Antecedents and consequences of COVID-19 conspiracy beliefs:

a systematic review ([DOI](DOI))

Supplementary Materials

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SM.1 Systematic review statements

SM.1.1 PRISMA statement

This is our Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) statement. PRISMA is reporting guidance for systematic reviews and meta-analyses (Moher et al., 2009).

We have identified our report as a systematic review in the title, and in the abstract. Given the stringent word limit of the abstract however, we use the Methods section and Supplementary Materials to elaborate on the specific criteria (e.g., study eligibility, study appraisal, etc.).

We provide a rationale for the systematic review in the introduction. This does not include what is already known, because at the time we started writing this review, nothing was known about COVID-19 conspiracy beliefs specifically.

We include our objectives in the introduction: "The aim of our systematic review is to provide a comprehensive overview of all currently available research on COVID-19 conspiracy beliefs by identifying both the antecedents and consequences of COVID-19 conspiracy beliefs, and to synthesise this research to make it widely available and comprehensible. This effort serves to support both ongoing and future research and applications."

We have described the new protocol we set up for this study (therefore, no web links or registrations to previous review protocols were provided), with reference to PRISMA and AMSTAR 2. We specified the following study characteristics, and give a rationale. We report our information sources, which are four online databases. These were examined with full electronic searches with the words "the words 'COVID* (-19)' or 'corona*(virus)' or 'SARS-CoV-2' and 'conspir*(acy)'". These searches were done in October 2020 and repeated the search in March 2021.

The study selection followed the eligibility criteria described, and the screening process is described in the manuscript and supplementary materials. The data collection process involved downloading pdfs of all selected studies - no primary data was obtained from investigators; however, occasionally, investigators were emailed to clarify aspects of their studies. All scale items of conspiracy measures (and associated Likert options and

reliability measures where available) have been listed in Table SM.3, as well as variables of interest (under 'key findings').

Risk of bias was assessed on the basis of (i) completeness of information – is the date of the survey included, what the Likert options were, how scores were calculated, reliability scores, other analysis elements; (ii) sample composition (e.g., small samples (n<500), highly specific samples (university students of one country), biased samples (old/young, male/female, high/low education/income)); (iii) how the conspiracy beliefs were measured (are the items representative of what they intended to measure? Do the rating options make sense?); (iv) whether the conclusions are warranted given the data and the analyses? (e.g., are the conclusions overreaching or not?); (v) causal/directional language in a paper using a cross-sectional design or correlational analyses; (vi) anything else which may pull into question the (generalisability of) conclusions of the paper (e.g., on the basis of the analysis that was done or the method that was used).

Summary measures that are reported (in Table SM.3) are due to differing research designs and methods, but as a rule we reported means and standard deviations of conspiracy beliefs (if available).

The synthesis of results was done by developing subsections prior to study analysis, and incorporating and summarising the studies in each relevant subsection.

No major risk of bias across studies was assessed given the heterogeneity in research designs, methods, items, and analyses, but an attempt was done to avoid publication bias by including preprints.

A wide of variety of analyses have been reported.

We reported the number of studies screened, assessed for eligibility, and included in the review with reasons for exclusions at each stage with a flow diagram (Figure 2). For each study, study characteristics are reported in Table SM.3. This table includes, for every reference, the authors, year of publication and journal, continent and country of the sample, the date(s) of the survey(s)/study(/ies), the sample size, information about the study sample (including main demographic variables such as age, gender, and education), and recruitment method. It also includes the study design and analyses, our critical assessment of the study(/ies), in which subsections the study is referred to, the COVID-19 conspiracy theory(/ies) it investigates, the conspiracy measures that were used (scale items and Likert options with reliability), and a summary of the key findings.

Risk of bias is reported for each study in Table SM.3, with an outcome-level of low, medium, or high (or a combination hereof), and with the reasoning behind this assessment. The relevant results of each study are reported as key findings in Table SM.3, and in the text of the manuscript (intervention group does not apply), including a range of effect estimates. No meta-analysis was done. As previously indicated, no major risk of bias across studies was assessed given the heterogeneity in research designs, methods, items, and analyses.

In the Discussion, we summarise the main findings, discuss the strength of evidence for these outcomes, and consider the relevance of these findings for key groups (e.g., government and healthcare officials). We discuss limitations at a study and outcome level (e.g., risk of bias) and at review level. We provide a general interpretation of the results in the context of other evidence, and implications for future research. We describe sources of funding for the systematic review (none).

SM.1.2 AMSTAR 2 statement

This is our AMSTAR 2 statement. AMSTAR 2 is a critical appraisal tool for systematic reviews (Shea et al., 2017).

In the current study, our research question did not specify a particular *p*opulation, *i*ntervention, *c*ontrol group or *o*utcome (PICO), as we were interested in all empirical research involving COVID-19 conspiracy beliefs. Instead, we specified that the included research must contain primary, empirical data and must assess COVID-19 conspiracy beliefs, or general conspiracy belief/thinking in relation to specific COVID-19 phenomena, such as guideline adherence.

Review methods were established prior to the conduct of the review within the broad research question just described. Our review question was to synthesise empirical research on COVID-19 conspiracy beliefs, through a similarly broad search strategy, with the inclusion/exclusion criteria just described. We include a risk of bias assessment for each of the studies (see Table SM.3 below). Given the wide range of potential research that we expected (given our broad keywords, see below), our synthesis plan consisted of designing expected subsections of the systematic review (on the basis of previous conspiracy belief research) and assigning at least one co-author to each subsection. We had no specific plan for conflicting findings, and approached these on ad-hoc basis with the grouped expertise of the

co-authors, led by the author of the subsection in which the conflicting results were found. We were able to fit all findings within the subsections we developed.

We searched four databases (Web of Science (incl. MEDLINE), Scopus, and PsycINFO) with the following keywords: 'COVID* (-19)' or 'corona*(virus)' or 'SARS-CoV-2' and 'conspir*(acy)'. Publication restrictions included that the publication had to be in English, but could be of preprint status. After searching the databases, we also double-checked the reference lists of the included studies (and used citation networks like https://www.connectedpapers.com/), and co-authors – experts in the field of conspiracy belief research – were asked to identify any missing papers. The two database searches have been conducted within the last 24 months of this review (and was repeated once to include more articles).

The main database searches were done by the first author (VVM), but the authors of each subsection searched and identified additional studies too. Given the broad but clear study inclusion/exclusion criteria, the first author and subsection authors always agreed on the inclusion of additional studies.

We did not exclude any studies for our systematic review, though we identified four studies of high risk of bias, and have addressed this in the Discussion. Medium risk studies mainly involved small or biased samples, an issue which has also been addressed in the Discussion.

We included a table that describes all studies in detail (Table SM.3): This table includes, for every reference, the authors, year of publication and journal, continent and country of the sample, the date(s) of the survey(s)/study(/ies), the sample size, information about the study sample (including main demographic variables such as age, gender, and education), and recruitment method. It also includes the study design and analyses, our critical assessment of the study(/ies), in which subsections the study is referred to, the COVID-19 conspiracy theory(/ies) it investigates, the conspiracy measures that were used (scale items and Likert options with reliability), and a summary of the key findings.

The assessment of risk of bias was done by the authors of each subsection that the reference featured in (concealed allocation or blinding of patients does not apply). We did, however, assess for sample size and sample composition (e.g., recruitment method, balance of demographic variables, representativeness, etc.), as well as whether the study design (e.g., cross-sectional, longitudinal, experimental) and analyses (e.g., mediations) match the

conclusions (e.g., non-directional or directional/causal), and whether the conclusions are sufficiently appropriate (i.e., not overreaching).

We found some heterogeneity in the results, in particular with regards to the effect of demographic variables on COVID-19 conspiracy beliefs. In addition, at times it was unclear whether factors are predictors, consequences, or both. These results have been discussed by the authors of each subsection and in the Discussion.

One way in which we tried to avoid publication bias, was by including preprints as well. A number of these have been accepted since the last database search; they have been reread by the authors of the current research and updated accordingly in the reference list.

We report no conflict of interest with regard to this systematic review.

SM.2 Authorship of subsections of the review

Table SM.2

Authorship of subsections of the review

Subsection	Author(s)
Coping with threat and uncertainty	GM
Personality traits	CSK
Demographic variables	IPB
Epistemically suspect beliefs	JS
Thinking styles and cognitive biases	SA
Attitudes towards science	VC
Group identities	JF
Trust in authorities	VVM
Social media	EJCL
Safeguarding behaviours	LJP, IPB
Self-centred behaviours	HB
Misguided behaviours	IZ
Vaccination intentions	VC
Psychological wellbeing	LBL
Negative social consequences	JS

SM.3 Descriptive features of the reports' samples included in the systematic review

Table SM.3

Characteristics of the samples of the 85 studies included in the review

Characteristic	Number of samples	% of total samples
Time study was conducted		
March 2020	25	20.0%
April 2020	49	39.2%
May 2020	22	17.6%
June 2020	5	4.0%
July 2020	9	7.2%
August 2020	1	0.8%
September 2020	1	0.8%
November 2020	3	2.4%
December 2020	5	4.0%
January 2021	1	3.2%
Not reported	4	3.2%
Continent of study samples		
Europe	66	54.1%
North America	34	27.9%
South America	4	3.3%
Oceania	2	1.6%
Africa	0	0.0%
Asia	2	1.6%
Middle East	4	3.3%
Multinational	9	7.4%
Unknown	1	0.8%
Study sample size		
0-200†	5	3.8%
200-400	36	27.1%
400-600	20	15.0%

600-800	20	15.0%
800-1000	11	8.3%
1000-2000	24	18.0%
2000+	17	12.8%
Sample participants		
Adults	98	89.9%
Students	10	9.2%
Essential workers (e.g., health workers)	1	0.9%
Participant recruitment method		
Convenience sample	62	57.1%
Nationally representative sample	26	23.2%
Paid recruitment (e.g., MTurk, Prolific)	21	18.8%
Study design		
Cross-sectional	98	88.9%
Longitudinal	9	6.7%
Experimental	4	4.4%

Note. †Smallest sample size n=120 (multinational). Number of samples may differ between categories due to the inclusion of separate country samples, study samples, and multiple longitudinal samples. The information this table summarises can be found in Table SM.3.

SM.4 Study characteristics of the reviewed studies

Table SM.4
Study characteristics of the 85 articles of the systematic review (excluding social media articles, see Table SM.4)

Reference	Continent/ country	Date of survey/ study	Sample size & study sample & recruitment method	Study design & analyses; Assessment	Antece-dent (A); Consequ ence (C)	COVID-19 conspiracy theory/ies	Conspiracy measure(s)	Key finding(s)
Achimescu, V., Sultanescu, D., & Sultanescu, D. (2021). *Journal of Elections, Public Opinion and Parties*	**Europe** Romania	Study 1: April, 2020 Study 2: July, 2020	N = 1,334 Study 1: N = 789 No age, gender reported. Post-stratification weights were applied to adjust the distribution of sociodemographic variables (age, gender, education, occupational status, region, urbanicity) to resemble marginal frequencies from the Romanian population register. The survey was carried out by phone (Computer Assisted Telephone Interviewing, or CATI), on a probability sample (obtained using Random Digit Dialling). Study 2: N = 545 The second survey was an opt-in online panel; Quotas for age, gender and region were employed, but the sample is skewed toward more educated and urban	Telephone interviewing and online survey. Cross-sectional data. Structural equation model. Assessment: Low risk. Good sampling of participants, open about skews, though results potentially specific to Romania	Demographic Variables (A); Trust in Authorities (A)	Hoax; Population control; Mass surveillance; Powerful people; Financial Gains; Artificial Origin; 5G; Microchips; Control people; Forced Vaccination	Eight conspiracy narrative items were included, referring to the virus: (1) being a hoax; (2) a deliberate attempt to reduce the size of the population; (3) a pretext for mass surveillance; (4) created by a group of powerful people to make money; (5) created in a laboratory; (6) caused by 5G radiation; (7) vaccine will contain microchips to control the people; (8) there is a global effort to force vaccination. Six statements that refute conspiracy narratives were included (items were inspired by Allington et al., 2020): (1) "The virus is real."; (2) "There is no conspiracy around COVID-19."; (3) "The virus is naturally occurring."; (4) "The virus spread is accidental."; (5) "Information from experts and scientists should be trusted."; (6) "Social distancing is necessary to reduce the spread." Rated on a five-point scale of agreement (no numbers or labels given). Factor analysis demonstrated a single COVID-19 conspiracy belief factor (CFI = 0.86; RMSEA = 0.052, p(RMSEA<0.05) = 0.082; SRMR = 0.07; N = 553). Artificial origin: 67% True, 23% False,	Trust in Russia (β = 0.16, *p* < .01) and mistrust in the West and international allies (β = -0.56, *p* < .001) of Romania predict conspiracy beliefs. Conspiracy beliefs also tend to increase with populist beliefs (β = 0.23, *p* < .001) and trust in Facebook (β = 0.10, *p* < .01), and they tend to decrease with higher education (β = -0.13, *p* < .001).

			dwellers compared to population values, and all respondents are internet users.					11% DK/NA. 5G: 19% True, 55% False, 26% DK/NA. Big Pharma/Powerful states: 49% True, 36% False, 14% DK/NA.
Agley, J., & Xiao, Y. (2021). *BMC Public Health*	**North America** United States	May 22, 2020	N = 660 Gender: 61.82% male, 37.27% female, 0.90% non-binary/transgender. Age: *M* = 24.80, *SD* = 11.94. Education: 50.83% held bachelor degree. Ethnicity: 60.45% were White, 18.33% Hispanic; 10.3% Black or African American). Participants were recruited via MTurk.	Online survey, cross-sectional data. Latent profile analysis (LPA) to delineate subgroups of believers, then ANOVA was conducted. Assessment: Medium risk. Note that conspiracy items were rated on believability, which is different from other studies. Conclusions are based on data.	Attitudes towards Science (A)	5G; Bill Gates; Bioweapon; Exaggerated/Flu; Restrict liberties	Five new items: (1) "The recent rollout of 5G cellphone networks caused the spread of COVID-19."; (2) "The COVID-19 virus originated in animals (like bats) and spread to humans." (reverse-coded); (3) "Bill Gates caused (or helped cause) the spread of COVID-19 in order to expand his vaccination programs."; (4) "COVID-19 was developed as a military weapon (by China, the United States, or some other country)."; (5) "COVID-19 is no more dangerous than the flu, but the risks have been exaggerated as a way to restrict liberties in the United States." Rated on a 7-point Likert-type scale from 1 (Extremely unbelievable) to 7 (Extremely believable). 5G Narrative, *M* = 1.94, *SD* = 1.72; Zoonotic Narrative (not a conspiracy belief), *M* = 5.56, *SD* = 1.64; Gates Vaccine Narrative, *M* = 2.27, *SD* = 1.88; Laboratory Narrative, *M* = 3.28, *SD* = 2.00; Liberty Restriction Narrative, *M* = 2.96, *SD* = 2.04.	Four distinct belief profiles emerged, with the preponderance (70%) of the sample falling into Profile 1, which believed the scientifically accepted narrative (zoonotic origin) but not the misinformed or conspiratorial narratives. Other profiles did not disbelieve the zoonotic explanation, but rather believed additional misinformation to varying degrees. Trust in science was a strong, significant predictor of profile membership, with lower trust being substantively associated with belonging to Profiles 2 through 4. (*d* = -1.58 to -1.00; CLES 0.87 to 0.76).
Allington, D., Duffy, B., Wessely, S., Dhavan, N., & Rubin, J. (2020). *Psychological Medicine*	**Europe** United Kingdom	Study 1: April 3-7, 2020 Study 2: April 1-3, 2020 Study 3: May 20-22, 2020	Study 1: N = 949 Age: *M* = 36.35. Gender: 68.28% female, 31.51% male. Study 2: N = 2,250 Age: *M* = 45.47. Gender: 51.33%, female 48.22% male. Study 3: N = 2,254	Online survey, cross-sectional design. Linear probability model. Assessment: Low risk. Good participant distribution and recruitment, accurate	Social media (A), Safeguarding behaviours (C)	Artificial Origin; 5G; Government; Pharmaceutical companies; Hoax; Exaggerated/Flu; Forced Vaccination	Study 1: Three items: (1) "The virus that causes COVID-19 was probably created in a laboratory."; (2) "The symptoms of COVID-19 seem to be connected to 5G mobile network radiation."; (3) "The COVID-19 pandemic was planned by certain pharmaceutical corporations and government agencies." Study 2: One item: "Coronavirus was probably made in a laboratory" was true or false.	There was a negative relationship between conspiracy belief and health-protective behaviour in all three studies (Study 1: *r* = 0.21; Study 2: *r* = 0.19; Study 3: *r* = 0.26). Using social media as informational sources were less likely to be associated with health protective behaviours (Study 3: *r* = 0.28).

			Age: *M* = 43.93, Gender: 49.87% female, 49.73% male.	statistical analyses, valid conclusions, not over-reaching.				Study 3: Five items: (1) "Coronavirus was probably created in a laboratory."; (2) "The symptoms that most people blame on coronavirus appear to be linked to 5G network radiation."; (3) "There is no hard evidence that coronavirus really exists."; (4) "The number of people reported as dying from coronavirus is being deliberately exaggerated by the authorities."; (5) "The current pandemic is part of a global effort to force everyone to be vaccinated whether they want to or not."
			Participants in Study 1 were recruited by invitations sent to all members of a panel of UK residents aged 18 or more. Participants in Studies 2 and 3 (adults aged 16–75) were recruited in partnership with Ipsos-MORI, a member of the British Polling Council. Stratified random samples were selected, with quotas employed to achieve national representativeness with regard to age within gender, region, working status, social grade and education, using estimates from the Office of National Statistics					All items were rated as True, False, and Don't know. If one item or more was rated as True, that was entered as a conspiracy belief in the analyses.
Allington, McAndrew, Moxham-Hall, and Duffy (2021), *Psychological Medicine*	**Europe** United Kingdom	Nov 21 - Dec 21, 2020	N = 4,343 Age: 18-75 years, *M* = 46.2, SD = 15.9. Gender 51% female, 49% male; Ethnic group, 91% white, 7% other. Education: 31% degree, 69% non-degree. The panel was stratified for representativeness of the UK population on age, gender, region, and working status. The sample was designed and weighted for demographic representativeness.	Online survey, cross-sectional, linear rank-order models. Assessment: Low risk. Data collection was carried out as a rollout for the UK vaccination program began and sample is representative of UK population.	Vaccination Intention (C)	Hidden Truth; Government, Media; Scientists	Five items were used to assess conspiracy suspicions, adapted from the Flexible Inventory of Conspiracy Suspicions (Wood 2016): (1) "The real truth about coronavirus is being kept from the public."; (2) "People need to wake up and start asking questions about coronavirus"; (3) "Legitimate questions about coronavirus are being suppressed by the government, the media, and academia"; (4) "Reporters, scientists, and government officials are involved in a conspiracy to cover up important information about coronavirus"; (5) "An impartial, independent investigation of coronavirus would show once and for all that we've been lied to on a massive scale."	Conspiracy beliefs that the truth about COVID-19 or information more generally is being hidden, suppressed, or covered up is associated with vaccine hesitancy (*r* =.45).

			Data collection was carried out online by Ipsos MORI.				Rated on a 5-point Likert scale Strongly agree, Tend to agree, Neither agree nor disagree, Tend to disagree, Strongly disagree (Don't know). Guttman lambda was used to assess internal reliability (=.90). No means reported.	
Alper, S., Bayrak, F., & Yilmaz, O. (2020). *Current Psychology*	**Europe** Turkey	April 5-12, 2020	N = 1,088 Gender: 790 female (72.6%), 291 male, 7 other participants. Age: *M* = 31.02, *SD* = 39.43. Participants were recruited via Facebook and Twitter.	Online survey, cross-sectional, correlation and regression analyses Assessment: Low risk. Sample is predominantly female and the sample is from a single country, but the limitations regarding representativeness of the data are discussed. Hypotheses, stopping rule for data collection and analysis strategy were preregistered.	Demographic Variables (A), Personality Traits (A), Coping with Threat and Uncertainty (A), Thinking Styles and cognitive Biases (A), Group Identity (A), Safeguarding Behaviours (C)	Deliberated Spread; Powerful People	Two items: (1) "Coronavirus was developed and spread around the world by certain people for their own purposes"; (2) "There is no intentional plan of a person or a group behind the spreading of coronavirus around the world." (reverse item) Participants reported their agreement from 1 = strongly disagree to 7 = strongly agree. All item scores were averaged into a single composite score (α = 0.81; *M* = 2.91; *SD* = 1.73).	Women were more likely to adopt conspiracy beliefs (β = 0.05). No relationship between COVID conspiracy beliefs and self-reported adherence to behavioural guidelines. Belief in COVID-19 conspiracy theories was negatively correlated with analytical thinking (*r* = -.18 for CRT; *r* = .21 for faith in intuition). and perceived risk of COVID-19 (*r* = -.07). Belief in COVID-19 conspiracy theories was positively correlated with generic conspiracy beliefs (*r* = .51), uncertainty avoidance (*r* = .12), right-wing ideology (*r* = .17), religiosity (*r* = .23), and impulsivity (*r* = .06).. Supporters of right-wing ideologies were more likely to believe in COVID-19 conspiracy theories (*r* = .165, *p* < .001). Religiosity predicted COVID-19 conspiracy theories, β = 0.15, *p* < .001.
Bai, M. H. (2020). *PsyArXiv*.	**Europe** United Kingdom **North America** United	Study 1: March 30, 2020 Study 2: March 25-April 1,	Study 1: N = 825 Gender: 513 female (62.2%), 303 male, 9 other. Age: *M* = 42.05, *SD* = 12.94	Study 1 Online survey, cross-sectional, correlation and regression analyses	Self-centred Behaviours (C)	Artificial Origin; China; Political Control; Bioweapon; USA	Three items in both studies: (1) "The coronavirus was developed in a Chinese "superlaboratory.""; (2) "The coronavirus pandemic was created from deliberate efforts for political gain."; (3) "The US government deployed coronavirus as a biological weapon in	COVID-19 conspiracy beliefs predict self-centred behaviours (i.e., stockpiling) in the past (Study 1: *r* = .19, *p* < .001; Study 2: *r* = .17, *p* <.001) as well as in the future (Study 2: *r* =.19, *p* < .001).

	States	2020	Participants recruited through Prolific, and only UK citizens were allowed to participate. Study 2: N = 843 Gender: 392 female (46.5%), 424 male, 27 other/missing. Age: *M* = 35.07, *SD* = 13.39. Participants recruited through Prolific, and only US citizens were allowed to participate.	Study 2 Online survey, longitudinal, correlation and regression analyses Assessment: Low risk. Study 2 sample's ideological distribution is benchmarked against national ideological distribution.			China." The response ranges from 1=Not true at all to 7= Definitely true. All item scores were averaged into a single composite score, and recoded from 0 to 1 whereas 1=high level of conspiracy beliefs (Study 1: α = 0.86, *M* = .20; *SD* = .23; Study 2: α = 0.84, *M* = .18; *SD* = .22).	
Bertin, P., Nera, K., & Delouvée, S. (2020). *Frontiers in Psychology*	**Europe** France	Study 1: March, 2020 Study 2: April, 2020	Study 1: N = 409 Gender: 299 female (73.1%), 107 male, 3 other. Age: *M* = 28.4, *SD* = 11.4. Recruitment through Facebook, Twitter, LinkedIn. Study 2: N = 396 Gender: 280 female (70.7%), 113 male, 3 other. Age: *M* = 26.1, *SD* = 10.3. Disseminated among undergraduate students of Rennes 2 and Lille Universities, and through social media.	Online survey, cross-sectional, correlation and regression analyses, factor analysis Assessment: Medium risk. Convenience sampling, not gender balanced. Results potentially specific to France. However, the relationship between ingroup and outgroup conspiracy beliefs and vaccination attitudes was found consistently across two studies with	Epistemically suspect Beliefs (A), Vaccination Intentions (C)	China; Bioweapon; Disrupt economy; Artificial Origin; Hidden Cure; Financial Gains; Powerful People; Population Control; Companies; Governments; Political Control; Pharmaceutical Companies; Media, Misinformation; Medical Conspiracy	COVID-19 conspiracy beliefs were measured using 9 items (10 items in Study 2), divided into two factors. Factor 1 comprised out-group conspiracy theories (5/6 items): (1) Chinese bioweapon: "Coronavirus is a bacteriological weapon used by the Chinese Communist Party to create panic in the Western world." (2) Chinese economic crisis: "The coronavirus pandemic is a strategy by China to trigger a new economic crisis."; (3) Chinese failure: "The Coronavirus was created in a laboratory by Chinese scientists who lost control of it."; (4) Hidden vaccine: "There is a vaccine against coronavirus, but it is kept secret by those who have it, in order to increase its value."; (5) Eugenics motives: "The coronavirus is an attack perpetrated by a small, powerful, and secret group to reduce the world's population."; (6) Pasteur Institute: "The coronavirus was created and patented by the Pasteur Institute in the early 2000's." (Study 2).	Ingroup and outgroup COVID-19 conspiracy beliefs, as well as chloroquine conspiracy beliefs, were associated with negative attitudes toward vaccination (r-ingroup = -.28; r-outgroup = -.23 in Study 1; r-ingroup = -.25; r-outgroup = -.41in Study 2) and lower COVID-19 vaccination intention (r-ingroup = -.17; r-outgroup = -.28; r- chloroquine = -.38).

different samples, which lends further credence to its validity.	; Scientists; Using COVID regulations	Factor 2, in-group conspiracy theories, comprised of a further 4 items: (7) Industrialist strategy: "Industrialists will use the coronavirus pandemic to justify higher prices and make a profit."; (8) French pension reform: "The French government uses the coronavirus pandemic to people challenging pension reform."; (9) French government laxity: "The French government has intentionally been slow to announce strong measures, and lax in its management of the coronavirus pandemic so as to take advantage of people's sense of powerlessness."; (10) French municipial election: "Maintaining the first round of the 2020 municipal elections was an executive government strategy to increase its scores."

Items were rated on a scale from 1 (totally disagree) to 5 (totally agree).

In Study 1, average scores following item groupings based on factor analysis were calculated: Outgroup COVID-19 conspiracy beliefs ($\alpha = 0.88$; $M = 1.44$; $SD = 0.69$) and Ingroup COVID-19 conspiracy beliefs ($\alpha = 0.77$; $M = 2.47$; $SD = 0.97$).

In Study 2, the same two-factor structure was used: Outgroup COVID-19 conspiracy beliefs ($\alpha = 0.87$; $M = 1.60$; $SD = 0.69$) and Ingroup COVID-19 conspiracy beliefs ($\alpha = 0.76$; $M = 2.60$; $SD = 0.94$).

In Study 2, additional 'chloroquine conspiracy theories' were measured through 5 items: (1) Chloroquine financial conflict: "The pharmaceutical industry, in cahoots with the government, is preventing the distribution of chloroquine treatments in

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order to protect its financial interests"; (2) Chloroquine media bashing: "The media undermine the credibility of people promoting chloroquine treatments, so they don't disrupt the System."; (3) Chloroquine government: "Chloroquine treatments are not endorsed by the government because the leaders have a vested interest in prolonging the health crisis."; (4) Chloroquine prescription: "By making chloroquine a prescription drug, Agnès Buzyn wants to prevent the population from having easy access to an inexpensive treatment."; (5) Pharmaceutical industry and scientists: "Scientists who criticize Professor Didier Raoult's work on hydroxychloroquine are in league with the pharmaceutical industry.".

Items were rated on a scale from 1 (totally disagree) to 5 (totally agree).

All item scores were averaged into a single composite (α = 0.88; *M* = 2.22; *SD* = 0.89).

| Biddlestone, M., Green, R., & Douglas, K. (2020). *British Journal of Social Psychology* | **Europe** United Kingdom **North America** United States **Other** (multinational) | April 4-13, 2020 | N = 704 Gender: 376 women, 306 men, 10 non-binary, 10 rather not say, 2 transgender. Age: *M* = 37.26 years, *SD* = 12.51. 34.2% were British, 30.4% were American, and the remaining 35.4% were made up of 64 different nationalities. Recruited via posts on social media (n = 413) and Reddit forums (n = 311). | Online survey, cross-sectional study, CFA, SEM. Convenience sampling, sample specific to social media and Reddit users Assessment: Low risk. Sample was recruited over social media (which might carry a bias), one third of the | Coping with threat and uncertainty (A), Safeguarding Behaviours (C) | Hidden truth; Hidden cure; Government; Artificial Origin; Deliberate spread; USA; Population control; Hoax; Media; 5G;China; Disrupt economy; Pharmaceu | Ten new items: (1) "A lot of information about Coronavirus is deliberately held back from the public."; (2) "There is a cure for Coronavirus, but it is being withheld by the government."; (3) "Coronavirus was created and spread by the CIA".; (4) "Coronavirus was created by the government to control the population.; (5) "The existence of Coronavirus is a hoax perpetuated by the media"; (6) "The implementation of 5G technology is a means of deliberately spreading Coronavirus."; (7) "Coronavirus was purposefully created in, and released from, a biochemistry lab in Wuhan, China."; (8) "The US government purposefully released Coronavirus into the Chinese population to severely hurt | COVID-19 conspiracy beliefs were negatively associated with adherence to distancing guidelines (*r* = -.16), but not to hygiene guidelines. Feelings of powerlessness are related to beliefs in COVID-19 conspiracy theories (*r* = .18) |

				sample is from mixed countries; authors report mediations, even though research was correlational (but state so), research was preregistered, but some hypotheses are omitted (which is also stated).		tical Companies; Financial Gains; Powerful people	its economic growth."; (9) "Pharmaceutical companies created and released "Coronavirus in order to sell their medications and vaccines."; (10) "The new world order have finally found their most effective means of controlling populations through the release of Coronavirus." Participants reported their agreement from 1 (strongly disagree) to 7 (strongly agree). CFA confirmed one factor solution. Responses were averaged ($M = 1.50$, $SD = 0.57$).	
Bierwiaczonek, K., Kunst, J. R., & Pich, O. (2020). *Applied Psychology: Health and Well-Being*	**North America** United States	Wave 1: March 16, 2020 Wave 2: March 23, 2020 Wave 3: March 30, 2020 Wave 4: April 6, 2020 Wave 5: April 20, 2020.	N = 403 Wave 1: N = 399, Wave 2: N = 273, Wave 3: N = 281, Wave 4: N = 257, Wave 5: N = 240. Adult US citizens Age: $M = 37.42$. Gender: 45.9% were women. Education: A majority of participants (59.3%) had completed higher education. Income: 53.7 percent had a household income of $50,000 or more. Ethnicity: most participants self-identified as Caucasian (73.4%) Recruited via Amazon's Mechanical Turk	Online survey, uni/multivariate latent growth analysis Assessment: Low risk. Small sample size, although justified by power analysis, possible bias towards highly educated participants	Safeguarding Behaviours (C)	Artificial Origin; Bioweapon; Disrupt order	Three new items: (1) "To what extent do you think the virus is human made?"; (2) "To what extent do you think the virus is part of a biological warfare program?"; (3) "To what extent do you think the virus represents an attempt to hurt the Western world?" Participants rated each statement on a 7-point scale ranging from 1 (not at all) to 7 (very much). The scale displayed excellent internal consistency over all five waves (Wave 1, $\alpha = 0.92$; Wave 2, $\alpha = 0.93$; Wave 3, $\alpha = 0.94$; Wave 4, $\alpha = 0.94$; Wave 5, $\alpha = 0.94$). All item scores were averaged into a single composite score. Wave 1, $M = 3.14$, $SD = 1.99$; Wave 2, $M = 3.06$, $SD = 1.92$; Wave 3, $M = 2.83$, $SD = 1.92$; Wave 4, $M = 2.65$, $SD = 1.85$; Wave 5, $M = 2.89$, $SD = 1.95$.	Participants who reported more conspiracy beliefs at any wave reported less social distancing at the following wave (β-values between -.06 and -.07).
Boguszewski, R., Makowska, M., Bożewicz, M., & Podkowińska, M. (2020).	**Europe** Poland	April 14-20, 2020	N = 1,001 Participants were selected by stratified quota sampling of an internet panel administered by SW Research.	Online survey. Logistic regression was used to identify which variables were	Group Identities (A)	Population control; Political control; Disrupt economy; USA;	Two new items: (1) "The coronavirus is part of the political and economic war between the US and China"; (2) "The virus was deliberately released to reduce the problem of overpopulation in the world".	Increase in religious commitment during the pandemic was associated with increased conspiracy beliefs that the coronavirus is the result of a US-China economic war ($r=.14$, $p < .01$, or $r = .13$, $p < .01$ when

Religions			Gender: 52.2% female; 47.8% male. Age distribution: 18-19 (31%), 30-39 (27.1%). Education: Primary, lower secondary, vocational (12%), Secondary education (49.8%), Higher education (38.3%).	independently predictive of increased religiosity during the pandemic. Pearson r correlations were obtained to ascertain correlates of increased religious involvement during the pandemic. Assessment: Low risk. Good sample size, though the results may be specific to Poland. Conclusions commensurate with study design.		China		taking into account involvement in religious practices before the pandemic) and a strategy to reduce overpopulation ($r= .11$, $p < .01$, or $r= .10$, $p < .01$).
Bolsen, T., Palm, R., & Kingsland, J. T. (2020). *Science Communication*	**North America** United States	April – May, 2020	N = 1,071 Gender: 586 female, 476 male. Age: 18-24y (121), 25-34y (370), 35-44y (263), 45-54y (160), 55-64y (94), 65-74y (57), 75-84y (5), 85 and older (1). Education: 0.3% less than high school, 8% high school graduate, 19% some college, 7.9% 2-year degree, 44.6% 4-year degree, 17.6% professional degree, 2.6% doctorate. Ethnicity: 73.2% White, 9.6% African American, 9.5% Asian American, 5.8%	Online survey, experimental, regression analysis Experimental manipulation: short articles either arguing for natural origin or Chinese conspiracy as responsible for COVID-19 (plus a control condition and a competitive framing condition).	Negative social Consequences (C)	Artificial Origin; China; Bioweapon	Four questions intended to assess the belief that COVID-19 originated in animals vs. that it was created in Chinese laboratory: (1) "To what extent do you believe the coronavirus originated in animals and jumped to humans versus originating in a laboratory in China?" Options: Definitely originated in animals (1), Very likely originated in animals (2), Probably originated in animals (3), Not sure (4), Probably created in a laboratory (5), Very likely created in a laboratory (6), Definitely created in a laboratory (7). (2) "How likely is it to you that the coronavirus originated in animals and	People who believe in the artificial origin of COVID-19 report a greater willingness to penalize China, e.g. holding China financially responsible for the COVID-19 outbreak ($b = 0.63$, $SE = 0.03$, $p=.01$; coefficient is unstandardised, no standardised values were available), and less support for biomedical research of zoonotic viruses ($b = -0.22$, $SE = 0.03$, $p=.01$; coefficient is unstandardised, no standardised values were available).

