**iCARE Study – Survey 12**

**Study Description:**

This study seeks to understand the experiences people are having around the world during the COVID-19 (coronavirus) pandemic. It is being conducted by an international team of over 200 researchers, led by Drs. Kim Lavoie and Simon Bacon in Canada.

Anyone can participate. The study involves completing a short survey that takes about 20 minutes to answer. You cannot save your answers and come back later, so please make sure to give yourself enough time.

Keep in mind that you can stop participating at any time. You can also skip any question you do not want to answer.

Our findings will be available to anyone at: www.iCAREstudy.com.

**Anonymity and Security:**

All answers will be anonymous. We will not ask anything that can identify you personally. Participating does not involve any risks.

All data will be stored for 10 years on a Canadian University server (University of Quebec at Montreal). Data will be password protected, and only accessed by authorized individuals, such as team members. We will also share data with national and international research collaborators in line with international data sharing agreements supported by the Fonds de la recherche du Québec.The study was 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/).

During the study, please remember:

- A red asterisk (*) appears next to required questions. If you do not wish to answer required question, click "I don't know/I prefer not to answer" to continue.
- If you have difficulty viewing the survey, please try a different device and/or web browser.

If you have any questions, please email us at: covid19study@mbmc-cmcm.ca.

If you agree to participate, please click "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**?
   - Male
   - Female
   - Other
   - I prefer not to answer

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

4. 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

5. How would you describe your current **employment status**?
   a. Retired, homemaker
   b. Receiving support from a government program (e.g., social assistance, disability pay)
   c. Unemployed
   d. Student
   e. Part-time job
   f. Full-time job
   g. Self-employed
   h. I don't know/I prefer not to answer

6. Do you currently work at a school, university, or other educational institution?
   a. Yes
   b. No
   c. I don't know/I prefer not to answer

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

8. How many **children** (aged under 18 years old) live with you at home?

9. Are you a parent of any of these children?
   i. Yes
   ii. No
   iii. I prefer not to answer

**Commenté [GS1]: If Canada:** In which province or territory do you live?
- •British Columbia
- •Alberta
- •Saskatchewan
- •Manitoba
- •Ontario
- •Quebec
- •New Brunswick
- •Nova Scotia
- •Prince Edward Island
- •Newfoundland
- •Northwest Territories
- •Yukon
- •Nunavut

**If United Kingdom:** What **United Kingdom territory** do you live in?
- •England
- •Scotland
- •Wales
- •Northern Ireland
- •Other UK territory

**If Ireland**: What **county** do you live in?
- •Antrim
- •Armagh
- •Carlow
- •Cavan
- •Clare
- •Cork
- •Derry
- •Donegal
- •Down
- •Dublin
- •Fermanagh
- •Galway
- •Kerry
- •Kildare
- •Kilkenny
- •Laois
- •Leitrim
- •Limerick
- •Longford
- •Louth
- •Mayo
- •Meath
- •Monaghan
- •Offaly
- •Roscommon
- •Sligo
- •Tipperary
- •Tyrone
- •Waterford
- •Westmeath

... [1]

**Commenté [SLBD2]:** If Q5 = e, f, or g

**Commenté [GS3]:** If Q8 > 0


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## B. REACTIONS TO COVID-19

Different organisations, governments, and health authorities have recommended people do a variety of things to reduce and slow the spread of COVID-19 in the population. Please answer the following questions according to where you live now.

10. To what extent do you believe that the prevention 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
    - Somewhat important
    - Not very important
    - Not important at all
    - I don't know/I prefer not to answer

11. 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

12. Please indicate the **frequency with which you have adopted each action/behaviour** in response to the COVID-19 pandemic:

| **ACTION or BEHAVIOUR** | | | | | | |
|---|---|---|---|---|---|---|
| | 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 | | | | | | |
| Wearing a face mask in indoor spaces (shops, restaurants, public transit, at work) | | | | | | |
| Wearing a face mask outside | | | | | | |
| Staying at least 1-2 metres / 3-6 feet 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-isolating if you have the virus or believe you have the virus | | | | | | |
| Avoiding going out to bars/pubs/restaurants | | | | | | |
| Avoiding large social gatherings | | | | | | |
| Avoiding small social gatherings | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| Avoiding indoor social gatherings | | | | | | |
| Avoiding any non-essential travel | | | | | | |

