

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

Reference Document: Adult Twins, Phase 2



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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: 14th August 2020 to 20th October 2020

Number of questions: 94

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] Did you participate in Survey 1 of the TRACKERR Study? Survey 1 ran from 15 April to 4 August 2020

- Yes, I completed the earlier TRACKERR survey
- No, this is my first time completing a TRACKERR survey
- I'm not sure

[1.2] What is your gender?

Display this question if the following conditions are met: Answer was 'No, this is my first time completing a TRACKERR survey' or 'I'm not sure' at question 1.1 (Did you participate in Survey 1 of the TRACKERR Study? Survey 1 ran from 15 April to 4 August 2020)

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

[1.3] Are you currently living in Australia?

- Yes
- No

[1.4] Where are you currently living?

Postcode: _____

State: _____

Country: _____

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

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

Display 3.1 – 3.3 if the following conditions are met: Answer was 'I'm not sure' or 'No, this is my first time completing a TRACKERR survey' at question 1.1 (Did you participate in Survey 1 of the TRACKERR Study?)

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

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?

| Do not enjoy each other's company at all | Neutral | | | Enjoy each other's company a lot |
|--|-----------------------|-----------------------|-----------------------|----------------------------------|
| 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?

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

[3.4] Can you rely on your twin for practical assistance during the pandemic if you need it?

- Yes
- No

[3.5] Can you rely on your twin for emotional support during the pandemic if you need it?

- Yes
- No

[3.6] Can your twin rely on you for practical assistance during the pandemic if they need it?

- Yes
- No

[3.7] Can your twin rely on you for emotional support during the pandemic if they need it?

- Yes
- No

[3.8] Please tell us your sources of support other than your twin

Please choose **all** that apply:

- My spouse / partner
- One or more of my family members
- One or more of my friends
- My community / neighbour(s)
- My pet(s)
- None
- Don't know/prefer not to answer
- Other (please specify): _____

Section 4 – Living Arrangements

[4.1] Have you moved to a new house or changed your living circumstances since the beginning of COVID-19 restrictions?

- Yes
- No

Display 4.2 – 4.3 if answer was 'Yes' at question 4.1

[4.2] Why did your living circumstances change?

Select the answer that best describes your situation:

- I was moving house/changing my living circumstances anyway
- I had to move/change my living circumstances due to COVID-19
- My house member(s) left due to COVID-19
- I gained new house member(s) due to COVID-19
- Other (please specify): _____

[4.3] Please feel free to add comments about how/why your living circumstances have changed. Otherwise, please leave blank.

Please write your answer here: _____

[4.4] How many people do you currently live with? Please do not include yourself.

Please write your answer here: _____

Display if the following conditions are met: Answer was NOT '0' at question 4.4 (How many people do you currently live with?)

[4.5] Who do you currently live with?

Please choose **all** that apply:

- Your twin
- Your spouse or partner
- Your children
- Parent(s) - either yours and/or your partner's parent(s)
- Grandparent(s) – either yours and/or or your partner's grandparent(s)
- Other relative(s)
- Friend(s)
- Housemate(s)/flatmate(s)
- Others not listed above

Section 5 – Knowledge of COVID-19

[5.1] 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"/> |

[5.2] Which of these sources do you currently 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): _____

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

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

| <i>Not important at all</i> | | <i>Neutral</i> | | <i>Extremely important</i> |
|-----------------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[5.4] On a scale of 1 to 5, how important (or necessary) do you think it is to wear a face mask in public currently as response to COVID-19?

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

| <i>Not important at all</i> | | <i>Neutral</i> | | <i>Extremely important</i> |
|-----------------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[5.5] Currently how frequently do you wear a face covering when you are engaging in the following activities:

Please choose the appropriate response for each item:

| | Never | Rarely | Sometimes | Always | Not applicable – I do not do this activity |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| When I leave home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When I leave home for essential activities such as work or grocery shopping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spending time with family outside of my household | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spending time with people such as friends or neighbours outside of my household | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 6a – Pre-existing Conditions

[6.1] Do you have a past history of respiratory health issues?

[Please select all that apply to you. If none apply to you, please select the "None of the above conditions" option.]