			Hispanic, 1.9% Other. Online recruitment via Amazon MTurk, inclusion criteria: US respondents, at least 100 completed tasks and 95% approval rating on MTurk	Assessment: Medium risk. Not a representative sample. Predominately young and well-educated adult participants. On the other hand, the belief in Chinese origin conspiracy was experimentally manipulated, which allowed to examine its causal effect on the willingness to penalize China and support for biomedical research.		jumped to humans?" (Reverse coded) Options: Extremely unlikely (1), Moderately unlikely (2), Slightly unlikely (3), Neither likely nor unlikely (4), Slightly likely (5), Moderately likely (6), Extremely likely (7). (3) "How likely is it to you that the coronavirus originated in a laboratory in China?" Options: Same as item (2). (4) To what extent do you disagree or agree with the following statement: "The coronavirus was created by the Chinese government as part of a biological weapons program." Rated on a 7-point Likert scale: Strongly disagree (1), Disagree (2), Somewhat disagree (3), Neither agree nor disagree (4), Somewhat agree (5), Agree (6), Strongly agree (7). All item scores were averaged into a single composite score ($\alpha = 0.84$; $M = 3.52$; $SD = 1.53$).	
Bruder, M., & Kunert, L. (2021). *International Journal of Psychology*	**Europe** Germany	May, 2020	N = 1,013 Data was used from the 11th wave of the German national COVID-19 Snapshot Monitoring (COSMO) survey collected between May 12 und 13, 2020. The stratified cross-sectional online sample was representative of the German population with respect to gender and age (crossed) as well as federal state (not crossed) and consisted of 1,013 participants (521 women, 492 men, Mage = 46.29,	Online survey, cross-sectional data. OLS regressions, mediation model. Assessment: Low risk. Balanced and representative sampling. Appropriate analyses, conclusions based on data.	Attitudes towards Science (A), Trust in Authorities (A), Safeguarding Behaviours (C)	Five-item Conspiracy Mentality Questionnaire (Bruder et al., 2013), rated from certainly not true (1) to certainly true (7) (Mean and Standard Deviation not reported). An exploratory factor analysis suggested a one-factor solution and an average score of the five items was used in analyses.	Generic beliefs in conspiracy theories were predicted negatively by trust in public health institutions ($\beta = -.510$, $\eta2 =.257$, SE $=0.033$, $p <.001$), trust in government ($\beta = -.479$, $\eta2 =.231$, SE $=0.028$, $p <.001$), trust in media ($\beta = -.372$, $\eta2 =.137$, SE $=0.031$, $p <.001$), and trust in the German health-care system ($\beta = -.270$, $\eta2 =.074$, SE $=0.037$, $p <.001$), and trust in science ($\beta = -.415$, $\eta2 =.173$, SE $=0.032$, $p <.001$). Trust in the government moreover mediated the effect of generic belief in conspiracy theories on distancing safeguarding

			SDage = 15.56).					behaviours. The direct effect between generic beliefs in conspiracy theories and contact-related preventive behaviour (β = −.12, *p* =.002) is reduced to non-significance when controlling for trust in the government (β = −.04, SE =0.04, *p* = .29), and the indirect path from generic belief in conspiracy theories to contact-related preventive behaviour via trust in government is significant (β = −.08, SE =0.020, *p* <.001).
Calvillo, D. P., Ross, B. J., Garcia, R. J., Smelter, T. J., & Rutchick, A. M. (2020). *Social Psychological and Personality Science*	**North America** United States	Study 1: March 8, 2020 Study 2: March 17, 2020	Study 1: N = 526 Gender: 262 women, 262 men; 1 other, 1 no answer. Age: 18-78 years (median = 39.5). Politics: 232 identified as Democrats, 178 as Republicans, and 116 as neither (mean conservatism: *M* = 3.76 on a scale from 1 to 7). Study 2: N = 464 Gender: 235 women, 226 men, 1 other, 1 no answer. Age: 18-76 years (median = 35). Politics: 196 identified as Democrats, 161 as Republicans, and 107 as neither (mean conservatis*M* = 3.75).	Two preregistered cross-sectional online studies. Correlation, analyses were performed. Assessment:	Group Identity (A)	Hidden Truth; Deliberate Spread; Powerful People	One item about conspiracy ideation adapted from Brotherton et al. (2013). The item is: "The spread of the coronavirus (COVID-19) is the result of the deliberate, concealed efforts of some organization.". Rating on a scale of 1 (strongly disagree) to 5 (strongly agree). Experiment 1: *M* = 2.21, *SD* = 1.28. Experiment 2: *M* = 2.25, *SD* = 1.32.	Conservatism was associated with perceiving less personal vulnerability to the virus (*r* = -0.22, *p* < .001) and the virus's severity as lower (*r* =-.14, *p* < .001), and stronger endorsement of the beliefs that the media had exaggerated the virus's impact and that the spread of the virus was a conspiracy (*r* = 0.31, *p* < .001).
Cassese, E. C., Farhart, C. E., & Miller, J. M. (2020). *Politics & Gender*	**North America** United States	April 24-28, 2020	N = 3,019 Age: 18-88 years. Recruited by Lucid Theorem. Lucid provides quota samples that are matched to U.S. Census Bureau benchmarks. A	Cross sectional online study, Chi-square tests, regression analysis. Assessment: Low risk. Representative	Demographic Variables (A)	Bioweapon; China, Accidental release; USA; Scientists; Exaggerated/Flu, Make	Eleven new items: (1) "The virus is a biological weapon intentionally released by China."; (2) "The virus was accidentally released by China."; (3) "The virus was accidentally released by the US."; (4) "Scientists are exaggerating the seriousness to make President Trump look bad."; (5) "The media are exaggerating the seriousness	Men were more likely to adopt conspiracy beliefs (F(1,3016)= 43.62, *p* < .001).

			set of survey weights was created using a ranked weighting procedure based on the 2018 Current Population Survey (CPS) benchmarks for education, income, sex, race, and ethnicity to more closely approximate the U.S. population.	sample was used. Conclusions based on regression analysis are appropriate.		Trump look bad; Democrats; 5G; Hoax; Bill Gates; Control People; Population Control	to make President Trump look bad.”; (6) “Democratic Governors are hoarding ventilators to make President Trump look bad.”; (7) “Democratic Governors are not distributing coronavirus tests to make President Trump look bad.”; (8) “5C technology is causing the coronavirus to spread faster.”; (9) “The coronavirus isn't real.”; (10) “Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine.”; (11) “The coronavirus was intentionally created to reduce the world's population.” Responses were rated from 1 to 4 (definitely not true; probably not true; probably true; definitely true. Authors reported the percentage of men and women indicating each conspiracy theory is “probably” or “definitely” true. In subsequent analysis, all item scores were averaged into a single composite score (α = 0.86), no mean or standard deviation given.	
Čavojová, V., Šrol, J., & Ballová Mikušková, E. (2020). *Journal of Health Psychology*	**Europe** Slovakia	March 13-22, 2020	N = 783 Gender: 417 female (53.3%) , 363 male, 3 preferred not to disclose their gender. Age: 18-84 years (*M* = 42.00, *SD* = 16.84) Sample consisting of quota subsample (participant recruitment agency) and convenience subsample (online recruitment)	Online survey, cross-sectional, correlation and regression analyses, analysis of variance Assessment: Low risk. Balanced sampling, the results are potentially applicable only to Slovakia.	Epistemically suspect Beliefs (A), Thinking Styles and cognitive Biases (A), Safeguarding Behaviours (C), Misguided Behaviours (C),	Bioweapon; Population Control; Artificial Origin; Pharmaceutical companies; Hidden cure; China; Deliberate spread; Disrupt order; USA; Nations battle;	Ten new items: (1) “SARS-CoV-2 (coronavirus) is a biological weapon created to eliminate the overcrowded human population.”; (2) “SARS-CoV-2 (coronavirus) is artificially created to increase people's dependency on the pharmaceutical business.”; (3) “The cure for the SARS-CoV-2 (coronavirus) is already available but is being kept secret.”; (4) “China is responsible for the spread of the SARS-CoV-2 (coronavirus) – it is its revenge for the protests in Hong Kong.”; (5) “SARS-CoV-2 (coronavirus) was created by the USA to disrupt the European Union so that they could subsequently “save it”.”; (6) “The USA is using the SARS-CoV-2 (coronavirus) to settle its conflicts with China.”; (7) “The state took all the face	COVID-19 conspiracy beliefs were associated with generic health-related unfounded beliefs - belief in effectiveness of various alternative treatments for serious illnesses and conspiracy motives of medical and pharmaceutical industry (*r* = .72) -, anti-vaccination attitudes (*r* = .35) and refusal of COVID-19 vaccination (*r* = .14). Scientific reasoning correlated with generic pseudoscientific and health-related conspiracy beliefs and COVID-19 conspiracy beliefs. Analytic thinking was negatively

					Vaccination Intentions (C)	Using COVID regulations; Government; Hidden truth; Companies; Financial Gain; Exaggerated/Flu	masks and respirators so that it could give them away to the select few."; (8) "The governments are concealing the real numbers of fatalities especially in children and young people, to prevent panic."; (9) "COVID-19 (coronavirus) epidemic could have been stopped right at the start, but the large companies made a business out of keeping it going."; (10) "COVID-19 (coronavirus) is only a fabrication, it is an ordinary flu which pharmaceutical companies rebranded to increase the sales of drugs." Participants rated the items on a scale from 1 (completely disagree) to 5 (completely agree). All item scores were averaged into a single composite score ($\alpha = 0.90$; $M = 2.07$; $SD = 0.87$).	related to COVID-19 conspiracy beliefs ($r = -.27$). No relationship between COVID conspiracy beliefs and self-reported adherence to behavioural guidelines.
Chen, X., Zhang, S. X., Jahanshahi, A. A., Alvarez-Risco, A., Dai, H., Li, J., & Ibarra, V. G. (2020). *JMIR Public Health and Surveillance*	**Southern America** Ecuador	April 10-May 2, 2020	N = 252 Health care workers from 54 health care facilities in 13 provinces (29 facilities in Carchi, 9 facilities in Quito, and 16 facilities from 11 other provinces). Age: 18-69 years (M & SD not reported). Gender: 165 female (65.5%) and 87 male (34.5%) participants.	Online survey, cross-sectional design, Wald test; regression analysis Assessment: Low risk. Small sample of specific healthcare workers, but the conclusions are not overreaching.	Mental health (C)	Artificial origin	One new item: "From what you've seen or heard, what do you think is most likely the origin of the coronavirus?" The four possible responses were 1) "It came about naturally."; 2) "It was developed intentionally in a lab." (conspiracy theory belief); 3) "It was most likely made accidentally in a lab."; 4) "I am not sure where the virus originated." Odds ratio and 95% CI was calculated for each response separately. Percentage of the respondents endorsing each option is given.	Belief in COVID-19 artificial origin conspiracy theory as an important predictor of (likelihood for) distress (Wald test $\chi^2(1)=4.24$, $p =.039$), anxiety ($\chi^2(1)=6.42$, $p =.011$, health care workers were more likely to have anxiety disorder than those who believed the virus came about naturally; those who believed the virus was made accidentally were more likely to have anxiety disorder, $\chi^2_1=8.11$, $p =.004$), and job (no statistics reported in paper) and life satisfaction among health care workers (life satisfaction of health care workers who believed that virus had artificial origin was also lower than that of health care workers who believed the virus came about naturally ($\chi^2(1)=7.80$, p

								=.006).
Constantinou, M., Kagialis, A., & Karekla, M. (2020). *Research Square*	**Europe** Cyprus and Greece	April, 2020	N = 1,001 Age: average age was 35.59 years. Gender: 80.5% were women. Country: 42.9% participants from Greece and 57.1% from Cyprus. Education: Participants were highly educated with 93% having at least a bachelor's degree. Participants were recruited by invitations posted on Facebook and Twitter.	Online questionnaire Correlation analysis, linear regression analysis Assessment: Medium risk. Possible bias toward more educated with access to internet. Research was not peer-reviewed, yet.	Demographic Variables (A), Attitudes towards Science (A), Safeguarding Behaviours (C)	Hoax; Hidden Cure; Misinformation; Exaggerated/Flu; Media; Microchips; Population control; Artificial origin; Scientists; Political Control; Government	Thirteen statements related to popular conspiracy theories, of which nine specific to COVID-19: (1) "COVID-19 is not real"; (2) "There is already a vaccine for COVID-19 and will be released when millions are infected"; (3) "Deaths from COVID- 19 in Italy, Spain, and USA are not as many as reported"; (4) "Nobody died from COVID-19"; (5) "People dying from COVID-19 would have died very soon, anyway"; (6) "With COVID-19 vaccinations we will be microchipped unwillingly"; (7) "COVID-19 and Ebola were created for population control"; (8) "COVID-19 was created on purpose in a laboratory by scientists"; (9) "Most countries' presidents are in a conspiracy to keep us home so they can pass unwanted policies". Participants reported their agreement with each statement 10-point scale, with 1 being "certainly no" and 10 being "certainly yes". Factor analysis confirmed one factor, and all (13) item scores were averaged into a single composite score ($\alpha = 0.89$). Means and standard deviations are reported for all items separately.	Younger people ($r = -.14$), individuals with lower (vs. higher) income ($r = -.18$) and education ($r = -.19$) tend to hold stronger beliefs in COVID-19 conspiracy theories. Higher trust in science has been related to having less strong conspiracy beliefs about COVID-19 ($r = -.47$).
De Coninck, D., Frissen, T., Matthijs, K., d'Haenens, L., Lits, G., Champagne-Poirier, O., ... & Généreux, M. (2021). *Frontiers in Psychology*	**North America** United States, Canada **Europe** England, Belgium, Switzerland **Asia** Hong Kong, Philippines	May 29, 2020 to June 12, 2020	N = 8,806 Belgium (n=1,105), Canada (n=1,501), England (n=1,041), Hong Kong (n=1,140), New Zealand (n=1,000), Philippines (n=1,041), United States (n=1,065), Switzerland (n=1,003) Age M = 46.6. Gender: 48% male, 52% female participants. Education:	Online survey, cross-sectional design. Analyses: independent samples t-tests, one-way ANOVA tests, structural equation models (SEM) for each country. Assessment:	Demographic Variables (A), Personality Traits (A), Trust in Authorities (A), Mental Health (C)	Government; Hidden truth; Pharmaceutical companies; Deliberate spread; Hidden cure; Artificial origin; 5G	Conspiracy belief was measured with a three- and six-item scale: (1) "I believe that my government is hiding important information about the coronavirus."; (2) "I believe that the pharmaceutical industry is involved in the spread of the coronavirus."; (3) "I believe that the medication already exists to prevent or treat the coronavirus."; (4) "I believe the coronavirus was made intentionally in a laboratory."; (5) "I believe the coronavirus was made by mistake in a laboratory."; (6) "I believe there is a link between 5G technology and the	Younger participants believed in COVID-19 conspiracy beliefs more than older participants ($F(8,781)=76.35, p < .001$), as did lower educated participants ($F(8,710)=15.70, p < .001$). Believing COVID-19 conspiracy theories was associated with distrust in health experts ($r = -0.19, p <.01$), political actors ($r = -0.08, p <.01$), and personal contacts ($r = -0.16, p <.01$).

	Oceania New Zealand		49% secondary education or lower, 51% tertiary education or higher. Recruitment and data collection were carried out by two polling firms. Participants were randomly recruited from online panels, through (a) traditional and mobile telephone methodologies, and (b) by invitation, through social media, through offline recruitment, and through partner programs and campaigns.					coronavirus." Answer options ranged from 1 (do not agree at all) to 10 (fully agree). Principal component analysis indicated a single component with high internal consistency for both scales (three-item α = 0.77; six-item α = 0.86). The scale with six items was not used in Hong Kong. *M* = 4.66, *SD* = 2.77.	Conspiracy beliefs were associated with higher levels of depression (*r* =.26, *p* < .01) and anxiety (*r* =.23. *p* <.01). Feelings of anxiety and depression mediated the negative association between exposure to traditional media and conspiracy beliefs (*b* = -0.04, *p* < .001, and the positive association between exposure to social media and information from family and friends, and conspiracy beliefs (*b* = 0.05, *p* < .001).
Díaz, R., & Cova, F. (2020). *PsyArXiv*	**North America** United States	Study 1a: March 20, 2020 Study 1b: March 30, 2020	Study 1a: N = 228 Age: *M* = 39.47 Gender: 97 Female, 130 Male, 1 non-binary Study 1b: N = 273 Age: *M* = 46.57 Gender: 137 Female, 134 Male, 2 non-binary Recruited through Amazon Mechanical Turk	Online survey. Correlation analysis, multiple linear regression with 17 predictors Assessment: High risk. Small MTurk samples per study, singular question (no reliability reported, emailed for the rating options). While the authors do not find significant (!) negative correlations between conspiracy belief and health compliance in the present, they find negative	Safeguarding Behaviours (C)	Hidden truth; Government	One item: "I think that the official version of the events given by the authorities very often hides the truth". Rated from 1 ("completely false") to 9 ("completely true"). No mean reported.	No unique effect of participants' beliefs in conspiracies or pseudoscience on safeguarding behaviour above care values and pathogen disgust

				correlations between the two and even a negative correlation of -.12 between conspiracy belief and future health efforts (which might not be significant, but maybe also too big to completely ignore it).				
Duplaga, M. (2020). *International Journal of Environmental Research and Public Health*	**Europe** Poland	June, 2020	N = 1,002 Representative sample of Polish Internet users aged 18 and above. Age: *M* = 40.14, *SD* = 14.21. Gender: 50.6% female participants. Recruited from a certified Internet panel by the PBS Company (Sopot, Poland)	The computer-assisted web-based interviewing (CAWI) technique. Multivariate linear regression analysis, logistic regression analysis. Assessment: Low. Caution: Summed scores used in regressions.	Demographic Variables (A); Mental Health (C)	Artificial origin; Political control; Disrupt order; Government; Mass surveillance	Three new items: (1) "Coronavirus responsible for the COVID-19 pandemic is a result of genetic manipulations carried out by man."; (2) "The coronavirus news is made up to spread panic and to achieve a political aim."; (3) "Governments treat the COVID-19 pandemic as a pretext for the introduction of total surveillance of the population." Rated from 1 ("I decidedly do not agree") to 5 ("I decidedly agree"). Cronbach's α = 0.73. Values were summed (sum not given).	Younger people tend to give more credence to COVID-19 conspiracy theories; Individuals with lower (vs. higher) education tend to hold stronger beliefs in COVID-19 conspiracy theories. A higher Future Anxiety Scale Score (FASS) was observed in respondents with higher rather than lower perceived health threat related to COVID-19 (*r* = -.26) and in those with a higher conspiracy belief score (*r* = .08).
Earnshaw, V. A., Eaton, L. A., Kalichman, S. C., Brousseau, N. M., Hill, E. C., & Fox, A. B. (2020). *Translational Behavioral Medicine*	**North America** United States	April, 2020	N = 845 Gender: ~41-59% women-men gender division (0.5% nonbinary). Age: 18–74 years old (M=40). Race/ethnicity: reported. Education: 77.3% college degree. From wide variety of U.S. regions	Online survey, cross-sectional. Statistical analyses: t-tests and chi-square tests, logistic and linear regression analyses Assessment: Low. Caution:	Demographic Variables (A); Trust in Authorities (A); Social Media (A)	Hoax; Forced vaccinations; Government; Bioweapon; Pharmaceutical companies; Financial	Conspiracy beliefs were measured with six items modelled after a measure of HIV conspiracy beliefs. Items included: (1) "The coronavirus is a myth to force vaccinations on people."; (2) "There is no such thing as the coronavirus."; (3) "Coronavirus was developed by the government as part of a bioweapons program."; (4) "Big Pharma is encouraging the spread of coronavirus to make money."; (5) "5G is causing the coronavirus."; (6) "The government	Participants who believed conspiracies were slightly younger than participants who disbelieved conspiracies (*t*(829) = 2.48, *p* <.05). No gender differences in conspiracy theories beliefs (X^2(2) = 1.07); A higher percentage of Black people endorse them than other ethnicities do (X^2(4) = 30.09, *p* <.01).

			Amazon Mechanical Turk, participants were compensated $2.

Participants were excluded if they reported having experienced COVID-19 (n = 72), failed data screens (n = 20), completed the survey in less than 3 min (n = 14), or completed multiple surveys from the same IP address (n = 29). | Reliability assessment and means of conspiracy items missing. | gains; 5G | could cure coronavirus, but chooses not to for financial gain."

Participants indicated whether they agreed or disagreed with each belief (i.e., binary response).

A conspiracy belief variable was created by dividing responses to into two categories: (1) disagreement with all conspiracy beliefs, versus (2) agreement with one or more conspiracy beliefs. | For citizens in the United States, belief in COVID conspiracy theories was associated with more trust in social media ($F(1,844)$ = 120.94, $p < .01$, Cohen's d = 0.51) and in President Trump ($F(1,843)$ = 108.80, $p < .01$, Cohen's d = 0.76), but at the same time less trust in information from state and local governments ($F(1,843)$ = 19.61, $p < .01$, Cohen's d = 0.32), Anthony Fauci ($F(1,844)$ = 91.82, $p < .01$, Cohen's d = 0.69), and their doctor(s) (F(1,841) = 31.04, $p < .01$, Cohen's d = 0.41)., than those who did not believe in conspiracy theories. |
| Eberl, J.-M., Huber, R. A., & Greussing, E. (2021). *Journal of Elections, Public Opinion and Parties* | **Europe** Austria | May, 2020 | N = 823

Data from the Austrian Corona Panel Study, which surveys the Austrian voting-age population. Respondents in this panel are selected based on the following key demographics: age, gender, gender x age, region (province), educational level, and municipality size. The quota sample was structured to closely represent the Austrian population. | Online survey, cross-sectional. Structural equation models (SEM) to simultaneously measure latent variables and estimate their interconnectedness through regression analyses.

Assessment: Low risk. Representative sample was used. Analyses used appropriately. | Attitudes towards Science (A), Trust in Authorities (A) | Pharmaceutical companies; Hidden cure; Government; Medical conspiracy; Bioweapon; Artificial origin; Accidental release; USA; Bill Gates; Forced vaccination; Financial gains; 5G; Military | Eight new items: (1) "The vaccine against the coronavirus has already been developed but is being held back by large pharmaceutical companies."; (2) "The vaccine against the coronavirus has already been developed but is being held back by the government."; (3) "The vaccine against the coronavirus is currently being developed, and there are test vaccines that cannot be used before they have been extensively tested." (reverse-coded); (4) "The coronavirus is a bioweapon that was deliberately developed to harm humans."; (5) "The coronavirus is a natural infectious disease that has spread worldwide and caused a pandemic." (reverse-coded); (6) "The coronavirus was accidentally released during a secret US military experiment."; (7) "Bill Gates wants to vaccinate humanity by force in order to earn a lot of money."; (8) "The new 5G transmitter masts are responsible for the spread of the coronavirus."

Rated on a scale ranging from 1 (very certain that this is false) to 5 (very | Distrust in science and research (β = -.22, $p < .001$), and distrust in political institutions (β = -.26, $p < .001$) predicted COVID-19 conspiracy beliefs more strongly than right-left ideology (β = .12, $p < .001$). Distrust in science and research and distrust in political institutions were themselves predicted by populist attitudes (β = -.45, $p < .001$ and β = -.75, $p < .001$ respectively). |

							certain that this is true) and a middle category 3 (unsure whether that is true or false). No reliability or means reported.	
Egorova, M. S., Parshikova, O. V., Chertkova, Y. D., Staroverov, V. M., & Mitina, O. V. (2020). *Psychology in Russia. State of the Art*	**Europe** Russia	March 31-April 23, 2020	N=667 Undergraduate and graduate students. Age: 16–31 years (*M* = 20.44, *SD* = 2.38). Gender: 74.2% of the participants were women.	Online survey with a sample of undergraduate and graduate students. Correlation analysis, t-test, regression analysis Assessment: Medium risk. Respondents are students (undergraduate and graduate) but they were sampled from 15 locations, and 4 of the cities in which people were recruited were the ones with highest rates of COVID-19 infection. Majority of the sample were female.	Mental Health (C)	Media; Distraction /Cover-up; Hoax; Disrupt economy; Financial gains; Disrupt economy; Pharmaceutical companies; Government; Restrict liberties	Four new items: (1) "The hysteria surrounding the coronavirus is being fuelled to distract attention from other national problems"; (2) "There is no pandemic; we are being deceived by those who profit from creating panic and bringing down the world economy"; (3) "The new virus is a conspiracy by pharmaceutical companies that want to make money on it"; (4) "The authorities are using the pandemic to isolate the country and restrict the rights and freedoms of its citizens." Rated on a 5-point Likert scale of agreement (no further information given). The four items were factor analysed and one factor explaining 14% of the variance was extracted (α = .72, *M* = 1.92, *SD* = 0.78).	Belief in COVID-19 conspiracy theories (*r* .27), feeling insufficiently informed (*r* = .13), and a lack of trust in the readiness of the government to deal with the pandemic (*r* = .23) were associated with greater feelings of hopelessness during the early stages of quarantine.
Erceg, N., Ružojčić, M., & Galić, Z. (2020).	**Europe** Croatia	March 21-29, 2020	N = 1,439 Sociodemographic characteristics for	Online survey Cross-sectional study design Correlation	Thinking Styles and cognitive	Scientists; Artificial origin; Bioweapon	Eight items measured COVID-19 conspiracy belief[1]: (1) "Contrary to popular belief, coronavirus did not originate from animals but was created	More intuitive and less analytical thinking styles were related to higher levels of COVID-19 conspiracy beliefs (*r* = -.31 for

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[1] Beliefs about possible treatments were measured through the following items with the same rating options: (1) By taking higher amounts of Vitamin C, we can prevent coronavirus infection; (2) Consuming garlic or a garlic potion reduces the likelihood of a coronavirus infection; (3) Colloidal silver is a potentially good cure for this coronavirus strain; (4) It is useful to drink large amounts of water to flush the coronavirus out of the throat and thus reduce the chance of infection; (5) Heat is known to kill viruses, so it is necessary to drink hot drinks or take hot baths to prevent the coronavirus infection; (6) Flushing the nose with saline may be effective in preventing coronavirus infection.

Citation	Region	Date	Sample	Methods / Assessment	Constructs	Conspiracy topics	Measures	Results
Current Psychology			N=996: 74.1% were female (average age was 34.8 years). Most of the participants had a college or university degree (79.8%) while 20.1% had a high school diploma. Convenience sample, recruited online via social media (incl. social media and friends and colleagues).	analyses, structural equation modelling. Assessment: Low risk. Women with higher education are overrepresented, but relatively large sample. Analyses were appropriate and data are available online.	Biases (A), Attitudes towards Science (A), Safeguarding Behaviours (C)	; USA; China; Nations battle; Population control; Bill Gates; Deliberate spread; Accidental release; Hidden cure; Exaggerated/Flu	by scientists in the laboratory."; (2) "The coronavirus was created as a bioweapon in the battle between the world powers (primarily the US and China)."; (3) "The coronavirus was created to reduce the world population."; (4) "The Bill and Melinda Gates Foundation are behind the creation and spread of coronaviruses."; (5) "The coronavirus has spread because it accidentally escaped from the research lab."; (6) "The coronavirus vaccine was invented and exists, but this fact is kept secret from us."; (7) "There are many more people diagnosed with coronavirus in Croatia and worldwide than what is being shown." (reverse-coded); (8) "Coronavirus is as serious as ordinary flu, if not less." Participants reported on their agreement on a six-point scale (1 = completely disagree; 6 =completely agree). All item scores were averaged into a single composite score ($M = 2.16$, $SD = 0.84$).	CRT; $r = .28$ for faith in intuition). People with higher levels of open-minded thinking ($r = -.31$) and science curiosity ($r = -.20$) had lower levels of belief in COVID-19 conspiracy beliefs. COVID conspiracy beliefs were negatively related to the self-reported adherence to behavioural guidelines ($r = -.21$).
Farias, J. E. M., & Pilati, R. (2021). *Current Psychology*	**South America** Brazil	April-May, 2020	N = 662 Gender: 495 women, 163 men, and four participants did not report gender. Age: 18-82 years, $M = 39.91$, SD=14.15. Politics: Most participants stated to be left-wing supporters (n= 360, 54.4%), 221 declared not to be either right- or left wing-partisans (36.7%), and 81 stated to be right-wing supporters (12.2%). Convenience sampling.	An online survey, cross-sectional design, multiple regression analyses. Assessment: Medium to high: Small sample of man Overrepresentation of women, sample specific to Facebook and WhatsApp users. Use of causal language with a cross-sectional	Coping with Threat and Uncertainty (A). Group Identity (A), Safeguarding Behaviours (C)		Generic Conspiracist Beliefs scale by Brotherton et al. (2013) comprising five dimensions (Government Malfeasance, Malevolent Global Conspiracies, Extraterrestrial Cover-up, Personal Wellbeing, and Control of Information). Participants rated items on a 5-point Likert-type scale, with a qualitative label associated with each point (1= Definitely not true, 2= Probably not true, 3= Cannot decide, 4= Probably true, and 5= Definitely true). Items were average by dimension and only three of the dimensions were used (Government Malfeasance, α=.93, $M = 3.62$, $SD = 1.29$; Control of Information, α=.87, $M = 3.12$, $SD = $	Partisanship predicts belief in conspiracy theory involving personal wellbeing ($b = -.08$, $p = .01$) and control of information ($b = -.07$, $p = .01$) but not government malfeasance ($b = .05$, $p = .09$). Beliefs in control of information theories were related to non-compliance with social distancing ($r = .17$), but not other prevention measures. Intolerance of uncertainty was linked to the three dimensions of conspiracy beliefs (government malfeasance: $r = .43$; personal wellbeing: $r = .55$; control of information: $r = .57$).

			Participants were invited to respond to the research through Facebook posts, and invitations were sent through a messaging app (WhatsApp) to the researchers' contacts.	study. Several inconsistencies in the results.				1.25; Personal Wellbeing, α=.78, *M* = 3.09, *SD* = 1.43).
Fountoulakis, K. N., Apostolidou, M. K., Atsiova, M. B., Filippidou, A. K., Florou, A. K., Gousiou, D. S., Katsara, A. R., Mantzari, S. N., Padouva-Markoulaki, M., & Papatriantafyll ou, E. I. (2020). *Journal of affective disorders*	**Europe** Greece	April 11-May 1, 2020	N = 3,399 Gender & age: 2756 female (81.08%) aged 34.02±9.72), 621 male (18.27%; aged 36.38±10.33), 22 'other' gender participants (0.64%; aged 29.65.6 ± 6.68).	Online survey, cross-sectional data. Analyses: Chi-square test, multiple forward stepwise linear regression (Schefee post hoc test), ANOVA. Assessment: Medium risk. Although respondents were self-selected, the sample is large and corresponds to the Greek general population (authors created a stratified study sample). Female participants are overrepresented. Wide variety of analyses checking for each and every relationship – high risk of p-hacking.	Safeguar ding Behavio urs (C); Mental Health (C)	Pharmaceu tical companies; Hidden cure; Artificial origin; Bioweapon; Population control; 5G; Misinform ation; Media; Exaggerate d/Flu; Governme nt; Disrupt economy	Seven new items: (1) "Do you believe that the COVID-19 vaccine was ready even before the virus broke out and they conceal it from us for the benefit of pharmaceutical companies?"; (2) "Do you believe that COVID-19 was created in a laboratory to be used as a biochemical weapon for the extermination of the human population?"; (3) "Do you believe that COVID-19 is the result of 5G technology antenna?"; (4) "Do you believe that COVID-19 appeared accidentally from human contact with animals and it was something that generally happens and was generally expected?"; (5) "Do you believe that covid-19 has much lower mortality rate but there is misinformation and terror-inducing propaganda?" (6) "Do you believe that COVID-19 is a creation of the world's powerful leaders to create a global economic crisis?" (7) "Do you believe that COVID-19 is a sign of divine power to destroy our planet?" Response scale: I don't believe it at all; A little bit; Maybe; Much; Very much. (no numerical scores reported). Means or reliability not reported.	There was no relationship between history of depression, self-harm, or suicidal attempts and COVID-19 conspiracy beliefs. Current presence of distress or depression was associated with the vaccine already ready theory (χ^2 (8)=23.09, *p* = 0.003) and the 5G conspiracy theory (χ^2 (8) = 26.43, *p* = 0.001). Depressed patients had higher beliefs than healthy individuals in the vaccine already ready theory, the 5G theory, lower mortality than declared theory, and divine power involved in the outbreak. An ANOVA with healthy/distress/depression as grouping variable and the belief variables as dependent was significant (wilks=0.99, *F*(14,6790)=2.14, *p* = .007).
Freeman, D., Waite, F., Rosebrock, L., Petit, A., Causier, C., East, A.,	**Europe** England	May 4-11, 2020	N = 2,501 Quota sampled to match the population for age, gender, income, and region (UK Office for	Online survey, cross-sectional, principal components analysis, correlation	Demogra phic variable (A), Epistemi cally	Governme nt; Hidden Truth; Scientists; Hoax; Artificial	Conspiracy mentality was measured using Conspiracy Mentality Questionnaire (Bruder et al., 2013). Each item was rated on 11-point scale from 0% (certainly not) to 100% (certain) (α = .88).	Younger participants held higher levels of (specific/general) COVID-19 conspiracy beliefs *(r = -.42/-.35)*; No gender differences in conspiracy theories beliefs;

Jenner, L., Teale, A.-L., Carr, L., Mulhall, S., Bold, E., & Lambe, S. (2020). *Psychological Medicine*	National Statistics (ONS) population estimate data). Recruited by Lucid (https://luc.id/), the platform of which serves as a centralised source for survey responses, working with over 250 survey suppliers, all of whom adhere to the ESOMAR Guidelines. The advantage of using multiple survey sources is substantially less reliant on any particular demographic or segment of the population.	analysis, pairwise comparisons (t-tests), analysis of variance, Chi-square test	Suspect Beliefs (A), Trust in Authorities (A), Social Media (A), Safeguarding Behaviours (C), Vaccination Intentions (C)	origin;; Powerful people; Population control; Political Control; Financial Gain; Nations battle; Companies; Help environment; Control People; Mass surveillance; Disrupt order; Disrupt economy; Bioweapon; China; Scaremongering; Military; Create new order; Bill Gates; Pharmaceutical companies; Restrict liberties; 5G; Distraction /Cover-up; Using COVID regulations; Microchips; WHO; Hidden cure;	COVID-19 conspiracy beliefs were measured using 48-item statements with 30 items measuring specific COVID-19 conspiracy theories, and 18 items measuring general COVID-19 conspiracy beliefs.	People who are white have been found to endorse COVID-19 conspiracy beliefs less often than other ethnic groups (d = .55/.48).

