We have some questions about your physical activity before and after COVID-19 restrictions.

How often have you:

In a TYPICAL MONTH BEFORE COVID

During the LAST MONTH

Very often	Fairly often	Sometimes	Almost never	Never		Very often	Fairly often	Sometimes	Almost never	Never
1	2	3	4	5	Engaged in recreational physical activity	1	2	3	4	5
1	2	3	4	5	Engaged in work physical activity	1	2	3	4	5
1	2	3	4	5	Engaged in active transportation	1	2	3	4	5
1	2	3	4	5	Used public transportation	1	2	3	4	5
1	2	3	4	5	Engaged in household physical activity	1	2	3	4	5
1	2	3	4	5	Spent time sitting	1	2	3	4	5
1	2	3	4	5	Spent time riding a bicycle	1	2	3	4	5
1	2	3	4	5	Spent time walking in neighborhood	1	2	3	4	5
1	2	3	4	5	Spent time walking on trails	1	2	3	4	5
1	2	3	4	5	Spent time walking in parks	1	2	3	4	5

	-				
Please describe	how vour	physical	activity	has c	handed.
		p,			

Please tell us about the physical activity resources you have used BEFORE and DURING the COVID-19 pandemic, <u>over a one-month period</u>.

	In a typica	al month BE 19	FORE C	OVID-	During the LAST MONTH					
	Frequently	Sometimes	Rarely	Never	Frequently	Sometimes	Rarely	Never		
Parks/Trails	0	0	0	0	0	0	0	0		
Botanical gardens										
Recreational sports/intramurals	0	0	0	0	0	0	0	0		
Neighborhood (sidewalks, parks)	0	0	0	0	0	0	0	0		
Home-based activity (workouts, housework, yard work, gardening, playing outside)	0	0	0	0	0	0	0	0		
Fitness facilities (gyms, clubs, studios)	0	0	0	0	0	0	0	0		
Time outdoors with animals	0	0	0	0	0	0	0	0		

Please tell us how much time <u>per week</u> you spent being physically active in each of these settings BEFORE and DURING COVID-19.

	Typical week BEFORE COVID-19	Last week
	Minutes per week	Minutes per week
Parks/trails		
Botanical gardens		
Recreational sports/intramurals		
Neighborhoods (sidewalks, parks)		
Home-based activity (workouts, yard work, gardening, playing outside)		
Fitness facilities (gyms, clubs, studios)		
Time outdoors with animals		

Please indicate the extent to which you agree or disagree with the following statements about resources in the <u>last week</u>.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Parks are within walking distance of my house	0	0	0	0	0
I can access/use parks	0	0	0	0	0
I can access/use playgrounds	0	0	0	0	0
I can access/use sports courts	0	0	0	0	0
Trails are within walking distance of my house	0	0	0	0	0
I can access/use trails	0	0	0	0	0
I can access/use sidewalks/shared spaces in my neighborhood	0	0	0	0	0
I can access/use a fitness facility	0	0	0	0	0

To what degree has the <u>value you place on nature</u>, parks or other green space <u>near where you live</u> ('nearby nature') shifted as a result of the COVID-19 pandemic?

Value Much	Value Less	No Change	Value More	Value Much	No Opinion
Less				More	
0	0	0	0	0	0

Please tell us about the nearby nature you have used BEFORE and DURING the COVID-19 pandemic, <u>over a one-month period</u>.

	In a typica	al month BE 19	FORE C	OVID-	During the LAST MONTH					
	Frequently	Sometimes	Rarely	Never	Frequently	Sometimes	Rarely	Never		
Watched birds through a window	0	0	0	0	0	0	0	0		
Listened to birdsong	0	0	0	0	0	0	0	0		
Smelled rain or plants	0	0	0	0	0	0	0	0		
Looked at greenery and plants through a window	0	0	0	0	0	0	0	0		
Spent time in my backyard	0	0	0	0	0	0	0	0		

