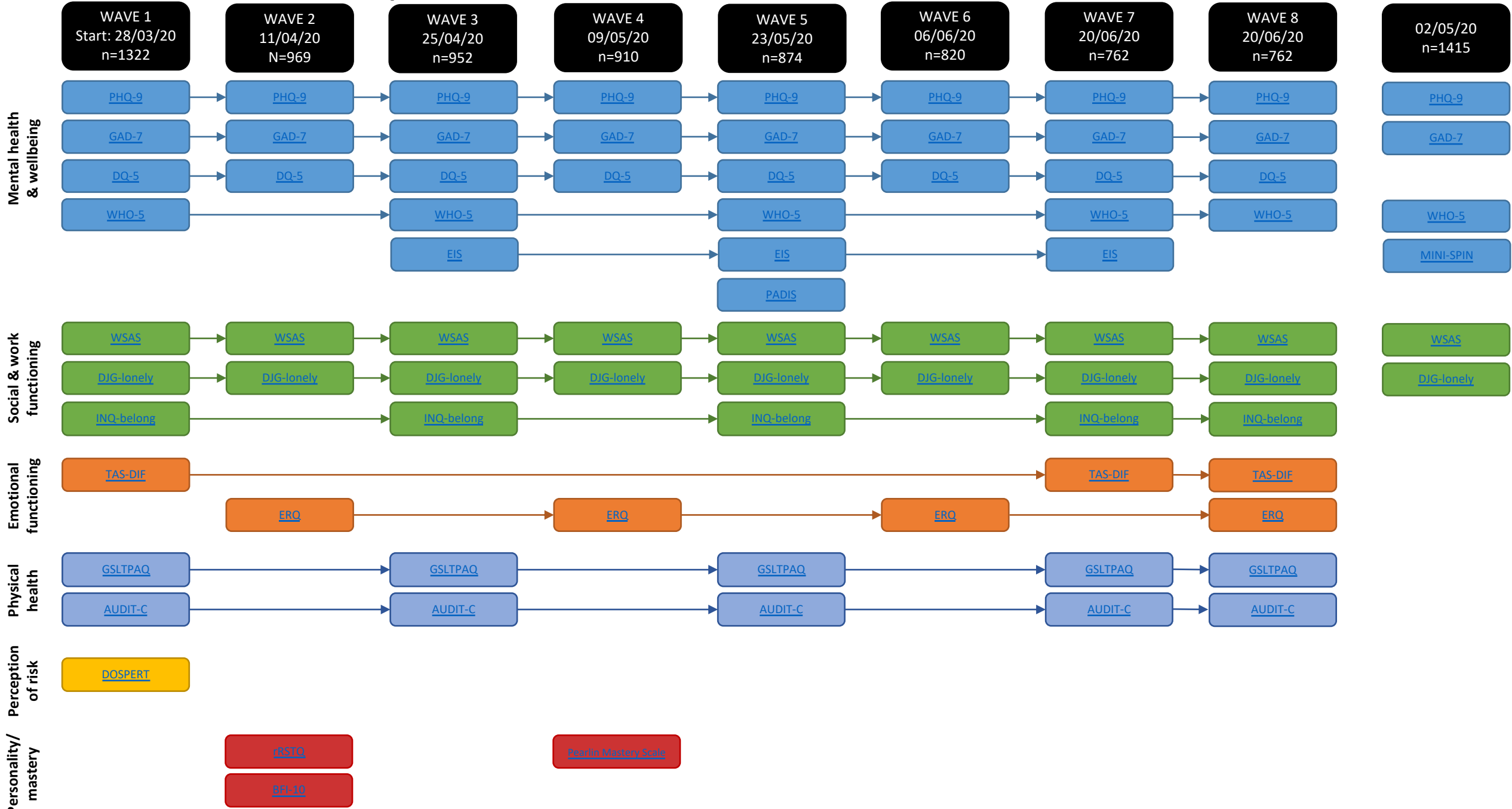


Cohort 1: Standardised questionnaire measures

Cohort 2



Other items repeated at every wave during initial lockdown (from W1-7)

EXPOSURE TO COVID-19: To what extent have you been affected by COVID-19? (choose all that apply)

- I have been diagnosed positive for COVID-19 by a laboratory test
- I have been tested for COVID-19—awaiting result
- I have been tested for COVID-19—negative result
- I was directed by the health department to self-isolate—current
- I was directed by the health department to self-isolate—past
- I have voluntarily self-isolated—current
- I have voluntarily self-isolated—past
- I have been a contact of someone who has been diagnosed positive by a laboratory test
- I have a family member who is currently or has been required to self-isolate
- I have a family member who has been diagnosed positive by a laboratory test
- I know someone who has been required to self-isolate
- I know someone who has been diagnosed positive by a laboratory test (but have had no contact while infectious)
- Other (please specify)
- None of the above

EMPLOYMENT CHANGE: Over the last 2 weeks, have there been any changes to your employment situation as a result of COVID-19? (choose all that apply). Please select *Nothing has changed* if your employment situation is the same as it was the last time you completed the survey.

- Nothing has changed
- I was forced to reduce hours
- I elected to reduce hours
- I increased my hours
- I lost my job
- I was asked to take paid leave
- I was forced to take paid leave
- I was asked to take unpaid leave
- I was forced to take unpaid leave
- I was asked to work from home
- I was forced to work from home
- I changed my hours to home school my children
- I found a new job
- My job was re-instated because of the government's JobKeeper scheme (W2 →)
- I started working back at my place of employment some of the time (W5 →)
- I started working back at my place of employment all of the time (W5 →)
- I was given the option to return to my workplace (either some or all of the time) but chose not to (W5 →)
- Other (please specify)
- Not applicable to me

HEALTH BEHAVIOUR CHANGE: Over the last 2 weeks, how has the amount you did the following things changed?

I did a lot less/I did a bit less/There was no change/I did a bit more/I did a lot more/Not applicable

- Being physically active
- Being social
- Eating a healthy diet
- Getting good quality sleep
- Drinking alcohol
- Smoking cigarettes
- Spending time in nature (W2 →)
- Interacting face-to-face (W5 →)

COVID-19 RELATED BEHAVIOURS: Which of the following actions are you currently taking, or planning to take in the next 2 weeks, to protect yourself and your loved ones from COVID-19?

