

QUESTIONS	SCORING CODE
General demography	
How old are you?	
Which gender do you identify with?	male, female, non binary, I prefer not to say
In which country do you live?	
In which postal code do you live?	
How would you define your civil status?	single, married, divorced, widow, in a couple
Where do you live?	my own house/apartment, shared house/apartment, in a rented room, institutionalized, I am homeless
What level of education do you have? (check the maximum obtained)	primary education, secondary education, further education, bachelor degree, masters degree, doctoral degree
What is your job?	skilled job, unskilled job, caring for others/home, I have a company, I am self-employed, I am a healthcare worker (or working in a healthcare setting, I am unemployed, others
Questions for the Scale of socio-economic precariousness	
Who provides financially at home?	For index scoring, sum of all points multiplied by 2. >2 of us = 0 p, 2 of us = 1 p, only me = 2p
Have you lost your job due to the COVID-19 outbreak?	no= 0 p; yes, the company made a temporary labour force adjustment plan= 1 p; yes, others = 1.5 p; yes, I was fired/the company made a labour force adjustment plan/ I have lost some jobs previously contracted/arranged = 2 p
Do you have savings?	yes= 0 p, yes, some= 1 p, no = 2 p
Do you have a mortgage to pay?	no = 0 p; yes, one =1 p; yes, more than 1 = 2 p
Do you have rent to pay?	no = 0 p, yes =2 p
Are you spending less since the COVID-19 outbreak?	no = 0 p; a little = 1 p; yes =2 p
Have you asked for social assistance or for any other assistance due to the COVID-19 outbreak?	no = 0 p; no, but will have to = 1 p; yes =2 p
Do you have to take care of somebody? (multiple choice question)	no = 0 p; yes (any answer: children <16 y.o., >16 y.o, parents, siblings, others) = 1 p per positive answer.
Habits and COVID-19-related health status during confinement	
(If having children): In which grade do you think the confinement is being difficult for children (and therefore for the family)?	scale of potential answer, 0 being= not at all and 10= a lot
Are you staying at home, during this time?	yes; yes, I am teleworking; no, I work in essential services; no, I need to work; no, my employer does not allow me to
Are you scared or worried?	no; yes, of getting infected; yes, of going to the shops; yes, of infecting others; yes, that people close to me get infected
Who are you scared of infecting?	the children; my parents/close elderly people; my colleagues; anyone
Do you think you are consuming more since the outbreak began?	no; yes, I eat more; yes, I drink more (alcoholic drinks); yes, I smoke more; yes, I consume more illegal drugs; yes, I consume more drugs to calm myself down (sleeping pills, muscle relaxants, tranquilizers)
Through which channel do you receive information about the outbreak?	TV; Radio; Newspaper; Social media (Whatsapp, Twitter, Telegram etc.); Other channels
What do you think of the information you are receiving?	It's too much: I would like the Government to explain less; It's too much: I would like the media to explain less; It's too little : I would like the Government to explain more; It's too little : I would like the media to explain more; It's too negative/too sensationalist; I think it's poorly adjusted to reality; It's alright; I do not think anything about it
Do you think this situation has changed you?	no; yes, my life has changed; yes, my personality had changed; yes, the way I see society/the way we lived
Have you been in contact with someone infected by SARS-CoV-2?	yes, with a confirmed case (test positive); yes, with a probable non-confirmed case (test negative or test not done); I do not know
Since February, have you had any of these symptoms?	no; persistent cough (for one week or more); headache; persistent fever (for one week or more); extreme fatigue/tiredness; sore throat; muscle pain; loss of appetite/weight; loss of smell, small blindness; loss of taste; diarrhea, dizziness; shortness of breath; chest pain; nasal congestion/running nose
How do you feel now?	well, normal. I do not feel at 100%, bad
In the last 14 days, have you used any healthcare resources put in place for the COVID-19 pandemic?	have called a telephone number set up for the management of COVID cases; have gone to the emergency room; have used an app set up for management of COVID cases; have been to a public healthcare center (including GP); have been to private doctor/healthcare center; have been tested, none of the above
