

Supplementary Material

Psychosocial Effects of COVID-19 Measures on (Pre-)Dementia Patients During Second Lockdown

Covid-19 survey patient and caregiver. Survey is directly translated from Dutch

Covid-19 Survey - patient

Thank you for participating in this survey!

These questions focus on your life in times of Covid-19. In this way, we can learn how institutions can support people even better in times of Covid-19.

1. At this moment, are you infected with Covid-19, or have you been infected with Covid-19 previously?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I do not know
2. Have you been tested for Covid-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2b) What was the test result?	<input type="checkbox"/> I was infected with Covid-19 <input type="checkbox"/> I was not infected with Covid-19 <input type="checkbox"/> I do not know
3. Have you been ill as a result of the Covid-19 infection?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3a) Have you been hospitalized as a result of the Covid-19 infection?	<input type="checkbox"/> No <input type="checkbox"/> Yes, at the general hospital unit <input type="checkbox"/> Yes, at the intensive care (IC) unit

4. Are you afraid of getting infected by Covid-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know
5. Are you feeling alone during Covid-19 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know
6. Why are you feeling alone? You may choose more than one answers.	<input type="checkbox"/> I do not see my children anymore <input type="checkbox"/> I do not see my family anymore <input type="checkbox"/> I do not see my friends anymore <input type="checkbox"/> I do not see my neighbors anymore <input type="checkbox"/> I am not going outside anymore <input type="checkbox"/> Other, (write down);
7. What is it like for you to feel alone?	<input type="checkbox"/> I like it <input type="checkbox"/> I do not like it, and it does not bother me <input type="checkbox"/> It does bother me
8. Sometimes, the Covid-19 restrictions are more strict. Are you then feeling more alone?	<input type="checkbox"/> Then I feel more alone <input type="checkbox"/> Then I feel the same <input type="checkbox"/> Then I feel less alone
9. The following questions focus on who or what helped you through Covid-19 times.	
Have family and friends helped you through Covid-19 times? For example, by calling you.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not have family and friends
Have neighbors helped you through Covid-19 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have no contact with my neighbors
Has the case manager helped you through Covid-19 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have no case manager
Has sports helped you through Covid-19 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not sport
Has music helped you through Covid-19 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not play music and I do not listen to music
Have other hobbies helped you through Covid-19 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have no other hobbies

10. The following questions focus on whether you receive more or less support in times of Covid-19.	
Do you receive more or less support from your GP in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> He/she does the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I did not have had contact with my GP in times of Covid-19
Do you receive more or less support from your district nurse or home care in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> He/she does the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no district nurse or home care
Do you receive more or less support from your case manager in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> He/she does the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no case manager
Do you receive more or less support from your day care in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> They do the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no day care
Do you receive more or less support from volunteers in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> They do the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no contact with volunteers
Do you receive more or less support from neighbors in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> They do the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no contact with my neighbors
Do you receive more or less support from family and friends in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> They do the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no (contact with) family and friends
11. Do you receive enough support in times of Covid-19?	<input type="checkbox"/> Yes, I receive enough support in times of Covid-19 <input type="checkbox"/> No, I need more support in times of Covid-19
11a) From whom would you like to receive more support in times of Covid-19? You may choose more than 1 answer	<input type="checkbox"/> Health care professionals. For example the GP <input type="checkbox"/> District nurses or home care <input type="checkbox"/> Family and friends <input type="checkbox"/> Other, (write down) ...
In times of Covid-19, some health care appointments continue, for example at home. Other health care appointments only continue by phone or video calls.	
12. In times of Covid-19, have you had an appointment with a health care professional, at (general) practice or at home?	<input type="checkbox"/> No <input type="checkbox"/> Yes, that was a comfortable experience <input type="checkbox"/> Yes, that was not a comfortable, neither an uncomfortable experience <input type="checkbox"/> Yes, that was an uncomfortable experience

13. In times of Covid-19, have you had an appointment with a health care professional by phone or video call ?	<input type="checkbox"/> No <input type="checkbox"/> Yes, that was a comfortable experience <input type="checkbox"/> Yes, that was not a comfortable, neither an uncomfortable experience <input type="checkbox"/> Yes, that was an uncomfortable experience
14. In times of Covid-19, have you been to day care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I never go to day care
15. In some cases, day care stopped in times of Covid-19. Did you receive an alternative? For example conversations by video call. Or alternatives to do at home.	<input type="checkbox"/> Yes, (write down what you received):..... <input type="checkbox"/> No, I did not receive an alternative
16. In times of Covid-19, are you less interested in other persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> I am not interested in other persons
17. In times of Covid-19, has your sleeping rhythm changed? For example, getting up earlier or taking more naps during the day.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know
18. In times of Covid-19, are you worried for getting more memory problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> I always have problems with my memory
19. In times of Covid-19, are you feeling more lonely?	<input type="checkbox"/> Yes <input type="checkbox"/> No, less lonely <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never lonely
20. In times of Covid-19, are you more afraid?	<input type="checkbox"/> Yes <input type="checkbox"/> No, less afraid <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never afraid
21. In times of Covid-19, are you feeling more insecure?	<input type="checkbox"/> Yes <input type="checkbox"/> No, less insecure <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never insecure
22. In times of Covid-19, are you feeling more depressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No, less depressed <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never depressed

