

**Did you consume more food than usual during quarantine?**

- a) decidedly yes b) yes c) hard to decide d) no e) decidedly no

**Please indicate the number of meals eaten per day during quarantine:**

- a) one b) two c) three d) four e) five f) six or more

**Did you snack more frequently than usual during quarantine?**

- a) decidedly yes b) yes c) hard to decide d) no e) decidedly no **Please indicate the number of snacks eaten per day during quarantine:**

- a) none b) one c) two d) three e) four or more

**Did you cook more often than usual during quarantine?**

- a) decidedly yes b) yes c) hard to decide d) no e) decidedly no

**How often did you eat breakfast during quarantine?**

- a) every day b) almost every day c) sometimes d) practically never e) never

**Please estimate the frequency of consumption of particular foods during COVID-19 quarantine:**

	>1 per day	Once per day	Few times per week	Once per week	Once per month	Occasionally	Never
Vegetables and fruits							
Legumes							
Grain products							
Meat products							
Dairy							
Fast-foods							
Instant products							
Sweets							
Salty snacks							
Coffee							
Tea							

**Did you notice any changes in your body weight during quarantine?**

a) weight increase b) weight loss c) no change in weight d) did not measure weight

**If you noticed any changes in your body weight during quarantine, please indicate the estimated difference (in kg): ....**

**Do you smoke cigarettes?**

a) yes b) no

**If so, did you observe a tendency to smoke more during quarantine?**

a) decidedly yes b) yes c) hard to decide d) no e) decidedly no

**Did you drink more alcohol during quarantine?**

a) decidedly yes b) yes c) hard to decide d) no e) decidedly no

**Are you addicted to alcohol?**

a) yes b) no

**Please indicate whether you fear contracting coronavirus during grocery shopping?**

a) decidedly yes b) yes c) hard to decide d) no e) decidedly no

**Please indicate whether you fear contracting coronavirus when having direct contact with food?**

a) decidedly yes b) yes c) hard to decide d) no e) decidedly no

**Please indicate which of the following describes you best during COVID-19 quarantine:**

a) I work full-time remotely b) I work with no changes, not remotely c) I am a university student d) I am unemployed e) I work regularly

**Your age (in years): ...**

**Your weight (in kg): ....**

**Your height (in cm): ....**

**Your gender:**

a) female b) male

**Your place of living:**

a) urban  $\geq$ 250,000 residents b) urban 50,000–200,000 residents c) Urban 50,000–100,000 residents d) urban < 50,000 residents e) rural area

**Your education level:**

a) primary b) secondary c) tertiary d) vocational