Please choose **all** that apply:

- I have had asthma at some point in my life
- I have had symptoms or attacks of asthma in the last 12 months
- I have used medication (any) for asthma in the last 12 months
- I have been told by a doctor that I have chronic obstructive pulmonary disease or COPD
- I have hay fever
- I have used medication (any) for hay fever in the last 12 months

- I have used steroids/corticosteroids for asthma or COPD in the last 12 months
- None of the above conditions

[6.2] Do you think you have any other pre-existing conditions which may affect you if you were to contract COVID-19? Please choose **only one of the following:**

- Yes
- No
- Unsure / prefer not to answer

Display if 'Yes' at question 6.2

[6.3] Please specify these pre-existing conditions in the boxes below (please leave any extra boxes blank)

Please write your answer(s) here:

Pre-existing condition 1: _____

Pre-existing condition 2: _____

Pre-existing condition 3: _____

Pre-existing condition 4: _____

Pre-existing condition 5: _____

Section 6b – COVID-19 Medical Questions

[6.4] Have you ever been tested for COVID-19?

- Yes
- No

Display if 'Yes' at question 6.4

[6.5] Did you ever receive a positive result from a COVID-19 test (i.e. had the virus)?

Please choose **one** of the following:

- Yes (you had/have the virus)
- No (you did not/do not have the virus)
- Don't know/yet to receive results
- Prefer not to answer

Display if 'Yes' or 'No' at question 6.5

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

Please enter a date: _____

Display 6.7 – 6.8 if: Answer was 'Yes (you had/have the virus)' at question 6.5.

[6.7] What was the probable source of your COVID-19 exposure? Please choose **only one** of the following:

- Acquired overseas
- Member of my household
- Friend or family member outside of my household
- At work/work colleague
- Community transmission
- I was in hospital for an unrelated health issue
- Unclear / don't know

[6.8] 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 in self-isolation
- Yes, I am / was in mandatory quarantine
- Yes, other (please specify): _____

Display if the following conditions are met: Answer was 'Yes' at question 6.4 (Have you ever been tested for COVID-19?)

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

Please choose **all** that apply:

- Fever
- Coughing
- Sore throat
- Fatigue (tiredness)
- Nausea/vomiting and/or diarrhoea
- 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: Answer was 'No' at question 6.4 (Have you ever been tested for COVID-19?) **OR** Answer was 'Prefer not to answer' or 'Don't know/yet to receive results' or 'No (you did not/do not have the virus)' at question 6.5 (Did you ever receive a positive result from a COVID-19 test (i.e. had the virus)?)

[6.10] How are you currently feeling?

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

- I don't think I have COVID-19 related symptoms
- I may have COVID-19 related symptoms
- Don't know / prefer not to answer

[6.11] Do you currently have any of the following symptoms?

Please choose **all** that apply:

- Fever
- Coughing
- Sore throat
- Fatigue (tiredness)
- Nausea/vomiting and/or diarrhoea
- 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 do not have any symptoms
- Other (please specify): _____

[6.12] Are you planning to seek medical attention related to the above symptoms within the next week?

Display if the following conditions are met: Answer was 'Sore throat' or 'Fatigue (tiredness)' or 'Nausea/vomiting and/or diarrhoea' or 'Shortness of breath at rest' or 'Shortness of breath after exercise' or 'Wheeze/asthma' or 'Changes to taste/smell' or 'Increase in use of medication for asthma/wheezing' or 'Coughing' or 'Fever' at question 6.11 (Do you currently have any of the following symptoms?)

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

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

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

Display if the following conditions are met: Answer was 'Don't know / unsure' or 'No' at question 6.12 (Are you planning to seek medical attention related to the above symptoms within the next week?)

Please write your answer here: _____

[6.14] Do you know anyone personally who has tested positive for COVID-19?

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

- Yes
- No

[6.15] Who has tested positive for COVID-19?

Display if the following conditions are met: Answer was 'Yes' at question 6.14 (Do you know anyone personally who has tested positive for COVID-19?)

Please choose **all** that apply:

- Your twin
- Your spouse or partner
- A family member
- A friend
- A workmate or colleague
- Other (please specify): _____

[6.16] Do you currently live in the same house as a person with COVID-19?

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

- Yes
- No
- Unsure / prefer not to answer

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

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

Please write your answer here: _____ %

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

| | | | | |
|---|-----------------------|-----------------------|-----------------------|--|
| <i>Not worried / concerned at all</i> | | <i>Neutral</i> | | <i>Extremely worried / concerned</i> |
| 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[6.19] Please write a number in the box below from 0 to 100, 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 7 – Service Use

[7.1] In 2019 (before the pandemic), did you contact any of the following services?

