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Sharing data to better understand one of the world's most significant shared experiences: data resource profile of the longitudinal COVID-19 psychological research consortium (C19PRC) study

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Abstract

This paper serves to alert IJPDS readers to the availability of a major new longitudinal survey data resource, *the COVID-19 Psychological Research Consortium (C19PRC) Study*, which is being released for secondary use via the Open Science Framework. The C19PRC Study is a rich and detailed dataset that provides a convenient and valuable foundation from which to study the social, political, and health status of European adults during an unprecedented time of change as a direct result of the COVID-19 pandemic and Brexit. Here, we provide an overview of the C19PRC Study design, with the purpose of stimulating interest about the study among social scientists and maximising use of this resource.

Keywords
COVID-19; open access; longitudinal survey; mental health; social science; economic; political

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How did the study come about?

On 11 March 2020, Professor Richard Bentall (C19PRC Study Principal Investigator, at the University of Sheffield) convened a team of psychologists, political scientists, mental health researchers, and data analysts to establish a large, national study of the UK public to understand how they would respond to the existential threat of the novel coronavirus (SARS-COV-2). The C19PRC Study aims to assess how the unprecedented nature of the pandemic would influence the lives of ordinary citizens to (i) contribute to a 'real-time' understanding of the short-to-medium term psychological, social, political, and economic impact of the pandemic, and to (ii) help plan effectively for future public health crises [1]. Although the core C19PRC Study team is UK-based, existing collaborations have been leveraged to establish similar studies in the Republic of Ireland, Spain, and Italy.

Seed funding for baseline and first follow-up waves of the C19PRC Study in all countries was obtained from the Consortium members' home institutions. Funding for the progression of the C19PRC Study in the UK was secured from the UKRI/ESRC Rapid COVID-19 Response call [Ref: ES/V004379/1; May, 2020], in the Republic of Ireland from the Irish Health Research Board/Irish Research Council [Ref: COV19-2020-025; December, 2020]; and in Spain from the Instituto de Salud Carlos III fund [Ref: COV20/00737-CM, September, 2020]. No external funding was secured for the Italian survey.

How was the study designed?

The Consortium's substantive research interests and expertise dictated that the core C19PRC Study outcomes would be the public's experiences of common mental disorders (e.g., anxiety, depression, and post-traumatic stress) during the pandemic, whilst also measuring a broad range of social, economic, psychological, and political protective and risk factors to help explain variability in these outcomes over time. Importantly, the C19PRC Study design was informed by studies that investigated the non-biological consequences of previous outbreaks of other infectious respiratory diseases, specifically SARS-CoV (SARS), the H1N1 flu pandemic, and the Middle East Respiratory Syndrome (MERS), and recommendations from researchers and public health representatives in response to these outbreaks. The Consortium also considered carefully the country-specific context of the COVID-19 pandemic, given that each European country was experiencing different trends in COVID-19 infection and death rates, and being subjected to different levels of government-imposed curtailments relating to social and economic activities (see [1] for more details). In addition to the pandemic, the UK was anticipating the completion of Brexit (the UK's withdrawal from the European Union) in late 2020, which was an historic and political event with considerable potential to compound the anticipated impact of the pandemic in the UK.

The C19PRC Study is a large, longitudinal online survey of the general adult population (aged 18 years and older) in each country, with regular and timely repeated assessments of the baseline samples planned as the pandemic unfolded. Power calculations were conducted to determine the optimal baseline sample size which would provide robust prevalence estimates for common mental disorders in each country (set at ~2000 respondents in the UK; see [1]). In addition to self-reported mental health measures, the C19PRC Study design also prioritises the collection of data on a wide range of beliefs, political attitudes, socio-economic contextualising information, and potentially important neurocognitive mechanisms involved in risk perception and decision making with respect to COVID-19 at each wave (see *What has been measured?* section below). The baseline sample also served as a recruitment spine from which smaller, supplementary (qualitative and experimental) studies could be conducted, particularly with groups most vulnerable to the effects of COVID-19 (e.g., older people, medically vulnerable people, pregnant women, frontline workers, etc.). Finally, the C19PRC Study aims (using data from Wave 6 of the UK strand) to develop, and test, the psychometric performance of brief self-reported measures of generalised anxiety and depression that are strictly aligned to the current International Classification of Diseases 11^{th} Edition (ICD-11) [2] diagnostic criteria for these disorders. These measures incorporate: (i) the revised symptom sets; (ii) an assessment of the frequency of symptom presence (including the persistence criteria); and (iii) an indicator of functional impairment. These scales will provide a symptom-severity score and also an indication if participants have met the diagnostic criteria (caseness).

Ethical approval for the C19PRC Study was granted by the lead academic institutions in each country (UK: Department of Psychology, University of Sheffield [Reference number 033759]; Republic of Ireland; Social Research Ethics Committee at Maynooth University [Ref SRESC-2020-2402202]; Spain: School of Psychology, Complutense University Madrid (Ref: 2019/20-034); Italy: Ethical Committee for Psychological Research of the University of Padua [protocol: 3818]).

Recruitment was conducted by reputable online marketing research companies (*Qualtrics* in UK, Republic of Ireland, and Italy; *Sondea* in Spain). Detailed methodological reports for the C19PRC Study are available elsewhere: UK [1, 3–5], Republic of Ireland [6], Spain [7], and Italy [8].

Who is in the sample?

Quota sampling methods were used to ensure the representativeness of each country's general adult population sample with respect to age, gender, household income (in the UK and Italy only); and/or geographical or political region (Republic of Ireland, Spain, and Italy only). Table 1 outlines the characteristics of each country's baseline samples, which are diverse and nationally representative beyond the socio-demographic characteristics used for quota sampling [1]. We have produced detailed a methodological report to demonstrate the national representativeness of the UK baseline sample with respect to nation of residence, economic activity, household composition, and ethnicity [1]. We encourage interested readers to consult our Consortium's methodological reports for more detailed findings on sample representativeness [1, 6].

