



## Section A: preQs

A1.

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at [john.smith@researchinstitute.org](mailto:john.smith@researchinstitute.org).

A2.

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at [john.smith@researchinstitute.org](mailto:john.smith@researchinstitute.org).

A3.

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## Section B: Demographics

## B1. What's your age?

**B2. What is your gender?**

Female  
Male

**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

A person in my household is or was infected.

A person close to me fell seriously ill or died from the virus.



**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).

A close person (family member, relative, friend) is suffering economic impact (e.g. losing a job or running out of business).

I currently work from home.

I currently apply social distancing measures.

I belong to a risk group\*.

A close person (family member, partner, relative, friend) belongs to a risk group.

**C4. How many people, including you, live in your household:**

1
2
3
4
5+

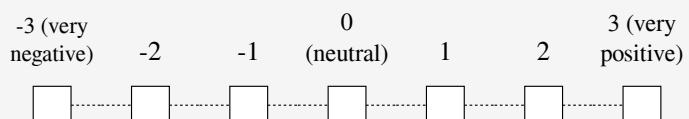
**C5. How often did you get information about COVID-19 from the media?**

Multiple times per day  
Once a day  
3-4 times a week  
Once a week  
Few times a month  
Less than few times a month




**C6. Please type in names of three media outlets in UK/Germany that you use most frequently.**

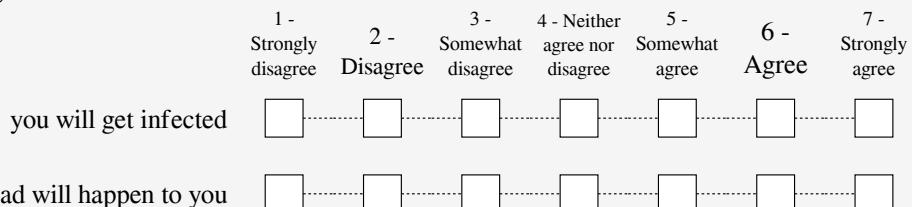
**C7. Have the news you consumed since the last survey been positive or negative in relation to COVID-19 ?**



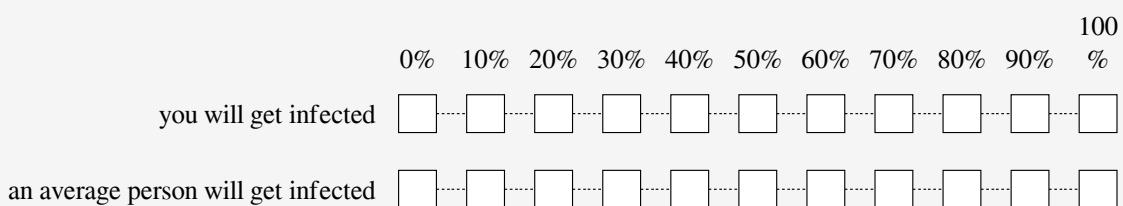
**C8. Without looking it up, please make a guess how many new daily COVID cases occurred in your country on average over the past week.**

(Type in number of new cases per day)

**C9. If you think back to the first survey (mid April 2020), to what degree did you worry that:**



**C10. If you think back to the first survey (mid April 2020), what did you think was the probability that:**





**C11. Please select items that you think of at least once a day (can be left empty if none applies).**

	Yes	No
Number of COVID-19 cases in your country	<input type="checkbox"/>	<input type="checkbox"/>
Number of deaths	<input type="checkbox"/>	<input type="checkbox"/>
Strain on the health care system	<input type="checkbox"/>	<input type="checkbox"/>
The situation was/is handled badly by the authorities	<input type="checkbox"/>	<input type="checkbox"/>
Impact on family	<input type="checkbox"/>	<input type="checkbox"/>
Impact job/business prospects	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety	<input type="checkbox"/>	<input type="checkbox"/>
"I just wish this was over"	<input type="checkbox"/>	<input type="checkbox"/>
The vaccine	<input type="checkbox"/>	<input type="checkbox"/>

**C12. To your best knowledge, is there a vaccine for COVID-19?**

Yes  No  I don't know

**C13. When do you expect a vaccine to be available and ready for first recipients?**

.....