Action taken, and still in place/Action taken, but no longer in place/Planning to take action in next 2 weeks/Not planning to take action in next 2 weeks/Don't know/Not applicable

- Remove my children from school
- Arrange to work from home
- Cancel family events such as weddings/parties/gatherings
- Cancel travel
- Wear a face mask in public
- Stock up on food
- Stock up on medical supplies
- Seasonal flu shot
- Maintain distance from other people
- Isolate myself/my family at home
- Downloaded the Australian Government COVIDSafe tracing item (W4 →)
- Other (please specify)

ENGAGEMENT WITH NEWS ABOUT COVID-19

—Over the last 2 weeks, to what extent have you been following the news about COVID-19?

Not at all/Once per week/2-3 times per week/Once per day/Multiple times per day/Constantly/Don't know

—What was the average amount of time you spent doing each of the following activities per day to find out about COVID-19?

None/Less than 15 minutes per day/ 15-30 minutes per day/31-60 minutes per day/61-120 minutes per day/More than 120 minutes per day

- Watching the news on TV
- Reading online news sources
- Reading paper/hardcopy newspapers
- Reading online blogs
- Engaging with social media

—How many different links about COVID-19 have you sent/shared/posted on social media?

None/1-2/3-5/6-10/More than 10 (please specify number)/Don't know-not sure

STRESS & COPING: Over the last 2 weeks, to what extent have you:

Not at all/A little/Somewhat/Quite a lot/Considerably/Extremely

- Experienced stress in your life (at home and work)?
- Felt able to cope with the challenges you faced?
- Felt worried or anxious about COVID-19?
- Experienced financial distress related to COVID-19?
- Felt worried or anxious about re-engaging with other people as restrictions ease? (W5 →)
- Felt worried or anxious about re-entering public places as restrictions ease? (W5 →)
- Felt most people can be trusted? (W6 →)

EMOTION DIFFERENTIATION TASK: Please look at the above image and then rate how strongly you feel each of the following emotions in response to it:

Not at all/Weakly/Moderately/Somewhat strongly/Very strongly/Extremely strongly

- Angry, Anxious, Disgusted, Excited, Fearful, Happy, Hopeful (W2 →), Relaxed, Sad, Surprised

*Note: W1=1 item, W2-7=2 items.

Additional items: Wave 1

AGE: What is your age in years?
<text entry>

GENDER: What is your gender?
Male/ Female/ Other/Prefer not to say

LOCATION
What is your:
• Postcode?
• Suburb?
• Street?

RELATIONSHIP STATUS:

—Are you currently in a relationship with someone?

- Yes, living with the person you are married to
- Yes, living with a partner (but not married to them)
- Yes, in a relationship with someone but not living with them
- No, not in a relationship with anyone
- Prefer not to say

—What is your marital status?

- Married-first and only marriage
- Remarried-second or later marriage
- Separated from someone you have been married to
- Divorced
- Widowed
- Have never married
- Prefer not to say

PREGNANT: Are you currently pregnant?

- No or not applicable
- Yes, first trimester (1-12 weeks)
- Yes, second trimester (13-26 weeks)
- Yes, third trimester (27+ weeks)

HOUSEHOLD COMPOSITION:

—Do any of the following currently live in your household?

- Spouse/partner
- Any of your children
- A parent or parent-in-law
- A grandparent
- A brother or sister
- A son-in-law or daughter-in-law
- A grandchild
- Other relatives
- Someone who is not a relative
- Pets
- Other

—How many dependent children do you have currently living in your household?

0/1/2/3/4/5/More than 5

—Who makes most of the health-related decisions for you household?

- Me
- Partner/spouse
- Both me and my partner/spouse
- Other (please specify)

—Do you have carer responsibilities?

- No
- Yes, for someone I live with
- Yes, for someone I don't live with
- Yes, as a professional

HIGHEST QUALIFICATION: What is the highest qualification you have completed?

- School certificate (or equivalent)
- Higher school certificate (or equivalent)
- Trade certificate/apprenticeship
- Technicians certificate/advanced certificate
- Certificate other than above
- Associate diploma
- Undergraduate diploma
- Bachelor degree
- Post graduate diploma/certificate
- Higher degree
- Prefer not to say

INCOME: Before tax is taken out, what is the present income of your household?

- Up to \$300/week (around \$16,000/year)
- \$300-\$575 per week (\$30,000/year)
- \$576-\$1075 per week (\$56,000/year)
- \$1076-\$1700 per week (\$88,000/year)
- \$1701-\$2400 per week (\$125,000/year)
- More than \$2400/week (>\$125,000/year)
- Prefer not to say

ETHNICITY: Which ethnicity do you belong to? (choose all that apply)

- Aboriginal and/or Torres Strait Islander
- European/Caucasian
- African American
- Sub-Saharan African
- Northern African
- Middle Eastern
- South Asian
- South East Asian
- East Asian
- Maori
- Pacific Islander
- Other (please specify)

LANGUAGE

—How well do you speak English?

- It is my first language
- Fluent
- Moderate
- Poor

—Do you speak any languages other than English at home?

- No, English only
- Yes, English and another language (please specify)
- Yes, another language only (please specify)

POLITICAL ORIENTATION: What is your political orientation?

- Extreme left
- Strong left
- Left of centre
- Centre
- Right of centre
- Strong right
- Extreme right
- Don't know/not sure
- Prefer not to say

MEDICAL & PSYCHOLOGICAL CONDITIONS

—Are you currently, or have you ever been, diagnosed by an appropriate clinician with any of the following medical conditions?

- Yes, current diagnosis/Yes, past diagnosis/Never*
- Hypertension
 - Heart disease
 - Type 1 diabetes
 - Type 2 diabetes
 - Asthma
 - Emphysema
 - Chronic obstructive pulmonary disease
 - Kidney disease
 - Epilepsy
 - Stroke
 - Multiple sclerosis
 - Parkinson's disease
 - Dementia
 - Liver disease
 - Gastrointestinal condition
 - Joint/muscle condition
 - Chronic pain
 - Chronic fatigue syndrome
 - Cancer
 - Severe/life-threatening allergy

—Are you currently, or have you ever been, diagnosed by an appropriate clinician with any of the following psychological conditions?

- Yes, current diagnosis/Yes, past diagnosis/Never*
- Anxiety
 - Depression
 - Bipolar disorder
 - Schizophrenia
 - Post-traumatic stress disorder
 - Autism spectrum disorder
 - Alcohol or substance use disorder
 - Eating disorder
 - Other (specify)

—Please describe any negative impacts that COVID-19 or isolation have had on you: <text entry>

—Please describe any positive impacts that COVID-19 or isolation have had on you: <text entry>

MEDICATION

—Are you dependent on ongoing access to medication for any medical or psychological condition?

