

Interviewer ID _____

COVID-19 International Survey**REACTIONS TO COVID-19**

Different people, organizations, governments, and health authorities have recommended people do a variety of things to reduce and slow the spread of COVID-19 in the population.

For each of the following, please indicate what actions or behaviors your government or local health authority has recommended.

Has your government or local health authority recommended:		Please answer Yes or No for each of the following statements.			
1. Hand washing with soap and water		Yes (1)	No (0)		
2. Using hand sanitizer		Yes (1)	No (0)		
3. Wearing a face mask		Yes (1)	No (0)		
4. Coughing/sneezing into your elbow		Yes (1)	No (0)		
5. Coughing/sneezing into a tissue, throwing it away and washing your hands		Yes (1)	No (0)		
6. Wearing gloves every time you go out of your home		Yes (1)	No (0)		
7. Staying at least 1-2 meters (3-6 feet) away from other people		Yes (1)	No (0)		
8. Staying/working at home rather than going to work or school		Yes (1)	No (0)		
9. Self-quarantining if you are returning from a trip		Yes (1)	No (0)		
10. Self-quarantining if you have or believe you have the virus		Yes (1)	No (0)		
11. Avoiding large social gatherings		Yes (1)	No (0)		
12. Avoiding going to the grocery store or pharmacy		Yes (1)	No (0)		
13. Avoiding taking your children to the park		Yes (1)	No (0)		
14. Avoiding going out to bars/pubs		Yes (1)	No (0)		
15. Avoiding going to restaurants		Yes (1)	No (0)		
16. Avoiding getting take-out food or delivery		Yes (1)	No (0)		
17. Avoiding going for walks		Yes (1)	No (0)		
18. Avoiding all social gatherings (large and small)		Yes (1)	No (0)		
19. Avoiding opening the mail or delivered goods		Yes (1)	No (0)		
20. Avoiding any non-essential travel		Yes (1)	No (0)		
21. Avoiding playdates (letting children play with other children)		Yes (1)	No (0)		
22. Avoiding using public transportation		Yes (1)	No (0)		
23. Exercising outside alone or with people you live with only		Yes (1)	No (0)		
24. To what extent do you believe that the measures asked of you by your government or local health authority are important to prevent and/or reduce the spread of COVID-19?	1=Very important	2=Somewhat important	3=Not very important	4=Not important at all	
25. What do you think of the actions taken by your government or local health authority to prevent and/or reduce the spread of COVID-19?	1=Too strict		2=About right	3=Too lenient	
Please indicate the frequency with which you have adopted each action/behavior in the previous 7 days.	0 = never	1 = seldom	2 = some of the time	3 = most of the time	
26. Hand washing with soap and water	0	1	2	3	

Interviewer ID _____

27. Using hand sanitizer	0	1	2	3	
28. Wearing a face mask	0	1	2	3	
29. Coughing/sneezing into your elbow	0	1	2	3	
30. Coughing/sneezing into a tissue, throwing it away and washing your hands	0	1	2	3	
31. Wearing gloves every time you go out of your home	0	1	2	3	
32. Staying at least 1-2 meters (3-6 feet) away from other people	0	1	2	3	
33. Staying/working at home rather than going to work or school	0	1	2	3	
34. Self-quarantining if you have or believe you have the virus	0	1	2	3	
35. Avoiding large social gatherings	0	1	2	3	
36. Avoiding going to the grocery store or pharmacy	0	1	2	3	
37. Avoiding taking your children to the park	0	1	2	3	
38. Avoiding going out to bars/pubs	0	1	2	3	
39. Avoiding going to restaurants	0	1	2	3	
40. Avoiding getting take-out food or delivery	0	1	2	3	
41. Avoiding going for walks	0	1	2	3	
42. Avoiding all social gatherings (large and small)	0	1	2	3	
43. Avoiding opening the mail or delivered goods	0	1	2	3	
44. Avoiding any non-essential travel	0	1	2	3	
45. Avoiding playdates (letting children play with other children)	0	1	2	3	
46. Avoiding using public transportation	0	1	2	3	
47. Exercising outside alone or with people you live with only	0	1	2	3	
48. How would you rate how much you are doing to prevent and/or slow the spread of COVID-19, compared to others?	1=I am doing much more than most	2=I am doing more than most	3=I am doing about the same as everyone else	4=I am doing less than most	5=I am doing much less than most
49. Among the following local health authority or government measures to slow the spread of COVID-19, please rank the ones that would convince you to practice social isolation or distancing, from most to least likely:				Ranking Most Important=1 Least Important=10	
49a. Threat of fines					
49b. Threat of arrest/jail					
49c. Threat of institutional quarantine (e.g., in a hospital or care centre)					
49d. Providing information on local infection/death rates					
49e. Providing information about infection/death rates outside my country					
49f. Providing information about how COVID-19 is spread (e.g., close contact)					
49g. Providing information on risk factors for COVID-19-related complications or death (e.g., age, pre-existing health conditions)					
49h. Providing information about having limited healthcare resources to treat the sick					
49i. Providing information about how your actions are slowing the spread of infection					