Assessment: Low risk. Large and representative sample was used, a wide range of conspiracy theories was tested. However, the response scale used with conspiracy items was criticised by other authors to potentially give an exaggerated estimate of the extent to which participants endorsed various conspiracy claims (e.g. Sutton & Douglas, 2020, *Psychological Medicine*).

General COVID-19 conspiracy statements (n=18): **scepticism** about the government's response (n = 3): (1) "The government is misleading the public about the cause of the virus."; (2) "I'm sceptical about the official explanation about the cause of the virus."; (3) "I don't trust the information about the virus from scientific experts."; general conspiracy views on the **cause of the virus** (n = 3) (1) "The virus is a hoax."; (2) "The virus is manmade."; (3) "The virus is produced by powerful organisations (e.g. government, military)."; general conspiracy views about the **spread of the virus** (n = 7): (1) "To reduce the size of the global population."; (2) "By governments to gain political control."; (3) "By a group of powerful people to make money."; (4) "By a group of powerful people to gain control."; (5) "By one nation to destabilise another."; (6) "By global companies to take control."; (7) "By activists to stop climate change."; general conspiracy views about the **reasons for lockdown** (n = 5): (1) "Stop immigration."; (2) "Control every aspect of our lives."; (3) "Impose mass surveillance."; (4) "Destabilise the nation for political gain."; (5) "Destabilise the economy for financial gain.".

Specific conspiracy beliefs (n = 30): (1) "Coronavirus is a bioweapon developed by China to destroy the West."; (2) "The virus is a biological

When comparing broad (e.g. "The virus is a hoax") to narrow (e.g. "The elite have created the virus in order to establish a one-world government") COVID-19 conspiracy beliefs, only broad beliefs were associated with lower education levels.

Both specific and general COVID-19 conspiracy beliefs were associated with greater conspiracy mentality (r-specific = .16, p < .001; r-general= .35, p < .001), general vaccination conspiracy beliefs (r-specific = .60, p < .001; r-general= .65, p <.001) and climate change conspiracy beliefs (r-specific = .51, p < .001; r-general= .47, p < .001).

Belief in (specific/general) COVID-19 conspiracy theories was associated with distrust in the UK government (r-specific = -.12, p < .001; r-general = -.17, p < .001), UK military (r-specific = -.16, p < .001; r-general = -.17, p < .001), doctors (r-specific = -.30, p < .001; r-general = -.29, p < .001), scientists (r-specific = -.20, p < .001; r-general = -.25, p < .001), World Health Organization (WHO) (r-specific = -.17, p < .001; r-general = -.24, p < .001), United Nations (UN) (r-specific = -.08, p < .001; r-general = -.17, p < .001), European Union (EU) (r-specific = -.07, p = .001; but not r-general = -.03, p = .13).

| Media; Misinformation; Medical Conspiracy | weapon manufactured by the United States."; (3) "The virus is a scaremongering tactic to prevent Brexit."; (4) "Coronavirus is being used by the elite to stop Brexit."; (5) "The UN and WHO have manufactured the virus to take global control."; (6) "Jews have created the virus to collapse the economy for financial gain." (7) "Muslims are spreading the virus as an attack on Western values."; (8) "The elite have created the virus in order to establish a one-world government."; (9) "Bill Gates has created the virus in order to reduce the world population."; (10) "Big Pharma created coronavirus to profit from the vaccines."; (11) "Coronavirus is being used by the government to implement a police state."; (12) "Coronavirus is caused by 5 G and is a form of radiation poisoning transmitted through radio waves."; (13) "Coronavirus is an alien weapon to destroy humanity."; (14) "The virus is a smokescreen for a global conspiracy that swapped the real world with a simulation."; (15) "The virus is a front to implement measures to destroy our privacy."; (16) "Companies are being deliberately put out of business to hide the effects of Brexit."; (17) "Lockdown is a way to terrify, isolate, and demoralise a society as a whole in order to reshape society to fit specific interests."; (18) "Coronavirus is a plot by globalists to destroy religion by banning gatherings."; (19) "The intention of lockdown is to force people to rely on big corporations rather than their local businesses."; (20) "Lockdown is a plot by environmental activists to control the rest of us."; (21) "The coronavirus vaccine will contain microchips to control the people."; (22) "Coronavirus was created to force everyone to get vaccinated."; (23) "The | (Specific/General) COVID conspiracy beliefs were negatively related to self-reported adherence to one hygiene ($r = -.38/-.27$) and several distancing guidelines (r between -.38 and -.44/r between -.31 and -.35). |

vaccine will be used to carry out mass sterilisation."; (24) "The coronavirus is bait to scare the whole globe into accepting a vaccine that will introduce the 'real' deadly virus."; (25) "The WHO already has a vaccine and are withholding it."; (26) "Antibody testing is a plot to harvest our DNA."; (27) "Celebrities are being paid to say they have coronavirus."; (28) "Politicians (e.g. Boris Johnson) have faked having coronavirus."; (29) "The mainstream media is deliberately feeding us misinformation about the virus and lockdown."; (30) "Coronavirus cannot be passed from person to person, you can only get it if someone deliberately infects you with it (e.g. being injected or poisoned)."

Participants rated all conspiracy items on a five-point scale: 1 ("do not agree"), 2 ("agree a little"), 3 ("agree moderately"), 4 ("agree a lot"), 5 ("agree completely"). Ratings were summed to produce composite generic (M = 34.1, SD = 17.0) and specific (M = 46.1, SD = 26.0) COVID-19 conspiracy beliefs scores. Reliability: The primary principal component factors (without rotation) explained 61.3% and 69.4% of the variance respectively.

Fuhrer, J., & Cova, F. (2020). *Judgment & Decision Making*	Multinational sample, mostly from **Europe** France, Switzerland, Belgium, Canada.	April, 2020	Study 1: N = 428 Gender: 238 male, 188 female, 3 identified neither as a men nor a woman, age: M = 35.13, SD = 13.09. Country: 351 France, 50 Switzerland, 8 Belgium, 6 Canada, 13 other countries. Online sample recruited through social networks.	Study 1 and 2: Online survey, cross-sectional, correlation analysis Study 3: online survey, experimental and correlational, correlation analysis and pairwise comparisons (t-	Epistemi cally suspect Beliefs (A)	Artificial origin; Accidental release; Governme nt; Financial gains; Restrict liberties; Political control; Using COVID	COVID-19 conspiracy beliefs were measured using five items: (1) "The virus responsible for COVID-19 was invented by the Pasteur Institute." (Study 1 only); (2) "The virus responsible for COVID-19 escaped from a laboratory in Wuhan." (Studies 2 and 3 only); (3) "The government rejects the use of hydroxychloroquine for financial reasons (such as favoring French companies)."; (4) "The French government took advantage of the confinement to increase its powers and reduce the freedom of its citizens." (5)	COVID-19 conspiracy beliefs were associated with belief in the effectiveness of pseudoscientific remedies for COVID-19 (r = .31 in Study 1, r = .47 in Study 2, r = .45 in Study 3). COVID-19 conspiracy beliefs were positively related to faith in intuition (r = .34).

Citation	Sample	Date	Participants	Assessment	Variables	Conspiracy themes	Measures	Findings
			Study 2: N = 258 Gender: 148 male, 107 female, 3 identified neither as a man nor a woman. Age: M = 29.00, SD = 9.65. Country of residence: 253 France, 55 outside of France. Online sample recruited through Prolific. Inclusion criteria: French nationality. Study 3: N = 264 Gender: 135 female, 129 male. Age: M = 40.56, SD = 12.78. All participants were from France. Online sample recruited through Crowdpanel.	tests) Assessment: Medium risk. Results potentially specific to France, with relatively small and not representative. Relatively specific (French) pool of items measuring COVID-19 conspiracy beliefs was used, though in line with the general description of conspiracy beliefs. Further worrisome is that no reliability of the items was reported, nor means or standard deviations.		regulations; Hidden truth	"The French government has implemented an electronic version of the exit certificate to better register people who do not respect the confinement." Belief in generic conspiracy theories was measured using single item scale (Lantian et al., 2016): "I think that the official version of the events given by the authorities very often hides the truth." All conspiracy items rated on a scale from -3 (strongly disagree) to +3 (strongly agree). No reliability or means (standard deviations) reported.	
Georgiou, N., Delfabbro, P., & Balzan, R. (2020). *Personality and Individual Differences*	Multinational panel sample, predominantly: **Europe** United Kingdom, Continental Europe **North America** United States	April, 2020	N = 640 Gender: 323 men, 317 women (49.5%). Age: young participants (two-thirds were between 18-34 years old). Education: Mainly well-educated (80% of the sample had some college or university degree). International panel sample recruited through Prolific. All participants received a	Online survey, correlation and regression analyses. Assessment: Medium risk. Majority of participants (58.4%) reported having University degree; Conspiracy belief score was a sum, which is	Demographic Variables (A), Epistemically suspect Beliefs (A)	China; Accidental release; Military; Bioweapon; Hidden cure; Create new order; Exaggerated/Flu; Medical conspiracy; Bill Gates; Pharmaceu	Conspiracy mentality was measured using Generalised conspiracy beliefs scale (Brotherton et al., 2013). Belief in conspiracy theories was also measured using the 15-item 'Belief in conspiracy theories inventory' from Swami et al., (2010, 2011). COVID-19 conspiracy beliefs were measured using nine new items: (1) "The COVID-19 virus was accidently released from a Chinese military lab."; (2) "The COVID-19 virus was a secret biological weapon."; (3) "A vaccine for COVID-19 has existed for some time,	Individuals with lower education tend to hold stronger beliefs in COVID-19 conspiracy theories. COVID-19 conspiracy beliefs were strongly correlated with both conspiracy mentality (r = .63) and belief in specific (not COVID-19 related) conspiracy theories (r = .65).

			small monetary compensation (for around 12–15-minutes of work).	not ideal for regressions. Although the participants came from various countries low intra-class correlation suggested that very little variation existed between countries, I.e. aggregate analyses for all participants were appropriate.	tical companies; Hidden truth; Distraction /Cover-up	but it is being withheld."; (4) "COVID-19 has been exaggerated to facilitate significant changes in the world's social order."; (5) "The COVID-19 outbreak was caused by people eating bats."; (6) "COVID-19 was patented for a vaccine in 2015, but then infected people instead."; (7) "COVID-19 has been known about by big pharmaceutical companies and Bill Gates for at least 2 years."; (8) "There was a mass burning of bodies in Wuhan during the crisis."; (9) "Millions died in China, but it is being covered up." Participants rated their agreement on a scale of 1 (strongly disagree) to 7 (strongly agree). All item scores were summed into a single composite score ($\alpha = 0.86$; $M = 27.0$; $SD = 10.25$).	
Gligorić, V., Silva, M., Eker, S. G., van Hoek, N., Nieuwenhuijz en, E., Popova, U., & Zeighami, G. (2021). *Applied Cognitive Psychology*	*Unknown*	Dec 1-14, 2020	N = 354 Gender: 35.3% male, 63.0% female, and 1.7% other. Age: 16-68 years, $M = 28.6$, $SD = 11.3$. Ehtnicity: white (78.2%), Asian/Pacific Islander (8.2%), Hispanic/Latino (2.5%), Black/African American (2.3%), "Other" ethnicity (8.8%). Education: 29.1% undergraduate degree, 29.7% graduate degree, studying (32.2%), high school degree (7.6%), degree lower than high school (1.4%). Recruited through snowballing method.	Online study, cross-sectional design. Assessment: Medium-high risk. Highly educated sample, without data about nationality or country of residence. Low reliability of conspiracy belief items. The patterns of results pertaining to (reduced) analytic thinking, spirituality, and narcissism as predictors of COVID-19	Personality Traits (A), Epistemi cally suspect Beliefs (A), Thinking Styles and cognitive Biases (A)	Disrupt order; Powerful people; Artificial origin	Three new items: (1) "I believe there are groups interested in spreading panic to achieve their own goals."; (2) "I believe that the development of the pandemic may benefit certain groups of whose interests we have no idea."; (3) "I believe the coronavirus was created in a laboratory according to plans unknown to the public." Rated on a five-point scale from 1 ("strongly disagree") to 5 ("strongly agree"). Reliability, $\alpha = .66$, $M = 2.99$, $SD = 0.94$. Five items for Belief in specific conspiracy theories (van Prooijen et al., 2018) and seven items for Conspiracy Mentality Scale (Stojanov & Halberstadt, 2019).	Belief in COVID-19 conspiracy theories was positively correlated to belief in other conspiracy beliefs ($r = .63$) and with conspiracy mentality ($r = .67$), as well as need for control, narcissism ($r = .21$)*,* and spirituality (specifically self-discovery, $r = .34$, and eco-awareness, $r = .38$), and negatively with analytical thinking *($r = -.14$).* Combined in a regression, narcissism ($\beta = .13$, $p = .04$), spirituality ($\beta = .34$, $p < .001$) and (reduced) analytical thinking ($\beta = -.17$, $p < .01$) significantly predicted belief in COVID-19 conspiracy theories, whilst the other aforementioned variables did not. The predictive value of the spirituality factor was driven

				conspiracy beliefs also held for conspiracy mentality and belief in specific conspiracy theories not related to COVID-19, which lends further credence to the conclusions.				by eco-awareness.
Hartman, T. K., Marshall, M., Stocks, T. V., McKay, R., Bennett, K. M., Butter, S., Miller, J. G., Hyland, P., Levita, L., & Martinez, A. P. (2021). *Frontiers in Political Science.*	**Europe** United Kingdom	2 waves: Wave 1: March 23-28, 2020 Wave 2: April 22-May 1, 2020	First wave: N = 2,025 Second wave: N = 1,406 Nationally representative sample of adults living in the United Kingdom. Stratified quota sampling was employed, matched against known demographics in terms of age, gender, and household income within the UK. Participants were recruited by Qualtrics.	Online longitudinal study, regression analysis Assessment: Low risk. The data are from only one country (UK) but it is nationally representative sample. The item concerning the meat market origin of COVID-19 is not clearly positioned as a conspiracy or not in the paper, preventing to draw conclusions regarding this DV.	Demographic variable (A); Coping with threat and uncertainty (A)	China; Artificial origin; 5G	Three items: (1) "COVID-19 originated in a meat market in Wuhan, China" (not a conspiracy theory); (2) "COVID-19 was developed in a lab in Wuhan, China"; (3) "5G mobile networks are responsible for the current global pandemic". Respondents indicated the degree to which they believed in each theory using a slider scale ranging from 0-100% (meat market: $M = 0.64$, $SD = 0.29$; lab in Wuhan: $M = 0.38$, $SD = 0.33$; 5G networks: $M = 0.11$, $SD = 0.22$). Items not further averaged.	Individuals with lower education tend to hold stronger beliefs in COVID-19 conspiracy theories. Belief in COVID-19 conspiracy theories has been predicted by COVID-19 anxiety (meat market: $b = 0.12$, $se(b) = 0.03$, $p < .001$) and intolerance of uncertainty (meat market: $b = 0.14$, $se(b) = 0.04$, $p < .01$). Coefficients are unstandardised, no standardised values were reported. . Belief in the Wuhan laboratory conspiracy theory was predicted by right-wing authoritarianism ($b = 0.14$, $se(b) = 0.05$, $p < .01$ and social dominance orientation ($b = 0.23$, $se(b) = 0.05$ $p < .001$; coefficients are unstandardised, no standardised values were reported).
Heiss, R., Gell, S., Röthlingshöfer, E., & Zoller, C. (2021). *Personality and Individual Differences.*	**Europe** Austria	Wave 1: April 1-7, 2020, Wave 2: June 2-10, 2020	Wave 1: N = 1,024 Wave 2: N = 632 Nationally representative survey (with quota defined based on population data retrieved from the Austrian	Online survey, longitudinal. Cross-sectional and panel models were conducted.	Coping with threat and uncertainty (A)	China; Artificial origin; Deliberate spread; Population control; Financial	Three new items: (1) "The coronavirus was bred in a lab in China and systematically disseminated."; (2) "The coronavirus was spread to counter population ageing."; (3) "The coronavirus was created by financial companies to reduce cash payment."	Anxiety (measured as COVID-19 perceived threat) is linked to more belief in COVID-19 conspiracy theories (cross-sectional models), $b = 0.16$, $se(b) = 0.02$, $p < .001$, and predicts changes in COVID-19 conspiracy beliefs over time (panel models),

			statistical office, Statistik Austria), conducted by Dynata. Participants in wave 2 were 320 women and 312 men; Age: 18-87, *M* = 49.30 years, *SD* = 17.53). 105 had only completed compulsory schooling as their highest level of education, 305 had completed vocational school, 115 had earned high school diplomas, and 104 had earned a college degree.	Assessment: Low risk. The study has been conducted on one national population but is representative. Longitudinal analyses did not distinguish between within- and between-person effects.		Gains; Companies	Rated on a 5-point scale, ranging from 1 (not credible) to 5 (credible). Items were average in a single score for Wave 1: α = 0.85, *M* = 0.96, *SD* = 0.56; and Wave 2: α = 0.84; *M* = 0.98, *SD* = 0.55.	$b = 0.05$, $se(b) = 0.02$, $p < .01$. Coefficients are unstandardised, no standardised values were reported.
Hornik, R., Kikut, A., Jesch, E., Woko, C., Siegel, L., & Kim, K. (2021). *Health Communication*	**North America** United States	Wave 1: May 26-June 6, 2020 Wave 2: July 15-21, 2020	Wave 1: N = 1,074 Adults living in the United States, nationally representative sample recruited from Social Science Research Solutions (SSRS)'s Opinion Panel (participants matched the U.S. population on key demographic variables) Age: M = 47.6 (18.0), Gender: 51% female participants. Wave 2: N = 889 83% of Wave 1.	Online survey or survey by phone (cell phone and landline) in English or Spanish. Cross-lagged panel linear regression analysis. Assessment: Low. Nationally representative sample.	Demographic Variables (A), Safeguarding Behaviours (C)	Hoax; Exaggerated/Flu; Health Authorities; Hidden cure; Medical conspiracy; Hidden truth; Artificial origin	COVID-19 conspiracy beliefs were measured using a set of 10 items, but only 8 items were included in analysis because they formed a single dimension in the PCA: (1) "Coronavirus is probably a hoax."; (2) "Public health authorities are exaggerating the seriousness of coronavirus."; (3) "A vaccine for the coronavirus is now available."; (4) "The malaria drug Hydroxychloroquine is an effective treatment for coronavirus"; (5) "A cure for coronavirus has been found."; (6) "Information about treatments for coronavirus is being suppressed by those who want the pandemic to continue."; (7) "Coronavirus was created in a lab."; (8) "The coronavirus is not more dangerous than the seasonal flu." Rated on a four-point scale from 1 ("strongly disagree") to 4 ("strongly agree"), with a 'not sure' alternative scored at the midpoint of the scale. Cronbach's α = 0.84 in both waves. All item scores were averaged. Wave 1: *M*	Individuals with lower (vs. higher) income ($r = -.21$) and education ($r = -.34$) tend to hold stronger beliefs in COVID-19 conspiracy theories Face mask wearing ($r = -.21$) and social distancing ($r = -.21$) negatively related to the conspiracy beliefs.

= 2.00, *SD* = 0.65. Wave 2: *M* = 2.00, *SD* = 0.66.

| Hornsey, M. J., Chapman, C. M., Alvarez, B., Bentley, S., Casara, B. G. S., Crimston, C. R., Ionescu, O., Krug, H., Selvanathan, H. P., & Steffens, N. K. (2021). *European Journal of Social Psychology* | Wave 1: **Europe** France, Germany, Italy, the Netherlands, Spain, United Kingdom **Oceania** Australia Wave 2: **Oceania** Australia **Europe** United Kingdom **North America** United States | Wave1: March 17-April 7, 2020 Wave 2: June 24-July 2, 2020 | Wave 1: N = 4,181 Gender: 50.9% male, 47.8% female, 1.3% non-binary or "prefer to self-describe". Age: average age 31.48 years, *SD* = 11.33. Wave 2: N = 1,262 Gender: 53.5% female, 45.4% male, 1.1% non-binary or "prefer to self-describe". Age: average age 35.04 years, *SD* = 11.33 Recruited through Prolific, but no inclusion criteria mentioned beyond collecting data across eight countries to enhance generalisability | Online survey, longitudinal design Assessment: Low risk. A single item was used to measure COVID-19 conspiracy beliefs, but it was one at the core of conspiracy beliefs. A longitudinal design adds to the strength of the study. | Self-centred Behaviours (C), Vaccination Intentions (C) | Hidden truth; Government | A single-item scale was used, based on Lantian et al. (2016): "I think that the official version relating to COVID-19 given by the authorities very often hides the truth" Rated on a 7-point Likert scale of agreement (1 = strongly disagree, 7 = strongly agree). Means not reported. | Belief in COVID-19 conspiracy theories was related to greater concerns about one's own safety, and lower concerns about the safety of close others. Furthermore, conspiracist ideation at Wave 1 predicted reluctance to take a COVID-19 vaccine (*r* =.46) at Wave 2, mediated through relative concern for self versus other. |
| Hughes, S., & Machan, L. (2021). *Personality and Individual Differences* | **Europe** United Kingdom | Before September 2020 (not reported) | N = 406 UK citizens. Gender: women = 290, men = 116. Age: *M* = 29 years, *SD* = 8.84. Recruitment via Prolific. | Online survey, cross-sectional design. Correlation, path analyses (SEM). Assessment: Medium risk. The report lacks in certain important respects (how scores were calculated, which participants were recruited). | Personality Traits (A), Vaccination Intentions (C) | Artificial Origin; Hidden truth; Government; Exaggerated/Flu; Forced Vaccination; 5G; Hoax | The Conspiracy Mentality Questionnaire (Bruder et al., 2013; CMQ) Rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Cronbach's *α* = 0.82. Seven COVID-19 conspiracies items were adapted from Bertin et al.'s (2020) theories: (1) "Coronavirus was probably developed in a laboratory."; (2) "The number of people reported as dying from coronavirus is being deliberately reduced or hidden by the authorities"; (3) "Most people in the UK have | Machiavellianism (*r* =.29), collective narcissism (*r* =.27), primary psychopathy (*r* =.33), and secondary psychopathy (*r* =.27) positively predicted COVID-specific conspiracy beliefs. Machiavellianism (*r* =.26), primary psychopathy (*r* =.27), and secondary psychopathy (*r* =.18) also positively predicted general conspiracy beliefs. COVID-19 conspiracy beliefs mediated the negative relationships between all traits and willingness to obtain a future |

				Moreover, it is unclear which items were used, since the example item does not occur in Bertin et al. (2020).			already had coronavirus without realising it"; (4) "The number of people reported as dying from coronavirus is being deliberately exaggerated by the authorities."; (5) "The current pandemic is part of a global effort to force everyone to be vaccinated whether they want to or not."; (6) "The symptoms that most people blame on coronavirus appear to be linked to 5G network radiation."; (7) "There is no hard evidence that coronavirus really exists." Rated on a scale from 1 (strongly disagree) to 5 (strongly agree). Based on the provided score, it appears that all item scores were summed into a single composite score (α = 0.80; M = 16.50; SD = 5.17).	vaccine (Spearman rho for COVID-conspiracy beliefs and vaccination intentions = -.41).
Imhoff, R., & Lamberty, P. (2020). *Social Psychological and Personality Science*	**North America** United States **Europe** United Kingdom	Before July 2020 (not reported)	Study 1: N = 220 US participants. Gender: 118 men, 97 women, 5 other. Age: M = 40.18, SD = 12.33. Ethnicity: 79% White, 9% Black/African American, 9% Asian. Online sample recruited through MTurk. Study 2a: N = 288 US participants Gender: 169 men, 117 women. Age: M = 36.60, SD = 11.16. Ethnicity: 82% White, 11% Black/African American). Online sample recruited through MTurk. Study 2b: N = 298	Online survey, Factor analysis, correlation and regression analysis Assessment: Medium risk. Reliability of scale items, including many newly created items, is not reported. Studies samples are relatively small.	Safeguarding Behaviours (C); Self-centred Behaviours (C)	Hoax; Exaggerated/Flu; Healthcare Authorities; Artificial origin; Population control; Powerful people; Create new order	Three items were created to measure hoax and human-made theories each, respectively. Hoax: (1) "The virus is intentionally presented as dangerous in order to mislead the public"; (2) "Experts intentionally mislead us for their own benefit, even though the virus is not worse than a flu"; (3) "We should believe experts when they say that the virus is dangerous". (reverse-coded) Human-made: (1) "Corona was intentionally brought into the world to reduce the population."; (2) "Dark forces want to use the virus to rule the world."; (3) "I think it's nonsense that the virus was created in a laboratory." (reverse-scored) Rated on an agreement scale from 1 (strongly disagree) to 7 (strongly agree). All item scores were averaged into a	Participants (in Study1/ Study 2a/ Study 2b, respectively) who believed in hoax conspiracy theories were less likely to engage in containment-related behaviour (e.g. washing hands, avoiding crowds, quarantining, etc. r =-.36, p <.001 in Study 1 and r =-.52, p <.001 in Study 2a, p =-.15 ns in Study 2b). But it is less so for those who believed COVID was human-made (r =-.12 ns in Study 1, r =-.31 p <.001 in Study 2a, r =.01 ns in Study 2b). Furthermore, self-centred prepping behaviour (e.g. stocking up on food, car fuel, etc.) was associated with both human-made origin story *(r =.34, p <.001 in Study 1, r =.61, p <.001 in Study 2a, r =.30 in Study 2b) and hoax theory (r =.26 p <.001 in Study 1, r =.55<..001 in Study 2a, r =.18*

			UK participants Gender: 123 men, 172 women. Age: *M* = 37.29, *SD* = 12.79. Online sample recruited through Prolific.				single composite score. Study 1: Hoax, α = 0.85, *M* = 2.08, *SD* = 1.35; Human-made α = 0.67, *M* = 2.46; *SD* = 1.45. Study 2a: Hoax α = 0.81, *M* = 2.51, *SD* = 1.59; Human-made α = 0.68, *M* = 2.87; *SD* = 1.57. Study 2b: Hoax, α= 0.81, *M* = 1.74; *SD* = 1.03; Human-made, α = 0.74; *M* = 2.35; *SD* = 1.36.	ns in Study 2b), with human-made being a stronger predictor than hoax. In the UK sample, hoax beliefs were associated with noncompliance with lockdown regulations *(r* =.28, *p* <.001), but not human-made beliefs *(r* =.07, ns).
Jolley, D., & Paterson, J. L. (2020). *British Journal of Social Psychology*	**Europe** United Kingdom	April, 2020	N = 601 Gender: 72.55% women; 26.96% men; < 1% transgender; < 1% nonbinary. Age: *M* = 34.34; *SD* = 12.09. Education: No formal education = 0.80%; GCSEs or equivalent = 11.00%; A-levels/BTEC = 31.10; Masters = 13.80%; PhD = 2.80%. Online recruitment via Prolific.	Online survey, cross-sectional, correlation, mediation, and moderated mediation analyses. Assessment: Low, though there is a large number of female participants. The results were similar when tested with generic (not 5G COVID-19 related) conspiracy beliefs which further strengthens the conclusions.	Personality Traits (A), Negative social Consequences (C)	5G; Hidden truth; Media; Government; Scientists; Distraction /Cover-up	New measure adapted from Wood (2017) consisting of five items: (1) "The real truth about the link between COVID-19 and 5G is being kept from the public."; (2) "People need to wake up and start asking questions about the link between COVID-19 and 5G."; (3) "Legitimate questions about the link between COVID-19 and 5G are being suppressed by the government, the media, and academia."; (4) "Reporters, scientists, and government officials are involved in a conspiracy to cover up important information about the link between COVID-19 and 5G."; (5) "An impartial, independent investigation of the link between COVID-19 and 5G would show that we've been lied to on a massive scale." Rated on a scale from 1 (strongly disagree) to 7 (strongly agree). All item scores were averaged into a single composite score (α = 0.97; *M* = 1.93; *SD* = 1.38).	Paranoia is associated with believing in 5G COVID-19 conspiracy theories (*r* = .18). 5G COVID-19 conspiracy theory belief is associated with higher anger (*r* = .16)*,* which in turn related to increased justification (*r* =.17 - .21) and willingness for violence (*r* = .11 - .14) especially among individuals higher in paranoia.
Jovančević, A., & Milićević, N. (2020). *Personality and Individual Differences*	**Europe** Serbia **South America** A variety of countries	April, 2020	N=412 Serbia N = 292 (85.61% women; M age = 30.34; SD age = 9.89). Elementary school: 0.30%; High school: 33.90%; College: 6.20%; University: 35.30%;	Online survey, cross-sectional, structural equation modelling. Assessment: High risk. None of the Likert-	Personality Traits (A), Self-centred Behaviours (C)	Artificial origin	A new single item asking whether COVID-19 was created on purpose in a laboratory. The response scale was not provided but, given the means of the variable, it was likely a 5-point scale. Reliability was measured by	Low interpersonal trust was associated with believing that COVID-19 was created in a lab among Serbian participants (*β* = -.06) but not among Latin-American participants (*β* = -.14).

			Masters: 21.90%; Doctoral: 2.40%. Latin America N = 120 (79.17% women; M age = 33.51; SD age = 11.23). Elementary school: 0.0%; High school: 9.20%; College: 0.0%; University: 76.70%; Masters: 11.70%; Doctoral: 2.50%. Latin American sample comprised of participants from Argentina (n=16), Mexico (n=42), Bolivia (n=1), Chile (n=15), Columbia (n=12), Costa Rica (n=2), Ecuador (n=4), El Salvador (n=2), Guatemala (n=5), Honduras (n=1), Nicaragua (n=1), Paraguay (n=3), Peru (n=11), Republica Dominicana (n=1), Venezuela (n=2), and unknown (n=2). Convenience sample collected through Google forms and Facebook.	scale options are reported. It is unclear why a Latin-American sample was used, which moreover consisted of 15 countries. The main model appears to be a giant SEM testing every single possible relationship rather than testing pre-registered, specific hypotheses. Risk of p-hacking is high.			communality, calculated through factor analysis (Wanous & Hudy, 2001) since total variance of an item equals Communality + Specificity + Unreliability. Communality was 0.68. Serbia: *M* = 3.18, *SD* = 1.24; Latin-America: *M* = 3.18, *SD* = 1.53.	
Juanchich, M., Sirota, M., & Jolley, D. (2021). *European Journal of Social Psychology.*	**Europe** United Kingdom	Study 1: March 20, 2020 Study 2: April 7, 2020 Study 3: April 30, 2020	Study 1: N = 302 Gender: 68% women. Age: 47% were aged between 26-40, 21% between 41-55, 21% between 18-25, and 10% over 55 years. Ethnicity: mostly White British (83%).	Online survey, cross-sectional, three pre-registered studies. Hierarchical regression analysis. Assessment: Medium risk.	Demographic Variables (A), Safeguarding Behaviours (C), Self-centred Behavio	China; Artificial origin; Accidental release; Pharmaceutical companies; Financial gains; Population	COVID-19 conspiracy beliefs were measured through a number of new items based on a 'search': (1) "The new coronavirus was leaked from a high security lab in Wuhan, and China is trying to cover it up."; (2) "The new coronavirus was part of an effort by pharmaceutical companies to profit by selling vaccines for it"; (3) "The new coronavirus was released as part of a Chinese covert biological weapons	COVID-19 conspiracy beliefs were predicted by beliefs in unrelated conspiracies (*r* =.69, *p* <.001), a conspiracy mind-set (*r* =.68, *p* <.001), lower trust in government (*r* =-.28, *p* <.001 in Study 1 and *r* =-.18, *p* <.001 in Study 2), and stockpiling behaviours (*r* =.14, *p* =.015 in Study 1 and *r* =.10, *p* =.056 in Study 2).