13. How important do you think the following behaviours are for reducing COVID-19 virus transmission?

| **ACTION or BEHAVIOUR** | | | | | |
|---|---|---|---|---|---|
| | Very important | Somewhat important | Not very important | Not at all important | I don't know/I prefer not to answer |
| Hand washing with soap and water | | | | | |
| Wearing a face mask in indoor spaces (shops, restaurants, public transit, at work) | | | | | |
| Wearing a face mask outside | | | | | |
| Staying at least 1-2 metres / 3-6 feet away from other people | | | | | |
| Avoiding large indoor social gatherings | | | | | |
| Avoiding small indoor social gatherings | | | | | |


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## C. VACCINATION

14. Have you received a COVID-19 vaccine?
    a. No
    b. Yes, partially (one dose out of a two dose vaccine)
    c. Yes, two doses out of a two dose vaccine
    d. Yes, a single dose of a one-dose vaccine
    e. I don't know/I prefer not to answer

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

**Commenté [K4]:** If Q14 = a, e

16. Will you get a COVID-19 vaccine if it is available to you?
    a. Yes
    b. No

**Commenté [SLBD5]:** If Q15 = d, e

17. What are the reasons for your decision (check all that apply):
    a. I don't believe I'm at risk
    b. I am concerned about minor side effects
    c. I am concerned about serious reactions
    d. I am concerned that the vaccines haven't been tested enough for safety
    e. I am concerned about the potential long-term effects of the vaccine
    f. I am concerned about safety in pregnancy
    g. I am concerned about safety whilst breastfeeding
    h. I am concerned about pain from the needle
    i. I have had a reaction to a vaccine in the past
    j. I am concerned about needing to take time off work
    k. I am concerned that the vaccine won't work well enough
    l. I don't now/I prefer not to answer

**Commenté [K6]:** If Q16 = b

18. What do you think will make it hard for you to get a COVID-19 vaccine? (check all that apply):
    a. Knowing which vaccine priority group I am in
    b. Knowing where to go to get the vaccine
    c. Organising a vaccine appointment at a time that suits me
    d. Travelling to a location where I can get a vaccine
    e. Waiting a long time at the location
    f. Taking time off work
    g. Managing family responsibilities
    h. I don't know/I prefer not to answer

**Commenté [K7]:** If Q16 = a or Q15 = c


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19. How concerned are you about how long it will take for you to receive the vaccine?

**Commenté [K8]:** If Q14 = a, e

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

20. To what extent would the following influence your decision to get the COVID-19 vaccine?

**Commenté [K9]:** If Q14 = a, e

| | To a Great Extent | Somewhat | Very Little | Not at All | I don't know/I prefer not to answer | Not applicable |
|---|---|---|---|---|---|---|
| Trusting the company who developed the vaccine (Pfizer, Astra-Zeneca, Sinopharm, etc.) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any serious short-term side effects (i.e., clotting) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any major long-term side effects | | | | | | |
| Having information that the vaccine is effective (i.e., provides a high degree of protection ) | | | | | | |
| Believing that I am high risk of getting infected with COVID-19 | | | | | | |
| Hearing that other people have positive attitudes towards the vaccine | | | | | | |
| Seeing more people getting the vaccine | | | | | | |
| Learning that being vaccinated would allow me to go to restaurants/bars, attend public events (e.g., concerts, sporting events) or travel | | | | | | |
| Wanting to do my part to achieve 'herd immunity' (when enough people are vaccinated everyone is protected) | | | | | | |
| Getting a recommendation from my employer to get vaccinated | | | | | | |
| Only needing one dose of the vaccine to be protected | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| Getting my doses according to the recommended schedule | | | | | | |
| Believing that getting vaccinated would reduce my worries and anxiety | | | | | | |
| Getting a recommendation from my doctor to get vaccinated | | | | | | |
| The convenience of getting the vaccine (e.g., requires little time, no need to travel far) | | | | | | |
| Knowing that getting vaccinated will help protect others around me | | | | | | |
| Having information that the vaccine is effective against the new COVID-19 strains or variants | | | | | | |
| Having a choice about which vaccine I get | | | | | | |
| Getting clear and consistent vaccine information from my government (safety, efficacy, etc.) | | | | | | |

