

Supplementary file 1.

Data category	Information
Study registration number	ClinicalTrials.gov NCT05323799
Date of registration in primary registry	April 12, 2022
Source(s) of monetary or material support	Victorian Government Department of Jobs Precincts and Regions, Macquarie Group Foundation, Burnet Institute donors
Primary sponsor	Burnet Institute
Contact for public queries	AP, PhD [alisa.pedrana@burnet.edu.au]
Contact for scientific queries	AP, PhD Burnet Institute
Scientific title	Priority populations' experiences of isolation, quarantine and distancing for COVID-19: a protocol for an observational cohort, the Optimise Study.
Countries of recruitment	Australia
Health condition(s) or problem(s) studied	CORONAVIRUS DISEASE (COVID-19) CAUSED BY THE SARS-COV-2 VIRUS AND RELATED SOCIAL, HEALTH AND ECONOMIC IMPACTS
Intervention(s)	N/A
Key inclusion and exclusion criteria	<p>Ages eligible for study: ≥ 18 years Sexes eligible for study: both Accepts healthy volunteers: Yes</p> <p>Inclusion criteria: adult patient (≥ 18 years), residents of Victoria, Australia, have access to the internet to complete online surveys or a phone to undertake phone interviews.</p> <p>Exclusion criteria: Currently in hospital or too unwell to participate at recruitment; Not currently residing in Victoria at recruitment, Aged <18 years</p>
Study type	Observational
Date of first enrolment	September 2020
Target sample size	1000
Recruitment status	Recruitment closed – follow up data collection ongoing
Primary outcome(s)	<ul style="list-style-type: none"> • Uptake of COVID-19 risk mitigation strategies over time – e.g. isolation, quarantine, vaccines, mask wearing, physically distancing • Knowledge of COVID-19 restrictions and confidence in government decision-making over time • Average number of contacts with key people per day over time and in different settings
Key secondary outcomes	<ul style="list-style-type: none"> • Changes in work and finances as a result of COVID-19; • Changes in lifestyle and social engagement as a result of COVID-19; and • Changes in physical and mental health as a result of COVID-19;

Table 1 – Optimise Study registry information

COVID-19 Case Definitions	COVID-19 Case : A person that test positive for COVID-19
	Close contact : (as per DHHS): Spending more than 4 hours with someone who has COVID-19 inside a house, accommodation or care facility. Aka household/household-like contact. notified by health department they were a close contact of a person who tested positive for COVID-19
	Contact : Someone that a participant has had a face-to-face conversation with, shared a close space with (e.g., room, car, public transport), or had physical contact with (e.g., handshake, hug, kiss, contact sport). This is distinct to the Government definitions of 'close contact'. Participants are asked to list their contacts in the daily diary and monthly surveys.
	Isolation : Requirement to isolate from other people at home or another location, if deemed appropriate, if you have confirmed COVID-19 or have been tested for COVID-19 due to symptoms (prior to a negative result) in order to prevent the spread of COVID-19. This is distinct from Stage 3 and 4 measures which are sometimes referred to as "iso" or lockdown.
	Quarantine : Requirement to be physically distant from other people if you are well but have been in recent contact with someone with COVID-19 whilst that person was potentially infectious.
	Physical distancing : Practicing of keeping physical space (>1.5 metres) between oneself and others and avoiding physical contact to prevent the spread of COVID-19.
Key Groups	Aged care worker : For the purpose of recruitment, defined as self-identifying as an aged care worker. Aged care workers provide care, supervision and support for aged people in residential establishments, clinics, hospitals and private residence. Roles include personal care, domestic duties and management of illness.
	Chronic illness or medical condition requiring ongoing medical care : defined as a condition that lasts 1 year or more and requires ongoing medical attention and/or limits activities of daily living. They are long lasting conditions with persistent effects. For the purpose of recruitment, potential defined as self-identifying to have a chronic illness or other medical condition requiring ongoing medical care.
	Culturally and/or linguistically diverse (CALD) : People of CALD backgrounds were born overseas, have a parent born overseas or speak a variety of languages. In the Optimise Study individuals will be defined as CALD if they report being born overseas, speaking a language other than English at home, or of Aboriginal and Torres Strait Islander origin.
	AMDS (Arabic Mandarin Dinka Speaking Participants) : People who speak Arabic, Mandarin, or Dinka as their primary language spoken at home will be defined as AMDS, as a subgroup of CALD participants.
	Factory/distribution/manufacturing worker : Defined by working in one of the following workplaces: Warehousing / Distribution / Freight forwarding; Supermarket and medical distribution center; Abattoir or meat processing, including seafood and poultry; Food, beverage, and fiber manufacturing; or caravan manufacturing.
	Healthcare workers : For the purpose of recruitment, defined as <u>self-identifying</u> as a healthcare professional (healthcare worker). A healthcare worker is a worker who is a regulated health professional, including: Aboriginal and Torres Strait Islander health practice; Chinese medicine (acupuncturists, Chinese herbal medicine practitioners and Chinese herbal dispenser); chiropractic; dental (dentists, dental specialists, dental hygienists, dental prosthetists, dental therapists and oral health therapists); medical; medical radiation practice (diagnostic radiographers, nuclear medicine technologists and radiation therapists); nursing and midwifery (registered nurses, enrolled nurses, nurse

	practitioners, and midwives); occupational therapy; optometry; pharmacy; physiotherapy; podiatry; psychology.
	Regional town centers: These are locations outside of major cities such as Melbourne: Regional centers are hubs for larger regional areas they provide surrounding areas access to education, jobs, personal and professional services, recreation and opportunities for cultural participation. They are determined by function rather than size. For example: Geelong, Ballarat, Bendigo
	Recent COVID-19 cases: People who have received a positive test result for COVID-19 in previous 7 days
	Young Person: Person aged 18-24 years at recruitment
Sampling Groups	Group 1 seeds: Victoria adults who had recently been notified with a diagnosis of COVID-19 or were identified as a 'close contact'. The checklist for Covid contacts is found here link
	Group 2 seeds: Members of the general community, with quotas to focus recruitment of specific key at-risk populations.
	Key people (formally 'key relationships' and 'close ties'): Key people who are part of the participants' life on a daily or weekly basis, such as family, friends, partners, housemates, neighbours, co-workers: <ul style="list-style-type: none"> - someone they would discuss private, personal matters with - someone who provides important practical assistance or support - co-workers who they frequently deal with - people they share activities with, such as hobbies, sport, religious gatherings, visiting relatives <p>It is <i>not</i> limited to people who participants are emotionally bonded to. It can include people who they are only in contact with digitally, and those who don't live in Victoria or Australia. Key people will be used to assess how social networks influence COVID-19 transmission as well as influence individuals' behaviour and attitudes. Key people also provide a sampling frame for snowball recruitment.</p>
	Seeds: The initial study recruits who meet cohort-specific criteria and are first to participate in the study (Wave 0). Seeds subsequently identify other potential participants for the study. This snowball method coupled with purposive sampling will enable social network analysis of specific outcomes.
	Snowball Layer: Each successive round of recruitment based on referral from seeds and subsequent participants. Wave 1 consists of the 'key people' referred and recruited by seeds; Wave 2 consists of the 'key people' referred and recruited by Wave 1 participants.

Table 2 - Definitions for key groups, sampling strategies and COVID-19 case definitions

Supplementary file 2. Consent form for longitudinal cohort participation

Explanatory Statement

Title	The Optimising Isolation, Quarantine and Distancing Study for COVID19 (Optimise COVID19 Study)
Principal Investigators	Professor Margaret Hellard, Dr Katherine Gibney, Dr Alisa Pedrana, Prof Mark Stooze, Prof Lisa Gibbs, Dr Angela Davis, Dr Nick Scott, Prof Dean Lusher, Prof David Wilson, Assoc Prof Joe Doyle, Dr Freya Shearer, Dr. Nic Geard, Prof Sophie Hill.
Associate Investigators	Prof Jodie McVernon, Dr Karen Block, Prof David Anderson, Prof Allen Cheng, Ms Ali Coelho, Prof Sally Green, Mr Danny Vadasz, Dr Brett Sutton, Prof Alex Collie
Location	Burnet Institute, 85 Commercial Road, Melbourne, Victoria, Australia 3004

1. Introduction

You are invited to take part in this research project because you have expressed interest in participating in our study to understand people's experience of COVID-19 and the measures to prevent infection in the community. This Explanatory Statement gives you information about the research project. It explains what is involved to help you decide if you want to take part. Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Participation in this research is voluntary (if you don't wish to take part, you don't have to). If you decide you want to take part in the project, you will be asked to complete **an initial interview** over the phone with one of the project researchers, this will include completion of a registration form, an **online questionnaire**, and electronic **daily diary** entry for 14 days. You will be asked to repeat a monthly online questionnaire and will receive notification to complete follow up diaries (single day) 4 times/month for 12 months (average once weekly).

In doing so you are telling us that you:

- understand what you have read;
- consent to take part in the research project;
- consent to be involved in the procedures described;
- consent to the use of your personal and health information as described.

You now have a copy of this Explanatory Statement to keep and print for yourself. We will require you to provide verbal consent prior to the **study procedures** taking place.

2. What is the purpose of this research project?

The purpose of this project is to find out how members of the public experience COVID-19 and the measures taken to prevent infection and how experiences change over time. The researchers are interested in hearing about how your living situation, work, responsibilities, physical health, mental health and lifestyle have been affected by COVID-19 and preventative measures such as physical distancing. We are also interested in your understanding of local requirements relating to COVID-19. The information gathered in this research project will be used to inform a strategic approach in how to continue to ensure new infections are reduced, while understanding the economic, physical and social impacts that physical distancing and self-isolation have on individuals.

3. What does participation in this research project involve?

a) Questionnaires and daily diaries

Participation in this study involves completing the following online questionnaires and diaries. You will be sent online access to the questionnaire and diary surveys and asked to capture the details as listed in the table. If you are not comfortable or not able to complete the surveys yourself online, you will have the option to be assisted by a researcher over the phone.

ENROLMENT INTERVIEW	BASELINE QUESTIONNAIRE	DAILY DIARY	FOLLOW UP QUESTIONNAIRES
DAY 0	DAY 0	INITIAL: DAILY FOR DAYS 1-14 FOLLOW UP DIARY (SINGLE DAY) 4 TIMES/MONTH FOR 12 MONTHS.	DAY 30 AND REPEATED EVERY MONTH FOR UP TO 12 MONTHS
PHONE	ONLINE (OPTION FOR PHONE)	ONLINE (OPTION FOR PHONE)	OPTION FOR PHONE / ONLINE
KEY PEOPLE FORM		DAILY RESPIRATORY/COVID SYMPTOMS Testing Diagnosis Isolation/quarantine	TOPICS INCLUDED IN QUESTIONNAIRE: CHANGE IN LIVING SITUATION Change in work, study or responsibilities Lifestyle, social engagement & support Changes to physical health or healthcare COVID-related health and isolation
	TOPICS INCLUDED IN QUESTIONNAIRE: LIVING SITUATION WORK, STUDY & RESPONSIBILITIES LIFESTYLE, SOCIAL ENGAGEMENT & SUPPORT PHYSICAL HEALTH & HEALTHCARE UTILISATION MENTAL HEALTH & WELLBEING COVID HEALTH Attitudes and experiences of government measures to prevent COVID	DAILY DOCUMENTATION OF SOCIAL CONTACTS: - DEMOGRAPHICS OF CONTACT - RELATIONSHIP TO CONTACT - LOCATION OF CONTACT - TYPE /PURPOSE OF CONTACT - LENGTH OF CONTACT	MENTAL HEALTH & WELLBEING ATTITUDES AND EXPERIENCES OF GOVERNMENT MEASURES TO PREVENT COVID
		MOOD	

	EXPECTED TO TAKE 30 MINUTES IF SELF-COMPLETED	EXPECTED TO TAKE 5-10MINUTES FOR EACH DAY	Expected to take 20 minutes if self-completed
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The overall study will take place over 15 months. Individuals will be recruited to participate at different times in the study. Depending on when you are recruited, you will be asked to repeat a fortnightly daily diary and monthly questionnaire for up to 12 months (52 weeks). A researcher will confirm the expected follow up required for you.

If you meet certain criteria during the observed follow up period (e.g. recently diagnosed with COVID-19, recently notified as a close contact of someone with confirmed COVID-19), then a researcher will invite you to complete another 14-day daily diary. You will be reimbursed an additional \$15 on top of the standard reimbursement fee for this activity (see below).

We will also ask you if you are willing to be contacted about participating in related research activities, such as a qualitative interview, as described below, or research studies in COVID-19 exploring types of diagnostic tests (to also involve blood & swab collection). If you agree, you may be contacted separately and invited to participate. They are both optional and will not impact your involvement in this study.

Qualitative interviews will be used to better understand peoples' experiences of isolation and quarantine. Interviews may take place either via telephone/zoom, depending on preference. The interview will take approximately an hour, it will be audio recorded and then after it is typed up (transcribed) the audio will be destroyed. The interview will be viewed by staff that have been trained to perform the transcription duties of the project compliant with Burnet Institute confidentiality policies. A pseudonym will be allocated to you, so that your real name and identity isn't known. All interview transcripts will be stored under the requirements of Burnet Institute's security requirements; on a secure password protected server.

[Will I be reimbursed for being in the study?](#)

You will be reimbursed for your time in completing the project questionnaires and diaries according to the following schedule:

- \$50 in the first month following completion of the baseline survey;
- \$35 in subsequent months where you actively participate in completing diaries/questionnaires.

If you are invited to participate in extra activities during the course of the study, you will be reimbursed on top of the rates above. You will receive your reimbursement once a month via electronic gift card vouchers which can be used across a range of retailers.

b) Nomination of people who have a key role in your life (key people)

To better understand how the community is responding to COVID-19 and the measures to prevent infection, we would like to ask you to nominate up to 15 people you consider to have a key role in your life on a daily or weekly basis. These may include your family, friends, neighbours, co-workers, or others. Our research is interested seeing how people's social connections affect their health and wellbeing as well as how they influence how COVID-19 might spread through a community. We would like to ask some of your key people to also be involved in completing similar surveys to what is outlined for your involvement in the study. We will ask you to provide a name and contact number for these people so that we can contact them to invite them to participate. These details will only be used for this purpose, and no other personal information from your study participation will be shared with

anyone. Each key person nominated will have the right to refuse participation, this will not affect your study participation. If they refuse, we will not contact them again, their details will be retained until the completion of the study.

4. What are the possible benefits?

Possible benefits to you include having a say in the development of research and programs to promote the health of the general public and improve our national response to epidemics of novel diseases such as COVID-19.

5. What are the possible risks?

You may feel uncomfortable talking and answering questionnaires about your experience of COVID-19 and the impacts on your personal living situation, finances, and wellbeing. However, you are free to not answer any question you don't feel comfortable answering. The researcher will make themselves available before and after the interview (within work hours) to answer any questions that may arise or any concerns you have.

We would encourage you to answer truthfully and please be assured that all your responses will remain confidential and will not be passed to any authorities. However, you should be aware that should you become involved in a criminal or civil case, in certain limited circumstances, a court of law may be persuaded to order disclosure of particular information relating to you which would otherwise remain confidential.

You are free to stop participating if you become upset or distressed as a result of your participation. If this happens, please notify the researcher as soon as possible, and they will discuss with you the option of arranging for counselling or other appropriate support if you wish. The researcher will give you advice and information about several free options for support after the interview and help you to choose the best option for you and help you make contact.

6. Do I have to take part in this research project?

Participation in any research project is voluntary (if you do not wish to take part, you do not have to). If you decide to take part and later change your mind, you are free to withdraw from the project at a later stage. If you decide to withdraw, please notify a member of the research team as soon as possible. If you withdraw, you will not be contacted for any further participation, but it will not be possible to remove any data that we have previously collected about you.

7. How will I be informed of the results of this research project?

On completion of the research any identifying information will be removed. The findings will report on summary data that can't be linked to any single person. If you're interested in the results, you can find them on the Optimise Study website (www.optimisecovid.com.au) or a short summary can be mailed to you.

8. What will happen to information about me?

It is anticipated that the results of this research will be published and/or presented in a variety of forums, including to the Government. In any publication and/or presentation, information will be provided in such a way that you cannot be identified.

Your personal information and survey data will be stored in a password-protected database on a secure server at the Burnet Institute. The database for the study has been designed and supported by SNA toolbox, to review the Privacy Policy and terms of use of how data is collected, used and stored (<https://www.snatoolbox.com/>). Members of the software service providers are part of the study team. A unique identification number will be assigned to you at the start of the study and this

will help us link the information you provide over time. This information will be re-identifiable: the code is used so that the research team can identify you if necessary; for example, to contact you for follow up questionnaires.

Restricted members of the study team have access to your personal data. They will only use personal data to contact you and your key people for the purposes of recruitment and follow up. Optimise researchers will have access to your de-identified data as well as your postcode. De-identified data means all personal information (name and email) is replaced with a unique ID. Any summaries that may be produced will not contain any identifying information.

To help us map your social network over time, we need to retain and store your personal details and the links to the people you nominated and any other contacts until the end of the study. These data will be stored separately from your de-identified survey data to help protect your privacy and confidentiality. Documentation that captures your verbal consent will be stored separate from your data. All data collected will be retained for 7 years and then destroyed.

9. Can I access research information kept about me?

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to access the information collected and stored by the researchers about you. Please contact one of the researchers named at the end of this document if you would like to access your information. Furthermore, in accordance with regulatory guidelines, the information collected in this research project will be kept for at least 7 years.

10. Is this research project approved?

The ethical aspects of this research project have been approved by the Alfred Hospital Ethics Committee. This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007)* produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

11. Who can I contact?

For further information:

If you want any further information concerning this project, you can contact one of the Principal Researchers:

Professor Margaret Hellard, (03) 9282 2163, margaret.hellard@burnet.edu.au

Dr Katherine Gibney, katherine.gibney@unimelb.edu.au

Study team contact details: [email: optimise@burnet.edu.au](mailto:email:optimise@burnet.edu.au)

Text: 0447 045 460

Phone (03) 9282 2182

For complaints:

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Position	<i>Complaints Officer, Office of Ethics & Research Governance, Alfred Health</i>
Telephone	<i>03 9076 3619</i>
Email	<i>research@alfred.org.au</i>

Please quote the following project number: 333/20

Supplementary file 3A. Expression of interest/screen

The Optimise Study is a research project that aims to find out how Victorians are experiencing COVID-19 and responding to the measures introduced to stop the spread of the virus. The information gathered in this research project will help guide Victoria's approach to COVID-19. It will be used to prevent new infections and reduce the health, social and economic impacts of COVID-19 restriction and prevention measures.

You can access more information about the study [here](#)

Please answer the following questions to see if you can take part.

First name: _____

Last name: _____

Email address: _____

Contact number: +61 _____

Screening form to assess eligibility

1. Please select your current age group:
 - a. Less than 18 years>> Sorry, only people aged over 18 are eligible to participate. [end survey]
 - b. 18 to 24 years
 - c. 25 to 34 years
 - d. 35 to 44 years
 - e. 45 to 54 years
 - f. 55 to 64 years
 - g. 65 to 74 years
 - h. 75+ years
2. What is your postcode?

If postcode doesn't start with 3 >> Sorry, only people who live in Victoria are eligible to participate [end of survey]
3. What is your current gender identity?
 - a. Man
 - b. Woman
 - c. Trans man
 - d. Trans woman
 - e. Non-binary/gender fluid
 - f. My gender is not listed, *please specify* _____
 - g. Prefer not to say
4. What sex were you assigned at birth?

- a. Male
 - b. Female
 - c. Indeterminate/intersex/unknown
 - d. Prefer not to say
5. Are you of Aboriginal or Torres Strait Islander origin?
- a. No
 - b. Yes, Aboriginal
 - c. Yes, Torres Strait Islander
 - d. Yes, Aboriginal and Torres Strait Islander
 - e. I don't wish to say
6. Have you been **diagnosed** with COVID-19 in the past 7 days?
- a. Yes
 - b. No
 - c. I don't wish to say
7. Have you been notified as a **close contact** of someone with confirmed COVID-19 in the past 7 days?
- a. Yes
 - b. No
 - c. I don't wish to say
8. Do you have a chronic illness or medical condition that you currently need ongoing medical care for?
- a. Yes
 - b. No
 - c. I don't wish to say
9. How many people, including yourself, live in your household? If you live in more than one place, consider your main household. ___
10. Do you speak a language other than English at home?
- a. Yes, specify _____ [most common language list]
 - b. No >> skip to Q11
 - c. I don't wish to say >> skip to Q11
11. If yes, how would you describe your ability in speaking and understanding English?
- a. Native speaker/bilingual
 - b. Fluent
 - c. Intermediate
 - d. Beginner
 - e. Don't know

12. Are you a healthcare professional (healthcare worker)?
- Yes
 - No
 - I don't wish to say
13. Are you an aged care worker?
- Yes
 - No
 - I don't wish to say
14. Do you work in one of the following workplaces:
- Warehousing / Distribution / Freight forwarding;
Supermarket and medical distribution centre; or
Abattoir or meat processing (including seafood and poultry)?
Food, beverage and fibre manufacturing
Caravan manufacturing
- Yes
 - No
15. Do you work in hotel quarantine or border security?
- Yes
 - No
 - I don't wish to say
16. *If female sex at birth:* Are you currently pregnant or have you given birth in the past 6 weeks?
- Yes
 - No
 - I don't wish to say
17. Do you self-identity as having been affected by the bushfires of the summer of 2019/2020?
- Yes
 - No
 - I don't wish to say
18. How did you find out about the Optimise study?
- Through my workplace
 - Through a health service
 - Via social media
 - Friend/family
 - Other, please specify _____
19. Please provide a contact phone number _____
20. Please provide your email address _____
21. Please provide a first name or preferred name _____

22. What is your preferred time of day for us to contact you?

[If language spoken at home is not English] In OPTIMISE we offer data collection interviews in Arabic, Mandarin, and Dinka.

We have the following options available for you to complete surveys to match your needs:

- **Self-completion of all surveys in English.**

For this option, all surveys will be sent to you via email, sms or both for you to complete on your own with your mobile device or computer. These surveys are all in English.

- **Partial self completion of surveys in Arabic/Mandarin - monthly surveys completed over the phone with an interviewer.**

For this option you can complete regular contact diaries that have been translated into Arabic or Mandarin. These survey links will be sent to your mobile device or laptop for you to complete in your own time. The Baseline and Monthly Follow-up surveys will be completed over the phone with an interviewer who speaks Arabic/Mandarin.

- **All surveys completed over the phone with data collector in Arabic/Mandarin/Dinka.**

This option is for participants who would not usually be able to complete surveys, or those who are unable to complete surveys on a mobile or computer. An interview will be scheduled each week for you to speak with a data collector to complete the surveys you have been assigned.

23. How would you like to complete the surveys?

- Self-complete all surveys in English
- Self-complete diaries in [Arabic/Chinese] interviewer assisted for monthly surveys
- All surveys to be administered by data collector in Arabic/Mandarin/Dinka

24. *Wave 1 and 2 participants only (interviewer-administered)*: Is the candidate eligible for study participation? *Consider age and Victorian residence only*

- a. Yes
- b. No

Thank you for your responses. If you meet our study requirements, a researcher will be in contact with you.

Supplementary file 3B. Key people form

Key people form

* Interviewer-administered

We'd like to ask you some questions about people who have a key role in your life. We know social connections are important for people's health and wellbeing and make a big difference to our lives. So, we want to understand the impact of people around you on you, as well as how you may impact those around you. We also want to know about how your social connections influence how COVID-19 might spread through the community.

We'd like to ask you some questions about key people who are a part of your life on a daily or weekly basis. I'm going to give you some prompts to help you think about this. Nominate as many or as few people as you like, but we would like you to focus on the key people. They could be your family, friends, partner, housemates, neighbours, co-workers or others in your life. If there is no-one you consider to be a key person in your life, then do not nominate anyone. You can also nominate people who you are staying in contact with only online or by phone, including people who are not in Australia.

At regular time points, we will ask you again about these key people to assess how frequently you have contact with them.

When you nominate people, we will ask you to provide names, phone numbers and where they live (suburb if in Australia, else country).

We are asking for this detail so we can invite your contacts into the study if you are OK with that. We also plan to build a social map to see how different people in the study might be connected. For this, we need enough information to identify if any of your key people are also key people of another person in the study. We want to understand how networks of people are connected and understand how connections impact wellbeing, as well as behaviours and potential COVID-19 spread.

We would like to recruit some of your key people to participate in this study. However, you can tell us if you would prefer that we don't do this. You can also ask that we wait one day before contacting people so that you can talk to them first to let them know that we may be contacting them. You can share a link to the study website for them to read about the study before we contact them. We won't be recruiting your key people living outside of Victoria or Australia into the study, but please nominate them if they are key people in your life.

When we contact these individuals, we will let them know that they have been nominated by you; are you happy for us to do that? We won't share any other personal information about you or other people you nominate with the key people you nominate or between participants.

Do you have any questions?

Now I'm going to talk you through the prompts. Please list your key people starting with those who have the most important role in your life within each area. Thinking about family, friends, your partner(s), housemates, neighbours, co-workers or others:

- **"With whom do you discuss important personal matters?" (e.g., personal problems, other matters)**

[add names] [System will limit it to 10 nominations for this specific question]

- Refuses to answer
- No key people in this group

- **"Who provides you with important practical assistance or support?"**

[add names] [if the same person from above is mentioned, please confirm it is the same person]
[System will limit it to 10 nominations for this specific question]

- Refuses to answer
- No key people in this group

- **“Who are important co-workers (i.e., colleagues, superiors, junior staff) that you frequently deal with for your work?” If you are a student, you can also consider your classmates and or supervisors/lecturers/tutors that you frequently deal with for your study.**

[add names] [if the same person from above is mentioned, please confirm it is the same person]
[System will limit it to 10 nominations for this specific question]

- Refuses to answer
- No key people in this group

- **“Thinking of important activities in your life (e.g., hobbies, sport, leisure, religious gatherings, visiting older relatives), who are the key people you frequently deal with personally when undertaking these activities? They may help you get the activity done or be a person you share the activity with.”**

[add names] [if the same person from above is mentioned, please confirm it is the same person]
[System will limit it to 10 nominations for this specific question]

- Refuses to answer
- No key people in this group

- **Is there anyone else you live with who has not been listed as a key person in other categories?**

[add names] [if the same person from above is mentioned, please confirm it is the same person]
[System will limit it to 10 nominations for this specific question]

- Refuses to answer
- No additional household members

NB: *If asked for a number by the participant, say: “there is no specific instruction on how many relationships to aim for but if we run out of space the system will notify us...”*

If a participant doesn't want to provide real names or contact details, ask them to provide a pseudonym that is memorable to them. We are still interested in knowing about who helps them or influences them, even if we can't recruit them into the study.

******* *If the participant stops eliciting names, ask “Is there anyone else?” ****

Stop once they clearly and categorically state there is no-one else, they wish to nominate.

I'm now going to go through the names of people you nominated and ask you a few questions about them.

Please let me know if there is anyone that you would like us not to contact? Perhaps they are unwell or not based in Australia.

We won't attempt to contact anyone for at least 24 hours. This will give you an opportunity to contact them first and let them know that they might be invited into a research study. I can email or SMS you a referral card now that you can pass on so that they have some information on the study.

Do you have any questions?

Full Name	Relationship to you Select one	Do you live in the same household with this person?	Age	Gender	Location (Suburb)	How much face-to-face contact have you had with this person over the last 4 weeks?	How much digital contact have you had with this person over the last 4 weeks?	(If case) Did you nominate this person as a close contact to DHHS?	Are you happy for us to contact them and recruit them into this study?	Phone number (if agrees to contact)	Would this participant be able to self-complete surveys in English?
	a. Family b. Friend c. Partner d. Co-worker e. Other	Yes No	<5 5-9 10-14 15-17 18-19 20-29 30-39 40-49 50-59 60-69 70-79 80+	a. Man b. Woman c. Non-binary/not listed d. Unknown	Suburb/postcode if in Australia (lookup table) Else "other" and specify town/city (Australia) or country	a. Daily / Most days b. Few times a week c. Once a week d. Once or twice e. None	a. Daily / Most days b. Few times a week c. Once a week d. Once or twice e. None	Yes No Don't know	a. Yes b. No – do not contact		a. Yes b. No c. Could complete surveys in Arabic/Mandarin

Supplementary file 3C. Baseline Retrospective daily diaries

We are interested in understanding the timeline of key events that have occurred over the **past 7 days** in relation to COVID-19. Please have your calendar in front of you, if possible. We are interested in the period between [Day -7] to [Day -1]. Can you please talk me through your experiences in relation to covid? I will then ask some directed questions to make sure I understand properly.