Table 1: Characteristics of baseline respondents in the COVID-19 psychological research consortium (C19PRC Study), by country

Socio-demographic characteristics		Country – N (%)			
		UK ($N = 2{,}025$)	Republic of Ireland ($N = 1{,}041$)	Italy ($N = 1{,}038$)	Spain ($N = 1{,}949$)
Gender	Female	1,047 (51.7)	536 (51.5)	531 (51.2)	917 (47.0)
	Male	972 (48.0)	502 (48.2)	507 (48.8)	1027 (52.7)
	Other	6 (0.3)	3 (0.3)	–	5 (0.3)
Age group (years)	18–24	246 (12.1)	116 (11.1)	83 (8.0)	155 (8.0)
	25–34	380 (18.8)	200 (19.2)	138 (13.3)	273 (14.0)
	35–44	353 (17.4)	214 (20.6)	171 (16.5)	469 (24.1)
	45–54	410 (20.2)	165 (15.9)	186 (17.9)	518 (26.6)
	55–64	349 (17.2)	219 (21.0)	195 (18.8)	427 (21.9)
	65+	287 (14.2)	127 (12.2)	265 (25.5)	107 (5.5)
Born in country	Yes	1,834 (90.6)	736 (70.7)	1,003 (96.6)	1812 (93.0)
Living location	City	498 (24.6)	255 (24.5)	569 (54.8)	1642 (84.2)
	Suburbs	572 (28.2)	188 (18.1)	123 (11.8)	–
	Town	620 (30.6)	298 (28.6)	297 (28.6)	–
	Rural	335 (16.5)	300 (28.8)	49 (4.7)	307 (15.8)
Ethnicity	White	1848 (91.2)	962 (92.4)	775 (74.7%)	1897 (97.3)
	Other	177 (8.8)	79 (7.6)	263 (25.3%)	52 (2.7)
Education level	No qualification	58 (2.9)	12 (1.2)	0	6 (0.3)
	Up to secondary level	751 (37.1)	298 (28.6)	86 (8.3)	235 (12.1)
	Some third level	302 (44.4)	268 (25.7)	506 (48.7)	441 (22.6)
	Third level completed	888 (43.9)	440 (42.3)	422 (40.7)	975 (50.0)
	Other	26 (1.3)	23 (2.2)	24 (2.3)	292 (15.0)
Household composition	Lone adult	454 (22.4)	192 (18.4)	139 (13.4)	257 (13.2)
	Children in home	592 (29.2)	413 (39.7)	358 (34.5)	786 (40.3)
2019 gross annual household income band[1]	Lowest	410 (20.2)	256 (24.6)	218 (21.0)	693 (35.6)
	Second lowest	410 (20.2)	222 (21.3)	214 (20.6)	673 (34.5)
	Middle	385 (19.0)	203 (19.5)	212 (20.4)	455 (23.3)
	Second highest	410 (20.2)	132 (12.7)	211 (20.3)	128 (6.6)
	Highest	410 (20.2)	228 (21.9)	183 (17.6)	NA
Employment status	Full-time	988 (48.8)	451 (43.3)	461 (44.4)	1125 (57.7)
	Part-time	303 (15.0)	163 (15.7)	99 (9.5)	195 (10.0)
	Unemployed	305 (15.0)	205 (19.7)	170 (16.4)	350 (18.0)
	Retired	334 (16.5)	156 (15.0)	251 (24.2)	170 (8.7)
	Student	95 (4.7)	66 (6.3)	57 (5.5)	109 (5.6)
Religion	Christian	1,020 (50.4)	727 (69.8)	772 (74.4)	1,069 (54.8)
	Atheist	514 (25.4)	159 (15.3)	152 (14.6)	422 (21.7)
	Agnostic	254 (12.5)	78 (7.5)	69 (6.6)	375 (19.2)
	Other	237 (11.7)	77 (7.4)	45 (4.4)	83 (4.3)

Note. [1]Income bands across countries varied, as follows: (1) UK (lowest: £0–£ 15,490, second lowest: £ 15,491–£ 25,340; middle: £ 25,341–£ 38,740; second highest: £ 38,741–£ 57,930, highest:£ 57,931+); (2) Republic of Ireland (lowest: € 0–€ 19,999; second lowest: € 20,000–€ 29,000; middle: € 30,000–€ 39,000; second highest: € 40,000–€ 49,999; highest: € 50,000+); (3) Italy (lowest: € 0–€ 15,000, second lowest: € 15,001 - € 28,000; middle: € 28,001–€ 55,000; second highest: € 55,001–€ 75,000; highest € 75,000+) and (4) Spain (lowest: € 12,450–€ 20,200; second lowest: € 20,200–€ 35,200; middle: € 35,200–€ 60,000; second highest: € 60,00+).

How often have they been followed up?

The C19PRC Study commenced in the UK on 23 March 2020, 52 days after the first case of COVID-19 was detected in this country and strict lockdown measures were announced by the British Prime Minister. Studies in the other European countries were initiated shortly thereafter (see Table 2). Five follow-up waves have been conducted in the UK to date, with two additional waves planned for November 2021 and March

2022 under the remit of the current UKRI/ESRC funding award. Four post-baseline waves have been conducted in the Republic of Ireland (final wave completed in April 2021), three post-baseline waves in Spain (fourth wave conducted in April 2021; fifth wave planned for March 2022), and one follow-up wave in Italy (in May 2020, no additional waves are planned).

What about attrition?

The recruitment and follow-up of participants during a protracted period of social and economic upheaval was unchartered territory for many research teams, including our Consortium. A summary of attrition levels across survey waves by country is provided in Table 2. It is important to note, however, that no information is available in the C19PRC Study with respect to the number of respondent deaths that occurred during the study period.

The UK and Spanish surveys fared well with respect to attrition, retaining 57.4% and 76.8% of the baseline sample at the one-year follow-up surveys, respectively (UK Wave 5; March-April 2021; Spanish Wave 4; April 2021). Moreover, approximately 60% of adults in the UK survey who participated in a previous wave (i.e., including new respondents entering the sample post-baseline) were re-contactable at the subsequent wave [5]. However, attrition has been more problematic in other countries (e.g., only 40–50% of baseline respondents were successfully followed-up at post-baseline waves in the Republic of Ireland and Italy) [6]. Our Consortium has demonstrated that attrition in the panel followed from baseline has been mostly influenced by baseline socio-demographic characteristics rather than baseline experiences of mental health problems; that is, women, younger adults, lower income earners, and those with dependent children are more likely to drop out of the study than their counterparts [5]. Survey weights have been developed and are available for use in longitudinal analyses of the UK and Ireland C19PRC Study data (see [1, 3–6] for details).

It is noteworthy that the UK and Republic of Ireland surveys (but not those conducted in Spain or Italy) employed sample replenishment procedures at some post-baseline waves (again, see Table 2). Specifically, quota sampling has been used in an attempt to 're-balance' the sample to national benchmarks and to maintain sample sizes that are sufficiently large to conduct robust statistical analyses (see [3, 5] for details). In practice, this strategy assumes that the pandemic experiences of adults entering the C19PRC Study post-baseline to fill 'vacant' quotas are similar to those lost to follow-up, though it is possible that these sample replenishment procedures are not foolproof. Nevertheless, we have demonstrated that prevalence estimates for common mental health conditions of new entrants at post-baseline waves (i.e., those younger adults, women, and lower income earners recruited to fill 'vacant' quotas) were higher than those for members who entered the panel at baseline [3]. Such evidence provides reassurance that these sample replenishment procedures have been successful in recruiting adults in these population groups who are experiencing poorer levels of mental health, for example.

What has been measured?

