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Supplementary Material

Symptoms of anxiety, depression and fear in healthcare workers and non-healthcare workers undergoing outpatient COVID-19 testing in an urban Australian setting

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Methods S1

This cross-sectional study assessed psychological outcomes using validated self-administered web-based questionnaires in people attending for COVID-19 testing. The study was approved by Western Sydney Human Research Ethics committee (Ref: HREC 2020/ETH01071).

Participants were aged ≥18 years, triaged as meeting the criteria for testing at a COVID-19 testing clinic (symptomatic or close contact of a confirmed case of COVID-19) in a large public hospital and able to complete questionnaires in English on a mobile device. A participant information sheet was provided by nursing or administration staff on arrival. Interested participants scanned a QR code on the information sheet using their mobile phone to gain access to the on-line consent and study questionnaires.

Demographic data were collected including age, gender, occupation, level of education and previous testing. For this study, 'health care worker' was defined as a person performing any role within a health institution. Occupation was classified according to Australian Bureau of Statistics sub-categories (Australian Bureau of Statistics 2019).

Anxiety and depression were measured using the Hospital Anxiety and Depression Scale (HADS)(Zigmond and Snaith 1983). The scale has 7 anxiety questions and 7 depression questions and the scales are reported separately. Scores range from 0–21, with a higher score indicating higher psychological morbidity (0–7 normal, 8–10 mild case, 11–21 moderate/severe case). The HADS questionnaire asks for reporting of symptoms over the preceding 7 days. COVID-19 related anxiety was measured using the Fear of COVID-19 Scale, a measure developed and validated early in the pandemic (Ahorsu *et al.* 2020; Soraci *et al.* 2020). It has been validated in English and for on-line use in a New Zealand population (Winter *et al.* 2020) and it has now also been validated in an Australian multicultural population that included 42% health care workers (Rahman *et al.* 2020; Rahman *et al.* 2021). The scale has 7 questions with a 5-point Likert scale. Scores range from 7–35 with a higher score indicating a greater level of fear.

Data were collected on the survey website, downloaded at the completion of recruitment and exported to SAS and SPSS for analysis (SAS (Version 9.4) ; SPSS (Version 27)). Descriptive statistics were used to describe participant characteristics and a chi square test was used to test for differences between HCWs and non-HCWs. For Anxiety and Depression questionnaire data, logistic regression with a binomial distribution and log link

function was performed on dichotomised outcomes ('non-case' vs 'case-borderline/moderate-severe) to estimate relative risks (PROC GENMOD in SAS), and for Fear of COVID-19 linear regression on total scale score was performed using generalised linear models (PROC GLM). Variables that were statistically significant at $p<0.10$ in univariable analyses were included in multivariable model selection. Two-way interactions were explored for variables that were significant in multivariable models. A p-value of ≤ 0.05 was considered statistically significant.

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