Question visible to:		F	Sa	Su	M	T	W	Th
		24	25	26	27	28	29	30
	TESTING							
C, CC	1. Have you been tested for COVID-19 (coronavirus) in the past week? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> → If yes, Mark the date(s) they got tested for COVID-19							
C, CC	2. Did you receive a result for COVID-19 test in the past week? Y <input type="checkbox"/> N <input type="checkbox"/> → If yes, Mark the date(s) you received a result → [For each date marked]: What was the result? Positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> → <i>If positive</i> : Who first notified you about your positive test result? Testing Centre / Health service <input type="checkbox"/> Laboratory <input type="checkbox"/> Government/DHHS Hotline <input type="checkbox"/> Unsure <input type="checkbox"/> Other known setting, <i>specify</i> _____							
C, CC	3. Has anyone else in your household been diagnosed with COVID-19 in the past week? Y <input type="checkbox"/> N <input type="checkbox"/>							
	SYMPTOMS							
C, CC	4. Did you experience any COVID-19 related symptoms in the past week? Y <input type="checkbox"/> N <input type="checkbox"/> <i>Consider cough, fever, shortness of breath, sore throat, fatigue, aches and pains, headache, runny or stuffy nose, loss of taste/smell, nausea, vomiting, or diarrhoea</i> → If yes, mark each day they experienced symptoms							

Question visible to:		F	Sa	Su	M	T	W	Th
		24	25	26	27	28	29	30
	→ Overall, how would you describe the severity of symptoms you have experienced so far? Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>							
C, CC	5. Did you seek medical care or professional health advice in relation to your COVID-19 the past week? Y <input type="checkbox"/> N <input type="checkbox"/> → If yes, Mark the date(s) they sought care / advice							
COMMUNICATION								
C	6. Were you contacted by someone on behalf of the Government/DHHS for the purpose of contact tracing in the past week? i.e. to discuss who you had close contact* with while infectious? Y <input type="checkbox"/> N <input type="checkbox"/> → If yes, Mark the date(s) they were contacted for contact tracing							
C, CC	7. Were you contacted by the Government/DHHS, health service or community services by phone to check up on your health status in the past week? Y <input type="checkbox"/> N <input type="checkbox"/> → If yes, Mark the date(s) they were phoned							
C, CC	8. Were you contacted by the Government/DHHS, health service or community services by SMS in the past week? Y <input type="checkbox"/> N <input type="checkbox"/> → If yes, Mark the date(s) you received these							
C, CC	9. Did someone from the Government/DHHS visit you in person at your house (door knock) in the past week? Y <input type="checkbox"/> N <input type="checkbox"/> → If yes, Mark the date(s) the DHHS visited you							
ISOLATION / QUARANTINE								
C	10. Are you still in isolation ? Y <input type="checkbox"/> N <input type="checkbox"/>							

Question visible to:	F	Sa	Su	M	T	W	Th
	24	25	26	27	28	29	30
<p>→ If No, mark the day you were released from isolation?</p> <p>→ Who notified you of your clearance from Isolation?</p> <p>Government/DHHS via phone <input type="checkbox"/></p> <p>Government/DHHS via SMS <input type="checkbox"/></p> <p>Testing Centre / Health service <input type="checkbox"/></p> <p>Workplace / Friend / Family member <input type="checkbox"/></p> <p>Unsure <input type="checkbox"/></p> <p>Other, <i>specify</i> _____ <input type="checkbox"/></p>							
<p>11. Are you still in quarantine? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>→ If no, mark the day they were released from quarantine?</p> <p>→ Who notified you of your clearance from Quarantine?</p> <p>Government/DHHS via phone <input type="checkbox"/></p> <p>Government/DHHS via SMS <input type="checkbox"/></p> <p>Testing Centre / Health service <input type="checkbox"/></p> <p>Workplace / Friend / Family member <input type="checkbox"/></p> <p>Unsure <input type="checkbox"/></p> <p>Other, <i>specify</i> _____ <input type="checkbox"/></p>							
<p>12. Did you leave your living premises for any reason during your isolation/quarantine period in <u>the past week</u>?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>→ If yes, Mark the dates where you left our premises</p> <p>→ For what reason:</p> <p>Medical Care <input type="checkbox"/></p> <p>Exercise <input type="checkbox"/></p> <p>Work <input type="checkbox"/></p> <p>To get essential food <input type="checkbox"/></p> <p>To get essential medicine <input type="checkbox"/></p> <p>To pick up/drop of a household member from work, school, childcare, appointments <input type="checkbox"/></p> <p>Visit someone in hospital <input type="checkbox"/></p> <p>Emergency Situation <input type="checkbox"/></p> <p>Other, <i>specify</i> _____ <input type="checkbox"/></p>							

Question visible to:	F Sa Su M T W Th						
	24	25	26	27	28	29	30
C, CC	13. Did you have any visitors* to your living premises while you were in isolation/quarantine in <u>the past week</u> ? Y <input type="checkbox"/> N <input type="checkbox"/> → If yes, Mark the dates where you had visitors → For what reason: Medical Care <input type="checkbox"/> Personal care <input type="checkbox"/> Emergency Situation <input type="checkbox"/> Household assistance <input type="checkbox"/> Other, <i>specify</i> _____						

Additional notes:

Supplementary file 3D. Baseline survey

BASELINE QUESTIONNAIRE

● Pre-questions

Date of entry

Who is filling out this survey?

- Participant
- Researcher >> Namecode __ __

1 Sociodemographics

1.2 What is your current postcode? _____ Write 9999 if you don't wish to say

1.3 What is your month and year of birth? [Jan-Dec] [1900 – 2005]

1.4 a) What country were you born in?

- Australia >> skip to 1.6
- Other, please specify [most common countries, other] _____

b) If other: What year did you arrive in Australia? [1900-2020] _____

1.5 What is the main language that you speak at home?

- English
- Other, specify [most common languages, other] _____

1.6 What is your current residential status in Australia?

- Permanent resident/Australian citizen
- Other

1.7 Are you of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Prefer not to say

1.8 What is your current gender identity?

- Man
- Woman
- Trans man
- Trans woman
- Non-binary/gender fluid
- My gender is not listed, please specify _____
- Prefer not to say

1.9 What sex were you assigned at birth?

- Male
- Female
- Indeterminate/intersex/unknown
- Prefer not to say

1.10 Are you an active member of any religious group or church?

- Yes
- No

Prefer not to say

1.11 What is the highest level of education you have completed?

Primary school or less

High school (not completed)

High school (completed)

TAFE / Trade Certificate

University – undergraduate degree (e.g. Bachelor degree) completed

University – postgraduate course (e.g. Masters, Doctorate) completed

Prefer not to say

2 Living situation

The following questions about where you are currently living, regardless whether this is your usual place of residence.

2.1 a) What type of accommodation do you currently live in? If you live in more than one place, describe your main residence.

House/townhouse

Flat/unit/apartment

Caravan/cabin/boat/motor home

Student accommodation or workers' quarters

Room in a hostel or boarding house

Hotel / motel

Residential home or institution (e.g. aged residential care)

Temporary accommodation (refuge, crisis or support accommodation) >> skip to

Q3.2

No dwelling/ improvised dwelling / motor vehicle / tent >> skip to Q3.2

Other, *please specify*: _____

b) Is the place where you currently live....?

Owned outright / with a mortgage (by you or your partner)

Rented (including paying board/fees)

Public or community housing

Rent free – living with a relative or someone else (including couchsurfing)

Other, *please specify*: _____

We are now going to ask you about people living in your household*.

* This includes people who regularly sleep at the household, **at least once a week**. If you have more than one household where you regularly sleep, consider your MAIN household.

2.2 How many adults (18 years and older), including yourself, currently live in your household __ __
[1 – 100]

2.3 How many children (under 18 years old) currently live in your household __ __

2.4 Does your current household have internet access? (This includes fixed or mobile broadband services such as ADSL, Cable, Wireless and Satellite connections. Don't consider mobile phone data)

Yes

No

Don't know

- 2.5 a) Has your living situation changed due to COVID-19 and the measures to prevent its spread?

Consider where you live or who you live with

- Yes
 No >> [skip to Work, Study & Responsibilities](#)

a) *If yes:* Why has your living situation changed? *Select all that apply*

- Could no longer afford previous rent/mortgage
 Temporarily moved for self-isolation/quarantine
 Moved to be with partner/family/friends
 Moved to be away from vulnerable house members
 Moved due to concern for safety at usual residence
 Other people have moved out due to COVID-19
 Children or family have moved back in due to COVID-19
 Other people have moved in due to COVID-19
 Other, *specify* _____

3 Work, study & responsibilities

These questions are about your circumstances at the beginning of 2020 before the COVID-19/coronavirus pandemic reached Australia (e.g. February 2020), compared to your circumstances now.

Let's talk about your work and income in early 2020 (e.g. February 2020)

- 3.1 a) What was your employment status in early 2020? *Select the best response*

- Full time
 Part time
 Casual
 Self-employed
 Not employed and looking for work >> [skip to 3.2](#)
 Not employed and not looking for work >> [skip to 3.2](#)
 Full time carer/home responsibilities >> [skip to 3.2](#)
 Retired >> [skip to 3.2](#)
 Other, *specify* _____

a) *If any employment:* Approximately how many hours of **paid work** did you do in a typical week in early 2020? _____

- 3.2 *If employed in early 2020:* What was your **main** occupation in early 2020? *Please choose the one option that best describes your main job.*

- Managers
 Professionals
 Technician and Trade Workers
 Community and Personal Service Workers
 Clerical and Administrative Workers
 Sales Workers
 Machinery Operators and Drivers
 Labourers
 Don't Know

- Other, *specify* _____
- 3.3 *If employed in early 2020*: What industry did you work in for your **main** job in early 2020? *Select one only*
- Agriculture, forestry and fishing
- Mining
- Manufacturing
- Electricity, gas, water and waste services
- Construction
- Wholesale trade
- Retail trade
- Accommodation and food services (includes hospitality)
- Transport, postal and warehousing
- Information media and telecommunications
- Financial and insurance services
- Rental, hiring and real estate services
- Professional, scientific and technical services
- Administrative and support services
- Public administration and safety
- Education and training
- Health care and social assistance (includes aged care)
- Arts and recreation services
- Other, *specify* _____
- Don't know
- Prefer not to say
- 3.4 *If employed in early 2020*: What was your job title in your **main** job in early 2020?

- 3.5 *If employed in early 2020*: What was your usual work environment in early 2020 (e.g. February)?
Select one
- Attended a single workplace/location
- Attended multiple workplaces/locations
- Worked from home
- Both attended workplace(s) and worked from home
- Other, please describe _____
- 3.6 What sources of income did you have in early 2020 (*select all that apply*)?
- Work/salary
- Government allowance/Centrelink payment/Age pension
- Parents
- Partner
- Scholarship for school/university
- Rental income
- Other investments
- Monetary support from a charity or community-organisation

- Other, specify _____
- No income >> [skip to Q 4.8](#)
- Prefer not to say

The next two questions ask about your financial circumstances in 2019 (pre-COVID-19).

Firstly, we ask about the combined income of the members of your household.

Note: if you live in a shared or group house please just mark your own income.

3.7 Before tax and other deductions are taken out, how much **combined income** did your **household** earn per week in 2019 (pre-COVID-19)? *Please include all income sources (including wages, investments and government pensions and benefits). If you live in a shared or group house please just mark your own income*

- \$200,000 or more per year (\$3,840 or more per week)
- \$150,000 - \$199,999 per year (\$2,880 - \$3,839 per week)
- \$125,000 - \$149,999 per year (\$2,400 - \$2,879 per week)
- \$100,000 - \$124,999 per year (\$1,920 - \$2,399 per week)
- \$80,000 - \$99,999 per year (\$1,530 - \$1,919 per week)
- \$60,000 - \$79,999 per year (\$1,150 - \$1,529 per week)
- \$50,000 - \$59,999 per year (\$960 - \$1,149 per week)
- \$40,000 - \$49,999 per year (\$770 - \$959 per week)
- \$30,000 - \$39,999 per year (\$580 - \$769 per week)
- \$20,000 - \$29,999 per year (\$380 - \$579 per week)
- \$10,000 - \$19,999 per year (\$190 - \$379 per week)
- \$1 - \$9,999 per year (\$1 - \$189 per week)
- No income
- Don't know
- Prefer not to say

3.8 During **2019 (pre-COVID-19)** did any of the following happen to you or your household because of a **shortage of money**? *If you live in a shared or group house please consider your personal circumstances only.*

	Yes	No
Could not pay electricity, gas or telephone bills on time	<input type="radio"/>	<input type="radio"/>
Could not pay for car registration or insurance on time	<input type="radio"/>	<input type="radio"/>
Pawned or sold something	<input type="radio"/>	<input type="radio"/>
Went without meals	<input type="radio"/>	<input type="radio"/>
Unable to heat your home	<input type="radio"/>	<input type="radio"/>
Sought assistance from welfare / community organisations	<input type="radio"/>	<input type="radio"/>
Sought financial help from friends or family	<input type="radio"/>	<input type="radio"/>
Other financial hardships	<input type="radio"/> <i>Specify</i> _____	<input type="radio"/>

We are interested in whether you have had any changes to your work situation and/or income since COVID-19 was identified in Australia and government measures were introduced.

3.9 What sources of income do you currently have? *Select all that apply*

- Work/salary >> [generates logic for currently working](#)
- Government allowance (e.g. Centrelink payment, Age pension)
- Parents or other family
- Partner
- Scholarship for school/university
- Rental income
- Other investments
- Monetary support from a charity or community-organisation
- Other, *specify* _____
- No income
- Prefer not to say

3.10

a) Have you received any **new** financial support, Centrelink, rent or mortgage support since 1st March 2020?

- Yes >> [go to b](#)
- No
- Don't know
- Prefer not to say

b) *If yes*, Which new payments or support have you received since 1st March 2020? *Select all that apply*

- Centrelink payments (e.g. JobSeeker, Age pension, Government allowance)
- Rental reductions
- Paused or deferred mortgage payments (excluding if banks have done this automatically)
- JobKeeper payments to you or your employer
- Early access to Superannuation
- Other, *specify* _____
- Prefer not to say

3.11 Has your work situation or income changed since 1st March 2020? *Consider change in personal or household income, loss of job, change in hours worked and/or change of job.*

- Yes >> [go to Q 3.12](#)
- No >> [skip to Q 3.19 if paid work early 2020, else 3.22](#)

3.12 a) If yes, which of the following events have you personally experienced since 1st March 2020?

	Yes	No
a) Change of personal / household income	<input type="radio"/>	<input type="radio"/>
b) Loss of job	<input type="radio"/>	<input type="radio"/>
c) Change in hours worked	<input type="radio"/>	<input type="radio"/>
d) Started a new job	<input type="radio"/>	<input type="radio"/>

b) Was this change(s) due to COVID-19?

- Yes

- No
- Prefer not to say

3.13 *If 3.11= yes*: Before income tax and other deductions are taken out, how much **combined income** does your **household** currently earn per week? *Please include all income sources (including wages, investments and government pensions and benefits). If you live in a shared or group house please just mark your own income*

- \$200,000 or more per year (\$3,840 or more per week)
- \$150,000 - \$199,999 per year (\$2,880 - \$3,839 per week)
- \$125,000 - \$149,999 per year (\$2,400 - \$2,879 per week)
- \$100,000 - \$124,999 per year (\$1,920 - \$2,399 per week)
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- \$20,000 - \$29,999 per year (\$380 - \$579 per week)
- \$10,000 - \$19,999 per year (\$190 - \$379 per week)
- \$1 - \$9,999 per year (\$1 - \$189 per week)
- Don't know
- No income
- Prefer not to say

3.14 *If 3.11=yes* a) What is your current employment status? *Select the best response*

- Full time
- Part time
- Casual
- Self-employed
- Not employed and looking for work
- Not employed and not currently looking for work
- Full time carer/home responsibilities
- Retired
- Other, *specify* _____

3.15 *If 3.11 =yes & 3.9[work=1]*: Considering a typical week, approximately how many hours of **paid work** do you currently work? _____

3.16 *If 3.12d=yes*: What is your **main** occupation currently? *Please choose the one option that best describes your main job.*

- Managers
- Professionals
- Technician and Trade Workers
- Community and Personal Service Workers
- Clerical and Administrative Workers
- Sales Workers

- Machinery Operators and Drivers
 Labourers
 Don't Know
- 3.17 *if 3.12d=yes*: What industry do you currently work in for your main job? *Select one only*
- Agriculture, forestry and fishing
 Mining
 Manufacturing
 Electricity, gas, water and waste services
 Construction
 Wholesale trade
 Retail trade
 Accommodation and food services
 Transport, postal and warehousing
 Information media and telecommunications
 Financial and insurance services
 Rental, hiring and real estate services
 Professional, scientific and technical services
 Administrative and support services
 Public administration and safety
 Education and training
 Health care and social assistance (includes aged care) >>complete module on health & social care
 Arts and recreation services
 Other, *specify* _____
 Don't know
- 3.18 *if 3.12d=yes*: What is the title of your current job (select your **main** job)? _____
- 3.19 *if 3.9[work=1]*: What is your current work environment? *Select one*
- Attend a single workplace/location
 Attended multiple workplaces/locations
 Work from home
 Both workplace(s) and work from home
 Other, please describe _____
- 3.20 (*if 3.9[work=1], if 3.19 does not contain "Work from home"*): What is the postcode of your main workplace?
- Enter postcode: _ _ _ _ _
 No fixed postcode
 Don't know
- 3.21 *if 3.9[work=1]*: How many people do you directly supervise or manage at work in your **current** position(s)? _ _ _ *If none, write "0"*.
- 3.22 Since 1st March 2020, did any of the following happen to you or your household because of a **shortage of money**? *If you live in a shared or group house, please consider your personal circumstances only. *Not required*

	Yes	No
Could not pay electricity, gas or telephone bills on time	<input type="radio"/>	<input type="radio"/>
Could not pay for car registration or insurance on time	<input type="radio"/>	<input type="radio"/>
Pawned or sold something	<input type="radio"/>	<input type="radio"/>
Went without meals	<input type="radio"/>	<input type="radio"/>
Unable to heat your home	<input type="radio"/>	<input type="radio"/>
Sought assistance from welfare / community organisations	<input type="radio"/>	<input type="radio"/>
Sought financial help from friends or family	<input type="radio"/>	<input type="radio"/>
Other financial hardships	<input type="radio"/> Specify _____	<input type="radio"/>

Impacts of COVID-19 on your work performance

if 3.9[work=1]:

3.23 Have you experienced any of the following changes to your work in the past 4 weeks as a result of COVID-19 and the measures taken to prevent its spread?

	Yes	No	
a. My work tasks or role have changed	<input type="checkbox"/>	<input type="checkbox"/>	
	Decreased	Stayed the same	Increased
b. Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work productivity / accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ability to concentrate on work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Working outside of usual hours (compared to early 2020, e.g. February)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.24 (*if 3.23a=yes | if 3.23(b|c|d|e != stayed the same)*) Which factor(s) contributed most to these changes to your work performance? *Select up to three*

- Childcare responsibilities
- Schooling children from home
- Care of others
- Physical health
- Emotional health (e.g. anxiety)
- Unsuitable environment for working (e.g. privacy, comfort, equipment, internet connection)
- Workplace closed temporarily
- Reduced commuting time
- Working on COVID response (healthcare, aged care sector)
- Stressful work environment
- Other, specify _____

Let's talk about your study and education before and since COVID-19

3.25 a) In February 2020, were you enrolled in or had you accepted an enrolment offer for any study for 2020 (school, university, TAFE etc)?

- Yes
 No >> skip to 3.27

a) If yes: At what level were you enrolled to study?

- High school
 TAFE, college or diploma
 University – undergraduate course (e.g. Bachelor degree)
 University – postgraduate course (e.g. Masters, Doctorate)

3.26 What are your study circumstances now? *Select all that apply*

- Still going to school/university/class
 Still studying, by distance/online
 On hold/deferred
 Withdrawn/dropped out
 Completed study (including awaiting graduation)
 Other, *specify* _____
 Don't know
 Prefer not to say

3.27

a) Have you newly enrolled in study since 1st March 2020?

- Yes >> go to b
 No

b) If 3.27a) = yes: At what level are you enrolled to study?

- High school
 TAFE, college or diploma
 University – undergraduate course (e.g. Bachelor degree)
 University – postgraduate course (e.g. Masters, Doctorate)

Let's talk about your other non-paid care responsibilities before and since COVID-19

3.28 a) Were you responsible for unpaid care of children OR providing unpaid care to another person due to the disability, long term illness or old age in early 2020 (e.g. February)?

- Yes >> Average hours per week: ___ ___
 No >> skip to 3.29
 Don't know >> skip to 3.29

a) What is your relationship to the person(s) in your care? *Select all that apply*

- My child(ren) or dependents
 Grandchild(ren)
 Child(ren) not related
 Parent(s)
 Grandparent(s)
 Other family member(s)
 Someone other than a family member

Other

3.29 a) Are you currently responsible for unpaid care of children OR unpaid care due to the disability, long term illness or old age of another person?

Yes >> Average hours per week: __ __

No >> skip to Q3.30

Don't know >> skip to Q3.30

a) What is your relationship to the person(s) in your care? *Select all that apply*

My child(ren) or dependents

Grandchild(ren)

Child(ren) not related

Parent(s)

Grandparent(s)

Other family member(s)

Caring for someone other than a family member

Other

The next few questions ask about the childcare and schooling requirements for your children/dependants

Limited to those with children

3.30 Which childcare services did you regularly use in early 2020 (e.g. February 2020)? *Select all that apply*

Day care >> ave. days per week __

After school care >> ave. days per week __

Informal care (e.g. grandparent, babysitter) >> ave. days per week __

Other, *please specify* _____ >> ave. days per week __

Did not use childcare services

Not applicable >> [go to 3.32](#)

3.31 a) Have your childcare arrangements changed because of COVID-19 and the measures to prevent its spread?

Yes >> [go to b](#)

No >> [go to 3.32](#)

Don't know >> [go to b](#)

b) If 3.31a) =yes: Which childcare services do you currently use? Select all that apply

Day care >> ave. days per week __

After school care >> ave. days per week __

Informal care (e.g. grandparent, babysitter) >> ave. days per week __

Other, *please specify* _____ >> ave. days per week __

Do not use childcare services

3.32 a) Have the schooling arrangements for your child(ren) or dependant(s) changed because of COVID-19 and the measures to prevent its spread?

Yes >> [go to b](#)

No >> [skip to Lifestyle, social engagement and support](#)

Not applicable >> [skip to Lifestyle, social engagement and support](#)

Don't know >> go to b

a) What is the current schooling arrangement for your child(ren) or dependant(s)? *Select all that apply*

- Attending school
- Remote learning online
- Being home schooled
- Other, please specify _____

4 Lifestyle, social engagement and support

4.1 Please estimate how many **days per week** you did the following things: *If you prefer not to answer, please tick the box*

	In an average week in early 2020 (e.g. February)	In the <u>past week</u>
Consumed any alcohol	[0-7, prefer not to say] _____	[0-7, prefer not to say] _____
<i>(If any)</i> Consumed six or more alcoholic drinks in a single day	[0-7, prefer not to say] _____	[0-7, prefer not to say] _____
Smoked cigarettes or other tobacco	[0-7, prefer not to say] _____	[0-7, prefer not to say] _____
Used recreational drugs (including illicit drugs and pharmaceuticals)	[0-7, prefer not to say] _____	[0-7, prefer not to say] _____
Exercised for 30 minutes or more	[0-7, prefer not to say] _____	[0-7, prefer not to say] _____
Used online gambling or betting	[0-7, prefer not to say] _____	[0-7, prefer not to say] _____

4.2 In early 2020 (e.g., February 2020), prior to COVID-19, how often did you:

	Never	Less than monthly	Once or twice a month	Weekly	Daily or almost daily
...Do voluntary work with a community organisation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Visit friends locally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Speak to your neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Mind a friend's or neighbour's child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Take part in a sporting, social or religious group or club? <i>(Include virtual/online participation)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Go out to a local café, restaurant, pub or show?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Go to a public meeting or signed a petition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Attend indoor movie theatres, stadiums, galleries, or museums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Attend an indoor gym / sports and recreation facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Use public transport (i.e. train, bus, tram)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Travel within Australia (>100km from your place of residence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.3

a) Have you taken part in a sporting, social or religious group or club in the **past 4 weeks**? Consider both in-person and virtual (online) involvement

- Yes
 No >>skip to 4.4

b) How many groups or clubs were you involved in during the **past 4 weeks**? ____
 [repeat for number of groups/clubs reported]

	Group 1	Group 2	Group 3	Group 4
a) Name of group/club				
b) Where is the group/club primarily located? Write down the suburb, if known. If online/virtual contact only, write "online"				
c) How often did you take part in the group in the past 4 weeks ?	Daily / Most days Few times a week Once a week Once or twice			

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

- No-one
 One person
 2 - 5 people
 More than 5 people

4.5 How many people **will rely on you** for practical assistance or emotional support during the pandemic if they need it?

- No-one
 One person
 2 - 5 people
 More than 5 people

5 COVID-19 assessment

5.1 Have you been away from your main living premises in the **past four weeks** for more than two nights?

- Yes
 No >> skip to 5.5

- 5.2 *If yes to 5.1:* In total, approximately how many nights did you spend away from your main living premises in the **past four weeks**? ___ __
- 5.3 *If yes to 5.1:* What is the postcode where you spent the most time away from your living premises? ___ __ ___ __
- 5.4 *If yes to 5.1:* Did you spend any time in a "COVID-19 hotspot*" that you know of?
- Yes
- No
- Prefer not to say

*Pop-up Information box:

- An extreme risk zone means a specified location assessed as extreme risk for COVID-19 transmission
- A **red zone** means a specified location assessed as high risk for COVID-19 transmission,
- An **orange zone** means a specified location assessed as medium risk for COVID-19 transmission.

- 5.5 Have you **ever** been tested for COVID-19/Coronavirus infection?
- Yes >> go to 5.6
- No >> skip to Q6.14a)
- Prefer not to say >> skip to Q6.14a)
- 5.6 *If tested:* How many times have you been tested? ___ __
- 5.7 *If tested:* When was your **last** test? ___ __ / ___ __ / ___ __
- 5.8 *If tested:* What was the result of your **last** test?
- Positive >> go to 5.10
- Negative >> go to 5.9
- Indeterminate >> go to 5.9
- Haven't received a result yet >> go to 5.9
- Prefer not to say >> skip to Q5.9
- 5.9 *If tested & last test was not positive:* Have you **ever** tested positive for COVID-19/Coronavirus
- Yes >> go to 5.10
- No >> skip to Q5.11
- Prefer not to say >> skip to Q5.11
- 5.10 *If ever positive/last test positive:* How severe were your COVID-19 symptoms and complications? If you are still sick with COVID-19, consider your symptoms to date. *Select one only*
- Mild, no significant symptoms
- Significant symptoms managed in self-isolation
- Symptoms requiring hospital treatment (1 day or less)
- Symptoms requiring hospital treatment (more than 1 day)
- 5.11 *If ever tested:* Why were you last tested for COVID-19? *Tick all that apply*
- I had symptoms
- I had close contact with someone with confirmed COVID-19
- I work in a high-risk setting
- Had recently returned from overseas / cruise ship travel

- There were cases of COVID-19 where I live (suburb, neighbourhood, apartment block)
- There were cases reported in places I regularly visit, work or study
- Required before returning to work
- I had to have a test to clear isolation
- Community testing blitz (door knocking)
- I stayed in, or travelled through a COVID-19 hotspot or location with reported COVID-19 cases
- I was in a place listed as an "orange zone"
- Other, *specify* _____

5.12 *If tested, or if close contact (based on screening)*: Did you apply for any of the following government support packages? *Select all that apply*

- COVID-19 worker support payment (one-off \$1500 payment to Victorian workers who are self-isolating or quarantining without access to sick leave)
- Pandemic Leave Disaster Payment (one-off payment to Victorian workers who can't earn an income because they must self-isolate or quarantine)
- COVID-19 test isolation payment (one-off payment while waiting for results of COVID-19 test)
- Lockdown hardship payments (\$750) for unemployed public housing residents
- Emergency relief package (Care packages for people who do not have family and friend support and are unable to order groceries online)
- Crisis Payment for National Health Emergency (COVID-19)
- Emergency Accommodation during isolation or quarantine
- Other, *specify* _____
- None of the above

If ever tested or if close contact: The following questions ask about self-isolation or quarantine.

Self-isolation or quarantine applies to people who:

- 1) Have been diagnosed with COVID-19;
- 2) Are waiting to receive their COVID-19 test result and have symptoms indicative of potential COVID-19;
- 3) Have been told that they are a primary close contact of someone with confirmed COVID-19;
- 4) Have been told that they are a secondary close contact of someone with confirmed COVID-19, with instruction to self-isolate until their primary close contact tests negative;
- 5) Have returned from a designated "red zone" with instruction to quarantine;
- 6) Have returned from a designated "orange zone" with instruction to self-isolate until receiving a negative test result;
- 7) Have returned from overseas.

These terms are different to the general "Stay at Home" or "Stage 3 or 4 restriction" measures which are sometimes referred to as "iso" or "lockdown".

5.13 *If ever tested or if close contact*: Have you had any difficulties with the following during self-isolation/quarantine?

	Yes	No	Not applicable
Difficulty accessing instructions about self-isolation/quarantine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty understanding instructions about self-isolation/quarantine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Separating from others in your household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting supplies (Food, clothes, and house supplies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting medicines & prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing medical care (for COVID-19 or any health condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, <i>specify</i> _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.14 a) Do you personally know anyone who has been diagnosed with COVID-19/Coronavirus?