21. To what extent did each the following influence your decision to get the COVID-19 vaccine?

**Commenté [K10]:** If Q14 = b, c, d

| | To a Great Extent | Somewhat | Very Little | Not at All | I don't know/I prefer not to answer | Not applicable |
|---|---|---|---|---|---|---|
| Trusting the company who developed the vaccine (Pfizer, Astra-Zeneca, Sinopharm, etc.) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any serious short-term side effects (i.e., clotting) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any major long-term side effects | | | | | | |
| Having information that the vaccine is effective (i.e., provides a high degree of protection) | | | | | | |
| Believing that I am high risk of getting infected with COVID-19 | | | | | | |
| Hearing that other people have positive attitudes towards the vaccine | | | | | | |
| Seeing more and more people getting the vaccine | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| Learning that being vaccinated would allow me to go to restaurants/bars, attend public events (e.g., concerts, sporting events) or travel | | | | | | |
| Wanting to do my part to achieve 'herd immunity' (when enough people are vaccinated everyone is protected) | | | | | | |
| Getting a recommendation from my employer to get vaccinated | | | | | | |
| Only needing one dose of the vaccine to be protected | | | | | | |
| Getting my doses according to the recommended schedule | | | | | | |
| Believing that getting vaccinated would reduce my worries and anxiety | | | | | | |
| Getting a recommendation from my doctor to get vaccinated | | | | | | |
| The convenience of getting the vaccine (e.g., requires little time, no need to travel far) | | | | | | |
| Knowing that getting vaccinated will help protect others around me | | | | | | |
| Having information that the vaccine is effective against the new COVID-19 strains or variants | | | | | | |
| Having a choice about which vaccine I get | | | | | | |
| Getting clear and consistent vaccine information from my government (safety, efficacy, etc.) | | | | | | |

22. When your **second dose** is available to you, how likely are you to get it?
    - Extremely likely
    - Somewhat likely
    - Somewhat Unlikely
    - Extremely unlikely
    - I don't know/I prefer not to answer

**Commenté [K11]:** If Q14 = b

23. To what extent will the following influence your decision to get your **second dose** of the COVID-19 vaccine?

**Commenté [K12]:** If Q14= b

| | To a Great Extent | Somewhat | Very Little | Not at All | I don't know/I prefer not to answer | Not applicable |
|---|---|---|---|---|---|---|
| | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| Trusting the company who developed the vaccine (Pfizer, Astra-Zeneca, Sinopharm, etc.) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any serious short-term side effects (i.e., clotting) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any major long-term side effects | | | | | | |
| Having information that being fully vaccinated is more effective (i.e., provides a higher degree of protection) | | | | | | |
| Believing that I am high risk of getting infected with COVID-19 | | | | | | |
| Hearing that other people have positive attitudes towards the vaccine | | | | | | |
| Seeing more and more people getting fully vaccinated | | | | | | |
| Learning that being fully vaccinated would allow me to go to restaurants/bars, attend public events (e.g., concerts, sporting events) or travel | | | | | | |
| Wanting to do my part to achieve 'herd immunity' (when enough people are fully vaccinated everyone is protected) | | | | | | |
| Getting a recommendation from my employer to get fully vaccinated | | | | | | |
| Getting my second dose according to the recommended schedule | | | | | | |
| Believing that getting fully vaccinated would reduce my worries and anxiety | | | | | | |
| Getting a recommendation from my doctor to get fully vaccinated | | | | | | |
| The convenience of getting the vaccine (e.g., requires little time, no need to travel far) | | | | | | |
| Knowing that getting fully vaccinated will help protect others around me | | | | | | |
| Having information that being fully vaccinated is more effective against the new COVID-19 strains or variants | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| Getting clear and consistent vaccine information from my government (safety, efficacy, etc.) | | | | | | |
| Having access to the same vaccine as my first dose | | | | | | |

24. If after being fully vaccinated, a booster dose is recommended, how likely are you to get it?
    - Extremely likely
    - Somewhat likely
    - Somewhat Unlikely
    - Extremely unlikely
    - I don't know/I prefer not to answer

**Commenté [K13]:** If Q14 = c, d

25. Have any of your children under 18 received a COVID-19 vaccine?
    a. No
    b. Yes, partially (one dose out of a two dose vaccine)
    c. Yes, two doses out of a two dose vaccine
    d. Yes, a single dose of a one-dose vaccine
    e. I don't know/I prefer not to answer

