people your age, was your health status since the beginning of Covid-19 better, worse or the same?**

Better ……………………………………………………………… 1
Worse ……………………………………………………………… 2
Same ……………………………………………………………… 3
Don't know ……………………………………………………… -1
No answer ………………………………………………………… -2

**H2: Have you experienced skin problems such as pressure sores or skin ulcers since the beginning of the Corona-pandemic?**

Yes ………………………………………………………………1
No ………………………………………………………………… 2
Don't know ……………………………………………………… -1
No answer ………………………………………………………… -2

**H3: Have you suffered psychological stress or an acute disease other than Covid-19 during the Corona-pandemic?**
*(IWER: acute disease = flu, cold, pneumonia...)*

Yes ………………………………………………………………1
No ………………………………………………………………… 2
Don't know ……………………………………………………… -1
No answer ………………………………………………………… -2

**H4: Have you taken more than 3 prescription drugs per day during the Corona-pandemic?**

Yes ………………………………………………………………1
No ………………………………………………………………… 2
Don't know ……………………………………………………… -1
No answer ………………………………………………………… -2

**H5: Do you currently take medication against anxiety or depression at least once a week?**

Yes ………………………………………………………………1
No ………………………………………………………………… 2
Don't know ……………………………………………………… -1
No answer ………………………………………………………… -2

## Weight and weight history

**G1: How tall are you? (in centimeters)**

Height: ……………………………………………… _____ cm
Don't know ……………………………………………………… -1

No answer ...................................................................... -2

**G2: What is your current body weight? (in kilograms)**

Weight: ........................................................ _____ kg
Don't know ................................................................. -1
No answer ................................................................. -2

**G2a: Have you lost weight since the beginning of Covid-19?**

Yes ...........................................................................1
No ........................................................................... 2
Don't know ................................................................. -1
No answer ................................................................. -2

*If G2a = 1* **G2b: How much weight have you lost?**

Between 1-3 kilograms ............................................... 1
More than 3 kilograms .............................................. 2
Don't know ............................................................... -1
No answer ................................................................. -2

**G3: How do you evaluate your nutritional status - are you currently malnourished or do you have no nutritional problem?**
*(IWER: Please code without reading answer categories. If unclear specify: Do you feel that your body receives the nutrients protein, fat and carbohydrates sufficiently?)*

Malnourished................................................. 1
No nutritional problem …………………………….. 2
Don't know ................................................... -1
No answer ..................................................... -2

## Mobility

**M1: Are you able to leave your house or your apartment?**

Yes ...........................................................................1
No ........................................................................... 2
Don't know ................................................................. -1
No answer ................................................................. -2

*If M1 = 2* **M2: Are you able to move within your house or your apartment?**

Yes ...........................................................................1
No ........................................................................... 2
Don't know ................................................................. -1
No answer ................................................................. -2

**M3: Do you need assistance with eating?**

Yes ........................................................................... 1

No, but I have problems eating (e.g., problems with chewing or
   swallowing) ............................................................... 2
No ................................................................................. 3
No answer ................................................................... -2

## Eating and drinking habits

**E1: Now I want to ask you some questions regarding your eating habits since the outbreak of the corona pandemic:**

**E1a: Do you eat at least one serving of dairy products (milk, cheese, yoghurt) per day?**

Yes .................................................................1
No ................................................................. 2
Don't know .................................................... -1
No answer ...................................................... -2

**E1b: Do you eat two or more servings of legumes or eggs per week?**

Yes .................................................................1
No ................................................................. 2
Don't know .................................................... -1
No answer ...................................................... -2

**E1c: Do you eat meat, fish or poultry every day?**

Yes .................................................................1
No ................................................................. 2
Don't know .................................................... -1
No answer ...................................................... -2

**E1d: Do you consume two or more servings of fruit or vegetables per day?**

Yes .................................................................1
No ................................................................. 2
Don't know .................................................... -1
No answer ...................................................... -2

**E2: How many cups of water, juice, coffee or tea do you consume per day since the start of the pandemic?**
*(IWER: Please code without reading answer categories)*

