COVID-19 International Survey

We are a group of over a 100 researchers from more than 20 countries. The lead researchers are Professors Kim Lavoie, PhD and Simon Bacon, PhD, co-directors of the Montreal Behavioural Medicine Centre (MBMC) in Montreal, Canada.

We want to understand people's awareness, attitudes, beliefs, and behaviours about COVID-19, which is also known as coronavirus or novel coronavirus, throughout the world. To do this we are asking people from different countries to complete this survey. We also want to have a variety of different views, so anyone can complete the survey, no matter what your age, sex, or background is.

The survey will require about 20 minutes to complete. Please make sure you give yourself enough time, as you cannot save the survey and come back to it later.

We will not be collecting any information that we can use to identify you, so your responses remain completely anonymous. You are free to withdraw your consent at any time and you can choose not to answer any specific questions. There are no risks associated with your participation to this study.

All data will be securely collected and stored on a University of Quebec at Montreal (Canada) server that hosts our data collection software for 10 years.

Results from this study will be posted on the main study website (www.mbmc-cmcm.ca/covid19), where everyone will be able to access them.

If you have any questions about the study, please contact us through our project email: covid19study@mbmc-cmcm.ca.

The current study has been approved by the Research Ethics Committee of the CIUSSS-NIM (Centre intégré universitaire de santé et de services sociaux du Nord de l'Île de Montréal: https://www.ciusssnordmtl.ca/) and the main investigators, Professors Kim Lavoie and Simon Bacon, agree to follow the details included in this information form.

When answering the survey, please remember:

- A red asterisk (*) appears next to mandatory questions. If you do not wish to answer a mandatory question, please click "I don't know/I prefer not to answer" to continue.

If you consent to participate, please click on "Next".

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Questions about COVID-19

A. INFORMATION

Please provide the following information about yourself.

1. What **country** do you live in? _____

2. How would you describe your **sex**?
    - Man
    - Woman
    - Other
    - I prefer not to answer

3. What is your **age**? _____ years old

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B. 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.

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

ACTION or BEHAVIOUR	**Government or local health authority HAS RECOMMENDED people to do this**		
	Yes	No	I don't know/prefer not to answer
Hand washing with soap and water			
Using hand sanitizer			
Wearing a face mask			
Coughing/sneezing into your elbow			
Coughing/sneezing into a tissue, throwing it away and washing your hands			
Wearing gloves every time you go out of your home			
Staying at least 1-2 metres away from other people			
Staying/working at home rather than going to work or school			
Self-quarantining if you are returning from a trip			
Self-quarantining if you have or believe you have the virus			
Avoiding large social gatherings			
Avoiding going to the grocery store or pharmacy			
Avoiding taking your children to the park			
Avoiding going out to bars/pubs			
Avoiding going to restaurants			
Avoiding getting take-out food or delivery			
Avoiding going for walks			
Avoiding all social gatherings (large and small)			
Avoiding opening the mail or delivered goods			
Avoiding any non-essential travel			
Avoiding playdates (letting children play with other children)			
Avoiding using public transportation			
Exercising outside alone or with people you live with only			

5. 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?
    - Very important

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- Somewhat important
- Not very important
- Not important at all
- I don't know/I prefer not to answer

6. 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?
    - Too strict
    - About right
    - Too lenient
    - I don't know/I prefer not to answer

7. Please indicate the **frequency with which you have adopted each action/behaviour** in the previous 7 days.

ACTION or BEHAVIOUR	**FREQUENCY IN PAST 7 DAYS**				
	Most of the time	Some of the time	Seldom	Never	I don't know/I prefer not to answer/Not applicable
Hand washing with soap and water					
Using hand sanitizer					
Wearing a face mask					
Coughing/sneezing into your elbow					
Coughing/sneezing into a tissue, throwing it away and washing your hands					
Wearing gloves every time you go out of your home					
Staying at least 1-2 metres away from other people					
Staying/working at home rather than going to work or school					
Self-quarantining if you are returning from a trip					
Self-quarantining if you have or believe you have the virus					
Avoiding large social gatherings					
Avoiding going to the grocery store or pharmacy					
Avoiding taking your children to the park					
Avoiding going out to bars/pubs					
Avoiding going to restaurants					
Avoiding getting take-out food or delivery					
Avoiding going for walks					
Avoiding all social gatherings (large and small)					

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Avoiding opening the mail or delivered goods					
Avoiding any non-essential travel					
Avoiding playdates (letting your children play with other children)					
Avoiding using public transportation					
Exercising outside alone or with people you live with only					