Please describe alternatives and substit replace being outdoors DURING COVID-	-	nave used o	or would like to	use to	
Please indicate the extent to which you a about alternatives to being outdoors.	agree or dis	agree with	the following s	tatements	5
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I enjoy watching nature through a window.	Ö	0	0	0	Ö
I enjoy listening to nature through a window.	0	0	0	0	0
I enjoy looking at images of nature.	0	0	0	0	0
I enjoy listening to natural sounds through recordings (water, birds).	0	0	0	0	0
I enjoy growing indoor plants.	0	0	0	0	0
I enjoy virtual reality of nature scenes.	0	0	0	0	0
I can access/use sidewalks/shared spaces in my neighborhood.	0	0	0	0	0
I can access/use a fitness facility.	0	0	0	0	0
My ideal vacation spot would be a remote, wilderness area.	0	0	0	0	0
I always think about how my actions affect the environment.	0	0	0	0	0
My connection to nature and the environment is a part of my spirituality.	0	0	0	0	0
I take notice of wildlife wherever I am.	0	0	0	0	0
My relationship to nature is an important part of who I am	0	0	0	0	0
I feel very connected to all living things and the earth.	0	0	0	0	0

Now, we have some questions about your health.

In the last month, how often have you:

	Very often	Fairly often	Sometimes	Almost never	Never	Prefer not to answer
Been upset because of something that happened unexpectedly?	0	0	0	0	0	0
Felt that you were unable to control the important things in your life?	0	0	0	0	0	0
Felt nervous and stressed?	0	0	0	0	0	0
Felt confident about your ability to handle your personal problems?	0	0	0	0	0	0
Felt that things were going your way?	0	0	0	0	0	0
Found that you could not deal with all the things that you had to do?	0	0	0	0	0	0
Been able to control irritations in your life?	0	0	0	0	0	0
Felt that you were on top of things?	0	0	0	0	0	0
Been angered because of things that happened that were outside of your control?	0	0	0	0	0	0
Felt difficulties were piling up so high that you could not overcome them?	0	0	0	0	0	0

Below is a list of questions that describe situations and experiences of individuals who have or had cancer. Please indicate the extent to which you agree or disagree during the <u>past month</u>.

	Not at all	A little	A fair amount	Much	Very much	Not applicable
I have a better idea about what serious illness is since having had cancer	0	0	0	0	0	0
I feel a guiding energy in my life which has my best interest in mind.	0	0	0	0	0	0
Since having had cancer, I have a greater appreciation for the time I spend with my friends and family.	0	0	0	0	0	0
I follow my inner voice when making health decisions.	0	0	0	0	0	0
I have intuitive experiences that reassure me about my health care choices.	0	0	0	0	0	0
I receive subtle cues that give me confidence in my health decisions.	0	0	0	0	0	0
I am sympathetic with family/friends who have major illnesses, such as heart or kidney disease since my cancer.	0	0	0	0	0	0
Since having had cancer, I tend to notice things in nature more, such as sunsets, raindrops and spring flowers.	0	0	0	0	0	0
I feel an inner direction that helps me make wise decisions.	0	0	0	0	0	0
I have become closer with some family members/friends since having had cancer.	0	0	0	0	0	0
Since having had cancer, I don't take life's little things for granted.	0	0	0	0	0	0
Regular exercise keeps me healthy, so I am less likely to get cancer again.	0	0	0	0	0	0
Exercise helps me feel healthy.	0	0	0	0	0	0
I exercise more frequently.	0	0	0	0	0	0
Exercise helps decrease my fatigue.	0	0	0	0	0	0
Exercise helps me feel energetic.	0	0	0	0	0	0

We have some questions about how severe your symptoms have been, over the $\underline{\text{past}}$ $\underline{\text{month}}$.

	Not present										As bad as you can
	0	1	2	3	4	5	6	7	8	9	imagine 10
Your pain at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your fatigue (tiredness) at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your nausea at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your disturbed sleep at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your feelings of being distressed (upset) at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your shortness of breath at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your problem with remembering things at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your problem with lack of appetite at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your feeling drowsy (sleepy) at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your having dry mouth at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your feeling sad at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your vomiting at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your numbness or tingling at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your diarrhea at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your constipation at its WORST?	0	0	0	0	0	0	0	0	0	0	0
Your sore mouth at its WORST?	0	0	0	0	0	0	0	0	0	О	0
Your rash at its WORST?	0	0	0	0	0	0	0	0	0	О	0
Your hair loss at its WORST?	0	0	0	0	0	0	0	0	0	О	0
Your cough at its WORST?	0	0	0	0	0	0	0	0	0	0	0

We have some questions about how symptoms have interfered with your life, over the <u>past month</u>.