Yes/No

—How worried are you about being able to access the medications you need during the COVID-19 outbreak?

Not at all/A little/Somewhat worried/Very worried/Extremely worried

EMPLOYMENT

—What is your usual employment status, now or just before any changes due to COVID-19?

- Employed full-time
 - Employed part-time, looking for full-time work
 - Employed part-time
 - Employed in a casual position
 - Unemployed, looking for work
 - Not in the work force
- You indicated you are/were not in the work force. What is/was your main activity?
- Home duties or caring for children
 - Retired or voluntarily out of work force
 - Studying
 - Caring for an aged or disabled person
 - Recovering from illness
 - Voluntary work
 - Other

—To what extent does/did your employment (or usual daily activities if not in the work force) expose, or potentially expose, you to COVID-19?

Not at all/A little/Somewhat/Quite a lot/Considerably/Don't know

—To what extent is/was your job able to be done remotely (e.g., away from your usual place of work and/or away from large groups of other people)?

Not at all/A little/Somewhat/Quite a lot/Completely

—Are you (or were you prior to COVID-19) employed by:

- Employed by a government agency
- Employed by a profit-making business/private company
- Employed by another organisation
- Self-employed/in business or practice for yourself
- Working without pay in a family business
- Not applicable

—Do you (or did you prior to COVID-19) own a business?

- No
- Yes, sole trader (no other employees)
- Yes, small business (1-49 employees)
- Yes, medium business (50-249 employees)
- Yes, larger business (250+ employees)

PRIOR ADVERISTY

—To what extent were you affected by bushfires in 2019-2020? (choose all that apply)

- Not at all
- Some smoke
- Heavy smoke
- Fire within 5km of residence
- I was evacuated due to bushfire
- I had direct contact with bushfire
- Fire damaged residence
- Fire destroyed residence
- Family member or close friend lost property or was injured
- I was injured by fire
- Other (please specify)

—Excluding events related to COVID-19 and the bushfires, to what extent have you been affected by other adverse events in 2020?

Not at all/A little/Somewhat/A lot/Extremely

WORRY ABOUT COVID-19 INFECTION

—To what extent do you feel:

Not at all/A little/Moderately/Very/Don't know

- Concerned about getting infected with COVID-19?
- Retired or voluntarily out of work force
- Concerned about a housemate or family member getting infected with COVID-19?
- Confident that you know how to protect yourself from COVID-19?
- Confident that you know how to protect your loved ones from COVID-19?

ENGAGEMENT WITH COVID-19 NEWS

—How do you receive information about COVID-19?

- Television news
- Radio
- Online news sources
- Paper-hardcopy newspapers
- Online blogs
- Government/other official website
- Emails from employer
- Emails from school/college/university
- Twitter
- Facebook
- Internet searchers
- Medical doctor
- Word of mouth (friends, family, neighbours, workmates, etc)
- If not born in Australia, media from your home country
- Other (please specify)

—How much do you trust each of the sources of information listed?

Not at all/A little/Mostly/Very much/Not applicable

Additional items: Waves 2-4

WAVE 2

BACKGROUND

—In which country were you born?

Australia/UK/New Zealand/China/India/Philippines/Vietnam/South Africa/Malaysia/Sri Lanka/Other (please specify)
—How many years have you lived in Australia?
<text entry>

SMOKING

—Have you ever smoked tobacco?

Yes, currently/Yes, previously/No
~~How many years in total have/did you smoke for? *programming error~~
~~How many cigarettes do/did you smoke in a typical month? *programming error~~

HOMESCHOOLING

—Have your children been participating in school from home due to COVID-19? (select all that apply)

- Yes, child/ren in primary school
- Yes, child/ren in high school
- No, children still attending school
- Not applicable

—Have you been working from home while home schooling you child/ren? Yes/No
—How much has home schooling been impacting on your work or other daily activities?

Not at all/A little/Somewhat/A lot

—What support have you received for home schooling?

- My partner and I are sharing responsibilities
- Another person is assisting me with home schooling
- I am connected to other parents in my child's class
- The school provides online social interactions
- The school provides daily online real-time lessons for most subject areas
- The school provides daily structured activities with some online guidance/teaching videos
- The school provides daily structured activities
- The school provides a list of suggested activities with minimal daily guidance
- The school has not provided any suggested activities beyond usual at-home learning
- The school has not provided any educational guidance
- Other (please specify)

—To what extent has the support provided by your child/ren's school/s:

Not at all/Slightly/Moderately/Very/Extremely

- Been flexible
- Helped your child/ren to stay connected to peers
- Helped you and your child/ren to enjoy home schooling
- Caused you to feel stress or worry about home schooling your children

HOPE: How hopeful or optimistic are you that by the end of COVID-19:

Not at all/Slightly hopeful/Moderately hopeful/Very hopeful/Extremely hopeful

- You will have new abilities or skills
- Your mental health will have improved
- You will be more connected with people you care about
- Our society will have improved in one or more ways

GOVERNMENT MESSAGING

—To what extent do you think messages from the Commonwealth government about COVID-19 and how Australians should respond are:

Not at all/Slightly/Moderately/Very/Extremely

- Clear
- Consistent
- Vague
- Conflicting
- Confusing
- Incomplete

—To what extent do you agree each of the following directions should be in place right now? Note, it does not matter if these directions are currently in place or not. We just want to know whether you agree with them or not.

Strongly disagree/Disagree/Neither disagree nor agree/Agree/Strongly agree

- Stay at home as much as possible
- Stay 1.5 meters away from people outside your home
- Go to work outside the home if required
- Stay in self-isolation/quarantine for 14 days if returning from overseas
- Fines being issued to people who do not comply with social distancing measures

RELIANCE ON EXPERTS: Please indicate to what extent the following statements are generally true of you:

Strongly disagree/Disagree/Somewhat disagree/Neither agree nor disagree/Somewhat agree/Agree/Strongly agree

- I am generally comfortable with relying on medical experts rather than taking the time and effort to learn about medicine
- I am generally comfortable with the fact that much of what I know or believe has come from authoritative sources instead of my own first-hand investigations
- I have relied on experts or specialists for advice about important matters in my life

Risk communication experiment #1

WAVE 3

EDUCATION

—How many years of primary school did you complete?

<text entry>

—How many years of secondary school did you complete?

<text entry>

EMPLOYMENT:

How many weeks in total have you worked from home because of COVID-19, if any?

