



Section A: preQs

A1.

A2.

A3.

Section B: Demographics

B1. What's your age?

B2. What is your gender?

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>

B3. Which post code did you spend most of the last 2 weeks at?

Section C: COVID-related information

This questionnaire is designed to better understand your attitudes and worries related to the Sars-CoV-2 virus spread (later simply "coronavirus"). Please read through the following questions and answer as best as you can. For the survey to be valid it is important that you answer honestly and accurately. However, don't think too hard about the answers, simply tick what do you feel best applies to you. We very much appreciate your time and effort.

C1. Please tick what applies to you in relation to the coronavirus:

I am or was infected.	<input type="checkbox"/>
A person in my household is or was infected.	<input type="checkbox"/>
A person close to me fell seriously ill or died from the virus.	<input type="checkbox"/>



C2. Please indicate to what degree do the following apply to you as a consequence of the coronavirus since the last survey (or since the start of the outbreak in February/March 2020 if this is your first session):

***For the purpose of this survey a member of risk group is defined as somebody with either increased exposure to other humans (such as doctors, transport service employees, public services, volunteers, etc.) or with pre-existing medical condition (asthma, chronic obstructive pulmonary disease, emphysema, bronchitis, heart disease, chronic kidney disease, liver disease such as hepatitis, Parkinson's disease, motor neuron disease, multiple sclerosis, diabetes, spleen issues or removal, weakened immune system due to autoimmune disease or medication such as steroid tablets or chemotherapy, or being overweight at BMI of 40 or above).**

	1 - Does not apply	2	3	4	5	6	7 - Strongly applies
I am suffering economic impact (e.g. losing a job or running out of business).	<input type="checkbox"/>						
A close person (family member, relative, friend) is suffering economic impact (e.g. losing a job or running out of business).	<input type="checkbox"/>						
I currently work from home.	<input type="checkbox"/>						
I currently apply social distancing measures.	<input type="checkbox"/>						
I belong to a risk group*.	<input type="checkbox"/>						
A close person (family member, partner, relative, friend) belongs to a risk group.	<input type="checkbox"/>						

C3. How many people, including you, live in your household:

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5+	<input type="checkbox"/>

C4. How often did you get information about COVID-19 from the media?

Multiple times per day	<input type="checkbox"/>
Once a day	<input type="checkbox"/>
3-4 times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
Few times a month	<input type="checkbox"/>
Less than few times a month	<input type="checkbox"/>



D3. All COVID-related information considered, we are currently in a relatively safe period of the pandemic.

1 - Strongly disagree	2 - Disagree	3 - Somewhat disagree	4 - Neither agree nor disagree	5 - Somewhat agree	6 - Agree	7 - Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. I was surprised when the coronavirus became a pandemic in my country.

1 - Strongly disagree	2 - Disagree	3 - Somewhat disagree	4 - Neither agree nor disagree	5 - Somewhat agree	6 - Agree	7 - Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5. When the pandemic broke out, I was very scared.

1 - Strongly disagree	2 - Disagree	3 - Somewhat disagree	4 - Neither agree nor disagree	5 - Somewhat agree	6 - Agree	7 - Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D6. Many people are overreacting.

1 - Strongly disagree	2 - Disagree	3 - Somewhat disagree	4 - Neither agree nor disagree	5 - Somewhat agree	6 - Agree	7 - Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D7. The virus is not as dangerous as it is often portrayed.

1 - Strongly disagree	2 - Disagree	3 - Somewhat disagree	4 - Neither agree nor disagree	5 - Somewhat agree	6 - Agree	7 - Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D8. The virus was made in a lab.

1 - Strongly disagree	2 - Disagree	3 - Somewhat disagree	4 - Neither agree nor disagree	5 - Somewhat agree	6 - Agree	7 - Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D9. I have been feeling worried or anxious about being infected

Never	<input type="checkbox"/>
On one or several days	<input type="checkbox"/>
On about half the days	<input type="checkbox"/>
Nearly every day (more than half the days)	<input type="checkbox"/>

D10. I have behaved differently than normal out of worry or anxiety related to the virus

Never	<input type="checkbox"/>
On one or several days	<input type="checkbox"/>
On about half the days	<input type="checkbox"/>
Nearly every day (more than half the days)	<input type="checkbox"/>



Section F:

