

# Twins Research Australia COVID-19 Knowledge, Experience, Reaction and Resilience Study

## Reference Document: Adult Twins, Phase 3



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#### Please note:

These questions appear in the order that participants received them in. Differences between this version and the online version available to participants include:

- Layout of the online questionnaire sometimes varied to that displayed in this document.
- Sections of this document represent pages of the online questionnaire.
- Section headings and question numbers in this document were not visible to online participants.
- Conditional logic which is written in this document was automated in the online questionnaire.
- Study PLS, consent and instructions on how to use the online survey are not included in this document.
- Some identifying questions have been removed

**Dates of survey:** 31<sup>st</sup> March 2021 to 31<sup>st</sup> May 2021

**Number of questions:** 51

- Pair ID:** Unique pair identifier  
**Twin ID:** Identifier for twin within a pair  
**Database gender:** As per the TRA database  
**Database zygosity:** As per the TRA database  
**Database zygosity source:** As per the TRA database
- Zygoty best estimate:** Best estimate of zygoty from either the database zygoty or the Peas-in-a-Pod questions from this survey  
**Date completed:** Date survey was started  
**Gender:** As per TRA database  
**Age:** Derived from date of birth and survey start date

## S1 – General Information

- [1.1] Which country do you live in?  
 Australia  Other: \_\_\_\_\_ →S2
- [1.2] Which state do you live in? [drop down selection]  
 [1.3] What is your postcode? \_\_\_\_\_

## S2 – COVID-19 Vaccinations

- [2.1] Have you been vaccinated for COVID-19?  
 No → Display Q2.2  Yes
- [2.2] Do you intend to have the COVID-19 vaccination when it becomes available to you?  
 No  Yes  Unsure
- [2.3] What are the major factors influencing your decision about the vaccine? [Free text]

## S3 – COVID-19 Experience

- [3.1] On a scale of 1 to 5, how worried or concerned are you at the present time about contracting COVID-19?

Don't know much at all		Neutral		Know a lot	
1	2	3	4	5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- [3.2] Please write a number in the box below from 0 to 100, to indicate the percent chance you think you might die if you were infected with COVID-19.  
 If you're not sure, please give your best guess. \_\_\_\_\_ %
- [3.3] Have you been ever been tested for COVID-19?  
 Yes  No → S4
- [3.4] How many times have you been tested? \_\_\_\_\_
- [3.5] Did you have any of the following symptoms at the time of testing or shortly afterwards?  
 Please note: If you were tested more than once please let us know if you had symptoms at **any** of the times you were tested. Check any that apply:
- Fever
  - Coughing
  - Sore throat
  - Fatigue (tiredness)
  - Nausea/vomiting and/or diarrhoea
  - Shortness of breath at rest
  - Shortness of breath after exercise
  - Wheeze/asthma
  - Changes to taste/smell
  - Increase in use of medication for asthma/wheezing
  - I did not have any symptoms
  - Other (please specify): \_\_\_\_\_
- [3.6] Have you been ever been tested for COVID-19? Have you ever received a positive result from a COVID-19 test (i.e. had the virus)?  
 Yes (you had/have the virus)  
 No (you did not/do not have the virus) → S4  
 Prefer not to answer → S4
- [3.7] What date did you receive your positive result? \_\_\_\_\_
- [3.8] What was the probable source of your COVID-19 exposure?  
 Acquired overseas  Member of my household  
 Community transmission  Unclear / don't know  
 Friend or family member outside of my household
- [3.9] Did you receive treatment in hospital for COVID-19?  
 Yes → Display Q3.10  No
- [3.10] Did you spend time in intensive care (ICU) while you were in hospital for COVID-19?  
 Yes  No
- [3.11] Did you or do you currently have any long-term effects from your positive diagnosis?  
 Yes → Display Q3.12  No
- [3.12] Please describe what these long-term effects are \_\_\_\_\_

## S4 – Face Masks

[4.1] Currently how frequently do you wear a face mask when you engage in the following activities:

	Never	Rarely	Sometimes	Always	Not applicable
When I go to work or place of study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go grocery or general shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm outside exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm in the gym or similar group activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I use public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I spend time with family outside of my household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S5 – Service Use

[5.1] Have you had contact with any of the following community services in 2021?

- Healthcare providers, for example, GP (in person or via telehealth etc.)
- Counselling services, e.g. psychologist, psychiatrist etc.
- Social services, e.g. housing assistance, crisis accommodation etc.
- Centrelink
- Mental health services, e.g. Beyondblue, Lifeline etc.
- Food assistance services, e.g. Anglicare, Salvation Army etc.
- Financial institutions (e.g. for deferral of mortgage payments etc.) or financial counselling/debt assistance services
- No contact with community services
- Other providers (please specify): \_\_\_\_\_

## S6 – Employment

[6.1] What is your current main activity?