Please select **all** that apply. If none apply, please select the "None of the above" option.

- 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
- None of the above

[7.2] Since COVID-19 restrictions began in late March 2020, which of the following community services have you had contact with?

Please select **all** that apply. If none apply, please select the "None of the above" option.

- 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
- None of the above

[7.3] Since COVID-19 restrictions began in late March 2020, have you had medical care or treatment interrupted, or delayed seeking medical care of treatment?

Please select **all** that apply. If none apply, please select "No interrupted or delayed medical treatment / no medical treatment required".

- Primary care
- Presenting to an emergency department
- Immunisation / Vaccination
- Chronic disease management
- Elective surgery
- Mental healthcare
- Alcohol or drug treatment
- Prescribed medication regimens
- No interrupted or delayed medical treatment / no medical treatment required
- Other: _____

Section 8 – Isolation Questions

[8.1] In the last week, what have you left home for? Please choose **all** that apply:

I haven't left home for any reason

- To seek medical care
- Work
- Shopping (including for groceries)
- Exercise (either individually or in a group)
- Visiting an intimate partner that you don't live with
- Visiting your twin
- Visiting your family members
- Visiting friends or neighbours
- Social occasion at a café, pub, restaurant or something similar
- Group or Club activities, eg, social or interest-based groups such as MeetUps, book clubs, youth or seniors groups, etc
- Volunteering
- School/pre-school/day-care drop off/pick up

- A visit that required an overnight stay
- A short holiday/vacation
- Other: _____

[8.2] In the last week, how many times have you left home for these activities?

Display if the following conditions are met: Any of the options in question 8.1 are selected except "I haven't left home for any reason"

Please write your answer(s) here:

To seek medical care: _____

Work: _____

Shopping: _____

Exercise (either individually or in a group) : _____

Visiting an intimate partner that you don't live with: _____

Visiting your twin: _____

Visiting your family members: _____

Visiting friends or neighbours: _____

Social occasion at a café, pub, restaurant or something similar: _____

Group or Club activities, e.g. MeetUps, book clubs, youth or seniors' groups, etc. : _____

Volunteering: _____

School/pre-school/day-care drop off/pick up: _____

A visit that required an overnight stay: _____

A short holiday/vacation: _____

Other reasons: _____

[8.3] In the last week, did anyone visit your home for the following reasons?

Please choose **all** that apply:

- No one has visited my home for any reason
- Work
- Deliver food or goods (only if they entered the home)
- Medical assessments/appointments
- Complete trade work (a tradesman)
- Exercise
- To visit you (your twin)
- To visit you or a household member (an intimate partner)
- To visit you or a household member (other family members)
- To visit you or a household member (friends or neighbours)
- Other: _____

[8.4] In the last week, how many people visited your home for the various reasons:

Display if the following conditions are met: Any of the options in question 8.3 are ticked except "No one has visited my home for any reason"

| | TOTAL number of DIFFERENT people who visited |
|---|--|
| Work | [] |
| Deliver food or other goods (only if they entered the home) | [] |
| To conduct medical assessments/appointments | [] |
| Exercise | [] |
| To visit you (your twin) | [] |
| To visit you or a household member (an intimate partner) | [] |
| To visit you or a household member (other family members) | [] |
| To visit you or a household member (friends or neighbours) | [] |
| Other reasons | [] |

[8.5] Since COVID-19 restrictions began in late March 2020, have you personally experienced any of the following events?

| | No, this does not apply to me | Yes, and the pandemic was the primary cause of this happening | Yes, and the pandemic had a part to play in this happening | Yes, but the pandemic did not play a role in this happening |
|---|-------------------------------|---|--|---|
| Change of relationship | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| A feeling of being threatened by your partner/ex-partner/another family/household member? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assault of violence? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[8.6] Since COVID-19 restrictions began in late March 2020, have you personally experienced any other significant life events you want to mention?

Please write your answer here: _____

[8.7] For each of the statements below indicate the extent to which they apply to the way you currently feel.¹

| | Yes | More or less | No |
|---|-----------------------|-----------------------|-----------------------|
| I experience a general state of emptiness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are plenty of people I can rely on when I have problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are many people I can trust completely | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I miss having people around | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are enough people I feel close to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often feel rejected | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 9 – Changes in Online Activities

During COVID-19, your leisure activities will likely have changed and some of the activities may have moved online (e.g. instead of meeting people in person you may now meet them online).