23. In times of Covid-19, are you feeling more good?	<input type="checkbox"/> Yes <input type="checkbox"/> No, feeling less good <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I never feel good
24. In times of Covid-19, are you feeling more stressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No, less stress <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never stressed
25. In times of Covid-19, are you feeling more tired?	<input type="checkbox"/> Yes <input type="checkbox"/> No, less tired <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never tired
26. The following question focus on the news.	
How often do you read, listen or watch the paper, radio or television in Dutch ?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you read, listen or watch the paper, radio or television in another language ?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you visit websites of the government, national institute of health and environment, and other websites focusing on Covid-19?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you read messages focusing on COVID-19 at Facebook, Twitter, Instagram or other social media?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you read messages focusing on Covid-19 at YouTube, discussion forums and other websites?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you use other media focusing on Covid-19?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day

	<input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
27.	
In your opinion, what is worst in times of Covid-19? (write 1 sentence)	
In your opinion, what supports you in times of Covid-19? (write 1 sentence)	
In your opinion, what support would you receive most preferably in times of Covid-19? (write 1 sentence)	

Thank you very much for participating in the Covid-19 survey!

Covid-19 Survey - caregiver

Thank you for participating in this survey!

These questions focus on your life and the life of your loved one in times of Covid-19. In this way, we can learn how institutions can support people even better in times of Covid-19.

1. At this moment, are you infected with Covid-19, or have you been infected with Covid-19 previously?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I do not know
2. Have you been tested for Covid-19?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2b) What was the test result?	<input type="checkbox"/> I was infected with Covid-19 <input type="checkbox"/> I was not infected with Covid-19 <input type="checkbox"/> I do not know
3. Have you been ill as a result of the Covid-19 infection?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3a) Have you been hospitalized as a result of the Covid-19 infection?	<input type="checkbox"/> No <input type="checkbox"/> Yes, at the general hospital unit <input type="checkbox"/> Yes, at the intensive care (IC) unit
4. Are you afraid of getting infected by Covid-19 yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know
5. Are you afraid that you loved one is getting infected by Covid-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know
6. Are you feeling alone during Covid-19 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know

<p>7. Why are you feeling alone? You may choose more than one answers.</p>	<input type="checkbox"/> I do not see my children anymore <input type="checkbox"/> I do not see my family anymore <input type="checkbox"/> I do not see my friends anymore <input type="checkbox"/> I do not see my neighbors anymore <input type="checkbox"/> I am not going outside anymore <input type="checkbox"/> Other, (write down);
<p>8. What is it like for you to feel alone?</p>	<input type="checkbox"/> I like it <input type="checkbox"/> I do not like it, and it does not bother me <input type="checkbox"/> It does bother me
<p>9. Sometimes, the Covid-19 restrictions are more strict. Are you then feeling more alone?</p>	<input type="checkbox"/> Then I feel more alone <input type="checkbox"/> Then I feel the same <input type="checkbox"/> Then I feel less alone
<p>10. The following questions focus on who or what helped you through Covid-19 times.</p>	
<p>Have family and friends helped you through Covid-19 times? For example, by calling you.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not have family and friends
<p>Have neighbors helped you through Covid-19 times?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have no contact with my neighbors
<p>Has the case manager helped you through Covid-19 times?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have no case manager
<p>Has sports helped you through Covid-19 times?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not sport
<p>Has music helped you through Covid-19 times?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not play music and I do not listen to music
<p>Have other hobbies helped you through Covid-19 times?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have no other hobbies
<p>11. The following questions focus on whether you receive more or less support in times of Covid-19.</p>	