DIRECTONS: A number of statements which people have used to describe themselves are given below. Read each statement and then mark the appropriate number to the right of the statement to indicate how you FEEL RIGHT NOW, that is AT THIS MOMENT. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

F1. I feel calm

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. I feel secure

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F3. I am tense

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F4. I feel strained

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F5. I feel at ease

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F6. I feel upset

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F7. I am presently worrying over possible misfortunes

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F8. I feel satisfied

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



F9. I feel frightened

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F10. I feel comfortable

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F11. I feel self-confident

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F12. I feel nervous

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F13. I am jittery

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F14. I feel indecisive

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F15. I am relaxed

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F16. I feel content

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F17. I am worried

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



F18. I feel confused

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F19. I feel steady

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F20. I feel pleasant

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section G:

Below is a list of statements which can be used to describe how people feel. Beside each statement are four numbers which indicate the degree with which each statement is self-descriptive of mood at this moment (e.g., 1 = *not at all*, 4 = *very much so*). Please read each statement carefully and indicate the number which best describes how you feel right now, at this very moment, even if this is not how you usually feel.

G1. My heart beats fast.

1. Not at all	2. A little	3. Moderatel y	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G2. My muscles are tense.

1. Not at all	2. A little	3. Moderatel y	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G3. I feel agonized over my problems.

1. Not at all	2. A little	3. Moderatel y	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G4. I think that others won't approve of me.

1. Not at all	2. A little	3. Moderatel y	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G5. I feel like I'm missing out on things because I can't make up my mind soon enough.

1. Not at all	2. A little	3. Moderatel y	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G6. I feel dizzy.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G7. My muscles feel weak.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G8. I feel trembly and shaky.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G9. I picture some future misfortune.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G10. I can't get some thought out of my mind.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G11. I have trouble remembering things.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G12. My face feels hot.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G13. I think that the worst will happen.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G14. My arms and legs feel stiff.

1. Not at all	2. A little	3. Moderately	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G15. My throat feels dry.

1. Not at all	2. A little	3. Moderate ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G16. I keep busy to avoid uncomfortable thoughts.

1. Not at all	2. A little	3. Moderate ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G17. I cannot concentrate without irrelevant thoughts intruding.

1. Not at all	2. A little	3. Moderate ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G18. My breathing is fast and shallow.

1. Not at all	2. A little	3. Moderate ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G19. I worry that I cannot control my thoughts as well as I would like to.

1. Not at all	2. A little	3. Moderate ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G20. I have butterflies in the stomach.

1. Not at all	2. A little	3. Moderate ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G21. My palms feel clammy.

1. Not at all	2. A little	3. Moderate ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section H:

DIRECTONS: A number of statements which people have used to describe themselves are given below. Read each statement and then mark the appropriate number to the right of the statement to indicate **HOW YOU GENERALLY FEEL**. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

H1. I feel pleasant

1 - Almost never	2 - Some times	3 - Often	4 - Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



H11. I have disturbing thoughts

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....

H12. I lack self-confidence

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....

H13. I feel secure

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....

H14. I make decisions easily

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....

H15. I feel inadequate

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....

H16. I am content

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....

H17. Some unimportant thought runs through my mind and bothers me

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....

H18. I take disappointments so keenly that I can't put them out of my mind

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....

H19. I am a steady person

1 - Almost never 2 - Sometimes 3 - Often 4 - Almost always

.....



H20. I get in a state of tension or turmoil as I think over my recent concerns and interest

1 - Almost never	2 - Some- times	3 - Often	4 - Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section I:

Below is a list of statements which can be used to describe how people feel. Beside each statement are four numbers which indicate how often each statement is true of you (e.g., 1 = *not at all*, 4 = *very much so*). Please read each statement carefully and circle the number which best indicates how often, in general, the statement is true of you.

I1. My heart beats fast.

1. Not at all	2. A little	3. Moderate- ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I2. My muscles are tense.

1. Not at all	2. A little	3. Moderate- ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I3. I feel agonized over my problems.

1. Not at all	2. A little	3. Moderate- ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I4. I think that others won't approve of me.

1. Not at all	2. A little	3. Moderate- ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I5. I feel like I'm missing out on things because I can't make up my mind soon enough.

1. Not at all	2. A little	3. Moderate- ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I6. I feel dizzy.

1. Not at all	2. A little	3. Moderate- ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I7. My muscles feel weak.

1. Not at all	2. A little	3. Moderate- ly	4. Very much so
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I8. I feel trembly and shaky.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....