- Yes
- No >> [skip to 5.15](#)
- Don't know / Prefer not to say >> [skip to 5.15](#)

b) How many people do you personally know who have been diagnosed? ___ __

c) How many people do you personally know who have been hospitalised (for more than 1 day) and/or who have died from COVID-19? ___ __

5.15 How likely do you believe it is that you will be infected with COVID-19 at some point in the future?

- Unlikely
- Somewhat likely
- Very likely
- Don't know / Not sure
- N/A – Have already been infected with COVID-19 >> [skip to Q5.17](#)

5.16 If you were infected with COVID-19 in the future, how severe do you think it would be for your health?

- Life threatening
- Very severe (e.g., requiring hospitalization)
- Moderate (e.g., requiring self-care and rest in bed)
- Mild (e.g., capable of continuing with daily tasks normally)
- No symptoms
- Don't know / not sure

5.17 How likely do you think it is that people in your family and friends might become infected with COVID-19 at some point in the future?

- Unlikely
- Somewhat likely
- Very likely
- Don't know / Not sure

5.18 How worried are you about the COVID-19 outbreak in Australia?

- Very worried
- Fairly worried
- A little worried
- Not at all worried
- Don't know/ not sure

6 COVID-19 Vaccination Module

In this section of the survey, we ask about your **experiences with vaccines in general**.

Historical Vaccination Practices

6.1 a) Do you usually get vaccinated for seasonal influenza (“the flu”)?

- Always
- Sometimes
- Never
- Prefer not to say

a) In what year did you last receive the seasonal influenza vaccination (‘flu vaccine’)

Year

- 2020
- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
- 2013
- 2012
- 2011
- 2010 or before
- Don’t remember/Prefer not to say

a) . In what month did you last receive the seasonal influenza vaccination (‘flu vaccine’)

- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December
- Prefer not to say
- Don't remember

- a) *[If Q 6.1 is not = Never]* Do you plan to get the 2021 seasonal influenza vaccination ('flu vaccine') when one is available?

- Yes
 No
 Undecided
 Prefer not to say

6.2 Have you ever been vaccinated before going on an overseas trip (as an adult/ (For e.g., Yellow Fever, Hepatitis B or Typhoid Vaccines)?

- Yes
 No, I have not travelled to countries where vaccinations are recommended
 No, even though I was advised to take vaccines for overseas travel
 No, I was exempt for medical reasons (e.g. allergies, pregnancy, other underlying medical condition?)
 I don't know/ cannot remember
 Prefer not to say

Vaccine acceptance: COVID-19 vaccines will become available to the majority of Australian's this year

6.3 Do you think you would have a COVID-19 vaccine?

- I have already been fully vaccinated >> skip to Q6.5
 I have been partially vaccinated >> skip to Q6.5
 Definitely yes >> skip to Q6.5
 Probably yes
 I'm not sure yet
 Probably not
 Definitely not
 Prefer not to say

6.4 For what reason(s) **would you NOT have** a COVID-19 vaccine yourself? *Select all that apply*

- At this stage I have no concerns about the vaccine*
 It will not be needed as most people will have developed immunity by natural infection
 I don't think the vaccine is necessary because COVID-19 is not that serious in most people
 It may not work well enough to be worth having
 I am worried that it's not safe and hasn't been tested enough for safety
 I am worried that I may develop a blood clot after getting the COVID-19 vaccine.
 I am worried that I might catch COVID-19 from the vaccine
 I am worried that I would get sicker if I got COVID after the vaccine
 I do not want to/can't pay for the vaccine
 I do not want the vaccine if there is more than one dose

- I do not want to attend a health care provider to have the vaccine due to the risk of catching COVID-19
- I do not accept any vaccines for myself so would not accept a COVID-19 vaccine
- Other, *please specify* _____

[for participants with children only]

6.5 If / when COVID-19 vaccines are approved for use in children under 18 years and are available, would you get the COVID-19 vaccine for your child/ren?

- My child/ren have already been vaccinated >> Q 6.7 (concerns about vaccine)
- Definitely yes >> skip to Q6.7
- Probably yes
- I'm not sure yet
- Probably not
- Definitely not
- Prefer not to say
- N/A – no dependent child/ren >> skip to Q 6.7

6.6 For what reason(s) **would you NOT get** a COVID-19 vaccine for your child/ren? *Select all that apply*

- At this stage I have no concerns about the vaccination for my children should it become available*
- It will not be needed as most people will have had the infection by then
- I don't think the vaccine is necessary because COVID-19 is not that serious in children
- It may not work well enough to be worth having
- I am worried that it's not safe and hasn't been tested enough for safety
- I am worried that I my child may develop a blood clot after getting the COVID-19 vaccine
- I am worried that my child might catch COVID-19 from the vaccine
- I am be worried that my child would get sicker if they got COVID after the vaccine
- I do not want to/be able to pay for the vaccine
- I do not want my Child/re to have the vaccine if there was more than one dose
- I do not want to attend a health care provider with my child to have the vaccine due to the risk of catching COVID-19
- I do not accept any vaccines for my child so would not accept a COVID-19 vaccine
- Other, *please specify* _____

6.7 Do you have any concerns about the vaccine? If so, what are your main concerns (select all that apply):

- I am worried that it may affect my future fertility
- I am worried that it may affect my present or future pregnancy or breastfeeding
- I am worried about potential side effects

- I am worried about serious reactions
- I am worried that long term effects are not well understood
- A COVID-19 vaccination could give me COVID-19
- The COVID-19 vaccine may interact with my current medications
- A COVID-19 vaccination is too new for me to be confident about getting vaccinated with it
- Information on side effects following immunisation is not readily available
- I have no safety concerns
- Other, *please specify* _____

In this section, we ask about your experience with COVID-19 vaccines.

COVID-19 vaccines

6.8 a) [If Q6.3 ==yes] Which COVID-19 vaccine did you have?

- Pfizer-BioNTech (COMIRNATY)
- Oxford-AstraZeneca (COVID-19 Vaccine AstraZeneca)
- Other vaccine – Please specify _____
- Unsure/ don't know
- Prefer not to say

a) [If Q6.3 ==yes] How many doses of the COVID-19 vaccine have you received?

- 1 dose
- 2 doses
- Unsure / Don't know

[If NO I have NOT already received a vaccine at Q5.1 (9.16 in baseline-revised

a) [If Q6.8b ==1 dose] For what reason have you not received the second dose of vaccine?

- The next dose is not due yet
- I don't intend to receive it
- I experienced a bad side effects and I have chosen not to get a second vaccine
- My doctor recommended that I should not get a second vaccine
- There are no vaccine bookings available in my area
- Prefer not to say

6.9 [If Q6.3 not equals yes] For what reason have you not had a COVID-19 vaccine?

- I'm booked to receive it in the coming weeks
- I am eligible, but there are no vaccine bookings available in my area
- I believe I am currently eligible but have not yet booked an appointment
- I do not believe I am currently eligible for COVID-19 vaccines (for example based on age, underlying conditions, pregnancy or allergy to vaccine ingredients)
- I would prefer to choose which vaccine I receive, and I was unable to do so
- I was offered a vaccine, but I declined.

- I do not intend to get the COVID-19 vaccine
- I don't know/ unsure
- Prefer not to say

Perceived knowledge sufficiency

6.10 To what extent do you agree or disagree with the following statements?

	Totally Disagree	Somewhat disagree	Neutral	Some what Agree	Totally Agree	Prefer not to say
a) Adequate information about COVID-19 illness is available for the public to make an informed decision about whether to get vaccinated						
b) Adequate information about COVID-19 vaccines is available for the public to make an informed decision about whether to get vaccinated						
c) Adequate information about who is eligible to receive a COVID-19 vaccine is available						
d) Adequate information about where to go to receive COVID-19 vaccines is available						
e) Adequate information about how to book or make an appointment to receive a COVID-19 vaccine is available						
f) Adequate information about how much it will cost to receive a COVID-19 vaccine is available						
g) Adequate information on side effects following COVID-19 vaccination is readily available						
h) Adequate information about what the benefits are for getting vaccinated is available						
i) Adequate information about what the risks are for getting vaccinated – such as the potential risk of developing a blood clot and or other side effects is available						

General COVID-19 vaccination beliefs and attitudes

6.11 To what extent do you agree or disagree with the following statements?

	Totally Disagree	Somewhat disagree	Neutral	Somewhat Agree	Totally Agree	Prefer Not to say

a) I understand the reasons it is important that as many people as possible in Australia get vaccinated against COVID-19						
b) I understand that I will need to get two injections, with a gap in time between the first and second to be properly vaccinated against COVID-19						
c) Without a COVID-19 vaccine, people are likely to catch COVID-19						
d) If a person was fully vaccinated against COVID-19 they cannot get sick from the virus						
e) If a person was fully vaccinated then they cannot pass the virus on to others						
f) It is important for someone to get a vaccine to protect those that cannot get vaccinated						
g) I am worried that the vaccines will not work as well against the new strains of the virus						
h) My family would approve of me having a COVID-19 vaccination						
i) My friends would approve of me having a COVID-19 vaccination						
j) If a COVID-19 vaccination were recommended by the <u>government</u> , I would get vaccinated						

k) If a COVID-19 vaccination were recommended by a <u>health care professional</u> (e.g., GP or nurse), I would get vaccinated						
l) If a COVID-19 vaccination were recommended by my <u>employer</u> , I would get vaccinated						
m) I do not mind getting a COVID-19 vaccination, as long as I am not among the first people to get it.						
n) People should have a choice of what type of vaccines to take						
o) People who live in an area where there are none or only few cases, should not need to be vaccinated.						

Return to 'normal' life

6.12 To what extent do you agree or disagree with the following statements?

	Totally Disagree	Somewhat disagree	neutral	Somewhat Agree	Totally Agree	Prefer Not to say
a) Once a person is vaccinated, they should no longer be required to follow social distancing and other measures for COVID-19						
b) Once a person is vaccinated, they should no longer need to isolate or quarantine due to the reduced the spread of COVID-19?						
c) Once a person is						

	Totally Disagree	Somewhat disagree	neutral	Somewhat Agree	Totally Agree	Prefer Not to say
vaccinated, they should no longer need to be tested for COVID if they have COVID like symptoms.						
d) People who have been vaccinated should not be required to get tested if there is a positive wastewater test for the COVID-19 virus in their community.						
e) If you were vaccinated overseas, the two-week quarantine period should be reduced.						
f) COVID-19 vaccines will allow us to get back to 'normal'.						
g) COVID-19 vaccines should be required for international travel to / from Australia.						

7 Physical health and health care

7.1 *If sex at birth!=male*: Are you currently pregnant?

- Yes
 No
 Don't know/prefer not to answer

7.2 a) Do you have any health conditions that are chronic or have ongoing impact on your daily life or medical needs? This includes both physical and mental health conditions

- Yes
 No >> skip to 7.3
 Don't know >> skip to 7.3
 Prefer not to say >> skip to 7.3

b) *If yes*: Which medical conditions has a doctor or healthcare professional told you that you have? *Check all that apply*

- Alcohol or drug dependence
 Alzheimer's or dementia
 Arthritis
 Asthma

- Autism spectrum disorder
- Any autoimmune disease (e.g. lupus, multiple sclerosis, rheumatoid arthritis, psoriasis, Crohn's disease, inflammatory bowel disease)
- Bowel disease
- Brain injury
- Cancer (active/current)
- Depression or anxiety disorder
- Other mental health condition
- Diabetes
- Epilepsy or seizures
- Hearing loss
- Heart disease or history of heart attack
- Hypertension / high blood pressure
- Immune disorder (immunocompromised, primary or acquired immune deficiency)
- Intellectual disability
- Chronic kidney disease
- Liver disease
- Chronic lung disease (e.g. COPD, emphysema)
- Menopausal symptoms
- Musculoskeletal condition
- Spinal cord injury
- Stroke
- Vision impairment
- Other, *specify* _____
- Prefer not to say

c) Do these health need(s) require ongoing regular medical appointments (e.g. repeat prescriptions, specialist appointments, physical therapy, periodic check ups)?

- Yes
- No
- I don't know

The next two questions ask about your access to healthcare in **2019 (pre-covid-19)**

7.3 In **2019**, how many times did you access a health service or practitioner for any health condition? (Consider GP, hospital, specialist, dentist, community health and allied health services. Include telehealth consultations).

- Never
- One or more times >> *Please estimate how many times:* ___ __
- Prefer not to say

7.4 How easy was it for you to access the healthcare you need in **2019**?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

- N/A – I didn't need to access healthcare in 2019
- Don't know/ Prefer not to say

The next set of questions ask about your access and utilisation of healthcare in the **past three months**.

7.5 How many times did you access a health service or practitioner for any health condition in the past three months? (Consider GP, hospital, specialist, dentist, community health and allied health services. Include telehealth consultations)

- Never
- One or more times >> *Please estimate how many times:* ___ ___
- Prefer not to say

7.6 What type of a health practitioner did you access? *Select all that apply*

- A General Practitioner (GP)
- A specialist doctor
- A dentist
- An alternative health care provider (e.g naturopath, chiropractor etc)
- A hospital doctor in outpatients
- A hospital doctor in the emergency department
- A midwife
- A counsellor or other mental health worker
- A community nurse, practice nurse or nurse practitioner
- A physiotherapist, dietitian or exercise physiologist
- Other

7.7 How easy has it been for you to access the healthcare you need in the past three months?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- N/A – haven't needed healthcare >> [skip to Q7.12](#)
- Don't know/ Prefer not to say

7.8 Has COVID-19 changed your access or utilisation of healthcare?

- Yes
- No >>[skip to Q 7.10](#)
- Don't know >>[skip to Q 7.10](#)

7.9 *If yes:* What changes have you experienced? *Select all that apply*

- My face-to-face appointments were rescheduled to Telehealth appointments
- My appointment(s) were cancelled/postponed by the clinic
- My elective surgery / procedure was delayed or cancelled
- I couldn't contact my usual healthcare provider
- I couldn't afford to access my usual healthcare
- I couldn't access my usual healthcare
- I ran out of medication
- Other, *specify* _____

a) Were you offered any alternatives to your usual medical appointments or prescription services? *E.g. telehealth, online prescription services, in-home services*

- Yes
 No
 Don't know

b) If yes, what were you offered? *Select all that apply*

- Telehealth consultation(s) >> [go to d](#)
 Online prescription services
 Repeat prescriptions /multi-month medication
 In-home services
 Other, specify _____

c) How satisfied were you with telehealth consultation(s)?

- Very satisfied
 Somewhat satisfied
 Neutral
 Somewhat dissatisfied
 Very dissatisfied

7.10 Have you experienced any of the following concerns in relation to your usual healthcare in the past 3 months? *Select all that apply*

- I delayed or avoided seeking care
 I felt anxious about attending due to COVID-19
 I couldn't access telehealth consultation(s)
 Other, specify _____
 No concerns in relation to your usual healthcare

7.11 a) Do you regularly need help with daily tasks because of long-term illness, age or disability (e.g. help with personal care, getting around, preparing meals etc)?

- Yes
 No >> [skip to Mental Health And Wellbeing](#)
 Prefer not to say >> [skip to Mental Health And Wellbeing](#)

a) *If yes*: Have you experienced any disruptions to receiving this help or care due to COVID-19 or the measures taken to prevent infection?

- Yes
 No
 Prefer not to say

8 Mental health and wellbeing

The following section asks about experiences affecting your wellbeing. **For emotional support, Beyond Blue and Lifeline offer tips, brief counselling and referrals.** More information will be available at the end of the survey.

8.1 Over the last 2 weeks, how often have you been bothered by the following problems? * *Not required*

	Not at all	Several days	Over half the days	Nearly every day

Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask how satisfied you feel, on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied.

8.2 Thinking about your own life and personal circumstances, how satisfied are you with ... * *Not required*

	0 No satisfa ction at all	1	2	3	4	5	6	7	8	9	10 Compl etely satisfi ed
... your standard of living?	0	1	2	3	4	5	6	7	8	9	10
... your health?	0	1	2	3	4	5	6	7	8	9	10
... what you are achieving in life?	0	1	2	3	4	5	6	7	8	9	10
... your personal relationships?	0	1	2	3	4	5	6	7	8	9	10
... how safe you feel?	0	1	2	3	4	5	6	7	8	9	10
... feeling part of your community?	0	1	2	3	4	5	6	7	8	9	10
... your future security?	0	1	2	3	4	5	6	7	8	9	10

8.3 To what extent has COVID-19 had negative effects on your mental health (e.g. feeling stressed, lonely, anxious, angry etc) in the past 4 weeks?

- To a great extent
- Somewhat
- Very little
- Not at all
- I don't know/Prefer not to answer

9 Measures to prevent COVID-19

9.1 Where are the **main** places you receive or access information to stay informed about COVID-19? *Select up to three sources.*

- Australian Government health authorities (e.g. Department of Health website, Coronavirus Australia app, hotline, Government WhatsApp channel)
- Daily government press conferences/media releases (e.g., by the Premier, Health Minister and/or Chief Health Officer)
- Doctor or other health professional
- News media (including online, television, radio, print)
- Friend or family
- My workplace / co-workers

- Social media (e.g. Facebook, Twitter, Instagram, Weibo, WeChat, Australia Today, Yi Yi)
- A community/religious/cultural leader
- The World Health Organization (WHO)
- Other, please specify _____
- I haven't accessed COVID-19 information

9.2 Have you downloaded the **COVIDSafe App**?

- Yes
- I tried but it was unsuccessful (e.g. not compatible)
- No, I haven't tried
- Don't know

9.3 How often have you taken the following measures to protect yourself and others from COVID-19 (coronavirus) in the past 4 weeks?

	Always	Most of the time	Sometimes	Never	Not applicable to me
Using hand sanitizer and/or washing your hands immediately after being in a public place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coughing/sneezing into your elbow or tissue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping 1.5 metres away from people who are not members of your household as much as you can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfecting surfaces and objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding seeing people who are older/vulnerable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding non-essential shopping (in person – don't consider online shopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding social gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing or carrying face covering in public <i>A face covering needs to cover both your nose and mouth. It could be a face mask or shield.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.4 Have you ever received a fine for not following COVID directives (i.e. stay-at-home, self-isolation, mask wearing, curfew)?

- Yes
- No
- Prefer not to say

9.5 Have you ever experienced or witnessed racism **in relation to COVID-19** and the measures to prevent its spread? *Select all that apply*

- Yes, I experienced racism
- Yes, I witnessed racism

- No
 Prefer not to say

The next questions are specific to your places of work.

If report working in workplace currently

9.6 *Skip to 9.8 if reported HCW or aged care worker in screener, or if report health/social assistance industry:* Do you currently work in a facility or service providing healthcare or social assistance? *This includes people working in administration, management, cleaning, support services, and health professionals*

- Yes
 No
 Don't know

If report working in workplace currently but not HCW/in healthcare setting

9.7 How often have you taken the following measures to protect yourself and others from COVID-19 (coronavirus) in the past 4 weeks **when at your workplace(s)?**

	Always	Most of the time	Sometimes	Never	Not applicable to me
Wearing or carrying face covering <i>A face covering needs to cover both your nose and mouth. It could be a face mask or shield.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly using hand sanitizer and/or washing your hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping 1.5 metres away from other people as much as you can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfecting surfaces and objects (implemented yourself or by your workplace)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding shared use of phones, desks, offices, or other work tools and equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using personal protective equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If report being a HCW or age care worker in screening, or if health and social assistance industry:

	General practice and general community-based services	Specialist community-based services	Residential care	Ambulance services	Quarantine or Border security worker
<ul style="list-style-type: none"> ● Inpatient services ● Outpatient clinics ● Emergency departments 	<ul style="list-style-type: none"> ● General practice ● Community health services ● Allied health 	<ul style="list-style-type: none"> ● Specialist medical/surgical ● Diagnostic service/pathology ● Home and 	<ul style="list-style-type: none"> ● Aged care ● Residential care 	<ul style="list-style-type: none"> ● Ambulance service ● Aero-medical service 	<ul style="list-style-type: none"> ● Hotel quarantine ● Specialised health hotels ● Complex care hotel

<ul style="list-style-type: none"> ● Other hospital-based settings 	<ul style="list-style-type: none"> practices ● Community Pharmacy ● Dentistry ● Health promotion ● University 	<ul style="list-style-type: none"> community care ● Alcohol and other drug treatment service ● Community mental health service ● Palliative care service ● Other specialist 			<ul style="list-style-type: none"> workers ● Border health screening
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9.8 What kind of **setting(s)** do you currently work in? *See examples of each setting above. Select all that apply*

- Hospital >> Inpatient services Outpatient clinics Emergency departments
 Other
 General practice and general community-based health services
 Specialist community-based services
 Residential care
 Ambulance services
 Other setting

9.9 Do you provide direct patient care?

- Yes – including in person care
 Yes – telehealth *only* >> skip to Q9.11
 No

9.10 Repeat questions for each setting selected:

a) Does your [insert setting] workplace provide COVID-19 (coronavirus) testing?

- Yes
 No
 Don't know

b) In the past 4 weeks, how often was appropriate PPE (personal protective equipment) **available** at your [insert setting] workplace? *Appropriate PPE is dependent on your setting, patient contact, and guidelines and may have changed over time.*

- All of the time
 Most of the time
 Some of the time
 Rarely
 Never
 Don't know
 Prefer not to say

c) In the past 4 weeks, how often did you **use** appropriate PPE during patient interactions?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never
- Don't know
- Prefer not to say

If report being a quarantine worker/border security:

The following questions are specific to your hotel quarantine and/or border security workplace

9.11 How do you receive updates and important communication from your workplace? Tick all that apply

- Phone
- Email
- WhatsApp
- WeChat/Weibo
- In-person meetings
- Other, *specify* _____
- I don't receive updates/important communication

9.12 To what extent do you agree with the following statements:

d) I have received adequate training to work safely with people potentially infected with COVID-19

- Totally agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Totally disagree
- Prefer not to answer

e) I feel well supported by my workplace management/supervisor

- Totally agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Totally disagree
- Prefer not to answer

f) I feel like I would be well supported if I was exposed to COVID-19 at work

- Totally agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Totally disagree
- Prefer not to answer

g) I feel like I would be well supported if I become infected with COVID-19

- Totally agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Totally disagree
- Prefer not to answer

9.13 How acceptable do you think it is to require quarantine workers to test frequently for COVID-19?

- Totally unacceptable
- Somewhat unacceptable
- Neutral
- Somewhat acceptable
- Highly acceptable
- Prefer not to answer

The next two questions ask about your knowledge of the **current** measures to prevent the spread of COVID-19 (coronavirus) where you live

9.14 How many visitors (excluding their dependents) are you currently allowed to have to your home? Do not count *visitors that are excluded by current government exemptions, e.g. intimate partner, carer*

- None
- 1
- Up to 2
- Up to 3
- Up to 5
- Up to 10
- Up to 15
- Up to 20
- Up to 30
- Up to 50
- Up to 100
- Unlimited
- Don't know

9.15 How many people are currently allowed to gather in outdoor spaces for social gatherings?

- No social gatherings allowed
- Up to 2
- Up to 3
- Up to 5
- Up to 10
- Up to 20
- Up to 50

- Up to 100
 Up to 200
 Unlimited
 Don't know

9.16 Are the following activities currently allowed where you live?

	Not allowed	Allowed <u>with</u> restrictions	Allowed <u>without</u> restrictions	Don't know
Dining indoors at café/restaurant/pub	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community sports played outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of questions asks about your acceptance of actual, planned, or theoretical actions that the Australian government has taken to control the COVID-19 pandemic.

9.17 How acceptable do you think the following Government actions are given the current COVID-19 pandemic in Australia?

	Totally unacceptable	Somewhat unacceptable	Neutral	Somewhat acceptable	Highly acceptable
Cancelling public events of over 100 people (e.g. sports, concert, festival)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closing bars, cafes and restaurants except for take-away/delivery service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remote learning for school children of non-essential workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting the number of people who can attend a wedding or funeral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring people to stay at home except for essential work, shopping for essential supplies, medical reasons, or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring individuals returning from overseas to quarantine in hotels for 14 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring COVID-19 testing before allowing individuals to go back to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring everyone to wear a face mask in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fining people who break the rules around government restrictions aimed at preventing COVID-19 transmission e.g. physical distancing/"Stay at Home" orders/"COVIDSafe Summer" restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Restricting travel between states/territories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring a permit to travel between States					
Closing borders with limited travel to and from other countries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporarily closing down workplaces deemed non-essential (in-person retail, manufacturing, administration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hard lockdown of public housing residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curfew across Melbourne	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise limited to certain number of hours per day within a five-kilometre radius of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mandatory COVID-19 vaccine for certain high-risk groups, such as healthcare workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restricting the number of visitors allowed to hospitals / care facilities					

9.18 How much do you agree or disagree with the following statements?

h) I have confidence in the **Victorian** Government's approach for dealing with COVID-19

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree

i) I have confidence in the **Australian** Government's approach for dealing with COVID-19

- Strongly disagree
 Disagree
 Neither agree nor disagree
 Agree
 Strongly agree

9.19 What are your top 3 biggest concerns about the current or potential effects of the COVID-19 (coronavirus) pandemic at the moment? *Select up to 3 concerns. You can specify your own concern if it is not listed below.*

- Being infected with COVID-19
 Friends or family being infected with COVID-19
 Infections and death from COVID-19 across the community
 Your mental/emotional health

- Friends' or family's mental health and wellbeing
- Schools closing for a long time
- Regular health services not being available
- Your personal financial situation
- The impacts on jobs and unemployment
- Economic recession
- Your living situation
- Getting access to essential products or services
- Fulfilling work or study requirements
- The quality of your relationships (family, friends, romantic or sexual)
- Your physical fitness
- Your personal safety
- Other, specify _____
- I have no concerns about COVID-19

9.20 Anything else that you would like to say about your experience with COVID-19 that we haven't covered today?

For up to date information on COVID-19 please see the [Department of Health website](#) and/or download the official government "Coronavirus Australia" app. Information is also available in [languages other than English](#).

For specific information about vaccines for COVID-19, please see the Department of Health COVID-19 vaccination website <https://www.coronavirus.vic.gov.au/vaccine>.

If you are worried that you are someone in your family may have COVID-19, call the 24/7 hotline on 1800 675 398. You can find out about [symptoms](#) and [where to get tested](#) through the DHHS.

For emotional support, [Beyond Blue](#) (1800 512 348) and [Lifeline](#) (13 11 14) offer tips, brief counselling and referrals. If you are struggling to cope, you can reach out to a counsellor at the [Suicide Call Back Service](#) on 1300 659 467.

For help and support for domestic or family violence and abuse, contact [1800RESPECT](#) on 1800 373 732, [Safe Steps](#) on 1800 015 188 or [inTouch Multicultural Centre against Family Violence](#) on 1800 755 988.

If you are experiencing financial hardship during the COVID-19 pandemic, you can apply for [financial assistance](#). You can also visit the [WIRE](#) website or the [Salvation Army](#) to find out about financial resources which may be useful to you.