8. How would you rate **how much you are doing** to prevent and/or slow the spread of COVID-19, compared to others?

- I am doing much more than most
- I am doing more than most
- I am doing about the same as everyone else
- I am doing less than most
- I am doing much less than most
- I don't know/I prefer not to answer

9. 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:
    a. Threat of fines
    b. Threat of arrest/jail
    c. Threat of institutional quarantine (e.g., in a hospital or care centre)
    d. Providing information on local infection/death rates
    e. Providing information about infection/death rates outside my country
    f. Providing information about how COVID-19 is spread (e.g., close contact)
    g. Providing information on risk factors for COVID-19-related complications or death (e.g., age, pre-existing health conditions)
    h. Providing information about having limited healthcare resources to treat the sick
    i. Providing information about how your actions are slowing the spread of infection
    j. Providing information about how your actions are saving lives

10. If a **vaccine** for COVID-19 were available today, what is the likelihood that you would get vaccinated?
    - Extremely likely
    - Somewhat likely
    - Unlikely
    - Very unlikely
    - I don't know/I prefer not to answer

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C. VIEWS SURROUNDING COVID-19

In this section, we ask questions about your views surrounding COVID-19.

11. For each of the following, please rate the extent of your **concern** about each situation:

Potential Concern	**Personal Level**				
Because of COVID-19, I am concerned about …	To a Great Extent	Somewhat	Very Little	Not at All	I don't know/I prefer not to answer/Not applicable
… being infected myself					
… the impact of being infected on my health, including dying					
… being isolated from other people					
… losing my job / family income					
… losing my / family savings					
… not having enough money for food and/or rent					
… infecting other people I live with					
… a person with whom I live with being infected					
… a family member with whom I do not share my home being infected					
… a friend with whom I do not share my home being infected					
… infecting other people in the community					
… there not being enough food left on shelves for people to eat					
… my country going into an economic recession/depression					
… how long it will take for things to go back to normal					

12. How many people do you **know personally**, that are or have likely been **infected**?
    - 0
    - 1
    - 2 to 4
    - 5 to 9
    - 10 or more
    - I don't know/I prefer not to answer

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D: SOURCES OF COVID-19 INFORMATION

In this section, we ask about the **sources of information** you rely on for your information on COVID-19.

13. Among the following sources of information about COVID-19, please **rank all the sources that you use**, from most to least important:

- Family, friends, and colleagues
- Workplace
- Local/national/global news (newspapers, television, radio, online)
- My doctor or healthcare professional
- Local health authorities and government
- National leader
- A community/religious/cultural leader
- The World Health Organization
- The scientific literature
- Other people or groups via social media or the internet

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E. CURRENT HEALTH STATUS

14. To your knowledge, has a doctor or healthcare professional told you that you have any of the following **health conditions**?

Condition	Yes	No	I don't know/I prefer not to answer
Any heart disease or history of heart attack or stroke			
Any chronic lung disease (e.g., asthma, chronic obstructive pulmonary disease, COPD/emphysema/chronic bronchitis)			
Active/current cancer			
Hypertension (high blood pressure)			
Diabetes (high blood sugar)			
Severe obesity			
Any autoimmune disease (e.g., lupus, multiple sclerosis, rheumatoid arthritis, psoriasis, Crohn's disease, inflammatory bowel disease)			
Any depressive disorder (e.g., major depression)			
Any anxiety disorder (e.g., panic disorder, generalized anxiety disorder, post-traumatic stress disorder)			

15. How would you rate your **physical health** in general, compared to others?
    - Much better than most
    - Better than most
    - About the same
    - Worse than most
    - Much worse than most
    - I don't know/I prefer not to answer

16. How would you rate your **mental health** in general, compared to others?
    - Much better than most
    - Better than most
    - About the same
    - Worse than most
    - Much worse than most
    - I don't know/I prefer not to answer

17. Do you currently have **medical insurance (public or private)**?
    - No
    - Yes
    - I don't know/I prefer not to answer

18. Have you tried getting **tested** for the virus?
    - No
    - Yes, and I got tested

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- Yes, but I did not get tested
- I don't know/I prefer not to answer

19. What was the **result** of your test?
    - COVID-19 positive
    - COVID-19 negative
    - I am still waiting for my result
    - I don't know/I prefer not to answer

Commenté [GS1]: If 18 = Yes, and I got tested

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F. HEALTH BEHAVIOURS

20. Have you ever **smoked regular tobacco cigarettes**?
    - Never
    - In the past (ex-smoker)
    - I smoke occasionally
    - I smoke daily
    - I don't know/I prefer not to answer

21. Do you currently use **any vaping or electronic cigarettes products**?
    - No
    - Yes, occasionally
    - Yes, daily
    - I don't know/I prefer not to answer

