



Section A: preQs

A1.

A2.

A3.

Section B: Demographics

B1. What's your age?

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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).**

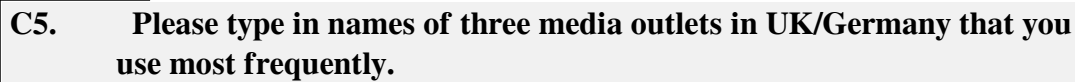
	1 - Does not apply	2	3	4	5	6	7 - Strongly applies
I am suffering economic impact (e.g. losing a job or running out of business).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>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



C6. Have the news you consumed since the last survey been positive or negative in relation to COVID-19 ?

Section D: COVID-specific worries and attitudes

In all of the questions on this page please only consider the time period since the last survey (or, if this is your first session, since the start of the outbreak):

D1. Please indicate to what degree do you:

[illegible]

D2. All COVID-related information considered, we are currently in a relatively dangerous 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



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"/>

[illegible][illegible]



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

You will get infected with the virus.

You will die because of the virus.

You will directly suffer due to the economic impact (for example run out of business, lose a job or investment).

Nobody you know will get infected by the virus.

Nobody you know will die because of the virus.

An average person will get infected.

[illegible][illegible]

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

[illegible][illegible]



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. Moderatel y	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. Moderatel y	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. Moderatel y	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. Moderatel y	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. Moderatel y	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. Moderatel y	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. Moderatel y	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 - Sometime s	3 - Often	4 - Almost always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



H2. I feel nervous and restless

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

H3. I feel satisfied with myself

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

H4. I wish I could be as happy as others seem to be

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

H5. I feel like a failure

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

H6. I feel rested

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

H7. I am “calm, cool, and collected”

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

H8. I feel that difficulties are piling up so that I cannot overcome them

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

H9. I worry too much over something that really doesn't matter

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

H10. I am happy

1 - Almost never	2 - Sometime s	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 - Sometime s	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. Moderatel y	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. Moderatel y	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. Moderatel y	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. Moderatel y	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. Moderatel y	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. Moderatel y	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. Moderatel y	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I9. 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"/>

I10. 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"/>

I11. 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"/>

I12. 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"/>

I13. 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"/>

I14. 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"/>

I15. My throat feels dry.

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"/>

I16. I keep busy to avoid uncomfortable thoughts.

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"/>



I17. I cannot concentrate without irrelevant thoughts intruding.

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"/>

I18. My breathing is fast and shallow.

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"/>

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

I20. I have butterflies in the stomach.

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"/>

I21. My palms feel clammy.

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"/>

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	<input type="checkbox"/>
1 - I feel sad	<input type="checkbox"/>
2 - I am sad all the time and can't snap out of it	<input type="checkbox"/>
3 - I am so sad or unhappy that I can't stand it	<input type="checkbox"/>

J2. 2.

0 - I am not particularly discouraged about the future	<input type="checkbox"/>
1 - I feel discouraged about the future	<input type="checkbox"/>
2 - I feel I have nothing to look forward to	<input type="checkbox"/>
3 - I feel that the future is hopeless and that things cannot improve	<input type="checkbox"/>

J3. 3.

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

J4. 4.

0 - I get as much satisfaction out of things as I used to	<input type="checkbox"/>
1 - I don't enjoy things the way I used to	<input type="checkbox"/>
2 - I don't get real satisfaction out of anything anymore	<input type="checkbox"/>



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

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

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

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

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

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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

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



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 sometimes often always

☐ ☐ ☐ ☐ ☐

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

never rarely sometimes often always

☐ ☐ ☐ ☐ ☐

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

never rarely sometimes often always

☐ ☐ ☐ ☐ ☐

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

never rarely sometimes often always

☐ ☐ ☐ ☐ ☐

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

never rarely sometimes often always

☐ ☐ ☐ ☐ ☐

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

never rarely sometimes often always

☐ ☐ ☐ ☐ ☐

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

never rarely sometimes often always

☐ ☐ ☐ ☐ ☐

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

never rarely sometimes often always

☐ ☐ ☐ ☐ ☐



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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K22. I think that my house will be burgled.

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

never	rarely	sometim es	often	always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.