- Working full-time
- Working part-time
- Working casually
- Working and studying
- Looking for work → S7
- Not doing paid work + not looking for work (e.g. retired, parenting/caring, volunteering etc.) → S7
- Studying (either full-time or part-time)
- Don't know / prefer not to answer
- Other (please specify): \_\_\_\_\_

[6.2] Where are you currently working/studying?

- I work/study completely from home
- I work/study both at home and on-site/campus
- I work/study on-site/campus
- Don't know/prefer not to answer
- Other (please specify): \_\_\_\_\_

[6.3] How many hours per week do you currently work? \_\_\_\_\_

[6.4] Compared with your work pattern before the COVID-19 restrictions began in March 2020, is this number of hours worked per week...

- Less                       The same                       More

[6.5] What is your current employment category?

- Accounting, Banking and Financial Services
- Administration and Human Resources
- Advertising, Public Relations, Media and Arts
- Agriculture, Animal and Horticulture
- Automotive, Transport and Logistics
- Construction, Architecture and Design
- Education and Training
- Electrical and Electronics
- Engineers and Engineering Trades
- Executive and General Management
- Government, Defence and Protective Services
- Health and Community Services
- Hospitality, Food Services and Tourism
- Information and Communication Technology (ICT)
- Legal and Insurance
- Manufacturing
- Mining and Energy
- Personal Services
- Sales, Retail, Wholesale and Real Estate
- Science
- Sports and Recreation
- Don't know/prefer not to answer

## S7 – Income

[7.1] Select one of the following categories to report your personal income and your total combined household income, on average, before tax and other deductions, per financial year.

Please include income from all sources, including wages, investments and government pensions and benefits. Please select "Not Applicable" for household income if you are financially independent to your household members. (\$AUD)

	Personal income (AUD)	Household income (AUD)
Currently, what is your...	[Dropdown options]	[Dropdown options]
<p>[The dropdown options are:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Negative or zero income</li> <li><input type="radio"/> \$1 - \$9,999 per year (\$1 - \$189 per week)</li> <li><input type="radio"/> \$10,000 - \$19,999 per year (\$190 - \$379 per week)</li> <li><input type="radio"/> \$20,000 - \$29,999 per year (\$380 - \$579 per week)</li> <li><input type="radio"/> \$30,000 - \$39,999 per year (\$580 - \$769 per week)</li> <li><input type="radio"/> \$40,000 - \$49,999 per year (\$770 - \$959 per week)</li> <li><input type="radio"/> \$50,000 - \$59,999 per year (\$960 - \$1149 per week)</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> \$60,000 - \$79,999 per year (\$1150 - \$1529 per week)</li> <li><input type="radio"/> \$80,000 - \$99,999 per year (\$1530 - \$1919 per week)</li> <li><input type="radio"/> \$100,000 - \$124,999 per year (\$1920 - \$2399 per week)</li> <li><input type="radio"/> \$125,000 - \$149,999 per year (\$2400 - \$2879 per week)</li> <li><input type="radio"/> \$150,000 - \$199,999 per year (\$2880 - \$3839 per week)</li> <li><input type="radio"/> \$200,000 or more per year (\$3840 or more per week)</li> <li><input type="radio"/> Don't know / prefer not to answer</li> <li><input type="radio"/> Not Applicable]</li> </ul>	

[7.2] Did you receive JobKeeper or JobSeeker benefits at any stage over the last 12 months?

- Yes  No

[7.3] Are you currently receiving JobKeeper Benefits?

- Yes  No

## S8 – General Health and Wellbeing

[8.1] For each of the statements below indicate the extent to which they apply to the way you currently feel

	Yes	More or less	No
I experience a general state of emptiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of people I can rely on when I have problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are many people I can trust completely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I miss having people around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are enough people I feel close to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often feel rejected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[8.2] Compared with how you felt during the COVID-19 restrictions in 2020, how do you currently rate yourself on the following?

	has become much worse	has become worse	has stayed the same	has become better	has become much better
My physical health...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mental health...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social health...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My close relationships...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My financial position...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My self-esteem...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My level of physical activity or exercise...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleeping...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My eating...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[8.3] Compared with how I felt before COVID-19, I am now more aware of my breathing and lung health in general.

Strongly agreed	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S9 – Concerns

[9.1] What are you concerned about right now?

