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Please note:

These questions appear in the order that participants received them in. Differences between this version and the online version available to participants include:

- Layout of the online questionnaire sometimes varied to that displayed in this document.
- Sections of this document represent pages of the online questionnaire.
- Section headings and question numbers in this document were not visible to online participants.
- Conditional logic which is written in this document was automated in the online questionnaire.
- Study PLS, consent and instructions on how to use the online survey are not included in this document.
- Some identifying questions have been removed

Dates of survey: 12th May 2020 to 9th July 2020

Number of questions: 94

Key variables not from survey answers

Twin age: As per the TRA database

Zygoty: As per the TRA database

Zygoty source: As per the TRA database

Triplets: Indicator variable representing if the parent has triplets instead of twins

Date started: Date survey was started

Section 1 – General Information

[1.1] Age: *Derived from date of birth and survey start date*

[1.2] What is your gender?

Please choose **only one** of the following:

- Female
- Male
- Don't know/prefer not to answer
- Other: _____

[1.3] What is your residential address?

Postcode: _____

State: _____

Country: _____

Section 2 - Family Composition

[2.1] How many children do you have (including your twins/triplets)?

Please choose **only one** of the following:

- 2 (just the twins)
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

[2.2] Please provide the age and gender of each child

Please choose the appropriate response for each item:

	Age (years)	Gender
Child 1	{Age dropdown}	{Gender dropdown}
Child 2... (to as many were selected in 2.1)	{Age dropdown}	{Gender dropdown}

[Age dropdown options:

0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 24, 25+]

[Gender dropdown options:

Male, Female, Other, Don't know/prefer not to answer]

[2.3] General health

Please choose the appropriate response for each item:

	Excellent	Very good	Good	Fair	Poor
Child 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(to as many children as were selected in 2.1)

[2.4] Please indicate the current status of your children in terms of childcare, pre-school/ kindergarten or school.

Please choose the appropriate response for each item:

Child 1	{dropdown}
Child 2... (to as many children as were selected in 2.1)	{dropdown}

[Dropdown options:

- Physically attending school, pre-school/kindergarten or childcare
- Learning remotely since the school closures began
- Learning remotely AND physically attending school, pre-school/kindergarten or childcare
- Not applicable]

Section 3 - Children and Schooling

[3.1] When attending school, are your twins/triplets in the same class?

Please choose **only one** of the following:

- Yes
- No
- They share some classes but not all
- Other: _____

[3.2] Was the decision whether or not to keep your twin/triplets children in the same class influenced by any of the following?

Please choose **all** that apply:

- Other parents
- Kindergarten teacher(s)
- School teacher(s)
- Support organisation(s)
- Family member(s)
- The twins/triplets themselves
- None of the above
- Don't know / prefer not to answer
- Other: _____

[3.3] How close are your twins/triplets to each other?

Please choose **only one** of the following:

- Extremely close/inseparable
- As close as non-twin siblings in any family
- Not very close
- They don't get on at all
- Other: _____

[3.4] How close are your twins to their other siblings?

Please choose **only one** of the following:

- They are extremely close/inseparable with their other siblings
- They are as close as any non-twin/triplet siblings in any family
- Not very close to their other siblings
- They don't get on at all with their other siblings
- They are closer to some of their siblings than others
- One of the twins is closer to their other siblings
- One or two of the triplets are closer to their other siblings
- Other: _____

[3.5] Who is responsible for supervising your children's remote learning?

Only display if the following conditions are met: At least one child either "Learning remotely since the school closures began" OR "Learning remotely AND physically attending school, pre-school/kindergarten or childcare"

Please choose **all** that apply:

- I am
- My spouse/partner or the child(ren)'s co-parent
- My children are all old enough to be responsible for their own supervision
- Other: _____

[3.6] Over the last month, how many hours did you typically spend supervising your children's remote learning each day, on average?

Only display if the following conditions are met: Answer was 'I am' at question 3.5 (Who is responsible for supervising your children's remote learning?) in question 2.4 (Please indicate the current status of your children in terms of childcare, pre-school/kindergarten or school.)

Please choose **only one** of the following:

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours
- 12+ hours

[3.7] On a scale of 1 to 5, please select how well you think your twins or triplets are coping OVERALL with remote learning.