- None, I have not worked from home because of COVID-19
- Less than 1 week
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks

PETS

—What type of pets live on your property?

- No pets
- Cat
- Dog
- Bird
- Reptile/amphibian
- Fish
- Poultry
- Horse
- Other (please specify)

—How many pets live on your property?

<text entry>

—During the COVID-19 pandemic, how have you been engaging with your pet/s?

- Not at all or not applicable/Less than usual/Same as usual/More than usual
- Quiet time
 - Exercising
 - Playing
 - Training
 - Talking to your pet/s
 - Watching your pet/s for relaxation
 - Other (please specify)

—During the COVID-19 pandemic, what effect have your pets had on your ability to cope?

<text entry>

PSYCHOLOGICAL THERAPY

—Before the COVID-19

pandemic, what was your experience with psychological therapy?

- None, I never received therapy before COVID-19
- I received therapy and learned some practical strategies to improve my mental health
- I received therapy, but did not learn any practical strategies to improve my mental health

—During the COVID-19

pandemic, how helpful have you found the following strategies or tools for managing your mental health?

Have not used/Not at all helpful/A little helpful/Somewhat helpful/Very helpful

- Mindfulness
- Breathing exercises
- Progressive muscle relaxation
- Challenging dysfunctional thoughts
- Thought records
- Scheduling pleasant events
- Planning "worry" time
- Flash cards
- Using a diary
- Exercise
- Other (please specify)

During the COVID-19 pandemic, to what extent have you used these strategies, tools, or techniques?

Not at all/A

little/Somewhat/Quite a lot

—Overall, to what extent do you believe the tools you learned in previous psychological therapy have helped you cope during the COVID-19 pandemic?

Not at all/A

little/Somewhat/Quite a lot

—Are you currently receiving psychological therapy?

- No
- Yes, weekly
- Yes, fortnightly
- Yes, monthly
- Yes, less than once a month

WORRY ABOUT COVID-19 INFECTION

***Wave 1 items repeated here.

WAVE 4

HOMESCHOOLING

***Wave 2 home schooling questions repeated first, then:

—What do you like best, or have found most positive, about home schooling
<text entry>

—What do you like least, or have found most challenging, about home schooling?
<text entry>

—Do you think children should return to face-to-face learning in the near future?

- Yes, my children have already returned to school full-time (5 days a week)
- Yes, my children have already returned to school part-time (1-3 days a week)
- Yes, my children will return to school full-time during the next few weeks (5 days a week)
- Yes, my children will return to school part-time during the next few weeks (1-3 days a week)
- Yes, I want my children to return immediately but no time-frame has been given
- Yes, I want my children to return to school in the next few weeks but no time-frame has been given
- No, I don't want my children to return to school at this time
- Other (please specify)

TELEHEALTH

—Over the last month, how many telehealth appointments with a healthcare professional have you had?

None/1-2/3-4/5-9/10 or more

—Have you avoided or put off accessing healthcare during COVID-19 because you would have had to use telehealth instead of having a face-to-face appointment?

Yes/No

—How was/were your telehealth appointment(s) conducted? (select all that apply)

- Video-conferencing
- Talking on telephone
- Texting using telephone
- Online text chat
- E-mail
- Other (please specify)

—Were any of these appointments with a mental health professional?

- Yes, with a mental health professional I have seen before
- Yes, with a new mental health professional I have not seen before
- No, I did not have any telehealth appointments with a mental health professional

—The following statements ask about your views about telehealth.

Strongly disagree/disagree/Neither agree nor disagree/Agree/Strongly agree

- I am confident in my ability to use telehealth to access healthcare
- I am not, or would not be, concerned about the security of my personal information during a telehealth appointment
- I feel like the quality of care is just as high in a telehealth appointment as it is in a face-to-face appointment
- I would be willing to access healthcare via telehealth in the future
- Telehealth is useful in exceptional circumstances like COVID-19, but not at other times
- What is your level of confidence with using technology (e.g., computers, the internet)?

Not at all confident/Slightly confident/Somewhat confident/Fairly confident/Extremely confident

—Please describe any negative impacts that COVID-19 or isolation have had on you: <text entry>

—Please describe any positive impacts that COVID-19 or isolation have had on you: <text entry>

Risk communication experiment #2

Additional items: Waves 5-6

WAVE 5

WORRY ABOUT COVID-19 INFECTION
*****Wave 1 items repeated here.**

POSITIVE/NEGATIVE BENEFITS: On balance, how negative or positive have the impacts of COVID-19 been on the following aspects of your life and circumstances?

Negative/Somewhat

negative/Neutral/Somewhat

positive/Positive/Not applicable or don't know

- My personal privacy
- Legal restriction on my daily activities
- My ability to adapt to changing circumstances
- My ability to cope with challenges
- My practical skills and abilities
- My relationships
- My recreation and/or entertainment activities

EMPLOYMENT: How many weeks in total have you worked from home because of COVID-19, if any?

- None, I have not worked from home because of COVID-19
- Less than 1 week
- 1-2 weeks
- 3-4 weeks
- 4-6 weeks
- More than 6 weeks

HOPE: ***Wave 2 items repeated here.

GOVERNMENT TRACING APP: Why have you chosen to, or chosen not to, download the Australian Government COVIDSafe tracing app?
 <text entry>

WAVE 6

PETS

***First three pet items from Wave 4 repeated here.

—Have there been any changes to your pet ownership during COVID-19?

- No changes
- I've adopted a pet
- I've re-homed my pet
- My pet was lost or stolen
- My pet passed away
- Other (please specify)

—During the COVID-19 pandemic, for you, what have been the positives of owning pets? <text entry>

—During the COVID-19 pandemic, for you, what have been the negatives of owning pets? <text entry>

EMPLOYMENT: How many weeks in total have you worked from home because of COVID-19, if any?

- None, I have not worked from home because of COVID-19
- Less than 1 week
- 1-2 weeks
- 3-4 weeks
- 4-6 weeks
- 6-8 weeks
- More than 8 weeks

TRUST AND COLLECTIVISM

—Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?

Can trust/Can't be too careful/Depends/Don't know

—Please indicate to what extent you agree with this statement: If you know what groups I belong to, you know who I am.

Strongly disagree (1) to Strongly agree (8)

—Given the recent public health restrictions, how consistently have you been able to act with your views about what's best?

