**Annexure 3: Data collection and explanatory variables**

**Table 1. Questionnaire about online survey questions list**

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| **Section 1: General Information** |
| 1. The name |
| 2. Which country are you from? The origin of your ID? , |
| 3. What’s your gender?  A. Male B. Female |
| 4. How old are you? (Age) |
| 5.How tall are you in centimeters? \_\_\_\_ cm (centimeters); What is your weight in kilograms? \_\_\_\_\_kg (kg) (Fill in the blank) |
| 6. What’s your marital status?  A. Unmarried B. Married C. Divorced D. Widowed E. Others |
| 7. What’s your education level?  A. Illiteracy B. Primary school C. Middle school D. High school E. College or above |
| 8. What’s your occupation type?  A. Worker B. Farmer C. Business staff D. Student E. Technical staff F. Government staff G. Retired H. No fixed occupation I. Others |
| 9. At present, do you think the New Pneumonia Virus has mutated?  A. Yes B. No C. Unclear |
| 10. Do you think vaccination against COVID-19 is effective?  A. Very effective B. Effective C. Not sure D. Ineffective E. Completely ineffective F. Unclear |
| 11. How long do you think the protection of period of COVID-19 vaccine is?  A. <1 B. 1- C. 3- D. 6- E. 12- F. Unclear |
| **Section 2: Lifestyle Behaviors** |
| 1. Do you maintain a healthy body weight?  A. Always B. Often C Sometimes D. Little E. Never |
| 2. Do you maintain a healthy diet (whole food, plant-predominant diet)?  A. Always B. Often C Sometimes D. Little E. Never |
| 3. Do you maintain a regular physical exercises (150 minutes every week)?  A. Always B. Often C Sometimes D. Little E. Never |
| 4. Do you maintain an adequate sleep (≥8 hours every day)?  A. Always B. Often C Sometimes D. Little E. Never |
| 5. Do you maintain a regular physical examination (4 times every year, excluding those for illness)?  A. Always B. Often C Sometimes D. Little E. Never |
| 6. How does the frequency in washing hands (A normal frequency of washing hands is >10 times every day)?  A. Significantly increase B. Increase C. No change D. Decrease E. Significantly decrease |
| 7. How does the frequency in using sanitizers(A normal frequency of using sanitizers is >5 times every day)?  A. Significantly increase B. Increase C. No change D. Decrease E. Significantly decrease |
| 8. How does the frequency in wearing masks (A normal frequency of wearing masks is changing a mask every day)?  A. Significantly increase B. Increase C. No change D. Decrease E. Significantly decrease |
| 9. How does the frequency in attending gathering activities?  A. Significantly decrease B. Decrease C. No change D. Increase E. Significantly increase |
| 10. How does the frequency in social distancing (The normal social distancing is ≥1 meters)?  A. Significantly increase B. Increase C. No change D. Decrease E. Significantly decrease |
| 11. Do you smoke?  A. Never B. Quit C. Regular |
| 12. Do you drink?  A. Never B. Quit C. Regular |
| **Section 3: COVID-19 Vaccination** |
| 1. Do you have received the primary COVID-19 vaccine?  A. Vaccinated B. Being vaccinated C. No, but preparing to receive the COVID-19 vaccine D. No, and not sure to get the COVID-19 vaccine E. No, and hesitant to receive the COVID-19 vaccine |