



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 (the question is voluntary)?

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 (can be left blank if none applies):

| | |
|---|--------------------------|
| 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. If you ticked "I am or was infected" above, please specify (otherwise leave blank):

I was tested for COVID-19 and the test was positive
 I was not tested, the diagnosis was made by a doctor based on the symptoms
 I was not tested, it was a self-diagnosis based on the symptoms

| |
|--|
| |
| |
| |

C3. 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"/> |

C4. 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"/> |

C5. 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"/> |



F7. 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"/> |

F8. 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"/> |

F9. 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"/> |

F10. 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"/> |

F11. 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"/> |

F12. 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"/> |

F13. 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"/> |

F14. 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"/> |

F15. 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"/> |

F16. 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"/> |



F17. 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"/> |

F18. 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"/> |

F19. 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"/> |

F20. 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"/> |

F21. 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. In this section, which time period are the questions related to?

| | |
|---------------------------|--------------------------|
| Right now, at this moment | <input type="checkbox"/> |
| In the past week | <input type="checkbox"/> |
| In the past month | <input type="checkbox"/> |
| Since the last survey | <input type="checkbox"/> |

G2. 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"/> |

G3. 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"/> |

G4. 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"/> |



G5. 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"/> |

G6. 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"/> |

G7. 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"/> |

G8. 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"/> |

G9. I feel trembly and shaky.

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

G10. I picture some future misfortune.

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

G11. I can't get some thought out of my mind.

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

G12. I have trouble remembering things.

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

G13. My face feels hot.

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

G14. I think that the worst will happen.

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |



G15. My arms and legs feel stiff.

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 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. 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"/> |

G17. 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"/> |

G18. 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"/> |

G19. 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"/> |

G20. 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"/> |

G21. 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"/> |

G22. 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: STAI-TRAIT

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



H12. I lack self-confidence

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

H13. I feel secure

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

H14. I make decisions easily

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

H15. I feel inadequate

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

H16. I am content

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

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

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

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

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

H19. I am a steady person

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

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: STICSA-TRAIT

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. Moderate ly | 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. Moderate ly | 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. Moderatel y | 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. Moderatel y | 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. Moderatel y | 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. Moderatel y | 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. Moderatel y | 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. Moderatel y | 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. Moderatel y | 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. Moderatel y | 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. Moderatel y | 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. Moderatel y | 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: BDI

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
- 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

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

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

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

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

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

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

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

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 ^{someti}mes often always

.....

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

never rarely ^{someti}mes often always

.....

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

never rarely ^{someti}mes often always

.....



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

never rarely ^{someti}mes often always

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

never rarely ^{someti}mes often always

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

never rarely ^{someti}mes often always

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

never rarely ^{someti}mes often always

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

never rarely ^{someti}mes often always

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

never rarely ^{someti}mes often always

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

never rarely ^{someti}mes often always

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

never rarely ^{someti}mes often always

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

never rarely ^{someti}mes 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 ^{someti}mes often always
....................

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

never rarely ^{someti}mes often always
....................

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

never rarely ^{someti}mes often always
....................

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

never rarely ^{someti}mes often always
....................

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

never rarely ^{someti}mes often always
....................

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

never rarely ^{someti}mes often always
....................

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

never rarely ^{someti}mes often always
....................

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

never rarely ^{someti}mes often always
....................

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

never rarely ^{someti}mes often always
....................



K22. I think that my house will be burgled.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | someti | | |
| never | rarely | mes | 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.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | someti | | |
| never | rarely | mes | 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.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | someti | | |
| never | rarely | mes | 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. Are there currently any circumstances unrelated to COVID-19 that make you feel worried, stressed, anxious or depressed?

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

L3. If yes, please let us know what these are.



L4. 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.

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