Less than 3 cups …………………………………………… 1
3-5 cups ………………………………………………….. 2
More than 5 cups ………………………………………… 3
Don't know …………………………………………………. -1
No answer …………………………………………………… -2

**E3: How many cups of water, juice, coffee or tea have you consumed per day before the pandemic?**
*(IWER: Please code without reading answer categories)*

Less than 3 cups …………………………………………… 1
3-5 cups …………………………………………………….. 2

More than 5 cups ……………………………………… 3
Don't know …………………………………………… -1
No answer ……………………………………………… -2

**E4: Do you eat less since the beginning of the pandemic than before?**

Yes    ………………………………………………1
No    ………………………………………………… 2
Don't know ………………………………………… -1
No answer ………………………………………… -2

**E5: How many full meals do you eat per day since the start of the pandemic?**
*(IWER: Please code without reading answer categories)*

1 meal …………………………………………… 1
2 meals ………………………………………… 2
3 meals ………………………………………… 3
More than 3 meals …………………………… 4
Don't know ……………………………………… -1
No answer ……………………………………… -2

**E6: How many full meals did you eat per day before the pandemic?**
*(IWER: Please code without reading answer categories)*

1 meal …………………………………………… 1
2 meals ………………………………………… 2
3 meals ………………………………………… 3
More than 3 meals …………………………… 4
Don't know ……………………………………… -1
No answer ……………………………………… -2

# PART 3: PSYCHOLOGICAL WELL-BEING & MENTAL HEALTH

## PWB scale

(Ryff Psychological Wellbeing Scale, incl. adaptations by Bernsteiner, Boggatz, 2016; Harbich, 2013; Zierhut, 2010)

**Now a few questions regarding your mental well-being will follow. I will read out a number of statements; please reply by saying how much you agree with each statement, with 1 meaning strongly agree, and 7 strongly disagree.**

**R1: „I like most parts of my personality."**

Strongly agree ............................................. 1
Mostly agree ................................................. 2
Agree ........................................................... 3
Neither .........................................................4
Disagree ....................................................... 5
Mostly disagree ............................................ 6
Strongly disagree .........................................7

**R2: "When I look at the story of my life, I am pleased with how things have turned out so far."**

Strongly agree ............................................. 1
Mostly agree ................................................. 2
Agree ........................................................... 3
Neither .........................................................4
Disagree ....................................................... 5
Mostly disagree ............................................ 6
Strongly disagree .........................................7

**R3: "Some people wander aimlessly through life, but I am not one of them."**

Strongly agree ............................................. 1
Mostly agree ................................................. 2
Agree ........................................................... 3
Neither .........................................................4
Disagree ....................................................... 5
Mostly disagree ............................................ 6
Strongly disagree .........................................7

**R4: „The demands of everyday life often get me down."**

Strongly agree ............................................. 1
Mostly agree ................................................. 2
Agree ........................................................... 3
Neither .........................................................4
Disagree ....................................................... 5
Mostly disagree ............................................ 6
Strongly disagree .........................................7

**R5: "In many ways I feel disappointed about my achievements in life."**

Strongly agree ............................................. 1
Mostly agree ................................................. 2
Agree ........................................................... 3

Neither .........................................4
Disagree ..................................... 5
Mostly disagree .............................. 6
Strongly disagree ..........................7


**R6: "Maintaining close relationships has been difficult and frustrating for me."**

Strongly agree .............................. 1
Mostly agree ................................ 2
Agree ........................................ 3
Neither .........................................4
Disagree ..................................... 5
Mostly disagree .............................. 6
Strongly disagree ..........................7


**R7: "I live life one day at a time and don't really think about the future."**

Strongly agree .............................. 1
Mostly agree ................................ 2
Agree ........................................ 3
Neither .........................................4
Disagree ..................................... 5
Mostly disagree .............................. 6
Strongly disagree ..........................7