			Study 2: N = 404 Gender: 56% were women. Age: 34% were aged between 26-40, 251421% between 18-25, and 27% over 55 years. Ethnicity: mostly White British (72%). Study 3: N = 399 Gender: 62% were women. Age: 44% were aged between 26-40, 21% between 41-55, 27% between 18-25, and 8% over 55 years. Ethnicity: mostly White British (82%). Also reported: Education, income, political preference, employment.	Small samples per reported study, but multiple studies, which were preregistered. Positive results from correlations are reported, even when these relationships are no longer significant in hierarchical regressions, meaning that the original correlation can be explained by another shared variable. Discrepancy between methods and results for COVID-19 conspiracy items (changing from truth to agreement ratings).	urs (C)	control; Disrupt economy; Hidden cure; Governme nt; Political power; Deliberate spread; 5G	programme to destabilise Western countries.”; (4) “The new coronavirus has been bioengineered by people who plot to cull certain populations.”; (5) “The new coronavirus has been created by China, to harm the economy of Western countries.”; (6) “There is a vaccine or cure for the coronavirus that the government won’t release/authorise.” (Studies 2 & 3); (7) “Many governments let the coronavirus spread so that they could take dictatorial powers.” (Studies 2 & 3); (8) “Chinese tech companies are using 5G to weaken our immune system and/or spread the coronavirus.” (Study 3) Rated on a 5-point Likert scale from 1 (“definitely not true”) to 5 (“definitely true”), but listed as agreement/disagreement in the results. Mean/SD not reported for full sample, but for the subsample of participants who took part in both Study 1 and 2 (N = 103): March: M = 1.99, SD = 0.83; April: M = 1.88, SD = 0.83. Reliability is only reported overall: Study 1, α = .76-.94; Study 2, α = .82-.94. Belief in other conspiracy theories through 13 items adapted from the scale of Douglas et al. (2016), and general conspiracy mindset through the 15 items of the Generic Conspiracist Beliefs Scale (Brotherton et al., 2013).	No relationship between COVID conspiracy beliefs and self-reported adherence to behavioural guidelines (r =-.02, p =.734).
Jutzi, C. A., Willardt, R., Schmid, P. C., & Jonas, E. (2020). *Frontiers in Psychology*	**North America** United States	April 9, 2020	N = 354 (Study 2) Gender: 204 men, 142 women, 2 not identified as men or women. Age: M = 37.73, SD = 10.81.	Online experimental study: Manipulation of COVID-19 threat salience through questions	Coping with threat and uncertain ty (A)	Bioweapon ; Artificial origin; China; Deliberate spread; Misinform	Two new items: (1) “COVID-19 was developed as a biological weapon by the Chinese government. Due to a laboratory accident, it was spread among China's own population.”; (2) “The Chinese government reports false numbers regarding the COVID-19 death	COVID-19 salience increases behavioural inhibition (i.e., fear, worry), r = .50, p < .01, which in turn reinforces COVID-19 conspiracy beliefs, b = 0.26, $se(b)$ = 0.05, p < .001; (indirect effect: b = 0.01, $se(b)$ = 0.002, 95% CI

			Recruited through Amazon MTurk.	regarding several myth busters that either concluded that there is no cure available to COVID-19 (i.e., threat condition) or contained information completely unrelated to COVID-19 (i.e., control condition), followed by measures. Analyses were serial mediations. Assessment: Medium risk. Though not a very large sample, the experimental design is compelling. The effect sizes are small, however.	ation		cases as well as the cases of recovery: Compared to the official numbers, there are more people that died and less people that recovered from COVID-19 within China." Rated on a 5-point scale ranging from 1 (Definitely not true) to 5 (Definitely true). The scores for the items were averaged; $M = 3.21$, $SD = 0.96$. Correlation between the two items: $r(246) = 0.25$, $p < 0.001$, 95% CIs [0.14, 0.35].	[0.004, 0.01]). Coefficients are unstandardised, no standardised values were reported.
Karić, T., & Međedović, J. (2021). *Personality and Individual Differences*	**Europe** Serbia	Wave 1: March 10-13 2020 Wave 2: April 17-May 5 2020	N=790 Time 1 (April): N = 349 Gender: 66.5% female. Age: $M = 33.4$, $SD = 9.9$. Time 2 (May): N = 441 Gender: 59.0% female. Age: $M = 33.5$, $SD = 10.7$. The data was collected	Online survey, cross-sectional data. Mediation analysis. Assessment: Low risk. No means reported for the conspiracy beliefs.	Trust in Authoriti es (A), Safeguar ding Behavio urs (C)	Hidden truth; WHO; Misinform ation; Hidden cure; Distraction /Cover-up; Exaggerate d/Flu; Hoax; Healthcare authorities;	Two sets of items were used to examine COVID-19 conspiracy beliefs: Hidden information (n=5): (1) "Coronavirus is an artificial creation, made by people."; (2) "The real number of coronavirus deaths is being hidden."; (3) "The World Health Organisation spreads fake information about the coronavirus."; (4) "The coronavirus vaccine already exists, but they are waiting for the appropriate moment to place it on the market."; (5) "Coronavirus is news only to divert	T1=Time point 1; T2=Time point 2. The belief that the authorities are hiding information about the coronavirus was negatively correlated with containment-related behaviour (r-T1 = -.19**; r-T2 = -.32**), levels of education (r-T1 = -.14*; r-T2 = -.08), political trust (r-T1 = NA; r-T2 = .12**), and positively correlated with a preference for saving the economy (r-T1 = NA;

			anonymously through a snowball method.			Powerful people	attention from more important things."	*r*-T2 = .22**).
							Harmless virus (n=4): (1) "Coronavirus is completely harmless."; (2) "The names of the sick and the deceased are not published because they don't actually exist, i.e. coronavirus infections is a lie."; (3) "The doctors infect the patients with coronavirus on purpose to provoke an epidemic that benefits someone."; (4) "Coronavirus is a conspiracy theory."	The belief that the coronavirus is a harmless virus was negatively correlated with containment-related behaviour (*r*-T1 = -.34**; *r*-T2 = -.42**), levels of education (*r*-T1 = -.19**; *r*-T2 = -.10*), and political trust (*r*-T1 = NA; *r*-T2 = .12**), and positively correlated with a preference for saving the economy (*r*-T1 = NA; *r*-T2 = .23**).
							Rated on a 5-point Likert scale from -2 (completely disagree) to 2 (completely agree).	Political trust mediated the relationship of hoax COVID-19 conspiracy beliefs with reduced adherence to guidelines: The belief that coronavirus is harmless had both a positive direct link to the containment-related behaviours (*β* = -.30, *p* < .001) and an indirect link via political trust (*β* = -.02, *p* = .04).
							Factor analysis was conducted on the sample as a whole (including both time points) and two subscales were extracted, for which an average score of its items was calculated: Harmless Virus (α = 0.831, Time 1: *M* = -0.05, *SD* = 0.87; Time 2: *M* = -0.03, *SD* = 0.97) and Hiding Information (α= 0.859, Time 1: *M* = -0.13, *SD* = 0.96; Time 2: *M* = 0.07, *SD* = 1.00).	
							Conspiracy mentality was measured through the 5-item conspiracy mentality questionnaire (CMQ; Bruder et al., 2013).	
Kay, C. S. (2020). *PsyArXiv*	**North America** United States	March-June, 2020	N = 203 Undergraduate students at the University of Oregon. Gender: 65.52% women. Age: *M* = 19.67; *SD* = 1.62.	Online survey, cross-sectional, correlation and regression analyses. Assessment: Medium risk. The sample was on the small side and the participants were all undergraduate	Personali ty Traits (A)	Artificial origin; Bioweapon ; Powerful people; Hidden cure; Governme nt; Scientists; Hidden truth; Media	Five new items: (1) "COVID-19 is a biological weapon that was developed under laboratory conditions."; (2) "A COVID-19 vaccine exists but is only available to elite members of society."; (3) "The government had foreknowledge of COVID-19 but allowed its release to further its own goals."; (4) "Prominent scientists are suppressing the truth about COVID-19."; (5) "A secret organization instructed the media to downplay the risks of COVID-19."	Concerning the overall measures of the Dark Tetrad traits, grandiose narcissism (*r* = .18), psychopathy (*r* = .21), and sadism (*r* =.18) were all positively associated with a belief in generic COVID-19 conspiracy theories. With respect to the facets of the Dark Triad traits, Machiavellian views (*r* = .22), narcissistic leadership/authority (*r* = .15), narcissistic entitlement exploitativeness (*r* = .16),

				students from a large University in the Pacific Northwest. All COVID-19 Conspiracist Ideation Scale items were included in the paper's appendix. The data was made available to other researchers.			Rated on a 5-point Likert scale (1 = "strongly disagree"; 5 = "strongly agree") All item scores were averaged into a single composite score (α = 0.74; M = 2.28; SD = 0.75).	psychopathic egocentricity (r = .21), and psychopathic antisociality (r = .23),were all positively associated with a belief in generic COVID-19 conspiracy theories.
Kay, C. S. (2021b). *Journal of Research in Personality*	**North America** United States	November 2020 - January 2021	N = 397 Undergraduate students at the University of Oregon. Gender: 72.80% women. Age: M = 19.49, SD = 2.45.	Online survey, cross-sectional, correlation and structural equation modelling. Assessment: Medium risk. As with Kay's other study, the sample was composed of undergraduate students from the University of Oregon. However, he did note that it is unclear whether the findings of the present study would generalize to other samples. The items from the COVID-19 Conspiracist Ideation Scale were included in the Supplementary Material.	Personality Traits (A)		The COVID-19 Conspiracist Ideation Scale (see Kay, 2020). Rated on a 5-point Likert scale from 1 ("strongly disagree") to 5 ("strongly agree") All item scores were averaged into a single composite score (α = 0.80; M = 2.45; SD = 0.86)	Grandiose narcissism (r = .26) and vulnerable narcissism (r = .14) were both positively associated with believing in COVID-19 conspiracy theories. Delusional ideation (r = .44), paranoia (r = .37), and desirability of control (r = .13) were also associated with believing in COVID-19 conspiracy theories.
Kim, S., &	**Asia**	August 6-	N = 1,525	Online, cross-	Demogra	Governme	Seven new items: (1) "Politicians do not	Belief in COVID-19 conspiracy

| Kim, S. (2021). *International Journal of Environmental Research and Public Health* | Korea | 11, 2020 | Gender: 47.9% male, 52.1% female. Age: 16.7% 18-29 years old, 16.3% 30-39 years, 19.6% 40-49 years, 20.3% 50-59 years, 27.1% 60 or older (N = 414). Education: 47.2% high school graduates or below, 52.8% (N = 805) attended and graduated from college.

Representative sample (quota sampling method for region, gender, and age) collected online by Korea Research. | sectional study. Correlational and regression analyses.

Assessment: Low risk. Large, representative sample. Large regression model with many variables entered together is still significant, and explains more than the smaller models though less of a good fit. | phic Variables (A); Coping with Threat and Uncertainty (A); Thinking Styles and cognitive Biases (A); Attitudes towards Science (A); Group Identity (A); Trust in Authorities (A); Mental Health (C); Negative social Consequences | nt; Hidden truth; Powerful people; Political control; Artificial origin; Create new order; Pharmaceutical companies; Financial gains | honestly reveal their true intentions to the public regarding their decisions on coronavirus disease (COVID-19).”; (2) “There is a secret organization that greatly influences political decisions.”; (3) “The government is hiding something from the public.” (4) “The government is always monitoring the public.”; (5) “The government makes important decisions related to coronavirus disease (COVID-19) without the public knowing.”; (6) “Certain powerful nations deliberately created the coronavirus (COVID-19) to dominate the world.”; (7) “Coronavirus disease (COVID-19) was deliberately created by pharmaceutical companies to make money.”

Rated on a 3-point scale “disagree”, neutral”, “agree”. Reliability not reported. | theories were correlated with risk perception ($r = .24$), higher levels of anxiety ($r = .29$) and lower levels of perceived control ($r = -.19$), lower self-reported analytical thinking ($r = -.13$). Belief in COVID-19 conspiracy theories were negatively correlated with self-reported knowledge ($r = -.06$), the belief that government provides objective and scientifically based information and conspiracy beliefs ($r = -.41$), and trust in the government ($r = -.35$) but positively with trust in social media ($r = .13$), negative emotions ($r = .31$) and blame attribution ($r = .15$).

Religiosity predicts COVID-19 conspiracy beliefs ($\beta = .07$, $p < .01$), but being a Korean Christian predicts reduced belief ($\beta = -.05$, $p < .001$. Distrust in the government ($\beta = -.08$, $p < .01$) but trust in social media ($\beta = .08$, $p < .001$) significantly predicted conspiracy belief. The belief that coronavirus-related information provided by the government is objective, factual, professional and scientifically based predicted lower levels of conspiracy belief ($\beta = -.26$, $p < .001$), as did self-reported knowledge ($\beta = -.08$, $p < .001$).

In addition, authoritarianism ($\beta = .07$, $p < .001$), perceived risk ($\beta = .13$, $p < .001$), anxiety ($\beta = .10$, $p < .001$), negative emotions ($\beta = .10$, $p < .001$), one's health status ($\beta = .15$, $p < .001$), one's worsened health after COVID-19 ($\beta = .08$, $p < .01$), a lack of |

								perceived control (β = -.05, p < .05), lower levels of analytical thinking (β = -.05, p < .05), and blame attribution (β = .07, p < .001) all predicted conspiracy belief.
Kowalski, J., Marchlewska, M., Molenda, Z., Górska, P., & Gawęda, Ł. (2020). *Psychiatry Research*	**Europe** Poland	April 11-14, 2020	Study 1: N = 507 Gender: 49.9% women. Age: *M* = 44.07 years, *SD* = 14.41. Nationwide proportional quota sample collected online by Pollster Institute. Sample was representative of the population of adult Poles in terms of gender and settlement size, but participants were slightly older than the general population. Study 2: N = 840 Gender: 72.3% were women. Mean age was 29.94.Education: 4.6% of participants had basic primary or vocational education, 36.4% had secondary education, and 58.9% had higher education. Convenience and snowball sampling.	Online surveys, cross-sectional design. Correlation and moderation analyses. Assessment: Low risk. Study 2 has convenience and snowball sampling and overrepresentation of women	Safeguar ding Behavio urs (C)	Governme nt; Hidden truth; Political control; Misinform ation; Population control; Scientists; Help environme nt; Pharmaceu tical companies; Medical conspiracy ; Health authorities; USA; Nations battle; China; Artificial origin; Disrupt economy; Deliberate spread; Bioweapon ; Hidden cure; Control people; Powerful people; Distraction /Cover-up;	Study 1: List of 14 conspiracy beliefs was used: (1) "The Polish government is intentionally hiding the real number of people contracted with coronavirus."; (2) "The Polish government is manipulating information regarding coronavirus to broaden their sphere of influence."; (3) "Coronavirus was created by ecologists to reduce population and help the environment"; (4) "Coronavirus is a way for the climate movement to fulfil their plans"; (5) "Coronavirus was created by pharmaceutical organizations."; (6) "Medicine intended for people with coronavirus actually make them sicker."; (7) "Coronavirus is injected through vaccines" (8) "Medical doctors want to spread coronavirus."; (9) "Coronavirus was created by the USA government to aid their position in the economic war with China."; (10) "Coronavirus was created by the USA government to take control of the world economy."; (11) "Coronavirus was created by the Chinese to take control of the world economy."; (12) "Coronavirus was intentionally spread by the Chinese in restaurants."; (13) "Coronavirus was created to get rid of old people."; (14) "Coronavirus was created to eliminate the weakest." Rating was on a 7-point scale from 1 ("Strongly disagreeing") to 7 ("Strongly agreeing") with α = 0.93. All items were summed into a general index of coronavirus conspiracy beliefs endorsement (*M* = 38.10, *SD* = 17.32).	COVID conspiracy beliefs were negatively related to self-reported adherence to behavioural guidelines connected to physical distancing (*r*-values between -.20 and -.22), but not hygiene (*r* = -.14).

						Help environment	Study 2: List of 12 conspiracy beliefs was used: (1) "Coronavirus was created by one of the governments as a biological weapon."; (2) "True information about coronavirus is concealed by governments and public organizations."; (3) "Coronavirus was created by pharmaceutical companies."; (4) "Effective treatment for coronavirus is concealed by governments or pharmaceutical companies."; (5) "Coronavirus epidemic is a way to control people behaviour."; (6) "Coronavirus epidemic is a medical experiment carried out on the public without consent."; (7) "Decisions regarding coronavirus are made by a small unknown group of decision-makers."; (8) "Governments are intentionally allowing the virus to spread on their territories."; (9) "Coronavirus epidemic was planned as a way to distract people from some other event."; (10) "Coronavirus was created to eliminate the weakest members of society"; (11) "Coronavirus was created to take the size of the human population under control."; (12) "Coronavirus was created to stop global warming and climate change." Rating was on a 7-point scale from 1 ("Strongly disagreeing") to 7 ("Strongly agreeing"), with $\alpha = 0.96$. All items were summed into a general index of coronavirus conspiracy beliefs endorsement, $M = 30.78$, $SD = 16.75$.	
Kuhn, S. A. K., Lieb, R., Freeman, D., Andreou, C., & Zander-Schellenberg, T. (2021).	**Europe** Germany Switzerland	July 2-7, 2020	N = 1,684 A non-probability quota sampling was used for both countries. Recruitment was conducted with regard to	Online survey, cross-sectional study. Correlation and regression analyses.	Demographic Variables (A); Personality Traits (A);	Bill Gates; Microchips	General (n=18) and specific (n=30) conspiracy beliefs targeting the coronavirus were assessed using the 48 items developed and used by Freeman et al. (2020). Another specific conspiracy belief	Conspiracy theory endorsement was associated with younger ages, lower levels of education, higher momentary stress, and a tendency towards extreme political orientations, but not gender. It was also predicted by

Psychological Medicine			quota for gender and age groups for the German and Swiss populations of interest. Country of residence: Germany N=1130 (67.10%), Switzerland N=554 (32.90%). Age: *M* = 44.05, *SD* = 14.45. Gender: 50.23% women, 49.64% men, 0.12% diverse. Education: 13.27 years (*SD* = 3.08) Recruited via Respondi, an ISO-certified recruitment panel facilitating assessment of highly motivated participants via a double-opt-in registration process, fair incentives, and regular quality monitoring. Inclusion criteria were an age of 18–69 years (due to platform characteristics), informed consent, permanent residency in Germany or the German-speaking part of Switzerland, and good proficiency in the German language.		Group Identity (A); Mental Health (C)		repeatedly stated on various media platforms was added: (1) "Bill Gates intends to use COVID-19 testing and a future vaccine to track people with microchips". Items were scored on a slider scale ranging from 0 to 100. The scale was labelled from left to right with the scale labels used in Freeman et al. (2020): 'do not agree', 'agree a little', 'agree moderately', 'agree a lot', 'agree completely'. Total scores of specific conspiracy beliefs and of general conspiracy beliefs were obtained by averaging all corresponding item scores (range for both total scores: 0–100). Cronbach's alpha for the general and specific belief subscales were excellent (α general = 0.97; α specific = 0.98). General *M* = 34.20, *SD* = 17.91, specific *M* = 44.96, *SD* = 23.09.	greater paranoia (β = .49, *p*<.001). Endorsing COVID-19 conspiracy theories was predicted by jumping-to-conclusions bias (collecting less information before making a decision, β = -.044, *p*=0.04), liberal acceptance bias (make judgments with low-to-moderate certainty; β = -.095, *p*<.001), and bias against disconfirmatory evidence (adhering more to an already held specific belief, even if this turns out to be invalid; β = -.101, *p*<.001) compared to lower endorsement of the theories.
Larsen, E. M., Donaldson, K. R., Liew, M. & Mohanty, A. (2021). *Frontiers in Psychiatry*	**North America** United States	April 21 - May 8, 2020	N = 240 Undergraduate students who received course credit for their participation. Age: *M* = 19.9, *SD* = 2.4. Gender: 62.5% female,	Online study, cross-sectional; correlations and regressions/medi ations analyses (with conspiracy beliefs as DV). Assessment:	Personali ty Traits (A), Coping with threat and uncertain ty (A)	Bioweapon ; Artificial origin; Deliberate spread; Nations battle; Financial gains;	Sixteen new items: (1) "The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the Chinese economy."; (2) "The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the	Intolerance of uncertainty (Study 1 *r* = .18; Study 2 *r* = .17), delusion-proneness (Study 1 *r* = .25; Study 2 *r* = .34), and paranoia (Study 1 *r* = .24; Study 2 *r* = .24) are all positively related to believing in COVID-19 conspiracy theories.

37.5% male; 30.4%. Ethnicity: White/Caucasian, 15.4% Hispanic/Latino, 7.5% Black, 42.1% Asian/Pacific Islander, 4.6% Other ethnicity.	Medium risk. Small sample of students, young and mainly women. Use of causal language with a cross-sectional design. The paper has not been peer-reviewed yet.	China; Government; Bill Gates; 5G; Scientists; Make Trump look bad; Democrats; Donald Trump; Political control; Hidden cure; Population control; Misinformation	population in an attempt to make money by selling vaccines."; (3) "The Chinese government created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the US/western economy."; (4) "The Chinese government created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to make money by selling vaccines."; (5) "COVID-19 was engineered by governmental bodies of another country (e.g. Canada), possibly as a bio-weapon, for unknown reasons."; (6) "Bill Gates (via the Bill and Melinda Gates Foundation) teamed with a UK-based company (Pirbright Institute) which produces COVID-19 vaccines to create the virus in order to profit from selling the vaccines."; (7) "COVID-19 is a result of radiation poisoning from 5G cell phone signals which weaken the immune system. Evidence for this is that Wuhan (the first Chinese city to report COVID-19) was also one of the first Chinese cities to get 5G internet."; (8) "COVID-19 originated on a meteorite that exploded in China in 2019, bringing the virus here from space."; (9) "COVID-19 was created by scientists by modifying a strand of Human Immunodeficiency Virus (HIV)."; (10) "COVID-19 resulted from the Chinese diet containing bats and other animals which are known to carry dangerous pathogens."; (11) "The situation with COVID-19 has been intentionally instigated by people with interests in removing Donald Trump from office in the upcoming election (e.g. the Democratic party)."; (12) "The situation with COVID-19 has been intentionally instigated by Donald Trump and members of the Republican party in order to increase the likelihood of his

being reelected in the upcoming election."; (13) "The Chinese President, Xi Jinping, and his political agenda has been a key cause of the spread of the COVID-19."; (14) "There is a vaccine or cure for COVID-19 that the government is currently withholding from citizens."; (15) "COVID-19 was created as a method of intentional "population control"."; (16) "Governments have deliberately reported much lower numbers of infections and deaths caused by COVID-19 in order to keep the true numbers from the public."

Response options included: 1 (Definitely not true), 2 (Probably not true), 3 (Not sure/cannot decide), 4 (Probably true), 5 (Definitely true).

All item scores were averaged into a single composite score ($\alpha = 0.93$; $M = 2.16$; $SD = .76$).

Lazarevic, L. B., Purić, D., Teovanovic, P., Knezevic, G., Lukic, P., & Zupan, Z. (2020). *Personality and Individual Differences*	**Europe** Serbia	April 10-22, 2020	N = 417 Age: 18-76, *M* = 34.89, *SD* = 12.87. Gender: 76.7% of the participants were female. The sample was recruited via social media invitations and snowball procedure.	Online survey, cross-sectional, correlation and regression analyses, mediation models. Assessment: Medium risk. Small sample, overrepresentation of female participants.	Personality Traits (A), Thinking Styles and cognitive Biases (A)	Conspiracy Mentality Questionnaire (Bruder et al., 2013) was used. The items were responded on a slider ranging from 0 to 100; ($\alpha = 0.81$).	Conspiracy mentality was negatively related to adherence to COVID-19 guidelines and positively related COVID-19-related pseudoscientific practices ($r = .18$). Conspiracy beliefs were negatively related to rational thinking style ($r = -.20$) and positively related to experiential thinking style ($r = .26$). Disintegration was positively related to COVID-19-related pseudoscientific practices ($r = .12$). Adherence to recommended health practices was predicted by high Honesty, while low Disintegration had both direct and

								indirect effects through conspiracy mentality.
Levinsson, A., Miconi, D., Li, Z. Y., Frounfelker, R. L., & Rousseau, C. (2021). *International journal of environmental research and public health*	**North America** Canada	October – November, 2020	N = 6,003 Gender: 54.8% women. Age: 18-35 years, *M* = 27.0, *SD* = 4.40. Sample consisting of young adults recruited through an email from an online data collection firm (AskingCanadians online pool). Inclusion criteria: age between 18 - 35, residence: Montreal, Toronto, Calgary, or Edmonton. Exclusion criteria: cognitive deficit, not speaking English/French.	Online survey, cross-sectional, regression and moderation analyses. Assessment: Medium risk. Sample was very large, but restricted to young adults (max. 35 years old) from four specific municipalities in Canada. Relatively restricted, albeit reliable, measure of conspiracy beliefs.	Negative social Consequences (C)	Government; Misinformation; Deliberate spread; Powerful people; Political control; Bioweapon; China; Nations battle; Media	A measure consisting of four COVID-19 conspiracy beliefs adapted from Freeman et al. (2020): (1) "The government is misleading the public about the cause of the Coronavirus"; (2) "The spread of the Coronavirus is a deliberate attempt by a group of powerful people to gain control"; (3) "Coronavirus is a bioweapon developed by China to destroy the West"; (4) "The mainstream media is deliberately feeding us misinformation about the Coronavirus and lockdown." Participants rated on a scale from 1 (do not agree) to 5 (agree completely). All item scores were summed into a single composite score (α = 0.88; *M* = 8.79; *SD* = 5.00).	COVID-19 conspiracy beliefs are associated with higher sympathy for violent radicalization (*β* 0.88, 95%CI: 0.80 - 0.96, *p* < .001), especially among young adults with higher reported level of psychological distress (*b* = 0.47, 95%CI: 0.35- 0.59 for participants with lower levels psychological distress; *b* = 1.36, 95% CI: 1.26 - 1.46 for participants with higher levels of psychological distress).
Lobato, E. J., Powell, M., Padilla, L., & Holbrook, C. (2020). *Frontiers in Psychology*	**North America** United States	April, 2020	N = 296 Age: *M* = 36 years, *SD* = 11 years. Gender: 178 men, 117 women (39.5%), 1 other. Sample was recruited via MTurk.	Online survey, cross-sectional, canonical correlation analysis. Assessment: Medium risk. Relatively small sample from MTurk.	Attitudes towards Science (A), Group Identity (A), Social Media (A)	Democrats; Medical conspiracy; Donald Trump; Financial gains; 5G; Artificial origin; Bioweapon; Accidental release	Conspiracy Mentality Questionnaire (Bruder et al., 2013). Rated on a 11-point scale from 1 (0% - certainly not) to 11 (100% - certain); α = .83 Five new items for COVID-19 conspiracy theories: (1) "Democrats in New York stashed ventilators in a warehouse in an effort to make the COVID-19 pandemic worse."; (2) "The COVID-19 virus is a chimera. It includes SARS, an already weaponized coronavirus, along with HIV genetic material and possibly flu virus."; (3) "Donald Trump owns stock in a company the CDC uses for COVID-19 tests."; (4) "5G cellular service technology is linked to the cause of the coronavirus."; (5) "COVID-19 was created in a virology lab as a potential	General scepticism about science is correlated with a greater willingness to spread various kinds of misinformation about COVID-19 and conspiracy claims (*r* = .65). Different dimensions of political ideology differentially predict the self-reported willingness to share COVID claims over social media. Willingness to share conspiratorial claims over social media is best predicted by stronger right-wing/conservative ideological dispositions (*r* = 0.30, *p* < .001).

bioweapon, but accidentally got released before it had been fully studied by its creators."

Rated on scale from 0 (Definitely not share) to 100 (Definitely share) and the mean score for willingness to share the claims was calculated ($\alpha = .89$, $M = 40.39$, $SD = 28.47$).

Maftei, A., & Holman, A.-C. (2020). *Ethics & Behavior*	**Europe** Romania	March, 2020	N = 245 78.4% were women Age range: 18–24 N=139 25–34 N= 42 35–44 N= 34 45–54 N= 21 55–64 N= 8 >65 N= 1 Inclusion criteria: current residence in Romania. Recruited via snowballing method (academic peers and students).	Online survey, cross-sectional, correlation and regression analyses. Assessment: Medium/high: convenience sampling method, small sample size, small sample of men (N=53), sample specific to highly educated participants (85.3%)	Coping with Threat and Uncertainty (A); Safeguarding Behaviours (C)		Generic Conspiracist Beliefs Scale/GCB Scale (Brotherton et al., 2013) Participants answered on a 5 Likert type scale from 1: "definitely not true" to 5: "definitely true" ($\alpha = .921$, $M = 2.93$, $SD = 0.82$).	Intolerance of uncertainty is associated with generic conspiracy ideation, $r = .16$; generic conspiracy ideation is associated with a reduced perceived risk ($r = -.16$) and perceived adequacy of lockdown measures ($r = -.18$), but increased compliance to lockdown rules ($r = .16$)
Malesza, M. (2021). *ResearchGate*	**Europe** Poland	Before August 2020 (not reported)	N = 564 Gender: 52.84% women. Age: $M = 41.95$; $SD = 12.31$. Education: Primary education: 11.00%; Secondary schooling: 33.20%; Bachelor degree: 20.00%; Masters degree: 35.80%. Participants were volunteers recruited through advertisements posted on Facebook and Twitter.	Online survey, cross-sectional, correlation and regression analyses. Assessment: Medium risk. The sample size was sufficient for detecting the effects of interest and the ratio of women to men was approximately 1:1, but the study	Personality Traits (A)	China; Artificial origin; Bioweapon; Nations battle; Medical conspiracy; Financial gains; Disrupt economy; Bill Gates; 5G; Governments; Population	Fourteen new items: (1) "China created the coronavirus in a laboratory."; (2) "Coronavirus is a Chinese bio-weapon against U.S."; (3) "Coronavirus is a U.S. bio-weapon against China."; (4) "Coronavirus is an airborne HIV because it responds to HIV-related treatment."; (5) "Coronavirus is all about the money and it was created to affect businesses and to cause the economic crisis."; (6) "Coronavirus was planned and is orchestrated by the billionaire Bill Gates."; (7) "Coronavirus could be linked to chemtrails."; (8) "The coronavirus virus is caused by 5G."; (9) "Chinese spies stole the disease from Canada."; (10)	Machiavellianism ($\beta = .37$), narcissism ($\beta = .40$), and psychopathy ($\beta = .48$) were all positive predictors of the tendency to believe in COVID-19 conspiracy theories.

				may not be generalizable beyond Polish Facebook and Twitter users. Cronbach's alpha for the scale was not provided.		control; Pharmaceutical companies; Hoax	"COVID-19 is being used by governments to sicken or kill people on purpose."; (11) "COVID-19 is caused by vaccines."; (12) "COVID-19 was created by pharmaceutical companies to create demand for a profitable vaccine or drug to combat the disease."; (13) "COVID-19 is a terrorist attack."; (14) "The coronavirus does not exist." Participants responded using a 5-point scale (1 = "completely false"; 5 = "completely true"). All item scores, excluding that for "None of the above are a likely cause of COVID-19", were summed into a single composite score (α = not provided; *M* = 1.78; *SD* = 0.45).	
Marinthe, G., Brown, G., Delouvée, S., & Jolley, D. (2020). *British Journal of Health Psychology*	**Europe** France	Study 1: March 9, 2020 Study 2: from March 18 to March 23, 2020	Study 1: N = 762. Gender: 665 women (87.3%), 93 men, 4 other. Age: 18- 67 years (*M* = 23.89, *SD* = 9.96) Study 2, N = 229. Gender: 177 women (77.3%), 51 men, 1 other. Age: 18-74 years (*M* = 26.91, *SD* = 12.46). All participants have been recruited online, by posting the questionnaire on social media (Facebook and Twitter)	Online, cross-sectional studies; correlations, regressions and mediation analyses. Assessment: Medium risk. Convenience samples recruited online, mainly women.	Safe-guarding Behaviours (C)	Mass surveillance; Government; Powerful people	The measure included 3 items were from Bruder et al. (2013), translated in French by Lantian et al. (2016): (1) I think that government agencies closely monitor all citizens; (2) I think that events which superficially seem to lack a connection are often the result of secret activities; (3) I think that there are secret organizations that greatly influence political decisions. Items were rated on an 11-point scale ranging from 1 = 0% certainly not, to 11 = 100% certain. Study 1: ω = .81, *M* = 6.04, *SD* = 2.10; Study 2: ω = .86, *M* = 5.65, *SD* = 2.21	Conspiracy mentality is linked to less intention to comply with government-driven prevention measures, *r* = -.15. Conspiracy mentality has an indirect positive effect on intention to comply with prevention measures (indirect effect: *b* = 0.01, *se(b)* = 0.005, 95% CI [0.003, 0.02] through a higher perception of risk of death (effect conspiracy mentality to perceived risk of death: *b* = 0.25, *p* < .001), and thus a higher motivation to protect oneself (effect perceived risk of death to motivation to protect oneself: *b* = .26, *p* < .001; effect motivation to protect oneself to compliance with prevention measures: *b* = 0.14, *p* = .015. Coefficients are unstandardized (no SE available), no standardised values were reported.