Do you receive more or less support from your GP in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> He/she does the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I did not have had contact with my GP in times of Covid-19
Do you receive more or less support from your district nurse or home care in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> He/she does the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no district nurse or home care
Do you receive more or less support from your case manager in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> He/she does the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> We have no case manager
Do you receive more or less support from your day care in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> They do the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> My loved one has no day care
Do you receive more or less support from volunteers in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> They do the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no contact with volunteers
Do you receive more or less support from neighbors in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> They do the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no contact with my neighbors
Do you receive more or less support from family and friends in times of Covid-19?	<input type="checkbox"/> I receive more support <input type="checkbox"/> They do the same as always <input type="checkbox"/> I receive less support <input type="checkbox"/> I have no (contact with) family and friends
12. In times of Covid-19, have you been very busy with taking care of your loved one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> I am always very busy with taking care of my loved one
13. Do you receive enough support for you loved one in times of Covid-19?	<input type="checkbox"/> Yes, I receive enough support in times of Covid-19 <input type="checkbox"/> No, I need more support in times of Covid-19
13a) From whom would you like to receive more support in times of Covid-19? You may choose more than 1 answer	<input type="checkbox"/> Health care professionals. For example the GP <input type="checkbox"/> District nurses or home care <input type="checkbox"/> Family and friends <input type="checkbox"/> Other, (write down) ...
In times of Covid-19, some health care appointments continue, for example at home. Other health care appointments only continue by phone or video calls.	

<p>14. In times of Covid-19, has your loved one had an appointment with a health care professional, at (general) practice or at home?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, that was a comfortable experience <input type="checkbox"/> Yes, that was not a comfortable, neither an uncomfortable experience <input type="checkbox"/> Yes, that was an uncomfortable experience</p>
<p>15. In times of Covid-19, has your loved one had an appointment with a health care professional by phone or video call?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes, that was a comfortable experience <input type="checkbox"/> Yes, that was not a comfortable, neither an uncomfortable experience <input type="checkbox"/> Yes, that was an uncomfortable experience</p>
<p>16. In times of Covid-19, has your loved one been to day care?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My loved one never goes to day care</p>
<p>28. In some cases, day care stopped in times of Covid-19. Did your loved one receive an alternative? For example conversations by video call. Or alternatives to do at home.</p>	<p><input type="checkbox"/> Yes, (write down what you received):..... <input type="checkbox"/> No, my loved one did not receive an alternative</p>
<p>17. In times of Covid-19, did you observe more behavioral problems in your loved one?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> My loved one has no behavioral problems</p>
<p>18. In times of Covid-19, is your loved one less interested in other persons?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> My loved one is not interested in other persons</p>
<p>19. In times of Covid-19, does your loved one accept help less easily?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> My loved one does not need help</p>
<p>20. In times of Covid-19, has your loved one's sleeping rhythm changed? For example, getting up earlier or taking more naps during the day.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know</p>
<p>21. In times of Covid-19, does your loved one show more repetitive behavior? For example walking around without a purpose, fiddling with buttons, plucking, winding thread.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> My loved one does not show this behavior</p>
<p>22. In times of Covid-19, are you worried for your loved one getting more memory problems?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know</p>

	<input type="checkbox"/> My loved one always has problems with his/her memory
<p>The following questions focus on your own feelings.</p>	
<p>23. In times of Covid-19, are you feeling more lonely?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, less lonely <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never lonely
<p>24. In times of Covid-19, are you more afraid?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, less afraid <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never afraid
<p>25. In times of Covid-19, are you feeling more insecure?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, less insecure <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never insecure
<p>26. In times of Covid-19, are you feeling more depressed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, less depressed <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never depressed
<p>27. In times of Covid-19, are you feeling more good?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, feeling less good <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I never feel good
<p>28. In times of Covid-19, are you feeling more stressed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, less stress <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never stressed
<p>29. In times of Covid-19, are you feeling more tired?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No, less tired <input type="checkbox"/> I feel the same <input type="checkbox"/> I do not know <input type="checkbox"/> I am never tired

30. The following question focus on the news.	
How often do you read, listen or watch the paper, radio or television in Dutch?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you read, listen or watch the paper, radio or television in another language?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you visit websites of the government, national institute of health and environment, and other websites focusing on Covid-19?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you read messages focusing on COVID-19 at Facebook, Twitter, Instagram or other social media?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you read messages focusing on Covid-19 at YouTube, discussion forums and other websites?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
How often do you use other media focusing on Covid-19?	<input type="checkbox"/> Never <input type="checkbox"/> Less than 1 time a day <input type="checkbox"/> Between 1 and 5 times a day <input type="checkbox"/> Between 6 and 10 times a day <input type="checkbox"/> More than 10 times a day
31.	
In your opinion, what is worst in times of Covid-19? (write 1 sentence)	
In your opinion, what supports you in times of Covid-19? (write 1 sentence)	
In your opinion, what support would you receive most preferably in times of Covid-19? (write 1 sentence)	

Thank you very much for participating in the Covid-19 survey!