- Not at all, to a distressing degree
- Not very, to an uncomfortable degree
- Somewhat, but it has been bearable
- Moderately, to a fairly comfortable degree
- Entirely, to a completed comfortable degree

SOCIAL SUPPORT

—How many people are you currently living with (not including yourself)?

<text entry>

—Thinking about the people you live with, how often do they:

Never/Rarely/Sometimes/Often

- Make you feel cared for?
- Express interest in how you are doing?
- Make too many demands on you?
- Criticise you?
- Create tensions or arguments with you?

—Under what circumstances would you consider: (for each, please choose all that apply)

I would do this now/If there were no active COVID-19 cases in Australia for 2 weeks/If an effective vaccine for COVID-19 was widely available/Not under any of these circumstances/N/A (I don't do this)

- Eating at a restaurant
- Using public transport
- Domestic airline travel
- International airline travel
- Hugging or shaking hands with a family member you don't live with
- Attending a public concert or sporting event

—Under what circumstances do you think an increase in COVID-19 restrictions should be reintroduced? (select all that apply)

- If people do not comply with social distancing guidelines
- If there is a local outbreak in my state/territory
- If the number of cases increases for a week in Australia
- If there are more than a 100 new cases in a day in Australia
- Other (specify)
- Never

GOVERNMENT MESSAGING ***Wave 2 items repeated here.

Risk communication experiment #3

MENTAL HEALTH PEER WORKER

A mental health peer worker is someone employed because they have personal experience with mental illness and recovery or they support family or friends with mental illness. Peer workers help people experiencing mental health problems to navigate the health system and assist them with their recovery.

—Have you ever received support from a mental health peer worker?

- Yes, including in the last 3 months
- Yes, but not in the last 3 months
- No, but I know this support is available
- No, I did not know peer workers existed

—How helpful have you found peer workers to be in supporting your mental health and wellbeing?

Not at all helpful/A little helpful/Somewhat helpful/Very helpful

—How helpful do you think a peer worker would be in supporting the mental health and wellbeing of a person with a mental problem?

Not at all helpful/A little helpful/Somewhat helpful/Very helpful

VACCINATION

—When do you think an effective vaccine for COVID-19 is likely to be widely available to the public in Australia?

- By September this year
- By the end of this year
- By the middle of next year
- By the end of next year
- In 2022 or later
- Never

—Hypothetical scenario about virus immunity: Suppose that, in a population, people are starting to gain immunity from the virus. Every day, the number of people who have immunity doubles. If it takes 48 days for half the population to become immune, how many days would it take for the entire population to become immune?

<text entry>

—You have probably come across many of the below claims about coronavirus. We are interested in how much you agree with each claim:

Do not agree at all/Agree a little/Agree moderately/Agree a lot/Agree completely

- Washing your hands regularly can help reduce coronavirus spread
- Coronavirus is part of a larger agenda to force-vaccinate whole populations
- Regularly rinsing your nose with saline can help reduce coronavirus spread
- 5G networks are being used to spread the coronavirus
- Physical distancing can help reduce coronavirus spread
- Governments are hiding evidence that effective treatments for coronavirus are available
- High dose Vitamin C can help reduce coronavirus spread
- Big Pharma created coronavirus to profit from the vaccines

Additional items: Wave 7

HOMESCHOOLING

—Have you home schooled one or more children during COVID-19? *Yes/No*

—What type of school does your child(ren) attend? (select all that apply)

- Public school
- Private independent school
- Private Catholic school
- Other (please specify)

—How satisfied were you with each of the following aspects of home schooling:

Not at all/A little/Somewhat/Very

- Learning activities and resources provided by the school
- Opportunities for your child to interact with their teacher
- Opportunities for you child to interact with their peers
- Communication from the school principal/head teachers
- Communication from and with your child's teacher
- Feedback on your child's work

—On average, how many days each week did you support your child(ren)'s home schooling?

Every day/4 days/3 days/2 days/1 day/Never

—For the days that you supported your child(ren)'s home schooling, how much time did this usually take?

Less than 30 minutes/1 hour/2 hours/3 hours/4 hours/5 hours/6 or more hours

—How did you manage work and home schooling activities? (select all that apply)

- Not applicable to me, I was not working
- I officially reduced my work hours with my employer
- I was required by my employer to take leave to cover missed hours
- I chose to take leave
- I worked in the evening or early morning
- I worked on the weekend
- I supported home schooling in between work activities (home learning spread throughout the day)
- I supported home schooling during a set block of time each day
- I shared home schooling activities with my spouse/partner
- I focused on core home schooling activities (e.g., literacy and numeracy)
- I found more structured activities that promoted independent learning (e.g., worksheets, online educational games)
- Other (please specify)

—Overall, how much did homeschooling impact on your work productivity or other daily activities?

Not at all/A little/Somewhat/A lot

—What would you do differently if you needed to home school your child(ren) again?

<text entry>

—Please describe any negative impacts that COVID-19 or isolation have had on you: <text entry>

—Please describe any positive impacts that COVID-19 or isolation have had on you : <text entry>

TELEHEALTH

***All telehealth items from Wave 4 repeated here (with the following adjustments and additions)

—Over the last six weeks, how many telehealth appointments with a healthcare professional have you had? *None/1-2/3-4/5-9/10 or more*

—The following statements ask about your views about telehealth?

Strongly disagree/Disagree/Neither agree nor disagree/Agree/Strongly agree

- I would still like to be able to access telehealth in the future, now that COVID-19 restrictions are easing.

—Why would you still like to be able to access telehealth, now that COVID-19 restrictions are easing?

- It's convenient
- It works well/is effective
- To protect my health
- Other (please specify)

—Did you ever use telehealth to see a health professional before the COVID-19 pandemic?

- Yes, frequently
- Yes, occasionally
- Yes, once before
- No, I never used telehealth before COVID-19

OBSERVED BEHAVIOUR CHANGES

—Over the past few weeks, to what degree have you observed changes in other people's behaviour? *Much less/Less/No change/More/Much more*

- Social distancing in public places
- Wearing face masks in public
- Containing coughs or sneezes
- Going to cafes or restaurants
- Visiting friends or family in person
- Stockpiling food or medical supplies
- Being intoxicated in public
- Engaging in risk driving

EMPLOYMENT: How many weeks in total have you worked from home because of COVID-19, if any?

- None, I have not worked from home because of COVID-19
- Less than 1 week
- 1-2 weeks
- 3-4 weeks
- 4-6 weeks
- 6-8 weeks
- 8-10 weeks
- More than 10 weeks

—Over the past few weeks, to what degree have you observed changes in other people's behaviour?