- |  |  |
|--|--|
| <input type="checkbox"/> Employment                    | <input type="checkbox"/> My elderly relatives' health  |
| <input type="checkbox"/> Meeting ongoing bill payments | <input type="checkbox"/> Losing my job                 |
| <input type="checkbox"/> My own health                 | <input type="checkbox"/> Losing my home                |
| <input type="checkbox"/> My twin's health              | <input type="checkbox"/> I have no concerns            |
| <input type="checkbox"/> My family's health            | <input type="checkbox"/> Other (please specify): _____ |

[9.2] Of the concerns you ticked/mentioned above, which one causes you the most concern right now?

- |   |   |
|---|---|
| <input type="radio"/> Employment                    | <input type="radio"/> My elderly relatives' health  |
| <input type="radio"/> Meeting ongoing bill payments | <input type="radio"/> Losing my job                 |
| <input type="radio"/> My own health                 | <input type="radio"/> Losing my home                |
| <input type="radio"/> My twin's health              | <input type="radio"/> I have no concerns            |
| <input type="radio"/> My family's health            | <input type="radio"/> Other (please specify): _____ |

[9.3] Please write a number in the box from 0 to 100 which best describes how your health is today. 100 means the best health you can imagine and 0 means the worst health you can imagine. \_\_\_\_\_

## S10 – Psychological Distress

[10.1] Over the last week, about how often did you feel...<sup>1</sup>

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S11 – Alcohol & Smoking

[11.1] Over the last week, how many days did you do the following?

	0 days	1-2 days	3-4 days	5-6 days	Every day
Drank alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used over-the-counter medication for sleep, anxiety or stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used prescription medication for sleep, anxiety or stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Only display 11.2 if Drank alcohol doesn't = 0 days

[11.2] Over the last week, approximately how many standard drinks did you consume? \_\_\_\_\_

[11.3] Which of the following best describes your smoking status throughout your life?

- I have never smoked
- I have smoked occasionally but quit
- I smoked regularly (daily) but quit
- I smoke occasionally
- I smoke regularly (daily)

## S12 – Back pain & physical activity

[12.1] Please tell us whether back pain is a problem for you or not

	Yes	No
Do you currently experience pain in your lower back severe enough to seek treatment?	<input type="radio"/>	<input type="radio"/>
Have you ever experienced pain in your lower back that was severe enough for you to seek treatment?	<input type="radio"/>	<input type="radio"/>

[12.3] Over the last week, how many days did you... \_\_\_\_\_

0 1 2 3 4 5 6 7

Walk for at least 30 minutes for any reason

Exercise moderately for at least 30 minutes

Exercise vigorously for at least 20 minutes

**Moderate exercise** causes only light sweating or slight to moderate increases in breathing or heart rate and includes activities such as brisk walking, bicycling for pleasure, golf, and dancing.

**Vigorous exercise** causes heavy sweating or large increases in breathing or heart rate and includes activities such as running, lap swimming, aerobics classes, and fast bicycling.

Only display if 12.1 = 'Yes' for either question

[12.2] When did your lower back pain start? \_\_\_\_\_

<sup>1</sup> Kessler Distress Scale. [https://www.hcp.med.harvard.edu/ncs/k6\\_scales.php](https://www.hcp.med.harvard.edu/ncs/k6_scales.php)

## S13 – Sleep

[13.1] Over the last week, on average, how long did you sleep each night?

Hours	Minutes
(0-24)	(0-55)

[13.2] Compared with before COVID-19 restrictions began in March 2020, was this time spent sleeping...

- Less     The same     More

[13.3] Over the last week, on average, how long did you take to fall asleep after you started trying to?

Hours	Minutes
(0-24)	(0-55)

[13.4] Compared with before COVID-19 restrictions began in March 2020, was this time spent getting to sleep...

- Less     The same     More

## S14 – Resilience and Optimism

[14.1] Please respond to each item by marking one box per row<sup>2</sup>

	Strongly disagreed	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not take me long to recover from a stressful event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to snap back when something bad happens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually come through difficult times with little trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to take a long time to get over set-backs in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S15 – Community

[15.1] Please answer to what degree you agree with the following

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know/prefer not to answer
I am proud to be a member of my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I am part of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighbourhood share the same values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighbourhood is a good place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People work together to get things done for the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S16 – End of Survey

[16.1] Thank you for taking part in this survey. Please feel free to provide any additional feedback or comments in the box below \_\_\_\_\_

<sup>2</sup> Smith et al. The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 2008; 15(3): 194-200