#### **C14. When do you expect a vaccine to be widely available to everyone?**

.....

**C15. If a widely distributed vaccine considered safe by your government would become available:**

1 -            2 -            3 -            4 - Neither            5 -            6 -            7 -  
 Strongly      Disagree      Somewhat      agree nor      Somewhat      Agree      Strongly  
 disagree      Disagree      disagree      disagree      agree      agree      agree

you would be willing to get vaccinated (given that vulnerable groups would be given priority)

A horizontal timeline consisting of seven vertical tick marks. A dashed horizontal line connects the second and fourth tick marks.

you would feel relieved

A horizontal dotted line with seven empty square boxes for drawing.

you would stop worrying about COVID-19

A horizontal dotted line with seven empty square boxes for drawing.

you would not get vaccinated because you don't belong to a vulnerable group

A horizontal dashed line represents a baseline. Above it, there are seven identical rectangular pulses arranged in a horizontal row. Each pulse has a constant height and width, and they are evenly spaced.

you would not get vaccinated because you don't trust its safety

A horizontal dashed line with seven rectangular blocks above it, representing a signal or waveform.

you would not get vaccinated for other reason

A horizontal sequence of seven empty square boxes arranged in a row. Each box is connected to its neighbors by a dashed line, forming a chain-like structure.



## **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:**

1 -                    3 -            4 - Neither            5 -            7 -  
 Strongly            2 -            Somewhat            agree nor            Somewhat            6 -            Strongly  
 disagree            Disagree            disagree            disagree            agree            Agree            agree

worry that you will get infected.

Figure 1. A schematic diagram of the seven stages of the process of the formation of the primary structure of a protein molecule.

worry that you will suffer serious medical issues or die.

Figure 10. A sequence of seven rectangular pulses of width 1 and height 1, centered at  $x = 0, 2, 4, 6, 8, 10, 12$ , respectively. The dashed horizontal line indicates the level of the noise.

worry about the economic impact on me  
(running out of business, losing a job).

A horizontal dotted line with seven square markers placed above it at regular intervals.

worry that something bad will happen to you.

Figure 1. A schematic diagram of the seven stages of the process of the formation of the primary structure of a protein molecule.

worry that if something happens to you there  
won't be adequate medical help.

A horizontal row of seven empty square boxes, each with a black border, intended for children to draw or write in.

worry that a close person will get infected.

Figure 10: A sequence of seven rectangular pulses of width 1 and height 1, centered at  $x = 0, \pm 1, \pm 2, \pm 3$ , respectively.

worry that a close person will suffer serious medical issues or die.

A horizontal row of seven empty square boxes, each with a thin black border, intended for students to write their answers in.

worry about short supplies of necessary products, such as food, medication or hygiene products.

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

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"/>
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#### **D6. Many people are overreacting.**



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

**D8. The virus was made in a lab.**

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

Never  
On one or several days  
On about half the days  
Nearly every day (more than half the days)

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

Never  
On one or several days  
On about half the days  
Nearly every day (more than half the days)

## R11. Part 2 (2-2): Behaviour

Due to COVID-19, I:

D12.