- My employer expected my productivity to be greater than usual
- My employer expected my productivity to be the same as usual
- My employer has been lenient/understanding (e.g., allowed my productivity to be lower than usual, while still paying me the same wage)
- Not applicable

FINANCIAL IMPACT

—How has COVID-19 affected how you feel about any financial debt(s) you have?

- I have no debts
- Much less anxious about my debt
- A bit less anxious about my debt
- It has made no difference
- A bit more anxious about my debt
- Much more anxious about my debt

—Do you own a farm or business that has commercial loan(s)? (choose all that apply)

- Yes, I own a farm with commercial loans
- Yes, I own a business with commercial loans
- I own a farm but have no commercial loans
- I own a business but have no commercial loans
- None of the above apply to me

—How has COVID-19 affected how you feel about your commercial loan repayments?

- Much more concerned about repayments
- A bit more concerned about repayments
- It has made no difference
- A bit less concerned about repayments
- Much less concerned about repayments

JOBKEEPER AND JOBSEEKER

—Have you and/or your partner/spouse received income from the government JobKeeper or JobSeeker schemes in the past 3 months?

- I have received JobKeeper income
- I have received JobSeeker income
- My partner/spouse has received JobKeeper income
- My partner/spouse has received JobSeeker income
- None of the above

—What impacts would it likely have on you if the JobKeeper and JobSeeker schemes were ended? (choose all that apply)

- Little or no impact
- Financial distress
- Difficulty paying bills
- Difficulty buying essential items (groceries)
- Loss of housing
- Other (please specify)

Additional items: Wave 8

GENDER:

What is your gender?
Male/ Female/
Other/Prefer not to
say

LOCATION

What is your:
• Postcode?
• Suburb?
• Street?

RELATIONSHIP STATUS:

—Are you currently in a relationship with someone?

- Yes, living with the person you are married to
 - Yes, living with a partner (but not married to them)
 - Yes, in a relationship with someone but not living with them
 - No, not in a relationship with anyone
 - Prefer not to say
- What is your marital status?
- Married-first and only marriage
 - Remarried-second or later marriage
 - Separated from someone you have been married to
 - Divorced
 - Widowed
 - Have never married
 - Prefer not to say

EMPLOYMENT AND FINANCIAL SITUATION

—What is your current employment status?

- Employed full-time
 - Employed part-time, looking for full-time work
 - Employed part-time
 - Employed in a casual position
 - Unemployed, looking for work
 - Not in the work force
- How has your financial situation changed over the past year?
- Much worse
 - Bit worse
 - Same
 - Bit better
 - Much better

PRIOR ADVERSTY

—Excluding events related to COVID-19 and the bushfires, to what extent have you been affected by other adverse events in 2020-21?

Not at all/A little/Somewhat/A lot/Extremely

EXPOSURE TO COVID-19:

—To what extent have you been affected by COVID-19? (choose all that apply)

- I have been diagnosed positive for COVID-19 by a laboratory test
- I have been tested for COVID-19—awaiting result
- I have been tested for COVID-19—negative result
- I was directed by the health department to self-isolate—current
- I was directed by the health department to self-isolate—past
- I have voluntarily self-isolated—current
- I have voluntarily self-isolated—past
- I have been a contact of someone who has been diagnosed positive by a laboratory test
- I have a family member who is currently or has been required to self-isolate
- I have a family member who has been diagnosed positive by a laboratory test
- I know someone who has been required to self-isolate
- I know someone who has been diagnosed positive by a laboratory test (but have had no contact while infectious)
- Other (please specify)
- None of the above

—When were you: (for each that occurred for you, please choose all that apply)

February 2020/March 2020/April 2020/May 2020/June 2020/July 2020/August 2020/September 2020/October 2020/November 2020/December 2020/January 2021/February 2021

- Diagnosed positive for COVID-19 by a laboratory test
- Directed by the health department to self-isolate
- A contact of someone who has been diagnosed positive by a laboratory test

—How many weeks total were you in lockdown because of COVID-19?

<text entry>

WORRY ABOUT COVID-19 INFECTION

—To what extent do you feel:

- Not at all/A little/Moderately/Very/Don't know
- Concerned about getting infected with COVID-19?
 - Concerned about a housemate or family member getting infected with COVID-19?
 - Confident that you know how to protect yourself from COVID-19?
 - Confident that you know how to protect your loved ones from COVID-19?

HOPE: How hopeful or optimistic are you that by the end of COVID-19:

- Not at all/Slightly hopeful/Moderately hopeful/Very hopeful/Extremely hopeful
- You will have new abilities or skills
 - Your mental health will have improved
 - You will be more connected with people you care about
 - Our society will have improved in one or more ways

—Please describe any negative impacts that COVID-19 or isolation have had on you: <text entry>

—Please describe any positive impacts that COVID-19 or isolation have had on you: <text entry>

HOMESCHOOLING

—Have you home-schooled or are you currently home-schooling one or more children due to COVID-19?

Yes/No

—We are interested in the longer-term outcomes of home-schooling on you and/or your children.

What do you think are the long-term positive outcomes of home-schooling on you and/or your children:

<text entry>

—What do you think are the long-term negative outcomes of home-schooling on you and/or your children:

<text entry>

TELEHEALTH

—Over the last month, how many telehealth appointments with a healthcare professional have you had?

None/1-2/3-4/5-9/10 or more

—How likely are you to use telehealth now compared to when COVID-19 first began?

Much more likely/Somewhat more likely/Neither more or less likely/Somewhat less likely/Much less likely

VACCINATION

—What concerns, if any, do you have about getting vaccinated for COVID-19 once a vaccine becomes available to you?

<text entry>

—How concerned or worried are you about getting vaccinated for COVID-19?

Not at all/Slightly/Moderately/Very/Extremely

—Will you get vaccinated for COVID-19 once a vaccine becomes available to you?

Definitely not/Probably not/Might or might not/Probably yes/Definitely yes

—Why will you <insert choice from above question> get vaccinated for COVID-19 once a vaccine becomes available to you?

<text entry>

—In the past five years, how often have you had a flu vaccination?

Never/Once/A few years/Every year

—Would you usually get vaccinated for other diseases (eg. Measles, mumps, tetanus)?

Definitely not/Probably not/Might or might not/Probably yes/Definitely yes

—Do you have dependent children in your care?

No/Yes

—At present, children in Australia will only be vaccinated if recommendations change. Would you want your dependent children to get vaccinated for COVID-19 if it were possible?