**R8: "In general, I feel I am in charge of the situation in which I live."**

Strongly agree .............................. 1
Mostly agree ................................ 2
Agree ........................................ 3
Neither .........................................4
Disagree ..................................... 5
Mostly disagree .............................. 6
Strongly disagree ..........................7


**R9: "I am good at managing the responsibilities of daily life."**

Strongly agree .............................. 1
Mostly agree ................................ 2
Agree ........................................ 3
Neither .........................................4
Disagree ..................................... 5
Mostly disagree .............................. 6
Strongly disagree ..........................7


**R10: "My life is meaningful for me the way it is."**

Strongly agree .............................. 1
Mostly agree ................................ 2
Agree ........................................ 3
Neither .........................................4
Disagree ..................................... 5

Mostly disagree ......................................... 6
Strongly disagree ........................................7

**R11: "For me, life has been a continuous process of learning, changing, and growth."**

Strongly agree ........................................... 1
Mostly agree .............................................. 2
Agree ...................................................... 3
Neither ....................................................4
Disagree ................................................... 5
Mostly disagree ......................................... 6
Strongly disagree ........................................7

**R12: "I think it is important to have new experiences that give me something to think about."**

Strongly agree ........................................... 1
Mostly agree .............................................. 2
Agree ...................................................... 3
Neither ....................................................4
Disagree ................................................... 5
Mostly disagree ......................................... 6
Strongly disagree ........................................7

**R13: "People would describe me as a giving person, willing to share my time with others."**

Strongly agree ........................................... 1
Mostly agree .............................................. 2
Agree ...................................................... 3
Neither ....................................................4
Disagree ................................................... 5
Mostly disagree ......................................... 6
Strongly disagree ........................................7

**R14: "Changing my life costs too much effort and energy."**

Strongly agree ........................................... 1
Mostly agree .............................................. 2
Agree ...................................................... 3
Neither ....................................................4
Disagree ................................................... 5
Mostly disagree ......................................... 6
Strongly disagree ........................................7

**R15: "I tend to agree to what others say even if I have a different opinion."**

Strongly agree ........................................... 1
Mostly agree .............................................. 2
Agree ...................................................... 3
Neither ....................................................4
Disagree ................................................... 5
Mostly disagree ......................................... 6
Strongly disagree ........................................7

**R16: "I have not experienced many warm and trusting relationships with others."**

Strongly agree ........................................... 1
Mostly agree ............................................. 2
Agree ....................................................... 3
Neither ....................................................4
Disagree ................................................... 5
Mostly disagree ......................................... 6
Strongly disagree ........................................7

**R17: "I have confidence in my own opinions, even if other people do not like them."**

Strongly agree ........................................... 1
Mostly agree ............................................. 2
Agree ....................................................... 3
Neither ....................................................4
Disagree ................................................... 5
Mostly disagree ......................................... 6
Strongly disagree ........................................7

**R18: "I judge myself by what I think is important, not by the values of what others think is important."**

Strongly agree ........................................... 1
Mostly agree ............................................. 2
Agree ....................................................... 3
Neither ....................................................4
Disagree ................................................... 5
Mostly disagree ......................................... 6
Strongly disagree ........................................7

EURO-D depression scale

**You can answer the following questions in a free manner.**

*(IWER: Code answer without reading out alternative answer options)*

**Euro1 (MH002): In the last month, have you been sad or depressed?**

Yes ...............................................................1
No ............................................................. 2
Don't know .............................................. -1
No answer ............................................... -2

**Euro2 (MH003): What are your hopes for the future?**

Some hopes ...................................... 1
No hopes ........................................ 2
Don't know ..................................... -1
No answer ..................................... -2

**Euro3 (MH004): In the last month, have you felt that you would rather be dead?**

Yes ...............................................................1

No .................................................................. 2
Don't know .................................................... -1
No answer ..................................................... -2

## Euro4 (MH005): Do you tend to blame yourself or feel guilty about anything?

Obvious excessive guilt or self-blame ……………….…... 1
No such feelings.............................................. 2
Mentions guilt or self-blame, but it is unclear if these constitute
  obvious or excessive guilt or self-blame .................... 3
Don't know .................................................... -1
No answer ..................................................... -2