Only display if the following conditions are met: At least one child either “Learning remotely since the school closures began” OR “Learning remotely AND physically attending school, pre-school/kindergarten or childcare” in question 2.4 (Please indicate the current status of your children in terms of childcare, pre-school/ kindergarten or school.)

1 indicates they are not coping well at all and 5 means they are coping extremely well.

Not coping well at all		Neutral		Coping extremely well	Not applicable
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[3.8] On a scale of 1 to 5, please select how well you think your other children are coping OVERALL with remote learning.

Only display if the following conditions are met: At least one child either “Learning remotely since the school closures began” OR “Learning remotely AND physically attending school, pre-school/kindergarten or childcare” in question 2.4 (Please indicate the current status of your children in terms of childcare, pre-school/ kindergarten or school.)

1 indicates they are not coping well at all and 5 means they are coping extremely well.

Not coping well at all		Neutral		Coping extremely well	Not applicable
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[3.9] On a scale of 1 to 5, please select how well you think you are coping OVERALL with your children learning from home.

Only display if the following conditions are met: At least one child either “Learning remotely since the school closures began” OR “Learning remotely AND physically attending school, pre-school/kindergarten or childcare”

1 indicates they are not coping well at all and 5 means they are coping extremely well.

Not coping well at all		Neutral		Coping extremely well
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[3.10] Please feel free to add any comments on how you and/or your family are coping generally with remote learning.

Only display if the following conditions are met: At least one child either “Learning remotely since the school closures began” OR “Learning remotely AND physically attending school, pre-school/kindergarten or childcare” in question 2.4 (Please indicate the current status of your children in terms of childcare, pre-school/ kindergarten or school.)

Please write your answer here: _____

Section 4 - Restrictions and Adjustment

We would like to understand the experience of parents of twins related to the COVID-19 pandemic. Twins provide a special opportunity to give unique and timely insights into how people are coping and, as a parent, your participation will enhance our understanding of aspects of reaction and resilience that are specific to parents of twins.

The following questions ask you to compare how you and your children have been since the restrictions imposed due to the COVID-19 pandemic started on March 21.

[4.1] On a scale of 1 to 5, please select how well you think your twins/triplets have adjusted OVERALL to the restrictions.

1 indicates they have not adjusted well at all and 5 means they have adjusted extremely well.

Please choose the appropriate response for each item:

Not adjusted well at all		Neutral		Adjusted extremely well
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[4.2] On a scale of 1 to 5, please select how well you think your other children have adjusted **OVERALL to the restrictions. *Only display if the following conditions are met: Answer was greater than or equal to '3' at question 2.1 ' (How many children do you have (including your twins/triplets)?***

1 indicates they have not adjusted well at all and 5 means they have adjusted extremely well.

Not adjusted well at all		Neutral		Adjusted extremely well
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[4.3] On a scale of 1 to 5, please select how well you think you have adjusted **OVERALL to the restrictions.**

1 indicates they have not adjusted well at all and 5 means they have adjusted extremely well.

Not adjusted well at all		Neutral		Adjusted extremely well
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[4.4] Please feel free to add any comments about how you and/or your family are adjusting.

Please write your answer here: _____

[4.5] Prior to the restrictions imposed by COVID-19, what was your home life usually like?

Please rate each of the following statements according to whether you agree they are currently “not true”, “quite true” or “very true”. Please choose the appropriate response for each item:

	Not true	Quite true	Very true
I/we had regular bedtime routines for the children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You couldn't hear yourself think in our home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our home environment was chaotic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We were usually able to stay on top of things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There was usually a television on somewhere in our home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The atmosphere in our home was calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[4.6] Since the COVID-19 restrictions, what has your home been like?