I9. I picture some future misfortune.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....

I10. I can't get some thought out of my mind.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....

I11. I have trouble remembering things.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....

I12. My face feels hot.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....

I13. I think that the worst will happen.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....

I14. My arms and legs feel stiff.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....

I15. My throat feels dry.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....

I16. I keep busy to avoid uncomfortable thoughts.

1. Not at all 2. A little 3. Moderately 4. Very much so

.....



I17. I cannot concentrate without irrelevant thoughts intruding.

- 1. Not at all
- 2. A little
- 3. Moderately
- 4. Very much so

.....

I18. My breathing is fast and shallow.

- 1. Not at all
- 2. A little
- 3. Moderately
- 4. Very much so

.....

I19. I worry that I cannot control my thoughts as well as I would like to.

- 1. Not at all
- 2. A little
- 3. Moderately
- 4. Very much so

.....

I20. I have butterflies in the stomach.

- 1. Not at all
- 2. A little
- 3. Moderately
- 4. Very much so

.....

I21. My palms feel clammy.

- 1. Not at all
- 2. A little
- 3. Moderately
- 4. Very much so

.....

Section J:

On this questionnaire are groups of statements. Please read each group of statements carefully, then pick out the one statement in each group which best describes the way you have been feeling in the past week including today. Choose the number beside the statement you have picked. If several statements apply equally well, choose each one. Be sure to read all the statements in each group before making your choice.

J1. 1.

- 0 - I do not feel sad
- 1 - I feel sad
- 2 - I am sad all the time and can't snap out of it
- 3 - I am so sad or unhappy that I can't stand it

J2. 2.

- 0 - I am not particularly discouraged about the future
- 1 - I feel discouraged about the future
- 2 - I feel I have nothing to look forward to
- 3 - I feel that the future is hopeless and that things cannot improve

J3. 3.

- 0 - I do not feel like a failure
- 1 - I feel I have failed more than the average person
- 2 - As I look back on my life, all I can see is a lot of failures
- 3 - I feel I am a complete failure as a person

J4. 4.

- 0 - I get as much satisfaction out of things as I used to
- 1 - I don't enjoy things the way I used to
- 2 - I don't get real satisfaction out of anything anymore



		3 - I am dissatisfied or bored with everything	<input type="checkbox"/>
J5.	5.	0 - I don't feel particularly guilty 1- I feel guilty a good part of the time 2 - I feel quite guilty most of the time 3 - I feel guilty all of the time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J6.	6.	0 - I don't feel I am being punished 1- I feel I may be punished 2 - I expect to be punished 3 - I feel I am being punished	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J7.	7.	0 - I don't feel disappointed in myself 1- I am disappointed in myself 2 - I am disgusted with myself 3 - I hate myself	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J8.	8.	0 - I don't feel I am any worse than anybody else 1- I am critical of myself for my weaknesses or mistakes 2 - I blame myself all the time for my faults 3 - I blame myself for everything bad that happens	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J9.	9.	0 - I don't have any thoughts of killing myself 1- I have thoughts of killing myself, but I would not carry them out 2 - I would like to kill myself 3 - I would kill myself if I had the chance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J10.	10.	0 - I don't cry any more than usual 1- I cry more now than I used to 2 - I cry all the time now 3 - I used to be able to cry, but now I can't cry even though I want to	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J11.	11.	0 - I am no more irritated now than I ever am 1- I get annoyed or irritated more easily than I used to 2 - I feel irritated all the time now 3 - I don't get irritated at all by the things that used to irritate me	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J12.	12.	0 - I have not lost interest in other people 1- I am less interested in other people than I used to be 2 - I have lost most of my interest in other people 3 - I have lost all of my interest in other people	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J13.	13.	0 - I make decisions about as well as I ever could 1- I put off making decisions more than I used to 2 - I have greater difficulty in making decisions than before 3 - I can't make decisions at all anymore	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J14.	14.	0 - I don't feel I look any worse than I used to 1- I am worried that I am looking old and unattractive 2 - I feel that there are permanent changes in my appearance that make me look unattractive 3 - I believe that I look ugly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



J15. 15.

