Table S1.

*Data sections and variables on the online Survey.*

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| **1** | **Socio-demographic data section.**   * Sex (“*Male or Female*”) * Age (*in years*) * Educational level (“*4th grade or less, 6th grade, 9th grade, high school, university*”) * Professional status (“*studying,* *active, unemployed, retired*”) * Workplace (“*on site or teleworking*”) * Geographic residential location (“*North”, Centre, South or Insular*”) * Rural area of residence (“*yes or no*” * Past traumatic events (“*yes or no”*, if yes – “*war, accident, natural disaster, life-threatening diseases, physical assault from other person or an animal, sexual assault, sudden or violent death of a friend or relative, and eye witnessing a deathly situation”*) * High-risk medical conditions for COVID-19 complications according to the WHO and the Portuguese Decree Law 2-A/2020 of March defining the contingencies of the quarantine for these high-risk groups (“*yes or no”*, if yes – “*cardiovascular, oncological, and chronic diseases, hypertension, diabetes, and other*”) |
| **2** | **COVID-related data section.**   * Sources of information (“*word of mouth, newscast, social media, newspapers, WHO, Portuguese Government Department of Health, other*”), * Time of search for and exposure to COVID-related information (“*less than 1 hour, 1 to 3 hours, 3 to 5 hours, more than 5 hour*s”), * COVID-related symptoms in the past two weeks (i.e., fever, cough, and breathing difficulties, “*yes or no”* * Known COVID-19 diagnosis in relatives or close friends (“*yes or no*”). |
| **3** | **COVID perceived risk**.   * Risk of COVID-19 spread   Estimates on the *number of persons* who will be contaminated by COVID-19 and the seasonal flu this year in Portugal. The estimates on flu were subtracted from those of COVID-19 to isolate the risk of COVID-19 spread.   * Risk of COVID-19 contamination.   Estimates on the probability of becoming infected by COVID-19 in the future and the probability of infecting someone with COVID-19 in the future from a slider ranging from 0 to 100 (*0 corresponds to “not likely at all” and 100 “to very likely”*).   * Reactions to COVID-19 risks.   Classification of the reaction of the Portuguese Government and of the citizens using the following response scale: *1 = too extreme, 2 = somewhat extreme, 3 = adequate, 4 = somewhat insufficient, 5= very insufficient*. The mean of the two subscales was used as an index of overreactions to COVID-related risk.   * Perceived behavior risks.   Classification of high- and low-risk scenarios based on the local health department and WHO recommendations. Each high-risk scenario was developed to have a corresponding low-risk scenario: (1) to scratch the nose after coming from the street/to scratch the nose after taking bath, (2) to receive visits/to receive supplies at the door, (3) to host a dinner party at home for friends and familiars/to telephone to friends and familiars, (4) to physically compliment someone at the street/to compliment someone at the stress with more than one meter of distance, (5) to go out to meet friends/to go out to practice exercise, (6) to not wash the hands after coming from the street/to not watch hands before waking up, and (7) to use objects that belong to other people/to use personal objects. Participants were asked to move the slider in *0 to 100 scale ranging from “not risky at all” to “very risky”*. The ratings for each scenario were used to obtain an average of High- and Low-Risk scenarios.   * Penalties.   Estimates of penalties for those not following some important practices to mitigate the risks associated with the COVID-19 dissemination: (1) to go out with COVID-19 active symptoms, (2) do not cover the nose and the mount when someone coughs or sneezes, (3) to host a dinner party at home for friends and familiars, (4) to not close a store of non-essential supplies, (5) to impede someone from working from home when it is possible, (6) to call to the local urgent health telephonic line to ask how the COVID situation is evolving. The monetary values of the penalties were presented in a slider ranged from *0€ to 10.000€.* A mean ratio of all scenarios was calculated. |
| **4** | **COVID-19 protective behaviors**   * Protective behaviors were computed considering the behavioral restrictions imposed during the quarantine by the Portuguese Decree Law, 2-A/2020 of March 20 and recommendations from the local health department. Allowed, but discouraged behaviors, during the self-mandatory quarantine in Portugal encompassed: (1) to buy food and essential supplies, (2) to go to the bank or to the post office, (3) to do exercise on the street (no more than two people together), (4) to go to the pharmacy. The most cited health recommendations were: (1) to stay at home and (2) to avoid the normal routine, (3) to not physically compliment someone, (4) to wash the hands, (5) to disinfect the surfaces, (6) to not attend to social events, and (7) to cover the nose and the mount when coughing or sneezing. At this point, it should be noticed that the Portuguese Health Department did not officially recommended the wearing of masks. The slider for assessing protective behaviors asked participants to measure the frequency of each behavior in the last 5 days by using a scale ranging from 0 (*never*) to 100 (*almost always*). A total mean score was calculated, together with individual mean scores for allowed but discouraged behaviors during the quarantine and for the most systematic practices recommended by the local health authority. The four items of the allowed but discouraged behaviors were reverse coded to reflect protective behaviors. |
| **5** | **Psychological dimensions data section**.   * Anxiety   Anxiety was measured using the anxiety subscale from the Portuguese version of the Hospital Anxiety and Depression Scale (Pais-Ribeiro, Silva, Ferreira, Martins, Meneses, & Baltar, 2007; Snaith, & Zigmond, 1983). As a measure of state-anxiety we adapted this subscale (6 items, α = .84) to index the anxiety states specifically related to COVID-19 circumstances (e.g., “*I feel tense or 'wound up' under the actual circumstances”; “Worrying thoughts about the actual circumstances go through my mind”*). Participants were asked to respond in a 4-Lickert Scale where 1 = *never* and 4 = *almost always.* Higher scores indicate higher anxiety states related to COVID-19 circumstances.   * Fear of death   The fear towards the death experience was evaluated by the “fear of death” subscale (7 items, α = .90) of the Portuguese Version of the Death Attitude Profile-Revised (Gesser, Wong, & Reker, 1988; Serra, 2012). All the items (e.g., “*Death is no doubt a grim experience”, “The prospects of my own death arouse anxiety in me*”) were rated using a 4-Lickert scale (1 – *strongly disagree* to 4 – *strongly agree*). Higher scores reveal higher fear of death.   * Optimism   The bias towards optimistic outlooks about the future (e.g., “*In uncertain times, I usually expect the best”*) was assessed through the Portuguese version of the Life Orientation Test-Revised (Carver, 2013, Laranjeira, 2008). This scale includes a total of 6 items (α = .75) rated from a Likert Scale ranging from 1 – *strongly disagree* to 4 – *strongly agree*. Higher scores on this scale index higher optimism about the future.   * Social isolation.   The Portuguese version of the UCLA-Loneliness scale (Pocinho, Farate, & Dias, 2010; Russel, 1996) was applied to measure subjective feelings of social isolation in the general life (16 items, α = .91, e.g., “*I feel isolated from others”*), using a Likert scale ranging from 1 – *never* to 4 – *almost always.* Higher scores reflect higher feelings of social isolation in daily life. |

Figure S1.

*Sociodemographic characteristics for each group.*



Figure S2.

*COVID-19 related variables for each group.*



Figure S3.

*Prevalence of type of health condition for each group.*

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Figure S4.

*Prevalence of type of trauma for each group.*



Figure S5.

*Covid-19 daily information for each group for (a) time spent searching/consuming information and (b) prevalence of information sources.*

