

After asking demographic information the following item modules are assessed:

### **Worry about COVID-19 Infection**

1. Are you worried about **your** physical health, as it relates to COVID-19, during this time?
    - a. Yes
    - b. Somewhat or moderately
    - c. No
  2. Are you worried about a close family member or friend's health, as it relates to COVID-19, during this time?
    - a. Yes
    - b. Somewhat or moderately
    - c. No
  3. Have you been tested for coronavirus?
    - a. Yes
      - i. The results were positive
      - ii. The results were negative
      - iii. The results are pending
    - b. No
  4. Has a family member or close friend contracted coronavirus?
    - a. Yes
    - b. No
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1. How has the quality of your sleep changed since COVID-19?
    - a. Improved
    - b. Worsened
    - c. Stayed the same.
    - d. I have not noticed.
  2. Since COVID-19, do you often wake up in the middle of your sleep with worry about the virus, check the news or take your temperature?
    - a. Yes
    - b. No

Please answer the following questions regarding your mental state **after the COVID-19 outbreak in your country/region.**

1. In general, I feel more stressed
  - a. Strongly agree
  - b. Somewhat agree
  - c. Neutral
  - d. Somewhat disagree
  - e. Strongly disagree
2. In general, I feel that I have more anxiety
  - a. Strongly agree
  - b. Somewhat agree
  - c. Neutral
  - d. Somewhat disagree
  - e. Strongly disagree

3. In general, I feel that I am more sad
  - a. Strongly agree
  - b. Somewhat agree
  - c. Neutral
  - d. Somewhat disagree
  - e. Strongly disagree

Please answer the following questions as they relate to your daily life **before the COVID-19 outbreak in your country /region.**

How often have you been bothered by the following conditions?

1. Feeling nervous, anxious, or on edge
  - a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
2. Not being able to stop or control worry
  - a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
3. Worrying too much about different things
  - a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
4. Trouble relaxing
  - a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
5. Being so restless that it's hard to sit still
  - a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
6. Becoming easily annoyed or irritable
  - a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
7. Feeling afraid as if something awful might happen

- a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
8. If you have experienced any of the previous conditions, how difficult did these make it for you to do your work, take care of things, or get along with other people?
- a. Not difficult at all
  - b. Somewhat difficult
  - c. Very difficult
  - d. Extremely difficult
  - e. I did not experience any of the previous conditions.

Now, please answer the following questions as they relate to your daily life ***after the COVID-19 outbreak in your country/region.***

How often have you been bothered by the following conditions?

1. Feeling nervous, anxious, or on edge
  - a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
2. Not being able to stop or control worry
  - a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
3. Worrying too much about different things
  - a. Not at all
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7. Feeling afraid as if something awful might happen

- a. Not at all
  - b. Several days
  - c. Over half the days
  - d. Nearly every day
8. If you have experienced any of the previous conditions, how difficult did these make it for you to do your work, take care of things, or get along with other people?
- a. Not difficult at all
  - b. Somewhat difficult
  - c. Very difficult
  - d. Extremely difficult
  - a. I did not experience any of the previous conditions.