Supplementary Table 1 provides details of the content administered at each wave, by country. Common across all countries is the collection of robust mental health outcome data. Specifically, in contrast to other longitudinal COVID-19 studies which have utilised short screening tools [9] or general measures of psychological distress [10], the C19PRC Study used 'gold-standard' [11] self-report, diagnostic-specific measures of major depressive disorder (the Patient Health Questionnaire, PHQ-9, [12]), generalized anxiety disorder (the Generalised Anxiety Disorder scale, GAD-7 [13]), and a measure of COVID-19 related posttraumatic stress (adapted version of the International Trauma Questionnaire, ITQ [14]) .

The C19PRC Study includes extensive and detailed coverage of individual-level psychological factors (e.g., personality, memory, cognitive reasoning ability, locus of control, death anxiety, happiness, and resilience), political attitudes and behaviours (e.g., party identification, voting behaviour, policy preferences, trust in government, nationalism, patriotism, authoritarianism, and social dominance orientation), economic factors (e.g., changes in household income, work hours, economic activity status), and COVID-19 health-related knowledge, behaviours, and experiences. The UK C19PRC study data has also been linked to population density estimates and multiple deprivation deciles using area-level geography obtained from participants' residential location.

What has the study found? Key findings and publications

Between March 2020 and September 2021, over 30 peer-reviewed publications have been produced from the C19PRC Study (full details available on our Consortium website), and multi-country papers [15, 16] have been prioritised, where appropriate.

Key publications relate to examining trends in the prevalence estimates of 'caseness' for common mental disorders at specific points in the pandemic [8, 17–19] and longitudinal changes in mental health status over time [7, 20–22]. For example, in the UK and Republic of Ireland, we have demonstrated that a sizeable proportion (∼65%) of the adult population has been highly resilient or have reported improvements in their mental health during the period first year of the pandemic [20, 23, 24], and that there were no changes in the prevalence estimates of (past two-week) non-suicidal self-injury or attempted suicide in the Republic of Ireland between May and August 2020 [25]. Research outputs from the Spanish and Italian surveys have also identified patterns of pandemic-related resilience and post-traumatic growth [26, 27]. Collectively, this body of evidence refutes the popularly held view that the pandemic has caused a 'tsunami' of mental illness [28], and that the evidence suggests prevention efforts should focus on specific sub-groups of the population who have been particularly impacted by the pandemic. Findings from the C19PRC Study have been cited by our Consortium's non-academic partner – Public Health

Table 2: Details of sample replenishment procedures, sample size, and baseline retention rates across C19PRC study survey waves, by country

Country		Survey wave					
		Wave 1 (Baseline)	**Wave 2**	**Wave 3**	**Wave 4**	**Wave 5**	**Wave 6**
UK		23 March-28 March 2020	22 April–1 May 2020	9 July–9 August 2020	25 November–22 December 2020	24 March–20 April 2021	5 August–28 September 2021
	Sample replenishment	NA	No	Yes	Yes	No	Yes
	Total wave sample size	2,025	1,406	2,019	3,867	2,520	2,058
	Retention (from baseline)	NA	69.4%	57.6%	62.8%	57.4%	54.3%
Republic of Ireland		31 March–5 April 2020	30 April–18 May 2020	16 July–8 August 2020	2 December–22 December 2020	19 March–9 April 2021	
	Sample replenishment	NA	Yes	No	Yes	Yes	
	Total wave sample size	1,041	1,032	534	1,098	1,110	
	Retention (from baseline)	NA	48.6%	51.8%	43.0%	37.5%	
Spain		7 April–14 April 2020	7 May–11 May 2020	25 November–7 December 2021	15 April–22 April 2021		
	Sample replenishment	NA	No	No	No		
	Total wave sample size[1]	1,951	1,628	1,330	1,499		
	Retention (from baseline)	NA	83.4%	68.2%	76.8%		
Italy		13 July–28 July 2020	30 April–18 May 2021				
	Sample replenishment	NA	No				
	Total wave sample size	1,038	544				
	Attrition	NA	52.5%				

[1]Two participants were aged under 18 years and removed from subsequent analyses.

England – in their COVID-19 mental health and wellbeing surveillance report [29].

Our Consortium's investigations of the UK's social and political landscape are informed by a range of politically-oriented measures such as right-wing authoritarianism, social dominance orientation, and ethnocentrism. Our findings indicate that these political-psychological predispositions predict belief in a range of COVID-19 conspiracy theories, which are in turn associated with unwillingness to social distance and vaccinate against COVID-19 [30]. Investigations of the populations' health and wellbeing have been informed by data collected on engagement in social distancing and hygienic practices, alcohol use, health service use, pandemic-related buying behaviours, life satisfaction and attitudes towards vaccination [31–33]. These data have been used, for example, to profile the population in relation to their intentions to vaccinate over time, finding that resistance to COVID-19 vaccination steadily increased in the UK over the period March to December 2020 and, furthermore, that around one fifth of individuals belong to a group who have fluctuated in their intentions to vaccinate over this period of time [34, 35].

What are the main strengths and weaknesses?

The C19PRC Study has many methodological strengths, but also some weaknesses. Our Consortium has committed to debating these methodological challenges throughout the course of the study via the publication of detailed methodological reports, and we encourage interested IJPDS readers to consult these publications when accessing the data for more details [1, 3–5].

Key strengths include: (1) baseline data secured during the very earliest stages of the pandemic, with repeated assessments of participants over the first two years of the pandemic; (2) large samples recruited in multiple countries (with additional booster sampling conducted at Wave 4 in the UK to facilitate robust between-country comparisons), permitting an opportunity to identify potentially important national and international differences in the psychosocial impact of the COVID-19 pandemic; (3) collection of robust mental health outcome data using 'gold standard' self-report measures [11]; (4) broad and deep coverage of a wide range of important psychosocial risk/protective factors and outcomes that warrant long-term investigation during a pandemic; and (5) recording of area-level indicator data, permitting potential linkage to important administrative data.

Key limitations include: (1) the recruitment of study participants via non-probability, opt-in online survey panels means that it was not possible to generate a response rate for the baseline survey due to the lack of a known denominator or sampling; (2) the lack of comparable pre-pandemic baseline data for common mental disorders; and (3) the exclusion of non-English speaking citizens in the UK and Republic of Ireland, as well as those adults in the general population without access to the Internet.

Conclusion: How can I collaborate/find out more?

Data from completed waves of the UK and Republic of Ireland surveys are available on the Open Science Framework (UK, Ireland), and data from all survey waves, including those from Spain and Italy, are due to be made publicly available for secondary use within six months of the end of the Consortium's funding awards. Our Consortium wholeheartedly encourages secondary use of this data by other researchers. We also welcome contact from interested social scientists who have ideas for using the data and/or who are keen to collaborate on future projects. This could include, for example, opportunities to harmonise data from other established COVID-19 research projects in the fields of public mental health. In sum, the C19PRC Study data presents a unique opportunity to study the psychosocial impact of the COVID-19 pandemic from an ecological perspective, considering the influences of social, political, media, economic and demographic factors on the psychological health and wellbeing of the adult population in several European countries.

Conflicts of Interest

The authors report no conflict of interest.

