Supplementary Figure 1:

**![Chart, histogram

Description automatically generated]()**

Supplementary Figure 1: A breakdown of medical disorders within the cohort who self-reported a medical condition. Note: Categories are based on Guan et al, 2020.

Supplementary material 1:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Effects of COVID-19 questionnaire (ECQ)** | | | | | | | |
| The following questions ask about the effect that the COVID-19 or Corona virus is having on you.  For each item, click on the answer that applies to you in the **PAST MONTH.**  N/A means the item is not applicable to you. | | | | | | | |
|  | **In the past month, how much stress have you experienced as a result of the following things** |  |  |  |  |  |  |
| 1 | Financial hardship for you or your family arising from the COVID-19 crisis, due to job loss, or loss of earnings | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 2 | Having difficulty getting supplies when you need them, including face masks, hand sanitizers, medicines, food, drinks or other essentials | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 3 | Not being able to meet with your extended family and friends | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 4 | Not being able to go to your church or place of religious worship | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 5 | Loss of your own, or your family’s daily routine (such as sleeping patterns; meal times; work, school and recreation schedules) | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 6 | Family conflict arising from the COVID19 crisis, due to arguing, or fighting with other family members more than usual because you are spending more time together at home | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 7 | Getting a lot of conflicting information and misinformation online and in the media about COVID-19 | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 8 | You, or members of your family becoming ill with COVID-19 | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 9 | Worrying that you may become infected with COVID-19 and then infect other people | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 10 | You, or members of your family being hospitalised for COVID-19 illness | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 11 | Death of a family member or very close friend as a result of COVID-19 | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 12 | Witnessing others in your community suffering because of COVID-19 | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 13 | Worrying about the effects COVID-19 on you or your family, now or in the future | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
|  | **If you have children** |  |  |  |  |  |  |
| 14 | Your child’s school closing | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 15 | Helping your child keep a safe distance from their friends, or preventing them from mixing with their friends | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 16 | Helping your child keep a safe distance from members of your extended family, or preventing them from visiting with the extended family (for example grandparents) | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 17 | Helping your child avoid crowded places, and activities that they like, such as going to sports or musical events, scouts or guides, clubs, the playground, or to church | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 18 | Helping your child to not shake hands, hug, or touch other people | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 19 | Helping your child to wash or sanitise their hands regularly | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 20 | Helping your child to remember to cough or sneeze into their elbow | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 21 | Being worried that your child will catch COVID-19 because they have an underlying medical condition such as cancer or asthma, that makes them vulnerable to severe illness if they become infected | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
|  | **If you have aging parents** |  |  |  |  |  |  |
| 22 | Worrying that you aging parents will become lonely during the COVID-19 crisis |  |  |  |  |  |  |
| 23 | Worrying that you aging parents will not get supplies during the COVID-19 crisis | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 24 | Worrying that your aging parents will become infected with COVID-19 | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 25 | Worrying that your aging parents will not receive adequate medical care if they become infected with COVID-19 | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
|  | **In the past month, how much has your experience of the COVID 19 crisis led you to feel grateful for the following things** |  |  |  |  |  |  |
| 26 | Your health, and the health of your family | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 27 | Your relationships with your extended family and friends | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 28 | Your job | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 29 | Attending social, sports, and cultural events | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 30 | Your community | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 31 | Your child’s regular attendance at school | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 32 | Your child’s relationships with their friends | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 33 | Your child’s involvement in activities such as sports, music, scouts, guides, clubs etc | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| 34 | Your aging parents health and safety | N/A  0 | None  1 | A little  2 | Some  3 | Quite a lot  4 | A great deal  5 |
| **Note:** Items 1-13 COVID-19 personal stress scale. Items 14-21 COVID-19 parenting stress scale. Items 22-25 COVID-19 aging parents stress scale. Items 26-33 COVID-19 gratitude scale. To get a scale score, sum scores of items in the scale and divide this by the number of items which did not have an N/A response. | | | | | | | |

Supplementary material 2:

**The Brief Illness Questionnaire (BIPQ; Broadbent *et al.* 2006)**

1. How much has the COVID-19 pandemic effected your life? (BIPQ1)

0 1 2 3 4 5 6 7 8 9 10

No effect severely effects

at all my life

1. How long do you think the COVID-19 pandemic will continue? (BIPQ2)

0 1 2 3 4 5 6 7 8 9 10

A very Forever

short time

1. How much control do you feel you have over the COVID-19 situation (e.g. not getting infected or getting over it)? (BIPQ3)

0 1 2 3 4 5 6 7 8 9 10

Absolutely Extreme amount

no control of control

1. How much do you think existing treatments can help COVID-19 patients? (BIPQ4)

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely helpful

1. How concerned are you about the COVID-19 pandemic? (BIPQ5)

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

concerned concerned

1. How well do you feel you understand the COVID-19 situation? (BIPQ6)

0 1 2 3 4 5 6 7 8 9 10

Don’t understand Understand

at all very clearly

1. How much does the COVID-19 pandemic effect you emotionally (e.g. does it make you angry, scared, upset or depressed)? (BIPQ7)

0 1 2 3 4 5 6 7 8 9 10

Not at all Extremely

effected emotionally effected emotionally

**SCORING INFORMATION**

Each item of the Brief Illness Questionnaire assesses one dimension of illness perceptions:

The **consequences**  score is simply response to item 1

The **timeline** score is the response to item 2

The **personal control** score is the response to item 3

The **treatment control** score is the response to item 4

The illness **concern** score is the response to item 5

The **identity** score is the response to item 6

The **emotional representation** is measured by item 7. This reflects a combination of emotional and cognitive representations

In some circumstances it may be possible to compute an overall score which represents the degree to which the illness is perceived as threatening or benign. The internal consistency of this score will depend on the illness studied and it is recommended that this is checked. To compute the score, reverse score items 3,4, and 7 and add these to items 1,2,5,6, and 8. A higher score reflects more threatening view of the illness. (BIPQTot)