Miller, J. M. (2020a). *Canadian Journal of Political Science/Revue Canadienne de Science Politique*	**North America** United States	April 24 and April 28, 2020	N = 3,019 Gender: 51% women. Age: 45 years. Online quota sample (recruited by a participant recruitment agency, Lucid Theorem) based on US census benchmarks (weighted for education, income, sex, race, ethinicity).	Online survey, cross-sectional, principal factor analysis, correlation, regression, and moderation analyses. Assessment: Low risk. Large representative sample, though more descriptive statistics in the manuscript (instead of SM) would have been informative. Likewise, no means of the conspiracy items have been reported. The association between different conspiracy beliefs was not only examined via correlations but also through regression analysis after controlling for several demographic covariates, which lends further credence to the results.	Epistemi cally suspect Beliefs (A), Coping with threat and uncertain ty (A)	Accidental release; China; Bioweapon ; Bill Gates; Microchips ; Media; Make Trump look bad; Exaggerate d/Flu; Artificial origin; Population control; Democrats ; Scientists; 5G; Accidental release; Hoax	Eleven new items: (1) "The virus was accidentally released by China."; (2) "The virus is a biological weapon intentionally released by China."; (3) "Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine."; (4) "The media are exaggerating the seriousness to make President Trump look bad."; (5) "Democratic governors are not distributing coronavirus tests to make President Trump look bad."; (6) "The coronavirus was intentionally created to reduce the world's population."; (7) "Democratic governors are hoarding ventilators to make President Trump Look bad."; (8) "Scientists are exaggerating the seriousness to make President Trump look bad."; (9) "5G technology is causing the coronavirus to spread faster."; (10) "The virus was accidentally spread by the US."; (11) "The coronavirus isn't real." Rated on 4-point scale (definitely not, probably not, probably, definitely), recoded to 0-1, and averaged ($\alpha = 0.81$).	Various COVID-19 conspiracy beliefs are intercorrelated (*r*-values = .11 to .63)*;* all surveyed conspiracy beliefs load onto a single factor; belief in contradictory COVID-19 conspiracy theories is positively related even after controlling for standard predictors. Uncertainty is linked to COVID-19 conspiracy beliefs (Accident U.S: $b = 0.56$, *se(b)* = 0.10, $p < .001$; Chinese bio-weapon: $b = 0.18$, *se(b)* = 0.08, $p < .01$). Unstandardised coefficients.
Miller, J. M. (2020b). *Canadian Journal of Political Science/Revue*	**North America** United States	April 24 and April 28, 2020	N = 3,019 See Miller (2020a)	Online survey, cross-sectional, correlation and regression analyses.	Coping with threat and uncertain ty (A),		Belief in COVID-19 conspiracy theories was measured using 11 items, see Miller (2020a).	Uncertainty is related to belief in COVID-19 conspiracy theories, *b* = 0.22, *se(b)* = 0.06, $p < .001$; Uncertainty induced by COVID-19 strengthens the effect of conspiratorial thinking on belief

Canadienne de Science Politique				Assessment: Low risk. Large representative sample.	Group identity (A)			in a wide array of COVID-19 conspiracy theories among republicans.
Oleksy, T., Wnuk, A., Maison, D., & Łyś, A. (2020). *Personality and Individual Differences*	**Europe** Poland	March 2020	Study 1: N = 1,046 Random quota sample (demographic structure of 18-70 year old Polish population). Sample recruited through online research panel using computer-assisted web interviewing. Study 2: N = 1,680 Gender: 74% women. Age: $M = 26.2$, $SD = 6.95$. Convenience online sample recruited through Facebook.	Online survey, correlation analysis, structural equation modelling. Assessment: Low. Convenience online sample recruited via Facebook, sample specific to Facebook users, overrepresentaton of women. It is not reported how the conspiracy items were rated. Analyses appropriate and tested across two samples, although some of the relationships were relatively weak. Conclusions are appropriately cautious.	Coping with Threat and Uncertainty (A), Group Identity (A), Safeguarding Behaviours (C), Negative social Consequences (C)	Disrupt order; Powerful people; Government; Restrict liberties; Hidden truth; Political control; Powerful people; Disrupt order; Artificial origin; Population control	COVID-19 conspiracy beliefs were measured using the items below, including one item extra each for Study 2: Government-related conspiracies related to COVID-19: (1) "I believe that the Polish authorities strive to limit the rights and freedoms of citizens under cover of fighting the pandemic."; (2) "I believe that Polish authorities are hiding the factual extent of coronavirus victims from society."; (3) "Polish authorities can change the law freely during the pandemic because no one has time to look at their actions." (Study 2) All item scores were averaged into a single composite score in Study 1 ($r = 0.45$; $M = 4.39$; $SD = 1.66$) and Study 2 ($\alpha = 0.76$; $M = 3.48$; $SD = 1.47$). General conspiracy theories on COVID-19: (1) "I believe there are groups interested in spreading panic to achieve their own goals."; (2) "I believe that the development of the pandemic may benefit certain groups of whose interests we have no idea."; (3) "I believe the coronavirus was created in a laboratory according to plans unknown to the public."; (4) "The development of the pandemic results from someone's desire to reduce the world population." (Study 2) All item scores were averaged into a single composite score in Study 1 ($\alpha = 0.76$; $M = 4.33$ $SD = 1.38$) and Study 2 ($\alpha = 0.75$; $M = 3.76$; $SD = 1.44$).	Generic COVID-19 conspiracy beliefs (that featured a powerful outgroup threatening one's ingroup) predicted the endorsement of xenophobic policies ($r = .35$ in Study 1, $r = .31$ in Study 2) and were associated with negative feelings toward Chinese and Italian people ($r = -.14$). Neither the belief in government-related COVID conspiracy theories nor general conspiracy theories were related to self-reported adherence to protective behaviours. Lack of control was related both to general COVID-19 conspiracy beliefs, $r = .28$ in Study 1, $r = .19$ in Study 2, and to government-related conspiracy beliefs, $r = .18$ in Study 1, $r = .18$ in Study 2.
Patsali, M. E., Mousa, D.-P.	**Europe** Greece	April 5 - May 2,	N = 1,535	Online survey. Chi-square tests,	Demographic	Government;	Sixteen new items, of which thirteen items general conspiracy beliefs: (1)	Women were more likely to believe in conspiracy theories

V., Papadopoulou, E. V., Papadopoulou, K. K., Kaparounaki, C. K., Diakogiannis, I., & Fountoulakis, K. N. (2020). *Psychiatry Research*	2020	University students. Gender & Age: 1104 female (71.9%; aged 22.08 ± 4.96) and 431 male participants (aged 22.35 ± 3.11).	Factorial Analysis of Variance and Relative Risk ratios Assessment: Low. Though women are overrepresented in the sample, which is fairly specific (Greek university students), the conclusions are not overreaching.	Variables (A)	Powerful people; Hidden truth; Scientists; Distraction /Cover-up; Deliberate spread; Artificial origin; Bioweapon	"The government is secretly involved in the murder of innocent citizens and/or well-known public figures."; (2) "The power held by the heads of state is smaller than that of small unknown groups that really control the world of politics."; (3) "Secret organizations are communicating with aliens, but they hide it from the public."; (4) "Groups of scientists manipulate or conceal evidence to deceive the public."; (5) "The government allows or commits acts of terrorism on its territory, and covers its involvement."; (6) "A small, secret group of people is responsible for making all the important decisions, such as starting wars."; (7) "Mind control technology is used on people without their knowledge."; (8) "Novel and advanced technology that will harm the existing industry is being suppressed."; (9) "The government uses people as scapegoats to hide its involvement in criminal activity."; (10) "Some important events are due to the activity of a small group who secretly manipulate world events."; (11) "Experiments involving new drugs or technologies are performed systematically on humans without their knowledge or consent."; (12) "Many important pieces of information are deliberately hidden from the public for reasons of interest."; (13) "The spread of certain viruses and/or diseases is the result of deliberate, covert actions of an organization." Three more items were COVID-19 specific: (14) "Covid-19 virus is a product of a scientific laboratory."; (15) "The spread of the virus Covid-19 is the result of intentional, covert operations."; (16) "The creation of Covid-19 virus aims to its use as a biological warfare weapon."	(including each of the three COVID-19 conspiracy theories).

							Rated on a 5-point Likert scale: -2 (Definitely false), -1 (Possibly false), 0 (Don't know), 1 Possibly true), 2 (Definitely true).	
							No reliability reported. Artificial origin, *M* = -0.39, *SD* = 1.29; Spread, *M* = -0.56, *SD* = 1.25; Bioweapon, *M* = -0.62, *SD* = 1.25.	
Pavela Banai, I., Banai, B., & Mikloušić, I. (2020). *Current Psychology*	**Europe** Croatia	May 2020	N = 1,882 Gender: 1268 women (67.4%), 596 men, 18 responded as "Do not wish to answer". Age: *M* = 36.57 years. Online sample recruited through social media websites and the most popular news website in Croatia.	Online survey, cross-sectional. Factor analysis, correlation analysis, mediation analysis. Assessment: Low risk. Convenience samples recruited online, women are overrepresented. All of the main results held in the robustness analysis which included age, gender, and education as covariates, which gives further support for the validity of the conclusions.	Epistemically suspect Beliefs (A), Safeguarding Behaviours (C)	5G; Artificial origin; Bioweapon; Nations battle; Exaggerated/Flu; Microchips; WHO; Misinformation; Bill Gates; Population control; Hoax; Hidden cure	Nine new items: (1) "Spread of the coronavirus is related to the 5G technology."; (2) "Coronavirus was intentionally made in a laboratory."; (3) "Coronavirus was created as a bioweapon in the war between the powerful countries (like China, USA, Russia)."; (4) "Coronavirus is equally or less dangerous than the regular flu."; (5) "Development of vaccine against coronavirus is associated with population control via trackable microchip implantation."; (6) "Official infection and mortality rates provided by the WHO are false."; (7) "Bill Gates is using the pandemic for population control."; (8) "Videos and photographs of empty hospitals are a proof that the pandemic is a hoax".; (9) "Cure for coronavirus infection already exists." Rated on a scale ranging from 1 (strongly disagree) to 5 (strongly agree). The average rating on a 5-point scale on these nine items was used as the level of endorsement of the COVID-19 conspiracy beliefs. (α = 0.92; *M* = 2.06; *SD* = 0.97)	COVID-19 conspiracy beliefs were strongly associated with pseudoscientific beliefs regarding potential remedies for COVID-19 (*r* = .56). Believing in COVID-19 conspiracy theories was negatively related to self-reported adherence to behavioural guidelines (-.46).
Pennycook, G., McPhetres, J., Bago, B., & Rand, D. G. (2020). *PsyArXiv*	**North America** United States, Canada **Europe**	March 24, 2020	N = 3,266 Study 1: N = 1,975 United States (N = 689): Age: *M* = 45.6. Gender:	Online survey, cross-sectional, regression. Assessment: Low risk. United	Thinking Styles and cognitive Biases (A)	Artificial origin; Bioweapon; Hidden cure; Hoax	Four new items: (1) "The coronavirus was created in a lab."; (2) "Coronavirus was created to be a bio-weapon."; (3) "A cure for the coronavirus has already been discovered but is being suppressed by people who want the pandemic to	Mild evidence for political polarization around COVID-19 misinformation, but reasoning skill is more strongly associated with accuracy of beliefs about COVID-19 than political views.

	United Kingdom		336 male, 345 female, 8 other. United Kingdom (N = 642): Age: *M* = 46.1. Gender: 306 male, 330 female, 6 other). Canada (N= 644): Age: *M* = 31.4. Gender: 322 male, 313 female, 9 other. Study 2: N = 1,338 United States (N = 697): Age: *M* = 45.8. Gender: 330 male, 358 female, 9 other. United Kingdom (N = 641): Age: *M* = 46.3. Gender: 304 male, 333 female, 4 other. Recruited via Prolific. U.S. and U.K. samples were nationally representative in terms of age, sex, and ethnicity. Canadian sample was a convenience sample.	States and United Kingdom samples were nationally representative, and both Study 1 and 2 were preregistered.			continue."; (4) "The coronavirus is probably a hoax." Items were rated on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree). Cronbach's α was .80 for Canada, .79 for United Kingdom, and .84 for United States. Mean score of all four factors of misperceptions was used in the main analyses, but are not reported.	Political polarization was more strongly predictive of behaviour change intentions. COVID-19 misperceptions are negatively related to COVID-19 risk perceptions and behaviour change intentions. COVID-19 misperceptions are negatively related to cognitive sophistication (*r*s ranging from -.46 to -.34).
Pizarro, J. J., H. Cakal, L. Méndez, S. Da Costa, L. N. Zumeta, M. Gracia Leiva, N. Basabe, G. Navarro Carrillo, A. M. Cazan and S. Keshavarzi (2020) *Papers on Social Representations*	Multinational **Americas, Europe** and **Asia** (17 countries)	May, 2020	N = 4,430 Gender: 66.45% female, 30.45% male, and 3.09% non-binary/did not want to respond. Age: *M* = 34.05, *SD* = 14.23. Recruitment method not reported.	Online survey, cross-sectional. Multi-level regression models. Assessment: Low. Recruitment method is missing.	Demographic Variables (A), Group Identity (A), Coping with Threat and Uncertainty (A)	Population control; Bioweapons; Nations battle; Government; Hidden truth; Health authorities; Pharmaceutical companies; Financial gains;	Conspiracy beliefs were measured through three sets of items: **Polemic Conspiracy** (n=2): (1) "The virus is used to kill old people and 'fix' the retirement problem"; (2) "The virus is a biological weapon created by one superpower to attack another." **Objectification on Political Elite Villains** (n=3): "The government deceives us and hides information about the Coronavirus"; (2) "The problems are the product of corruption by government officials who have	Women, people with lower levels of education are more likely to endorse 'polemic' conspiracy theories. Younger individuals are more likely to endorse political elite conspiracy theories. Right-wing authoritarianism and social dominance orientation predicted belief in population control, *r* = 0.08, *p* < 0.001, and bioweapon theories, *r* = 0.10, *p* < 0.001, (but not conspiracy theories around hidden information, government

					Media; Scaremongering	squandered the money"; (3) "Ineffective hospital management has exacerbated the coronavirus pandemic". **Objectification on Economic Elite Villains** (n=3): (1) "The pharmaceutical industry is taking advantage of the Coronavirus epidemic to make money"; (2) "Entrepreneurs in general and in the pharmaceutical industry in particular are making money from the sale of medical equipment at the price of gold."; (3) "The media feeds fear, giving negative and alarmist news in order to have more audience". Rated on 5-point scale from 1 (Completely disagree) to 5 (Completely agree). Reliability: Polemic Conspiracy, ω = 0.74, Objectification on Political Elite Villains, ω = 0.62, Objectification on Economic Elite Villains, ω = 0.73.	corruption, or the pharmaceutical industry). Risk perception, including both infection-related risks and consequence-related anxiety, was a consistent predictor of COVID-19 conspiracy beliefs, $r = .10$.
Plohl, N., & Musil, B. (2020). *Psychology, Health & Medicine*	Multinational **North America, Europe, Oceania**	Before March 2020 (not reported)	N=525 North America (48.1%), Europe (38.5%), Oceania (5.5%). Gender: Approx. 50-50 gender, with 1.9% non-binary. Age: 18-74, M=32.5 years old. Education: Highly educated sample. Participants were recruited through advertisements on various social media websites, especially Reddit	Online survey, cross-sectional, structural equation modelling. Assessment: Low risk. Highly educated people may be over-represented.; country is not taken into account in the analyses.	Trust in Authorities (A), Attitudes toward Science (A), Safeguarding Behaviours (C)	15-item Generic Conspiracist Beliefs scale (Brotherton et al., 2013). Rated on a 5-point scale from 'Definitely not true' to 'Definitely true'. All subscales were combined into second-order factor 'conspiracy ideation' (α = .91, M = 2.31, SD = 0.74)	Conspiracy ideation correlated strongly with distrust in science (r = -.46, $p < .001$) but not with adherence to guidelines (r = -.08, $p > .05$). There were direct effects of trust in science (β = .26, $p < .01$) and COVID-19 risk perception (β = .35, $p < .001$) (but not of the other variables) on compliance with COVID-19 prevention guidelines. Trust in science mediated the negative effect of several factors on adherence to guidelines: Political conservatism (β = -.08, p = .01), religious orthodoxy (β = -.03, p = .05), conspiracy ideation (β = -.11, p = .006), and intellectual curiosity (β = .05, p =

								.008) predict adherence to guidelines via the mediating role of trust in science (β-values reported are of the indirect path).
Prichard, E. C., & Christman, S. D. (2020). *Frontiers in Psychology*	**North America** United States	Before August 2020 (not reported)	N = 189 Gender: 91 women (48.1%), 109 men. Age *M* = 41.5, range not reported. Recruited through Amazon MTurk. Inclusion criteria: US High-School graduates, residents of the United States	Online survey, cross-sectional, correlation and regression analyses, principal component analysis. Assessment: High risk. A small and specific sample. Although the study used a reliable measure of generic conspiracist beliefs (GCB scale), blaming China was assessed with only a single item.	Negative social Consequences (C)		Generic Conspiracist Beliefs Scale/GCB Scale (Brotherton et al., 2013)	Generic conspiracy beliefs (*r* = .28) were, along with authoritarianism (*r* = .35), associated with blaming China for COVID-19
Pummerer, L., Böhm, R., Lilleholt, L., Winter, K., Zettler, I., & Sassenberg, K. (2021). *Social Psychological and Personality Science*	**Europe** Germany, Denmark	Study 1: March, 2020 Study 2 & 3: May, 2020	N = 1,213 Study 1: N = 425 Online sample of adult Danish population. Gender: 48.9% = male, 50.8% = female; Age: 20–84 years, *M* = 52.53. Study 2: N = 242 Gender: 69.8% = female, 28.1% = male. Age: 18-61 years, *M* = 23.98. Students invited via a	Cross-sectional (Study 1), experimental (Study 2) and two-time point longitudinal (Study 3). Assessment: Low risk. Sample size relied on power analysis. The main results are confirmed in two different (although not	Trust in Authorities (A), Safeguarding Behaviours (C), Misguided Behaviours (C)	Media; Exaggerated/Flu; Powerful people; Disrupt economy; Disrupt order; Restrict liberties; Government	Political COVID-19 conspiracy beliefs were measured with five items: (1) "News outlets are exaggerating numbers and danger of COVID-19"; (2) "Powerful people are using COVID-19 in order to crash the economy"; (3) "The panic about COVID-19 is partly caused by people trying to hurt the political system"; (4) "It is important to think about the economy rather than to panic about a virus that is not so dangerous after all"; (5) "COVID-19 is just one way of the government to restrict the power of the small people". Study 1: Rated on a 5-point scale from 1	Endorsement of COVID-19 conspiracy theories was related to lower institutional trust (β = -.26), support of governmental regulations (β = -.34), adoption of physical distancing (β = -.15), social engagement (β = -.12), adoption of complementary medicine (*r* = .20) though not hygiene measures (β = -.05). Being confronted with a COVID-19 conspiracy theory led to lower support of governmental regulations (*d* = .37) and adoption of physical distancing (*d* = .26).

			German university's student mailing list. Study 3, Time 1: N = 546 Gender: 69.6% female, 30% male. Age: 18–61 years, *M* = 24.11. German university students recruited online. Study 3, Time 2: N=137 Gender: 15.7% male, 83.6% female. Age: 18–61 years, *M* = 24.18.	very different) cultural contexts, and different designs were implemented.				(disagree) to 5 (agree), α = .79; *M* = 1.71, *SD* = 0.72. Study 2&3: Rated on a 7-point scale from 1 (disagree) to 7 (agree). Study 2: α = .76; *M* = 2.32, *SD* = 1.12; Study 3, t1: α = .77; *M* = 2.16, *SD* = 1.05; Study 3, t2: α = .69; *M* = 2.06, *SD* = 0.91. Study 2 & 3: Conspiracy Mentality Questionnaire (Imhoff and Bruder, 2013), measured with a twelve items (Study 2: α = .89; *M* = 3.10, *SD* = 1.08; Study 3, t1: α = .90; *M* = 3.34, *SD* = 1.15; Study 3, t2: α = .89; *M* = 2.98, *SD* = 1.03).	In a longitudinal study, belief in the COVID-19 conspiracy theory decreased institutional trust (β = -.15) and -to some extent- support of governmental regulations (β = -.16) and increased the adoption of complementary medicine (β = .12) over time.
Radnitz, S., & Hsiao, Y. (2020). *SSRN 3720912*	**North America** United States	July, 2020	N = 950 (round 2) Gender: 65.5% male, 30.8% female participants, 3.7% not specified. Age: *M* = 36.35, *SD* = 10.70. Ethnicity: 58.1% participants were white, 27.9% black/African American, 1.8% Latino, 1.3% American India or Alaska Native, 4% Asian, 3.7% multi-racial. Recruited on MTurk.	Online survey cross-sectional data. Mixed effect linear models with a random intercept for each individual. Assessment: Low risk. The sample is unbalanced in terms of gender, but is large. Analyses allow random intercepts for individual participants. The paper has not been peer-reviewed yet.	Coping with threat and uncertainty (A)	Powerful people; Pharmaceutical companies; Artificial origin; Deliberate spread; Restrict liberties	The voting intention for fictional leaders using a conspiracy-related and non-conspiracy-related rhetoric was measured. Related to COVID-19, two conspiracy-related rhetoric were presented concerning "powerful people" or "pharmaceutical companies" and using either a rhetoric of "common sense" or "secret information". The presented conspiracy-related rhetorics always had the same beginning: "America needs leaders who have the character to make tough decisions. It needs leaders who know how to solve problems. While our nation has been growing stronger, we still have many challenges. For example, Coronavirus is still ravaging our country. I'll tell you why this is:" and end: "If I am fortunate enough to win your vote, I will work every day to keep America safe.", but different on the central message: (1; Powerful People - Secret Information) "I've been informed by a credible source from within the government—who I can't name—that Coronavirus was purposely created and	Specific (i.e., related to COVID-19) but not general anxiety increases support for leaders with COVID-19 conspiracy-related rhetoric, *b* = 0.02, *se(b)* = 0.01, *p* < .01, for powerful people rhetoric, *b* = 0.04, *se(b)* = 0.01, *p* < .001, for pharmaceutical companies rhetoric (coefficients are unstandardised, no standardised values were reported).

released by powerful people as part of a hidden plan to take away our freedoms."; (2; Powerful People - Common Sense) "As anyone with common sense can see, Coronavirus was purposely created and released by powerful people as part of a hidden plan to take away our freedoms."; (3; Pharmaceutical Companies - Secret Information) "I've been informed by a credible source from within the government—who I can't name—that Coronavirus was purposely created and released by big pharmaceutical companies to make a profit from selling the vaccine."; (4; Pharmaceutical Companies - Common Sense) "As anyone with common sense can see, Coronavirus was purposely created and released by big pharmaceutical companies to make a profit from selling the vaccine."

Voting support was measured with one item "How likely would you be to vote for this candidate?" on a 5-point scale from 1 "Very unlikely" to 5 "Very likely".

Romer, D., & Jamieson, K. H. (2020). *Social Science & Medicine*	**North America** United States	Wave 1: March 17-27, 2020 Wave 2: July 10-21, 2020	Wave 1: N = 1050 Gender: 45.6% male. Age: 18-29 N=131 30-44 N=313 45-59 N=249 60+ N=357 Ethnicity: 73.0% White, 13.9 % Black, 14.8 % Hispanic. Education: 47.8% some college, 19.6% post-graduate. Wave 2: N = 840 Gender: 44.3% male. Age:	Two-wave online survey. Path mediation analysis. Assessment: Low risk. Large and representative sample was used.	Demographic Variables (A); Group Identity (A); Safeguarding Behaviours (C); Vaccination Intentions (C)	Pharmaceutical companies; Financial gains; China; Bioweapon; Healthcare companies; Exaggerated/Flu; Make Trump look bad	Three new items: (1) "The pharmaceutical industry created the coronavirus to increase sales of its drugs and vaccines."; (2) "The coronavirus was created by the Chinese government as a biological weapon."; (3) "Some in the U.S. Centers for Disease Control and Prevention, also known as CDC, are exaggerating the danger posed by the coronavirus to damage the Trump presidency." Rated on a 4-point scale from 1 ("Definitely false") to 4 ("Definitely true"). The measure of conspiracy beliefs was	Younger people tend to give more credence to COVID-19 conspiracy theories. People who are white have been found to endorse COVID-19 conspiracy beliefs less often than other ethnic groups (β = -.13, *p*<.005). Individuals with lower (vs. higher) income (β = -.06, *p*<.005) and education (β = -.17, *p*<.005) tend to hold stronger beliefs in COVID-19 conspiracy theories. Conservative ideology (β = .22, *p* < .005) and media use are positively related to conspiracy beliefs.

			18-29 N=104 30-44 N=245 45-59 N=197 60+ N=294 Ethnicity: 74.2% White, 12.8 % Black, 15.2 % Hispanic. Eudcation: 48.3% some college, 30.1% post-graduate. Participants were recruited by Qualtrics from the NORC AmeriSpeak Panel (National Opinion Research Center, 2020). To represent the US population, panel selection was determined in part by the likelihood to respond across 48 demographic strata.				based on the mean of the items (α = .72; Wave 1, M = 1.75, SD = 0.85; Wave 2, M = 1.90, SD = 1.08).	Conspiracy beliefs in March predicted mask-wearing in July both directly [-0.0 8, 99% CI (-0.195, -0.002)] and indirectly through perceived national threat [-0.24 x 0.22 = -0.05, 99% CI (-0.091, -0.025)]. It also predicted vaccine intention in July both directly, -0.15, 99% CI (-0.25, -0.06), and indirectly as mediated by the belief that the vaccine is harmful, -0.033, 95% CI (-0.072, -0.003).
Roozenbeek, J., Schneider, C. R., Dryhurst, S., Kerr, J., Freeman, A. L., Recchia, G., van der Bles, A. M., & van der Linden, S. (2020). *Royal Society Open Science*	**Europe** United Kingdom, Ireland, Spain **North America** United States, Mexico	Mid-April to early May, 2020 (Two UK studies: April 14 and May 11, 2020)	N = 4,300 United Kingdom (n=1050 and n=1150), Ireland (n= 700), the United States (n=700), Spain (n=700) and Mexico (n=700). All samples were nationally representative in terms of gender and age distributions. Pooled data: 51.22% female, 48.78% male; no formal education above age 16 7.78%; professional or technical qualifications above age	Online surveys; cross-sectional combined with a two-wave study in the United Kingdom. Assessment: Low risk. Demographic data and detailed statistics are provided in the supplementary file.	Attitudes toward Science (A)	Medical conspiracy; 5G; Artificial origin; China; Forced vaccination	Misinformation about COVID-19 contained six items relating to politics and health: (1) "Gargling with salt water or lemon juice reduces the risk of infection from coronavirus because of its antiseptic properties."; (2) "The new 5G network may be making us more susceptible to the virus."; (3) "Being able to hold your breath for 10 seconds or more without coughing or discomfort is a good self-check test for whether you have the coronavirus."; (4) "The coronavirus was bioengineered in a military lab in Wuhan."; (5) "Breathing in hot air through your mouth and nose (e.g. from a hair dryer) kills the coronavirus as it can only live in cool places."; (6) "The coronavirus is part of a global effort to enforce mandatory vaccination."	Higher level of susceptibility to COVID-19 misinformation is related to lower level of adherence to preventive measure and intention to get vaccinated. Higher level of numeracy and trust in scientists are associated with lower level of susceptibility to misinformation. (Standardized betas for trust in scientists across countries ranged from –0.16 to –0.30; standardized betas for numeracy ranged across countries from –0.31 to –0.40.)

			16 11.54%; school education up to age 18 27.32%; degree (bachelors) or equivalent 39.30%; degree (masters) or other postgraduate qualification 11.46%; doctorate 2.32%; minority status (no) 78.38%; minority status (yes) 17.74%					Participants reported how reliable they found each statement on a 7-point scale (1 = very unreliable; 7 = very reliable). Overall perceived reliability of all six items pooled as a single index was created (α = 0.83, M = 2.46, SD = 1.32)
Rothmund, T., Farkhari, F., Azevedo, F., & Ziemer, C.-T. (2020). *PsyArXiv*	**Europe** Germany	April, 2020	N = 1,575 Gender: 49.7%. Age: 18-83 years, M = 49.4, SD = 16.1. Quota sample from the general public: About 50-50 division of sex, good spread over education, current employment status, relationships, and area of living (urban vs rural). The sample of this study was provided by Respondi, a German panel agency.	Online survey, cross-sectional study. Latent class analysis, correlational, mean differences. Assessment: Low risk. Large and representative sample. Authors present results very humbly. Presentation of results differs from other formats as authors do a latent class analysis, identifying four types of people in regard to COVID information (Mainstream; Cautious; Deniers; Doubters).	Trust in Authorities (A)	Bioweapon; Scientists; Restrict liberties; Political control; Hoax; Powerful people; Financial gains; Distraction /Cover-Up	Four items measuring the belief in COVID-19-related conspiracy theories were taken from Sternisko and colleagues (2020): (1) "The coronavirus (COVID-19) is a bioweapon engineered by scientists."; (2) "The coronavirus (COVID-19) is a conspiracy to take away citizen's rights for good and establish an authoritarian government."; (3) "The coronavirus (COVID-19) is a hoax invented by interest groups for financial gains."; (4) "The coronavirus (COVID-19) was created as a cover up for the impending global economic crash." Participants were asked to rate the items on an eleven-point Likert scale ranging from 0 (strongly disagree) to 10 (strongly agree). Items were averaged into a single score (α = 0.93, M = 2.21, SD = 2.77).	Believing specific COVID-19 conspiracy theories was associated with doubting or denying technical claims about COVID-19.
Sadeghiyeh, H.,	**Middle East**	March 4 - March 20,	N = 173	Online survey, cross-sectional	Thinking Styles	China; Disrupt	Ten new items: (1) "It was built by China to undermine USA market.; (2) It	Analytical thinking was negatively related to COVID-19

Khanahmadi, I., Farhadbeigi, P., & Karimi, N. (2020). *PsyArXiv*	Iran	2020	Gender: 81 female, 92 male participants. Age: 18-87 years (*M* = 34.4). Participation was voluntary and participants were recruited by invitations through e-mail lists and social media.	study. Correlational analyses. Assessment: High risk. Very small convenience sample.	and cognitive Biases (A)	economy; USA; Accidental release; Hoax; Scaremong ering	was built by USA to undermine China market."; (3) "It was built by USA to destabilize Iran.; (4) "It was built by Russia to interfere with international trades."; (5) "It accidentally spread out of a secret Chinese laboratory, no one wanted to spread it intentionally."; (6) "It spread to humans from wild animals by pure chance." (reverse-coded); (7) "There is no coronavirus threat. It's all fake news to terrify people." (8) "It is a divine punishment due to the sins of humanity."; (9) "Nobody has a clue how it spread."; (10) "We don't know who made it, but it is man-made for sure." Rated on a scale from 0 (extremely unlikely) to 100 (extremely likely)	conspiracy beliefs (*r* = -.32)
Salali, G. D., & Uysal, M. S. (2020). *Psychological Medicine*	**Europe** United Kingdom, Turkey	May, 2020	United Kingdom (N = 1,088) Gender: 735 female (67.5%), 322 male participants. Age: *M* = 44.33 (*SD* = 13.70) Turkey (N = 3,936) Gender: 2462 female (62.6%), 1474 male participants. Age: *M* = 31.92 (*SD* = 11.25) Recruited via social media and snowball sampling.	Online survey, cross-sectional study. Logistic regression analyses. Assessment: Medium risk. Convenience sample, one item for artificial origin of the coronavirus, categorical variables only.	Vaccinat ion Intention s (C)	Artificial origin	One new item: "What do you think is the origin of the novel coronavirus (COVID-19)?" Natural origin was coded as 1, artificial origin was coded as 0. 18 % of Turkish and 12% of British participants believed the origin of the virus was artificial.	Believing in the natural origin of the coronavirus significantly increased the vaccine acceptance against COVID-19 (odds-ratio for artificial origin = 0.65 and for natural origin = 2.23 in Turkey; odds-ratio for artificial origin = 0.80 and for natural origin = 2.64 in UK).
Sallam, M., Dababseh, D., Eid, H., Al-Mahzoum, K., Al-Haidar, A., Taim, D., Yaseen, A.,	**Middle East** Jordan (n = 2173, 63.6%), Kuwait (n = 771,	December, 2020	N = 3,414 Somewhat skewed towards female participants (on average, 66.7% of the sample). Mean age 31 years.	Online survey, cross-sectional study Chi-square tests, multinomial regression	Demogra phic Variable s (A), Trust in Authoriti es (A),	Artificial origin; Forced vaccinatio n; Microchips ; Control	Three conspiracy belief items and one misinformation item (treated as a conspiracy belief): (1) "What is your belief about the origin of the current coronavirus in humans?" (Natural vs Man-made); (2) "Do you think the current coronavirus was man-made to	Women were more likely than men to adopt conspiracy beliefs, OR = 1.54 (1.28–1.85), *p* <. 001. Individuals with lower education tend to hold stronger beliefs in COVID-19 conspiracy theories, OR = 0.78 (0.64–0.94), *p* = .01.