Supplementary file 3E. Baseline prospective daily diaries

Please complete the following sections based on your feelings and activities **YESTERDAY**, {yesterday}

Mood

- How often did you experience **negative** emotions {yesterday}? (e.g. Unpleasant, sad, angry, upset, bored, disappointed, nervous, annoyed):
 Never Rarely Sometimes Often All day
- How often did you experience **positive** emotions {yesterday}? (e.g. happy, content, cheerful, excited, calm, serene, ecstatic):
 Never Rarely Sometimes Often All day

Health

- {yesterday}, Did you experience any of the following symptoms:

<i>Symptom</i>	No	Mild	Moderate	Severe
<i>Cough</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fever</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shortness of breath</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fatigue</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Aches and Pains</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Headache</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Runny or stuffed nose</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Loss of taste / smell</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Nausea and/or vomiting</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Diarrhoea</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If experienced symptoms*: Did you seek medical care or professional health advice for yourself {yesterday}?
 Yes
 No >> skip to Q6
- If yes, what type? Select all that apply
 Went to GP
 Teleconsult with GP
 Pharmacist
 Aboriginal and Torres Strait Islander Health Clinic
 Visited emergency department
 Hospital inpatient
 COVID-19 Clinic/Drive-Through
 Telephoned coronavirus (COVID-19) hotline
 Other, *please specify* _____
- Did you have a test for coronavirus (i.e. COVID-19) {yesterday}? (*Please select the option that best applies*)
 Yes
 No >> skip to Q8

7. *If tested*: What was your reason for testing for coronavirus (i.e. COVID-19) {yesterday}?
Select all that apply
- I had symptoms
 - I had close contact with someone with confirmed COVID-19
 - I work in a high-risk setting
 - I recently returned from overseas travel
 - There were cases of COVID-19 in a place I live (suburb, neighbourhood, apartment block)
 - There were cases reported in places I regularly visit, work or study
 - Required before returning to work
 - I had to have a test to clear isolation
 - Community testing blitz (door knocking)
 - I stayed in, or travelled through a COVID-19 hotspot or location with reported COVID-19 cases
 - I was in a place listed as an "orange zone"
 - Other, *specify* _____
8. *If tested*: What information were you given when you got a test? *Select all that apply*
- What to do while waiting for a result
 - How to get your results, including a contact number
 - Requirements for self-isolation
 - Cleaning and hygiene practices
 - Requirements for household members and caregivers
 - What to do if your symptoms get worse
 - Information on financial support and emergency relief packages
 - Length of the self-isolation period
 - Other
 - I didn't receive any information
9. Did you receive a result for your COVID-19 test {yesterday}?
- Yes
 - No >> skip to Q13
10. *If received a result*: What was the result?
- Positive
 - Negative
 - Indeterminate
11. *If received a result*: Who notified you about your positive test result? *Select all that apply*
- Testing Centre / Health service
 - Laboratory
 - Government/DHHS Hotline
 - Unsure
12. *If received result*: a) Between when you were tested and when you received your test result, did you leave your living premises for any reason?
- Yes >> go to b
 - No >> skip to Q13
- b) If yes, what reasons did you leave your living premises for? *Select all that apply*
- Medical care
 - Exercise
 - To get essential food
 - To get essential medicine
 - Work

- To pick up/drop off a household member from work, school, childcare, appointments
 - To visit family, friends or partner
 - To visit someone in hospital
 - Emergency situation
 - Other, specify _____
13. *If positive*: What is the setting where you were likely exposed to COVID-19?
- Workplace
 - Household
 - Overseas/international travel
 - COVID-19 hotspot or location with reported COVID-19 cases
 - Other known setting, specify _____
 - Unknown setting >> skip to Q 13
- b) What was the **first** date that you were likely exposed to COVID-19? __/__/__
14. Were you notified as a 'close contact' of someone with confirmed COVID-19 yesterday?
- Yes
 - No >> skip to Q16
 - Don't know
- b) *If yes*: Who notified you that you were a close contact? *Select all that apply*
- Government/DHHS Hotline
 - Testing Centre / Health service
 - Workplace / Friend / Family member
 - Unsure
 - Other, specify _____
15. *If close contact*: What is the setting where you were potentially exposed to COVID-19?
- Workplace
 - Household
 - COVID-19 hotspot or location with reported COVID-19 cases
 - Other known setting, specify _____
 - Unknown setting >> skip to Q 16
- b) *If not unknown*: What was the **last** date that you were potentially exposed or in contact with this person while they were infected with COVID-19? __/__/__
- c) *If household*: Are you able to effectively separate from the person(s) with COVID-19 in your household? (e.g. stay in a different room, sleep in a separate bedroom, use a separate bathroom where possible, maintain distance)
- Yes
 - No
 - Don't know

The following questions ask about self-isolation or quarantine.

Self-isolation or quarantine applies to people who:

- 1) Have been diagnosed with COVID-19;
- 2) Are waiting to receive their COVID-19 test result and have symptoms indicative of potential COVID-19;
- 3) Have been told that they are a primary close contact of someone with confirmed COVID-19;
- 4) Have been told that they are a secondary close contact of someone with confirmed COVID-19, with instruction to self-isolate until their primary close contact tests negative;
- 5) Have returned from a designated "red zone" with instruction to quarantine;
- 6) Have returned from a designated "orange zone" with instruction to self-isolate until receiving a negative test result;
- 7) Have returned from overseas.

These terms are different to the general "Stay at Home" or "Stage 3 or 4 restriction" measures which are sometimes referred to as "iso" or "lockdown".

16. Were you in isolation/quarantine {yesterday}? *See definition above*

- Yes
- No – I was never in isolation/quarantine >>skip to Q19
- No – I was released from isolation/quarantine by the DHHS (by SMS/phone call/door knock)
- No – I stopped isolation/quarantine on my own
- Don't know

b. If yes, where were you self-isolating {yesterday}?

- At home
- Hotel
- Other premises

17. Did someone from the government/DHHS, health service or a community service contact you {yesterday} by any means (i.e. phone, SMS, door knock)?

- Yes
- No >>skip to Q20

18. If yes, do you know who contacted you? *Select all that apply*

- DHHS/government
- Health service (e.g. hospital)
- Community service
- Other
- Don't know

19. How were you contacted? *Select all that apply*

- Phone call
- SMS
- Door knock

20. What was the contact in regards to? *Select all that apply*

- COVID-19 test results
- Your health
- Isolation / quarantine
- To notify you that you are a close contact of someone with COVID-19
- Contact tracing – to discuss who you were in close contact with while you were infectious
- To discuss access to essential needs (e.g. food, medicine)
- Related to the health or tests results of your child
- Other, *specify*_____

Contacts

We would like you to know about every person that you have contact with {yesterday}.

A contact is defined as someone you either:

- Had a face-to-face conversation with, OR
- Shared a closed space with (e.g. room, car, bus, lift, train carriage), OR
- Had physical contact with (e.g. handshake, hug, kiss, contact sport).

Consider people you live with, people who visited your home, and people you were in contact with when you left home. Don't forget about the times you used public or shared transport.

Do not include people that you exclusively contacted by phone/video call.

21. Did you have contact with anyone {yesterday}?

- Yes
- No >> end of survey

22. Were any of these contacts someone you know by name or someone who you will regularly see again?

Yes

No >> skip to Q24

23. Please type in the **full name(s)** (First name Last name, if know. Else, nickname) of **every person** you had contact with yesterday (from 5am {yesterday} until 5am today):

- If you had contact with the same person several times during the assigned day, only record them once, and record the total time you spent with them over the day. Each person you have contact with during the day should have only one line in the diary.
- List people who you know or are familiar with by First Name and Last Name.
- Type in the contacts full name, if you know it, in the first box and press "enter" or select the create button.
- To select previous contacts or your key people, click on the blue box on the right of the text box and search or click on their name in the list.
- We will then ask a few questions about these contacts in the boxes below.
- If you don't know their age, then please estimate
- If you were in contact with people and you only know their first name or don't know by name but will likely regularly see again, list them using a memorable nickname (e.g. Bob the barista). This will make it easier to list them again in future diaries.

You don't need to list all contacts you had if:

- They are too numerous to list or you don't know them by name (e.g., if you work at a supermarket with many customers)
- You are a health care worker referring to contact with patients

You will be asked to summarise these contacts at the end.

	Full Name (First Name Last Name, if known. Else, nickname)	Age range (years)	Gender	Relationship to you <i>Select one</i>	What was the purpose or circumstances of the contact? <i>Select all that apply</i>	In what setting did you have contact? <i>Select all that apply</i>	How many other people were at this location at the same time as you, excluding you and members of your household? <i>If you had contact with this person at more than one location, answer for the most crowded location you shared with this person yesterday</i>	Did you have contact indoors or outdoors? <i>Select all that apply</i>	How long did you spend with this person in total ?	How much time did you spend within close contact of this person (within 1.5 metres of each other or within a closed space?)	Did you have any physical contact?
1	_____	<5 5-9 10-14 15-19 20-29 30-39 40-49 50-59	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="checkbox"/> Partner (incl. spouse, boyfriend/girlfriend) <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Other family member <input type="checkbox"/> Friend <input type="checkbox"/> Work colleague	<input type="checkbox"/> Live together <input type="checkbox"/> Providing care <input type="checkbox"/> Receiving care <input type="checkbox"/> Buying/receiving food <input type="checkbox"/> Buying/receiving medical supplies <input type="checkbox"/> Non-essential shopping <input type="checkbox"/> Medical <input type="checkbox"/> Work <input type="checkbox"/> Study/education <input type="checkbox"/> Social <input type="checkbox"/> Sport/exercise	<input type="checkbox"/> Home <input type="checkbox"/> Other private residence <input type="checkbox"/> School/university <input type="checkbox"/> Childcare <input type="checkbox"/> Transport <input type="checkbox"/> Health service <input type="checkbox"/> Shop / retail <input type="checkbox"/> Restaurant / café <input type="checkbox"/> Bar / nightclub	<input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> More than 100	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 to 14 minutes <input type="checkbox"/> 15 to 60 minutes <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> More than 8 hours	<input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 to 14 minutes <input type="checkbox"/> 15 to 60 minutes <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> More than 8 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

		60-69 70-79 80+		<input type="checkbox"/> Client/patient <input type="checkbox"/> Classmate <input type="checkbox"/> Carer <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Partner/family of someone I live with <input type="checkbox"/> Other	<input type="checkbox"/> Worship/religious <input type="checkbox"/> Other, <i>specify</i> _____	<input type="checkbox"/> Indoor sports / recreational facility (e.g. gym) <input type="checkbox"/> Entertainment facility (e.g. cinema, music/arts venue) <input type="checkbox"/> Public space (e.g. park, beach, sports field) <input type="checkbox"/> Place of worship <input type="checkbox"/> Workplace not otherwise listed (e.g. office, factory) <input type="checkbox"/> Other, <i>specify</i> _____					
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[add contact] [complete contact diary]

The following questions ask about contacts you were unable to list from yesterday because you had contact with a large number of people or people you don't know by name.

24. Have you included all contacts you had yesterday?

- Yes >> End of survey
- No

25. If, no, what was the setting of these additional contacts?

- Home, estimated number: __ __
- Other private residence, estimated number: __ __
- School/university, estimated number: __ __
- Childcare, estimated number: __ __
- Transport, estimated number: __ __
- Health service, estimated number: __ __
- Shop / retail, estimated number: __ __
- Restaurant / café, estimated number: __ __
- Bar / nightclub, estimated number: __ __
- Indoor sports / recreational facility (e.g. gym) , estimated number: __ __
- Entertainment facility (e.g. cinema, music/arts venue) , estimated number: __ __
- Public space (e.g. park, beach, sports field) , estimated number: __ __
- Place of worship, estimated number: __ __
- Workplace not otherwise listed (e.g. office, factory) , estimated number: __ __
- Other, *specify* _____, estimated number: __ __

Supplementary file 3F. Follow up surveys**FOLLOW UP QUESTIONNAIRE****Pre-questions**

1. Date of entry
2. Who is filling out this survey?
Participant
Researcher >> Namecode ___ ___

1 Living situation

- 1.1 Has your living situation changed in the past 4 weeks? This includes where you live and who you live with

Yes
No >> skip to Work, Study & Responsibilities

If yes:

- a) What is your current postcode? ___ ___ ___ ___ *Write 9999 if you don't wish to say*
- b) Was the reason you changed living situation due to COVID and the measures to prevent its spread?
Yes >> go to c
No >> go to d

- c) Why has your living situation changed? *Select all that apply*

Could no longer afford previous rent
Temporarily moved for self-isolation/quarantine
Moved to be with partner/family/friends
Moved to be away from vulnerable house members
Moved due to concern for safety at usual residence
Other people have moved out due to COVID-19
Children or family have moved back in due to COVID-19
Other people have moved in due to COVID-19
Returned to my usual residence
Other, *specify* _____

- d) What type of accommodation do you currently live in?

House/townhouse
Flat/unit/apartment
Caravan/cabin/boat/motor home
Student accommodation or workers' quarters
Room in a hostel or boarding house
Hotel / motel
Residential home or institution (e.g. aged residential care)
Temporary accommodation (refuge, crisis or support accommodation) >> skip to Q

1.2

No dwelling/ improvised dwelling / motor vehicle / tent >> skip to Q 1.2
Other, *please specify*: _____

- e) Is the place where you currently live....?

Owned outright / with a mortgage (by you or your partner)
Rented (including paying board/fees)
Public or community housing

Rent free – living with a relative or someone else (including couchsurfing)

Other, *please specify*: _____

We are now going to ask you about people currently living in your household*.

* This includes people who regularly sleep at the household, **at least once a week**. If you have more than one household where you regularly sleep, consider your MAIN household.

1.2 How many adults (18 years and older), including yourself, currently live in your household __ __

1.3 How many children (under 18 years old) currently live in your household? __ __

1.4 Does your current household have internet access? (This includes fixed or mobile broadband services such as ADSL, Cable, Wireless and Satellite connections. Don't consider mobile phone data)

Yes

No

Don't know

2 Work, study & responsibilities

We are interested in changes to your work or income in the past 4 weeks

2.1 What sources of income do you currently have? *Select all that apply*

Work/salary >> generates logic for currently working

Government allowance (e.g. Centrelink payment, Age pension)

Parents or other family

Partner

Scholarship for school/university

Rental income

Other investments

Monetary support from a charity or community-organisation

Other, *specify* _____

No income >> skip to Q 2.6

Prefer not to say

2.2 a) Have you received any **new** financial support, Centrelink, rent or mortgage support in the past 4 weeks?

Yes >> go to b

No

Don't know

b) *If yes*, Which new payments or support have you received in the past 4 weeks? *Select all that apply*

Centrelink payments

Rental reductions

Paused or deferred mortgage payments (excluding if banks have done this automatically)

JobKeeper payments to me or my employer

Early access to Superannuation

Other, *specify* _____

Prefer not to say

2.3 Has your work situation or income changed in the past 4 weeks? Consider change in personal or household income, loss of job, change in hours worked and/or change of job.

Yes >> go to Q 2.4

No >> skip to Q 2.15 if paid work previously, else 2.16

2.4 Which of the following events have you personally experienced in the past 4 weeks?

	Yes	No
a) Change of personal/household income	<input type="radio"/>	<input type="radio"/>
b) Loss of job	<input type="radio"/>	<input type="radio"/>
c) Change in hours worked	<input type="radio"/>	<input type="radio"/>
d) Started a new job	<input type="radio"/>	<input type="radio"/>

b) Was this change(s) due to COVID-19?

Yes

No

Prefer not to say

2.5 **If 2.3= yes:** Before income tax and other deductions are taken out, how much **combined income** does your **household** currently earn per week? Please include all income sources (including wages, investments and government pensions and benefits). If you live in a shared or group house please just mark your own income

\$200,000 or more per year (\$3,840 or more per week)

\$150,000 - \$199,999 per year (\$2,880 - \$3,839 per week)

\$125,000 - \$149,999 per year (\$2,400 - \$2,879 per week)

\$100,000 - \$124,999 per year (\$1,920 - \$2,399 per week)

\$80,000 - \$99,999 per year (\$1,530 - \$1,919 per week)

\$60,000 - \$79,999 per year (\$1,150 - \$1,529 per week)

\$50,000 - \$59,999 per year (\$960 - \$1,149 per week)

\$40,000 - \$49,999 per year (\$770 - \$959 per week)

\$30,000 - \$39,999 per year (\$580 - \$769 per week)

\$20,000 - \$29,999 per year (\$380 - \$579 per week)

\$10,000 - \$19,999 per year (\$190 - \$379 per week)

\$1 - \$9,999 per year (\$1 - \$189 per week)

No income

Don't know

Prefer not to say

2.6 **If 2.3= yes:** a) What is your current employment status? Select the best response

Full time

Part time

Casual

Self-employed

Not currently employed and looking for work

Not currently employed and not currently looking for work

Full time carer/home responsibilities

Retired

Other, *specify* _____

2.7 **If 2.3= yes & currently employed:** Considering a typical week, approximately how many hours of **paid work** do you currently work? _____

2.8 **If (2.4d)=yes:** What is your **main** occupation currently? Please choose the one option that best describes your main job.

Managers
Professionals
Technician and Trade Workers
Community and Personal Service Workers
Clerical and Administrative Workers
Sales Workers
Machinery Operators and Drivers
Labourers
Don't Know

2.9 *If (2.4d)=yes*: What industry do you work in for your main job? *Select one only*

Agriculture, forestry and fishing
Mining
Manufacturing
Electricity, gas, water and waste services
Construction
Wholesale trade
Retail trade
Accommodation and food services (including hospitality)
Transport, postal and warehousing
Information media and telecommunications
Financial and insurance services
Rental, hiring and real estate services
Professional, scientific and technical services
Administrative and support services
Public administration and safety
Education and training
Health care and social assistance (includes aged care)
Arts and recreation services
Other, *specify* _____
Don't know

2.10 *If (2.4d)=yes*: What is the title of your current job (select your **main** job)?

2.11 *If (2.4d)=yes*: How many people do you directly supervise or manage at work in your **current** position(s)? ___ ___ ___ *If none, write "0"*.

2.12 *If currently working*: What is your current work environment? Select one

Attend a single workplace/location
Attend multiple workplaces/locations
Work from home
Both attend workplace(s) and work from home
Other, *please describe* _____

2.13 *(for everyone currently working, if not only working from home)*: What is the postcode of your main workplace?

Enter postcode: ___ ___ ___ ___
No fixed postcode
Don't know

Other, please describe _____

2.14 Did any of the following happen to you or your household because of a **shortage of money** in the past 4 weeks? *If you live in a shared or group house please consider your personal circumstances only.* * Not required

	Yes	No
Could not pay electricity, gas or telephone bills on time	<input type="radio"/>	<input type="radio"/>
Could not pay for car registration or insurance on time	<input type="radio"/>	<input type="radio"/>
Pawned or sold something	<input type="radio"/>	<input type="radio"/>
Went without meals	<input type="radio"/>	<input type="radio"/>
Unable to heat your home	<input type="radio"/>	<input type="radio"/>
Sought assistance from welfare / community organisations	<input type="radio"/>	<input type="radio"/>
Sought financial help from friends or family	<input type="radio"/>	<input type="radio"/>
Other financial hardships	<input type="radio"/> Specify _____	<input type="radio"/>

Impacts of COVID-19 on your work performance

If report income from work in past 4 weeks

2.15 Have you experienced any of the following changes to your work in the past 4 weeks as a result of COVID-19 and the measures taken to prevent infection?

	Yes	No	
a. My work tasks or role have changed	<input type="checkbox"/>	<input type="checkbox"/>	
	Decreased	Stayed the same	Increased
b. Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work productivity / accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ability to concentrate on work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Working outside of usual hours (compared to early 2020, e.g. February)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.16 ((If a=yes | if (b|c|d|e != stayed the same))) Which factor(s) contributed most to these changes to your work performance? Select up to three

- Childcare responsibilities
- Schooling children from home
- Care of others

- Physical health
- Emotional health (e.g. anxiety)
- Unsuitable environment for working (e.g. privacy, comfort, equipment, internet connection)
- Return to usual workplace
- Reduced commuting time
- Increased commuting time
- Workplace closed temporarily
- Working on COVID response (healthcare, aged care sector)
- Stressful work environment
- Other, *specify* _____

Let's talk about your study and education now

2.17 a) Have your study circumstances changed in the past 4 weeks?

Yes

No >> skip to 2.18

b) What are your study circumstances now?

Still going to school/university/class

Still studying, by distance/online

On hold

Withdrawn/dropped out

Resumed studying, by distance/online

Resumed going to school/university/class

Completed study (including awaiting graduation)

Newly enrolled in study >> [go to c](#)

Other, *specify* _____

Don't know

Prefer not to say

c) *If newly enrolled*: At what level are you enrolled to study?

High school

TAFE, college or diploma

University – undergraduate course (e.g. Bachelor degree)

University – postgraduate course (e.g. Masters, Doctorate)

Let's talk about your other non-paid care responsibilities in the past 4 weeks

2.18 a) Were you responsible for unpaid care of children OR providing unpaid care to another person due to the disability, long term illness or old age in the past 4 weeks?

Yes >> Average hours per week: __ __

No >> skip to 2.19 (if have children), else 3.1

Don't know >> skip to 2.19 (if have children), else 3.1

a) What is your relationship to the person(s) in your care? *Select all that apply*

1.1.a..1 My child(ren) or dependant(s)

Grandchild(ren)

Child(ren) not related

Parent(s)

Grandparent(s)

Other family member(s)
 Someone other than a family member
 Other

The next few questions ask about the childcare and schooling requirements for your children/dependants in the past 4 weeks

2.19 a) *If report living with children:* Have your childcare arrangements changed during the past 4 weeks?

Yes >> go to b
 No >>go to 2.20
 Don't know >> go to b
 Not applicable >> go to 2.20

a) *If yes:* Which childcare services do you currently use? *Select all that apply*

Day care >> ave. days per week ___
 After school care >> ave. days per week ___
 Informal care (e.g. grandparent, babysitter) >> ave. days per week ___
 Other, *please specify* _____ >> ave. days per week ___
 Do not currently use childcare services

2.20 Have the schooling arrangements for your child(ren) or dependant(s) changed in the past 4 weeks?

Yes >> go to b
 No >>skip to section 4
 Not applicable >>skip to section 4
 Don't know >> go to b

b) What is the current schooling arrangement for your child(ren) or dependant(s)? *Select all that apply*

Attending school
 Remote learning online
 Being home schooled
 Other, *please specify* _____

3 Lifestyle, social engagement and support

3.1 Please estimate how many **days per week** you spent doing the following things during the past week:

Consumed any alcohol	[0-7, prefer not to say] ___
<i>(If any)</i> Consumed six or more alcohol drinks in a single day	[0-7, prefer not to say] ___
Smoked cigarettes or other tobacco	[0-7, prefer not to say] ___
Used recreational drugs (including illicit drugs and pharmaceuticals)	[0-7, prefer not to say] ___
Exercised for 30 minutes or more	[0-7, prefer not to say] ___

Used online gambling or betting	[0-7, prefer not to say] ____
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3.2 Over the past 4 weeks, have often did you:

	Never	Once or twice	Weekly	Daily or almost daily
...Do voluntary work with a community organisation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Visit friends locally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Speak to your neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Mind a friend's or neighbour's child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Take part in a sporting, social or religious group or club? (<i>Include virtual/online participation</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Go out to a local café, restaurant, pub or show?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Go to a public meeting or signed a petition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Attend indoor movie theatres, concert venues, stadiums, galleries, or museums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Attend an indoor gym / sports and recreation facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Use public transport (i.e. train, bus, tram)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... Travel within Australia (>100km from your place of residence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes to sporting, social or religious group or club?: a) How many sporting, social or religious groups or clubs were you involved in during the **past 4 weeks**? Consider both in-person and virtual (online) involvement ____

[Repeat for number of groups/clubs selected]

	Group 1	Group 2	Group 3	Group 4
b) Name of group/club				
c) Where is the group/club primarily located? Write down the suburb, if known. If online/virtual contact only, write "online"				
d) How often did you take part in the group in the <u>past</u>	Once or twice Weekly Daily or almost			

<u>4 weeks?</u>	daily			
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4 Key people

4.1 You have previously nominated the key people in your life*. How frequently have you had contact with your key people in the past 4 weeks?

Name [prepopulate list of ties]	How much face-to-face contact have you had with this person over <u>past 4 weeks</u> ?	How much digital contact have you had with this person over the <u>past 4 weeks</u> ?
Key people 1 name	Daily / Most days Few times a week Once a week Once or twice None	Daily / Most days Few times a week Once a week Once or twice None
Key people 2 name	Daily / Most days Few times a week Once a week Once or twice None	Daily / Most days Few times a week Once a week Once or twice None

* It is important for the study to ask about the key people you nominated at the beginning of the study, even if you don't have contact with them anymore. However, sometimes things happen and our important personal relationships with others change. If having a particular contact on your list is causing distress please contact your Optimise Project representative or email optimise@burnet.edu.au and we will amend this list for you.

The key people in your life may be family, friends, partner, housemates, neighbours, co-workers or others who are a part of your life on a daily or weekly basis:

- "With whom do you discuss important personal matters?" (e.g., personal problems, other matters) OR
- "Who provides you with important practical assistance or support?" OR
- "Who are important co-workers (i.e., colleagues, superiors, junior staff) that you frequently deal with for your work?" If you are a student, you can also consider your classmates and or supervisors/lecturers/tutors that you frequently deal with for your study OR
- "Thinking of important activities in your life (e.g., hobbies, sport, leisure, religious gatherings, visiting older relatives), who are the key people you frequently deal with

personally when undertaking these activities? They may help you get the activity done or be a person you share the activity with.”

- Is there anyone else you live with who has not been listed as a key person in other categories?

4.2 Do you have any new key people to add?

Yes, how many? ___

No

4.3 Please provide the details of your new key people

Full Name	Relationship to you Select one	Do you live in the same household with this person?	Age	Gender	Suburb (if outside of Australia, select other)	How much face-to-face contact have you had with this person over the past 4 weeks	How much digital contact have you had with this person over the past 4 weeks?
	a. Family b. Friend c. Partner d. Co-worker e. Other	Yes No	<5 5-9 10-14 15-19 20-29 30-39 40-49 50-59 60-69 70-79 80+	a. Man b. Woman c. Non-binary/not listed d. Unknown		a. Daily / Most days b. Few times a week c. Once a week d. Once or twice e. None	a. Daily / Most days b. Few times a week c. Once a week d. Once or twice e. None

Name	Thinking about this person, please select which category suits their role in your life, <i>Select all that apply</i>				
	Discuss important personal matters (e.g. personal problems, other matters)	Provides you with practical assistance or support	Is an important co-worker (i.e. colleague, supervisor, junior staff) that you frequently deal with for your work	Someone you frequently deal with when undertaking activities (e.g. hobbies, sport, leisure, religious gatherings, visiting older relatives), They may help you get the activity done or be a person you share the activity with.	Someone who you live with who hasn't been listed in the above categories.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Full Name	Are you happy for us to contact this participant about participating in this study?	Please enter a contact number
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	Yes No Require more information	+61_____
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5 COVID-19 health and exposure

These questions refer to the past four weeks

Pop up information box:

Click here to see the Victorian Government's latest guidelines on COVID-19 symptoms to watch out for: <https://www.coronavirus.vic.gov.au/symptoms-and-risks>

Click here to see the Victorian Government's latest guidelines on isolation for people who tested positive to COVID-19 and their household and household-like contacts www.coronavirus.vic.gov.au/checklist

- 5.1. How many times have you been infected with confirmed COVID-19 since the start of the pandemic (December 2019)?
Infection is defined by at least one positive PCR test or positive RAT
[Please enter a number between 0 – 10]
- 5.2. Have you been tested for COVID-19/coronavirus infection in the past four weeks? *Please include Rapid Antigen Tests (RATs), PCR tests, and/or any other kind of COVID-19 test*
Yes >> date of most recent test __/__/__
No >>skip to Q5.17
- 5.3. *If tested:* What type of test/s did you undertake in the past four weeks? *Select all that apply*
Rapid Antigen Test (RAT)
PCR test
Other, please specify_____
- 5.4. *If tested:* How many times did you test negative on a COVID-19 PCR test in the past four weeks?
[Enter number from 0 to 50]
- 5.5. *If tested:* How many times did you test negative on a Rapid Antigen Tests/s (RAT) in the past four weeks
[Enter number from 0 to 50]
- 5.6. *If tested:* How many times did you test negative on other COVID-19 tests in the past four weeks? [Enter number from 0 to 50]
- 5.7. *If tested:* Why were you last tested for COVID-19? *Select all that apply*
I had COVID-19-like symptoms
I had household or household-like contact* with someone who tested positive to COVID-19
I work in a high-risk setting
Had recently returned from overseas travel
There were cases reported in places I regularly visit, work or study
Required before returning to work

Community testing blitz

I routinely test as part of my work

I had to test to attend a healthcare appointment or similar

I had to test as a requirement for interstate travel or overseas travel

I had to test as a requirement for returning from interstate or overseas travel

Testing before going to see someone who is vulnerable to COVID-19 (e.g., elderly, immunocompromised people)

Testing before going to a large gathering

I did test/s for my own peace of mind (that is, none of the reasons above)

Other, *specify* _____

5.8. *If tested*: What information were you given when you got a test? *Select all that apply*

How to perform a Rapid Antigen Test (RAT)

How to report a positive Rapid Antigen Test (RAT) result

What to do while waiting for a PCR result

How to get your PCR result, including a contact number

Requirements for self-isolation

Cleaning and hygiene practices

When to leave isolation

How to notify household and/or household like contacts

Testing and/or isolation requirements for household and/or household like contacts

Information on whether I should get confirmatory PCR

Information on repeating Rapid Antigen Tests

What to do if your symptoms get worse

Information on financial support and emergency relief packages

Length of the self-isolation period

Other, *specify* _____

I didn't receive any information

5.9. *If tested*: Have you tested positive for COVID-19 in the past four weeks?

Yes >> Trigger manual assign diary

No

Indeterminate

Haven't received a result yet

c) *If Yes to testing positive*: Did you test positive on a PCR test in the past 4 weeks?

Yes

No

Prefer not to say

d) *If Yes to testing positive*: Did you test positive on a Rapid Antigen Test (RAT) in the past 4 weeks?

Yes

No

Prefer not to say

e) *If Yes to testing positive*: Did you test positive on other CoVID-19 Test/s in the past 4 weeks?

Yes

No

Prefer not to say

5.10. *If tested and tested positive on RAT*: Did you report your positive Rapid Antigen Test (RAT) to the state/territory Government?

Yes
No
Prefer not to say

5.11. *If received a positive result:* When did you receive your positive COVID-19 test result? __ / __ / __
If you have tested positive multiple times in the past 4 weeks, select the date of the first positive test result.

5.12. *If tested and received result:* Between when you were tested and when you received your test result, did you leave your living premises for any reason?

Yes >> go to Q5.14
No >> skip to Q5.15 if positive/else Q5.17

5.13. *If tested and has not received result:* Between when you were tested and now, have you left your living premises for any reason?

Yes >> go to Q5.14
No >> skip to Q5.15 if positive/else Q5.17

5.14. *If left home (Q 5.12 and 5.13):* If yes, what reasons did you leave your living premises for?

