QUESTIONS 1. Your a

1.	Your age:		
2	Your g	render:	
۷.	_	Male	
		Female	
		Other	
3.	Your educational level (indicate the highest qualification obtained):		
		Elementary School	
		Secondary school	
		High school	
		Three-year degree	
		Master's degree	
		Master / Doctorate / Specialization	
4.	Who d	lo you live with?	
		Alone	
		With family / roommates	
5.	How many people are there in your family/cohabitation nucleus?		
		1	
		5	
		6	
		7	
		8	
		9	
		10	
6.	Your employment condition (before the Covid-19 emergency):		
		Housewife	
		Unemployed	
		Private company employee	
		Public employee	
		Freelance	
		Retired	
		Student	

/.	(Only	for workers) In light of the new decree:
		I'm continuing to work because I carry out a necessity job (e.g. health, grocery store,
		etc.)
		I'm continuing to work but I don't know if the company will briefly close (e.g.
		metalworker, etc.)
		I work from home (smart working)
		I temporarily stopped working without getting paid
		I temporarily stopped working but I'm still paid
		I'm on vacation
		I'm in sick leave
		THI HI SICK ICAVE
8.	Month	ly income of your cohabitation unit (in euros):
		< 500
		500-1000
		1000-2000
		2000-3000
		3000-4000
		>4000
9.	Do you	a currently suffer from any of the following diseases?
		Immunosuppression
		Cardiovascular diseases
		Pulmonary diseases
		Cancer
		Diabetes
		None of the above diseases
10.	Have y	ou been swabbed for COVID-19?
		Yes
		No
11.	(Only	for who has been swabbed) If yes, was the swab positive?
		Yes
		No
1.0	(0.1	
12.	(Only	for who had a positive swab) If yes, did you need hospital treatments?
		Yes
		No
12	Do ve	know close people (friends, relatives, colleagues) who have had positive swab?
1)		I B DELWE COUNTY OF THE CHIEFTED SECULIVES CONCAVIES I WHICH HAVE HALL DUSHIVE SWAID (

 \Box Yes

□ No		
14. Do you know close people (friends, relatives, colleagues) who have been hospitalized for complications from COVID-19?☐ Yes		
□ No		
15. Do you know close people (friends, relatives, colleagues) who have died in following complications from COVID-19?Yes		
□ No		
16. How much do you feel in danger of COVID-19 infection?		
□ 1 Not at all		
\Box 2		
 4 		
□ 5 Very much		
17. How much do you think you can avoid virus infection?		
□ 1 Not at all		
\Box 2		
□ 4 □ 5 Voru much		
□ 5 Very much		
18. How much do you think you can be a risk factor for others?		
□ 1 Not at all		
□ 2 □ 3		
□ 3 □ 4		
□ 5 Very much		
19. Are you worried about some family members or loved ones (e.g. hospital worker, elderly		
relative, etc.)?		
\Box 4		
□ 5 Very much		

. In the last period, are you paying more attention than usual to your physical symptoms?		
□ 1 Not at all		
 4 		
□ 5 Very much		
21. Indicate how much the COVID-19 emergency has changed the following aspect of your		
life: "Restrictive measures are limiting my freedom"		
□ 1 Not at all		
4		
7		
□ 8		
□ 9		
□ 10 Very much		
22. Indicate how much the COVID-19 emergency has changed the following aspect of your life: "My daily working life has changed" 1 Not at all 2 3 4 5 6 7 8 9 10 Very much		
23. Indicate how much the COVID-19 emergency has changed the following aspect of your life: "My emotional life has changed" 1 Not at all 2 3 4 5 6 7		

	9
	10 Very much
	te how much the COVID-19 emergency has changed the following aspect of your My familiar life has changed"
	1 Not at all
	2
	3
	4
	5
	6
	7
	8
	9
	10 Very much
	te how much the COVID-19 emergency has changed the following aspect of your My social life has changed"
	1 Not at all
	2
	3
	4
	5
	6
	7
	8
	9
	10 Very much
life: "l	te how much the COVID-19 emergency has changed the following aspect of your My daily life in general has changed"
	1 Not at all
	2
	3
	4
	5
	6
	7
	8
	9 10 V
	10 Very much

	sychological counselling/support would be helpful." □ 1 Strongly disagree □ 2 □ 3
	□ 4□ 5 Strongly agree
	are you actively searching for information on the progress of the epidemic? (number of ositive people, number of deaths, containment policies, etc.) Continuously (I consult the media all day long) Often (three to five times a day) Not more than two times a day Once a day Less than once a day Never or almost never
_	Only for who searches information) From what prevalent source are you looking for information? □ Friends/acquaintances □ Newspapers □ Social (Facebook, Twitter, etc.) □ Television programs (news programs, etc.) or radio □ Accredited websites (WHO sites, Ministerial sites, Istituto Superiore di Sanità site)
	express your agreement with the following statement: "I respect loyally the rules imposed y ministerial ordinances" □ Yes □ No
	Express your agreement with the following statement: "I go out regularly in defiance of the an" Suppress your agreement with the following statement: "I go out regularly in defiance of the an" Suppress your agreement with the following statement: "I go out regularly in defiance of the an" No
32. E	express your agreement with the following statement: "I only go out when necessary" Ves No
	express your agreement with the following statement: "I happened to go out for a walk in efiance of the ban"

		Yes No
34.	withou	ss your agreement with the following statement: "I happened to go to the grocery store at real necessity" Yes No
	ordina walk a	ss your agreement with the following statement: "I am looking for tricks to bypass the nces (e.g. I go daily working even if not necessary because I could work from home, I tround with the dog more times than necessary, I go jogging)" Yes No
	more r	ing about the evolution of the current situation, which perspective do you consider realistic: Within 15 days it will return to normal It will take another month for the epidemic to resolve It will take months for the risk of infection to resolve The epidemic will not resolve until a vaccine has been discovered
	-	3
Fin	al cacti	on of the questionnaire contained the following psychological tests:

- The Italian Version of the 10 item Perceived Stress Scale (PSS-10)
- The Italian Shortened Version of the Coping Orientations to the Problems Experienced (COPE-NVI-25)
- The Italian translation of the Brief Self-Control Scale (BSCS)
- The Italian translation of Consideration of Future Consequences Scale (CFC)
- The Italian Short Version of the Locus of Control Scale
- The Italian Version of the 10 item Big Five Inventory (BFI-10)