Supplement (1) to "Functional health and symptoms in Spain before and during the COVID-19 pandemic" by Lehmann et al. 2021 at BMC Public Health

This supplement gives an English translation (original language: Spanish) to the sociodemographic questionnaire that was constructed for this study. Questions or answer options that are marked with grey color were present only in the second assessment (in 2020).

Question	Possible answers
Are you male or female?	Male
Are you male or remale:	Female
	remale
How old are you (in years)?	(participants enter an integer number)
non old are you (iii years).	(participants circs an integer names)
What is your highest education or training?	Compulsory or less
	Spanish baccalaureate
	Vocational education
	Non-university diploma
	University degree
	Postgraduate degree
Do you have any, or have you had any of the following (tick all that apply)?	Asthma, emphysema or chronic bronchitis
Tonowing (tiek all that apply).	Arthritis or rheumatism
	Cancer diagnosed in the last 3 years
	Diabetes
	Digestive problems (such as ulcer, colitis or
	gallbladder disease)
	Heart problems (such as angina pectoris,
	congestive heart failure or coronary artery
	disease)
	HIV/AIDS
	Renal disease
	Liver problems (such as cirrhosis)
	Stroke
	Mental illness (such as depression)
	Stroke
	None of the above
What is your relationship status?	Single
	Married
	Divorced
	Widowed
	Long-term relationship (but not married)
Do you live alone?	Yes
	No
Do you live with your children?	Yes
	No
Do you live with your spouse/partner?	Yes
bo you live with your spouse/partiler!	No
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Do you live with your parents?

Yes

No

Do you live with other family? Yes

No

What is your current employment status? Employed (full time)

Employed (full time, currently teleworking)

Employed (part time)

Employed (part time, currently teleworking)

Unemployed

Lost my job due to COVID-19

Houseworker Retired On sick leave

In training or student

Other

How many square meters does your apartment/house have (including garden or

balcony)?

(participants enter an integer number)

How many persons live in your

apartment/house?

(participants enter an integer number)

Does your apartment/house have a garden or

balcony?

Yes

No

Social distancing No social distancing

Moderate social distancing (reduction of contact with other people, work at the

workplace if applicable)

Strong social distancing (I only leave home for essential tasks such as shopping, doctor's visits,

teleworking if necessary)
I am in quarantine

Are you burdened by the current situation

caused by Covid-19?

Not at all

A little Quite a bit Very much

Have you been tested for Covid-19?

No

Yes, with a negative result (I don't have COVID-

19)

Yes, with a positive result (I have COVID-19)
Yes, but I am still waiting for the results