Select all that apply

Medical care
Exercise
To get essential food
To get essential medicine
Work
To pick up/drop off a household member from work, school, childcare, appointments
To visit family, friends or partner
To visit someone in hospital
Emergency situation
Other, specify _____

5.15. *If tested positive:* Were you contacted by someone on behalf of the Government/DHHS for the purpose of contact tracing, i.e., to discuss who you had close contact with while infectious?

Yes
No >> skip to Q5.16
f) *If yes:* When did you receive the contact tracing __ / __ / __

5.16. *If tested positive:* What is the setting where you were likely exposed to COVID-19?

Workplace
Household (my own)
Household (other than my own)
Other household-like setting (indoor hospitality venue)
Overseas/international travel
Other known setting, specify _____
Unknown setting >> skip to Q17

b) *If not unknown:* What was the **first** date that you were likely exposed to COVID-19? __ / __ / __

5.17. **Have you been notified as household/ household-like contact** of someone with confirmed COVID-19 in the past four weeks?

Close contact, now called a household or household-like contact has spent more than four hours with someone who tested positive for COVID-19 inside a house, accommodation, or care facility.

Yes >> Trigger manual assign diary

No >> skip to Q5.19

Don't know >> skip to 5.Q19

5.18. *If Yes:* When were you *first* notified as a **household/ household-like** contact? __ / __ / __

5.19. Who notified you that you were a **household/ household-like** contact? *Select all that apply*

Government/DHHS Hotline

Testing Centre / Health service

Person with COVID-19 in my household

Person with COVID that I spent >4hrs with in household-like setting

Other household member

Workplace

Friend/Family member

Social media

Unsure

Other, *specify* _____

5.20. *If household/ household-like contact:* What is the setting where you were potentially exposed to COVID-19?

Workplace

Household (my own)

Household (other than my own)

Other Household-like setting (Indoor hospitality venue)

Other known setting, *specify* _____

Unknown setting

b) *If not unknown:* What was the **last** date that you were potentially exposed or in contact with this person while they were infected with COVID-19? __ / __ / __

c) *If household (my own):* Were/are you able to effectively separate from the person(s) with COVID-19 in your household? (e.g., stay in a different room, sleep in a separate bedroom, use a separate bathroom where possible, maintain distance)

Yes

No

Don't know

5.21. Did you have any COVID-19-like symptoms in the past four weeks? *Please select Yes if you have had any COVID-like symptoms, even if you believe these symptoms were not related to a COVID-19 infection.*

Yes

No >>skip to Q5.23

Prefer not to say

b) *If Yes to symptoms:* Did you first experience these symptoms in the last 4 weeks?

Yes

No >>skip to Q5.22

- c) *If symptoms started in past 4 weeks*: When did your symptoms first start? __ / __ / __
[Date Validation: 4 weeks before survey invitation]

5.22. *If Yes to symptoms*: Which symptoms did you experience? *Select all that apply*

Cough
Fever
Shortness of breath
Sore throat
Fatigue
Aches and Pains
Headache
Runny or stuffy nose
Loss of taste/smell
Nausea and/or vomiting
Diarrhoea
Other, *specify* _____

5.23. *If Yes to symptoms and No to testing*: What was your reason for not testing for COVID-19 whilst you had COVID-19-like symptoms? *Select all that apply*

Fear of swab procedure/discomfort
I didn't want to wait in testing queue
I left a testing centre because of long que/wait time for PCR testing
I was turned away from the testing centre
Testing centre too far away
Worried about being infected at testing centre
Time constraints (e.g., work/care responsibilities)
Did not know where to go to have a test
Unable to find or access Rapid Antigen Tests (RATs)
Did not want to pay for Rapid Antigen Tests (RATs)
Could not afford Rapid Antigen Tests (RATs)
I was very sure symptoms were not related to COVID-19 (e.g., pre-existing health conditions)
I was pretty sure symptoms were not related to COVID-19 (e.g., allergies, common cold, side effects of COVID-19 vaccine)
I was pretty sure symptoms were from tobacco use and not related to COVID-19
Symptoms were only mild
Did not think you were eligible for COVID testing
No private transport to get to testing centre
Chose to stay home (self-isolate) instead
Did not want to isolate/quarantine after testing
Other, *specify* _____

5.24. *If Yes symptoms but No to test*: Did you isolate for 7 days because you had symptoms despite not being able to get tested?

Yes
No
I am currently isolating
Prefer not to say

- 5.25. *If tested, or if close contact:* Did you apply for any of the following government support packages in the past 4 weeks? Select all that apply
- None of the above
 - COVID-19 worker support payment (one-off \$1500 payment to Victorian workers who are self-isolating or quarantining without access to sick leave)
 - Pandemic Leave Disaster Payment (one-off payment to Victorian workers who can't earn an income because they must self-isolate or quarantine)
 - COVID-19 test isolation payment (one-off payment while waiting for results of COVID-19 test)
 - Lockdown hardship payments (\$750) for unemployed public housing residents
 - Emergency relief package (Care packages for people who do not have family and friend support and are unable to order groceries online)
 - Crisis Payment for National Health Emergency (COVID-19)
 - Emergency Accommodation during isolation or quarantine
 - Other, specify _____
- 5.26. Do you personally know anyone who has been diagnosed with COVID-19/Coronavirus in the past 4 weeks?
- Yes >> go to 5.27 and 5.28
 - No >> skip to Q 5.29
 - Don't know / Prefer not to say >> [skip to Q 5.29](#)
- 5.27. How many people do you personally know who have ever been diagnosed with COVID-19? ___ ___ [please enter a number between 1-1000]
- 5.28. How many people do you personally know who have ever been hospitalised (for more than 1 day) and/or who have died from COVID-19? ___ ___
- 5.29. How likely do you believe it is that you will be infected with COVID-19 at some point in the future?
- Unlikely
 - Somewhat likely
 - Very likely
 - Don't know / Not sure
 - Prefer not to say
- 5.30. If you were infected with COVID-19 in future, how severe do you think it would be for your health?
- Life threatening
 - Very severe (e.g., requiring hospitalization)
 - Moderate (e.g., requiring self-care and rest in bed)
 - Mild (e.g., capable of continuing with daily tasks normally)
 - No symptoms
 - Don't know / not sure

5.31. How likely do you think it is that people in your family and friends might become infected with COVID-19 at some point in the future?

- Unlikely
- Somewhat likely
- Very likely
- Don't know / Not sure
- Prefer not to say

5.32. How worried are you about the COVID-19 outbreak in Australia?

- Very worried
- Fairly worried
- A little worried
- Not at all worried
- Don't know/ not sure

6. COVID-19 Vaccination module [Repeated monthly]

Vaccine acceptance: COVID-19 vaccines will become available to the majority of Australian's this year.

[ONLY SHOWN TO PARTICIPANTS WHO HAVE COMPLETED BASELINE VACCINE MODULE OR 7A. COVID-19 ADDITIONAL VACCINE MODULE]

6.1. How many doses of COVID-19 vaccine have you received? State the total number of doses regardless of the vaccine type (AstraZeneca, Pfizer, Moderna, etc)

- I am not vaccinated
- 1 dose
- 2 doses
- 3 doses
- 4 doses
- 5 doses
- >5 doses
- Unsure / don't know

6.2. [if 6.1 does not equal 'I am not vaccinated'] In the past four weeks, have you received a COVID-19 vaccine?

- Yes
- No
- Prefer not to say

6.3. [if Q6.1 equals "I am not vaccinated"] Do you think you would have a COVID-19 vaccine?

- Definitely yes
- Probably yes
- I'm not sure yet
- Probably not
- Definitely not
- Prefer not to say

6.4. [if Q6.1 does not equal 'i am not vaccinated'] Do you think you would have further doses of the vaccine if recommended?

- Definitely yes
- Probably yes
- I'm not sure yet
- Probably not
- Definitely not
- Prefer not to say

6.5. [if 6.4 != Definitely yes] For what reasons would you be uncertain about receiving a subsequent vaccine dose in the future? *Select all that apply.*

- I do not believe I am currently eligible for further COVID-19 vaccines (for example based on age, underlying conditions, pregnancy or allergy to vaccine ingredients)
- I experienced bad side effects and I have chosen not to get a further vaccine dose
- My doctor has recommended that I should not get a further dose
- I do not wish to comply with vaccine mandates
- I believe my immunity is already strong enough and I do not need another dose
- I would prefer to choose which vaccine I receive, and I do not believe I am able to do so
- It is too inconvenient to go and get a vaccine
- There are no bookings in my area
- Prefer not to say
- Other (please specify)

6.6. [If Q6.3 not equals ""Definitely yes""] For what reason(s) would you NOT have a COVID-19 vaccine yourself? *Please select all that apply*

- It will not be needed as most people will have developed immunity by natural infection
- I don't think the vaccine is necessary because COVID-19 is not that serious in most people
- It may not work well enough to be worth having
- I am worried that it's not safe and hasn't been tested enough for safety
- I am worried that I may develop a blood clot after getting the COVID-19 vaccine.
- I am worried that I might catch COVID-19 from the vaccine
- I am worried that I would get sicker if I got COVID after the vaccine
- I do not want to/can't pay for the vaccine
- I do not want the vaccine if there is more than one dose
- I do not want to attend a health care provider to have the vaccine due to the risk of catching COVID-19
- I do not accept any vaccines for myself so would not accept a COVID-19 vaccine
- Other, please specify _____

6.7. Would you get the COVID-19 vaccine for your child/ren aged under 5 years?

- N/A – no dependent child/ren aged under 5 years
- My child/ren aged under 5 years have already been vaccinated with at least one dose

Definitely yes Probably yes
I'm not sure yet
Probably not
Definitely not
Prefer not to say

6.8. Would you get the COVID-19 vaccine for your child/ren aged 5-11 years?

N/A – no dependent child/ren aged 5-11 years
My child/ren 5-11 years have already been vaccinated with at least one dose
Definitely yes
Probably yes
I'm not sure yet
Probably not
Definitely not
Prefer not to say

6.9. Would you get the COVID-19 vaccine for your child/ren aged over 11 years?

N/A – no dependent child/ren aged over 11 years
My child/ren aged over 11 years have already been vaccinated with at least one dose
Definitely yes Probably yes
I'm not sure yet
Probably not
Definitely not
Prefer not to say

6.10. [if (6.7 not equal NA and not equal "already vaccinated") OR (6.8 not equal NA and not equal "already vaccinated") OR (6.9 not equal NA and not equal "already vaccinated")]

For what reason(s) would you NOT get a COVID-19 vaccine for your child/ren? *Please select all that apply*

At this stage I have no concerns about the vaccination for my children should it become available
It will not be needed as most people will have had the infection by then
I don't think the vaccine is necessary because COVID-19 is not that serious in children
It may not work well enough to be worth having
I am worried that it's not safe and hasn't been tested enough for safety
I am worried that my child may develop a blood clot after getting the COVID-19 vaccine
I am worried that my child may develop heart inflammation (myo/pericarditis) after getting the COVID-19 vaccine
I am worried about my child experiencing general side effects after getting the COVID-19 vaccine (fatigue, nausea, etc)
I am worried that my child might catch COVID-19 from the vaccine
I am be worried that my child would get sicker if they got COVID after the vaccine

I do not want to/cannot pay for the vaccine

I do not want my child/ren to have the vaccine if there was more than one dose

I do not want to attend a health care provider with my child to have the vaccine due to the risk of catching COVID-19

I do not accept any vaccines for my child so would not accept a COVID-19 vaccine

Other, please specify _____

6.11. Do you have any concerns about the vaccine, irrespective of your vaccination status? If so, what are your main concerns *Please select all that apply:*

I am worried that it may affect my future fertility

I am worried that it may affect my present or future pregnancy or breastfeeding

I am worried about potential side effects

I am worried about serious reactions

I am worried that long term effects are not well understood

A COVID-19 vaccination could give me COVID-19

The COVID-19 vaccine may interact with my current medications

A COVID-19 vaccination is too new for me to be confident about getting vaccinated with it

Information on side effects following immunisation is not readily available

I have no safety concerns

Other, please specify _____

6.12. [If Q6.1 != I am not vaccinated] Why did you decide to get a COVID-19 vaccine? *Please select all that apply*

To protect my personal health

To protect vulnerable people

To protect the health of my family and friends

To reduce COVID-19 transmission in the community

To comply with a vaccine mandate related to my employment

To engage in activities where vaccination is required (large events, restaurants, etc)

To reduce the need for/the length of public health restrictions (e.g. lockdowns, density limits, etc)

To travel interstate or internationally

Prefer not to say

Other (please specify)

Perceived knowledge sufficiency

6.13. To what extent do you agree or disagree with the following statements?

	Totally Disagree	Somewhat disagree	Neutral	Some what Agree	Totally Agree	Prefer not to say
a) Adequate information about COVID-19 illness is available for the public to make an informed decision about whether to get vaccinated						
b) Adequate information about COVID-19 vaccines is available for the public to make an informed decision about whether to get vaccinated						
c) Adequate information about who is eligible to receive a COVID-19 vaccine is available						
d) Adequate information about where to go to receive COVID-19 vaccines is available						
e) Adequate information about how to book or make an appointment to receive a COVID-19 vaccine is available						
f) Adequate information about how much it will cost to receive a COVID-19 vaccine is available						
g) Adequate information on side effects following COVID-19 vaccination is readily available						
h) Adequate information about what the benefits are for getting vaccinated is available						
i) Adequate information about what the risks are for getting vaccinated –such as the potential risk of developing a blood clot and side effects is available						

Return to 'normal' life

6.14. To what extent do you agree or disagree with the following statements?

	Totally Disagree	Somewhat disagree	neutral	Somewhat Agree	Totally Agree	Prefer Not to say
a. Once a person is vaccinated, they should still be required to follow social distancing and other measures for COVID-19						
b. Once a person is vaccinated, they should still						

need to isolate if they test positive for COVID-19.						
c. Once a person is vaccinated, they should still need to quarantine in accordance with the current health advice to reduce COVID-19 transmission (e.g. a close household contact of a person with COVID-19).						
d. Once a person is vaccinated, they should still get tested for COVID if they have COVID like symptoms.						
e. Once a person is vaccinated, they should still need to wear a mask when required.						

7. Physical health and health care

7.1. *If sex at birth!=male:* Are you currently pregnant?

Yes

No

Don't know/prefer not to answer

The following questions ask about changes to your health and healthcare access in the **past three months**.

7.2. a) In the **past 3 months** did you develop or get diagnosed with any new health conditions that are chronic or have ongoing impact on your daily life or medical needs? *This includes both physical and mental health conditions*

Yes

No >> [go to 7.3](#)

Don't know >> [go to 7.3](#)

Prefer not to say >> [go to 7.3](#)

b) If yes: Which new medical conditions has a doctor or healthcare professional told you that you have in the **past 3 months? Check all that apply**

Alcohol or drug dependence

Alzheimer's or dementia

Arthritis

Asthma

Autism spectrum disorder

Any autoimmune disease (e.g. lupus, multiple sclerosis, rheumatoid arthritis, psoriasis Crohn's disease, inflammatory bowel disease)

Bowel disease

Brain injury

Cancer (active/current)

Depression or anxiety disorder

Other mental health condition
Diabetes
Epilepsy or seizures
Hearing loss
Heart disease
Hypertension / high blood pressure
Intellectual disability
Immune disorder (immunocompromised, primary or acquired immune deficiency)
Chronic kidney disease
Liver disease
Chronic lung disease (e.g. COPD, emphysema)
Menopausal symptoms
Musculoskeletal condition
Spinal cord injury
Stroke
Vision impairment
Other, *specify* _____
Prefer not to say

7.3. Do these health need(s) require ongoing regular medical appointments (e.g. repeat prescriptions, specialist appointments, physical therapy, periodic check ups)?

Yes
No
I don't know

7.4. Did you access a health service or practitioner in the past 3 months? (consider GP, hospital, specialist, dentist, community health and allied health services. Include telehealth consultations)

No
Yes >> 7.4b) Please estimate how many times ___ ___

7.5. What type of a health practitioner did you access in the past 3 months?? *Select all that apply*

A General Practitioner (GP)
A specialist doctor
A dentist
An alternative health care provider (e.g. naturopath, chiropractor etc)
A hospital doctor in outpatients
A hospital doctor in the emergency department
A midwife
A counsellor or other mental health worker
A community nurse, practice nurse or nurse practitioner
A physiotherapist, dietitian or exercise physiologist
Other

7.6. How easy has it been for you to access the healthcare you need in the past 3 months?

Very easy

Somewhat easy

Somewhat difficult

Very difficult

N/A – haven't needed healthcare in the past 3 months >> [skip to Q7.9](#)

Don't know/ Prefer not to say

7.7. Has COVID-19 changed your access or utilisation of healthcare in the past 3 months?

Yes

No >>skip to Q 7.9

Don't know >>skip to Q 7.9

7.8. *If yes:* What changes have you experienced in the past 3 months?

My face-to-face appointments were rescheduled to Telehealth appointments

My appointment(s) were cancelled/postponed by the clinic

My elective surgery / procedure was delayed or cancelled

I couldn't contact my usual healthcare provider

I couldn't afford to access my usual healthcare

I couldn't access my usual healthcare

I ran out of medication

Other, *specify* _____

7.9. Were you offered any alternatives to your usual medical appointments or prescription services in the past 3 months? *E.g. telehealth, online prescription services, in-home services*

Yes

No

Don't know

7.10. If yes, what were you offered? *Select all that apply*

Telehealth consultation(s) >> [go to d](#)

Online prescription services

Repeat prescriptions /multi-month medication

In-home services

Other, *specify* _____

7.11. How satisfied were you with telehealth consultation(s)?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

7.12. How you experienced any of the following concerns in relation to your usual healthcare in the past 3 months?

I delayed or avoided seeking care due to COVID-19

I felt anxious about attending due to COVID-19

I couldn't access telehealth consultation(s)

Other, *specify* _____

7.13. *If reported requiring care at baseline:* You previously reported that you regularly need help with daily tasks due to long-term illness, age or disability. Have you experienced any disruptions to receiving this help or care in the past 3 months?

Yes

No

Not applicable – I no longer regularly need help with daily tasks due to illness, age or disability

Prefer not to say

8. Mental health

The following section asks experiences affecting your wellbeing. **For emotional support, Beyond Blue and Lifeline offer tips, brief counselling and referrals.** More information will be available at the end of the survey.

8.1. Over the last 2 weeks, how often have you been bothered by the following problems? * *Not required*

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask how satisfied you feel, on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied.

8.2. Thinking about your own life and personal circumstances, how satisfied are you currently with ...

* *Not required*

	0 No satisfaction at all	1	2	3	4	5	6	7	8	9	10 Completely satisfied
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... your standard of living?	0	1	2	3	4	5	6	7	8	9	10
... your health?	0	1	2	3	4	5	6	7	8	9	10
... what you are achieving in life?	0	1	2	3	4	5	6	7	8	9	10
... your personal relationships?	0	1	2	3	4	5	6	7	8	9	10
... how safe you feel?	0	1	2	3	4	5	6	7	8	9	10
... feeling part of your community?	0	1	2	3	4	5	6	7	8	9	10
... your future security?	0	1	2	3	4	5	6	7	8	9	10

8.3. To what extent has COVID-19 had negative effects on your mental health (e.g. feeling stressed, lonely, anxious, angry etc) in the past 4 weeks?

To a great extent

Somewhat

Very little

Not at all

I don't know/I prefer not to answer

9. Measures to prevent COVID-19

9.1. Where are the **main** places you received or accessed information to stay informed about COVID-19 in the past 4 weeks? *Select up to three sources.*

Australian Government health authorities (e.g. Department of Health website, Coronavirus Australia app, hotline, Government WhatsApp channel)

Daily government press conferences/media releases (e.g., by the Premier, Health Minister and/or Chief Health Officer)

Doctor or other health professional

News media (including online, television, radio, print)

Friend or family

My workplace / co-workers

Social media (e.g. Facebook, Twitter, Instagram, Weibo, WeChat, Australia Today, Yi Yi)

A community/religious/cultural leader

The World Health Organization (WHO)

Other, *please specify* _____

I didn't access COVID-19 information in the past 4 weeks

9.2. How often have you taken the following measures to protect yourself and others from COVID-19 (coronavirus) in the past 4 weeks?

	Always	Most of the time	Sometimes	Never	Not applicable to me
Using hand sanitizer and/or washing your hands immediately after being in a public place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coughing/sneezing into your elbow or tissue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping 1.5 metres away from people who are not members of your household as much as you can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfecting surfaces and objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding seeing people who are older/vulnerable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding non-essential shopping (in person – don't consider online shopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding social gatherings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wearing or carrying a face covering in public. <small>A face covering needs to cover both your nose and mouth. It could be a face mask or shield.</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3. Have you received a fine for not following COVID directives (i.e. stay-at-home, self-isolation, mask wearing, curfew) in the past 4 weeks?

Yes

No

Prefer not to say

9.4. Have you experienced or witnessed racism **in relation to COVID-19** and the measures to prevent its spread in the past 4 weeks? *Select all that apply*

Yes, I experienced racism

Yes, I witnessed racism

No

Prefer not to say

The next questions are specific to your places of work.

9.5. *If report working in workplace currently:* Do you currently work in a facility or service providing healthcare or social assistance? This includes people working in administration, management, cleaning, support services, and health professionals

Yes >> skip to Q9.7

No

Don't know

- 9.6. *If attending a workplace and not in health setting*: How often have you taken the following measures to protect yourself and others from COVID-19 (coronavirus) in the past 4 weeks **when at your workplace(s)**?

	Always	Most of the time	Sometimes	Never	Not applicable to me
Wearing a face covering <i>A face covering needs to cover both your nose and mouth. It could be a face mask or shield.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly using hand sanitizer and/or washing your hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping 1.5 metres away from other people as much as you can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfecting surfaces and objects (implemented yourself or by your workplace)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding shared use of phones, desks, offices, or other work tools and equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using personal protective equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If work in a facility or service providing healthcare or social assistance

Hospital	General practice and general community-based services	Specialist community-based services	Residential care	Ambulance services
<input type="checkbox"/> Inpatient services <input type="checkbox"/> Outpatient clinics <input type="checkbox"/> Emergency departments <input type="checkbox"/> Other hospital-based settings	<input type="checkbox"/> General practice <input type="checkbox"/> Community health services <input type="checkbox"/> Allied health practices <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Dentistry <input type="checkbox"/> Health promotion <input type="checkbox"/> University	<input type="checkbox"/> Specialist medical/surgical <input type="checkbox"/> Diagnostic service <input type="checkbox"/> Home and community care <input type="checkbox"/> Alcohol and other drug treatment service <input type="checkbox"/> Community mental health service <input type="checkbox"/> Palliative care	<input type="checkbox"/> Aged care <input type="checkbox"/> Residential care	<input type="checkbox"/> Ambulance service <input type="checkbox"/> Aero-medical service

		service Other specialist		
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9.7. *If report working in a setting providing healthcare or social assistance: What kind of setting(s) do you currently work in? See examples of each setting above. Select all that apply*

Hospital >> Inpatient services Outpatient clinics Emergency departments Other
 General practice and general community-based health services
 Specialist community-based services
 Residential care
 Ambulance services
 Other setting, *specify* _____

9.8. Do you provide direct patient care?

Yes, – including in person care
 Yes – telehealth only >> skip to Q9.10
 No

9.9. Repeat questions for each setting selected:

9.9.1. Does your [insert name] workplace currently provide COVID-19 (coronavirus) testing?

Yes
 No
 Don't know

9.9.2. In the past 4 weeks, how often was appropriate PPE (personal protective equipment) **available** at your [insert name] workplace? *Appropriate PPE is dependent on your setting, patient contact, and guidelines and may have changed over time.*

Yes, all of the time
Yes, most of the time
Yes, some of the time
Yes, occasionally
Never
Don't know
Prefer not to say

9.9.3. In the past 4 weeks, how often did you **use** appropriate PPE during patient interactions?

Yes, all of the time
Yes, most of the time
Yes, some of the time
Yes, occasionally
Never
Don't know
Prefer not to say

9.10. *If selected "work" as a source of income:* Did you work in hotel quarantine and/or border security in the past 4 weeks?

Yes

No >> *Skip to Q9.14*

The following questions are specific to your hotel quarantine and/or border security workplace

9.11. How did you receive updates and important communication from your workplace in the past 4 weeks? *Tick all that apply*

- Phone
- Email
- WhatsApp
- Weibo, WeChat
- In-person meetings
- Other, *specify* _____
- I don't receive updates/important communication

9.12. To what extent do you agree with the following statements:

9.12.1. I have received adequate training to work safely with people potentially infected with COVID-19

- Totally agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Totally disagree
- Prefer not to answer

9.12.2. I feel well supported by my workplace management/supervisor

Totally agree

Somewhat agree

Neutral

Somewhat disagree

Totally disagree

Prefer not to answer

9.12.3. I feel like I would be well supported if I was exposed to COVID-19 at work

Totally agree

Somewhat agree

Neutral

Somewhat disagree

Totally disagree

Prefer not to answer

9.12.4. I feel like I would be well supported if I become infected with COVID-19

Totally agree

Somewhat agree

Neutral
 Somewhat disagree
 Totally disagree
 Prefer not to answer

9.13. How acceptable do you currently think it is to require quarantine workers to test frequently for COVID-19?

Totally unacceptable
 Somewhat unacceptable
 Neutral
 Somewhat acceptable
 Highly acceptable
 Prefer not to answer

The next few questions ask about the **current** measures to prevent the spread of COVID-19 (coronavirus) where you live

The next set of questions asks about your acceptance of actual, planned, or theoretical actions that the Australian government has taken to control the COVID-19 pandemic.

9.14. How acceptable do you think the following Government actions are given the current COVID-19 pandemic in Australia?

	Totally unacceptable	Somewhat unacceptable	Neutral	Somewhat acceptable	Highly acceptable
Cancelling public events of over 100 people (e.g. sports, concert, festival)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closing bars, cafes and restaurants except for take-away/delivery service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remote learning for school children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limiting the number of people who can attend a wedding or funeral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring people to stay at home except for essential work, shopping for essential supplies, medical reasons, or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring individuals returning from overseas to quarantine in hotels for 14 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Requiring COVID-19 testing before allowing individuals to go back to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring everyone to wear a face mask in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fining people who break the rules for physical distancing/"Stay at Home" orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restricting travel between states/territories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closing borders to all other countries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporarily closing down workplaces deemed non-essential (in-person retail, manufacturing, administration)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mandatory COVID-19 vaccine for certain high-risk groups, such as healthcare workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring QR code check-ins at hospitality venues, shops and events					
Requiring proof of vaccination at hospitality venues and events					

9.15. How much do you agree or disagree with the following statements?

9.15.1. I have confidence in the **Victorian** Government's approach for dealing with COVID-19

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

9.15.2. I have confidence in the **Australian** Government's approach for dealing with COVID-19

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

9.16. What are your **top 3 biggest** concerns about the current or potential effects of COVID-19 (coronavirus) at the moment? Select up to 3 concerns. You can specify your own concern if it is not listed below.

Being infected with COVID-19

Friends or family being infected with COVID-19

Infections and death from COVID across the community

Your mental/emotional health

Friends' or family's mental health and wellbeing

Schools closing for a long time

Regular health services not being available

Your personal financial situation

Economic recession

The impacts on jobs and unemployment

Your living situation

Getting access to essential products or services

Fulfilling work or study requirements

The quality of your relationships (family, friends, romantic or sexual)

Your physical fitness

Your personal safety

Other, *specify* _____

I have no concerns about COVID-19

9.17. Anything else that you would like to say about your experience with COVID-19 that we haven't covered today?

For up to date information on COVID-19 please see the [Department of Health website](#) and/or download the official government "Coronavirus Australia" app. Information is also available in [languages other than English](#).

For specific information about vaccines for COVID-19, please see the Department of Health COVID-19 vaccination website <https://www.coronavirus.vic.gov.au/vaccine>.

If you are worried that you are someone in your family may have COVID-19, call the 24/7 hotline on 1800 675 398. You can find out about [symptoms](#) and [where to get tested](#) through the DHHS.

For emotional support, [Beyond Blue](#) (1800 512 348) and [Lifeline](#) (13 11 14) offer tips, brief counselling and referrals. If you are struggling to cope, you can reach out to a counsellor at the [Suicide Call Back Service](#) on 1300 659 467.

For help and support for domestic or family violence and abuse, contact [1800RESPECT](#) on 1800 373 732 or [Safe Steps](#) on 1800 015 188 or [inTouch Multicultural Centre against Family Violence](#) on 1800 755 988.

If you are experiencing financial hardship during the COVID-19 pandemic, you can apply for [financial assistance](#). You can also visit the [WIRE](#) website or the [Salvation Army](#) to find out about financial resources which may be useful to you.