Ethics Statement

The C19PRC Study received ethical approval from the University of Sheffield's School of Psychology Ethics Committee (Reference number 033759). All survey participants (all aged 18 years or older) provided informed electronic consent (tick box) prior to commencing the survey indicating that they were informed: (i) that their data would be treated in confidence, that geolocating would be used to determine the area in which they lived (in conjunction with their residential postcode stem), and of their right to terminate participation at any time; (ii) that some topics in the survey might be sensitive or distressing (e.g., self-harm/suicide content); (iii) how their data would be stored and analysed by the research team; and (iv) that they may be contacted in the future to participate in future waves of this longitudinal survey.

References

1. McBride O, Murphy J, Shevlin M, Gibson-Miller J, Hartman TK, Hyland P, et al. Monitoring the psychological, social, and economic impact of the COVID-19 pandemic in the population: Context, design and conduct of the longitudinal COVID-19 psychological research consortium (C19PRC) study. International Journal of Methods in Psychiatric Research. 2021;30(1):1–16. https://doi.org/10.1002/mpr.1861

2. World Health Organization. ICD-11. International Classification of Disease 11th Revision. The global standard for diagnostic health information. 2018 [Available from: https://icd.who.int/browse11/l-m/en

3. McBride O, Butter S, Murphy J, Shevlin M, Hartman TK, Bennett K, et al. Design, content, and fieldwork procedures of the COVID-19 Psychological Research Consortium (C19PRC) Study - Wave 4. International Journal of Methods in Psychiatric Research. 2021. https://doi.org/10.1002/mpr.1899

4. McBride O, Butter S, Murphy J, Shevlin M, Hartman TK, Hyland P, et al. Context, design and conduct of the longitudinal COVID-19 Psychological Research Consortium (C19PRC) Study - Wave 3. International Journal of Methods in Psychiatric Research. 2021;30:1–17. https://doi.org/10.1002/mpr.1880

5. McBride O, Butter S, Murphy J, Hartman TK, McKay R, Shevlin M, et al. Tracking the psychological and socio-economic impact of the COVID-19 pandemic in the UK: a methodological report from Wave 5 of the COVID-19 Psychological Research Consortium (C19PRC) Study. preprint. 2021. https://osf.io/8ukng/

6. Spikol E, McBride O, Vallières F, Butter S, Hyland P. Tracking the Irish adult population during the first year of the COVID-19 pandemic: A methodological report of the COVID-19 psychological research consortium (C19PRC) study in Ireland. Acta Psychologica. 2021(220):103416. https://doi.org/10.1016/j.actpsy.2021.103416

7. Valiente C, Vázquez C, Contreras A, Peinado V, Trucharte A. A symptom-based definition of resilience in times of pandemics: patterns of psychological responses over time and their predictors. European Journal of Psychotraumatology. 2021;12(1):1871555. https://doi.org/10.1080/20008198.2020.1871555

8. Bruno G, Panzeri A, Granziol U, Alivernini F, Chirico A, Galli F, et al. The Italian COVID-19 Psychological Research Consortium (IT C19PRC): General Overview and Replication of the UK Study. Journal of Clinical Medicine. 2021;10(1):52. https://doi.org/10.3390/jcm10010052

9. Henderson M, Fitzsimons E, Ploubidis G, Richards M, Patalay P. Mental health during lockdown: evidence from four generations - intitial findings from the COVID-19 Survey in five national longitudinal studies London: UK: University College London; 2020 [Available from: https://cls.ucl.ac.uk/wp-content/uploads/2017/02/Mental-health-during-lockdown-%E2%80%93-initial-findings-from-COVID-19-survey-1.pdf

10. Pierce M, Hope H, Ford T, Hatch S, Hotopf M, John A, et al. Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. The Lancet Psychiatry. 2020;7(10):883–92. https://doi.org/10.1016/S2215-0366(20)30308-4

11. Farber G, Wolpert M, Kemmer D. Common measures for mental health science: laying the foundations. London: UK: Wellcome Trust; 2020.

12. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. Journal of General Internal Medicine. 2001;16(9):606–13. http://doi.org/10.1046/j.1525-1497.2001.016009606.x

13. Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of Internal Medicine. 2006;166(10):1092–7. https://doi.org/10.1001/archinte.166.10.1092

14. Cloitre M, Shevlin M, Brewin CR, Bisson JI, Roberts NP, Maercker A, et al. The International Trauma Questionnaire: development of a self-report measure of ICD-11 PTSD and complex PTSD. Acta Psychiatrica Scandinavica. 2018;138(6):536–46. https://doi.org/10.1111/acps.12956

15. Shevlin M, Butter S, McBride O, Murphy J, Miller JG, Hartman TK, et al. Measurement invariance of the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) across four European countries during the COVID-19 pandemic. preprint. 2021. http://doi.org/10.31234/osf.io/fwga8

16. Contreras A, Butter S, Bentall R, Bertamini M, Bruno G, Granziol U, et al. The network structure of psychopathological and resilient responses to the pandemic: A COVID-19 Psychological Research Consortium multi-country study. pre-registration. 2021. https://osf.io/spema

17. Shevlin M, McBride O, Murphy J, Gibson Miller J, Hartman TK, Levita L, et al. Anxiety, Depression, Traumatic Stress, and COVID-19 Related Anxiety in the UK General Population During the COVID-19 Pandemic. BJPsych Open. 2020;6(6):e125. https://doi.org/10.1192/bjo.2020.109

18. Hyland P, Shevlin M, McBride O, Murphy J, Karatzias T, Bentall RP, et al. Anxiety and depression in the Republic of Ireland during the COVID-19 pandemic. Acta Psychiatrica Scandinavica. 2020;142(3):249–56. https://doi.org/10.1111/acps.13219

19. Valiente C, Contreras A, Peinado V, Trucharte A, Martínez AP, Vázquez C. Psychological adjustment in Spain during the COVID-19 pandemic: positive and negative mental health outcomes in the general population. Spanish Journal of Psychology. 2021;24:e8. https://doi.org/10.1017/SJP.2021.7

20. Shevlin M, Butter S, McBride O, Murphy J, Gibson-Miller J, Hartman T, et al. Refuting the myth of a 'tsunami' of mental ill-health in populations affected by COVID-19: Evidence that response to the pandemic is heterogenous, not homogeneous. Psychological Medicine. 2021:1–9. https://doi.org/10.1017/S0033291721001665

21. Hyland P, Shevlin M, Murphy J, McBride O, Fox R, Bondjers K, et al. A longitudinal assessment of depression and anxiety in the Republic of Ireland during the COVID-19 pandemic. Psychiatry Research 2021;300(113905). https://doi.org/10.1016/j.psychres.2021.113905

22. Hyland P, Vallières F, Daly M, Butter S, Bentall RP, Fox R, et al. Trajectories of change in internalizing symptoms during the COVID-19 pandemic: A longitudinal population-based study. Journal of Affective Disorders. 2021;295:1024–31. https://doi.org/10.1016/j.jad.2021.08.145

