

Translated Pertinent Survey Questions

Informed consent:

1. I consent voluntarily to be a participant in this study, and I am aware of my right to stop my participation at any time without need for an explanation
 - a. Yes
 - b. No

Personal details

2. Age :
3. Gender:
 - a. Male
 - b. Female
 - c. I would rather not say
4. Name of city or town in which you reside:
5. Please indicate your weight in kg as measured before the COVID-19 outbreak (skip if unknown):
6. Please indicate your current weight in kg:
7. Employment during lockdown:
 - a. I did not work before and I do not work at the present
 - b. I worked before and I am not working at the present
 - c. I am working from home
 - d. I am an essential worker working outside the home
 - e. I am a student/soldier
 - f. I am retired
8. Please mark the statements that apply to you:
 - a. I received medications for weight management during the COVID-19 outbreak
 - b. I underwent endoscopic sleeve gastroplasty
 - c. I underwent bariatric surgery in the past year
 - d. I underwent bariatric surgery over a year ago
 - e. None of the above

Diet and physical activity

1. I feel during this period I have been eating:
 - a. More than usual
 - b. Less than usual
 - c. No change
2. During this period, I have been eating processed snacks (sweet/savory):
 - a. More than usual
 - b. Less than usual
 - c. No change
3. During this period, I have been eating fruits and vegetables:
 - a. More than usual
 - b. Less than usual
 - c. No change
4. During the COVID-19 outbreak (mark all statements that apply to you):
 - a. I ate more homemade food
 - b. I ate more fast food
 - c. I ate less homemade food
 - d. I ate less fast food
 - e. There was no change in my homemade food consumption
 - f. There was no change in my fast food consumption
5. During this period:
 - a. I adhere more to having organized and planned meals throughout the day
 - b. I adhere less to having organized and planned meals throughout the day
 - c. There is no change in my adherence to organized and planned meals throughout the day
6. Which of the following statements best describes your eating habits during the COVID-19 outbreak (mark all statements that apply to you):
 - a. Eating more meals at the table
 - b. Eating less meals at the table
 - c. I live by myself
 - d. Eating more often with household members

- e. Eating less often with household members
7. Before the COVID-19 outbreak: How much time (in hours) per week did you dedicate to physical activity?
- a. < 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. > 5
8. During the COVID-19 outbreak: How much time (in hours per week) did you dedicate to physical activity?
- a. < 1
 - b. 2
 - c. 3
 - d. 4
 - e. > 5

Sleep and Mood

1. How did the COVID-19 crisis affect your sleeping hours?
- a. I sleep more hours on average every night as compared to my previous routine
 - b. I sleep less hours on average every night as compare to my previous routine
 - c. There is no change in number of hours I sleep at night
2. Was there nighttime eating (at late hours or at a time that you are supposed to be asleep) before the current period?
- a. Yes
 - b. No
 - c. Sometimes
 - d. I do not know
3. Is there nighttime eating (at late hours or at a time that you are supposed to be asleep) currently?
- a. Yes
 - b. No
 - c. Sometimes

- d. I do not know
- 4. How has this period affected your mood?
 - a. My mood improved
 - b. My mood worsened
 - c. There is no change in my mood
 - d. I do not know

Virtual Care

- 1. Do you utilize the virtual care services available in our clinic?
 - a. Yes, since the COVID-19 outbreak I have been receiving virtual consultations
 - b. Yes, and I received virtual care prior to the COVID-19 outbreak as well
 - c. I received virtual care prior to COVID-19 and I am not using it at the present
 - d. No
- 2. I utilized virtual care for the following types of consultations (mark all applicable selections):
 - a. Medical
 - b. Dietary
 - c. Psychological
- 3. Do you believe that you will continue to utilize the dietary online care after the COVID-19 crisis ends?
 - a. Yes, certainly
 - b. Yes, in part
 - c. Not at all
 - d. I do not know