Please rate each of the following statements according to whether you agree they are currently “not true”, “quite true” or “very true”. Please choose the appropriate response for each item:

	Not true	Quite true	Very true
I/we have regular bedtime routines for the children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You can't hear yourself think in our home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our home environment is chaotic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are usually able to stay on top of things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is usually a television on somewhere in our home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The atmosphere in our home is calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[4.7] How does your household feel **NOW compared to **BEFORE** the COVID-19 restrictions?**

Please rate each of the following statements according to whether you agree they are currently “not true”, “quite true” or “very true”. Please choose the appropriate response for each item:

	Not true	Quite true	Very true
Regular routines are harder to maintain than they used to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My household feels more tense than it used to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We feel more connected to each other than before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is more arguing in our household than there used to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My household feels like a safe place to be right now	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm surprised by how well my family is coping with staying at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5 - COVID Medical Questions

[5.1] Have you been tested for COVID-19?

Please choose **only one** of the following:

- Yes
- No

[5.2] What were the results?

Only display if the following conditions are met:

Answer was 'Yes' at question 5.1 (Have you been tested for COVID-19?)

Please choose **only one** of the following:

- Positive (you had the virus)
- Negative (you DID NOT have the virus)
- Don't know/yet to receive results
- Prefer not to answer

[5.3] Please tell us the date you received the results

Only display if the following conditions are met:

Answer was 'Yes' at question 5.1 (Have you been tested for COVID-19?) and Answer was 'Negative (you DID NOT have the virus)' or 'Positive (you had the virus)' at question 5.2 (What were the results?)

Please enter a date: _____

[5.4] What was the *probable* source of your COVID-19 exposure?

Only display if the following conditions are met:

Answer was 'Positive (you had the virus)' at question 5.2 (What were the results?)

Please choose **only one** of the following:

- Acquired overseas
- Family member
- Community transmission
- I was in hospital for an unrelated health issue
- Unclear / don't know

[5.5] Are you/were you undergoing treatment for COVID-19?

Only display if the following conditions are met:

Answer was 'Positive (you had the virus)' at question 5.2 (What were the results?)

Please choose **only one** of the following:

- No, I am not/was not undergoing treatment
- Yes, I was in ICU
- Yes, I am in / was in hospital
- Yes, I am remaining / did remain at home
- Yes, other (please specify): _____

[5.6] Did you have any of the following symptoms when you got tested?

Only display if the following conditions are met:

Answer was 'Yes' at question 5.1 (Have you been tested for COVID-19?)

Please choose **all** that apply:

- Fever
- Coughing
- Sore throat
- Fatigue (tiredness)
- Shortness of breath at rest
- Shortness of breath after exercise
- Wheeze/asthma
- Changes to taste/smell
- Increase in use of medication for asthma/wheezing
- I did not have any symptoms
- Other (please specify): _____

[5.7] How are you currently feeling?

Only display if the following conditions are met: Answer

was 'No' at question 5.1 (Have you been tested for COVID-19?) OR Answer was 'Negative (you DID NOT have the virus)' at question 5.2 (What were the results?)

Please choose **only one** of the following:

- I feel as healthy as usual
- I'm not feeling quite right
- Don't know / prefer not to answer

[5.8] If any, which of the following symptoms do you currently have?

Only display if the following conditions are met: Answer

was 'I'm not feeling quite right' at question 5.7 (How are you currently feeling?)

Please choose **all** that apply:

- Fever
- Coughing
- Sore throat
- Fatigue (tiredness)
- Shortness of breath at rest
- Shortness of breath after exercise
- Wheeze/asthma
- Changes to taste/smell
- Increase in use of medication for asthma/wheezing
- I did not have any symptoms
- Other (please specify): _____

[5.9] Are you planning to seek medical attention *related to COVID-19* within the next week?

Only display if the following conditions are met: Answer was 'Don't know / prefer not to answer' or 'I'm not feeling quite right' at question 5.7 (How are you currently feeling?)

Please choose **only one** of the following:

- Yes
- No
- Don't know/ unsure
- Prefer not to answer

[5.10] Please tell us why you are not planning to seek medical attention/why you are unsure about seeking medical attention:

Only display if the following conditions are met: Answer was 'Don't know / unsure' or 'No' at question 5.9 (Are you planning to seek medical attention related to COVID-19 within the next week?)

Please write your answer here: _____

Section 6 - Knowledge of COVID

[6.1] On a scale of 1 to 5, how much do you know about COVID-19?

Please choose the appropriate response: 1 indicates you don't know much at all, 5 indicates you know a lot.