23. Shevlin M, Butter S, McBride O, Murphy J, Gibson-Miller J, Hartman TK, et al. Psychological responses to the COVID-19 pandemic are heterogeneous but have stabilised over time: One year longitudinal follow-up of the COVID-19 Psychological Research Consortium (C19PRC) Study. Psychological Medicine. 2021:1–9. https://doi.org/10.1017/S0033291721004025

24. Hyland P, Vallières F, McBride O, Murphy J, Shevlin M, Bentall RP, et al. Mental health of adults in Ireland during the first year of the COVID-19 pandemic: Results from a nationally representative, longitudinal study pre-print. 2021. https://doi.org/10.31234/osf.io/fg7kr

25. Hyland P, Rochford S, Munnelly A, Dodd P, Fox R, Vallières F, et al. Predicting risk along the suicidality continuum: A longitudinal, nationally representative study of the Irish population during the COVID-19 pandemic. Suicide and Life-Threatening Behavior. 2021;00:1–16. https://doi.org/10.1111/sltb.12783

26. Panzeri A, Bertamini M, Butter S, Levita L, Gibson-Miller J, Vidotto G, et al. Factors impacting resilience as a result of exposure to COVID-19: The ecological resilience model. PLOS One. 2021;16(8):e0256041. https://doi.org/10.1371/journal.pone.0256041

27. Vazquez C, Valiente C, García FE, Contreras A, Peinado V, Trucharte A, et al. Post-traumatic growth and stress-related responses during the COVID-19 pandemic in a

national representative sample: The role of positive core beliefs about the world and others. Journal of Happiness Studies. 2021:1-21. https://doi.org/10.1007/s10902-020-00352-3

28. Bentall R. Has the pandemic really caused a 'tsunami' of mental health problems? The Guardian. 2021.

29. UK Government. Research and analysis: COVID-19 mental health and wellbeing surveillance: report London: UK: Public Health England; 2021 [Available from: https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report

30. Hartman TK, Marshall M, Stocks TV, McKay R, Bennett K, Butter S, et al. Different conspiracy theories have different psychological and social determinants: Comparison of three theories about the origins of the COVID-19 virus in a representative sample of the UK population. Frontiers in Political Science. 2021;3:44. https://doi.org/10.3389/fpos.2021.642510

31. Gibson Miller J, Hartman TK, Levita L, Martinez AP, Mason L, McBride O, et al. Capability, opportunity, and motivation to enact hygienic practices in the early stages of the COVID-19 outbreak in the United Kingdom. British Journal of Health Psychology. 2020;25(4):856–64. https://doi.org/10.1111/bjhp.12426

32. Lloyd A, McKay R, Hartman TK, Vincent BT, Murphy J, Gibson-Miller J, et al. Delay discounting and under-valuing of recent information predict lower adherence to social distancing measures during the COVID-19 pandemic. Scientific Reports. 2021;11:19237. https://doi.org/10.1038/s41598-021-98772-5

33. Bentall R, Lloyd A, Bennett KM, McKay R, Mason L, Murphy J, et al. Pandemic buying: Testing a psychological model of over-purchasing and panic buying using data from the United Kingdom and the Republic of Ireland during the early phase of the COVID-19 pandemic. PLoS One. 2021;16:e0246339. https://doi.org/10.1371/journal.pone.0246339

34. Murphy J, Vallières F, Bentall RP, Shevlin M, McBride O, Hartman TK, et al. Psychological characteristics associated with COVID-19 vaccine hesitancy and resistance in Ireland and the United Kingdom. Nature Communications. 2021;12(29):1–15. https://doi.org/10.1038/s41467-020-20226-9

35. Hyland P, Vallières F, Shevlin M, Bentall R, McKay R, Hartman T, et al. Resistance to COVID-19 vaccination has increased in Ireland and the UK during the pandemic. Public Health. 2021;195:54–6. https://doi.org/10.1016/j.puhe.2021.04.009

Supplementary Table 1: Summary of C19PRC Study (2020-21) content by country by wave

	UK						Italy		Republic of Ireland					Spain			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)				
(T) = Top-ups/new particiapnts																	
Sociodemographic																	**Details of validated mesures**
Age	X	X	X	×	×	×	×	×	X	X	X	×	X	X			
Gender	X	X	X	×	×	×	×	×	X	X	X	×	X	X			
Ethnicity	X			×		×	×	×	X	X		×	×				
Region*		X	X	×	×	×	×	×	X	X	X	X	X				
Born in country of study	X		X[T]	×		x[T]	×		X	X		×	×	X			
Grow up in country of study	X		X[T]			x[T]	×		X	X				X			
Education level	X		X[T]	X[T]		×	×	×	X			×	×	X			
Religion	X		X[T]	X[T]	×	×	×	×	X			×	×	X			
Marital/relationship status		X	X	×	×	×	×	×		X	X	×	×				X
Urbanicity of residence	X		X[T]	X[T]		×	×		X			×	×	X			
Economic activity (employment)	X	X	X	×	×	×	×	×	X	X	X	×	×	X	X		X
Key/essential worker status		X	X	×	×	×	×	×	X		X		×		X	X	
Nationality														X		X	
Social class				×		×											
Social rank				×	×	×											
Sexual orientation					×	×											
Type of secondary school attended					×												
Housing characteristics																	
Number adults living in the home	X	X	X	×		×	×	×	X	X	X	×	×	X			
Number children living in the home	X	X	X	×		×	×	×	X	X	X			X			
Ages of children in the home		X	X			×	×				X						
Gender of children in the home						×											
Relationship to individuals living in the home						×											
Housing tenure	X		X[T]	X[T]		×	×	×	X					X			
Type of property		X	X	X[T]		×	×	×			X						
Number of bedrooms		X	X	X[T]		×	×			X	X						
Length of time at proprty		X	X	X[T]		×	×				X						
Access to open/green space		X			×		×	×		X							
Privacy in residence		X			×		×			X							
Broadband availability		X			×		×	×		X							
Degree to which your current home make it difficult/easy for you to be confined															X		
Parental and children living in/out of the home status				×	×	×						×	×				
Pets in the home					×	×											
Household finances																	
Estimated gross annual household income	X		X[T]	×	×	×	×	×	X			×	×	X			X
Change in monthly household income during pandemic		X	X	×	×	×		×		X	X			X	X		X