Definitely not/Probably not/Might or might not/Probably yes/Definitely yes

—Would you usually have your dependent children vaccinated for other diseases (eg. measles, mumps, tetanus)?

Definitely not/Probably not/Might or might not/Probably yes/Definitely yes

—To what extent do you agree that once a vaccine is available to you it will be:

Strongly disagree/Somewhat disagree/Neither agree nor disagree/Somewhat agree/Strongly agree

- Safe?
- Effective?
- Free (no cost)?
- Easy to get?

—What vaccine do you expect will be made available to you?

Pfizer or BioNTech/Oxford or AstraZeneca/Other (please specify)/Don't know/No vaccine

STRESS & COPING: Over the last 2 weeks, to what extent have you:

Not at all/A little/Somewhat/Quite a lot/Considerably/Extremely

- Experienced stress in your life (at home and work)?
- Felt able to cope with the challenges you faced?
- Felt worried or anxious about COVID-19?
- Experienced financial distress related to COVID-19?
- Felt worried or anxious about re-engaging with other people as restrictions ease?
- Felt worried or anxious about re-entering public places as restrictions ease?
- Felt most people can be trusted?

BODY IMAGE: Over the last 7-day period, how true have the following things been of you:

1 (Not at all true for me)/2/3/4/5 (Very true for me)

- I am very happy with my performance in physical activities
- I am very happy with the appearance of my body
- I feel really good about what I can do physically
- I feel really good about the way I look
- Overall I am very satisfied with my physical abilities
- Overall I am very satisfied with my appearance
- I feel like my body is healthy and resilient

Additional items: Cohort 2

AGE: What is your age in years?
<text entry>

GENDER: What is your gender?
Male/ Female/ Other/Prefer not to say

LOCATION
What is your postcode?
<text entry>

RELATIONSHIP STATUS:

—What is your relationship status?

- Married, living together
- Married, not living together
- In a relationship (not married), living together
- Not in a relationship
- Prefer not to say

HOUSEHOLD COMPOSITION:

— Who do you live with? (choose all that apply)

- Relatives
- Non-relatives
- Nobody, I live alone

EMPLOYMENT AND FINANCIAL SITUATION

—What is your current employment status?

- Employed full-time
- Employed part-time, looking for full-time work
- Employed part-time
- Employed in a casual position
- Unemployed, looking for work
- Not in the work force

—Before tax is taken out, what the present income of your household?

- Up to \$300/week (around \$16,000/year)
- \$300-\$575 per week (\$30,000/year)
- \$576-\$1075 per week (\$56,000/year)
- \$1076-\$1700 per week (\$88,000/year)
- \$1701-\$2400 per week (\$125,000/year)
- More than \$2400/week (>\$125,000/year)
- Prefer not to say

EDUCATION:

—What is the highest qualification you have completed?

- School certificate (or equivalent)
- Higher school certificate (or equivalent)
- Trade certificate/apprenticeship
- Technicians certificate/advanced certificate
- Certificate other than above
- Associate diploma
- Undergraduate diploma
- Bachelor degree
- Post graduate diploma/certificate
- Higher degree
- Prefer not to say

—How many years of primary school did you complete?

<text entry>

—How many years of secondary school did you complete?

<text entry>

COVID-19 EXPERIENCE

—How many times have you been vaccinated for COVID-19 (i.e., number of vaccine doses)?

0/1/2/3 or more

—Have you had COVID-19?

- Once, confirmed by test
- More than once, confirmed by test
- I think I have, but not confirmed by test
- No/I don't know

—What type of test confirmed you have COVID-19? (Select all that apply)

- PCR (polymerase chain reaction test)
- RAT (rapid antigen test)

—When did you have COVID-19? (select all that apply)

- When I was unvaccinated
- After my first vaccination
- After my second vaccination
- After by third (booster) vaccination

LONG COVID

—Over the last 2 weeks, have you experienced:

Never/Rarely/Sometimes/Often/Always

- Fatigue
- Muscle pain
- Dizziness
- Difficulties concentrating
- Shortness of breath
- Persistent cough
- Difficulty remembering things or forgetfulness
- Loss of smell of taste

—How worried are you about the effects of Long COVID for:

Not at all/A little/Moderately/Very

- You
- Your child/ren
- Other close family/friends you see regularly
- People with a mental or physical disability
- Healthy young adults (20-29 years)
- Older adults (70+ years)

COVID IMPACT

—Over the last year, how much have the following events impacted on your life:

Have not experienced/A little/Somewhat/Very much

- Having a major physical or mental health problem
- Someone close to you having a major physical or mental health problem
- Someone close to you dying
- Experiencing a natural disaster (e.g., bushfire, flood)
- Job loss, work problems, or study problems
- Financial problems
- Relationship problems, including separation or divorce
- Loneliness or limited social contact
- Other (please specify)

HOMESCHOOLING

—Do you have any dependent children? (select all that apply)

- Under 5 years old
 - 5-11 years old
 - 12-18 years old
 - Over 18 years old
 - No, I do not have any dependent children
- How many dependent children do you have?
1/2/3/4 or more

—Did your children participate in school from home due to COVID-19? (select all that apply)

- Yes, child/ren in primary school
- Yes, child/ren in high school
- No, my child/ren still attended school
- Not applicable

—How comfortable do you feel sending your child/ren to school in-person now?

Not at all/A little/Moderately/Very/Not applicable

CHILDREN WITH COVID

—Have your child/ren been vaccinated for COVID-19? (Select all that apply)

- Yes, 2 or more vaccinations
- Yes, 1 vaccination
- Not yet, but my child/ren are eligible and I intend to have them vaccinated
- No, my child/ren are not eligible/not able to be vaccinated
- No, I have chosen not to vaccinate my child/ren
- Not applicable

—Have one or more of your children had COVID-19? *Yes/No/Not applicable*

—Over the last year, what have you found most negative or challenging about living with the COVID-19 pandemic: <text entry>

—Over the last year, what have you found most positive or helpful about living with the COVID-19 pandemic: <text entry>

COVID RISK PERCEPTION

—To what extent have the following increased or decreased since the appearance of the first Omicron variant in December 2021:

Decreased a lot/Decreased a little/Not at all/Increased a little/Increased a lot

- Your chances of getting COVID-19
- The chance that you would have to go to hospital if you got COVID-19
- Your anxiety-level about COVID-19
- Your ability to tolerate the health risk of COVID-19
- The effectiveness of public health measures in preventing you from getting COVID-19
- The effectiveness of vaccines against COVID-19
- The chance of passing COVID-19 onto others if you have it
- Other people breaking COVID-19 restrictions/rules