Supplementary file 3G. Follow up daily diaries

COVID health in past week

These questions refer to the past 7 days, from {allocated date -6} to {allocated date}

Pop up information box:

Click here to see the Victorian Government's latest guidelines on COVID-19 symptoms to watch out for: <https://www.coronavirus.vic.gov.au/symptoms-and-risks>

Click here to see the Victorian Government's latest guidelines on isolation for people who tested positive to COVID-19 and their household and household-like contacts

26. Have you been tested for COVID-19/coronavirus infection in the past 7 days? *Please include Rapid Antigen Tests (RATs), PCR tests, and/or any other kind of COVID-19 test*
- Yes >> date of most recent test __/__/__
- No >>[skip to Q16](#)
27. *If tested:* What type of test/s did you undertake in the past 7 days? *Select all that apply*
- Rapid Antigen Test (RAT)
- PCR test
- Other, please specify_____
28. *If tested:* How many times did you test negative on a COVID-19 PCR test in the past 7 days?
[Enter number from 0 to 50]
29. *If tested:* How many times did you test negative on a Rapid Antigen Tests/s (RAT) in the past 7 days
[Enter number from 0 to 50]
30. *If tested:* How many times did you test negative on other COVID-19 tests in the past 7 days
[Enter number from 0 to 50]
31. *If tested:* Why were you last tested for COVID-19? *Select all that apply*
- I had COVID-19-like symptoms
- I had household or household-like contact* with someone who tested positive to COVID-19
- I work in a high-risk setting
- Had recently returned from overseas travel
- There were cases reported in places I regularly visit, work or study
- Required before returning to work
- Community testing blitz
- I routinely test as part of my work
- I had to test to attend a healthcare appointment or similar
- I had to test as a requirement for interstate travel or overseas travel
- I had to test as a requirement for returning from interstate or overseas travel
- Testing before going to see someone who is vulnerable to COVID-19 (e.g., elderly, immunocompromised people)
- Testing before going to a large gathering
- I did test/s for my own peace of mind (that is, none of the reasons above)
- Other, *specify*_____
32. *If tested:* What information were you given when you got a test? *Select all that apply*
- How to perform a Rapid Antigen Test (RAT)

- How to report a positive Rapid Antigen Test (RAT) result
 - What to do while waiting for a PCR result
 - How to get your PCR result, including a contact number
 - Requirements for self-isolation
 - Cleaning and hygiene practices
 - When to leave isolation
 - How to notify household and/or household like contacts
 - Testing and/or isolation requirements for household and/or household like contacts
 - Information on whether I should get confirmatory PCR
 - Information on repeating Rapid Antigen Tests
 - What to do if your symptoms get worse
 - Information on financial support and emergency relief packages
 - Length of the self-isolation period
 - Other, *specify* _____
 - I didn't receive any information
33. *If tested*: Have you tested positive for COVID-19 in the past 7 days?
- Yes >> (trigger manual assign contact diary)
 - No >> (no follow up required)
 - Indeterminate >> (no follow up required)
 - Haven't received a result yet >> (no follow up required)
 - b) *If Yes to testing on a PCR and testing positive*: Did you test positive on a PCR test in the past 7 days?
 - Yes
 - No
 - Prefer not to say
 - c) *If Yes to testing on a RAT and testing positive*: Did you test positive on a Rapid Antigen Test (RAT) in the past 7 days?
 - Yes
 - No
 - Prefer not to say
 - d) *If Yes to testing on other test and testing positive*: Did you test positive on other CoVID-19 Test/s in the past 7 days?
 - Yes
 - No
 - Prefer not to say
34. *If tested and tested positive on RAT*: Did you report your positive Rapid Antigen Test (RAT) to the state/territory Government?
- Yes
 - No
 - Prefer not to say
35. *If received a positive result*: When did you receive your positive COVID-19 test result? __ / __ / __
—
If you have tested positive multiple times in the past 7 days, select the date of the first positive test result.
36. *If tested and received result*: Between when you were tested and when you received your test result, did you leave your living premises for any reason?
- Yes >> go to Q13
 - No >> skip to Q14 if positive/else Q16

37. *If tested and has not received result*: Between when you were tested and now, have you left your living premises for any reason?
- Yes >> go to Q13
 - No >> skip to Q14 if positive/else Q16
38. *If left home (Q 11 and 12)*: If yes, what reasons did you leave your living premises for?
Select all that apply
- Medical care
 - Exercise
 - To get essential food
 - To get essential medicine
 - Work
 - To pick up/drop off a household member from work, school, childcare, appointments
 - To visit family, friends or partner
 - To visit someone in hospital
 - Emergency situation
 - Other, specify _____
39. *If tested positive*: Were you contacted by someone on behalf of the Government/DHHS for the purpose of contact tracing, i.e., to discuss who you had close contact with while infectious?
- Yes
 - No >> skip to Q15
- d) *If yes*: When did you receive the contact tracing __ / __ / __
40. *If tested positive*: What is the setting where you were likely exposed to COVID-19?
- Workplace
 - Household (my own)
 - Household (other than my own)
 - Other household-like setting (indoor hospitality venue)
 - Overseas/international travel
 - Other known setting, *specify* _____
 - Unknown setting >> skip to Q16
- e) *If not unknown*: What was the **first** date that you were likely exposed to COVID-19? __ / __ / __
41. **Have you been notified as household/ household-like contact** of someone with confirmed COVID-19 in the past 7 days?
Close contact, now called a household or household-like contact has spent more than four hours with someone who tested positive for COVID-19 inside a house, accommodation, or care facility.
- Yes >> (trigger manual assign contact diary)
 - No >> skip to Q18
 - Don't know >> skip to Q18
- b) *If Yes*: When were you *first* notified as a **household/ household-like** contact? __ / __ / __
- c) Who notified you that you were a **household/ household-like** contact? *Select all that apply*
- Government/DHHS Hotline
 - Testing Centre / Health service
 - Person with COVID-19 in my household
 - Person with COVID that I spent >4hrs with in household-like setting
 - Other household member
 - Workplace

- Friend/Family member
 - Social media
 - Unsure
 - Other, *specify* _____
42. *If household/ household-like contact*: What is the setting where you were potentially exposed to COVID-19?
- Workplace
 - Household (my own)
 - Household (other than my own)
 - Other Household-like setting (Indoor hospitality venue)
 - Other known setting, *specify* _____
 - Unknown setting
- f) *If not unknown*: What was the **last** date that you were potentially exposed or in contact with this person while they were infected with COVID-19? __/__/__
- g) *If household (my own)*: Were/are you able to effectively separate from the person(s) with COVID-19 in your household? (e.g., stay in a different room, sleep in a separate bedroom, use a separate bathroom where possible, maintain distance)
- Yes
 - No
 - Don't know
43. Did you have any COVID-19-like symptoms in the past 7 days? *Please select Yes if you have had any COVID-like symptoms, even if you believe these symptoms were not related to a COVID-19 infection.*
- Yes
 - No >>skip to Q22
 - Prefer not to say
- b) *If Yes to symptoms*: Did you first experience any of these symptoms in the last 14 days?
- Yes
 - No >>skip to Q19
- c) *If Yes: sym. start in last 14 days*: When did your symptoms first start?
__/__/__ [Date Validation: 14 days before survey invitation]
44. *If Yes to symptoms*: Which symptoms did you experience? *Select all that apply*
- Cough
 - Fever
 - Shortness of breath
 - Sore throat
 - Fatigue
 - Aches and Pains
 - Headache
 - Runny or stuffy nose
 - Loss of taste/smell
 - Nausea and/or vomiting
 - Diarrhoea
 - Other, *specify* _____
45. *If Yes to symptoms and No to testing*: What was your reason for not testing for COVID-19 whilst you had COVID-19-like symptoms? *Select all that apply*
- Fear of swab procedure/discomfort
 - I didn't want to wait in testing queue
 - I left a testing centre because of long que/wait time for PCR testing
 - I was turned away from the testing centre
 - Testing centre too far away

- Worried about being infected at testing centre
- Time constraints (e.g., work/care responsibilities)
- Did not know where to go to have a test
- Unable to find or access Rapid Antigen Tests (RATs)
- Did not want to pay for Rapid Antigen Tests (RATs)
- Could not afford Rapid Antigen Tests (RATs)
- I was very sure symptoms were not related to COVID-19 (e.g., pre-existing health conditions)
- I was pretty sure symptoms were not related to COVID-19 (e.g., allergies, common cold, side effects of COVID-19 vaccine)
- I was pretty sure symptoms were from tobacco use and not related to COVID-19
- Symptoms were only mild
- Did not think you were eligible for COVID testing
- No private transport to get to testing centre
- Chose to stay home (self-isolate) instead
- Did not want to isolate/quarantine after testing
- Other, *specify* _____

46. *If Yes symptoms but No to test*: Did you isolate for 7 days because you had symptoms despite not being able to get tested?

- Yes
- No
- I am currently isolating
- Prefer not to say

If you've tested positive to COVID-19 in the past 7 days a researcher will be in touch with you.

If you've been notified as a household or household like contact in the past 7 days, a researcher will be in touch with you.

Please complete the following sections based on your feelings and activities **YESTERDAY**,
{ALLOCATED DAY}

Mood

47. How often did you experience **negative** emotions {yesterday}? (e.g., unpleasant, sad, angry, upset, bored, disappointed, nervous, annoyed):

- Never Rarely Sometimes Often All day

48. How often did you experience **positive** emotions {yesterday}? (e.g., happy, content, cheerful, excited, calm, serene, ecstatic):

- Never Rarely Sometimes Often All day

Contacts

We would like you to know about every person that you have contact with yesterday, {ALLOCATED DAY}.

A contact is defined as someone you either:

- Had a face-to-face conversation with, OR
- Shared a closed space with (e.g. room, car, bus, lift, train carriage), OR
- Had physical contact with (e.g. handshake, hug, kiss, contact sport).

Consider people you live with, people who visited your home, and people you were in contact with when you left home. Don't forget about the times you used public or shared transport. Do not include people that you exclusively contacted by phone/video call.

49. Did you have contact with anyone {yesterday}?

- Yes
- No >> end of survey

50. Were any of these contacts someone you know by name or someone who you will regularly see again?

- Yes
- No >> skip to Q20

51. Please type in the **full name(s)** (First name Last name, if known. Else, nickname) of **every person** you had contact with yesterday (from 5am {yesterday} until 5am today):

- If you had contact with the same person several times during the assigned day, only record them once, and record the total time you spent with them over the entire day. Each person you have contact with during the day should have only one line in the diary.
 - List people who you know or are familiar with by First Name and Last Name.
 - Type in the contacts full name, if you know it, in the first box and press "enter" or select the create button.
 - To select previous contacts or your key people, click on the blue box on the right of the text box and search or click on their name in the list.
 - We will then ask a few questions about these contacts in the boxes below.
 - If you don't know their age, then please estimate.
 - You don't need to list all contacts you had if:
 - They are too numerous to list or you don't know them by name (e.g., if you work at a supermarket with many customers)
 - You are a health care worker referring to contact with patients
- You will be asked to summarise these contacts at the end.

	Full Name (First Name Last Name, if known. Else, nickname)	Age range (years)	Gender	Relationship to you <i>Select one</i>	What was the purpose or circumstances of the contact? <i>Select all that apply</i>	In what setting did you have contact? <i>Select all that apply</i>	How many other people were at this location at the same time as you, excluding you and members of your household? <i>If you had contact with this person at more than one location, answer for the most crowded location you shared with this person yesterday</i>	Did you have contact indoors or outdoors? <i>Select all that apply</i>	How long did you spend with this person in total ?	How much time did you spend within close contact of this person (within 1.5 metres of each other or within a closed space?)	Did you have any physical contact?
1	_____	<5 5-9 10-14 15-19 20-29 30-39 40-49 50-59	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="checkbox"/> Partner (incl. spouse, boyfriend/girlfriend) <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Other family member <input type="checkbox"/> Friend <input type="checkbox"/> Work colleague	<input type="checkbox"/> Live together <input type="checkbox"/> Providing care <input type="checkbox"/> Receiving care <input type="checkbox"/> Buying/receiving food <input type="checkbox"/> Buying/receiving medical supplies <input type="checkbox"/> Non-essential shopping <input type="checkbox"/> Medical <input type="checkbox"/> Work <input type="checkbox"/> Study/education <input type="checkbox"/> Social <input type="checkbox"/> Sport/exercise	<input type="checkbox"/> Home <input type="checkbox"/> Other private residence <input type="checkbox"/> School/university <input type="checkbox"/> Childcare <input type="checkbox"/> Transport <input type="checkbox"/> Health service <input type="checkbox"/> Shop / retail <input type="checkbox"/> Restaurant / café <input type="checkbox"/> Bar / nightclub <input type="checkbox"/> Indoor sports / recreational	<input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> More than 100	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 to 14 minutes <input type="checkbox"/> 15 to 60 minutes <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> More than 8 hours	<input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 to 14 minutes <input type="checkbox"/> 15 to 60 minutes <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> More than 8 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No

		60-69 70-79 80+		<input type="checkbox"/> Client/patient <input type="checkbox"/> Classmate <input type="checkbox"/> Carer <input type="checkbox"/> Healthcare provider <input type="checkbox"/> Partner/family of someone I live with <input type="checkbox"/> Other	<input type="checkbox"/> Worship/religious <input type="checkbox"/> Other, <i>specify</i> _____	facility (e.g. gym) <input type="checkbox"/> Entertainment facility (e.g. cinema, music/arts venue) <input type="checkbox"/> Public space (e.g. park, beach, sports field) <input type="checkbox"/> Place of worship <input type="checkbox"/> Workplace not otherwise listed (e.g. office, factory) <input type="checkbox"/> Other, <i>specify</i> _____					
--	--	-----------------------	--	---	---	--	--	--	--	--	--

[add contact] [complete contact diary]

The following questions ask about contacts you were unable to list from yesterday because you had contact with a large number of people or people you don't know by name.

52. Have you included all contacts you had yesterday?

- Yes >> End of survey
- No

53. If no, what was the setting of these additional contacts?

- Home, estimated number: __ __
- Other private residence, estimated number: __ __
- School/university, estimated number: __ __
- Childcare, estimated number: __ __
- Transport, estimated number: __ __
- Health service, estimated number: __ __
- Shop / retail, estimated number: __ __
- Restaurant / café, estimated number: __ __
- Bar / nightclub, estimated number: __ __
- Indoor sports / recreational facility (e.g. gym) , estimated number: __ __
- Entertainment facility (e.g. cinema, music/arts venue) , estimated number: __ __
- Public space (e.g. park, beach, sports field) , estimated number: __ __
- Place of worship, estimated number: __ __
- Workplace not otherwise listed (e.g. office, factory) , estimated number: __ __
- Other, specify _____, estimated number: __ __

Supplementary file 3H. COVID-19 event-based diaries

Information piped from Follow-up Diary [not visible to participants]:

1. Have you tested positive for COVID-19 in the past 7 days?

- Yes
 No
 Indeterminate
 Haven't received a result yet

2. Have you been told that you are a household/ household-like contact of someone with confirmed COVID-19 in the past 7 days?

Close contact, now called a household or household-like contact has spent more than four hours with someone who tested positive for COVID-19 inside a house, accommodation or care facility.

- Yes
 No

Please complete the following questions based on your feelings and activities in *THE 7 DAYS FOLLOWING YOUR POSITIVE TEST RESULT (ISOLATION PERIOD) OR THE 7 DAYS FOLLOWING BEING NOTIFIED THAT YOU ARE A HOUSEHOLD CONTACT (HOUSEHOLD CONTACT PERIOD)*.

Mood

1. How often did you experience **negative** emotions in the *7 days of your isolation/household contact period?* (e.g., unpleasant, sad, angry, upset, bored, disappointed, nervous, annoyed):
 Never Rarely Sometimes Often All day
2. How often did you experience **positive** emotions in the *7 days of your isolation/household contact period?* (e.g., happy, content, cheerful, excited, calm, serene, ecstatic):
 Never Rarely Sometimes Often All day

Health

3. Have you been tested for COVID-19/coronavirus infection in the 7 days of your isolation/household contact period? *Please include Rapid Antigen Tests (RATs), PCR tests, and/or any other kind of COVID-19 test.*
 Yes >> date of most recent test __/__/__
 No
4. *If tested:* What type of test(s) did you undertake in the 7 days of your isolation/household contact period? *Select all that apply*
 Rapid Antigen Test (RAT)
 PCR test
 Other, please specify _____
5. *If tested:* How many times did you test negative on a COVID-19 PCR test in the 7 days of your isolation/household contact period?
 [Enter number from 0 to 50]
6. *If tested:* How many times did you test negative on a Rapid Antigen Tests (RAT) in the 7 days of your isolation/household contact period?
 [Enter number from 0 to 50]
7. *If tested:* How many times did you test negative on other COVID-19 tests in the 7 days of your isolation/household contact period?
 [Enter number from 0 to 50]

8. *If tested:* Why were you last tested for COVID-19 in the 7 days of your isolation/household contact period? *Select all that apply*
- Confirmatory PCR test after a positive Rapid Antigen Test (RAT)
 - I wanted to test before leaving isolation/quarantine after 7 days
 - I wanted to test to see if I was negative and could leave isolation/quarantine before 7 days
 - I had COVID-19-like symptoms
 - Had recently returned from overseas travel
 - Required before returning to work
 - I had to test to attend a healthcare appointment or similar
 - I did test for my own peace of mind (that is, none of the reasons above)
 - Other, *specify* _____
9. *If tested:* What information were you given when you got a test? *Select all that apply*
- How to perform a Rapid Antigen Test (RAT)
 - How to report a positive Rapid Antigen Test (RAT) result
 - What to do while waiting for a PCR result
 - How to get your PCR result, including a contact number
 - Requirements for self-isolation
 - Cleaning and hygiene practices
 - When to leave isolation
 - How to notify household and/or household like contacts
 - Testing and/or isolation requirements for household and/or household like contacts
 - Information on whether you should get a confirmatory PCR test
 - Information on repeating Rapid Antigen Tests (RATs)
 - What to do if your symptoms get worse
 - Information on financial support and emergency relief packages
 - Length of the self-isolation period
 - Other
 - I didn't receive any information
10. *If tested:* Have you tested positive for COVID-19 in the 7 days of your isolation/household contact period (*not including any initial positive tests*)?
- Yes
 - No
 - Indeterminate
 - Haven't yet received a result
 - Prefer not to say
- b) *If Yes to testing on a PCR and testing positive:* Did you test positive on a PCR test in the 7 days of your isolation period?
- Yes
 - No
 - Prefer not to say
- c) *If Yes to testing on a RAT and testing positive:* Did you test positive on a Rapid Antigen Test (RAT) in the 7 days of your isolation period?
- Yes
 - No
 - Prefer not to say
- d) *If Yes to testing on another test and testing positive:* Did you test positive on other COVID-19 Test(s) in the 7 days of your isolation period?
- Yes
 - No

Prefer not to say

11. *If tested and tested positive on RAT:* Did you report your positive Rapid Antigen Test (RAT) to the state/territory Government?

Yes

No

Prefer not to say

12. *If tested positive:* When did you receive your positive COVID-19 test result? __/__/__

If you have tested positive multiple times in the 7 days of your isolation period, select the date of the first positive result.

\

Pop up information box:

Click here to see the Victorian Government's latest guidelines on COVID-19 symptoms to watch out for: <https://www.coronavirus.vic.gov.au/symptoms-and-risks>

Click here to see the Victorian Government's latest guidelines on isolation and quarantine for people who tested positive to COVID-19 and their household and household-like contacts: <https://www.coronavirus.vic.gov.au/checklist>

13. Did you have any COVID-19-like symptoms in the 7 days of your isolation/household contact period? *Please select **Yes** if you have had **any** COVID-like symptoms, even if you believe these symptoms were not related to a COVID-19 infection.*
- Yes
 - No
 - Prefer not to say
- a) Did you first experience these symptoms in the 7 days of your isolation/household contact period?
- Yes
 - No >> skip to Q.14
- b) If Yes to first experience symptoms in the 7 days: When did your symptoms first start?
__ / __ / __
14. *If Yes to symptoms:* Which symptoms did you experience? Select all that apply
- Cough
 - Fever
 - Shortness of breath
 - Sore throat
 - Fatigue
 - Aches and Pains
 - Headache
 - Runny or stuffy nose
 - Loss of taste / smell
 - Nausea and/or vomiting
 - Diarrhoea
 - Other: *specify* _____
15. *If experienced symptoms:* Did you seek medical care or professional health advice for yourself?
- Yes
 - No
16. *If Yes to medical care:* What type of medical care or professional health service did you seek? *Select all that apply*
- Went to GP
 - Teleconsult with GP
 - Pharmacist
 - Aboriginal and Torres Strait Islander Health Clinic
 - Visited emergency department
 - Hospital inpatient
 - COVID-19 clinic/drive-through

- Telephoned coronavirus (COVID-19) hotline
- Other, *please specify* _____
17. *If Yes to symptoms and No to testing:* What was your reason for not testing for COVID-19 whilst you had COVID-19-like symptoms? Select all that apply
- No need to retest as I have had a COVID-19 positive result in the last 7 days
- Fear of swab procedure/discomfort
- I didn't want to wait in testing queue
- I left a testing centre because of long queue/wait time for PCR testing
- I was turned away from the testing centre
- Testing centre too far away
- Worried about being infected at testing centre
- Time constraints (e.g., work/care responsibilities)
- Did not know where to go to have a test
- Unable to find or access Rapid Antigen Tests (RATs)
- Did not want to pay for Rapid Antigen Tests (RATs)
- Could not afford Rapid Antigen Tests (RATs)
- I was **very** sure symptoms were not related to COVID-19 (e.g., pre-existing health conditions)
- I was **pretty** sure symptoms were not related to COVID-19 (e.g., allergies, common cold, side effects of COVID-19 vaccine)
- I was pretty sure symptoms were from tobacco use and not related to COVID-19
- Symptoms were only mild
- Did not think I was eligible for COVID testing
- No private transport to get to testing centre
- Chose to stay home (self-isolate) instead
- Did not want to isolate/quarantine after testing
- Other, *specify* _____

Isolation

Pop up information box: Click here to see the Victorian Government's latest guidelines on self-isolation and quarantine: <https://www.coronavirus.vic.gov.au/checklist>

The following questions ask about self-isolation or quarantine.

Self-isolation or quarantine applies to people who:

- 1) Have been diagnosed with COVID-19;
- 2) Are waiting to receive their COVID-19 test result and have symptoms indicative of potential COVID-19;
- 3) Have been told that they are a household or household-like contact of someone with confirmed COVID-19 but COULD NOT follow the below requirements in the 7-day contact period:
 - a) Continually test negative using a Rapid Antigen Test (RAT) on at least 5 days out of the 7-day period, ensuring the tests are spaced 24 hours apart;
 - b) Wear a mask indoors when outside home;
 - c) Not visit hospitals or care facilities;
 - d) Notify their employer or education facility.;

18. If case: In the 7 days of your isolation period, did you leave your living premises for any reason?

- Yes
 No
 Prefer not to say
- b) *If yes:* What reasons did you leave your living premises for? *Select all that apply*
- Medical care
 Exercise
 To get essential food
 To get essential medicine
 Work with an exemption/permit
 Work without an exemption/permit
 To pick up/drop off a household member from work, school, childcare, appointments
 To visit family, friends or partner
 To visit someone in hospital
 Emergency situation
 Other, *specify* _____
19. If case: Did you isolate after you tested positive for COVID-19?
- Yes
 No
 Prefer not to say
- b) *If yes to isolating:* How many days did you isolate for?
[enter number from 1 to 8 or more]
- c) *If < 7 days isolation:* For what reasons did you not isolate for 7 days?
- My living situation was not suitable for isolation
 I was worried for my wellbeing if I continued to isolate
 I was worried for my job security/financial circumstances if I continued to isolate
 I returned to work with an exemption/permit
 I returned to work without an exemption/permit
 I had no symptoms so thought I could end isolation early
 I tested negative on a Rapid Antigen Test (RAT) so thought it was OK to finish isolation early
 I tested negative on a PCR so thought it was OK to finish isolation early
 I needed to leave isolation early to provide care for others
 Other, *specify* _____
- d) *If Yes to isolate:* Where did you self-isolate?
- At home
 Hotel
 Other premises
20. If case: Did someone from the government/DHHS, health service or a community service contacted you by any means in the 7days of your isolation period(i.e., phone, SMS, door knock)?
- Yes
 No
 Prefer not to say
21. *If Yes to contacted:* Do you know who contacted you? *Select all that apply*
- DHHS/government
 Health service (e.g. hospital)
 Community service
 Other
 Don't know
22. *If contacted:* How were you contacted? *Select all that apply*

- Phone call
- SMS
- Door knock
- Email
- Other, specify _____

23. *If contacted*: What was the contact in regard to? *Select all that apply*

- COVID-19 test results
- Your health
- Isolation/quarantine
- To notify you that you are a close contact of someone with COVID-19
- Contact tracing—to discuss who you were in close contact with while you were infectious
- To discuss access to essential needs (e.g., food, medicine)
- Related to the health or tests results of your child
- Other, *specify* _____

<i>If Case: The following questions ask about your ability to self-contact trace after testing positive to COVID-19</i>	None	Some	Most	All
24. How many of your household / household-like contacts did you inform to get tested and isolate for seven days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. How many of your social contacts did you inform to monitor for symptoms and get tested if any develop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. *If household contact:* Were you able to effectively separate from the person(s) with COVID-19 in your household? (e.g., stay in a different room, sleep in a separate bedroom, use a separate bathroom where possible, maintain distance)
- Yes
 No
 Don't know
27. *If household contact:* Did you stay home (self-quarantine) after being told you were a household/household-like contact?
- Yes
 No
 Prefer not to say
- a) *If yes:* How many days did you stay home (self-quarantine)?
[Enter number from 1 to 8 or more]
- b) *If yes:* Did you follow the recommendation and test for COVID-19 on Day 1 and 6 after exposure?
- Yes
 No
 Prefer not to say
28. *If household contact:* Did you leave home in the 7 days after being told you were a household/household-like contact?
- Yes
 No
 Prefer not to say
- a) *If Yes:* Which of the following government recommendations for household/household-like contacts were you able to follow? [Select all that apply]
- Use a Rapid Antigen Test (RAT) and receive a negative result at least 5 of the 7 days
 Wear a mask indoors when not in your home
 Avoid sensitive settings (health care facilities)
 Notify your employer/education place you were a close contact
- b) *If Yes:* How many Rapid Antigen Tests (RATs) did you take during the 7 days after being notified as a household/household-like contact?
[Enter a number between 0 and 50]
29. *If household contact and answered yes to left home in the 7 days:* Did you do any of the following during the 7 days after being notified as a household/household-like contact? Select all that apply

- Avoided attending your workplace (i.e., worked from home or took leave)
- Avoided attending your place of education
- Wore a mask at all times when outside your home
- Avoided seeing anyone older/vulnerable
- Changed plans for gatherings with family and/or friends (i.e., changed to an outdoor venue)
- Left home when you had symptoms potentially related to COVID-19 but tested negative on a Rapid Antigen Test (RAT)
- Attended your workplace even if you still had symptoms related to your COVID-19 infection
- Attended community or religious gatherings as normal
- Attended large gatherings and events as normal
- Visited family and friends as normal
- Took public transport
- Other, specify _____
- Prefer not to say

Contacts

If covid case: We would like to know about every person that you had contact with in the period starting two days before you developed symptoms or two days before you first tested positive, whichever came first until you began isolating.

If household/household-like contact: We would like to know about every person that you had contact with in the two days before you became aware that you were a household or household like contact.

A contact is defined as someone you either:

- Had a face-to-face conversation with, OR
- Shared a closed space with (e.g. room, car, bus, lift, train carriage), OR
- Had physical contact with (e.g. handshake, hug, kiss, contact sport).

Consider people you live with, people who visited your home, and people you were in contact with when you left home. Don't forget about the times you used public or shared transport.

Do not include people that you exclusively contacted by phone/video call.

30. Did you have contact with anyone during this time?

- Yes
- No

31. Were any of these contacts someone you know by name or someone who you will regularly see again?

- Yes
- No

32. Please type in the **full name(s)** (First name Last name, if know. Else, nickname) of **every person** you had contact with in this time:

- If you had contact with the same person several times during the assigned time period only record them once, and record the total time you spent with them over the time period. Each person you had contact with during this time should have only one line in the diary.
- List people who you know or are familiar with by First Name and Last Name.
- Type in the contacts full name, if you know it, in the first box and press "enter" or select the create button.
- To select previous contacts or your key people, click on the blue box on the right of the text box and search or click on their name in the list.
- We will then ask a few questions about these contacts in the boxes below.
- If you don't know their age, then please estimate
- If you were in contact with people and you only know their first name or don't know by name but will likely regularly see again, list them using a memorable nickname (e.g. Bob the barista). This will make it easier to list them again in future diaries.

You don't need to list all contacts you had if:

- They are too numerous to list or you don't know them by name (e.g., if you work at a supermarket with many customers)
- You are a health care worker referring to contact with patients

You will be asked to summarise these contacts at the end.