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)				
(T) = Top-ups/new particiapnts																	
Use of saving/increasing debt during pandemic		X	X	×	×	×		×			X	×					
Lost income due to pandemic	X								X					X	X	X	X
Made saving due to pandemic	X		X	×	×	×		×	X		X	×		X	X		X
Concern over household finances being negatively affected due to pandemic	X	X		×	×	×	×	×	X	X		×		X	X	X	X
Perceived future financial security			X	×	×	×		×			X	×					
Receiving Government benefits				×	×	×		×									
Managability of debt						×											
Difficulties paying bills				×	×	×											
Food and purchasing behaviour																	
Food insecurty - currently and pre-pandemic				×	×												
Increased purchasing of specific items (e.g. dried food) during pandemic	×	×		×			×		×					×			
Perceptions of supermarket stock levels				×													
Purchasing specific food types				×													
Working hours																	
Number hours worked weekly pre/post lockdown (self)		X	X	×	×						X	×					
Number of hours would like to work				×	×						×	×					
Number adults in household earning income before pandemic		X															
Changes in working hours/employment status of other adults in household		X													X		
Health conditions																	
Major underlying health conditions - self	X	X	X[T]	X[T]		x[T]	×	×	X	X		×	×	X			
Major underlying health conditions - immediate family member	X	X	X[T]	X[T]		x[T]	×	×	X	X		×		X		X	
Currently pregnant-self/partner	X	X	X	×	×	×	×	×	X	X	X	×	×	X		X	X
Number of weeks pregnant (if applicable)	X	X	X	×	×	×	×	×	X					X		X	
Currently pregnant - immediate family member	X	X	X	×	×	×	×	×	X					X		X	
Self-rated health				×	×	×											X

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr	
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499	
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Emotions related to pregnancy																X		
Chronic illness												×						
Limited daily activities due to illness/disability												×					X	
Family planning					×	×		×										
Children in the household																		
Childcare for children in household during lockdown/summer holidays	X	X	X			×	×	×	X		X			X				
Use of childcare facilities			X				×	×			X							
Perceived impact of the pandemic on child/children's wellbeing		X				×	×	×										
Caring for and/or educating children/grandchildren/disabled child/disabled adult												×						
Time spent as carer												×						
Warm and critical parenting behaviours					×	×												
Time spent homeschooling					×													
Homeschooling during summer months						×												
Parenting style					×	×												UK: Parenting Scale Short Form (PS-8) (Kliem et al., 2019)
COVID-19 imapct on child education						×												
COVID-19																		
Source of information (newspapers, TV, social media, etc.)	X	X	X^T	X^T			×	×	X	X				X				
Level of trust in information sources	X	X	X^T	X^T			×	×	X	X				X				
Knowledge of common COVID-19 symptoms	X	X					×	×	X					X				
Knowledge of mode of transmission of COVID-19	X	X					×	×	X					X				
Common beliefs about methods to reduce risk of contracting COVID-19	X	X					×	×	X					X				
Avoiding behaviour to reduce risk of contracting COVID-19 (e.g. travelling abroad)	X						×	×	X					X	X	X	X	
Engaging in behaviour to reduce risk of contracting COVID-19 (e.g. wearing face mask)	X	X	X				×	×	X		X			X	X	X	X	

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr	
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499	
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Anxiety level relating to COVID-19	X	X	X	×	×	×	×	×	X	X	X	×	×	X	X	X	X	
Personal threat relating to COVID-19				×	×	×		×										
Perceived risk of serious illness or death upon contracting COVID-19: vulnerable groups	X	X					×	×	X					X		X	X	
Percieved individual risk of contracting COVID-19 over next 6 months	X	X	X	×	×	×	×		X	X	X	×	×	X		X	X	
Perceived severity of symtpoms				×	×	×		×										
Experiences of self-isolation	X	X	X	×	×	×	×	×			X			X	X			
Experiences of children in the home self-isolating				×	×	×												
Eligibility for/experiences of shielding		X																
Experiences of being infected with COVID-19 (self and family member or friend)	X		X	×	×	×	×	×	X	X	X	×	×	X	X	X	X	
Experience of being tested for COVID-19 (symptoms, location of testing/diagnosis)		X	X	X^{R}	×	×	×	×				×	×	X	X	X	X	
Experience of waiting to be tested for COVID-19 (Self)		X				×	×	×									X	
Experience of 'Long COVID'																		
Knowing someone close (family member/friend) who has tested positive for COVID-19		X	X	×	×	×	×	×		X	X	×	×	X	X	X	X	
Knowing someone close (family member/friend) who has died due to COVID-19		X	X	×		×	×	×		X	X	×	×	X	X	X		
Competency, opportunity, and motivation to engage in social distancing	X	X			×		×	×	X							X	X	UK, Italy, RoI: adapted from the COM-B self-evaluation questionnaire
Competency, opportunity, and motivation to maintain hygeine practices	X	X					×	×	X							X	X	UK, Italy,RoI: adapted from the COM-B self-evaluation questionnaire
Competency, opportunity, and motivation to have the vaccine					×			×										
Social distancing/hygiene behaviour		×	X^{R}	×	×	×		×								X	X	

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)				
(T) = Top-ups/new particiapnts																	
COVID-19 vaccination status:self						×	×		×					×																

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr	
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499	
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Trust in healthcare professionals and scientists					×			×					×				X	
Conspiracy theories about COVID-19		X					×	×		X							X	
Preference for pace of easing lockdown restrictions			X								X							
Predicted course of the pandemic			X	×	×	×					X						X	
Living in local lockdown area			X^{R}					×						×*	×*			
Concern about second wave			X								X							
Support/opposition for restrictions in case of second wave			X^{R}	×				×			X				×*			
Support/opposition for air bridges and quarantine			X^{R}					×			X							
Contact tracing: knowledge and willingness			X^{R}					×										
Perceptions of others' engagement in social distancing and health and safety guidance			X	×		×		×			X				X			
Going on holiday/travel abroad			X								X							
Fear COVID-19 (4-point Likert scale about how often they have had fears during last week)															X			Spain: Fear of COVID-19 Scale (Vázquez et al., 2020)
Engagement with Government guidance									X									
Satisfaction with measures in place to fight COVID-19											X							
Covid-19 Perceived Benefits Questionnaire															X		X	Spain:COVID-19 Perceived Benefits Questionnaire (Vázquez et al., 2020)
Impact of the COVID-19 pandemic on the quality of relationships															X			
Understanding of COVID-19 restrictions and regualtions				×														
Perceived importance of factors affecting lockdown decisions				×														
Survey list experiment relating to social distancing/adherence to lockdown rules				×														

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr	
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499	
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Predicted lifestyle behaviours post-pandemic					×													
Support/opposition for end of COVID-19 restrictions in England						×												
Mental health																		
Depression (PHQ-9)	X	X	X	×	×	×	×	×	X	X	X	×	×	X	X	X	X[2]	UK, Italy, RoI, Spain: PHQ-9 (Kroenke, Spitzer, & Williams, 2001). At UK Wave 6, ICD-11 Depression scale also included
Anxiety (GAD-7)	X	X	X	×	×	×	×	×	X	X	X	×	×	X	X	X	X[2]	UK, Italy, RoI, Spain: GAD-7 (Spitzer, Kroenke, Williams, & Löwe, 2006). At UK Wave 6, ICD-11 anxiety scale also included
Traumatic stress (ITQ)	X	X	X	×	×	×	×	×	X	X	X	×	×	X	X	X	X[2]	UK, Italy, RoI, Spain: ITQ (Cloitre et al., 2018); Spain: Posttraumatic Stress disorder checklist (PCL-5)
Paranoia (Persecution and Deservedness Scale)	X	X	X[T]	×			×		X			×		X	X	X	X[2]	UK, Italy, RoI, Spain: Five item selection from the Persecution and Deservedness Scale (PaDS) (Melo, Corcoran, Shryane, & Bentall, 2009)
Somatic symptoms (PHQ-15)	X	X	X				×	×	X	X	X	×	×	X	X	X	X[2]	UK, Italy, RoI, Spain: PHQ-15 (Kroenke, Spitzer, & Williams, 2002)
Obessive compulsive behaviours (Obsessive Compulsive Inventory -Revised)		X					×						×					UK, Italy, ROI: Obsessive-Compulsive Inventory Revised (OCI-R) (Foa et al., 2002)