<i>Don't know much at all</i>			<i>Neutral</i>			<i>Know a lot</i>
1	2	3	4	5		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[6.2] Which of these sources do you use to obtain information about COVID-19?

Please choose **all** that apply:

- Television
- Official websites (Australian Department of Health, State Govt, WHO etc.)
- Newspapers
- Radio
- Social media
- Family / friends
- Work / university / school
- I prefer not to read or hear about COVID-19
- Other (please specify): _____

[6.3] In the past week, how often did you check these information sources about COVID-19?

Only display if the following conditions are met: Any of the options other than "I prefer not to read or hear about COVID-19" are ticked in question 5.2 (Which of these sources do you use to obtain information about COVID-19)

	<i>Frequency</i>											<i>Day or week</i>	
	0	1	2	3	4	5	6	7	8	9	10+	Day	Week
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Official websites*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family / friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work / University / School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (as specified above)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Australian Department of Health, State Govt, WHO etc.

[6.4] On a scale of 1 to 5, how important (or necessary) do you think physical distancing is as a response to COVID-19?

Please choose the appropriate response: 1 indicates not important at all, 5 indicates extremely important.

Please choose the appropriate response for each item:

Not important at all

1

○

2

○

Neutral

3

○

4

○

Extremely important

5

○

Section 7 - Isolation Questions

Note: We know the recommendations about restrictions are changing daily, so it is important that you are as accurate as possible.

[7.1] How many people do you usually vs currently live with?

Do not count yourself

How many people do you **usually** live with? _____

How many people do you **currently** live with? _____

[7.2] Why has the number of people you live with changed?

Only display if the following conditions are met:

Numbers entered in question 7.1 (How many people do you usually vs currently live with?) are not equal

Please write your answer here: _____

[7.3] Who do you currently live with?

Only display if the following conditions are met:

Answer was NOT '0' at question 6.1 (How many people do you usually vs currently live with?) (How many people do you currently live with?)

Please choose **all** that apply:

- Your spouse or partner
- Your children
- Parents - either yours and/or your partner's parents
- Grandparents – either yours and/or or your partner's grandparents
- Other relatives
- Friends
- Housemates/flatmates
- Other: _____

[7.4] Over the *past week*, how many times have you left home for:

Please fill out any that apply, indicating the number of times they occurred. If they did not occur, please leave blank.

Work: _____

Shopping (groceries): _____

Shopping (medical supplies): _____

Shopping (other): _____

Medical or allied health (dentist, physio, etc) appointment: _____

Counselling appointment: _____

Centrelink sign-up or appointment: _____

Social services sign-up or appointment, e.g. housing assistance, crisis accommodation etc: _____

Financial institution appointment: _____

Exercise: _____

Visiting your other family members: _____

Visiting friends or neighbours: _____

Other reasons: _____

[7.5] Over the *past week*, how many times have you had contact with the following community services:

Please fill out any that apply, indicating the number of times they occurred. If they did not occur, please leave blank. Please write your answer(s) here:

Healthcare providers, e.g. GP via telehealth etc. : _____

Counselling services, e.g. psychologist, psychiatrist etc. : _____

Social services, e.g. housing assistance, crisis accommodation etc. : _____

Centrelink benefits etc. : _____

Mental health services, e.g. *Beyondblue*, *Lifeline* etc. : _____

Food assistance services, e.g. *Anglicare*, *Salvation Army* etc. : _____

Financial institutions/assistance services: _____

Other providers: _____

[7.6] Over the past week, how many people have visited your home for the following purposes:

Please fill out any that apply, indicating how many DIFFERENT people IN TOTAL visited. If it does not apply, please leave blank. Only numbers may be entered in these fields.

	TOTAL number of DIFFERENT people who visited
To undertake work	[]
To deliver food or other goods	[]
To conduct medical assessments/appointments	[]
To exercise	[]
To visit you (your twin)*	[]
To visit you (other family members)	[]
To visit you (friends or neighbours)	[]
Other reasons	[]

*Accidental inclusion copied from the surveys of twins

[7.7] For how long have you been staying at home and only leaving the house for essential purposes?

Please answer in days OR weeks.

