

# Twins Research Australia COVID-19 Knowledge, Experience, Reaction and Resilience Study

## Reference Document: Adult Twins, Phase 1



### Contents

Section 1 - General Information.....	2
Section 2 - Peas-in-a-Pod Questionnaire .....	2
Section 3 - Twin Questions.....	2
Section 4 - Height and Weight .....	2
Section 5 - COVID Medical Questions .....	3
Section 6 - Knowledge of COVID-19.....	4
Section 7 - Isolation Questions .....	4
Section 8 - Employment.....	5
Section 9 - Employment Changes .....	6
Section 10 - Income.....	7
Section 11 - Change in Health .....	7
Section 12 - General Health Part 1.....	7
Section 13 - General Health Part 2.....	8
Section 14 - Mental Health Part 1.....	8
Section 15 - Mental Health Part 2.....	8
Section 16 - Personality.....	10
Section 17 - Emotional Support .....	10
Section 18 - Resilience and Optimism.....	11
Section 19 – Community and Optimism .....	11
Section 20 - Lockdown Questions.....	12
Section 21 – Final Comments.....	12

#### **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:** 15<sup>th</sup> April 2020 to 23<sup>rd</sup> July 2020

**Number of questions:** 83

### Key variables not from survey answers

- Pair ID:** Unique pair identifier
- Twin ID:** Identifier for twin within a pair
- Database gender:** As per the TRA database
- Database zygosity:** As per the TRA database
- Database zygosity source:** As per the TRA database
- Zygosity best estimate:** Best estimate of zygosity from either the database zygosity or the Peas-in-a-Pod questions from this survey
- 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?**

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

**[1.3] What is your residential address?**

Postcode: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

## Section 2 - Peas-in-a-Pod Questionnaire

The following questions ask how alike you and your twin were in your childhood.

**[2.1] Were you and your twin "as alike as two peas in a pod"?**

- As alike as two peas in a pod
- Usual sibling similarity
- Quite different

**[2.2] Were you and your twin mixed up as children?**

- Yes, very often
- Now and then
- Never

**[2.3] By whom were you mixed up?**

Please choose **all** that apply:

- Parents
- Teachers
- Others
- Nobody

## Section 3 - Twin Questions

**[3.1] For how many years (including your childhood) have you lived/did you live with your twin?**

*Only numbers may be entered in this field.*

Please write your answer here: \_\_\_\_\_

**[3.2] On a scale of 1 to 5, when you and your twin are together, how much do you enjoy each other's company?**

*Please choose the appropriate response: 1 indicates you do not enjoy each other's company at all, 5 indicates you enjoy each other's company a lot.*

<i>Do not enjoy each other's company at all</i>		<i>Neutral</i>		<i>Enjoy each other's company a lot</i>
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[3.3] On a scale of 1 to 5, when you experience a need for emotional support, how often do you contact your twin for assistance?** *Please choose the appropriate response: 1 indicates you have no contact at all, 5 indicates you have a lot of contact.*

<i>No contact at all</i>		<i>Neutral</i>		<i>A lot of contact</i>
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 4 - Height and Weight

**[4.1] What is your current weight?**

*Only numbers may be entered in this field. Your answer must be between 20 and 300*

Kilograms: \_\_\_\_\_

**[4.2] What is your current height?**

*Only numbers may be entered in this field. Your answer must be between 100 and 250*

Centimetres: \_\_\_\_\_

## Section 5 - COVID Medical Questions

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

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

- Yes
- No

*Display if 'Yes' at question 5.1.*

### [5.2] What were the results?

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

*Display if 'Negative' or 'Positive' at question 5.2 (What were the results?)*

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

Answer must be between 01/01/2020 and 'today'.

Please enter a date: \_\_\_\_\_

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

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

*Display if 'Positive' at question 5.2 (What were the results?).*

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

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): \_\_\_\_\_

*Display if 'Yes' at question 5.1 (Have you been tested for COVID-19?)*

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

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?

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

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

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

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): \_\_\_\_\_

*Display if 'Don't know / prefer not to answer' or 'I'm not feeling quite right' at question 5.7 (How are you currently feeling?)*

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

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

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

*Display if '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?)*

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

Please write your answer here:

\_\_\_\_\_

## Section 6 - Knowledge of COVID-19

### [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.

Don't know much at all		Neutral			Know a lot	
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): \_\_\_\_\_

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 6.2 (Which of these sources do you use to obtain information about COVID-19)

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

	Frequency											Day or week	
	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.