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr	
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499	
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Treatment for mental health difficulties	X	X		×	×	×	×	×	X	X		×	×	X	X	X	X	
Knowledge about sources of mental health support during pandemic		X					×	×										
Satisfaction with mental health support during the pandemic								×		X								
Self-harm, sucidal thoughts and attempts			X	×	×	×		×		X	X	×	×					
Social anxiety			X[R]								X							UK, RoI: Mini Social Phobia Inventory (Connor, Kobak, Churchill, Katzelnick, & Davidson, 2001)
Autistic traits			X															UK: Autistic Spectrum Quotient (AQ) (Allison, Auyeung, & Baron-Cohen, 2012).
Post-traumatic growth						×								X	X	X	X	UK: Stress-Related Growth Scale Revised [SRGS-R]) (Boals & Schuler, 2018). Spain: Posttraumatic Growth Inventory Short-form (PGI-SF)
Prolonged grief					×												X	UK: International Prolonged Grief Disorder Scale; Killikelly et al., 2019.
Mania					×													UK: Mood Disorders Questionnaire, Hirschfeld et al., 2000
Psychotic experiences					×	×							×					UK, ROI: Psychosis Screening Questionnaire, Bebbington & Nayani, 1995

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)				
(T) = Top-ups/new particiapnts																	
Personality dIsorders													×				ROI: SCID-II, First, Gibbon, Spitzer, Williams, & Benjamin, 1997
Complex PTSD/Disturbances in self-organisation													×				ROI: ITQ
Psychological factors																	
Personality	X		X[T]	×			×		X	X							Italy: 5-factor personality measure (Big Five's item: 3,5,8,9,10); UK, RoI: The Big Five Inventory (BFI-10) (Rammstedt & John, 2007)
Loneliness	X	X	X	×	×	×	×	×	X	X	X	×	×	X	X	X	X	UK, Italy, RoI, Spain: 3-item loneliness scale (Hughes, Waite, Hawkley, & Cacioppo, 2004).
Death anxiety	X	X	X[T]				×	×	X	X				X	X	X	X	UK, Italy, RoI, Spain: Death Anxiety inventory (DAI) (Tomás-Sábado, Gómez-Benito, & Limonero, 2005)
Religiousity	X			×			X	×	X	X		×		×	X			UK, Italy, RoI, Spain: Monotheist and Atheist Beliefs-Brief Version (Alsuhibani, Shevlin, & Bentall, 2020)
Locus of control	X	X	X[T]						X	X				X				UK, Italy, RoI, Spain: Locus of Control (LoC) Scale (brief version, 9 items) (Sapp & Harrod, 1993)
Self-esteem	X	X	X			×	×	×	X	X								UK, Italy, RoI: Single-item Self-Esteem Scale (SISES) (Robins, Hendin, & Trzesniewski, 2001)

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr	
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499	
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Resilience	X		X[T]			×	×	×	X	X				X	X	X	X	UK, Italy, RoI, Spain: Brief Resilience Scale (BRS) (Smith et al., 2008)
Attachment style		X	X			×												UK W2 & W3: Relationships Questionnaire (RQ) (Bartholomew & Horowitz, 1991). UK W6: Experiences in Close Relationships-12 [ECR-12] (Lafontaine et al., 2015) .
Intolerance of uncertainty	X	X					×	×	X	X				X				UK, Italy, RoI, Spain: Intolerance of Uncertainty Scale (IUS) (Buhr & Dugas, 2002).
Blunting/monitoring		X					×											UK, Italy: Dutch Threatening Medical Situations Inventory (TMSI)) (van Zuuren, de Groot, Mulder, & Peter, 1996).
Empathy		X		X[T]			×											UK: Interpersonal Reactivity Index (IRI) (Davis, 1980); Italy: Humanitarianism scale from Interpersonal Reactivity Index (IRI)
Analytic reasoning	X			X[T]			×		X					X				UK, Italy, RoI, Spain: Cognitive reflection test (developed from Frederick, 2005)
Hopefulness			X	×	×	×		×										UK: Brief-H-Positive Scale (Fraser et al., 2014)

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
	28-Mar	1-May	23-Jul	22-Dec	20-Apr	28-Sep	28-Jul	18-May	5-Apr	19-May	8-Aug	22-Dec	9-Apr	14-Apr	11-May	7-Dec	22-Apr	
No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499	
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Happiness			X	×	×	×		×			X	×	×	X	X	X	X	UK W3, RoI: Subjective Happiness Scale (SHS) (Lyubomirsky & Lepper, 1999); UKW4 - W6: 1-item happiness scale Spain: Pemberton Happiness Index; Spain: Spain: A question about how happy or unhappy people consider themselves to be.
Life satisfaction (pre/post pandemic)			X[R]	×		×		×			X	×	×					
Social support			X				×	×			X	×	×		X			UK, RoI, Italy: 8-items modified Medical Outcomes Study Social Support Survey (mMOS-SS) (Moser, Stuck, Silliman, Ganz, & Clough-Gorr, 2012).; Spain: Short-from social support questionnaire (SSQ6)
Primal world beliefs														X	X		X	Spain: Primals Inventory - Good
Coping Strategies															X			Spain: Coping Strategies Inventory (COPE)
Jumping to conclusions bias														X	X			Spain: Jumping to Conclusions in Real Life (JTC-RL)
Catastrophizing									X									RoI: Short-Version Catastrophizing Questionnaire
Openness to future														X	X		X	Spain: Openness to the Future Scale (OF)

