

## Online Supplementary Material

### The COVID-19 related fears scale

The following statements describe a series of thoughts and feelings that might normally arise as a result of the COVID-19 pandemic. Please read each item carefully and indicate the extent to which you have experienced the following during the last couple of weeks on the given scale where 1 = not at all; 2 = a little a bit; 3 = moderately; 4 = a lot; 5 = very much.

1	I am scared about the physical manifestation of symptoms related to COVID-19 virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I fear I might get infected with COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I fear that my relatives might get infected with COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The idea that I might infect other people concerns me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I fear not being able to obtain medical care because of overloaded healthcare facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I fear my close relatives not being able to obtain medical healthcare because of overloaded healthcare facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I am worried about the pandemic's progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I am afraid I will be isolated from my close relatives if I contract the virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I am afraid I will not be able to look after my close relatives if they contract the virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I am worried about the future if the pandemic persists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I am worried about the duration of quarantine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I am worried about my physical and emotional state if the quarantine period is prolonged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I am worried about the physical and emotional state of my close relatives if the quarantine period is prolonged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I am worried about mine or my family member's employment situation if the quarantine period is prolonged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I am concerned about the lack of physical interaction with friends and colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>