Ababneh, N. A., Bakri, F. G., & Mahafzah, A. (2021). *Vaccines*	22.6%) and Saudi Arabia (n = 154, 4.5%). Other Arab countries, Palestine (n = 98), Iraq (n = 60), United Arab Emirates (n = 44), Yemen (n = 30), other countries fewer than 30 each.		Participants were recruited through advertisement on social media platforms (i.e., Facebook, Instagram and Twitter) and through free messaging services (WhatsApp and Snapchat), starting with contacts of the authors in Jordan and Kuwait.	analysis of factors associated with vaccine acceptance. Assessment: Low risk. Sample somewhat skewed towards female participants and participants active on social media platforms	Vaccination Intentions (C)	People; Medical conspiracy	force everyone to get vaccinated?" (Yes vs No); (3) "Do you think that coronavirus vaccine will be a way of implanting people with microchips to control humans?" (Yes vs No); (4) "COVID-19 vaccines will lead to infertility" (Yes vs No). Percentages yes/no: (1) 58.5% in Jordan, 35.3% in Kuwait, 34.4% in Saudi Arabia, 49.4% in other Arab countries believed in artificial origin of the coronavirus. (2) 38.3% in Jordan, 48.4% in Kuwait, 47.4% in Saudi Arabia, 30.7% in other Arab countries answered "yes" (3) 27.8% in Jordan, 32.0% in Kuwait, 22.1% in Saudi Arabia, 19.6% in other Arab countries answered "yes" (4) 23.2 % in Jordan, 27.5% in Kuwait, 20.8% in Saudi Arabia, 16.5% in other Arab countries answered "yes"	Reliance on, social media is a predictor of COVID-19 conspiracy beliefs: "The likelihood of belief in conspiracy regarding the origin of COVID-19 was higher among respondents who relied on social media platforms (65.8%) compared to those who relied on medical doctors, scientists and scientific journals (49.8%; $p < 0.001$, χ2 test)."Belief in conspiracy regarding the origin of the virus and regarding the vaccine was associated with less willingness to get the vaccine. Odds ratios (95% CI) associated with vaccine acceptance: COVID-19 origin (natural vs. man-made, 0.47 (0.38–0.57),; COVID-19 is man-made to force people to get the vaccine, 1.89 (1.46–2.43),, COVID-19 vaccine causes infertility 2.39 (1.72–3.30).
Sallam, M., Dababseh, D., Yaseen, A., Al-Haidar, A., Ababneh, N. A., Bakri, F. G., & Mahafzah, A. (2020a). *International Journal of Environmental Research and Public Health*	**Middle East** Jordan	March 29-31, 2020	N = 1,540 Students. Age: *M* = 22 years. Gender: 74.4% female participants. (Nationality: Jordanians (90.2%), vs non-Jordanian.	Online survey, cross-sectional design. Chi square, correlation analyses Assessment: Low/Medium risk. Sample specific to university students from Jordan, overrepresentation of women. COVID-19 conspiracy beliefs were	Demographic Variables (A), Coping with threat and uncertaintly (A)	Hoax	One new item: "Do you think the COVID-19 pandemic is part of a global conspiracy theory?" Possible answers were "Yes", "No", and "Maybe". Scores: Men: 41.4% No, 12.9% Yes, 45.7% Maybe Women: 31.0% No, 17.6% Yes, 51.5% Maybe	Women and those with lower income were more likely to adopt conspiracy belief. Anxiety is related to stronger beliefs in COVID-19 conspiracy theories, Kruskall-Wallis test: $p < .001$.

				measured by a single, general item mentioning conspiracy theories, which may have fostered participants' social desirability.				
Sallam, M., Dababseh, D., Yaseen, A., Al-Haidar, A., Taim, D., Eid, H., Ababneh, N. A., Bakri, F. G., & Mahafzah, A. (2020b). *PloS one*	**Middle East** Jordan	April 11-14, 2020	N = 3,150 Gender: 24.0% male, 76.0% female participants. Age: *M* = 31 years. Nationality: Jordanian, N=2894 (92.8%), non-Jordanian, N=223 (7.2%). Education: 73.6% had an undergraduate degree (diploma or bachelor's degrees).	Online survey, cross-sectional design. Chi square, correlation analyses. Assessment: Low risk. Large sample from a single country, conclusions do not outweigh the analyses.	Demographic Variables (A), Coping with threat and uncertainty (A)	Hoax; 5G; Bioweapon	Four new items: (1) "Do you think the COVID-19 outbreak is part of a global conspiracy theory?"; (2) "Do you think that 5G (5th Generation) networks are spreading COVID-19?"; (3) "Do you think COVID-19 is part of a biological warfare?"; (4) "Do you think that COVID-19 is a spiritual test from God?" All items scored with Yes or No. Scores: (1) 47.9% yes; (2) 57.0% yes; (3) 21.0% yes; (4) 82.7% yes.	Belief in global conspiracy, 5G and bioweapon conspiracy theories was more common among female compared to male participants (50.1% vs. 41.2%, p<0.001; χ2), and in those with lower income and lower education. Higher anxiety scores were found for those who believe in COVID-19 conspiracy theories, *p* < .001. Participants who depended on medical doctors and scientific journals as their main source of information about COVID-19 were less likely to have COVID-19 conspiracy beliefs (these participants were more likely to be male and have a higher education and income).
Soveri, A., Karlsson, L. C., Antfolk, J., Lindfelt, M., & Lewandowsky, S. (2021). *BMC Public Health*	**Europe** Finland	April 3-17, 2020	N = 1,325 Adults. Age: mean 41.71 years. Gender: 79.6% women Recruited via marketed Facebook post.	Online survey, cross-sectional study with correlational analyses and structural regression. Assessment: Medium risk. Biased toward overrepresentation of women,	Safeguarding Behaviours (C), Vaccination Intentions (A)	Powerful people; Deliberate spread; Pharmaceutical companies; Financial gains; Hoax	Four new items: (1) "A hidden organization is behind the spread of the coronavirus."; (2) "Pharmaceutical companies are behind the spread of the coronavirus."; (3) "Financial interests lie behind the spread of the coronavirus."; (4) "The coronavirus pandemic is made up." Rated with a 5-point scale (1 completely disagree to 5 (completely agree). All items loaded on a single factor, and all scores were averaged.	Conspiracy beliefs correlated negatively with trust (*r* = -.57), vaccination intentions (*r* = −.45) and adherence to behavioural guidelines (*r* = -.49), and positively with endorsement of complementary and alternative medicine (*r* = .59).

			convenience sampling.					
Šrol, J., Mikušková, E. B., & Čavojová, V. (2021). *Applied Cognitive Psychology*	**Europe** Slovakia	March, 2020	N = 783 Gender: 417 female, 363 male, 3 preferred not to disclose their gender. Age: *M* = 42.00, *SD* = 16.84. Sample consisting of quota subsample (n = 562, participant recruitment agency) and convenience subsample (n = 221, online recruitment)	Online survey, cross-sectional, correlation, mediation, and regression analyses. Assessment: Low risk. Large sample, although only on one country. Use of causal language for a cross-sectional design, with no acknowledgment of the possible bidirectional relation in the reported effects.	Coping with Threat and Uncertainty (A), Epistemically suspect Beliefs (A), Trust in Authorities (A)		Ten items from Čavojová, V., Šrol, J., & Ballová Mikušková (2020). Participants rated items on a scale from 1 (completely disagree) to 5 (completely agree). All item scores were averaged into a single composite score (α = 0.90; *M* = 2.11; *SD* = 0.92).	Feelings of COVID-19 anxiety (*r* = .19), COVID-19 lack of control (*r* = .28), generic conspiracy beliefs (*r* = .81), generic paranormal beliefs (*r* = .45), and generic pseudoscientific beliefs (*r* = .59) are positively associated with COVID-19 conspiracy beliefs; trust in authorities is negatively associated with COVID-19 conspiracy beliefs (*r* = -.18).
Šrol, J., Čavojová, V., & Ballová Mikušková, E. (2021). *PsyArXiv*.	**Europe** Slovakia	Study 1: April, 2020 Study 2: November, 2020	Study 1: N = 501 Gender: 241 men, 260 women. Age: *M* = 45.05, *SD* = 15.92. Education: 73.5% high school diploma, 17.8% some college/university, 8.8% elementary education or high school without diploma. Study 2: N = 1,024 Gender: 486 men, 536 women, 2 preferred not to disclose gender. Age: *M* = 44.2, *SD* = 15.3. Education: 39.1% high	Online survey, cross-sectional, correlation, regression, and mediation analyses. Assessment: Low risk. Relatively large quota samples. Reliable measures of COVID-19 conspiracy beliefs. Some of the conclusions potentially specific to Slovakia	Coping with threat and uncertainty (A), Negative social Consequences (C)	Bioweapon; Population control; Using COVID regulations; Government; USA; Nations battle; Disrupt order; Financial gains; Companies; Exaggerate	Study 1: A new measure consisting of eight generic and four China-specific COVID-19 conspiracy beliefs. Generic COVID-19 items (n=8): (1) "SARS-CoV-2 (coronavirus) is a biological weapon created to eliminate the overcrowded human population."; (2) "The state took all the face masks and respirators so that it could give them away to the select few."; (3) "The USA is using the SARS-CoV-2 (coronavirus) to settle its conflicts with China."; (4) "SARS-CoV-2 (coronavirus) was created by the USA to disrupt the European Union so that they could subsequently "save it"."; (5) "COVID-19 (coronavirus) epidemic could have been stopped right at the start, but the	Generic and China-specific COVID-19 conspiracy theories are associated with higher prejudice and discrimination against social groups associated with the pandemic *(r*s = .11 - .30 for China-specific; *r*s = .02 - .30 for generic COVID-19 conspiracy beliefs)*; COVID-19 conspiracy theory beliefs are associated with increased anger (*r* =.13) and decreased trust in government regulations (*r* = -.59)*, as well as higher justification (*r*s = .51- .60 for different actions) and willingness to engage (*r*s = .41 - .53 for different actions) in regulation non-compliance and violent actions.

school with diploma, 22.9% some college degree, 6.3% elementary education, 31.3% high school without diploma. Quota samples via participant recruitment agency '2muse'.	(protests against Slovak governments, prejudice and discrimination against Roma people during COVID-19 pandemic).	d/Flu; Pharmaceutical companies; Hidden truth; artificial origin; China; Deliberate spread; Political control; Hidden cure; Accidental release	large companies made a business out of keeping it going."; (6) "COVID-19 (coronavirus) is only a fabrication, it is an ordinary flu that pharmaceutical companies rebranded to increase the sales of drugs."; (7) "The governments are concealing the real numbers of fatalities especially in children and young people, to prevent panic."; (8) "SARS-CoV-2 (coronavirus) is artificially created to increase people's dependency on the pharmaceutical business.". China-specific items (n=4): (1) "China is responsible for the spread of the SARS-CoV-2 (coronavirus) – it is its revenge for the protests in Hong Kong."; (2) "The Chinese government already has the cure for COVID-19 (coronavirus) but they are keeping it secret."; (3) "The Chinese created SARS-CoV-2 (coronavirus) as a biological weapon which then got out of hand."; (4) "The Chinese government intentionally sells ineffective face masks and dubious tests for the coronavirus to Europe to make the course of the pandemic worse in our countries." Rated on a scale from 1 (completely disagree) to 5 (completely agree). Respective item scores were averaged into a composite score for generic COVID-19 conspiracy theories ($\alpha = 0.89$; $M = 2.45$, $SD = 0.98$) and China-specific COVID-19 conspiracy theories ($\alpha = 0.84$; $M = 2.08$; $SD = 0.90$). Study 2: Ten items from Čavojová et al. (2020). Rated on a scale from 1 (completely disagree) to 5 (completely agree).	Feelings of anxiety, $r = .12$, and lack of control, $r = .24$, are related to belief in COVID-19 conspiracy theories in Study 1 (but not in Study 2).

							All item scores were averaged into a single composite score (α = 0.94; *M* = 2.30, *SD* = 1.10).	
Stanley, M., Seli, P., Barr, N., & Peters, K. (2020). *Thinking & Reasoning*	**North America** United States	March 21, 2020	N = 278 American participants. Age: 20-78 years (*M*age = 42, *SD* = 13). Gender: 134 male, 143 female, 1 no response. Recruited via Amazon Mechanical Turk.	Online survey, correlation analyses. Assessment: Small sample, but appears well-balanced. Correlation analyses but conclusions are adequately cautious.	Thinking Styles and cognitive Biases (A)	Hoax	One new item: "Do you believe that the coronavirus (COVID-19) pandemic is a hoax?" Rated on a scale from 1 = definitely not a hoax to 6 = definitely a hoax. Reliability not applicable, *M* = 1.89, *SD* = 1.53.	Analytical thinking was negatively related to hoax beliefs (*r* = -.46, *p*<.001) and positively related to social distancing (*r* = .14, *p*<.05) and hand-washing (*r* = .14, *p*<.05).
Sternisko, A., Cichocka, A., Cislak, A., & Van Bavel, J. J. (2020). *PsyArXiv*	**North America** United States; **Europe** United Kingdom	March & April, 2020	Study 1: N=300 Study 1 was exploratory using a sample of 300 U.S. participants, representative for the adult U.S. population respective to age, gender, and race. Seven participants were excluded from the analyses due to failed attention checks. Study 2: N=650 Study 2 served as a conceptual, preregistered replication using a sample of 650 U.K. participants, balanced in ideological beliefs (i.e., vote in "Brexit" referendum). Thirteen participants were excluded due to failed attention checks or missing consents.	Online survey cross-sectional data. Regression and correlation analyses. Cross-sectional design. Assessment: Low. Descriptive statistics for the participants missing.	Group Identity (A)	China; Bioweapon; Exaggerated/Flu; Make Trump look bad; Artificial origin; Deliberate spread; Pharmaceutical companies; Financial gains; 5G; Hoax; Distraction/Cover-up	Study 1: (1) "COVID-19 is a Chinese bioweapon."; (2) "the COVID-19 pandemic is exaggerated to hurt the Trump administration." Study 2: Five deflecting conspiracy theories claiming that COVID-19 was intentionally created or spread by humans (e.g., the pharmaceutical industry spreads COVID-19 for financial gains) and two denying conspiracy theories claiming that the pandemic was a hoax (e.g., a cover-up of 5G networks). Agreement with the COVID-19 conspiracy theories was averaged to create an index of the participant's overall belief in COVID-19 conspiracy theories (Study 1: r(291) = .45, Study 2: α = .85) Rated on: - a 5-point Likert scale of agreement (Study 1): 1 (Strongly Disagree) 2 3 4 5 (Strongly Agree); - a 5-point Likert scale of	Higher levels of collective narcissism are associated with belief in COVID-19 conspiracy theories (*r* = 0.48, *p* < 0.001).

							amount of agreement (Study 2): 1 (Not at all) 2 3 4 5 (Very much); - a 10-point Likert scale of agreement (Study 3): 0 (Strongly disagree) 1 2 3 4 5 (Neither agree nor disagree) 6 7 8 9 10 (Strongly agree).	
Stoica, C. A., & Umbreș, R. (2020). *European Societies*	**Europe** Romania	April-May, 2020	N = 482 Gender: 51% female. Age: *M* = 36.01, *SD* = 13.66. Respondents randomly selected from a nationwide panel of 2,000 Internet users aged 18–70 years. The achieved sample was weighted by education, gender, and residential milieu (urban and rural areas). Collected by Ipsos Interactive Services SRL.	On-line survey. Multiple linear regression model (OLS). Assessment: Low risk. The sample is not large but representative in terms of age, gender, and residential milieu.	Thinking Styles and cognitive Biases (A); Group Identity (A)	Bioweapon; Artificial origin; Scientists; Restrict liberties; Hoax; Financial gains; Distraction /Cover-up	Four new items: (1) "COVID-19 is a bioweapon engineered by scientists."; (2) "COVID-19 is a conspiracy to take away citizens' rights for good and establish an authoritarian government."; (3) "COVID-19 is a hoax invented by interest groups for financial gains."; (4) "COVID-19 was created as a cover up for the impending global economic crash." Items were rated on a 10-point scale (0 = strongly disagree to 10 = strongly agree; 5 = neither agree, nor disagree) Index of beliefs in COVID-19 conspiracy theories was calculated (α = 0.875, *M* = 4.49, *SD* = 2.97).	Far-right political views were negatively related to belief in COVID-19 conspiracy theories (*b* = -.94, *SE* = 0.34, *p*<.001). Analytic thinking was negatively related to COVID-19 conspiracy beliefs (*b* = -.23, *SE* = .08, adjusting for other control variables in multiple linear regression model. Coefficients are unstandardised, no standardised values were reported.
Su, Y. (2021). *Telematics and Informatics*	**North America** United States	April 10 - 18, 2020	N = 482 Gender: 214 female (44.4%). Age: 18+, *M* = 40.62, *SD* = 13.95. Participants from the 2020 American National Election Studies Exploratory Testing Survey	Online survey. Multiple regression, mediation analysis, moderation analysis. Assessment: Low, though note that confidence is measured here.	Social Media (A)	Artificial origin	Select one of the two following statements: (1) "The coronavirus (COVID-19) was developed intentionally in a lab."; (2) "The coronavirus (COVID-19) was not developed intentionally in a lab. Participants who selected (1) were asked a follow-up to rate their confidence level from 1 (not at all confident) to 5 (extremely confident). Confidence rating, *M* = 3.62, *SD* = 1.16.	More frequent social media use predicted higher endorsement of COVID misinformation claims, including the conspiracy that COVID-19 was created intentionally in a lab. Discussion heterogeneity preference was negatively associated with COVID misinformation.
Su, Y., Lee, D. K. L., Xiao, X., Li, W., & Shu, W.	**Asia** China	Before July, 2020 (not reported)	N=731 Age: 18-65 years, M = 23.26, *SD* = 5.68.	Online survey, cross-sectional study. Hierarchical	Trust in Authoriti es (A)	Artificial origin; Disrupt economy;	Seven new items: (1) "The COVID-19 is an artificial virus rather than a virus due to natural reasons."; (2) "The COVID-19 was created by foreign	Scepticism towards Chinese media mediates the effect of international social media use on belief in conspiracy theories, an

(2021). *Computers in Human Behavior*			Gender: 67.5% female (n = 497). Data were collected through an anonymous web-based survey through Qualtrics in two major Chinese cities.	regression models, mediation models. Assessment: Medium risk. They try out several mediation models in an effort which appears to be about finding a significant model. The resulting mediation model is not convincing.		Government; Nations battle; Bioweapon; Accidental release; Military; USA; Political control	governments, aiming to curb China's development."; (3) "The COVID-19 is a part of the political or trade war between China and foreign countries."; (4) "The COVID-19 is a weapon of the biological warfare used by foreign countries."; (5) "The dissemination of the COVID-19 is due to a virus leak in a laboratory."; (6) "The COVID-19 was first brought into China by the US military members."; (7) "The COVID-19 is not related to politics, it is a virus due to people's eating wildlife or other non-political reasons."(reverse-coded) Rated on a 5-point Likert scale (0 = strongly disagree, 4 = strongly agree). Item scores were averaged into a single composite score ($\alpha = 0.90$; $M = 1.34$; $SD = 0.94$).	effect which is positively moderated by need for cognition.
Swami, V., & Barron, D. (2021). *Journal of Pacific Rim Psychology*	**Europe** United Kingdom	April 9-10, 2020	N = 520 Gender: 264 women (50.8%), 253 men, 3 other. Age: 18-76 years, $M = 45.85$, $SD = 15.26$. Cross-stratified quota sampling used to obtain nationally representative sample of adults from the United Kingdom. Sample recruited via Prolific.	Online survey, cross-sectional study. Factor analyses, correlation and mediation analyses. Assessment: Smallish sample but nationally representative.	Safeguarding Behaviours (C)	Political control; Financial gains	To assess rejection of, and critical attitudes toward, COVID-19 conspiracy theories, a novel scale was designed which consisted of 18 items (item 18 was excluded after factor analysis): (1) "People who believe conspiracy theories about the epidemic are misguided."; (2) "Conspiracy theories about the epidemic only causing confusion and uncertainty."; (3) "The sharing of conspiracy theories at this time is irresponsible."; (4) "I do not believe any of the conspiracy theories of the epidemic that I have come across."; (5) "This is not the time to be engaging in conspiracy theories about the epidemic."; (6) "I think conspiracy theories about the epidemic have some truth to them."; (7) "Conspiracy theories about the epidemic usually do not make much sense."; (8) "I feel angry when I see people sharing conspiracy theories about the epidemic."; (9) "People who share conspiracy theories about the epidemic are untrustworthy."; (10) "The	Rejection of COVID-19 conspiracy theories was positively associated with guideline adherence ($r = .31$).

authorities should do more to clamp down on people who share conspiracy theories about the epidemic."; (11) "Conspiracy theories about the epidemic are a cause for concern."; (12) "People who share conspiracy theories about the epidemic are acting selfishly."; (13) "People or organisations who share conspiracy theories about the epidemic should be punished in some way."; (14) "I find it disgusting that some people believe conspiracy theories about the epidemic."; (15) "Conspiracy theories about the epidemic are endangering lives."; (16) "Conspiracy theories about the epidemic are making it difficult to stop the spread of the coronavirus."; (17) "Conspiracy theories about the epidemic are a cause of public disorder."; (18) "Some people are spreading conspiracy theories for political or financial gain."

All items were rated on a 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree). All items loaded on a single factor, omega for the total score was .94 (95% CI = .93, .95). Means and Standard Deviations reported for each item, range between $M = 2.88 – 5.88$; $SD = 1.44 – 1.75$.

Teovanovic, P., Lukic, P., Zupan, Z., Lazić, A., Ninković, M., & Zezelj, I. (2020). *Applied Cognitive Psychology*	**Europe** Serbia	April, 2020	N = 407 Gender: 76.9% female. Age: *M* = 34.88, *SD* = 12.81. Education: 0.5% elementary school, 42.5% high school, 30.2% undergraduate studies, 26.3% graduate studies. Sample recruited online through social networks and snowball procedure.	Online survey, cross-sectional, correlation, canonical correlation, and regression analyses. Assessment: Medium risk. Convenience sample, somewhat small sample,	Thinking Styles and cognitive Biases (A); Epistemi cally suspect Beliefs (A), Safeguar ding Behavio	Distraction /Cover-up; Artificial origin; Population control; Financial gains; Medical conspiracy ; Hidden truth; China; Create new	Thirteen new items: (1) "The so-called coronavirus pandemic serves as a smokescreen to cover up big geostrategic operation."; (2) "I think that coronavirus is lab-made, it was not transmitted from animals to humans by accident"; (3) "Since coronavirus mostly kills older and chronically ill, it is easy to conclude that it serves to take the burden off the pension funds"; (4) "One should be careful when a vaccine against coronavirus is developed because no one knows what they will inject in us."; (5) "I think that the public	COVID conspiracy beliefs were negatively related to self-reported adherence to behavioural guidelines, and positively related to pseudoscientific practices aimed at strengthening immunity against or curing COVID-19 (*r* = .28). COVID-19 conspiracy beliefs are associated with intuitive thinking (*r* = .28). COVID-19 conspiracy beliefs are

predominantly female, from a single country.				urs (C), Misguided Behaviours (C)	order; Misinformation; Government; Pharmaceutical companies; Bioweapon; Nations battle; Using COVID regulations; 5G; USA; Disrupt economy	is well informed about the origin of coronavirus" (reverse-coded); (6) "It is clear that China developed this coronavirus to rule the world."; (7) "All in all, the state has to give valid data about the number of infected and deceased to the public." (reverse-coded); (8) "It is clear that pharma-industry, that will make astronomical amounts of money by producing vaccines and drugs, stands behind this pandemic"; (9) "The coronavirus is a weapon of a modern economic war between world superpowers."; (10) "The coronavirus has been circulating among people for a long time, but now they ceased an appropriate moment to reveal it."; (11) "I don't believe in stories that curfew serves to allow unobstructed placement of immigrants in Serbia" (reverse-coded); (12) "The exposure to the new electromagnetic field of the 5G technology affects the coronavirus pandemic."; (13) "Americans imported the coronavirus to China to weaken the Chinese economy, but now it hits them back as a boomerang." Rated on a scale from 1 (completely disagree) to 5 (completely agree). All item scores were averaged into a single composite score ($\alpha = 0.90$; $M = 2.25$; $SD = 0.79$).	associated with inferring relationships between unrelated phenomena, as measured by illusory correlation, base-rate problems, and hot-hand fallacy tasks ($r = .33$).
Uscinski, J. E., Enders, A. M., Klofstad, C., Seelig, M., Funchion, J., Everett, C., Wuchty, S., Premaratne, K., & Murthi, M. (2020). *Harvard*	**North America** United States	March 17-19, 2020	N = 2,023 Age: 17-90 years, $M = 41.54$, $SD = 16.08$. Gender: 51% women. Qualtrics administered the survey, partnering with Lucid and Dynata to recruit a sample that matched U.S. Census	Online survey. Ordinary least squares (OLS) regression. Assessment: Article in a special issue of a publication of the Shorenstein Center on Media,	Demographic Variables (A), Attitudes towards Science (A), Group Identity (A)	Exaggerated/Flu; Make Trump look bad; Powerful people; Artificial origin; Deliberate spread;	Two new items: (1) "The threat of coronavirus has been exaggerated by political groups who want to damage President Trump"; (2) "Coronavirus was purposely created and released by powerful people as part of a conspiracy". Rated on a five-point Likert-type scale from 0 (strongly disagree) to 4 (strongly agree) via neither agree/nor disagree.	The strongest predictors of two COVID-19 conspiracy beliefs were a psychological predisposition to reject expert information and accounts of major events (denialism) and partisan motivation. General conspiracy thinking predicted the 'spread on purpose' item (2) stronger than the 'threat

Kennedy School Misinformatio n Review			records on sex, age, race, and income.	Politics and Public Policy at Harvard University's John F. Kennedy School of Government, which does not have the same reporting requirements as other regular scientific journals.		Control people	Item 1, $M = 1.65$, item 2, $M = 1.76$. General conspiracy thinking was measured through 4 items (Uscinski, Klofstad and Atkinson, 2016): (1) "Much of our lives are being controlled by plots hatched in secret places."; (2) "Even though we live in a democracy, a few people will always run things anyway."; (3) "The people who really 'run' the country, are not known to the voters."; (4) "Big events like wars, the current recession, and the outcomes of elections are controlled by small groups of people who are working in secret against the rest of us." Rated on a scale from 1 (strongly disagree) to 5 (strongly agree).	exaggerated' item (1). A younger age predicted higher COVID-19 conspiracy beliefs.
van Mulukom (2020) *PsyArXiv*	**North America** United States, **South America** Brazil, **Europe** United Kingdom, Italy, Croatia, Finland, France, Germany, Italy, Netherland s, Portugal, **Oceania** Australia, New Zealand	March 28- April 24 2020	N = 7,755 General public, convenience sample. United States (n=2139), United Kingdom (n=1064), Italy (n=1025), Brazil (n=873), Australia (n=674), Netherlands (n=485), Portugal (n=367), Germany (n=278), France (n=236), Finland (n=214), Croatia (n=208), New Zealand (n=192). Overall: 60% female, 40% male participants. Age: 18-88 years, $M = 38.4$, $SD = 13.5$. Relatively well-educated sample (30.9% has a university degree).	Online survey, cross-sectional data. Mediation models and multilevel regressions to take into account country differences. Assessment: Low risk. Convenience sample, relatively well-educated, somewhat more women, but large samples, with multilevel models accounting for country. Conspiracy belief assessed	Demogra phic variable (A), Trust in Authoriti es (A), Safeguar ding Behavio urs (C), Self-centred Behavio urs (C), Misguid ed Behavio urs (C), Negative social Consequ ences (C)	Artificial origin	One new item: "Do you think COVID-19 is a naturally occurring virus or an artificially made virus (e.g., created in a lab)? Rated on a sliding scale with 21 stops from "Naturally occurring" (-10) to "Artificially made" (10), with no label at 0. Reliability not applicable, overall $M = -5.74$, $SD = 6.03$ (for individual country means, see spreadsheet accompanying this table).	Older people tend to give more credence to COVID-19 conspiracy theories (β-non-populist = <.01 [<0.01, 0.01], $p <$ .001; β- populist = <.01 [<0.01, 0.01], an effect which may be driven by Brazil and Portugal; Women more likely to adopt conspiracy beliefs (β-non-populist = .21 [0.14, 0.28], $p <$ .001; β-populist = .12 [0.07, 0.17], $p <$ .001); Individuals with lower income (β-non-populist = -.05 [-0.08, -0.02], $p <$ .01; β-populist = -.06 [-0.09, -0.04], $p <$ .001) and education (β-non-populist = -.12 [-0.14, -0.10], $p <$ .001; β-populist = -.08 [-0.10, -0.06], $p <$ .001) tend to hold stronger beliefs in COVID-19 conspiracy theories. Conspiracy belief is predicted by distrust in the government (β = -.10 [-0.15, -0.06], $p <$ .001) in

	Online recruitment, snowballing method.	with one central question.				countries with a non-populist government and by trust in the government (β = .15 [0.12, 0.19], p < .001) countries with a populist government. Distrust in non-populist governments predicted the artificial creation conspiracy belief (β = -0.24***), which in turn predicted misguided/self-centred behaviours (β = 0.24***; indirect path β = -.06***), which was also predicted by a lack of perceived knowledge (β = -.12***). Trust in populist governments predicted conspiracy belief (β = -.17***), which in turn predicted misguided/self-centred behaviours (β = -.19***; indirect path β = .03***). Distrust in scientists predicted conspiracy belief (β = .36***), which in turn predicted misguided/self-centred behaviours (β = .21***, indirect path β = -.08***).

Table SM.5

Study characteristics of articles using social media research to examine COVID-19 conspiracy theories

Article	Date of study	Origin	Data information	Study methods	COVID-19 conspiracy theory/ies	Key findings
Ahmed, W., Seguí, F. L., Vidal-Aaball, J., & Katz, M. S. (2020a) *Journal of Medical Internet Research*	April 13 - 20, 2020	English language	22,785 tweets that included "FilmYourHospital" or the "#FilmYourHospital" hashtag	Network analysis	Hoax theory, #FilmYourHospital	~9% of the tweets came from high probability bot accounts. Tweets supporting the conspiracy, whether from likely bot accounts or not, tended to link to conservative partisan YouTube videos.

Ahmed, W., Vidal-Alaball, J., Downing, J., & Seguí, F. L. (2020b). *Journal of Medical Internet Research*	March 27 - April 4 2020	English language	10,140 tweets that included "5GCoronavirus" or the "#5GCoronavirus" hashtag	Network analysis, Content Analysis	5G linked to coronavirus	Two large networks: Isolates Group, Broadcast Group. Content: Many users (65.2%) tweeted the conspiracy to denounce or mock it, but this still had the effect of increasing the conspiracy's profile.
Bruns, A., Harrington, S., & Hurcombe, E. (2020). *Media International Australia*	January 1 - April 12, 2020	English language	89,664 Facebook posts accessed through CrowdTangle	Time series analysis, Network analysis	5G linked to coronavirus	Posts related to the 5G conspiracy spread rapidly while fact-checked information emerged more slowly and reached a smaller audience. There is a network of users posting about the 5G coronavirus conspiracy that promote right-wing ideology.
Bridgman, A., Merkley, E., Loewen, P. J., Owen, T., Ruths, D., Teichmann, L., & Zhilin, O. (2020). *The Harvard Kennedy School (HKS) Misinformation Review*	March 26 - April 6, 2020 April 2 - 6, 2020	Canada	~2.2 5million English language Tweets from 620,000 Canadian Twitter users 8,857 news articles from 19 Canadian news websites 2500 Canadian adults Recruited from an online panel to be nationally representative	Content analysis, Cross-sectional, correlational, regression	The Chinese government developed the coronavirus as a bioweapon	There is more misinformation on Twitter than on traditional media outlets. Greater social media exposure predicts increased misperceptions of COVID-19 ($\beta = .22$).
Ferrara, E. (2020). *First Monday*	January 21, 2020 onward	English language	43.3 million English language tweets	User analysis, Content analysis, Time series analysis	5G linked to coronavirus Hoax theories	Accounts rated most likely to be bots tended to promote right-wing partisan conspiracies concerning COVID-19 and QAnon while accounts rated least likely to be bots (i.e. human users) were more focused on public health concerns around COVID-19. Accounts

						with the highest bot scores were tweeted about COVID-19 27 times more accounts with the lowest bot scores.
Havey, N. F. (2020). *Journal of Computational Social Science*	April 23 - April 30, 2020	English language	4,101 tweets about COVID-19 related to 5G, Bill Gates, Deep State, Hydroxychloroquine, Bleach, and Chinese Communist Virus	Bayesian ideal point estimation (for user political orientation estimation)	5G linked to coronavirus Bill Gates conspiracies Artificial creation theories	Conservatives are more likely to believe in and push conspiracy theories that the Chinese Communist Party, Bill Gates, and the Deep State are working in conjunction to infect the population and enact a surveillance state.
				Sentiment analysis, Correlation analyses		Twitter users who were rated as more conservative had a dominant presence and liberal users in conversations on Twitter about COVID-19s relationship to 5G, Bill Gates, the Chinese Communist Party, and the alleged Deep State.
Gruzd, A., & Mai, P. (2020). *Big Data & Society*	March 28 - April 9	33 different languages, predominantly English, Portuguese, Arabic, & Japanese	99,039 Tweets from 43,461 users surrounding the #FilmYourHospital conspiracy	Network analysis	Hoax theory #FilmYourHospital	Pro-Trump Twitter accounts were substantial broadcasters of the conspiracy that COVID-19 is a hoax.
Jiang, J., Chen, E., Yan, S., Lerman, K., & Ferrara, E. (2020). *Human Behavior and Emerging Technologies*	January 21 - April 3, 2020	United States	~2.3 million Tweets geocoded to the United States	User analysis, Content analysis, Network analysis	Varied conspiracies: Bioweapon conspiracy Bill Gates conspiracy Censorship conspiracies Hoax conspiracies	Americans frame discussion of the pandemic as a political issue. Politically right-leaning users tended to interact more with a conspiracy-oriented sub-cluster than politically left-leaning users did. Users who engaged in conspiracy-oriented discussion on twitter were less engaged with discussions about health protective behaviors over Twitter.

Motta, M., Stecula, D., & Farhart, C. (2020). *Canadian Journal of Political Science/Revue canadienne de science politique*	February 1 - March 23, 2020 Survey data from March 10 - March 16, 2020	United States	Survey N = 8,914 Recruited via Pew's American Trends Panel	Content analysis, Time series analysis, Survey data, logistic regression	Artificial creation theory	Right-wing media outlets, both mainstream (e.g. FOX) and fringe (e.g. Breitbart), tended to promote more COVID-19 misinformation, including conspiracy theories, than mainstream non-right wing media outlets (e.g. New York Times) Consumers of right-wing media outlets were more likely than consumers of left-wing media to endorse the idea that COVID was created in a lab, either intentionally or accidentally (34% compared to 17%, respectively).
Mutanga, M. B., & Abayomi, A. (2020). *African Journal of Science, Technology, Innovation and Development*	March 15 - April 30, 2020	South Africa	68,000 tweets from South African users	Latent Dirichlet Allocation (Content analysis)	5G linked to coronavirus Bill Gates conspiracies	Conspiracy related content was the most common content discussed over Twitter by South African users.
Quinn, E. K., Fazel, S. S., & Peters, C. E. (2021). *Cyberpsychology, Behavior, and Social Networking*	April 21 - 30, 2020	English language	300 Instagram posts representing the top 10 Instagram posts in English for the hashtags #hoax, #governmentlies, and #plandemic for 10 days (duplicates removed)	Content analysis	No specific conspiracies are discussed, but the conspiracy themes associated with 5G and Bill Gates are mentioned	Dominant themes associated with these hashtags centered around mistrust and conspiracy theories. Narratives around conspiracy theories often associated COVID-19 conspiracies, such as 5G or Bill Gates conspiracies, with non-COVID conspiracies, such as moon landing or illuminati conspiracies.
Rodríguez, C. P., Carballido, B. V., Redondo-Sama, G., Guo, M., Ramis, M., & Flecha, R. (2020). *International and*	February 6 - 7, 2020	Western countries & China	1,923 Tweets and 1923 Weibo posts with the keyword "coronavirus"	Communicative methodology analysis, Descriptive statistics	No specific conspiracies are discussed; only conspiracy theories as part of the broader category of 'False News'	False COVID-19 information was shared over Twitter more than over Weibo (9.2% vs 3.69% content, respectively). False information was shared over Twitter more than science-based information was shared over Twitter

Multidisciplinary Journal of Social Sciences						(9.2% versus 3.85% of content, respectively). Science-based information was shared over Twitter more than over Weibo (3.85% vs 2.13% content, respectively).
Rovetta, A., & Bhagavathula, A. S. (2020). *Journal of Medical Internet Research*	February 20 - May 6, 2020	Multinational; many languages including English, Italian, Russian, Spanish	Google Trends searches Instagram hashtag searches	Content analysis	Varied unspecified COVID conspiracies	Coronavirus conspiracy searches were among the most searched for monikers online, including over a major social media platform (i.e. Instagram).
Stephens, M. (2020). *Dialogues in Human Geography*	April 10 - May 8, 2020	Multinational	13,531 retweets associating the novel coronavirus to a lab in Wuhan or China	Geospatial analysis	Bioweapon theory; Artificial creation theory	COVID-19 conspiracy theories on Twitter are discussed more in countries with lax regulation on spreading misinformation and countries where politicians and media outlets broadcast conspiracies.