	Full Name (First Name Last Name, if known. Else, nickname)	Age range (years)	Gender	Relationship to you <i>Select one</i>	What was the purpose or circumstances of the contact? <i>Select all that apply</i>	In what setting did you have contact? <i>Select all that apply</i>	How many other people were at this location at the same time as you, excluding you and members of your household? <i>If you had contact with this person at more than one location, answer for the most crowded location you shared with this person yesterday</i>	Did you have contact indoors or outdoors? <i>Select all that apply</i>	How long did you spend with this person in total ?	How much time did you spend within close contact of this person (within 1.5 metres of each other or within a closed space?)	Did you have any physical contact?	<i>If covid case:</i> Did you advise them that they should get tested and isolate for 7-days?
1	_____	<5 5-9 10-14 15-19 20-29 30-39 40-49 50-59 60-69 70-79 80+	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="checkbox"/> Partner (incl. spouse, boy/girlfriend) <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> Other family member <input type="checkbox"/> Friend <input type="checkbox"/> Work colleague <input type="checkbox"/> Client/patient <input type="checkbox"/> Classmate <input type="checkbox"/> Carer	<input type="checkbox"/> Live together <input type="checkbox"/> Providing care <input type="checkbox"/> Receiving care <input type="checkbox"/> Buying/receiving food <input type="checkbox"/> Buying/receiving medical supplies <input type="checkbox"/> Non-essential shopping <input type="checkbox"/> Medical <input type="checkbox"/> Work <input type="checkbox"/> Study/education <input type="checkbox"/> Social <input type="checkbox"/> Sport/exercise <input type="checkbox"/> Worship/religious <input type="checkbox"/> Other, <i>specify</i>	<input type="checkbox"/> Home <input type="checkbox"/> Other private residence <input type="checkbox"/> School/university <input type="checkbox"/> Childcare <input type="checkbox"/> Transport <input type="checkbox"/> Health service <input type="checkbox"/> Shop / retail <input type="checkbox"/> Restaurant / café <input type="checkbox"/> Bar / nightclub <input type="checkbox"/> Indoor sports / recreational facility (e.g. gym) <input type="checkbox"/> Entertainment facility (e.g. cinema, music/arts venue)	<input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> More than 100	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 to 14 minutes <input type="checkbox"/> 15 to 60 minutes <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> More than 8 hours	<input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 to 14 minutes <input type="checkbox"/> 15 to 60 minutes <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 2 to 8 hours <input type="checkbox"/> More than 8 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not necessary (i.e. did not have contact for at least 4 hours indoors)

				<input type="checkbox"/> Healthcare provider <input type="checkbox"/> Partner/family of someone I live with <input type="checkbox"/> Other		<input type="checkbox"/> Public space (e.g. park, beach, sports field) <input type="checkbox"/> Place of worship <input type="checkbox"/> Workplace not otherwise listed (e.g. office, factory) <input type="checkbox"/> Other, <i>specify</i>							
--	--	--	--	--	--	---	--	--	--	--	--	--	--

[add contact] [complete contact diary]

The following questions ask about contacts you were unable to list from **within** the two days before you developed COVID-19 symptoms or were notified as a household/household-like contact until you began isolating because you had contact with a large number of people or people you don't know by name.

33. Have you included all contacts you had?
- Yes >> End of survey
 - No
34. If, no, what was the setting of these additional contacts?
- Home, estimated number: __ __
 - Other private residence, estimated number: __ __
 - School/university, estimated number: __ __
 - Childcare, estimated number: __ __
 - Transport, estimated number: __ __
 - Health service, estimated number: __ __
 - Shop / retail, estimated number: __ __
 - Restaurant / café, estimated number: __ __
 - Bar / nightclub, estimated number: __ __
 - Indoor sports / recreational facility (e.g. gym) , estimated number: __ __
 - Entertainment facility (e.g. cinema, music/arts venue) , estimated number: __ __
 - Public space (e.g. park, beach, sports field) , estimated number: __ __
 - Place of worship, estimated number: __ __
 - Workplace not otherwise listed (e.g. office, factory) , estimated number: __ __
 - Other, *specify* _____, estimated number: __ __
35. *If positive case:* How many additional contacts would be considered household or household-like contacts?
- Estimated number: _____
36. *If additional household contacts is not zero and positive case:* Of these household or household-like contacts, approximately how many were you able to inform needed to get tested and isolate?
- [Numeric 0:200]

Supplementary file 4A. Snapshot Surveys - Rapid vaccination

1. Thinking generally (your experiences and/or those of the people around you), to what extent do you agree or disagree that the following act as barriers to people getting vaccinated against COVID-19?						
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Prefer not to say
The time it takes for people to book a vaccination appointment						
The time it takes for people to attend a vaccination appointment						
Finding a convenient vaccination location close to people's homes or where they work						
People being concerned about lost income/money because they need to take time off work to get vaccinated or if they get side effects						
People being concerned about losing their job or shifts because of the need to take time off work						
Vaccination not being important in people's lives compared to other demands						
People believing they are currently at low risk of getting COVID, getting seriously ill from COVID or passing on COVID						
People believing there is a lack of available vaccine making it hard to book an appointment						
People not being able to access the vaccine they would prefer						
People being concerned about vaccine side effects						
People being concerned about the COVID vaccine safety						

People can't get information about the vaccine that is easy to understand, plain and clear.						
People can't get information about the vaccine in their own language of choice.						
People believing the COVID vaccines don't work well enough						
People being hesitant or suspicious of any vaccines – not just COVID vaccines						
People being suspicious about why the government wants everyone to get vaccinated						
People don't like the idea of being forced to get a vaccine (i.e. vaccine passports or mandatory vaccination) as it infringes on their personal freedoms and civil liberty.						

2. Thinking generally (your experiences and/or those of the people around you), to what extent do you agree or disagree that the following <u>would motivate people to get vaccinated?</u>						
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Prefer not to say
Receiving clear and brief information that getting vaccinated will protect them from getting COVID						
Receiving clear and brief information that getting vaccinated will protect other people from getting COVID						
Receiving clear and brief information that getting vaccinated will protect other people who can't currently get vaccinated from getting COVID (e.g., children aged under 12)						
Receiving information about the benefits of the vaccine from a trusted person (e.g. family member, doctor, local faith leader or community leaders)						
Getting vaccinated means you can safely visit and socialise with family and friends						

Getting vaccinated means you can attend places of worship						
Getting vaccinated means you can attend special events such as weddings and cultural festivals (e.g. Chinese New Year or Eid al-Adha)						
Getting vaccinated means you can travel between states						
Getting vaccinated means you can travel overseas						
Getting vaccinated means you can attend sporting events, theatres, concerts and other entertainment venues						
Getting vaccinated means you can enter restaurants, pubs and other hospitality venues						
Getting vaccinated means you can work if a workplace mandated vaccination						

3. Which of the following are the best ways to encourage people to get vaccinated sooner? You can select up to five (5) options.	
Offering vaccinations in workplaces	
Offering vaccinations through local cultural or community hubs and/or places of worship	
Offering vaccinations to students and their families through schools	
Offering vaccinations through local sporting clubs	

Offering vaccinations at shopping centres and supermarkets	
Providing access to translators and people who speak community languages at vaccination centres	
Ensuring people do not need to wait for weeks after booking an appointment to get vaccinated	
Paying people an incentive to get vaccinated	
Paying compensation to people for lost income because of the need to take time off work to get vaccinated	
Paying people small non-monetary incentives to get vaccinated, such as phone credits or retail vouchers	

4. Which of the following are the best sources of information to improve people's knowledge about a COVID-19 vaccine and counter misinformation? You can select up to five (5) options.	
Mainstream media (e.g., radio, print, television in English)	
Multicultural media in languages other than English	
Social media (e.g., Facebook, Twitter, SnapChat, Instagram, TikTok, WeChat)	
Community-based social media groups (e.g. WhatsApp, WeChat, Messenger, Telegram, Signal)	
Politicians	
Doctors and other health professionals	
Local community leaders	
Local church and faith leaders	
Entertainment or sporting personalities	
Friends and family	

Supplementary file 4B. Snapshot Surveys - Rapid Return to School 2022 Survey**Rapid Return to School 2022 survey****Screening**

With a high number of COVID-19 cases in the community, the Victorian government is interested in knowing what can be done to reduce the spread of infection whilst keeping schools open. We are interested in the experiences and thoughts of all the Optimise participants; however, there are options of 'Not sure' or 'Not applicable' for all questions because we know not all Optimise participants are parents or guardians or may not have much experience with children returning to school.

1. Are you the parent or legal guardian of any of the following? *Select all that apply*
(For each: enter how many in each category. 1–5)
 - a. Child(ren) aged 0 to 5 years who are not enrolled at preschool/kindergarten/primary school)
 - b. Child(ren) enrolled at preschool/kindergarten
 - c. Child(ren) enrolled at primary school
 - d. Child(ren) enrolled at secondary school
 - e. Child(ren) enrolled at a specialist school
 - f. Child(ren) aged 5 to 23 years and not currently enrolled at primary or secondary school or a specialist school
 - g. Child(ren) older than 23 years
 - h. Child(ren) aged 5–18 who are normally home-schooled outside of COVID-19 restrictions
 - i. I am not a parent or legal guardian
2. Do you work at a kindergarten, primary or secondary school?
 - a. Yes
 - b. No
 - c. Prefer not to say
3. [If 2 == yes] What level of school do you work at?
 - a. Preschool/kindergarten
 - b. Primary school
 - c. Secondary school
 - d. Specialist School
 - e. Other

People with COVID-19 infection can have severe symptoms, mild symptoms, or no symptoms. Rapid antigen tests can detect COVID-19 in people regardless of whether they have symptoms or not. The individual can do the test themselves using a nasal/saliva swab (a cotton swab on a long handle that gets inserted into the nose/mouth) without the need to visit a healthcare facility. The test results are available in 15 minutes. The test is suitable for all ages.

Regular testing of school students might help detect cases that occur in schools more quickly and may reduce the transmission of COVID-19 within the school environment. In addition, regular testing following contact with a child or teacher with COVID-19 infection may enable school students to stay at school rather than isolate at home.

Governments in Australia and around the world are using rapid antigen tests for testing school students because they are safe, easy to use, can give quick results and reduce the need to close schools if there is a single case of COVID-19.

We are interested in your views on this issue.

Question 1. Biggest concerns

Which of the following were your <u>biggest concerns</u> about schools returning for Term One 2022? Select up to three (3) options.	
I did not have any concerns about schools returning for Term One 2022	
Frequency of testing being recommended	
Children contracting COVID-19	
Vaccination levels in the school	
Air quality in classrooms	
Disruptions to onsite learning (i.e., school closures)	
Masks being worn properly in classrooms	
Parents not having enough information about the number of students in the school with COVID-19	
Parents not having enough information to know what to do if their child is exposed to COVID-19	

Question 2. Mask use in schools

Children aged eight years and older are currently required to wear masks of any kind (including cloth) in the classroom, but surgical and N95 masks are recommended to be worn. Thinking about mask use by children, how often do you think the following is happening or could happen in the classroom?					
	Always	Most of the time	Sometimes	Never	Don't know/Not sure
Children, aged 8 years and older , are wearing any masks (including cloth) properly (over the mouth and nose) while in the classroom					
Children aged 8 years and older could wear a surgical or N95 mask properly (over the mouth and nose) while in the classroom					
Children aged 5–7 years could wear masks of any kind (including cloth) properly (over the mouth and nose) while in the classroom					

Question 3. COVID-19 prevention in schools

To what extent do you agree or disagree with the following statements about COVID-19 prevention measures in both primary and secondary schools?						
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Don't know/ Not sure
It is acceptable to ask children aged 8 years and older to wear a surgical or N95 mask in the classroom						
Keeping classrooms at a comfortable temperature would make it easier for children to wear any type of mask in the classroom.						
Keeping classrooms at a comfortable temperature would make it easier for children to wear a surgical or N95 mask in the classroom.						
It is acceptable to send children to primary or secondary school, if there was a confirmed case of COVID-19 detected at the <i>school, but not in the child's class</i>						
It is acceptable to send children to primary or secondary school, if there was a confirmed case of COVID-19 detected <i>in the child's class</i>						

Question 4. Acceptability of testing frequency

Testing in kindergartens and schools is currently voluntary for students aged three and older. Staff and students are recommended to test twice weekly via Rapid Antigen Tests provided for free by the school.

To what extent do you agree or disagree that the following testing methods are acceptable in primary and secondary schools?

	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Prefer not to say
Recommending students test twice a week on a voluntary basis (the current recommendation)						
Recommending twice weekly testing until at least the end of Term One						
Recommending twice weekly testing until there are fewer than 5,000 cases per day in Victoria						
Recommending twice weekly testing until there are fewer than 2,000 cases per day in Victoria						
Recommending twice weekly testing only when there is an outbreak at the student's school						
Recommending students test only when the student has COVID-19-like symptoms						
Requiring students to test twice a week, with proof of negative test required to attend school						
Requiring students to test if they are in the class of a confirmed positive case						

Question 5. Acceptability of closing schools due to COVID-19 case numbers

To what extent do you agree that the following responses would be acceptable based on COVID-19 prevalence in the community?						
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Prefer not to say
Closing schools for one week when community cases in Victoria exceed 10,000 cases per day						
Closing schools for one week when community cases in Victoria exceed 20,000 cases per day						
Closing schools for two weeks when community cases in Victoria exceed 10,000 cases per day.						
Closing schools for two weeks when community cases in Victoria exceed 20,000 cases per day.						
Closing schools for the entire time community cases in Victoria exceed 10,000 cases per day.						
Closing schools for the entire time community cases in Victoria exceed 20,000 per day.						
Having students attend school on alternate days to reduce density the entire time cases in Victoria exceed 10,000 cases per day						
Having students attend school on alternate days to reduce density the entire time cases in Victoria exceed 20,000 cases per day						
Keep schools open regardless of the community case numbers of COVID-19						

We are interested in the experiences and thoughts of all the Optimise participants. The following questions are specific to people that are parent, guardians, or care givers of children, but you can answer **thinking about the experiences of parents, guardians, or care givers you know** and there are options of 'Not sure' or 'Not applicable' because we know not all Optimise participants are parents or guardians or may not have much experience with children returning to school.

Question 6. Household testing

Testing in kindergartens and schools is currently voluntary for students aged three years and older. Staff and students are recommended to test twice weekly via Rapid Antigen Tests provided for free by the school.

How often is your household likely to participate in twice weekly testing under the following circumstances?

	Always	Most of the time	Sometimes	Never	Don't know/ Not sure	Not Applicable
If it is recommended by the government, as is currently in practice						
If it is required by the government						
If the government provides nasal swab tests						
If the government provides saliva tests						

Question 7. Barriers to tests and masks

To what extent do you agree with the following statements about the current implementation of testing in schools?							
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Prefer not to say	Not Applicable
I have had enough Rapid Antigen Tests to do the recommended amount of testing (noting that twice-weekly testing is recommended in mainstream schools and daily testing is recommended in specialist schools)							
I am confident myself or my child are performing the Rapid Antigen Test properly							
I have received adequate information about the COVID-19 testing requirements for school children							
I find the current testing requirements manageable							
One or more of my children find nasal tests too invasive to perform the test							
If my child had a positive Rapid Antigen Test, I would know how to report it to the school.							
If my child had a positive rapid antigen test (RAT) I would report it to the Victorian Government							
COVID-19 prevention measure of recommending or requiring Rapid Antigen tests is inclusive of children with disabilities							
COVID-19 prevention measure of recommending or requiring Rapid Antigen tests is inclusive of children who speak a language other than English at home							

Question 8. Mask use in practice

To what extent do you agree with the following statements about the current implementation of mask use in schools?							
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Prefer not to say	Not Applicable
I have adequate access to surgical/N95 masks for my children to wear at school							
One or more of my children have difficulty wearing masks in the classroom because they are uncomfortable							
One or more of my children have difficulty wearing masks in the classroom because it is too hot							
One or more of my children have difficulty wearing masks in the classroom because they don't fit properly							
One or more of my children have difficulty wearing masks in the classroom due to health reasons (e.g., sensory sensitivities, respiratory conditions)							
COVID-19 prevention measure of requiring mask use is inclusive of children with disabilities							
COVID-19 prevention measure of requiring mask use is inclusive of children who speak a language other than English at home							

Question 9.

It is recommended in Victorian schools to make physical changes to ventilation, airflow, classroom structures and/or operations to reduce the risk COVID-19 transmission.

To your knowledge, has the school/s that one of more of your children attend made these changes?

- a. All of them
- b. Most of them
- c. Some of them
- d. None of them
- e. I don't know/not sure
- f. Not applicable to me

Supplementary file 4C. Snapshot Surveys – Summer Snapshot Surveys**Summer Snapshot Survey**

With the large increases in the number of people with COVID-19 during the 2021/2022 summer, the Victorian community faced many challenges navigating how to reduce the risk of infection and spread.

We are interested in your individual experiences of the pandemic during January 2022, particularly the challenges of testing, self-isolation, and how you made decisions around attending events or gatherings whilst at the same time trying to reduce your risk of infection. The information we are gathering here is information is crucially important for government to understand and respond to the issues being experienced by Victorians

1. Did you test positive for COVID-19 during January 2022?

- a. Yes, on Rapid Antigen Test (RAT) only
- b. Yes, on PCR test only
- c. Yes, on both a Rapid Antigen Test (RAT) and a PCR test
- d. No
- e. Prefer not to say

2. How many times did you test negative on a COVID-19 PCR test during January 2022?

[Enter number from 0 to 50]

3. How many times did you test negative on a Rapid Antigen Tests/s (RAT) during January 2022?

[Enter number from 0 to 50]

4. Were you a close (household or household-like) contact of someone who tested positive for COVID-19 during January 2022?

Reminder, close contact, now called a household or household-like contact has spent more than four hours with someone who tested positive for COVID-19 inside a house, accommodation, or care facility.

- a. Yes
- b. No
- c. Prefer not to say

Testing

<p>5. Thinking about all the times you tested for COVID-19 during January 2022 (PCR and/or Rapid Antigen Test [RAT]), what were your reason/s for testing? (select all that apply)</p> <p>Reminder, close contact, now called a household or household-like contact has spent more than four hours with someone who tested positive for COVID-19 inside a house, accommodation, or care facility.</p>	
I did not get tested during January 2022	
I had COVID-19-like symptoms whilst in isolation because I was a close contact	
I had COVID-19-like symptoms but was not a close contact (so not required to isolate)	
I did not have COVID-19-like symptoms but was in isolation because I was close contact	
I did not have COVID-19-like symptoms but was an “other contact” (e.g., social, workplace, education) and so decided to test	
I did not have COVID-19-like symptoms and was a close contact, but I had an exemption to return to work and was asked to test every day for five days (e.g., essential worker exemption)	
I routinely test as part of my work	
I had to test to attend a healthcare appointment or similar	
I had to test for interstate or overseas travel	

I did test/s for my own peace of mind (that is, none of the reasons above)	
--	--

Experiences

<p>6. Which of the following experiences did you have during January 2022? (select all that apply)</p> <p>Reminder, the requirement to submit a positive Rapid Antigen Test (RAT) result began on the 6th January 2022.</p>	
I had a positive PCR and/or rapid antigen test (RAT) and was able to personally contact all my close contacts within one to two days to let them know	
I had a positive PCR and/or Rapid Antigen Test (RAT) and was able to personally contact most of my close contacts within one to two days to let them know	
I had a positive PCR and/or Rapid Antigen Test (RAT) and was able to personally contact some of my close contacts within one to two days to let them know	
I had a positive PCR and/or Rapid Antigen Test (RAT) and was not able to personally contact any of my close contacts within one to two days to let them know	
I tested positive on a Rapid Antigen Test (RAT) in Victoria, before 6th January 2022, but was unable to get a confirmatory PCR test	
I tested positive on a Rapid Antigen Test (RAT) in Victoria, after 6th January 2022, and reported it to the Victorian Government	
I tested positive on a Rapid Antigen Test (RAT) in Victoria, after 6th January 2022, and did not report it to the Victorian Government	
I tested positive on a PCR and/or Rapid Antigen Test (RAT) and found it challenging to meet the requirement to isolate for seven days	
I had COVID-19-like symptoms, was unable to get tested for either PCR or Rapid Antigen Test (RAT), but isolated for seven days anyway	

I had COVID-19-like symptoms, was unable to get tested for either PCR or Rapid Antigen Test (RAT), and did not isolate	
I was a close contact but was unable to get tested by either PCR or Rapid Antigen Test (RAT)	
I had COVID-19 like symptoms and/or was a close contact but was delayed in getting a PCR test for more than two days because the testing sites were not open or closed while I was in the queue	
I had COVID-19 like symptoms and/or was a close contact but was delayed in getting tested for more than two days because I could not buy or access a Rapid Antigen Test (RAT)	
None of the above events apply to me	

7. How often did the following apply to you and/or your dependants during January 2022?						
	Always	Most of the time	Sometimes	Never	Prefer not to say	Not applicable
Tested with a PCR and/or a Rapid Antigen Test (RAT) test when COVID-19-like symptoms occurred						
Had access to a Rapid Antigen Test (RAT) when I needed to test						
Rapid Antigen Tests (RAT) were too expensive for me to buy when I needed them including for family members						

Risk reduction

8. During January 2022, how often did you do the following?						
	Always	Most of the time	Sometimes	Never	Prefer not to say	Not Applicable
Avoided outdoor gatherings with family and friends due to concerns about COVID-19						
Avoided indoor gatherings with family and friends due to concerns about COVID-19						
Avoided social gatherings with those vulnerable to COVID-19 (e.g., elderly, immunocompromised people)						
Asked others to take a rapid antigen test (RAT) prior to attending a social gathering						
Avoided any crowded place						
Avoided going to bars and restaurants						
Avoided taking public transport						
Wore a mask when required to do so						
Stayed physically distanced at 1.5 m in public areas						
Stayed physically distanced at 1.5m at gatherings with family and friends						

9. During the December-January period, did you do any of the following in the lead up to a significant cultural/family event (Christmas Eve or Day, New Year, Lunar New Year, etc.)?

Took a PCR or Rapid Antigen test (RAT) to check I was negative before attending an event	
Strictly isolated for several days before the event to reduce my chance of catching COVID-19 and not being able to attend the event	
Reduced social activity for several days before the event to reduce my chance of catching COVID-19 and not being able to attend the event	
Avoided large crowds for several days before the event to reduce my chance of catching COVID-19 and not being able to attend the event	
Changed the event plans to reduce the risk of COVID-19, e.g., moved from indoors to outdoor settings or reduced the size of the gathering	
None of the above apply to me	

For up to date information on COVID-19 please see the [Department of Health website](#) and/or download the official government “Coronavirus Australia” app. Information is also available in [languages other than English](#).

If you are worried that you are someone in your family may have COVID-19, call the 24/7 hotline on 1800 675 398. You can find out about [symptoms](#) and [where to get tested](#) through the DHHS. For emotional support, [Beyond Blue](#) (1800 512 348) and [Lifeline](#) (13 11 14) offer tips, brief counselling and referrals. If you are struggling to cope, you can reach out to a counsellor at the [Suicide Call Back Service](#) on 1300 659 467.

For help and support for domestic or family violence and abuse, contact [1800RESPECT](#) on 1800 373 732, [Safe Steps](#) on 1800 015 188 or [inTouch Multicultural Centre against Family Violence](#) on 1800 755 988.

If you are experiencing financial hardship during the COVID-19 pandemic, you can apply for [financial assistance](#). You can also visit the [WIRES](#) website or the [Salvation Army](#) to find out about financial resources which may be useful to you.

Supplementary file 4D. Snapshot Surveys – Impact of removing COVID-19 restrictions**Examining the impact of removing COVID-19 public health orders on COVID-19 isolation, quarantine and testing**

In March 2020 the Victorian Government declared a State of Emergency to combat COVID-19 and help to provide the Chief Health Officer with the powers needed to manage the pandemic. The State of Emergency framework was designed to respond to serious but short-term events.

In December 2021 the State of Emergency ended and was replaced by the pandemic management framework. This legislation is specifically designed to assist in the prevention and management of public health risks posed by pandemics (COVID-19 and future pandemics). A pandemic declaration was made by the Premier that came into effect on 15 December 2021 giving the Victorian Minister for Health the authority to make pandemic orders to protect public health for Victoria and combat COVID-19.

Over the course of the COVID-19 pandemic there have been various Government-issued pandemic orders, including requirements to wear a face mask, requirements that people who have COVID-19 to stay at home, limiting the amount of people who can go to a venue, and orders aimed at protecting people most at risk of serious illness, for example, by limiting entry to aged care facilities. Failure or refusal to comply with these orders has the potential to result in penalties (e.g. fines).

Unless extended, the Pandemic Declaration currently in place is due to expire at 11.59pm 12 July 2022. If this was to happen, pandemic orders will no longer be able to be issued by the Minister for Health.

Screening

1. Have you ever tested positive for COVID-19?
 - a. Yes
 - b. No
 - c. Prefer not to say
2. Have you received two or more COVID-19 vaccinations?
 - a. Yes
 - b. No
 - c. Prefer not to say
3. Are you currently required to attend your workplace (i.e., cannot work from home)?
 - a. Yes
 - b. No
 - c. I am not currently employed
 - d. Prefer not to say
4. When was your most recent COVID-19 infection?
 - a. I have never been infected
 - b. <3 months ago
 - c. 3–6 months ago
 - d. 6–12 months ago

e. >12 months ago

The following questions relate to the current pandemic declaration and requirements

Testing positive for COVID

5. Under the <u>current pandemic declaration and requirements (by Public Health Orders)</u> , if you <u>tested positive for COVID-19</u> , how likely would you be to do the following in the 7-days after testing positive?							
	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Don't know/ Not sure	Not applicable
Stay home (self-isolate) for 7 days from testing positive regardless of symptoms							
Stay home (self-isolate) only for the days that you have symptoms related to your COVID-19 infection							
Inform your household/household-like contacts of your positive result							
Notify your employer or education facility of your positive test result							
If you were to leave home, wear a face mask indoors when not at your home							
If you were to leave home, avoid specific settings (e.g., hospitals or care facilities)							
If you were to leave home, avoid seeing anyone older/vulnerable							
Attend your workplace even if you still had symptoms related to your COVID-19 infection							
Attend your workplace only if you no longer had symptoms related to your COVID-19 infection							
Leave home to shop for groceries and supplies							

Visit your family and friends as normal							
Attend large gatherings and events as normal							
Take public transport							

Household/household-like contacts of person with COVID-19

Currently, household/household-like contacts don't have to quarantine at all during the 7-day period since exposure, and can leave home each day provided they can meet the following requirements:

1. Continually test negative using a rapid antigen test (RAT), on at least 5 days out of the 7-day period (ensuring tests are spaced at least 24 hours apart)
2. Wear a face mask indoors when outside their home
3. Avoid sensitive settings (e.g., do not visit hospitals or care facilities)
4. Notify their employer or education facility

If contacts do not follow these steps, they must quarantine for the 7-day period and are required to get tested on Day 1 and Day 6.

<https://www.health.vic.gov.au/covid-19/quarantine-isolation-and-testing-order>

<https://www.coronavirus.vic.gov.au/checklist-contacts>

6. Under the current pandemic declaration and requirements (by Public Health Orders), if you were a COVID-19 household/household-like (close) contact, how likely would you be to do the following in the 7-days after being exposed to COVID-19?

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Don't know/ Not sure	Not applicable
Stay home (self-quarantine) for 7-days from exposure to a positive COVID-19 case							
Stay home (self-quarantine) on any days you have symptoms potentially related to COVID-19.							
If you were to leave home, follow <u>all</u> the current requirements described above (rapid antigen test (RAT) negative, wear a face mask, avoid care facilities, notify employer/education place)							
Leave home if you have symptoms potentially related to COVID-19 but test negative on a rapid antigen test (RAT)							
Continue to follow the current requirements and use a rapid antigen test (RAT) for at least 5 of the 7 days from your exposure							
Use a rapid antigen test (RAT) only if you develop symptoms potentially related to COVID-19							
If you were to leave home, wear a face mask indoors when not at your home							

If you were to leave home, avoid visiting sensitive settings (e.g., hospitals or care facilities)							
If you were to leave home, avoid seeing anyone older/vulnerable							
Notify your employer or education facility you are a household/household-like (close) contact							
Attend your workplace even if you have symptoms potentially related to a COVID-19 infection							
Attend your workplace only if you do not have symptoms potentially related to COVID-19							
Leave home to shop for groceries and supplies							
Visit your family and friends as normal							
Attend large gatherings and events as normal							
Take public transport							

The following questions relate to if the pandemic declaration ceases

Testing positive for COVID

7.If the pandemic declaration ceases and you <u>tested positive for COVID-19</u> and there are <u>recommendations</u> (but not requirements), how likely would you be to do the following in the 7-days after testing positive?							
	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Don't know/ Not sure	Not applicable
Stay home (self-isolate) for 7 days from testing positive regardless of symptoms							
Stay home (self-isolate) only for the days that you have symptoms related to your COVID-19 infection							
Inform your household/household-like contacts of your positive result							
Notify your employer or education facility of your positive test result							
If you were to leave home, wear a face mask indoors when not at your home							
If you were to leave home, avoid specific settings (e.g., hospitals or care facilities)							
If you were to leave home, avoid seeing anyone older/vulnerable							
Attend your workplace even if you still had symptoms related to your COVID-19 infection							
Attend your workplace only if you no longer had symptoms related to your COVID-19 infection							
Leave home to shop for groceries and supplies							

Visit your family and friends as normal							
Attend large gatherings and events as normal							
Take public transport							

Household/household-like contacts of person with COVID-19

Currently, household/household-like contacts don't have to quarantine at all during the 7-day period since exposure, and can leave home each day provided they can meet the following requirements:

1. Continually test negative using a rapid antigen test (RAT), on at least 5 days out of the 7-day period (ensuring tests are spaced at least 24 hours apart)
2. Wear a face mask indoors when outside their home
3. Avoid sensitive settings (e.g., do not visit hospitals or care facilities)
4. Notify their employer or education facility

If contacts do not follow these steps, they must quarantine for the 7-day period and are required to get tested on Day 1 and Day 6.