	Did not interfere	1	2	3	4	5	6	7	8	9	Interfered completely 10
General activity?	0	0	0	0	0	0	0	0	0	0	0
Mood?	0	0	0	0	0	0	0	0	0	0	0
Work (including around the house)?	0	0	0	0	0	0	0	0	0	0	0
Relations with other people?	0	0	0	0	0	0	0	0	0	0	0
Walking?	0	0	0	0	0	0	0	0	0	0	0
Enjoyment of life?	0	0	0	0	0	0	0	0	0	0	0

Next, we have a few questions about your current cancer and treatment.
Please check all that are true of your breast cancer diagnosis. O Bilateral (both breasts) O Unilateral (one breast) O Recurrent O Metastatic O Inflammatory O I have been told that I inherited the gene BRAC1 or BRAC2 O I have been told that my cancer cells are hormone receptor positive O I have been told that my cancer cells are hormone receptor triple negative O My mother was diagnosed with breast cancer O My maternal grandmother (mother's mother) was diagnosed with breast cancer O My paternal grandmother (father's mother) was diagnosed with breast cancer O Don't know
How old were you when you were diagnosed with cancer? Please answer in years, for example "45". Age (in years):
Which stage of cancer were you in at the time of diagnosis?
O Stage 0 O Stage I O Stage II O Stage III O Stage IV
Please select all the treatments that you have had for your breast cancer.
O Chemotherapy O Radiation O Surgery O Hormonal therapy O Targeted therapy O Immunotherapy O Complementary therapies (e.g. reflexology, meditation) O None

Have you had any disruptions in your cancer care during COVID?
O Yes O No O Not applicable O Not so far
Last, we have a few questions about your demographics.
How old are you today? Please answer in years, for example "65". Age (in years):
What is your gender? O Male O Female
What is your ethnicity? You may select any that apply.
O White O Hispanic or Latino O Black or African American O Native American or American Indian O Asian/Pacific Islander O Other
What is your marital status?
O Single O Married or domestic partnership O Widowed O Divorced O Separated

How many children under the age of 18 live in your household?
O None O 1 O 2 O 3 O 4
O 5 or more
How many adults over the age of 18 live in your household, counting yourself?
O 1 O 2 O 3 O 4 O 5 or more
What is your total household income?
 C Less than \$10,000 ○ \$10,000 to \$19,999 ○ \$20,000 to \$29,999 ○ \$30,000 to \$39,999 ○ \$40,000 to \$49,999 ○ \$50,000 to \$59,999 ○ \$60,000 to \$69,999 ○ \$70,000 to \$79,999 ○ \$80,000 to \$89,999 ○ \$90,000 to \$99,999 ○ \$100,000 to \$149,999 ○ More than \$150,000 ○ Don't know
O Prefer not to answer

What is your highest level of education?
O Some high school, no diploma
O High school graduate
O Some college credit, no degree
O Trade/technical/vocational training
O Associate degree
O Bachelor's degree
O Master's degree
O Professional degree
O Doctorate degree
What is the name of the city or town where you are currently residing?
Trinat is the name of the only of town whole you are our only residing.
What is the zip code where you are currently residing?
Have you been tested for COVID?
O Yes
O No
If you have been tested for the COVID-19 <u>virus</u> , please provide the date and result of you test.
Date of test/ (DD/MM/YYYY)
Result of test
O Positive
O Negative
- Hogaliyo
-
O Don't know O Prefer not to answer

If you have been tested for COVID-19 <u>Antibodies</u> , please provide the date and results of your test.
Date of test/ (DD/MM/YYYY)
Result of test
O Positive
O Negative
O Don't know
O Prefer not to answer