Appendix 1. The study survey

1. Whether during the time of the COVID-19 pandemic you have experienced a change in your breathing?

☐ Yes ☐ No

Below you will find a list of symptoms and social/emotional consequences. Please rate your problems as they have been <u>throughout the COVID-19 pandemic.</u>

Considering how severe the problem is when you experience it and how often it happens, please rate each item below on how "bad" it is by checking out the answer that corresponds with how you feel using this scale:→	No problem	Very mild problem	Mild or slight problem	Moderate problem	Severe problem	Problem as bad as it can be
2. *Need to blow nose*	0	1	2	3	4	5
3. Nasal blockage	0	1	2	3	4	5
4. Sneezing	0	1	2	3	4	5
5. Runny nose	0	1	2	3	4	5
6. Cough	0	1	2	3	4	5
7. Post-nasal discharge	0	1	2	3	4	5
8. Thick nasal discharge	0	1	2	3	4	5
9. Ear fullness	0	1	2	3	4	5
10. Dizziness	0	1	2	3	4	5
11. Ear pain	0	1	2	3	4	5
12. Facial pain/pressure	0	1	2	3	4	5
13. Decreased sense of smell/taste	0	1	2	3	4	5
14. Difficulty falling asleep	0	1	2	3	4	5
15. Waking up at night	0	1	2	3	4	5
16. Lack of good sleep	0	1	2	3	4	5
17. Wake up tired	0	1	2	3	4	5

18. Fatigue	0	1	2	3	4	5
19. Reduced productivity	0	1	2	3	4	5
20. Reduced concentration	0	1	2	3	4	5
21. Frustrated/restless/irritable	0	1	2	3	4	5
22. Sad	0	1	2	3	4	5
23. Embarrassed	0	1	2	3	4	5
MaskSNOT						
24. Nasal dryness and crusting	0	1	2	3	4	5
25. Nasal bleeding	0	1	2	3	4	5
26. Difficult breathing during a mild effort	0	1	2	3	4	5
27. Noisy breathing	0	1	2	3	4	5
28. Troublesome inspiration through the nose	0	1	2	3	4	5
29. A sensation of lack of air	0	1	2	3	4	5
30. Nasal itching and a need for nose picking	0	1	2	3	4	5

31. Does your filling improve when you do not wear a mask (for example, during weekends)?

☐ 0 - Not at all

☐ 1 - Mild improvement

☐ 2 - Moderate improvement

☐ 3 - Major improvement

☐4 - Very significant improvement

General health survey. In the following questions, you can choose several answers.

32. Do you suffer from a chronic disease?

☐ Chronic rhinitis

☐ Chronic sinusitis

☐ Asthma or other lung disease

☐Cardiac problem and/or elevated blood pressure

☐ Other chronic issue

☐I do not have any chronic health problem

33. Do you take any continuous medical treatment due to the chronic airway (nose, sinuses, lungs) problem?

☐ Yes ☐ No

34. Has your medical treatment been changed due to wearing facial masks during the COVID-19 pandemic?

☐ Yes ☐ No

35. Have you been tested positive for COVID-19?

☐ Yes ☐ No

36. What type of mask do you usually use?

☐ N95 with a valve

☐ N95 without a valve

☐ Surgical disposable mask

☐ Cotton fabric mask

☐ Synthetic fabric mask

☐ Another mask type

☐ I do not use a face mask

37. How frequently do you change a face mask?

☐ Few times a day

☐ Once a day

☐ Once in two days

☐ Once in three days

☐ Less than once in three days

38. What is your average daily use of a face mask?

☐ Up to 1 hour

☐ 1-2 hours a day

- ☐ 2-4 hours a day
- ☐ 4-8 hours a day
- ☐ More than 8 hours a day

	Not at all	Rarely	Sometimes	Often	Always
39. *Do you use a face mask at home?*	0	1	2	3	4
40. *Do you use a face mask during a social meeting?*	0	1	2	3	4
41. *Do you use a face during a family meeting?*	0	1	2	3	4
42. *Do you use a face mask at the workplace?*	0	1	2	3	4
43. *Do you use a face mask outdoors?*	0	1	2	3	4
44. *Do you use a face mask in closed public places (shopping center, museum, etc.)?*	0	1	2	3	4

45. *Your gender*

- ☐ Female
- ☐ Male
- ☐ Rather not say

46. *Year of birth*