[9.1] Please indicate your level of online activity since COVID-19 restrictions began in late March 2020

| | I did this before the COVID-19 restrictions | I started doing this since the COVID-19 restrictions | I have never done this |
|--|---|--|------------------------|
| Cultural activities such as watching concerts, ballet, theatre, comedy shows or similar ONLINE | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online computer games with others (e.g. via Zoom) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online computer games alone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Passive media activities: watching free-to-air or streaming services on TV, listening to radio, music and reading Facebook or Twitter posts or similar | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Active media activities: posting updates or joining conversations on social media outlets such as Facebook, Twitter, Instagram, Snapchat etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online physical exercise (alone or in groups) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online participation in other activities such as singing, playing musical instruments, language conversation, trivia groups, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Online meetings with friends/family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reading books online via a library subscription service or via an e-reader device such as Kindle etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 10 – Employment

[10.1] Before COVID-19 restrictions began in late March 2020, what was your usual main activity?

Display if the following conditions are met: Answer was 'Working full-time' or 'Working part-time' or 'Studying and working' at question '59 [Q00059]' (Before COVID-19 restrictions began in late March 2020, 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): _____

¹ De Jong Gierveld, J., & Van Tilburg, T. A 6-Item Scale for Overall, Emotional, and Social Loneliness: Confirmatory Tests on Survey Data. *Research on Aging*, 2006; 28(5), 582–598. <https://doi.org/10.1177/0164027506289723>

[10.2] Before COVID-19 restrictions began in late March 2020, 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)
- Legal and Insurance
- Manufacturing
- Mining and Energy
- Personal Services
- Sales, Retail, Wholesale and Real Estate
- Science
- Sports and Recreation
- Don't know/prefer not to answer

[10.3] Are you still working currently?

Display if the following conditions are met: Answer was 'Working full-time' or 'Working part-time' or 'Studying and working' at question 10.1 (Before COVID-19 restrictions began in late March 2020, what was your usual main activity?)

Please select the most appropriate answer and provide an additional comment if you would like to further explain any changes to your working situation.

- Yes, I am working at my usual work place location
- Yes, but I am now working from home
- Yes, but I have changed occupations
- No, I am now on paid leave
- No, I am now unemployed/laid off due to work shut down
- Other
- Don't know/prefer not to answer
- Make a comment on your choice here: _____

[10.4] Please select the appropriate employment category for your current occupation

Display if the following conditions are met: Answer was 'Yes, but I have changed occupations' at question 10.3 (Are you still working currently? Please select the most appropriate answer and provide an additional comment if you would like to further explain any changes to your working situation.)

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)
- Legal and Insurance
- Manufacturing
- Mining and Energy
- Personal Services
- Sales, Retail, Wholesale and Real Estate
- Science
- Sports and Recreation
- Don't know/prefer not to answer
- Other: _____

[10.5] Does your current occupation require you to have face-to-face contact with the public?

Display if the following conditions are met: Answer was 'Yes, I am working at my usual work place location' or 'Yes, but I am now working from home' or 'Yes, but I have changed occupations' at question 10.3 (Are you still working currently? Please select the most appropriate answer and provide an additional comment if you would like to further explain any changes to your working situation.)

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

- Yes
- No

[10.6] What is your current occupation?

Display if the following conditions are met: Answer was 'Yes' at question 10.5 (Does your current occupation require you to have face-to-face contact with the public?)

Please write your answer here: _____

Section 11 – Income

[11.1] Select one of the following categories to report your personal income and your total combined household income, on average, 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. (\$AUD)

| | Personal income (AUD) | Household income (AUD) |
|--|-----------------------|------------------------|
| Before the COVID-19 restrictions began in late March 2020, what was your... | [Dropdown options] | [Dropdown options] |
| Currently, what is your... | [Dropdown options] | [Dropdown options] |

[The dropdown options are:

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

[11.2] Are you currently receiving JobKeeper Benefits?

- Yes
- No

[11.3] Are you currently receiving JobSeeker Benefits?