Table SM.6

COVID-19 conspiracy theories frequently tested in the studies of this review and their number of items, ordered by category (What? How? Why? Who?) and frequency of occurrence

Theory label	Item example	nr. of items	% of total items	% of category items
What?		*222*	*30.9%*	
Artificial origin / Deliberate creation	"COVID-19 was created on purpose in a laboratory by scientists."	76	10.6%	34.2%
Biological weapon	"Coronavirus is a bioweapon developed by China to destroy the West."	39	5.4%	17.6%
Exaggerated / Flu	"COVID-19 is no more dangerous than the flu, but the risks have been exaggerated."	27	3.8%	12.2%
Hoax	"The coronavirus is a hoax."	24	3.3%	10.8%
Medical conspiracy	"Coronavirus epidemic is a medical experiment carried out on the public without consent."	24	3.6%	10.8%
Hidden cure	"Vaccine already exists"	20	2.8%	9.0%
Microchips	"The coronavirus vaccine will contain microchips to control the people."	8	1.1%	3.6%
Scaremongering	"The coronavirus is bait to scare the whole globe into accepting a vaccine that will introduce the 'real' deadly virus."	4	0.6%	1.8%
How?		*103*	*14.3%*	
5G networks	"The recent rollout of 5G cell phone networks caused the spread of COVID-19."	26	3.6%	25.2%
Hidden truth / information	"The real truth about coronavirus is being kept from the public."	26	3.6%	25.2%
Deliberate spread	"The spread of the coronavirus (COVID-19) is the result of the deliberate, concealed efforts of some organization."	22	3.1%	21.4%
Accidental release	"The virus was accidentally released by the US."	13	1.8%	12.6%
Misinformation	"The mainstream media is deliberately feeding us misinformation about the Coronavirus and lockdown."	11	1.5%	10.7%
Using COVID regulations	"The intention of lockdown is to force people to rely on big corporations rather than their local businesses."	5	0.7%	4.9%
Why?		*176*	*24.5%*	
Financial gains	"Financial interests lie behind the spread of the coronavirus."	31	4.3%	17.6%
Population control	"The coronavirus is an attack perpetrated by a small, powerful, and secret group to reduce the world's	29	4..0%	16.5%

	population."			
Disrupt economy	"The coronavirus pandemic is a strategy by China to trigger a new economic crisis."	19	2.6%	10.8%
Political control	"The coronavirus (COVID-19) is a conspiracy to take away citizen's rights for good and establish an authoritarian government."	17	2.4%	9.7%
Disrupt order	"The coronavirus news is made up to spread panic and to achieve a political aim."	14	1.9%	8.0%
Restrict liberties	"Coronavirus is being used by the government to implement a police state."	12	1.7%	6.8%
Make Trump look bad	"The media are exaggerating the seriousness to make President Trump look bad."	12	1.7%	6.8%
Mass surveillance / tracking	"Governments treat the COVID-19 pandemic as a pretext for the introduction of total surveillance of the population."	7	1.0%	4.0%
Distraction / Cover-up	"Coronavirus is news only to divert attention from more important things."	7	1.0%	4.0%
Nations battle	"Coronavirus was created as a bioweapon in the war between the powerful countries (like China, USA, Russia)."	7	1.0%	4.0%
Forced vaccination	"The coronavirus is a myth to force vaccinations on people."	6	0.8%	3.4%
Create new order	"The elite have created the virus in order to establish a one-world government."	6	0.8%	3.4%
Help environment	"Coronavirus was created by ecologists to reduce population and help the environment."	5	0.7%	2.8%
Control people	"Coronavirus epidemic is a way to control people's behaviour."	4	0.6%	2.3%
Who?		*217*	*30.2%*	
Government(s)	"The government is misleading the public about the cause of the Coronavirus."	51	7.1%	23.5%
China	"The virus is a biological weapon intentionally released by China."	34	4.7%	15.7%
Pharmaceutical companies	"Pharmaceutical companies created and released Coronavirus in order to sell their medications and vaccines."	27	3.8%	12.4%
Powerful people	"The coronavirus is an attack perpetrated by a small, powerful, and secret group to reduce the world's population."	21	2.9%	9.7%
USA	"The COVID-19 virus is deliberately engineered in a U.S. government laboratory."	21	2.9%	9.7%

Media	"The mainstream media is deliberately feeding us misinformation about the virus and lockdown."	15	2.1%	6.9%
Scientists	"Scientists are exaggerating the seriousness to make President Trump look bad."	13	1.8%	6.0%
Bill Gates	"Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine."	10	1.4%	4.6%
Healthcare authorities	"The doctors infect the patients with coronavirus on purpose to provoke an epidemic that benefits someone."	6	0.8%	2.8%
Companies	"COVID-19 (coronavirus) epidemic could have been stopped right at the start, but the large companies made a business out of keeping it going."	6	0.8%	2.8%
Military	"The COVID-19 virus was accidently released from a Chinese military lab."	4	0.6%	1.8%
Democrats	"Democrats in New York stashed ventilators in a warehouse in an effort to make the COVID-19 pandemic worse."	4	0.6%	1.8%
WHO	"The UN and WHO have manufactured the virus to take global control."	3	0.4%	1.4%
Donald Trump	"The situation with COVID-19 has been intentionally instigated by Donald Trump and members of the Republican party in order to increase the likelihood of his being reelected in the upcoming election."	2	0.3%	0.9%

Note. We encountered very few items focusing specifically on the lockdown measures.

Table SM.7

All items tested in the 85 articles categorised under theory and supercategory

Categ.	Theory	Item	Nr
What	Hoax	(1) being a hoax; (5) "The existence of Coronavirus is a hoax perpetuated by the media"; (9) "The coronavirus isn't real."; (1) "COVID-19 is not real"; (1) "The coronavirus is a myth to force vaccinations on people."; (2) "There is no such thing as the coronavirus."; (1) "The virus is a hoax."; (28) "Politicians (e.g. Boris Johnson) have faked having coronavirus."; (1) "Coronavirus is probably a hoax."; (7) "There is no hard evidence that coronavirus really exists." (1) "Coronavirus is completely harmless."; (2) "The names of the sick and the deceased are not published because they don't actually exist, i.e. coronavirus infections is a lie."; (4) "Coronavirus is a conspiracy theory." (2) "The coronavirus is a hoax"; (14) "The coronavirus does not exist." (11) "The coronavirus isn't real." (8) "Videos and photographs of empty hospitals are a proof that the pandemic is a hoax".; (4) "The coronavirus is probably a hoax." (3) "The coronavirus (COVID-19) is a hoax invented by interest groups for financial gains."; (7) "There is no coronavirus threat. It's all fake news to terrify people."; (1) "Do you think the COVID-19 pandemic is part of a global conspiracy theory?" (4) "The coronavirus pandemic is made up." (1) "Do you believe that the coronavirus (COVID-19) pandemic is a hoax?" (3) "COVID-19 is a hoax invented by interest groups for financial gains.";	24
What	Exaggerated/Flu	(5) "COVID-19 is no more dangerous than the flu, but the risks have been exaggerated as a way to restrict liberties in the United States." (4) "Scientists are exaggerating the seriousness to make President Trump look bad."; (5) "The media are exaggerating the seriousness to make President Trump look bad."; (10) "COVID-19 (coronavirus) is only a fabrication, it is an ordinary flu which pharmaceutical companies rebranded to increase the sales of drugs." (3) "Deaths from COVID- 19 in Italy, Spain, and USA are not as many as reported"; (4) "Nobody died from COVID-19"; (5) "People dying from COVID-19 would have died very soon, anyway"; (8) "Coronavirus is as serious as ordinary flu, if not less." (7) "There are many more people diagnosed with coronavirus in Croatia and worldwide than what is being shown." (reverse-coded); (5) "Do you believe that covid-19 has much lower mortality rate but there is misinformation and terror-inducing propaganda?" (2) "Public health authorities are exaggerating the seriousness of coronavirus."; (8) "The coronavirus is not more dangerous than the seasonal flu." (4) "The number of people reported as dying from coronavirus is being deliberately exaggerated by the authorities." (2) "Experts intentionally mislead us for their own benefit, even though the virus is not worse than a flu"; (1) "The virus is intentionally presented as dangerous in order to mislead the public"; (1) "The health risks from corona-virus have been exaggerated."; (3) "The corona-virus isn't any worse than the flu." (4) "The media are exaggerating the seriousness to make President Trump look bad."; (8) "Scientists are exaggerating the seriousness to make President Trump look bad."; (4) "Coronavirus is equally or less dangerous than the regular flu."; (1) "News outlets are exaggerating numbers and danger of COVID-19"; (4) "It is important to think about the economy rather than to panic about a virus that is not so dangerous after all"; (3) "Some in the U.S. Centers for Disease Control and Prevention, also known as CDC, are exaggerating the danger posed by the coronavirus to damage the Trump presidency." (6) "COVID-19 (coronavirus) is only a fabrication, it is an ordinary flu that pharmaceutical companies rebranded to increase the sales of drugs."; (2) "the COVID-19 pandemic is exaggerated to hurt the Trump administration." (1) "The threat of coronavirus has been exaggerated by political groups who want to damage President Trump"; (3) "Most people in the UK have already had coronavirus without realising it.";	27
What	Scaremongering	(17) "Lockdown is a way to terrify, isolate, and demoralise a society as a whole in order to reshape society to fit specific interests."; (7) "There is no coronavirus threat. It's all fake news to terrify people."; (3) "The virus is a scaremongering tactic to prevent Brexit."; (24) "The coronavirus is bait to scare the whole globe into accepting a vaccine that will introduce the 'real' deadly virus.";	4
What	Artificial origin (Deliberate creation / Laboratory)	(5) created in a laboratory; (1) "The virus that causes COVID-19 was probably created in a laboratory."; (1) "The coronavirus was developed in a Chinese "superlaboratory."; (6) "The coronavirus was created and patented by the Pasteur Institute in the early 2000's." (7) "Coronavirus was purposefully created in, and released from, a biochemistry lab in Wuhan, China."; (1) "To what extent do you think the virus is human made?"; (1) "To what extent do you believe the coronavirus originated in animals and jumped to humans versus originating in a laboratory in China?" (2) "How likely is it to you that the coronavirus originated in animals and jumped to humans?" (Reverse coded) (3) "How likely is it to you that the coronavirus originated in a laboratory in China?"; (1) "The coronavirus was created by the Chinese government as part of a biological weapons program." (2) "SARS-CoV-2 (coronavirus) is artificially created to increase people's dependency on the pharmaceutical business."; (5) "SARS-CoV-2 (coronavirus) was created by the USA to disrupt the European Union so that they could subsequently "save it"."; (2) "From what you've seen or heard, what do you think is most likely the origin of the coronavirus? "It was	76

		developed intentionally in a lab." (1) "The COVID-19 virus is deliberately engineered in a U.S. government laboratory"; (3) "The COVID-19 virus is deliberately engineered in a Chinese government laboratory"; (8) "COVID-19 was created on purpose in a laboratory by scientists"; (4) "I believe the coronavirus was made intentionally in a laboratory."; (5) "I believe the coronavirus was made by mistake in a laboratory."; (4) "The coronavirus is a bioweapon that was deliberately developed to harm humans."; (1) "Contrary to popular belief, coronavirus did not originate from animals but was created by scientists in the laboratory."; (2) "Do you believe that COVID-19 was created in a laboratory to be used as a biochemical weapon for the extermination of the human population?"; (2) "The virus is manmade."; (8) "The elite have created the virus in order to establish a one-world government."; (3) "I believe the coronavirus was created in a laboratory according to plans unknown to the public." (2) "COVID-19 was developed in a lab in Wuhan, China"; (1) "The coronavirus was bred in a lab in China and systematically disseminated."; (7) "Coronavirus was created in a lab."; (1) "Coronavirus was probably developed in a laboratory."; (3) "I think it's nonsense that the virus was created in a laboratory." (reverse-scored). (1) whether COVID-19 was created on purpose in a laboratory. (5) "The new coronavirus has been created by China, to harm the economy of Western countries."; (1) "Coronavirus is an artificial creation, made by people."; (1) "COVID-19 is a biological weapon that was developed under laboratory conditions."; (5) "Coronavirus was created by pharmaceutical organizations"; (9) "Coronavirus was created by the USA government to aid their position in the economic war with China."; (10) "Coronavirus was created by the USA government to take control of the world economy."; (11) "Coronavirus was created by the Chinese to take control of the world economy."; (13) "Coronavirus was created to get rid of old people."; (14) "Coronavirus was created to eliminate the weakest." (1) "Coronavirus was created by one of the governments as a biological weapon."; (3) "Coronavirus was created by pharmaceutical companies."; (12) "Coronavirus was created to stop global warming and climate change." (3) "Coronavirus was created by ecologists to reduce population and help the environment"; (10) "Coronavirus was created to eliminate the weakest members of society"; (11) "Coronavirus was created to take the size of the human population under control."; (1) "The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the Chinese economy."; (2) "The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to make money by selling vaccines."; (3) "The Chinese government created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the US/western economy."; (4) "The Chinese government created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to make money by selling vaccines."; (5) "COVID-19 was engineered by governmental bodies of another country (e.g. Canada), possibly as a bio-weapon, for unknown reasons."; (6) "Bill Gates (via the Bill and Melinda Gates Foundation) teamed with a UK-based company (Pirbright Institute) which produces COVID-19 vaccines to create the virus in order to profit from selling the vaccines."; (9) "COVID-19 was created by scientists by modifying a strand of Human Immunodeficiency Virus (HIV)."; (15) "COVID-19 was created as a method of intentional "population control"."; (1) "China created the coronavirus in a laboratory."; (5) "Coronavirus is all about the money and it was created to affect businesses and to cause the economic crisis."; (6) "The coronavirus was intentionally created to reduce the world's population."; (3) "I believe the coronavirus was created in a laboratory according to plans unknown to the public."; (14) "Covid-19 virus is a product of a scientific laboratory."; (1) "The coronavirus was created in a lab."; (1) "I've been informed by a credible source from within the government—who I can't name—that Coronavirus was purposely created and released by powerful people as part of a hidden plan to take away our freedoms."; (3) "I've been informed by a credible source from within the government—who I can't name—that Coronavirus was purposely created and released by big pharmaceutical companies to make a profit from selling the vaccine."; (4) "The coronavirus was bioengineered in a military lab in Wuhan."; (10) "We don't know who made it, but it is man-made for sure." (1) "What do you think is the origin of the novel coronavirus (COVID-19)? - Natural vs artificial"; (1) "What is your belief about the origin of the current coronavirus in humans?" (Natural vs Man-made); (2) "Do you think the current coronavirus was man-made to force everyone to get vaccinated?"; (8) "SARS-CoV-2 (coronavirus) is artificially created to increase people's dependency on the pharmaceutical business.". (1) "The coronavirus (COVID-19) was developed intentionally in a lab."; (1) "The COVID-19 is an artificial virus rather than a virus due to natural reasons."; (2) "I think that coronavirus is lab-made, it was not transmitted from animals to humans by accident"; (2) "Coronavirus was purposely created and released by powerful people as part of a conspiracy." (1) "Do you think COVID-19 is a naturally occurring virus or an artificially made virus (e.g., created in a lab)? (1) "The virus responsible for COVID-19 was invented by the Pasteur Institute." (5) "The coronavirus is a natural infectious disease that has spread worldwide and caused a pandemic." (reverse-coded); (4) "Do you believe that COVID-19 appeared accidentally from human contact with animals and it was something that generally happens and was generally expected?"; (1) "COVID-19 originated in a meat market in Wuhan, China." (reverse-coded)	
What	Bioweapon	(4) "COVID-19 was developed as a military weapon (by China, the United States, or some other country)."; (3) "The US government deployed coronavirus as a biological weapon in China." (1) "Coronavirus is a bacteriological weapon used by the Chinese Communist Party to create panic in the Western world." (3) "The Coronavirus was created in a laboratory by Chinese scientists who lost control of it."; (2) "To what extent do you think the virus is part of a biological warfare program?"; "The coronavirus was created by the Chinese government as part of a biological weapons program." (1) "The virus is a	39

		biological weapon intentionally released by China."; (1) "SARS-CoV-2 (coronavirus) is a biological weapon created to eliminate the overcrowded human population."; (3) "Coronavirus was developed by the government as part of a bioweapons program."; (4) "The coronavirus is a bioweapon that was deliberately developed to harm humans."; (2) "The coronavirus was created as a bioweapon in the battle between the world powers (primarily the US and China)."; (2) "Do you believe that COVID-19 was created in a laboratory to be used as a biochemical weapon for the extermination of the human population?"; (1) "Coronavirus is a bioweapon developed by China to destroy the West."; (2) "The virus is a biological weapon manufactured by the United States."; (2) "The COVID-19 virus was a secret biological weapon."; (3) "The new coronavirus was released as part of a Chinese covert biological weapons programme to destabilise Western countries."; (1) "COVID-19 was developed as a biological weapon by the Chinese government. Due to a laboratory accident, it was spread among China's own population."; (1) "COVID-19 is a biological weapon that was developed under laboratory conditions."; (1) "Coronavirus was created by one of the governments as a biological weapon."; (5) "COVID-19 was engineered by governmental bodies of another country (e.g. Canada), possibly as a bio-weapon, for unknown reasons."; (3) "Coronavirus is a bioweapon developed by China to destroy the West"; (5) "COVID-19 was created in a virology lab as a potential bioweapon, but accidentally got released before it had been fully studied by its creators." (2) "Coronavirus is a Chinese bio-weapon against U.S."; (3) "Coronavirus is a U.S. bio-weapon against China."; (2) "The virus is a biological weapon intentionally released by China."; (16) "The creation of Covid-19 virus aims to its use as a biological warfare weapon." (3) "Coronavirus was created as a bioweapon in the war between the powerful countries (like China, USA, Russia)."; (2) "Coronavirus was created to be a bio-weapon."; (2) "The virus is a biological weapon created by one superpower to attack another." (2) "The coronavirus was created by the Chinese government as a biological weapon."; (1) "The coronavirus (COVID-19) is a bioweapon engineered by scientists."; (3) "Do you think COVID-19 is part of a biological warfare?"; (1) "SARS-CoV-2 (coronavirus) is a biological weapon created to eliminate the overcrowded human population."; (3) "The Chinese created SARS-CoV-2 (coronavirus) as a biological weapon which then got out of hand."; (1) "COVID-19 is a Chinese bioweapon."; (1) "COVID-19 is a bioweapon engineered by scientists."; (4) "The COVID-19 is a weapon of the biological warfare used by foreign countries."; (13) "COVID-19 is a terrorist attack.";	
What	Microchips	(7) vaccine will contain microchips to control the people; (10) "Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine."; (6) "With COVID-19 vaccinations we will be microchipped unwillingly"; (21) "The coronavirus vaccine will contain microchips to control the people."; (1) "Bill Gates intends to use COVID-19 testing and a future vaccine to track people with microchips". (3) "Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine."; (5) "Development of vaccine against coronavirus is associated with population control via trackable microchip implantation."; (3) "Do you think that coronavirus vaccine will be a way of implanting people with microchips to control humans?";	8
What	Hidden cure/Vaccine already exists	(4) Hidden vaccine: "There is a vaccine against coronavirus, but it is kept secret by those who have it, in order to increase its value."; (2) "There is a cure for Coronavirus, but it is being withheld by the government."; (3) "The cure for the SARS-CoV-2 (coronavirus) is already available but is being kept secret."; (2) "There is already a vaccine for COVID-19 and will be released when millions are infected"; (3) "I believe that the medication already exists to prevent or treat the coronavirus."; (6) "The government could cure coronavirus, but chooses not to for financial gain." (1) "The vaccine against the coronavirus has already been developed but is being held back by large pharmaceutical companies."; (2) "The vaccine against the coronavirus has already been developed but is being held back by the government."; (6) "The coronavirus vaccine was invented and exists, but this fact is kept secret from us."; (25) "The WHO already has a vaccine and are withholding it."; (3) "A vaccine for COVID-19 has existed for some time, but it is being withheld."; (5) "A cure for coronavirus has been found."; (6) "There is a vaccine or cure for the coronavirus that the government won't release/authorise."; (4) "The coronavirus vaccine already exists, but they are waiting for the appropriate moment to place it on the market."; (2) "A COVID-19 vaccine exists but is only available to elite members of society."; (4) "Effective treatment for coronavirus is concealed by governments or pharmaceutical companies."; (14) "There is a vaccine or cure for COVID-19 that the government is currently withholding from citizens."; (9) "Cure for coronavirus infection already exists." (3) "A cure for the coronavirus has already been discovered but is being suppressed by people who want the pandemic to continue."; (2) "The Chinese government already has the cure for COVID-19 (coronavirus) but they are keeping it secret.";	20
What	Pseudoscientific & medical misinformation conspiracy theories	(1) "The pharmaceutical industry, in cahoots with the government, is preventing the distribution of chloroquine treatments in order to protect its financial interests"; (2) "The media undermine the credibility of people promoting chloroquine treatments, so they don't disrupt the System."; (3) "Chloroquine treatments are not endorsed by the government because the leaders have a vested interest in prolonging the health crisis."; (4) "By making chloroquine a prescription drug, Agnès Buzyn wants to prevent the population from having easy access to an inexpensive treatment."; (5) "Scientists who criticize Professor Didier Raoult's work on hydroxychloroquine are in league with the pharmaceutical industry."; (1) "Gargling with salt water or lemon juice reduces the risk of infection from coronavirus because of its antiseptic properties."; (3) "Being able to hold your breath for 10 seconds or more without coughing or discomfort is	24

		a good self-check test for whether you have the coronavirus.”; (5) “Breathing in hot air through your mouth and nose (e.g. from a hair dryer) kills the coronavirus as it can only live in cool places.”; (4) “The malaria drug Hydroxychloroquine is an effective treatment for coronavirus”; (2) “The COVID-19 virus is a chimera. It includes SARS, an already weaponized coronavirus, along with HIV genetic material and possibly flu virus.”; (4) “Coronavirus is an airborne HIV because it responds to HIV-related treatment.”; (1) “Coronavirus responsible for the COVID-19 pandemic is a result of genetic manipulations carried out by man.”; (4) “COVID-19 vaccines will lead to infertility” (26) “Antibody testing is a plot to harvest our DNA.”; (3) “The vaccine against the coronavirus is currently being developed, and there are test vaccines that cannot be used before they have been extensively tested.” (reverse-coded); (30) “Coronavirus cannot be passed from person to person, you can only get it if someone deliberately infects you with it (e.g. being injected or poisoned).”; (6) “COVID-19 was patented for a vaccine in 2015, but then infected people instead.”; (6) “Medicine intended for people with coronavirus actually make them sicker”; (7) “Coronavirus is injected through vaccines”; (11) “COVID-19 is caused by vaccines.”; (6) “Coronavirus epidemic is a medical experiment carried out on the public without consent.”; (4) “One should be careful when a vaccine against coronavirus is developed because no one knows what they will inject in us.”; (10) “The coronavirus has been circulating among people for a long time, but now they ceased an appropriate moment to reveal it.”;	
How	5G	(6) caused by 5G radiation; (1) “The recent rollout of 5G cellphone networks caused the spread of COVID-19.” (2) “The symptoms of COVID-19 seem to be connected to 5G mobile network radiation.”; (6) ”The implementation of 5G technology is a means of deliberately spreading Coronavirus.”; (8) “5G technology is causing the coronavirus to spread faster.”; (6) “I believe there is a link between 5G technology and the coronavirus.” (5) “5G is causing the coronavirus.”; (8) “The new 5G transmitter masts are responsible for the spread of the coronavirus.”; (3) “Do you believe that COVID-19 is the result of 5G technology antenna?”; (12) “Coronavirus is caused by 5 G and is a form of radiation poisoning transmitted through radio waves.”; (3) “5G mobile networks are responsible for the current global pandemic”. (6) “The symptoms that most people blame on coronavirus appear to be linked to 5G network radiation.”; (1) “The real truth about the link between COVID-19 and 5G is being kept from the public.”; (2) “People need to wake up and start asking questions about the link between COVID-19 and 5G.”; (3) “Legitimate questions about the link between COVID-19 and 5G are being suppressed by the government, the media, and academia.”; (4) “Reporters, scientists, and government officials are involved in a conspiracy to cover up important information about the link between COVID-19 and 5G.”; (5) “An impartial, independent investigation of the link between COVID-19 and 5G would show that we’ve been lied to on a massive scale.” (8) “Chinese tech companies are using 5G to weaken our immune system and/or spread the coronavirus.” (7) “COVID-19 is a result of radiation poisoning from 5G cell phone signals which weaken the immune system. Evidence for this is that Wuhan (the first Chinese city to report COVID-19) was also one of the first Chinese cities to get 5G internet.”; (4) “5G cellular service technology is linked to the cause of the coronavirus.”; (8) “The coronavirus virus is caused by 5G.”; (9) “5G technology is causing the coronavirus to spread faster.”; (1) “Spread of the coronavirus is related to the 5G technology.”; (2) “The new 5G network may be making us more susceptible to the virus.”; (2) “Do you think that 5G (5th Generation) networks are spreading COVID-19?”; (12) “The exposure to the new electromagnetic field of the 5G technology affects the coronavirus pandemic.”;	26
How	Hidden truth/information	(1) “The real truth about coronavirus is being kept from the public.”; (5) “An impartial, independent investigation of coronavirus would show once and for all that we’ve been lied to on a massive scale.” (1) “A lot of information about Coronavirus is deliberately held back from the public.”; (1) “The spread of the coronavirus (COVID-19) is the result of the deliberate, concealed efforts of some organization.”. (3) “The cure for the SARS-CoV-2 (coronavirus) is already available but is being kept secret.”; (8) “The governments are concealing the real numbers of fatalities especially in children and young people, to prevent panic.”; (2) “The U.S. government has tried to withhold key information about COVID-19 treatment from the rest of the world.”, (1) “I believe that my government is hiding important information about the coronavirus.”; (1) “I think that the official version of the events given by the authorities very often hides the truth”. (1) “The government is misleading the public about the cause of the virus.”; (2) “I’m sceptical about the official explanation about the cause of the virus.”; (7) “COVID-19 has been known about by big pharmaceutical companies and Bill Gates for at least 2 years.”; (6) “Information about treatments for coronavirus is being suppressed by those who want the pandemic to continue.”; “I think that the official version relating to COVID-19 given by the authorities very often hides the truth” (2) “The number of people reported as dying from coronavirus is being deliberately reduced or hidden by the authorities”; (2) “The real number of coronavirus deaths is being hidden.”; (4) “Prominent scientists are suppressing the truth about COVID-19.”; (1) “Politicians do not honestly reveal their true intentions to the public regarding their decisions on coronavirus disease (COVID-19).”; (3) “The government is hiding something from the public.” (1) “The Polish government is intentionally hiding the real number of people contracted with coronavirus.”; (2) “True information about coronavirus is concealed by governments and public organizations.”; (2) “I believe that Polish authorities are hiding the factual extent of coronavirus victims from society.”; (3) “I believe the coronavirus was created in a laboratory according to plans unknown to the public.”; (7) “The governments are concealing the real numbers of fatalities especially in children and young people, to prevent panic.”; (5) “I think that the public is well	26

		informed about the origin of coronavirus" (reverse-coded); (2) "People need to wake up and start asking questions about coronavirus"; (8) "There was a mass burning of bodies in Wuhan during the crisis.";	
How	Misinformation	(2) "The Chinese government reports false numbers regarding the COVID-19 death cases as well as the cases of recovery: Compared to the official numbers, there are more people that died and less people that recovered from COVID-19 within China." (3) "The World Health Organisation spreads fake information about the coronavirus."; (2) "The Polish government is manipulating information regarding coronavirus to broaden their sphere of influence."; (16) "Governments have deliberately reported much lower numbers of infections and deaths caused by COVID-19 in order to keep the true numbers from the public." (1) "The government is misleading the public about the cause of the Coronavirus"; (4) "The mainstream media is deliberately feeding us misinformation about the Coronavirus and lockdown." (6) "Official infection and mortality rates provided by the WHO are false."; (1) "The government deceives us and hides information about the Coronavirus"; (7) "All in all, the state has to give valid data about the number of infected and deceased to the public." (reverse-coded); (27) "Celebrities are being paid to say they have coronavirus."; (2) "The media undermine the credibility of people promoting chloroquine treatments, so they don't disrupt the System.";	11
How	Deliberate/purposeful spread	(1) "Coronavirus was developed and spread around the world by certain people for their own purposes"; (2) "There is no intentional plan of a person or a group behind the spreading of coronavirus around the world." (reverse item) (6) "The implementation of 5G technology is a means of deliberately spreading Coronavirus."; (7) "Coronavirus was purposefully created in, and released from, a biochemistry lab in Wuhan, China."; (1) "The spread of the coronavirus (COVID-19) is the result of the deliberate, concealed efforts of some organization.". (4) "China is responsible for the spread of the SARS-CoV-2 (coronavirus) – it is its revenge for the protests in Hong Kong."; (2) "I believe that the pharmaceutical industry is involved in the spread of the coronavirus."; (4) "Big Pharma is encouraging the spread of coronavirus to make money."; (1) "The coronavirus was bred in a lab in China and systematically disseminated."; (12) "Coronavirus was intentionally spread by the Chinese in restaurants."; (8) "Governments are intentionally allowing the virus to spread on their territories."; (1) "The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the Chinese economy."; (2) "The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to make money by selling vaccines."; (1) "China purposely spread the coronavirus." (2) "The spread of the Coronavirus is a deliberate attempt by a group of powerful people to gain control"; (2) "The virus is a biological weapon intentionally released by China."; (15) "The spread of the virus Covid-19 is the result of intentional, covert operations."; (1) "A hidden organization is behind the spread of the coronavirus."; (2) "Pharmaceutical companies are behind the spread of the coronavirus."; (3) "Financial interests lie behind the spread of the coronavirus."; (1) "China is responsible for the spread of the SARS-CoV-2 (coronavirus) – it is its revenge for the protests in Hong Kong."; (6) "It spread to humans from wild animals by pure chance." (reverse-coded);	22
How	Accidental leak / release	(1) "COVID-19 was developed as a biological weapon by the Chinese government. Due to a laboratory accident, it was spread among China's own population."; (5) "COVID-19 was created in a virology lab as a potential bioweapon, but accidentally got released before it had been fully studied by its creators."; (1) "The COVID-19 virus was accidently released from a Chinese military lab."; (6) "The coronavirus was accidentally released during a secret US military experiment."; (2) "The virus was accidentally released by China."; (3) "The virus was accidentally released by the US."; (5) "The coronavirus has spread because it accidentally escaped from the research lab."; (1) "The virus was accidentally released by China."; (10) "The virus was accidentally spread by the US."; (5) "It accidentally spread out of a secret Chinese laboratory, no one wanted to spread it intentionally."; (5) "The dissemination of the COVID-19 is due to a virus leak in a laboratory."; (2) "The virus responsible for COVID-19 escaped from a laboratory in Wuhan." (1) "The new coronavirus was leaked from a high security lab in Wuhan, and China is trying to cover it up.";	13
How	Using COVID regulations	(7) "The state took all the face masks and respirators so that it could give them away to the select few."; (19) "The intention of lockdown is to force people to rely on big corporations rather than their local businesses."; (5) "The French government has implemented an electronic version of the exit certificate to better register people who do not respect the confinement."; (11) "I don't believe in stories that curfew serves to allow unobstructed placement of immigrants in Serbia" (reverse-coded); (9) "The French government has intentionally been slow to announce strong measures, and lax in its management of the coronavirus pandemic so as to take advantage of people's sense of powerlessness.";	5
Why	Population control	(2) a deliberate attempt to reduce the size of the population; (5) Eugenics motives: "The coronavirus is an attack perpetrated by a small, powerful, and secret group to reduce the world's population."; (4) "Coronavirus was created by the government to control the population.; (10) "The new world order have finally found their most effective means of controlling populations through the release of Coronavirus." (11) "The coronavirus was intentionally created to reduce	29