Please write your answer(s) here:

Days: _____

Weeks: _____

Section 8 - Employment

[8.1] Prior to COVID-19 restrictions, what was your usual main activity?

Please choose **only one** of the following:

- Working full-time
- Working part-time
- Studying
- Looking for work
- Studying and working
- Not doing paid work + not looking for work
- Don't know / prefer not to answer
- Other (please specify): _____

[8.2] Prior to COVID-19 restrictions, what was your usual occupation?

Only display if the following conditions are met:

Answer was 'Working full-time' or 'Working part-time' or 'Studying and working' at question 8.1 (Prior to COVID-19 restrictions, what was your usual main activity?)

Please choose **only one** of the following:

- Accounting, Banking and Financial Services
- Administration and Human Resources

- Advertising, Public Relations, Media and Arts
- Agriculture, Animal and Horticulture
- Automotive, Transport and Logistics
- Construction, Architecture and Design
- Education and Training
- Electrical and Electronics
- Engineers and Engineering Trades
- Executive and General Management
- Government, Defence and Protective Services
- Health and Community Services
- Hospitality, Food Services and Tourism
- Information and Communication Technology (ICT)
- Manufacturing
- Mining and Energy
- Personal Services
- Sales, Retail, Wholesale and Real Estate
- Science
- Sports and Recreation
- Don't know/prefer not to answer
- Other: _____

[8.3] Are you a healthcare worker?

- Yes
- No

Section 9 - Employment Changes

[9.1] Since COVID-19 restrictions, have you personally experienced any of the following events? Please choose **all** that apply:

- Change of income
- Change of occupation
- Change of accommodation
- Change of mental health
- Change of physical health (other than being diagnosed with COVID-19)
- Change of relationship
- A feeling of being threatened by your partner/ex-partner/another family/household member?
- Assault or violence
- None of the above
- Any other significant life event (please specify): _____

[9.2] Are you still working currently? Please select the most appropriate answer.

Only display if the following conditions are met:
Answer was 'Working full-time' or 'Working part-time' or 'Studying and working' at question 8.1 (Prior to COVID-19 restrictions, what was your usual main activity?)

Please choose **only one** of the following:

- I am still leaving the house to go to work as before
- I am now working from home
- I am working from home as before
- I am now on paid leave
- I am now unemployed/laid off due to work shut down
- Don't know/prefer not to answer
- Other: _____

[9.3] Has your working hours/schedule changed?

Only display if the following conditions are met:

Answer was 'I am working from home as before' or 'I am now working from home' or 'I am still leaving the house to go to work as before' at question 9.2 (Are you still working currently? Please select the most appropriate answer.)

Please choose **only one** of the following:

- No change
- Yes, I'm working reduced hours
- Yes, I'm working extra hours (paid)
- Yes, I'm working extra hours (unpaid)
- Yes, I'm working different shifts
- Don't know/prefer not to answer
- Other: _____

Section 10 - Income

[10.1] On average, select one of the following categories to report your personal income and your total combined household income, before tax and other deductions, per financial year...

Please include income from all sources, including wages, investments and government pensions and benefits. Please select "Not Applicable" for household income if you are financially independent to your household members.

	Personal income (AUD)	Household income (AUD)
...prior to the COVID-19 pandemic?	[Dropdown options]	[Dropdown options]
...currently?	[Dropdown options]	[Dropdown options]

[The dropdown options are:

- Negative or zero income
- \$1 - \$9,999 per year (\$1 - \$189 per week)
- \$10,000 - \$19,999 per year (\$190 - \$379 per week)
- \$20,000 - \$29,999 per year (\$380 - \$579 per week)
- \$30,000 - \$39,999 per year (\$580 - \$769 per week)
- \$40,000 - \$49,999 per year (\$770 - \$959 per week)
- \$50,000 - \$59,999 per year (\$960 - \$1149 per week)
- \$60,000 - \$79,999 per year (\$1150 - \$1529 per week)
- \$80,000 - \$99,999 per year (\$1530 - \$1919 per week)
- \$100,000 - \$124,999 per year (\$1920 - \$2399 per week)
- \$125,000 - \$149,999 per year (\$2400 - \$2879 per week)
- \$150,000 - \$199,999 per year (\$2880 - \$3839 per week)
- \$200,000 or more per year (\$3840 or more per week)
- Don't know / prefer not to answer
- Not Applicable]

Section 11 - Change in Health

[11.1] Compared with before COVID-19 restrictions, how do you CURRENTLY rate yourself on the following?