- 0 - I can work about as well as before
- 1 - It takes an extra effort to get started at doing something
- 2 - I have to push myself very hard to do anything
- 3 - I can't do any work at all

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

J16. 16.

- 0 - I can sleep as well as usual
- 1 - I don't sleep as well as I used to
- 2 - I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
- 3 - I wake up several hours earlier than I used to and cannot get back to sleep

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

J17. 17.

- 0 - I don't get more tired than usual
- 1 - I get tired more easily than I used to
- 2 - I get tired from doing almost anything
- 3 - I am tired too tired to do anything

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

J18. 18.

- 0 - My appetite is no worse than usual
- 1 - My appetite is not as good as it used to be
- 2 - My appetite is much worse now
- 3 - I have no appetite at all anymore

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

J19. 19.

0 - I haven't lost much weight, if any, lately I am purposely trying to lose weight (Yes/No in the comment section) by eating less.

- 1 - I have lost more than 5 pounds
- 2 - I have lost more than 10 pounds
- 3 - I have lost more than 15 pounds

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

J20. 20.

- 0 - I am no more worried about my health than usual
- 1 - I am worried about physical problems such as aches and pains; or upset stomach; or constipation
- 2 - I am very worried about physical problems and it is hard to think about much else
- 3 - I am so worried about my physical problems that I cannot think about anything else

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

J21. 21.

- 0 - I have not noticed any recent changes in my interest in sex
- 1 - I am less interested in sex than I used to be
- 2 - I am much less interested in sex now
- 3 - I have lost interest in sex completely

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>



Section K: General Catastrophizing

Please indicate how often over the last two weeks the following statements have applied to you.

K1. If I have a problem, I wish somebody else would take the burden away from me.

never rarely ^{sometim}
es often always

.....

K2. I think about all the ways that things can go wrong.

never rarely ^{sometim}
es often always

.....

K3. I imagine that I might have a serious health issue.

never rarely ^{sometim}
es often always

.....

K4. I think about things that others would say are unlikely to happen.

never rarely ^{sometim}
es often always

.....

K5. If I have an exam, I think that if I fail it will affect my whole future.

never rarely ^{sometim}
es often always

.....

K6. I think that we are facing a major environmental disaster that humankind will not survive.

never rarely ^{sometim}
es often always

.....

K7. I think that a disaster is going to happen to me.

never rarely ^{sometim}
es often always

.....

K8. If I have a disagreement with a person I care about, I think that we will not make up.

never rarely ^{sometim}
es often always

.....



K9. I overthink and then become unable to decide what to do.

never rarely sometimes often always

.....

K10. I think I am going to make a big mistake soon.

never rarely sometimes often always

.....

K11. If I have a medical symptom (headache, heart palpitations, stomach ache), I think I must have a serious disease.

never rarely sometimes often always

.....

K12. If I have an illness, I don't believe that treatment will work.

never rarely sometimes often always

.....

K13. If I text a friend and they don't message me back, I immediately think that they're upset with me.

never rarely sometimes often always

.....

K14. I think that any problem will only get worse as time passes.

never rarely sometimes often always

.....

K15. If my partner is late home from work, I think that they have been in an accident.

never rarely sometimes often always

.....

K16. I think that what I am going through is much worse than what others have experienced.

never rarely sometimes often always

.....



K17. I think I am going to lose someone close to me forever.

never rarely ^{sometim} es often always

.....

K18. I think that I will always have money problems.

never rarely ^{sometim} es often always

.....

K19. I think that we will see another world war in the next few years.

never rarely ^{sometim} es often always

.....

K20. If I have a bad month at work, I think that I will get fired.

never rarely ^{sometim} es often always

.....

K21. I think that the worst case scenarios are very likely to happen.

never rarely ^{sometim} es often always

.....

K22. I think that my house will be burgled.

never rarely ^{sometim} es often always

.....

K23. I think about what will happen if I make a mistake.

never rarely ^{sometim} es often always

.....

K24. I think that I am not very good at finding ways to solve my problems.

never rarely ^{sometim} es often always

.....



Section L: final

- L1. Please let us know about any thoughts and feelings about COVID-19 that you might have. We are interested to know as much about what you think as possible.**

- L2. Please let us know here if you have any general comments, including the payment scheme and technical execution. We appreciate your feedback.**

Thank you for completing the survey! Your contribution for this session was marked as completed.

Please click [this link](#) to go back to Prolific.