Not important at all		Neutral			Extremely important	
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"/>

## 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? \_\_\_\_\_

Display if the following conditions are met: Numbers entered in question 7.1 are not equal

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

Please write your answer here: \_\_\_\_\_

Display if the following conditions are met: Answer was NOT '0' at question 6.1 (How many people do you **currently** live with?)

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

**[7.3] Who do you currently live with?**

Please choose **all** that apply:

- Your twin
- 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. Only numbers may be entered in these fields.*

- 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 twin: \_\_\_\_\_
- 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. Only numbers may be entered in these fields.*

- 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	[ ]

**[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.*

- 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): \_\_\_\_\_

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?)

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

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): \_\_\_\_\_

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?)

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

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: \_\_\_\_\_

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?)

**[9.3] Has your working hours/schedule changed?**

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)
<b>...prior to the COVID-19 pandemic?</b>	[Dropdown options]	[Dropdown options]
<b>...currently?</b>	[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?**

	<i>Has become much worse</i>	<i>Has become worse</i>	<i>Has stayed the same</i>	<i>Has become better</i>	<i>Has become much better</i>
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

**[12.1] 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 13 - General Health Part 2

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

### [13.1] 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

### [13.2] 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

### [13.3] 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

### [13.4] 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

### [13.5] 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 14 - Mental Health Part 1

### [14.1] Over the past week, about how often did you feel...<sup>2</sup>

	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"/>

### [14.2] What are you concerned about right now?

Please choose **all** that apply:

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

## 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.<sup>3</sup>

### [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"

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

<sup>2</sup> Use of the Kessler Psychological Distress Scale in ABS Health Surveys, Australia, 2007-08

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



Most of the time

A lot of the time

From time to time, occasionally

Not at all

**[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

**[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

**[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

**[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

**[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

**[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

**[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 - Personality

**[16.1] Please tell us, in general, how willing or unwilling you are to take risks?<sup>4</sup> Use the scale below – where 1 means “very unwilling to take risks” and 5 means you are “very willing to take risks”.**

<i>Very unwilling to take risks</i>		<i>Neutral</i>		<i>Very willing to take risks</i>
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[16.2] How willing are you to give up something that is beneficial for you today in order to benefit more from that in the future?<sup>4</sup> Please again indicate your answer on a scale from 1 to 5, where 1 means you are “completely unwilling to do so” and a 5 means you are “very willing to do so”.**

<i>Completely unwilling to do so</i>		<i>Neutral</i>		<i>Very willing to do so</i>
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[16.3] How well does the following statement describe you as a person? “I assume that people have only the best intentions”.<sup>4</sup> Please indicate your answer on a scale from 1 to 5, where 1 means “does not describe me at all” and 5 means “describes me perfectly”.**

<i>Does not describe me at all</i>		<i>Neutral</i>		<i>Describes me perfectly</i>
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 17 - Emotional Support

**[17.1] Please read the following questions and tick the response that most closely describes your current situation<sup>5</sup>**

	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"/>

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

- Yes
- No

**[17.4] Can your twin rely on you for practical assistance or emotional support during the pandemic if they need it?** Please choose **only one** of the following:

- Yes
- No

**[17.3] Can you rely on your twin for practical assistance or emotional support during the pandemic if you need it?** Please choose **only one** of the following:

- Yes
- No

<sup>4</sup> The Global Preferences Survey <http://ftp.iza.org/dp9674.pdf>

<sup>5</sup> 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.

**[17.5] How many people *other than your twin 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
- One person other than my twin
- 2 – 5 people other than my twin
- More than 5 people other than my twin
- Don't know/prefer not to answer

**[17.6] How many people *other than your twin 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
- One person other than my twin
- 2 – 5 people other than my twin
- More than 5 people other than my twin
- Don't know/prefer not to answer

## Section 18 - Resilience and Optimism

**[18.1] Please respond to each item by marking one box per row<sup>6</sup>**

	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"/>

**[18.2] 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: \_\_\_\_\_ %

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

*Not worried /  
concerned at all*

1

2

*Neutral*

3

4

*Extremely worried /  
concerned*

5

**[18.4] 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: \_\_\_\_\_ %

## Section 19 – Community and Optimism

**[19.1] 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"/>

<sup>6</sup> Smith et al. The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 2008; 15(3): 194-200.

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"/>

### [19.2] 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"/>

### [19.3] 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 20 - Lockdown Questions

[20.1] 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

[20.2] 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 21 – Final Comments

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

Please write your answer here: \_\_\_\_\_