	Has become much worse	Has become worse	Has stayed the same	Has become better	Has become much better
My physical health...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mental health...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social health...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My close relationships...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My financial position...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My self-esteem...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 12 - General Health

Part 1

The next few questions ask you to tick the ONE box under each heading that best describes your health TODAY.¹

[12.1] MOBILITY

Please choose **only one** of the following:

- I have no problems walking about
- I have some problems walking about
- I am confined to bed

[12.2] SELF-CARE

Please choose **only one** of the following:

- I have no problems with washing or dressing myself
- I have some problems with washing or dressing myself
- I am unable to wash or dress myself

[12.3] USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

Please choose **only one** of the following:

- I have no problems performing my usual activities
- I have some problems performing my usual activities
- I am unable to perform my usual activities

[12.4] PAIN / DISCOMFORT

Please choose **only one** of the following:

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

[12.5] ANXIETY / DEPRESSION

Please choose **only one** of the following:

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Section 13 - General Health Part 2

[13.1] Please write a number in the box from 0 to 100 which best describes how your health is TODAY. Where 100 means the best health you can imagine and 0 means the worst health you can imagine.

If you're not sure, please give your best guess.

Only numbers may be entered in this field. Your answer must be between 0 and 100.

Please write your answer here: _____

Section 14 - Mental Health Part 1

[14.1] Over the past week, about how often did you feel...²

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹ EuroQoL Research Foundation. EQ-5D-3L User Guide 2018. Available from: <https://euroqol.org/publications/user-guides>

² Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08.

[14.2] What are you concerned about right now?

Please choose **all** that apply:

- Employment
- Meeting ongoing bill payments
- My own health
- My family's health
- My elderly relatives' health
- Losing my job
- Losing my home
- My/our ability to adequately home-school my/our children
- I have no concerns
- Don't know / prefer not to answer
- Other (please specify): _____

[14.3] Of the concerns you ticked/mentioned above, which one causes you the *most concern* right now?

Please choose **only one** of the following:

- Employment
- Meeting ongoing bill payments
- My own health
- My family's health
- My elderly relatives' health
- Losing my job
- Losing my home
- My/our ability to adequately home-school my/our children
- I have no concerns
- Don't know/prefer not to answer

Section 15 - Mental Health Part 2

The following questions ask you to think about *the past week* and then to provide your answer to each question by ticking the box that describes how you are feeling.³

[15.1] Thinking about the past week - to what extent, if at all have you been feeling the following?

I feel tense or "wound up"

- | | | | |
|-----------------------|-----------------------|---------------------------------|-----------------------|
| Most of the time | A lot of the time | From time to time, occasionally | Not at all |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[15.2] Still thinking about the past week - to what extent, if at all, have you been feeling the following?

Worrying thoughts go through my mind

- | | | | |
|--------------------------|-----------------------|--------------------------------------|-----------------------|
| A great deal of the time | A lot of the time | From time to time, but not too often | Only occasionally |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[15.3] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I can sit at ease and feel relaxed

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Definitely | Usually | Not often | Not at all |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[15.4] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I get a sort of frightened feeling like "butterflies" in the stomach

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Very often | Quite often | Occasionally | Not at all |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[15.5] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I feel restless as if I have to be on the move

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Very much indeed | Quite a lot | Not very much | Not at all |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[15.6] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I get sudden feelings of panic

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Very often indeed | Quite often | Not very often | Not at all |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[15.7] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I still enjoy the things I used to enjoy

- | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Definitely as much | Not quite as much | Only a little | Hardly at all |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

³ Snaith. The Hospital Anxiety & Depression Scale. *Health and Quality of Life Outcomes* 2003, 1:29.

[15.8] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I can laugh and see the funny side of things

As much as I always could Not quite as much now Definitely not so much now Not at all

[15.9] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I feel cheerful

Most of the time Sometimes Not often Not at all

[15.10] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I feel as if I am slowed down

Nearly all the time Very often Sometimes Not at all

[15.11] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I have lost interest in my appearance

Definitely I don't take as much care as I should I may not take quite as much care I take just as much care as ever

[15.12] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I look forward with enjoyment to things

As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all

[15.13] Still thinking about the past week - to what extent, if at all have you been feeling the following?