		the world's population." (1) "SARS-CoV-2 (coronavirus) is a biological weapon created to eliminate the overcrowded human population."; (7) "COVID-19 and Ebola were created for population control"; (3) "The coronavirus was created to reduce the world population."; (2) "Do you believe that COVID-19 was created in a laboratory to be used as a biochemical weapon for the extermination of the human population?"; (1) "To reduce the size of the global population."; (9) "Bill Gates has created the virus in order to reduce the world population."; (23) "The vaccine will be used to carry out mass sterilisation."; (2) "The coronavirus was spread to counter population ageing."; (1) "Corona was intentionally brought into the world to reduce the population."; (4) "The new coronavirus has been bioengineered by people who plot to cull certain populations."; (3) "Coronavirus was created by ecologists to reduce population and help the environment"; (13) "Coronavirus was created to get rid of old people."; (14) "Coronavirus was created to eliminate the weakest." (10) "Coronavirus was created to eliminate the weakest members of society"; (11) "Coronavirus was created to take the size of the human population under control."; (15) "COVID-19 was created as a method of intentional "population control"."; (10) "COVID-19 is being used by governments to sicken or kill people on purpose."; (6) "The coronavirus was intentionally created to reduce the world's population."; (4) "The development of the pandemic results from someone's desire to reduce the world population." (5) "Development of vaccine against coronavirus is associated with population control via trackable microchip implantation."; (7) "Bill Gates is using the pandemic for population control."; (1) "The virus is used to kill old people and 'fix' the retirement problem"; (1) "SARS-CoV-2 (coronavirus) is a biological weapon created to eliminate the overcrowded human population."; (3) "Since coronavirus mostly kills older and chronically ill, it is easy to conclude that it serves to take the burden off the pension funds";	
Why	Financial gains	(4) created by a group of powerful people to make money; (4) Hidden vaccine: "There is a vaccine against coronavirus, but it is kept secret by those who have it, in order to increase its value."; (9) "Pharmaceutical companies created and released 'Coronavirus' in order to sell their medications and vaccines."; (10) "COVID-19 (coronavirus) is only a fabrication, it is an ordinary flu which pharmaceutical companies rebranded to increase the sales of drugs." (4) "Big Pharma is encouraging the spread of coronavirus to make money."; (6) "The government could cure coronavirus, but chooses not to for financial gain." (7) "Bill Gates wants to vaccinate humanity by force in order to earn a lot of money."; (2) "There is no pandemic; we are being deceived by those who profit from creating panic and bringing down the world economy"; (3) "The new virus is a conspiracy by pharmaceutical companies that want to make money on it"; (3) "By a group of powerful people to make money."; (5) "Destabilise the economy for financial gain.". (6) "Jews have created the virus to collapse the economy for financial gain." (10) "Big Pharma created coronavirus to profit from the vaccines."; (3) "The government rejects the use of hydroxychloroquine for financial reasons (such as favoring French companies)."; (2) "The new coronavirus was part of an effort by pharmaceutical companies to profit by selling vaccines for it"; (7) "Coronavirus disease (COVID-19) was deliberately created by pharmaceutical companies to make money." (2) "The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to make money by selling vaccines."; (4) "The Chinese government created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to make money by selling vaccines."; (6) "Bill Gates (via the Bill and Melinda Gates Foundation) teamed with a UK-based company (Pirbright Institute) which produces COVID-19 vaccines to create the virus in order to profit from selling the vaccines."; (3) "Donald Trump owns stock in a company the CDC uses for COVID-19 tests."; (12) "COVID-19 was created by pharmaceutical companies to create demand for a profitable vaccine or drug to combat the disease."; (1) "The pharmaceutical industry is taking advantage of the Coronavirus epidemic to make money"; (3) "I've been informed by a credible source from within the government—who I can't name—that Coronavirus was purposely created and released by big pharmaceutical companies to make a profit from selling the vaccine."; (1) "The pharmaceutical industry created the coronavirus to increase sales of its drugs and vaccines."; (3) "The coronavirus (COVID-19) is a hoax invented by interest groups for financial gains."; (3) "Financial interests lie behind the spread of the coronavirus."; (6) "COVID-19 (coronavirus) is only a fabrication, it is an ordinary flu that pharmaceutical companies rebranded to increase the sales of drugs."; (3) "COVID-19 is a hoax invented by interest groups for financial gains."; (8) "It is clear that pharma-industry, that will make astronomical amounts of money by producing vaccines and drugs, stands behind this pandemic"; (1) "The pharmaceutical industry, in cahoots with the government, is preventing the distribution of chloroquine treatments in order to protect its financial interests." (4) "By making chloroquine a prescription drug, Agnès Buzyn wants to prevent the population from having easy access to an inexpensive treatment.";	31
Why	Political control / gain	(2) "The coronavirus pandemic was created from deliberate efforts for political gain."; (9) "Most countries' presidents are in a conspiracy to keep us home so they can pass unwanted policies". (2) "The coronavirus news is made up to spread panic and to achieve a political aim."; (2) "By governments to gain political control."; (4) "By a group of powerful people to gain control."; (4) "Destabilise the nation for political gain."; (5) "The UN and WHO have manufactured the virus to take global control."; (5) "The government makes important decisions related to coronavirus disease (COVID-19) without the public knowing."; (2) "The Polish government is manipulating information regarding coronavirus to broaden their sphere of influence."; (2) "The spread of the Coronavirus is a deliberate attempt by a group of powerful people to gain control"; (12) "The situation with COVID-19 has been intentionally instigated	17

		by Donald Trump and members of the Republican party in order to increase the likelihood of his being reelected in the upcoming election."; (3) "Polish authorities can change the law freely during the pandemic because no one has time to look at their actions." (2) "Entrepreneurs in general and in the pharmaceutical industry in particular are making money from the sale of medical equipment at the price of gold."; (6) "It is clear that China developed this coronavirus to rule the world."; (10) "Maintaining the first round of the 2020 municipal elections was an executive government strategy to increase its scores." (8) "The French government uses the coronavirus pandemic to people challenging pension reform."; (7) "The COVID-19 is not related to politics, it is a virus due to people's eating wildlife or other non-political reasons."(reverse-coded)	
Why	Forced vaccination	(8) there is a global effort to force vaccination. (1) "The coronavirus is a myth to force vaccinations on people."; (22) "Coronavirus was created to force everyone to get vaccinated."; (5) "The current pandemic is part of a global effort to force everyone to be vaccinated whether they want to or not."; (6) "The coronavirus is part of a global effort to enforce mandatory vaccination." (2) "Do you think the current coronavirus was man-made to force everyone to get vaccinated?";	6
Why	Restrict liberties	(5) "COVID-19 is no more dangerous than the flu, but the risks have been exaggerated as a way to restrict liberties in the United States." (4) "The authorities are using the pandemic to isolate the country and restrict the rights and freedoms of its citizens." (2) "Control every aspect of our lives."; (11) "Coronavirus is being used by the government to implement a police state."; (15) "The virus is a front to implement measures to destroy our privacy."; (4) "The French government took advantage of the confinement to increase its powers and reduce the freedom of its citizens." (7) "Many governments let the coronavirus spread so that they could take dictatorial powers."; (1) "I believe that the Polish authorities strive to limit the rights and freedoms of citizens under cover of fighting the pandemic."; (5) "COVID-19 is just one way of the government to restrict the power of the small people". (1) "I've been informed by a credible source from within the government—who I can't name—that Coronavirus was purposely created and released by powerful people as part of a hidden plan to take away our freedoms."; (2) "The coronavirus (COVID-19) is a conspiracy to take away citizen's rights for good and establish an authoritarian government."; (2) "COVID-19 is a conspiracy to take away citizens' rights for good and establish an authoritarian government.";	12
Why	Control people (N.F.S.)	(7) vaccine will contain microchips to control the people; (21) "The coronavirus vaccine will contain microchips to control the people."; (3) "Do you think that coronavirus vaccine will be a way of implanting people with microchips to control humans?"; (5) "Coronavirus epidemic is a way to control people behaviour.";	4
Why	Disrupt economy	(2) Chinese economic crisis: "The coronavirus pandemic is a strategy by China to trigger a new economic crisis."; (8) "The US government purposefully released Coronavirus into the Chinese population to severely hurt its economic growth."; (2) "There is no pandemic; we are being deceived by those who profit from creating panic and bringing down the world economy"; (6) "Do you believe that COVID-19 is a creation of the world's powerful leaders to create a global economic crisis?" (5) "Destabilise the economy for financial gain.". (6) "Jews have created the virus to collapse the economy for financial gain." (5) "The new coronavirus has been created by China, to harm the economy of Western countries."; (9) "Coronavirus was created by the USA government to aid their position in the economic war with China."; (10) "Coronavirus was created by the USA government to take control of the world economy."; (11) "Coronavirus was created by the Chinese to take control of the world economy."; (1) "The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the Chinese economy."; (3) "The Chinese government created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the US/western economy."; (5) "Coronavirus is all about the money and it was created to affect businesses and to cause the economic crisis."; (2) "Powerful people are using COVID-19 in order to crash the economy"; (1) "It was built by China to undermine USA market.; (2) It was built by USA to undermine China market."; (4) "It was built by Russia to interfere with international trades."; (2) "The COVID-19 was created by foreign governments, aiming to curb China's development."; (13) "Americans imported the coronavirus to China to weaken the Chinese economy, but now it hits them back as a boomerang."	19
Why	Disrupt order	(1) "Coronavirus is a bacteriological weapon used by the Chinese Communist Party to create panic in the Western world." (3) "To what extent do you think the virus represents an attempt to hurt the Western world?" (5) "SARS-CoV-2 (coronavirus) was created by the USA to disrupt the European Union so that they could subsequently "save it"."; (2) "The coronavirus news is made up to spread panic and to achieve a political aim."; (4) "Destabilise the nation for political gain."; (7) "Muslims are spreading the virus as an attack on Western values."; (17) "Lockdown is a way to terrify, isolate, and demoralise a society as a whole in order to reshape society to fit specific interests."; (1) "I believe there are groups interested in spreading panic to achieve their own goals."; (3) "The new coronavirus was released as part of a Chinese covert biological weapons programme to destabilise Western countries."; (3) "Coronavirus is a bioweapon developed by China to destroy the West"; (1) "I believe there are groups interested in spreading panic to achieve their own goals."; (3) "The panic	14

		about COVID-19 is partly caused by people trying to hurt the political system"; (4) "SARS-CoV-2 (coronavirus) was created by the USA to disrupt the European Union so that they could subsequently "save it"."; (5) "By one nation to destabilise another.";	
Why	Create new (world) order	(17) "Lockdown is a way to terrify, isolate, and demoralise a society as a whole in order to reshape society to fit specific interests."; (4) "COVID-19 has been exaggerated to facilitate significant changes in the world's social order."; (8) "The elite have created the virus in order to establish a one-world government."; (6) "Certain powerful nations deliberately created the coronavirus (COVID-19) to dominate the world."; (1) "The so-called coronavirus pandemic serves as a smokescreen to cover up big geostrategic operation."; (2) "Dark forces want to use the virus to rule the world.";	6
Why	Make Donald Trump look bad	(4) "Scientists are exaggerating the seriousness to make President Trump look bad."; (5) "The media are exaggerating the seriousness to make President Trump look bad."; (6) "Democratic Governors are hoarding ventilators to make President Trump look bad."; (7) "Democratic Governors are not distributing coronavirus tests to make President Trump look bad."; (11) "The situation with COVID-19 has been intentionally instigated by people with interests in removing Donald Trump from office in the upcoming election (e.g. the Democratic party)."; (4) "The media are exaggerating the seriousness to make President Trump look bad."; (5) "Democratic governors are not distributing coronavirus tests to make President Trump look bad."; (7) "Democratic governors are hoarding ventilators to make President Trump Look bad."; (8) "Scientists are exaggerating the seriousness to make President Trump look bad."; (3) "Some in the U.S. Centers for Disease Control and Prevention, also known as CDC, are exaggerating the danger posed by the coronavirus to damage the Trump presidency." (2) "The COVID-19 pandemic is exaggerated to hurt the Trump administration." (1) "The threat of coronavirus has been exaggerated by political groups who want to damage President Trump";	12
Why	Mass surveillance & tracking	(3) a pretext for mass surveillance; (3) "Governments treat the COVID-19 pandemic as a pretext for the introduction of total surveillance of the population." (3) "Impose mass surveillance."; (10) "Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine."; (1) "Bill Gates intends to use COVID-19 testing and a future vaccine to track people with microchips."; (3) "Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine."; (5) "Development of vaccine against coronavirus is associated with population control via trackable microchip implantation.";	7
Why	Distraction / Cover-up	(1) "The hysteria surrounding the coronavirus is being fuelled to distract attention from other national problems"; (5) "Coronavirus is news only to divert attention from more important things." (9) "Coronavirus epidemic was planned as a way to distract people from some other event."; (4) "The coronavirus (COVID-19) was created as a cover up for the impending global economic crash." (4) "COVID-19 was created as a cover up for the impending global economic crash." (1) "The so-called coronavirus pandemic serves as a smokescreen to cover up big geostrategic operation."; (9) "Millions died in China, but it is being covered up."	7
Why	Battle between nations	(2) "The coronavirus was created as a bioweapon in the battle between the world powers (primarily the US and China)."; (1) "Coronavirus is a bioweapon developed by China to destroy the West."; (3) "Coronavirus was created as a bioweapon in the war between the powerful countries (like China, USA, Russia)."; (2) "The virus is a biological weapon created by one superpower to attack another." (3) "The USA is using the SARS-CoV-2 (coronavirus) to settle its conflicts with China."; (3) "The COVID-19 is a part of the political or trade war between China and foreign countries."; (9) "The coronavirus is a weapon of a modern economic war between world superpowers.";	7
Why	Help environment / Stop climate change	(7) "By activists to stop climate change."; (20) "Lockdown is a plot by environmental activists to control the rest of us."; (3) "Coronavirus was created by ecologists to reduce population and help the environment"; (4) "Coronavirus is a way for the climate movement to fulfil their plans"; (12) "Coronavirus was created to stop global warming and climate change."	5
Who	Powerful / certain people / secret organisation	(4) created by a group of powerful people to make money; (1) "Coronavirus was developed and spread around the world by certain people for their own purposes"; (2) "There is no intentional plan of a person or a group behind the spreading of coronavirus around the world." (reverse item) (5) "The coronavirus is an attack perpetrated by a small, powerful, and secret group to reduce the world's population."; (1) "The spread of the coronavirus (COVID-19) is the result of the deliberate, concealed efforts of some organization.". (3) "By a group of powerful people to make money."; (4) "By a group of powerful people to gain control."; (2) "I believe that the development of the pandemic may benefit certain groups of whose interests we have no idea."; (3) "The doctors infect the patients with coronavirus on purpose to provoke an epidemic that benefits someone."; (5) "A secret organization instructed the media to downplay the risks of COVID-19." (2) "There is a secret organization that greatly influences political decisions."; (7) "Decisions regarding coronavirus are made by a small unknown group of decision-makers."; (2) "The spread of the Coronavirus is a deliberate attempt by a group of powerful people to gain control"; (1) "I believe	21

		there are groups interested in spreading panic to achieve their own goals.”; (2) “I believe that the development of the pandemic may benefit certain groups of whose interests we have no idea.”; (4) “The development of the pandemic results from someone’s desire to reduce the world population.” (2) “Powerful people are using COVID-19 in order to crash the economy”; (1) “I’ve been informed by a credible source from within the government—who I can’t name—that Coronavirus was purposely created and released by powerful people as part of a hidden plan to take away our freedoms.”; (1) “A hidden organization is behind the spread of the coronavirus.”; (2) “Coronavirus was purposely created and released by powerful people as part of a conspiracy.” (2) “Dark forces want to use the virus to rule the world.”;	
Who	Government(s)	(3) “The COVID-19 pandemic was planned by certain pharmaceutical corporations and government agencies.”; (3) “Legitimate questions about coronavirus are being suppressed by the government, the media, and academia”; (4) “Reporters, scientists, and government officials are involved in a conspiracy to cover up important information about coronavirus”; (2) ”There is a cure for Coronavirus, but it is being withheld by the government.”; (9) “Most countries’ presidents are in a conspiracy to keep us home so they can pass unwanted policies”. (1) “I believe that my government is hiding important information about the coronavirus.”; “I think that the official version of the events given by the authorities very often hides the truth”. (6) “The government could cure coronavirus, but chooses not to for financial gain.” (2) “The vaccine against the coronavirus has already been developed but is being held back by the government.”; (4) “The authorities are using the pandemic to isolate the country and restrict the rights and freedoms of its citizens.” (6) “Do you believe that COVID-19 is a creation of the world’s powerful leaders to create a global economic crisis?” (1) “The government is misleading the public about the cause of the virus.”; (3) “The virus is produced by powerful organisations (e.g. government, military).” (2) “By governments to gain political control.”; (5) “By one nation to destabilise another.”; (11) “Coronavirus is being used by the government to implement a police state.”; (28) “Politicians (e.g. Boris Johnson) have faked having coronavirus).”; (3) “The government rejects the use of hydroxychloroquine for financial reasons (such as favouring French companies).”; (4) “The French government took advantage of the confinement to increase its powers and reduce the freedom of its citizens.” (1) “I think that the official version relating to COVID-19 given by the authorities very often hides the truth” (2) “The number of people reported as dying from coronavirus is being deliberately reduced or hidden by the authorities”; (4) “The number of people reported as dying from coronavirus is being deliberately exaggerated by the authorities.” (6) “There is a vaccine or cure for the coronavirus that the government won’t release/authorise.”; (7) “Many governments let the coronavirus spread so that they could take dictatorial powers.”; (3) “The government had foreknowledge of COVID-19 but allowed its release to further its own goals.”; (1) “Politicians do not honestly reveal their true intentions to the public regarding their decisions on coronavirus disease (COVID-19).”; (3) “The government is hiding something from the public.” (4) “The government is always monitoring the public.”; (5) “The government makes important decisions related to coronavirus disease (COVID-19) without the public knowing.”; (1) “The Polish government is intentionally hiding the real number of people contracted with coronavirus.”; (1) “Coronavirus was created by one of the governments as a biological weapon.”; (2) “True information about coronavirus is concealed by governments and public organizations.”; (4) “Effective treatment for coronavirus is concealed by governments or pharmaceutical companies.”; (8) “Governments are intentionally allowing the virus to spread on their territories.”; (5) “COVID-19 was engineered by governmental bodies of another country (e.g. Canada), possibly as a bio-weapon, for unknown reasons.”; (14) “There is a vaccine or cure for COVID-19 that the government is currently withholding from citizens.”; (16) “Governments have deliberately reported much lower numbers of infections and deaths caused by COVID-19 in order to keep the true numbers from the public.” (1) “The government is misleading the public about the cause of the Coronavirus”; (10) “COVID-19 is being used by governments to sicken or kill people on purpose.”; (1) “I believe that the Polish authorities strive to limit the rights and freedoms of citizens under cover of fighting the pandemic.”; (2) “I believe that Polish authorities are hiding the factual extent of coronavirus victims from society.”; (3) “Polish authorities can change the law freely during the pandemic because no one has time to look at their actions.” (1) “The government deceives us and hides information about the Coronavirus”; (5) “COVID-19 is just one way of the government to restrict the power of the small people”. (7) “The governments are concealing the real numbers of fatalities especially in children and young people, to prevent panic.”; (2) “The COVID-19 was created by foreign governments, aiming to curb China’s development.”; (7) “All in all, the state has to give valid data about the number of infected and deceased to the public.” (reverse-coded); (2) “The state took all the face masks and respirators so that it could give them away to the select few.”; (1) “The pharmaceutical industry, in cahoots with the government, is preventing the distribution of chloroquine treatments in order to protect its financial interests.” (3) “Chloroquine treatments are not endorsed by the government because the leaders have a vested interest in prolonging the health crisis.”; (10) “Maintaining the first round of the 2020 municipal elections was an executive government strategy to increase its scores.” (8) “The French government uses the coronavirus pandemic to people challenging pension reform.”;	51
Who	USA	(2) “The U.S. government has tried to withhold key information about COVID-19 treatment from the rest of the world.”; (2) It was built by USA to undermine China market.”; (3) “It was built by USA to destabilize Iran.; (3) “The USA is using the SARS-CoV-2 (coronavirus) to settle its conflicts with China.”; (4) “SARS-CoV-2 (coronavirus) was created by the USA to disrupt the European Union so that they could subsequently “save it”.”; (6) “The	21

		COVID-19 was first brought into China by the US military members.”; (13) “Americans imported the coronavirus to China to weaken the Chinese economy, but now it hits them back as a boomerang.” (1) “The COVID-19 virus is deliberately engineered in a U.S. government laboratory”; (9) “Coronavirus was created by the USA government to aid their position in the economic war with China.”; (10) “Coronavirus was created by the USA government to take control of the world economy.”; (3) “The US government deployed coronavirus as a biological weapon in China.” (5) “SARS-CoV-2 (coronavirus) was created by the USA to disrupt the European Union so that they could subsequently “save it”.”; (10) “Coronavirus was created by the USA government to take control of the world economy.”; (1) “The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the Chinese economy.”; (2) “The US or UK (or other western government) created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to make money by selling vaccines.”; (6) “The coronavirus was accidentally released during a secret US military experiment.”; (3) “The virus was accidentally released by the US.”;(10) “The virus was accidentally spread by the US.”; (8) ”The US government purposefully released Coronavirus into the Chinese population to severely hurt its economic growth.”; (10) “Coronavirus was created by the USA government to take control of the world economy.” (3) ”Coronavirus was created and spread by the CIA”.;	
Who	China	(3) “Coronavirus is a bioweapon developed by China to destroy the West”; (1) “China created the coronavirus in a laboratory.”; (1) “The virus was accidentally released by China.”; (2) “The virus is a biological weapon intentionally released by China.”; (1) “It was built by China to undermine USA market.; (5) “It accidentally spread out of a secret Chinese laboratory, no one wanted to spread it intentionally.”; (1) “China is responsible for the spread of the SARS-CoV-2 (coronavirus) – it is its revenge for the protests in Hong Kong.”; (2) “The Chinese government already has the cure for COVID-19 (coronavirus) but they are keeping it secret.”; (3) “The Chinese created SARS-CoV-2 (coronavirus) as a biological weapon which then got out of hand.”; (4) “The Chinese government intentionally sells ineffective face masks and dubious tests for the coronavirus to Europe to make the course of the pandemic worse in our countries.” (1) “COVID-19 is a Chinese bioweapon.”; (6) “It is clear that China developed this coronavirus to rule the world.”; (4) “The Chinese government has tried to withhold key information about COVID-19 treatment from the rest of the world.”. (1) “COVID-19 was developed as a biological weapon by the Chinese government. Due to a laboratory accident, it was spread among China’s own population.”; (2) “The Chinese government reports false numbers regarding the COVID-19 death cases as well as the cases of recovery: Compared to the official numbers, there are more people that died and less people that recovered from COVID-19 within China.” (13) “The Chinese President, Xi Jinping, and his political agenda has been a key cause of the spread of the COVID-19.”; (2) “The coronavirus was created by the Chinese government as a biological weapon.”; (1) “Coronavirus is a bacteriological weapon used by the Chinese Communist Party to create panic in the Western world.” (3) “The Coronavirus was created in a laboratory by Chinese scientists who lost control of it.”; (1) “The coronavirus was created by the Chinese government as part of a biological weapons program.”; (3) “The COVID-19 virus is deliberately engineered in a Chinese government laboratory”; (1) “The coronavirus was developed in a Chinese “superlaboratory.”; (11) “Coronavirus was created by the Chinese to take control of the world economy.”; (3) “The Chinese government created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to attack the US/western economy.”; (4) “The Chinese government created or weaponized the coronavirus, intentionally introducing it to the population in an attempt to make money by selling vaccines.”; (8) “Chinese tech companies are using 5G to weaken our immune system and/or spread the coronavirus.” (1) “The coronavirus was bred in a lab in China and systematically disseminated.” (12) “Coronavirus was intentionally spread by the Chinese in restaurants.”; (1) “The COVID-19 virus was accidently released from a Chinese military lab.”; (5) “It accidentally spread out of a secret Chinese laboratory, no one wanted to spread it intentionally.”; (2) “The coronavirus pandemic is a strategy by China to trigger a new economic crisis.”; (11) “Coronavirus was created by the Chinese to take control of the world economy.”; (1) “The new coronavirus was leaked from a high security lab in Wuhan, and China is trying to cover it up.”; (4) “The Chinese government intentionally sells ineffective face masks and dubious tests for the coronavirus to Europe to make the course of the pandemic worse in our countries.”	34
Who	Pharmaceutical companies	(3) “The COVID-19 pandemic was planned by certain pharmaceutical corporations and government agencies.” (9) ”Pharmaceutical companies created and released ‘Coronavirus’ in order to sell their medications and vaccines.”; (2) “SARS-CoV-2 (coronavirus) is artificially created to increase people’s dependency on the pharmaceutical business.”; (10) “COVID-19 (coronavirus) is only a fabrication, it is an ordinary flu which pharmaceutical companies rebranded to increase the sales of drugs.” (2) “I believe that the pharmaceutical industry is involved in the spread of the coronavirus.”; (4) “Big Pharma is encouraging the spread of coronavirus to make money.”; (1) “The vaccine against the coronavirus has already been developed but is being held back by large pharmaceutical companies.”; (3) “The new virus is a conspiracy by pharmaceutical companies that want to make money on it”; (10) “Big Pharma created coronavirus to profit from the vaccines.”; (7) “COVID-19 has been known about by big pharmaceutical companies and Bill Gates for at least 2 years.”; (2) “The new coronavirus was part of an effort by pharmaceutical companies to profit by selling vaccines for it”; (7) “Coronavirus disease (COVID-19) was deliberately created by pharmaceutical companies to make money.” (5) “Coronavirus was created by pharmaceutical organizations”; (3) “Coronavirus was	27

		created by pharmaceutical companies."; (4) "Effective treatment for coronavirus is concealed by governments or pharmaceutical companies."; (6) "Bill Gates (via the Bill and Melinda Gates Foundation) teamed with a UK-based company (Pirbright Institute) which produces COVID-19 vaccines to create the virus in order to profit from selling the vaccines."; (12) "COVID-19 was created by pharmaceutical companies to create demand for a profitable vaccine or drug to combat the disease."; (1) "The pharmaceutical industry is taking advantage of the Coronavirus epidemic to make money"; (2) "Entrepreneurs in general and in the pharmaceutical industry in particular are making money from the sale of medical equipment at the price of gold."; (3) "I've been informed by a credible source from within the government—who I can't name—that Coronavirus was purposely created and released by big pharmaceutical companies to make a profit from selling the vaccine."; (1) "The pharmaceutical industry created the coronavirus to increase sales of its drugs and vaccines."; (2) "Pharmaceutical companies are behind the spread of the coronavirus."; (6) "COVID-19 (coronavirus) is only a fabrication, it is an ordinary flu that pharmaceutical companies rebranded to increase the sales of drugs."; (8) "SARS-CoV-2 (coronavirus) is artificially created to increase people's dependency on the pharmaceutical business.". (8) "It is clear that pharma-industry, that will make astronomical amounts of money by producing vaccines and drugs, stands behind this pandemic"; (1) "The pharmaceutical industry, in cahoots with the government, is preventing the distribution of chloroquine treatments in order to protect its financial interests." (5) "Scientists who criticize Professor Didier Raoult's work on hydroxychloroquine are in league with the pharmaceutical industry.";	
Who	Bill Gates	(3) "Bill Gates caused (or helped cause) the spread of COVID-19 in order to expand his vaccination programs."; (10) "Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine."; (7) "Bill Gates wants to vaccinate humanity by force in order to earn a lot of money."; (4) "The Bill and Melinda Gates Foundation are behind the creation and spread of coronaviruses."; (9) "Bill Gates has created the virus in order to reduce the world population."; (7) "COVID-19 has been known about by big pharmaceutical companies and Bill Gates for at least 2 years."; (1) "Bill Gates intends to use COVID-19 testing and a future vaccine to track people with microchips". (6) "Bill Gates (via the Bill and Melinda Gates Foundation) teamed with a UK-based company (Pirbright Institute) which produces COVID-19 vaccines to create the virus in order to profit from selling the vaccines."; (6) "Coronavirus was planned and is orchestrated by the billionaire Bill Gates."; (3) "Former Microsoft CEO Bill Gates is creating a tracking device to be injected with the coronavirus vaccine."; (7) "Bill Gates is using the pandemic for population control.";	10
Who	Media	(3) "The media feeds fear, giving negative and alarmist news in order to have more audience". (1) "News outlets are exaggerating numbers and danger of COVID-19"; (3) "Legitimate questions about coronavirus are being suppressed by the government, the media, and academia"; (4) "Reporters, scientists, and government officials are involved in a conspiracy to cover up important information about coronavirus"; (5) "The existence of Coronavirus is a hoax perpetuated by the media"; (5) "The media are exaggerating the seriousness to make President Trump look bad."; (3) "Deaths from COVID- 19 in Italy, Spain, and USA are not as many as reported"; (1) "The hysteria surrounding the coronavirus is being fuelled to distract attention from other national problems"; (5) "Do you believe that covid-19 has much lower mortality rate but there is misinformation and terror-inducing propaganda?" (29) "The mainstream media is deliberately feeding us misinformation about the virus and lockdown."; (5) "A secret organization instructed the media to downplay the risks of COVID-19." (4) "The mainstream media is deliberately feeding us misinformation about the Coronavirus and lockdown." (4) "The media are exaggerating the seriousness to make President Trump look bad."; (3) "The media feeds fear, giving negative and alarmist news in order to have more audience". (2) "The media undermine the credibility of people promoting chloroquine treatments, so they don't disrupt the System.";	15
Who	Scientists	(3) "Legitimate questions about coronavirus are being suppressed by the government, the media, and academia"; (4) "Reporters, scientists, and government officials are involved in a conspiracy to cover up important information about coronavirus"; (4) "Scientists are exaggerating the seriousness to make President Trump look bad."; (8) "COVID-19 was created on purpose in a laboratory by scientists"; (1) "Contrary to popular belief, coronavirus did not originate from animals but was created by scientists in the laboratory."; (3) "I don't trust the information about the virus from scientific experts." (4) "Prominent scientists are suppressing the truth about COVID-19."; (3) "Coronavirus was created by ecologists to reduce population and help the environment"; (9) "COVID-19 was created by scientists by modifying a strand of Human Immunodeficiency Virus (HIV)."; (8) "Scientists are exaggerating the seriousness to make President Trump look bad."; (1) "The coronavirus (COVID-19) is a bioweapon engineered by scientists."; (1) "COVID-19 is a bioweapon engineered by scientists."; (5) "Scientists who criticize Professor Didier Raoult's work on hydroxychloroquine are in league with the pharmaceutical industry.";	13
Who	Healthcare authorities	(2) "Public health authorities are exaggerating the seriousness of coronavirus."; (2) "Experts intentionally mislead us for their own benefit, even though the virus is not worse than a flu"; (3) "We should believe experts when they say that the virus is dangerous". (reverse-coded) (3) "The doctors infect the patients with coronavirus on purpose to provoke an epidemic that benefits someone."; (8) "Medical doctors want to spread coronavirus."; (3) "Some in the U.S. Centers for Disease Control and Prevention, also known as CDC, are exaggerating the danger posed by the coronavirus to damage the Trump presidency."	6

Who	Companies	(7) "Industrialists will use the coronavirus pandemic to justify higher prices and make a profit."; (9) "COVID-19 (coronavirus) epidemic could have been stopped right at the start, but the large companies made a business out of keeping it going."; (6) "By global companies to take control."; (3) "The coronavirus was created by financial companies to reduce cash payment." (2) "Entrepreneurs in general and in the pharmaceutical industry in particular are making money from the sale of medical equipment at the price of gold."; (5) "COVID-19 (coronavirus) epidemic could have been stopped right at the start, but the large companies made a business out of keeping it going.";	6
Who	Donald Trump	(12) "The situation with COVID-19 has been intentionally instigated by Donald Trump and members of the Republican party in order to increase the likelihood of his being reelected in the upcoming election."; (3) "Donald Trump owns stock in a company the CDC uses for COVID-19 tests.";	2
Who	Democrats	(6) "Democratic Governors are hoarding ventilators to make President Trump look bad."; (7) "Democratic Governors are not distributing coronavirus tests to make President Trump look bad."; (11) "The situation with COVID-19 has been intentionally instigated by people with interests in removing Donald Trump from office in the upcoming election (e.g. the Democratic party)."; (1) "Democrats in New York stashed ventilators in a warehouse in an effort to make the COVID-19 pandemic worse.";	4
Who	Military	(3) "The virus is produced by powerful organisations (e.g. government, military)." (1) "The COVID-19 virus was accidently released from a Chinese military lab."; (6) "The COVID-19 was first brought into China by the US military members."; "The coronavirus was accidentally released during a secret US military experiment."	4
Who	WHO	(5) "The UN and WHO have manufactured the virus to take global control."; (25) "The WHO already has a vaccine and are withholding it."; (3) "The World Health Organisation spreads fake information about the coronavirus."; (6) "Official infection and mortality rates provided by the WHO are false.";	3

Note. One item can occur in multiple categories.

Remaining items not categorised in Table SM.6:

Eating bats
(5) "The COVID-19 outbreak was caused by people eating bats.";
(10) "COVID-19 resulted from the Chinese diet containing bats and other animals which are known to carry dangerous pathogens.";

Common conspiracy theories
(7) "Coronavirus could be linked to chemtrails.";
(6) "Jews have created the virus to collapse the economy for financial gain.";
(7) "Muslims are spreading the virus as an attack on Western values.";

Space/Aliens
(13) "Coronavirus is an alien weapon to destroy humanity.";
(8) "COVID-19 originated on a meteorite that exploded in China in 2019, bringing the virus here from space.";

Divine
(8) "It is a divine punishment due to the sins of humanity.";
(7) "Do you believe that COVID-19 is a sign of divine power to destroy our planet?"
(4) "Do you think that COVID-19 is a spiritual test from God?"

Brexit
(4) "Coronavirus is being used by the elite to stop Brexit.";
(16) "Companies are being deliberately put out of business to hide the effects of Brexit.";

Other

(1) "Stop immigration.";

(14) "The virus is a smokescreen for a global conspiracy that swapped the real world with a simulation.";

 (18) "Coronavirus is a plot by globalists to destroy religion by banning gatherings.";

(3) "A vaccine for the coronavirus is now available.";

(9) "Chinese spies stole the disease from Canada.";

(2) "The problems are the product of corruption by government officials who have squandered the money";

(3) "Ineffective hospital management has exacerbated the coronavirus pandemic".

(9) "Nobody has a clue how it spread.";