<https://www.health.vic.gov.au/covid-19/quarantine-isolation-and-testing-order>

<https://www.coronavirus.vic.gov.au/checklist-contacts>

8. If the pandemic declaration ceases and you were a COVID-19 household/household-like (close) contact, and there are recommendations (but not requirements), how likely would you be to do the following in the 7-days after being exposed to COVID-19?

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Don't know/ Not sure	Not applicable
Stay home (self-quarantine) for 7-days from exposure to a positive COVID-19 case							
Stay home (self-quarantine) on any days you have symptoms potentially related to COVID-19							
If you were to leave home, follow <u>all</u> the current requirements described above (rapid antigen test (RAT) negative, wear a face mask, avoid care facilities, notify employer/education place)							
Leave home if you have symptoms potentially related to COVID-19 but test negative on a rapid antigen test (RAT)							
Continue to follow the current requirements and use a rapid antigen test (RAT) for at least 5 of the 7 days from your exposure							
Use a rapid antigen test (RAT) only if you develop symptoms potentially related to COVID-19							
If you were to leave home, wear a face mask indoors when not at your home							

If you were to leave home, avoid visiting sensitive settings (e.g., hospitals or care facilities)							
If you were to leave home, avoid seeing anyone older/vulnerable							
Notify your employer or education facility you are a household/household-like (close) contact							
Attend your workplace even if you have symptoms potentially related to COVID-19							
Attend your workplace only if you do not have symptoms potentially related to COVID-19							
Leave home to shop for groceries and supplies							
Visit your family and friends as normal							
Attend large gatherings and events as normal							
Take public transport							

These are general question about your views on preventing COVID-19 transmission

9. To what extent do you agree or disagree with the following statements about potential COVID-19 prevention measures for people who test positive to COVID-19 and household/household-like contacts						
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Don't know/ Not sure
It would be acceptable to continue requiring all people who test positive for COVID-19 to isolate for 7 days						
It would be acceptable to only recommend that all people who test positive for COVID-19 to isolate for 7 days						
It would be acceptable to require all people who are household or household-like contacts to leave home in their 7-day contact period only if they comply with advice on testing, masks, and settings to avoid etc.						
It would be acceptable to only recommend that all people who are household or household-like contacts to leave home in their 7-day contact period only if they follow advice on testing, masks, and settings to avoid etc.						
It would be acceptable to provide no advice to people who are household or household-like contacts and allow them to make their own choices about quarantine, testing, attending work etc.						
It would be acceptable for different work/education places to decide whether they allow people who tests positive to COVID-19 to attend the workplace						
It would be acceptable to require health and aged care workers who test positive for COVID-19 to not attend work for the 7-days after their test positive						

These questions are about the need for isolation and quarantine if there was COVID-19 in the community

10. To what extent do you agree or disagree to the following statements on isolation and quarantining, based on COVID-19 infections in the community						
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Don't know/ Not sure
If COVID-19 cases in Victoria are consistently >20,000 per day, people positive for COVID-19 should be required to isolate for at least 7 days						
If COVID-19 cases in Victoria are consistently >20,000 per day, household/household-like contacts for COVID-19 should be required to quarantine for at least 7 days						
If hospital admissions for COVID-19 in Victoria consistently increased, people positive for COVID-19 should be required to isolate for at least 7 days						
If hospital admissions for COVID-19 in Victoria consistently increased, household/household-like contacts for COVID-19 should be required to quarantine for at least 7 days						
Regardless of cases or hospitalisation numbers, there should only be recommendations on isolation for people who test positive for COVID-19						
Regardless of cases or hospitalisation numbers, there should only be recommendations on quarantine for people who are household/household-like contacts						

Supplementary file 4E. Snapshot Surveys – Long COVID Snapshot Survey

Some people who have been infected with COVID-19 can experience long-term effects from their infection, known as long COVID or post-COVID conditions. Long COVID can include a wide range of new, returning, or ongoing health problems and these conditions can last weeks, months or years. We are interested in your experiences of and concerns about long COVID. We acknowledge this is only a short survey (to not take up too much of your time) and appreciate that this can only capture some of what can be a complex and challenging situation for people.

1. How many times have you had COVID-19 since the start of the pandemic (December 2019)?

(Had COVID-19 means tested positive by PCR or rapid antigen test (RAT) or both, with at least one month since last testing positive)

- a. I have never had COVID-19
- b. Once
- c. Twice
- d. Three times
- e. Four times
- f. Five or more times
- g. Prefer not to say

2. When was your most recent COVID-19 infection?

- a. I have never been infected with COVID-19
- b. Less than 1 month ago
- c. One to three months ago
- d. Four to twelve months ago
- e. More than 12 months ago
- f. Prefer not to say

3. How many of your family or friends have experienced long COVID?

- a. None
- b. Fewer than five
- c. Five to ten
- d. More than ten
- e. Prefer not to say

4. How many of your family or friends have required your support to help them manage their long COVID?

- a. None
- b. Fewer than five
- c. Five to ten
- d. More than ten
- e. Prefer not to say

5. To what extent do you agree or disagree with the following statements about long-COVID?						
	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree	Don't know/Not sure
The risk of long COVID motivates me to wear a face mask outside my home						
The risk of long COVID motivates me to maintain physical distancing						
The risk of long COVID motivates me to get vaccinated/stay up-to-date with vaccines						
The risk of long COVID motivates me to work and/or study from home as much as possible						
The risk of long COVID motivates me to avoid attending small social gatherings (i.e., family dinners, holiday parties)						
The risk of long COVID motivates me to avoid large social gatherings (i.e., concerts, large weddings)						
To prevent long COVID it would be acceptable for the Victorian Government to require social distancing in indoor public settings						
To prevent long COVID it would be acceptable for the Victorian Government to require wearing a face mask outside of your own home						
I know where to find information about long COVID						
I know where I could seek health care if I experienced long COVID						
The government is providing enough information about long COVID and the risks associated with having long COVID						

6. What are your three biggest concerns about long COVID? (Select up to three)
I do not have any concerns about long COVID
I will develop long COVID
I will get repeat COVID-19 infections and develop long COVID because of reinfections
Someone in my family will get long COVID
A vulnerable person I know will get long COVID
Long COVID could affect my physical health
Long COVID could affect my mental health
Long COVID could affect my ability to work and my finances
Long COVID could affect my ability to take care of my family
Healthcare professionals don't know enough about long COVID
Long COVID will result in significant social, economic, and health system burden into the future.

The following section asks some additional questions about personal experiences of long COVID. The additional questions will be asked only if you have/have had long COVID, and will take approximately 10 minutes to complete.

7. Have you ever experienced long COVID?

(Long COVID is experiencing new health problems that have persisted for more than one month after being infected with COVID-19)

- a. No >>END
- b. Yes, but I would like to end the survey now >>END
- c. Yes, and I have been diagnosed with long COVID by a health professional
- d. Yes, I think I have/have had long COVID but I have not been diagnosed by a health professional
- e. Prefer not to say>>END

8. *If Yes (7c) or Yes (7d):* How many COVID-19 infections did you have prior to developing long COVID (including the infection that you suspect led to long COVID)?

- a. One
- b. Two
- c. Three
- d. Four
- e. Five or more
- f. Prefer not to say

9. *If Yes (7c) or Yes (7d):* How many COVID-19 vaccinations had you had prior to developing long COVID?

- a. None
- b. One
- c. Two
- d. Three
- e. Four
- f. Five
- g. Prefer not to say

10. *If Yes (7c) or Yes (7d):* How many times have you been reinfected with COVID-19 since you developed long COVID?

- a. None
- b. One
- c. Two
- d. Three
- e. Four
- f. Five or more times
- g. I've stopped testing
- h. Prefer not to say

11. *If Yes (7c) or Yes (7d):* How many COVID-19 vaccinations have you had since you developed long COVID?

- a. None
- b. One
- c. Two
- d. Three
- e. Four
- f. Five or more
- g. Prefer not to say

12. *If Yes (7c) or Yes (7d):* At their worst, how would you describe the severity of your long COVID symptoms?

- f. Mild
- g. Moderate
- h. Severe
- i. Prefer not to say

13. If Yes (7c) or Yes (7d): Which symptoms did you experience or are you continuing to experience? (Select all that apply) Please refer to symptoms which were new or have worsened since the COVID-19 infection
Fatigue/extreme tiredness
Cough
Shortness of breath or difficulty breathing
Chest pains
Heart palpitations
Problems with memory or concentration/brain fog
Feelings of pins-and-needles
Sleep difficulties
Muscle and joint pain
Changes to smell or taste
Dizziness when you stand up (light-headedness)
Headaches
Stomach pain
Diarrhea
Hair loss
Rash
Not enough energy to exercise
Changes in menstrual cycles
Depression
Anxiety
Prefer not to say

14. If Yes (7c) or Yes (7d): Where have you accessed information and/or support for your long COVID?
(Select all that apply)
Have not sought any information or help
General Practitioner (GP)
Specialist doctor
Post COVID clinic
Alternative health care provider (e.g., naturopath, chiropractor etc)
Mental health professional/practitioner
Department of Health: Coronavirus website or hotline
Internet search
Family
Friends
Religious community/groups
Co-workers
Social media (e.g., long COVID Facebook groups)
Website or direct contact with a research organisation
Prefer not to say

15. <i>If Yes (7c) or Yes (7d):</i> What experiences have you had since developing long COVID (Select all that apply)
I have not been able to work/study as much as I want to
I have had to change jobs
I have lost income
I have been unable to care for people that depend on me
I have socialised less
I have exercised less
I take extra precautions to avoid reinfection
My quality of life has declined
Changes to my mood
Changes to my physical appearance
Changes in my personal relationships
I have had difficulty accessing specialist healthcare for long COVID
I have had difficulty finding information about long COVID that I understand
I have had difficulty accessing income support due to long COVID
I have not had any of the above experiences since developing long COVID
Prefer not to say

For up to date information on COVID-19 please see the Australian Government [Department of Health and Aged Care website](#) and/or download the official government “[Coronavirus Australia](#)” app. Information is also available in [languages other than English](#).

For further information about long COVID please see the [World Health Organization’s website](#).

If you are worried that you or someone in your family may have COVID-19, call the 24/7 hotline on 1800 675 398. You can find out about [symptoms](#) and [where to get tested](#) through Coronavirus (COVID-19) Victoria.

For emotional support, [Beyond Blue](#) (1800 512 348) and [Lifeline](#) (13 11 14) offer tips, brief counselling and referrals. If you are struggling to cope, you can reach out to a counsellor at the [Suicide Call Back Service](#) on 1300 659 467.

For help and support for domestic or family violence and abuse, contact [1800RESPECT](#) on 1800 373 732, [Safe Steps](#) on 1800 015 188 or [inTouch Multicultural Centre against Family Violence](#) on 1800 755 988.

If you are experiencing financial hardship during the COVID-19 pandemic, you can apply for [financial assistance](#). You can also visit the [WIRES](#) website or the [Salvation Army](#) to find out about financial resources which may be useful to you

Supplementary file 4F. Snapshot Surveys – Long COVID cohort follow-up snapshot survey

Thank you for your participation in the Optimise Study. You recently informed us that you had been diagnosed with, or suspected you had long COVID (Long COVID is experiencing new health problems that have persisted for more than one month after being infected with COVID-19). We would like to ask you some further questions about your experience of long COVID. To thank you for completing this survey you will be reimbursed \$35.

Life before long COVID

1. **We would like to know when you developed long COVID. Thinking about the COVID-19 infection that you suspect led to long COVID, what was the first date you tested positive for COVID-19 for that infection?**

(If your infection was not confirmed by a test, please give the date of onset of COVID-19 symptoms.)

[day/month/year chooser from 01 December 2019 to 31 August 2022]

2. **How many times had you been infected with COVID-19 prior to developing long COVID (including the infection that you suspect led to long COVID)?**
 - a. Once – I developed long COVID from my first COVID-19 infection
 - b. Twice
 - c. Three times
 - d. Four times
 - e. Five or more times
3. **How many COVID-19 vaccinations had you had prior to developing long COVID?**
 - a. None
 - b. One
 - c. Two
 - d. Three
 - e. Four
 - f. Five or more

Experiences of long COVID

4. **Do you still have long COVID?**
 - a. Yes, I am still experiencing symptoms >> [go to 6](#)
 - b. No, all my symptoms have completely resolved >> [go to 5](#)
 - c. Prefer not to say >> [go to 6](#)
5. **[If 4b] How long do you think you had long COVID for? Please give the number of months from the date given in question 1.**

[Numeric answer] months
[minimum 1, maximum 36]

Effects of long COVID on life

6. **How many days per week did you spend exercising for 30 minutes or more during the past week?**

[numeric answer between 0 and 7, or 9999 for prefer not to say]
7. **Thinking about how you have been feeling in the past week, in general, would you say your health is:**
 - a. Excellent
 - b. Very good
 - c. Good

- d. Fair
 - e. Poor
- 8. Compared to before you developed long COVID, how would you rate your health in general now?**
- a) Much better now than before long COVID
 - b) Somewhat better now than before long COVID
 - c) About the same
 - d) Somewhat worse now than before long COVID
 - e) Much worse now than before long COVID

During the past four weeks, as a result of your long COVID, have you had any of the following problems with your work or other regular daily activities?

- 9. Cut down the **amount of time** you spent on work or other activities
 - a. Yes
 - b. No
- 10. **Accomplished less** than you would like
 - a. Yes
 - b. No
- 11. Were limited in the **kind** of work or other activities
 - a. Yes
 - b. No
- 12. Had difficulty performing the work or other activities (for example, it took extra effort)
 - a. Yes
 - b. No

For up to date information on COVID-19 please see the Australian Government [Department of Health and Aged Care website](#) and/or download the official government "[Coronavirus Australia](#)" app. Information is also available in [languages other than English](#).

For further information about long COVID please see the [World Health Organization's website](#). If you are worried that you are someone in your family may have COVID-19, call the 24/7 hotline on 1800 675 398. You can find out about [symptoms](#) and [where to get tested](#) through Coronavirus (COVID-19) Victoria.

For emotional support, [Beyond Blue](#) (1800 512 348) and [Lifeline](#) (13 11 14) offer tips, brief counselling and referrals. If you are struggling to cope, you can reach out to a counsellor at the [Suicide Call Back Service](#) on 1300 659 467.

For help and support for domestic or family violence and abuse, contact [1800RESPECT](#) on 1800 373 732, [Safe Steps](#) on 1800 015 188 or [inTouch Multicultural Centre against Family Violence](#) on 1800 755 988.

If you are experiencing financial hardship during the COVID-19 pandemic, you can apply for [financial assistance](#). You can also visit the [WIRES](#) website or the [Salvation Army](#) to find out about financial resources which may be useful to you

Supplementary file 5A. Qualitative interview guide 1

Qualitative Interview Guide

This semi-structured interview guide is designed to explore and understand the participant's experiences during the COVID19 pandemic. The guide aims to cover the following major domains:

- *Impacts and changes to their usual life and networks*
- *Positives and challenges experienced by these changes*
- *Changes to attitudes, beliefs, and opinions throughout the fluctuating pandemic response*
- *Access to necessities such as income, social connection and support*
- *An understanding of how things could be improved for the future*

As each participant's experience is both unique and complex and situated within an ever-changing socio-political context and response, the semi-structured nature of this guide will allow researchers to adapt and evolve in real-time alongside the current context. We anticipate that the interview guide will need to expand and evolve to cover context that will be relevant at the time of participant's interviews. The above points have been listed as the most applicable domains coverage for the interview with the participant cohort.

We do not plan to submit amendments to the format of the interview guide prior to future adaptive changes inclusive of these domains. If there are new identified domains during the study that the investigators do not deem fit within the submitted interview guide an amendment will be submitted at that time.

Introduction

- Your name, background, where you're interviewing from (i.e. private location), confirm that the participant is happy to conduct the interview from where they're located.

Are you happy to conduct the interview from where you're sitting right now? Let me know if this changes at any time during the interview.

Prior to commencing recording

Confirm participant has received and read the Participant Information and Consent Form (PICF), ask if they have any questions about the study or the list of support services and refresh on the purpose of the study.

Explain risk management strategies as outlined in PICF:

I would like to remind you that:

- You are free to not answer any question you don't feel comfortable answering
- You are free to stop participating if you become upset or distressed
- I will be available to talk after the interview if you have any concerns
- I can provide you advice and information about services if you would like any support
- Everything we talk about in this interview is confidential and no identifiable information about you is passed onto the government. We're interested in understanding your experiences and how we can improve the COVID-19 experience for yourself and the community

Thank you for completing our other surveys so far, we've got some of that information so hopefully you won't be repeating yourself.

Any questions so far?

The researchers supervising this work are Professor Margaret Hellard and Professor Lisa Gibbs, the information sheet that we had sent you have their details on page 4 if you have any questions following today's interview that you would like to like to discuss, they would be happy to speak with you.

- Are you Ok for me to start recording? (is yes, start, if no discuss and/or terminate)
- Are you Ok for me to begin the interview? (is yes, start, if no discuss and/or terminate)

Section 1 - Lived experience of COVID19 pandemic

1. To start, can you tell me a bit about yourself?

Probe for:

- Living situation – who, where, what, when, why, how long
- Community
- Family/ Friends
- Employment/Income
- Information access
- People who depend on you – physically, emotionally, socially, financially
- People you depend on - physically, emotionally, socially, financially
- Health (including chronic illness, mental health, pregnancy)

2. What has been your experience of the COVID19 pandemic so far?

a. Prompt: how has COVID19 affected you?

3. Can you talk me through a typical day for you right now?

a. Prompt: weekday vs weekend

4. In what ways, if any, has COVID19 changed things for you/since we last spoke?

- Routines and habits
- Positives, challenges, goals, aspirations
- Thoughts, feelings, actions, conversations
- Things that have helped to improve circumstances/make things more manageable

5. In practice how have you found following the restrictions so far?

Probe for;

- Why
- Changes over time
- Responsibility for self and others (necessities, healthy behaviours, family/friends, work, general public)

6. Did the restrictions create any specific issues for you or those around you? If so, can you describe?

a. Prompt: household and other relationships

b. Have there been any changes to your personal safety during COVID-19?

7. Has there been anything surprising or unexpected that has come out of the pandemic for you?

Section 2 - COVID19 Health Literacy & Risk Perception

8. Do you remember when you first heard about COVID19? What did you think at that time?

Probe for:

- Information access, engagement, quality
- Impact of change on attitudes and behaviours

9. How do you think and feel about COVID19 the disease now?

Probe for:

- Perceptions of personal and community risk
- Knowledge of transmission
- Knowledge and perceptions of public health response/guidelines
- Testing
- Impact on attitudes (fear, safety)
- Impact on behaviour (relating to themselves and to others)
- Impact on health and wellbeing

Section 3 - Support

10. You have shared a lot about your experience with me today. Looking back on your COVID19 experience so far, if you could change anything, what would you have done differently?

11. Can you think of three things that would have helped you to manage things better during the pandemic restrictions? (Why and how do you think these could have been different?)

Probe for;

- Concerns, barriers, enablers
- Information, Structures, Services, Policy

12. If you were going to give advice to a friend about how best to manage these experiences what would you say to them?

13. Is there anything else you would like to say about your experiences of COVID-19?

14. What do you think will happen in the next few years with COVID-19?

- a. If a vaccine is made available, would you get it immediately? (why/why not)
 - i. Are there any circumstances that would change your mind? (i.e. legislation, education, views of family/friends, more time, higher number of cases?)
- b. As above for dependents
- c. How do you view a COVID19 vaccine compared to other vaccines, for example, the flu shot or measles mumps rubella (MMR) vaccine?

15. What are your plans for the rest of the day/week/next few months?

- a. (Use judgement as to suitability of this question)

End recording

Thank you for your time and for providing us with this valued information.

We would like to give you a \$50 voucher to thank you for your time. We will send it to the email address that we have on file. We will also send you a list of support services that we are sending to everyone who participates in the research - just in case they are needed.

Supplementary file 5B. Qualitative focus group discussion guide

COVID-19 vaccination and testing

Focus Group Discussion guide

Overview

This Focus Group Discussion (FGD) guide is designed to explore and understand the group's experiences of COVID-19 vaccination and testing during the COVID-19 pandemic. The guide aims to cover the following major domains:

- *Understanding of COVID-19 disease, vaccination and public health measures*
- *Attitudes, beliefs and opinions towards COVID-19 testing after vaccination*
- *Barriers and enablers to accessing information, services and support*
- *Impacts and changes to their usual life and networks*
- *An understanding of how things could be improved for the future*

NB. The specific questions listed in this discussion guide are potential prompts only, to stimulate discussion in each domain if needed.

Setting		Date	
No. of participants		Start time	
Facilitator		End time	
Assistant			

Introduction

- Participant's and facilitator's names
- Purpose of The Optimise Study and the FGD
- Confirmation of receipt and understanding of the Participant Information and Consent Form (PICF) and consent to participate. Opportunity for questions or concerns to be raised.
- Explain risk management strategies as outlined in PICF:

I would like to remind everyone that:

- You are free to not answer any question you don't feel comfortable answering
- You are free to stop participating at any time, especially if you feel upset
- I will be available to talk after the interview if you have any concerns and I can provide you advice and information about services if you would like any support
- Everything we talk about in this interview is confidential and no identifiable information about you is passed onto the government. I encourage you all to respect the privacy and anonymity of the other participants here today including after leaving the discussion here today, this includes not revealing the identities of other participants nor indicating who made specific comments during the discussion.
- Are you OK for me to start the discussion and the recording? (is yes, start, if no discuss and/or terminate)

START RECORDING

What has been your experience of the COVID-19 vaccination and rollout so far?

Understanding of the vaccine and testing requirements

What has been most helpful to you in understanding what is happening with this pandemic?

What's your understanding of how the vaccine works inside the body?

What's your understanding of how the vaccine works to reduce the spread of COVID-19 in the community?

- a) E.g. reducing severity of disease, hospitalisations and deaths; herd immunity
- b) Effectiveness of vaccines on new strains of the virus

Why is it important that people get tested for COVID-19? When should they be getting tested?

What contribution does waste water testing make to public health measures?

What are your thoughts about workplaces that require staff to get vaccinated?

Barriers and enablers to testing after receiving the vaccine

After a person has been vaccinated, what are your thoughts about whether they need to keep getting tested for COVID-19? When should they be getting tested? Are there circumstances where this wouldn't apply or may be less important?

What are some motivations behind getting tested after someone's been vaccinated?

What are some of the barriers to getting tested after someone's been vaccinated?

Can you think of any circumstances that would change whether someone gets tested? (i.e. location of testing centres, long lines at testing centres, higher number of cases, workplace rules, views of family/friends)

Do you feel differently about certain groups like children or the elderly getting tested after being vaccinated?

Information and access

Where do you like to receive information about the vaccine and testing requirements?

E.g. ABC News, Vic DoH website, Facebook, friends, colleagues

What do you look for when seeking information about testing requirements?

E.g. signs of credible and reliable information

Do you know how and where you can access vaccinations and testing?

Is there anything more you'd like to know about testing or vaccination? How would you like to receive this information?

Concerns and support

Is there anything that concerns you about what happens after receiving the vaccine?

What could be done to alleviate some of these concerns?

For those who might be less likely to be tested after receiving the vaccine, what do you think could be done to support them and increase the likelihood of getting tested?

Is there anything that could improve the current systems for testing and vaccinations?

E.g. Information, support, services, improved accessibility, shorter wait times

The future

What do you think will happen in the next few years in relation to COVID-19 and public health measures?

We're about at the end of the discussion, thank you for sharing so much about your experience with the group today. Was there anything else anyone would like to share before we finish?

END RECORDING

Thank you for your time and for providing us with this valued information.

We would like to give each of you a \$50 voucher to thank you for your time. We will send it to the email address that we have on file, you should receive this within the next month.

Supplementary file 5C. Qualitative focus group discussion guide

Long COVID

Focus Group Discussion guide

Overview

This Focus Group Discussion (FGD) guide is designed to explore and understand the group's experiences of long COVID-19. The guide aims to cover the following major domains:

- *Understanding of long COVID information and support services*
- *Attitudes, beliefs and experiences of long COVID.*
- *Barriers and enablers to accessing information, services and support for people experiencing long COVID.*
- *Impacts and changes to usual life and networks caused by long COVID.*
- *An understanding of how things could be improved for the future for people who experience long COVID.*

NB. The specific questions listed in this discussion guide are potential prompts only, to stimulate discussion in each domain if needed.

Setting		Date	
No. of participants		Start time	
Facilitator		End time	
Assistant			

Introduction

- Participant's and facilitator's names
- Purpose of The Optimise Study and the FGD
- Confirmation of receipt and understanding of the Participant Information and Consent Form (PICF) and consent to participate. Opportunity for questions or concerns to be raised.
- Explain risk management strategies as outlined in PICF:

I would like to remind everyone that:

- You are free to not answer any question you don't feel comfortable answering
- You are free to stop participating at any time, especially if you feel upset
- I will be available to talk after the interview if you have any concerns and I can provide you advice and information about services if you would like any support
- Everything we talk about in this interview is confidential and no identifiable information about you is passed onto the government. I encourage you all to respect the privacy and anonymity of the other participants here today including after leaving the discussion here today, this includes not revealing the identities of other participants nor indicating who made specific comments during the discussion.

- Are you OK for me to start the discussion and the recording? (is yes, start, if no discuss and/or terminate)
- Talking about your experiences of long COVID can trigger intense emotions. If you experience distress or discomfort from participating in this focus group, you can take a break any time that you want. If you need more support, I will stay online after the session to see if anyone would like to have a chat, we also provided information at the end of your participant information letter about relevant support services.

START RECORDING**Understanding of long COVID**

What has been most helpful to you in understanding what is long COVID?

What's your understanding of how long COVID affects your body?

Do you think people with long COVID should still get tested if they are a close contact or have COVID-related symptoms? When should they be getting tested? Are there circumstances where this wouldn't apply or may be less important?

Should people with long COVID still get the flu vaccine?

What are your thoughts about how workplaces should support employees who are experiencing long COVID?

Experiences with long COVID

What has been your experience of long COVID so far?

How did you know you had long COVID?

Barriers and enablers to getting support for long COVID

What has worked for you in terms of getting support for long COVID?

What barriers have you encountered in terms of getting support for long COVID?

Information and access

Do you know how and where you can access information about long COVID?

Is there anything more you'd like to know about long COVID? How would you like to receive this information?

Where do you like to receive information about long COVID?

E.g. ABC News, Vic DoH website, GP, social media, friends, colleagues.

What do you look for when seeking information about long COVID?

E.g. signs of credible and reliable information

Concerns and support

Is there anything that concerns you about what happens when you have long COVID?

What could be done to alleviate some of these concerns?

For those who have long COVID and might be less likely to get support, what do you think could be done to support them and increase the likelihood of getting the help they need?

Is there anything that could improve the current systems for supporting people with long COVID?

E.g. Information, support, services, improved accessibility, shorter wait times

The future

What do you think will happen in the next few years in relation to long COVID and public health measures?

We're about at the end of the discussion, thank you for sharing so much about your experience with the group today. Was there anything else anyone would like to share before we finish?

END RECORDING

Thank you for your time and for providing us with this valued information.

I will remain in the Zoom meeting in case someone would like to have a chat. We can also provide you information about where to get additional support if you feel that you need it.

We would like to give each of you a \$50 voucher to thank you for your time. We will send it to the email address that we have on file, you should receive this within the next month.

Supplementary file 6. CEG Questions guide

Draft of the results for this month's Optimise Study report

Each month, the Optimise Study selects a specific topic emerging from the study data and prepares a report for the government (and other stakeholders). You can view previous reports here: <https://optimisecovid.com.au/study-findings/>

The topic of this month's report is income and finances. We have attached a draft of this report with this pre-reading pack. Please use the report to prompt your views about the topic in the community you are representing.

During the meeting, we will be asking you the following questions:

1. What are your reflections about any aspect of the Optimise Study's findings on income and finances?

You may like to mention:

- if any of the findings were particularly applicable to the community you represent
- if any of the findings surprised you
- any other reflections

2. How have members of your community been impacted by changes to income and/or finances?

You may like to mention:

- Employment: changes in employment status, changes in job stability, changes in work environment (e.g. working from home, home schooling), other employment issues
- Income: accessing JobSeeker/JobKeeper/other income support, relying on family and friends for income support, other income issues
- Groups in your community who are particularly at-risk of negative impacts to employment and income

3. How secure do members of your community feel their income and finances are? What would help to increase feelings of security?

After the CEG meeting, we will prepare a report for the Executive Group of the Optimise Study which will consider how best to incorporate your views into the final month's report. The report will then be sent to government and other stakeholders.