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
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No. participants	N = 2025	N = 1406(R)	N = 1166(R)	N = 1796(R)	N = 2520(R)	N = 1643(R)	N = 1038	N = 544	N = 1041	N = 506(R)	N = 534(R)	N = 506(R)	N = 583(R)	N = 1951	N = 1628	N = 1330	N = 1499	
(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Savouring (savour little daily things and things related to the confinement)															X			Spain: Savouring Scale (Vázquez et al., 2020)
Wellbeing				×	×	×											X	UK,: Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, short 7-item version) (Stewart-Brown et al., 2009)
Social contact				X[R]	×			×				×						
Existential loneliness												×						ROI: Existential Loneliness Questionnaire (ELQ) (Mayers et al., 2002)
Perceived burdensomeness & Thwarted belongingness					×													UK: Interpersonal Needs Questionnaire: Van Orden et al., 2012
Defeat & Entrapment					×													UK: Short Defeat and Entrapment Scale [SDES]; Griffiths et al., 2015
Things that are helpful/harmful to wellbeing at home					×													
Adverse childhood experiences					×													UK: ACE Scale (shortened); Felitti et al., 1998
Benevolent childhood experiences						×												UK: Benevolent Childhood Experiences (BCE) scale (Narayan, Rivera, Bernstein, Harris & Lieberman, 2018).
Traumatic life events													×					ROI: International Trauma Exposure Measure (ITEM), Hyland et al., 2021
Self-acceptance																X		
Prisoner's Dilemma game						×												

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
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(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Numeracy test						×												UK: The 3-item Basic Numeracy Test (Schwartz, Woloshin, Black, & Welch, 1997)
Wordsum vocabulary test						×												UK: Wordsum Test (Huang & Hauser, 1998)
Health-related behaviours																		
Alcohol use		X	X		×						X		×		X[1]	X	X	UK: AUDIT-C (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998) & Drinking Motivation Questionnaire (DMQ) (Cooper, Russell, Skinner, & Windle, 1992)
Smoking		X														X	X	
Sleep		X			×					X	X	×	×	X	X	X	X	UK W2, RoI: Sleep Condition Indicator (SCI) (Espie et al., 2018); UK W5: Sleep Disorders Symptoms Checklist -17 (Klingman et al., 2017)
Concerns about socialising, shopping, etc			X[R]							X	X							
Height and weight			X		×													
Weight change over the pandemic					×													
Increased consumption of food, alcohol, drugs and tobacco														X	X			
Health service use					×													
Volunteering																		
Experiences of volunteering during the pandemic		X																
Family functioning																		
Family relationship quality pre/post lockdown		X													X			UK: Brief Family Relationship Scale (BFRS) (Fok, Allen, Henry, & Team, 2014)

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain				
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4	
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr	
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(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)					
(T) = Top-ups/new particiapnts																		
Cohabiting partnerships: division of labour, childcare, domestic violence		X								X								
Initmate partner violence (lifetime and during the pandemic)											X	×						
Socio-political views/related behaviour																		
Voting behaviour at last General Election	X		X	X[T]		x[T]	×	×	X		X			X				
Political party identification	X		X	X[T]			×	×						X		X		
Voting behaviour European Referendum	X		X[T]	X[T]		x[T]												
Measure of 'left wing' or 'right-wing' on social and economic issues	X		X[T]	X[T]		×	×	×	X					X			X	
Preference for news source		X					×											
Satisfaction with how government/institutions handling pandemic		X	X[R]	×	×	×	×	×			X				X	X		
Conspiracy mentality	X			X			×	×	X			×		X		X	X	UK, Italy, RoI, Spain: Conspiracy Mentality Scale (CMS) (Imhoff & Bruder, 2014)
Patrotism/nationalism	X	X		×		×	×	×	X					X			X	
Identification with humanity	X	X					×	×	X	X		×		X			X	UK, Italy, RoI, Spain: Identification with all humanity scale (IWAH) (McFarland, Webb, & Brown, 2012).
Economic individualism and humanitarianism		X					×	×						X				
Social dominance	X			×			×	×	X					X				UK, Italy, RoI, Spain: Social Dominance Sale (Ho et al., 2015)
Right-wing authoritarianism	X			×	×		×	×	X					X				UK, Italy, RoI, Spain: Very Short Authoritarianism Scale (VSA) (Bizumic & Duckitt, 2018)
Left-wing authoritarianism					×													
Attiudes towards migrants	X			×			×	×	X					X				
Child rearing views			X			×	×											

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr
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(T) = Top-ups/new particiapnts																	
Experiences of discrimination			X[R]				×										UK: Everyday Discrimination Scale (short-form) (Sternthal, Slopen & Williams, 2011)
Future voting behaviour			X		×						X		×				
Citizenship				×													
National identity				×													
National belonginess				×													
Positive/negative feelings towards flags				×													
Positive/negative feelings towards people in national groups				×													
Place resentment				×													
Attitudes towards an Irish-border poll				×													
Support for an all-Ireland pandemic strategy				×													
Support for a Scottish Independece referendum				×													
English identity				×													
North/South England resentment				×													
UK remaining united - perceived likelihood & preference				×													
Languages (Scots, Ulster Scots, Scots Gaelic, Welsh & Irish)				×													
Hindsight attitudes towards Brexit				×	×												
Perceived impact of Brexit on UK				×	×												
Brexit predictions				×													
EU voter identification				×		×											
Populism				×													
Fallen out with family and friends due to sociopolitical views/issues related to pandemic					×												
Impact of Brexit and pandemic on mental health						×											
Commonly debated politcal and social issues						×											

Continued

Supplementary Table 1: Continued

	UK						Italy		Republic of Ireland					Spain			
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 1	Wave 2	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 1	Wave 2	Wave 3	Wave 4
	23-Mar	22-Apr	9-Jul	25-Nov	24-Mar	6-Aug	13-Jul	30-Apr	31-Mar	30-Apr	16-Jul	2-Dec	19-Mar	7-Apr	7-May	25-Nov	15-Apr
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(R) = recontacts			N = 853(T)	N = 2071(T)		N = 415(T)				N = 526(T)		N = 592(T)	N = 527(T)				
(T) = Top-ups/new particiapnts																	
Trust																	
Trust in other people (general)	X	X				×	×	×	X	X				X	X	X	X
Trust in institutions	X	X	X	×	×		×	×	X	X	X	×	×	X	X	X	X
Facial detection of trust	X					×			X					X			
Belongingness in neighbourhood																	
Connectedness with close neighbour	X	X			×		×	×	X	X				X			X
Connectedness with wider neighbourhood	X	X			×		×	×	X								X
Seasonal items																	
Food & present affordability at Christmas				×													
Food & present availability over Christmas				×													
Worry about visiting family and friends over Christmas				×													
Perceived difficulty visiting family/friends over Christmas				×													
The future of the nation																	
Optimism about the country's future																	X
Planning about the future (CSIS)																	X
Spain's economic situation 20 years ago (Pew Res Ctr)																	X
Standard of living of children in the future (Pew Res Ctr)																	X
Attitudes towards the future of the country-2050 (Pew Res Ctr)																	X

X^{R} = Available for recontacted participants only.

X^{T} = Available for top-up/new participants only.

*UK regions = 4 countries of the UK, Ireland regions = 4 provences of Ireland, Italy regions = 4 regions within Italy.

X^{1} = In the Spanish survey this topic is about increased substance use.

X^{2} = The Spanish survey has included the extent to which people believe their symptoms are due to the pandemic, have changed in their intensity and impact on daily life.

* = some information available on this topic.