—At the start of the COVID-19 pandemic (i.e., during the first half of 2020), to what extent were you:

Not at all/A little/A moderate amount/A lot/A great deal

- Avoiding crowded areas, public transport and physical shops
- Practicing hand hygiene (washing hands, using sanitizers, not touching face)
- Wearing face masks
- Physical distancing
- Restricting visitors

—At the moment, to what extent are you:

Not at all/A little/A moderate amount/A lot/A great deal

- Avoiding crowded areas, public transport and physical shops
- Practicing hand hygiene (washing hands, using sanitizers, not touching face)
- Wearing face masks
- Physical distancing
- Restricting visitors

—Please indicate how much you agree with the following statements:

Strongly disagree/Disagree/Neither agree nor disagree/Agree/Strongly disagree

- Everyone should take precautions to protect people in our community who are more likely to be hospitalised or die if they get COVID-19
- It is up to individuals to protect themselves from COVID-19 infection
- It is inevitable that people with disabilities will be over-represented in COVID-19 deaths
- It is inevitable that people with chronic health conditions will be over-represented in COVID-19 deaths
- It is inevitable that older adults (70+ years) will be over-represented in COVID-19 deaths

Additional items: Cohort 2

ETHNICITY: Which ethnicity do you belong to? (choose all that apply)

- Aboriginal and/or Torres Strait Islander
- European/Caucasian
- African American
- Sub-Saharan African
- Northern African
- Middle Eastern
- South Asian
- South East Asian
- East Asian
- Maori
- Pacific Islander
- Other (please specify)

BACKGROUND

—In which country were you born?

Australia/UK/New Zealand/China/India/Philippines/Vietnam/South Africa/Malaysia/Sri Lanka/Other (please specify)

—How many years have you lived in Australia?

<text entry>

LANGUAGE

—How well do you speak English?

- It is my first language
- Fluent
- Moderate
- Poor

—Do you speak any languages other than English at home?

- No, English only
- Yes, English and another language (please specify)
- Yes, another language only (please specify)

POLITICAL ORIENTATION: What is your political orientation?

- Extreme left
- Strong left
- Left of centre
- Centre
- Right of centre
- Strong right
- Extreme right
- Don't know/not sure
- Prefer not to say

MEDICAL & PSYCHOLOGICAL CONDITIONS

—Are you currently, or have you ever been, diagnosed by an appropriate clinician with any of the following medical conditions?

Yes, current diagnosis/Yes, past diagnosis/Never

- Hypertension
- Heart disease
- Type 1 diabetes
- Type 2 diabetes
- Asthma
- Emphysema
- Chronic obstructive pulmonary disease
- Kidney disease
- Epilepsy
- Stroke
- Multiple sclerosis
- Parkinson's disease
- Dementia
- Liver disease
- Gastrointestinal condition
- Joint/muscle condition
- Chronic pain
- Chronic fatigue syndrome
- Cancer
- Severe/life-threatening allergy
- Long COVID

—Are you currently, or have you ever been, diagnosed by an appropriate clinician with any of the following psychological conditions?

Yes, current diagnosis/Yes, past diagnosis/Never

- Anxiety
- Depression
- Bipolar disorder
- Schizophrenia
- Post-traumatic stress disorder
- Autism spectrum disorder
- Alcohol or substance use disorder
- Eating disorder
- Other (specify)

—Do you identify as someone with a disability?

Yes/No

MENTAL HEALTH ATTITUDES

—Please indicate if you agree or disagree with the following statements: *Disagree/Partly disagree/Partly agree/Agree*

- If I was having personal or emotional problems, the first thing I would do is seek professional help
- If I was having personal or emotional problems, I am sure that seeing a professional would be helpful
- I would want to get psychological help if I were worried or upset for a long period of time
- I might want to have psychological counselling in the future
- A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help

—If you were having a personal or emotional problem, how likely is it that you would seek help from the following people:

1 (Extremely unlikely)/2/3 (Unlikely)/4/5 (Likely)/6/7 (Extremely likely)

- Mental health professional (e.g., counsellor, psychologist, psychiatrist)
- Phone helpline or chat service
- Doctor/GP
- Peer worker

—How likely would you be to seek help from a health professional for personal or emotional problems now compared with before the pandemic if you thought you needed it?

- Much less likely now
- Somewhat less likely now
- About the same
- Somewhat more likely now
- Much more likely now

—Have you sought help from a health professional about your mental health since the pandemic began?

- No
- Yes, and it was the first time I sought professional help for my mental health
- Yes, but it was not the first time I sought professional help for my mental health

—The following questions are about people with a mental illness. How willing would you be to:

Definitely unwilling/Probably unwilling/Probably willing/Definitely willing

- Live next door to a person with a mental illness
- Spend an evening socialising with a person with a mental illness
- Make friends with a person with a mental illness
- Start working closely with a person with a mental illness
- Have someone with a mental illness marry into the family

Online vs. face-to-face interaction experience:

—How close do you feel to:

Not at all/A little bit/Somewhat/Very much/Extremely

- The <assigned interactant>
- People when you interact with them online
- People when you interact with them face-to-face

—On average, I interact online:

Never/Less than once a month/A few times each month/A few times each week/A few times each day

—The quality of my internet connections during online interactions is usually:

Poor/Satisfactory/Good/Excellent

—Online interactions are:

Strongly disagree/Somewhat disagree/Neither agree nor disagree/Somewhat agree/Strongly agree

- Comfortable
- Anonymous
- Private

—Face-to-face interactions are:

Strongly disagree/Somewhat disagree/Neither agree nor disagree/Somewhat agree/Strongly agree

- Comfortable
- Anonymous
- Private

DISPLAY RULES TASK: How should you express the following emotions with <assigned interactant> in <online/face-to-face> interactions involving just the two of you:

Sliding scale with anchors: Express no emotion/hide my emotion completely (-100) – Express less than I feel (-50) – Express it as I feel it (0) – Express more than I feel (50) – Express much more than I feel (100)

- Amusement
- Gratitude
- Happiness
- Interest
- Embarrassment
- Fear
- Pain
- Sadness
- Anger
- Boredom
- Contempt
- Disgust

**Note: Participants completed both context conditions and were randomly assigned to one interactant condition from: friend; colleague or co-worker; supervisor or boss; GP; and psychologist or counsellor.*