**APPENDIX A. Supplementary Document**

Online Questionnaire Package

 **Package #1: GENERAL QUESTIONS**

1. Did any guests or family members/friends (other than your normal household members) stay with you at your house during the lockdown? (Select one)

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

2. Did you or anyone in your household got infected with the Coronavirus/COVID-19 disease? (Select one)

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

3. Are you or anyone in your household considered in the category of essential workers and had to go work during the COVID-19 lockdown? (Select one)

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

**Package #2: HOUSING TYPE, CONDITIONS, and PHYSICAL ATTRIBUTES**

4. Select the category of your house you lived in during the COVID-19 lockdown (Select one).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FLAT Type(Apartment) | **F1.** Shared Flat | **F2.** Individual Flat (without balcony) | **F3**. Individual Flat (with balcony) | **F4.** Individual Flat (with indoor/outdoor communal space) | **F5.** Individual Flat (with centrally managed outdoor space) |
| Select (x) |  |  |  |  |  |
| HOUSE Type | **H1.** House with no garden | **H2.** Terraced house with shared access/garden | **H3.** Terraced house with private garden | **H4.** Semi-detached house with private garden | **H5.** Detached house with private garden |
| Select (x) |  |  |  |  |  |

5. Do you own your property you lived in, or is it rental? (Select one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Own Property |  | Private Rental |  | Public Rental |  |

6. How many bedrooms do you have in your property? (Select one)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bedsit |  | 1 |  | 2 |  | 3  |  | 4 |  | 5 |  | More than 5 |  |

7. Including you, how many people live in your household? (Select one)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | 2 |  | 3  |  | 4 |  | 5 |  | 6 |  | More than 6 |  |

8. Did you or other household members use any internal spaces for regular physical exercises during the COVID-19 lockdown? (Select one)

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

9. Are you generally happy with the conditions of your house? (Select one)

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

 **Package #3: GENERAL COMFORT ASSESSMENT**

10. In order to evaluate your general satisfaction or dissatisfaction of your house during the COVID-19 lockdown period, please rate the followings.
*NOTE: 1 is the least satisfied, 5 is the highest. 1=Strongly Dissatisfied (SD), 2=Dissatisfied (D), 3=Neutral (N), 4=Satisfied (S), and 5=Strongly Satisfied (SS).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Category** | **SD** | **D** | **N** | **S** | **SS** |
| 1 | General Health Status | 1 | 2 | 3 | 4 | 5 |
| 2 | Privacy | 1 | 2 | 3 | 4 | 5 |
| 3 | Noise/acoustic  | 1 | 2 | 3 | 4 | 5 |
| 4 | Access to outdoor space | 1 | 2 | 3 | 4 | 5 |

 **Package #4: THERMAL COMFORT ASSESSMENT**

11. In order to evaluate your general satisfaction or dissatisfaction of your thermal comfort during the COVID-19 lockdown period, please rate the followings.
*NOTE: 1 is the least satisfied, 5 is the highest. 1=Strongly Dissatisfied (SD), 2=Dissatisfied (D), 3=Neutral (N), 4=Satisfied (S), and 5=Strongly Satisfied (SS).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Category** | **SD** | **D** | **N** | **S** | **SS** |
| **1** | Lighting conditions(internal spaces) | 1 | 2 | 3 | 4 | 5 |
| **2** | Airflow(internal spaces) | 1 | 2 | 3 | 4 | 5 |