If you were tested, what was the result?	positive, negative
For HealthCare workers	
What is your job?	physician, nurse, nurse assistant, technician, caretaker, researcher, kitchen personnel, cleaning personnel, administrative personnel, others
Have you been working with COVID patients directly?	no; not as far as I know; yes, I have been/am in a COVID team; yes, on duty
Are you scared of working with COVID patients?	no; yes, o being infected; yes, of dying; yes, of transmitting the virus to other non-COVID patients; yes, of transmitting the virus to my people (family/colleagues); yes, of being obliged to take medical decisions representing an ethical dilemma for me (patient selection, application of protocols)
Have you had ethical concerns while working?	no; no, I think I need to follow the protocols; yes, with selection of patients and/or protocols for selection of patients or therapeutic indications; yes, others
Questions related to mental-health	
Scoring	
Questions related to anxiety- How these sentences apply to you?	For each of the questions below: never = 0 p, sometimes = 1 p, often = 2 p, almost always = 3 p. For the index scoring, sum of all points multiplied by 2.
last week I was aware of dryness of my mouth	
last week I experienced breathing difficulty (excessively rapid breathing, breathlessness in the absence of any physical exertion and absence of any)	
last week I experienced trembling (eg in the hands)	
last week I was worried about situations in which I might panic and make a fool of myself	
last week I felt I was close to panic	
last week I was aware of the action of my heart in the absence of physical exertions (sense of heart rate increase, heart missing a beat)	
last week I felt scared without any good reason	
Questions related to stress- How these sentences apply to you?	For each of the questions below: never = 0 p, sometimes = 1 p, often = 2 p, almost always = 3 p. For the index scoring, sum of all points multiplied by 2.
last week I found it hard to wind down	
last week I tended to over-react to situations	
last week I felt that I was using a lot of nervous energy	
last week I found myself getting agitated	
last week I found it difficult to relax	
last week I was intolerant of anything that kept me from getting on with what I was doing	
last week I felt that I was rather touchy	
Questions related to depression- How these sentences apply to you?	For each of the questions below: never = 0 p, sometimes = 1 p, often = 2 p, almost always = 3 p. For the index scoring, sum of all points multiplied by 2.
last week I couldn't seem to experience any positive feeling at all	
last week I found it difficult to work up the initiative to do things	
last week I felt that I had nothing to look forward to	
last week I felt down-hearted and blue	
last week I was unable to become enthusiastic about anything	
last week I felt that life was meaningless	
Questions related to PTSD symptoms- How these sentences apply to you?	For each of the questions below: 0= not at all, 1= a little bit, 2= moderately, 3= quite a bit, 4=extremely. For the index scoring, sum of all points multiplied by 2.
Questions related to Intrusion symptoms	
last week any reminder brought back feelings about it	
last week I had trouble staying asleep	
last week other things kept making me think about it.	
last week I thought about it when I didn't mean to	
last week Pictures about it popped into my mind	
last week I found myself acting or feeling like I was back at that time	
last week I had waves of strong feelings about it	
Questions related to Avoidance symptoms	
last week I avoided letting myself get upset when I thought about it or was reminded of it	
last week I felt as if it hadn't happened or wasn't real	
last week I stayed away from reminders of it.	
last week I thought about it when I didn't mean to	
last week I was aware that I still had a lot of feelings about it, but I didn't deal with them	
last week My feelings about it were kind of numb	
last week I tried to remove it from my memory	
last week I tried not to talk about it	
Questions related to Hyperarousal symptoms	
last week I felt irritable and angry	
last week I was jumpy and easily startled	
last week I had trouble falling asleep	
last week I had trouble concentrating	
last week I felt watchful and on-guard	