I can enjoy a good book or radio or TV programme

Often Sometimes Not often Seldom

Section 16 - Emotional Support

[16.1] Please read the following questions and tick the response that most closely describes your current situation⁴

	None of the time	A little of the time	Some of the time	Most of the time	All the time
Is there someone available to you whom you can count on to listen to you when you need to talk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone available to you to give you good advice about a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone available to you who shows you love and affection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone to help you with daily chores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

⁴ Mitchell et al. A short social support measure for patients recovering from myocardial infarction: the ENRICH social support inventory. *J Cardiopulm Rehabil* 2003; 23: 398-403.

[16.2] Are you currently married or living with a partner? Please choose **only one** of the following:

- Yes
- No

[16.3] How many people can you rely on for practical assistance or emotional support during the pandemic if you need it?

Please choose **only one** of the following:

- No-one
- My spouse/partner
- One person (other than your spouse/partner if you are partnered)
- 2-5 people (other than your spouse/partner if you are partnered)
- More than 5 people (other than your spouse/partner if you are partnered)
- Don't know/prefer not to answer

[16.4] How many people can rely on you for practical assistance or emotional support if they need it during the pandemic?

Please choose **only one** of the following:

- No-one
- My spouse/partner
- One person (other than your spouse/partner if you are partnered)
- 2-5 people (other than your spouse/partner if you are partnered)
- More than 5 people (other than your spouse/partner if you are partnered)
- Don't know/prefer not to answer

Section 17 - Resilience and Optimism

[17.1] Please respond to each item by marking one box per row⁵

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not take me long to recover from a stressful event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to snap back when something bad happens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually come through difficult times with little trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to take a long time to get over set-backs in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[17.2] Please write a number in the box below from 0 to 100 percent, to indicate the percent chance you will get COVID-19 in the next three months.

If you're not sure, please give your best guess.

Only numbers may be entered in this field. Your answer must be between 0 and 100

Please write your answer here: _____ %

[17.3] On a scale of 1 to 5, how worried or concerned are you about contracting COVID-19?

Not worried / concerned at all

Neutral

Extremely worried / concerned

1

2

3

4

5

[17.4] Please write a number in the box below from 0 to 100 percent, to indicate the percent chance you think you might die if you got COVID-19.

If you're not sure, please give your best guess.

Only numbers may be entered in this field. Your answer must be between 0 and 100

Please write your answer here: _____ %

⁵ Smith et al. The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 2008; 15(3): 194-200

Section 18 – Community and Optimism

[18.1] Please answer to what degree you agree with the following

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Prefer not to answer
I am proud to be a member of my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am part of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighbourhood share the same values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighbourhood is a good place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People work together to get things done for the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[18.2] Over the next year, how confident are you about your...

	Not at all confident	Slightly confident	Somewhat confident	Fairly confident	Extremely confident	Don't know / prefer not to answer
...physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...social health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...close relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...financial position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[18.3] Overall, how optimistic or pessimistic would you say you are about each of the following?

	Very pessimistic	Somewhat pessimistic	Neutral	Somewhat optimistic	Very optimistic	Don't know
Your own future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The future of Australia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The future of the world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 19 - Lockdown Questions

[19.1] How many more weeks/months do you think the government will keep enforcing restrictions due to COVID-19? Please choose **only one** of the following:

- Less than a week
- About 2 weeks
- About a month
- About 3 months
- About 6 months
- About 9 months
- About a year
- Over a year
- Don't know/prefer not to answer

[19.2] How many more weeks/months do you think you could maintain your current state/lifestyle under the COVID-19 restrictions?

Please choose **only one** of the following:

- Less than a week
- About 2 weeks
- About a month
- About 3 months
- About 6 months
- About 9 months
- About a year
- Over a year
- Don't know/prefer not to answer

Section 20 – Final Comments

[20.1] Is there anything we haven't asked you that we should have?

Please write your answer here: _____