#### I feel anxious about:



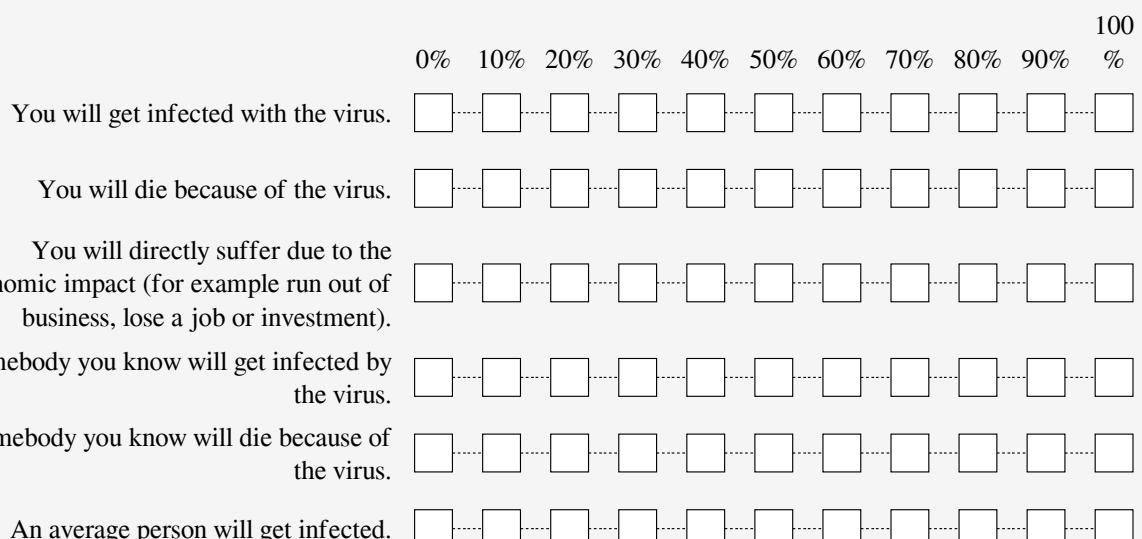
**D13.** I would be very angry if a person coughed near me.

**D14.** I would be very scared if a person coughed near me.

**D15. The entire COVID thing is a hoax.**

## **Section E: Probability estimates**

**E1.** Please try to objectively estimate the probability of the following events:



**E2.** Please indicate when do you think the following will happen (or have happened):

### The end of the pandemic.

andemic.

### E3. Everyday life comes back to normal.

**comes back to normal.**

E4.

Do you perceive that a second wave might be starting in your country right now?



**E5. Do you expect the pandemic will come back in a third wave?**

Yes   
No

**E6. If you said "YES" to previous question, please specify when do you expect the third wave to come occur.**

.....

#### **E7. The economy will come back to normal.**

.....

**E8. The state of health care will come back to normal.**

.....

## Section F:

**DIRECTIONS:** 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.** In this section, which time period are the questions related to?

- Right now, at this moment
- In the past week
- In the past month
- Since the last survey

## **F2. I feel calm**

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
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### **F3. I feel secure**

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
-------------------	---------------------	--------------------------	---------------------

#### F4. I am tense

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
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### **F5 I feel strained**

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
-------------------	---------------------	--------------------------	---------------------

#### **E6 I feel at ease**

1 - Not at all	2 - Somewha t	3 - Moderatel y so	4 - Very much so
-------------------	---------------------	--------------------------	---------------------



**F7. I feel upset**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F8. I am presently worrying over possible misfortunes**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F9. I feel satisfied**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F10. I feel frightened**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F11. I feel comfortable**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F12. I feel self-confident**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F13. I feel nervous**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F14. I am jittery**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F15. I feel indecisive**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F16. I am relaxed**

1 - Not at all    2 - Somewhat    3 - Moderate    4 - Very much so

.....  .....  .....

**F17. I feel content**

1 - Not at all	2 - Somewhat	3 - Moderate	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 - Somewhat	3 - Moderate	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 - Somewhat	3 - Moderate	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 - Somewhat	3 - Moderate	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 - Somewhat	3 - Moderate	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   
In the past week   
In the past month   
Since the last survey

**G2. My heart beats fast.**

1. Not at all	2. A little	3. Moderate	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. Moderate	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. Moderate	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**

DIRECTIONS: 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. 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. Moderatel y	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. Moderatel y	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

.....  .....  .....

**I21. My palms feel clammy.**

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

.....  .....  .....

**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  
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

  
  
  
**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

  
  
  
**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

  
  
  
**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



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.

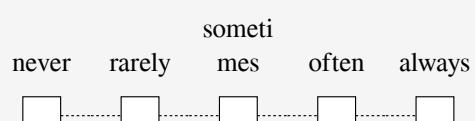
**K1. If I have a problem, I wish somebody else would take the burden away from me.**



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



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





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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

**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
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<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	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<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	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				



K22. I think that my house will be burgled.

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<input type="checkbox"/>				

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

never	rarely	someti mes	often	always
<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   
No

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.**

**Please click this link to go back to Prolific.**