- Yes
- No

Section 12 – Concerns

[12.1] Currently, which of the following causes you the most concern? Please choose **only one** of the following:

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

[12.2] Please read each statement and select number 0, 1, 2 or 3 to indicate how much each of the statements applied to you over the last week. There are no right or wrong answers. Do not spend too much time on any statement.²

The rating scale is as follows:

0 Did not apply to me at all - never

1 Applied to me to some degree, or some of the time - sometimes

2 Applied to me to a considerable degree, or a good part of time - often

² Depression Anxiety Stress Scales (DASS-21). <http://www2.psy.unsw.edu.au/dass//>

3 Applied to me very much, or most of the time - almost always

| | 0 Never | 1 Sometimes | 3 Often | 3 Almost always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| I found it hard to wind down | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was aware of dryness of my mouth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I couldn't seem to experience any positive feeling at all | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I found it difficult to work up the initiative to do things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I tended to over-react to situations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experienced trembling (e.g. in the hands) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that I was using a lot of nervous energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was worried about situations in which I might panic and make a fool of myself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that I had nothing to look forward to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I found myself getting agitated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I found it difficult to relax | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt down-hearted and blue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was intolerant of anything that kept me from getting on with what I was doing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt I was close to panic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was unable to become enthusiastic about anything | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt I wasn't worth much as a person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that I was rather touchy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt scared without any good reason | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that life was meaningless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 13 – General Health

[13.1] 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"/> |
| My level of physical activity or exercise... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My sleeping... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My eating... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[13.2] Which of the following best describes your smoking status throughout your life?

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

- I have never smoked
- I have smoked occasionally but quit
- I have smoked regularly (daily) but quit
- I smoke occasionally
- I smoke regularly (daily)

[13.3] Please tell us whether back pain is a problem for you or not

| | Yes | No |
|--|-----------------------|-----------------------|
| Prior to the COVID-19 pandemic, had you ever experienced pain in your lower back that was severe enough for you to seek treatment? | <input type="radio"/> | <input type="radio"/> |
| Do you currently experience pain in your lower back severe enough to seek treatment? | <input type="radio"/> | <input type="radio"/> |

[13.4] Over the last week, how many days did you...

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Walk for at least 30 minutes for any reason | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exercise moderately for at least 30 minutes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exercise vigorously for at least 20 minutes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Moderate exercise causes only light sweating or slight to moderate increases in breathing or heart rate and includes activities such as brisk walking, bicycling for pleasure, golf, and dancing.

Vigorous exercise causes heavy sweating or large increases in breathing or heart rate and includes activities such as running, lap swimming, aerobics classes, and fast bicycling.

[13.5] Over the last week, on average, how long did you sleep each night?

[Please answer in hours and minutes]

| | Hours | Minutes |
|----------------------------------|---------------------------|---------------------------|
| Average time sleeping each night | [Please choose] (0-24) | [Please choose] (0-55) |

[13.8] Compared with before COVID-19 restrictions began, was this time spent getting to sleep...

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

- Less
- The same
- More

[13.6] Compared with before COVID-19 restrictions began, was this time spent sleeping...

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

- Less
- The same
- More

[13.9] Compared with before COVID-19 restrictions, have your diet and eating habits, on average...

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

- Improved, i.e. I eat healthier than I used to
- Stayed the same, i.e. my diet and eating habits have not substantially changed
- Deteriorated, i.e. I eat less healthy than I used to

[13.7] Over the last week, on average, how long did you take to fall asleep after you started trying to?

[Please answer in hours and minutes]

| | Hours | Minutes |
|-----------------------------------|---------------------------|---------------------------|
| Average time taken to fall asleep | [Please choose] (0-24) | [Please choose] (0-55) |

[13.10] What is your height?

Centimetres: _____

[13.11] What is your current weight?

Kilograms: _____

[13.12] Over the last week, how many days did you do the following?

[Please choose the appropriate response for each item]

| | Number of days | | | | | | Compared with an average week before COVID-19 restrictions, this is... | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|---------------------------------------|
| | 0 days | 1-2 days | 3-4 days | 5-6 days | Every day | Prefer not to answer | Less often | About the same | More often | Not applicable / prefer not to answer |
| Drank alcohol | <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"/> |
| Used over-the-counter medication for sleep, anxiety or stress | <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"/> |

| | | | | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Used prescription medication for sleep, anxiety or stress | <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"/> |
| Used cannabis products such as marijuana | <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"/> |
| Used other recreational drugs | <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"/> |
| Meditated | <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"/> |
| Prayed | <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"/> |

[13.13] Currently, I am drinking more, less or the same number of standard alcoholic drinks per week, compared to this time last year.