22. In general, how would you rate your **health behaviours** compared to the average person in your country?

Behaviour	I do it a lot more than most	I do it more than most	I do this about the same as most	I do this less than most	I don't do this	I don't know/I prefer not to answer
Doing physical activity						
Eating a healthy diet						
Drinking alcohol						

23. Over the past 5 years, how many times have you received the **seasonal flu vaccine**?

    • Every year
    • At least 3 out of the past 5 years
    • Once or twice
    • Never
    • I don't know/I prefer not to answer

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G. DEMOGRAPHICS:

24. What **region/province/state/county** do you live in? _____

25. In what type of **area** do you live?
    - Rural/Country area
    - Suburban/Regional
    - Urban/City
    - I don't know/I prefer not to answer
        i. In what **city or town** do you live? _____

Commenté [GS2]: If 25 = Suburban/Regional or Urban/City

26. Are you currently **pregnant**?
    - I don't know/I prefer not to answer
    - No
    - Yes

Commenté [GS3]: If 2 = Woman

27. How would you describe your **ethnicity**? _____

28. What is your highest level of **completed education**?
    - Primary/elementary school or less
    - Secondary/high school
    - College or University degree
    - Graduate/Postgraduate degree
    - I have never been to school
    - I don't know/I prefer not to answer

29. What is your perception of your average annual **household income** relative to others in your country?
    - Bottom third
    - Middle third
    - Top third
    - I don't know/I prefer not to answer

30. Prior to the COVID-19 pandemic, how would you describe your **employment status**?
    a. Retired, homemaker
    b. Receiving social assistance or on disability pay
    c. On unemployment insurance
    d. Student
    e. Part-time job
    f. Full-time job
    g. Self-employed
    h. I don't know/I prefer not to answer

31. Prior to the pandemic, how many **hours** per week did you work/go to school? _____ hours

Commenté [GS4]: If 30 = d, e, f or g

32. Are you **currently employed** either full-time and/or part-time?
    - No

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- Yes
- I don’t know/I prefer not to answer

33. Are you an **essential service worker** as defined by your country (healthcare, police, etc)?
    - No
    - Yes
    - I don’t know/I prefer not to answer

Commenté [GS5]: If 32 = Yes

34. Have you been asked by your employer to **work remotely or from home** as part of social distancing measures?
    - No
    - Yes
    - I don’t know/I prefer not to answer

Commenté [GS6]: If 32 = Yes

35. In the event of national/local authorities imposing social distancing measures, how easy would it be for you to **work from home**?
    - Very easy
    - Somewhat easy
    - Somewhat difficult
    - Very difficult
    - I don't know/I prefer not to answer

Commenté [GS7]: If 34 = No

36. How easy has it been for you to **work from home**?
    - Very easy
    - Somewhat easy
    - Somewhat difficult
    - Very difficult
    - I don't know/I prefer not to answer

Commenté [GS8]: If 34 = Yes

37. Prior to the COVID-19 pandemic, how would you best describe your primary **job sector**?
    a. Professional (health, physical/earth science/engineering professionals, teacher/university professor, business/sales and marketing professional, software developer, legal, clergy, author, journalist, performing artist)
    b. Manager (chief executive, administrative manager, production and sales, hospitality and retail manager)
    c. Technician or associate professional (in field of health, engineering, business, legal, social, or information/communications)
    d. Clerical support worker (office clerk, secretary, customer service clerks)
    e. Service and sales worker (travel agent, cook, hair dresser/barber, retail sales, cashier, personal care worker)
    f. Skilled agricultural, forestry and fishery worker
    g. Craft and related trades worker (builders, machinists, electricians, printing, food processing)
    h. Plant and machine operator and assembler (includes truck drivers)
    i. Elementary occupations (cleaner, helper, agricultural laborer, transport laborer, street vendor, refuse worker)
    j. Armed forces occupations (commissioned and non-commissioned)
    k. Other
    l. I don’t know/I prefer not to answer

Commenté [GS9]: If 30 = e, f or g

38. Do you have any form of **paid sick leave** from your job?
    m. No
    n. Yes
    o. I don’t know/I prefer not to answer

Commenté [GS10]: If 32 = Yes

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39. How many **adults** (aged 18 years old and over) live with you at home?

40. How many **children** (aged under 18 years old) live with you at home?
    - Are you a parent of any of these children?
        i. Yes
        ii. No
        iii. I prefer not to answer

Commenté [GS11]: If 40 > 0

Thank you for completing this survey!

Your answers have been recorded.

If you have any questions about the study please contact us at covid19study@mbmc-cmcm.ca

Please sign up for updates on this study and others like it: <REDCap link>

You may now close this page.

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