## Euro5 (CAMH007): Have you had trouble sleeping recently?

Yes .................................................................1
No .................................................................. 2
Don't know .................................................... -1
No answer ..................................................... -2

## Euro6 (CAMH008): In the last month, what is your interest in things?

Less interest than usual mentioned ............................ 1
No mention of loss of interest ................................... 2
Non-specific or uncodeable response.......................... 3
Don't know .................................................... -1
No answer ..................................................... -2

## Euro7 (MH010): Have you been irritable recently?

Yes .................................................................1
No .................................................................. 2
Don't know .................................................... -1
No answer ..................................................... -2

## Euro8 (MH011): What has your appetite been like in the last month?

Diminution in desire for food ...................................... 1
No diminution in desire for food ................................. 2
Non-specific or uncodeable response ......................... 3
Don't know .................................................... -1
No answer ..................................................... -2

## Euro9 (MH013): In the last month, have you had too little energy to do the things you wanted to do?

Yes .................................................................1
No .................................................................. 2
Don't know .................................................... -1
No answer ..................................................... -2

## Euro10 (MH014+MH015): How is your concentration? For example, can you concentrate on a television programme, film or radio programme? Can you concentrate on something you read?

Yes .................................................................1
No ................................................................. 2
Don't know ................................................... -1
No answer ................................................... -2

## Euro11 (MH016): What have you enjoyed doing recently?

Names joy inducing activities........................................ 1
Names at least 1 joy inducing activity .……………………. 2
Don't know ................................................... -1
No answer ................................................... -2

## Euro12 (MH017): In the last month, have you cried at all?

Yes .................................................................1
No ................................................................. 2
Don't know ................................................... -1
No answer ................................................... -2

## GAD-7 scale

**GAD 1: I will now read a series of health conditions to you. Please tell me, how often you were affected by these within the last two weeks. Please answer with never, a few times, more than half of the days or almost every day.**

### GAD 1a: Feeling nervous, anxious or on edge

Not At All .................................................... 1
Several Days ............................................... 2
More than half the days............................................. 3
Nearly every day ....................................... 4
No answer ............................................................. -2

### GAD 1b: Not being able to stop or control worries

Not At All .................................................... 1
Several Days ............................................... 2
More than half the days............................................. 3
Nearly every day ....................................... 4
No answer ............................................................. -2

### GAD 1c: Worrying too much about different things

Not At All .................................................... 1
Several Days ............................................... 2
More than half the days............................................. 3
Nearly every day ....................................... 4
No answer ............................................................. -2

### GAD 1d: Difficulties to relax

Not At All .................................................... 1
Several Days ............................................... 2
More than half the days............................................. 3

Nearly every day ..................................................... 4
No answer .............................................................. -2

## GAD 1e: Being so restless that it is hard to sit still

Not At All ................................................................. 1
Several Days ........................................................... 2
More than half the days............................................. 3
Nearly every day ..................................................... 4
No answer .............................................................. -2

## GAD 1f: Becoming easily annoyed or irritable

Not At All ................................................................. 1
Several Days ........................................................... 2
More than half the days............................................. 3
Nearly every day ..................................................... 4
No answer .............................................................. -2

## GAD 1g: Feeling afraid as if something awful might happen?

Not At All ................................................................. 1
Several Days ........................................................... 2
More than half the days............................................. 3
Nearly every day ..................................................... 4
No answer .............................................................. -2

# STATISTICAL CONTROL QUESTIONS

**A1:** *IWER: Please enter the respondent's gender. Ask, if unsure*

Male ........................................................................ 1
Female .................................................................... 2
Third Gender ........................................................... 3

## A2: Please give us your date of birth one more time.

Day (dd) ........................................................... _____
Month (mm) ...................................................... _____
Year (yyyy) ......................................................... _____
Don't know ........................................................... -1
No answer ........................................................... -2

# END

**We reached the end of the survey. Thank You for your participation. […]**