Display if the following conditions are met: The "Drank alcohol" sub-question in the "number of days" heading in question 13.12 does not equal 0 OR the "Drank alcohol" sub-question in the "Compared with an average week before COVID-19 restrictions, this is..." heading in question 13.12 equals "less often"

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

- More
- The same
- Less
- Prefer not to answer

Section 14 - Health and Wellbeing

[14.1] Please read through each question and mark how much you agree or disagree with each statement in terms of how you feel most of the time. There are no right or wrong answers. Select the numbers that indicates your best response.³

| | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly agree |
|--|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I am very satisfied with my health | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I have enough energy for everyday life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I am very satisfied with my capacity for work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I rarely feel scared or anxious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I often get upset at the way people treat me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I am rarely sad or depressed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Sometimes I have been so ashamed I just wanted to hide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I am very satisfied with my personal relationships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I would rate my quality of life as very good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I usually accept jobs that require me to supervise others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I usually like to have a say in any decisions made by any group I'm in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I usually consider the different sides of an issue before making any decisions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. When something is going to affect me, I usually learn as much about it as I can | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. When part of a group, I usually prefer to let other people make all the decisions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. When I'm involved in something, I usually try to find out all I can about what is going on even when someone else is in charge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I have a clear set of goals and work toward them in an orderly fashion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

³ Gatt JM, Burton KLO, Schofield PR, Bryant RA and Williams LM. The heritability of mental health and wellbeing defined using COMPAS-W, a new composite measure of wellbeing. *Psychiatry Research*, 2014; 219: 204-21.

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. I work hard to accomplish my goals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I strive for excellence in everything I do | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I laugh easily | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I am usually quite a happy and positive person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I am not a cheerful optimist | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I am very satisfied with the support I get from my friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. When I`m faced with a stressful situation, I usually make myself think about it in a way that helps me stay calm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. When I want to feel less negative emotion, I usually change the way I`m thinking about the situation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. For me, knowing I`ve done something well is usually more important than being praised by someone else | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Having someone important tell me I did a good job is usually more important to me than feeling I`ve done a good job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

[14.2] Over the last week, about how often did you feel...⁴

| | <i>All of the time</i> | <i>Most of the time</i> | <i>Some of the time</i> | <i>A little of the time</i> | <i>None of the time</i> |
|--|------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|
| ...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"/> |

Section 15 – Risk and Personality

[15.1] Please tell us, in general, how willing or unwilling you are to take risks?

Use the scale below – where 1 means “very unwilling to take risks” and 5 means you are “very willing to take risks”.⁴

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

[15.2] How willing are you to give up something that is beneficial for you today in order to benefit more from that in the future? 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"/> |

[15.3] How well does the following statement describe you as a person? “I assume that people have only the best intentions”. 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"/> |

[15.4] How much longer do you think the COVID-19 pandemic will last?

Please write your answer here: _____

⁴ Kessler Distress Scale. https://www.hcp.med.harvard.edu/ncs/k6_scales.php

Section 16 - Resilience and Optimism

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

Display if the following conditions are met: Answer was 'No, this is my first time completing a TRACKERR survey' or 'I'm not sure' at question 1.1 (Did you participate in Survey 1 of the TRACKERR Study? Survey 1 ran from 15 April to 4 August 2020)

| | 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"/> |

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

Display if the following conditions are met: Answer was 'No, this is my first time completing a TRACKERR survey' or 'I'm not sure' at question 1.1 (Did you participate in Survey 1 of the TRACKERR Study? Survey 1 ran from 15 April to 4 August 2020)

| | 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"/> |

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

Display if the following conditions are met: Answer was 'No, this is my first time completing a TRACKERR survey' or 'I'm not sure' at question 1.1 (Did you participate in Survey 1 of the TRACKERR Study? Survey 1 ran from 15 April to 4 August 2020)

| | 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"/> |

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

Display if the following conditions are met: Answer was 'No, this is my first time completing a TRACKERR survey' or 'I'm not sure' at question 1.1 (Did you participate in Survey 1 of the TRACKERR Study? Survey 1 ran from 15 April to 4 August 2020)

| | 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"/> |

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

| | | | | | | |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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 17 – End of Survey

[17.1] Has the COVID-19 pandemic had any positive impacts on your life? If so, please explain.

Please write your answer here: _____

[17.2] Thank you for taking part in this survey. Please feel free to provide any additional feedback or comments in the box below

Please write your answer here: _____