Interviewer ID _____

49j. Providing information about how your actions are saving lives						
50. If a vaccine for COVID-19 were available today, what is the likelihood that you would get vaccinated? (your willingness to get vaccinated)	1=Extremely likely	2=Somewhat likely	3=Unlikely	4=Very unlikely		
VIEWS SURROUNDING COVID-19			0 = not at all	1 = very little	2 = some what	3 = to a great extent
In this section, we ask questions about your views surrounding COVID-19. For each of the following, please rate the extent of your concern about each situation:						
51. being infected myself			0	1	2	3
52. the impact of being infected on my health, including dying			0	1	2	3
53. being isolated from other people			0	1	2	3
54. losing my job / family income			0	1	2	3
55. losing my / family savings			0	1	2	3
56. not having enough money for food and/or rent			0	1	2	3
57. infecting other people I live with			0	1	2	3
58. a person with whom I live with being infected			0	1	2	3
59. a family member with whom I do not share my home being infected			0	1	2	3
60. a friend with whom I do not share my home being infected			0	1	2	3
61. infecting other people in the community			0	1	2	3
62. there not being enough food left on shelves for people to eat			0	1	2	3
63. my country going into an economic recession/depression			0	1	2	3
64. how long it will take for things to go back to normal			0	1	2	3
SOURCES OF COVID-19 INFORMATION					Ranking	
In this section, we ask about the sources of information you rely on for your information on COVID-19. Among the following sources of information about COVID-19, please rank all the sources that you use, from most to least important:					Most Important=1 Least Important=10	
65a. Family, friends, and colleagues						
65b. Workplace						
65c. Local/national/global news (newspapers, television, radio, online)						
65d. My doctor or healthcare professional						
65e. Local health authorities and government						
65f. National leader						
65g. A community/religious/cultural leader						
65h. The World Health Organization						
65i. The scientific literature						
65j. Other people or groups via social media or the internet						
CURRENT HEALTH STATUS			Please answer Yes or No for each of the following statements.			
To your knowledge, has a doctor or healthcare professional told you that you have any of the following health conditions?						
66. Any heart disease or history of heart attack or stroke			Yes (1)		No (0)	
67. Any chronic lung disease (e.g., asthma, chronic obstructive pulmonary disease, COPD/emphysema/chronic bronchitis)			Yes (1)		No (0)	
68. Active/current cancer			Yes (1)		No (0)	

Interviewer ID _____

69. Hypertension (high blood pressure)			Yes (1)	No (0)			
70. Diabetes (high blood sugar)			Yes (1)	No (0)			
71. Severe obesity			Yes (1)	No (0)			
72. Any autoimmune disease (e.g., lupus, multiple sclerosis, rheumatoid arthritis, psoriasis, Crohn's disease, inflammatory bowel disease)			Yes (1)	No (0)			
73. Any depressive disorder (e.g., major depression)			Yes (1)	No (0)			
74. Any anxiety disorder (e.g., panic disorder, generalized anxiety disorder, post-traumatic stress disorder)			Yes (1)	No (0)			
	1=Much better than most	2=Better than most	3=About the same	4=Worse than most	5=Much worse than most		
75. How would you rate your physical health in general, compared to others?			1	2	3	4	5
76. How would you rate your mental health in general, compared to others?			1	2	3	4	5
77. Do you currently have medical insurance (public or private)?			Yes (1)	No (0)			
78. Have you tried getting tested for the virus?			1=No	2=Yes, and I got tested	3=Yes, but I did not get tested		
79. What was the result of your test?			1=COVID-19 Positive	2=COVID-19 Negative	3=I am still waiting for my result		
80. Over the past 5 years, how many times have you received the seasonal flu vaccine?			1=Every year	2=At least 3 out of the past 5 years	3=Once or twice	4=Never	