**Commenté [K14]:** If Q9 = i

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

**Commenté [K15]:** If Q25 = a, e

27. To what extent would the following influence your decision to get your child/children vaccinated?

**Commenté [K16]:** If Q25 = a, e

| | To a Great Extent | Somewhat | Very Little | Not at All | I don't know/I prefer not to answer | Not applicable |
|---|---|---|---|---|---|---|
| Trusting the company who developed the vaccine (Pfizer, Astra-Zeneca, Sinopharm, etc.) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any serious short-term side effects (i.e., clotting) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any major long-term side effects | | | | | | |
| Having information that the vaccine is effective (i.e., provides a high degree of protection ) | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| Believing that my children are at high risk of getting infected with COVID-19 | | | | | | |
| Learning that being vaccinated would allow them to go to back to in person schooling | | | | | | |
| Learning that being vaccinated would allow them to go to restaurants, attend public events (e.g., concerts, sporting events) or travel | | | | | | |
| Wanting to do my part to achieve 'herd immunity' (when enough people are vaccinated everyone is protected) | | | | | | |
| Only needing one dose of the vaccine to be protected | | | | | | |
| Knowing that if they were vaccinated, I wouldn't have to worry about them as much | | | | | | |
| Getting a recommendation from my child's doctor that they should be vaccinated | | | | | | |
| The convenience of getting them the vaccine (e.g., requires little time, no need to travel far) | | | | | | |
| Knowing that getting them vaccinated will help protect our family members | | | | | | |
| Having information that the vaccine is effective against the new COVID-19 strains or variants | | | | | | |
| Having a choice about which vaccine they get | | | | | | |
| | | | | | | |
| Knowing they will be getting their doses according to the recommended schedule | | | | | | |
| Getting clear and consistent vaccine information from my government | | | | | | |

28. To what extent did the following influence your decision to get your child/children vaccinated?

**Commenté [K17]:** If Q25 = b, c, d

| | To a Great Extent | Somewhat | Very Little | Not at All | I don't know/I prefer not to answer | Not applicable |
|---|---|---|---|---|---|---|
| | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| Trusting the company who developed the vaccine (Pfizer, Astra-Zeneca, Sinopharm, etc.) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any serious short-term side effects (i.e., clotting) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any major long-term side effects | | | | | | |
| Having information that the vaccine is effective (i.e., provides a high degree of protection ) | | | | | | |
| Believing that my children are at high risk of getting infected with COVID-19 | | | | | | |
| Learning that being vaccinated would allow them to go to back to in person schooling | | | | | | |
| Learning that being vaccinated would allow them to go to restaurants, attend public events (e.g., concerts, sporting events) or travel | | | | | | |
| Wanting to do my part to achieve 'herd immunity' (when enough people are vaccinated everyone is protected) | | | | | | |
| Only needing one dose of the vaccine to be protected | | | | | | |
| Knowing that if they were vaccinated, I wouldn't have to worry about them as much | | | | | | |
| Getting a recommendation from my child's doctor that they should be vaccinated | | | | | | |
| The convenience of getting them the vaccine (e.g., requires little time, no need to travel far) | | | | | | |
| Knowing that getting them vaccinated will help protect our family members | | | | | | |
| Having information that the vaccine is effective against the new COVID-19 strains or variants | | | | | | |
| Having a choice about which vaccine they get | | | | | | |
| | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| Knowing they will be getting their doses according to the recommended schedule | | | | | | |
| Getting clear and consistent vaccine information from my government | | | | | | |

29. To what extent would the following influence your decision to get your child/children the **second dose** of the COVID-19 vaccine?

**Commenté [K18]:** If Q25 = b

| | To a Great Extent | Somewhat | Very Little | Not at All | I don't know/I prefer not to answer | Not applicable |
|---|---|---|---|---|---|---|
| Trusting the company who developed the vaccine (Pfizer, Astra-Zeneca, Sinopharm, etc.) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any serious short-term side effects (i.e., clotting) | | | | | | |
| Having information that the vaccine is safe and unlikely to have any major long-term side effects | | | | | | |
| Having information that the vaccine is effective (i.e., provides a high degree of protection ) | | | | | | |
| Believing that my children are at high risk of getting infected with COVID-19 | | | | | | |
| Learning that being fully vaccinated would allow them to go to back to in person schooling | | | | | | |
| Learning that being fully vaccinated would allow them to go to restaurants, attend public events (e.g., concerts, sporting events) or travel | | | | | | |
| Wanting to do my part to achieve 'herd immunity' (when enough people are vaccinated everyone is protected) | | | | | | |
| Knowing that if they were fully vaccinated, I wouldn't have to worry about them as much | | | | | | |
| Getting a recommendation from my child's doctor that they should be fully vaccinated | | | | | | |


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| | | | | | | |
|---|---|---|---|---|---|---|
| The convenience of getting them the vaccine (e.g., requires little time, no need to travel far) | | | | | | |
| Knowing that getting them vaccinated will help protect our family members | | | | | | |
| Having information that the vaccine is effective against the new COVID-19 strains or variants | | | | | | |
| Having a choice about which vaccine they get | | | | | | |
| | | | | | | |
| Knowing they will be getting their doses according to the recommended schedule | | | | | | |
| Getting clear and consistent vaccine information from my government | | | | | | |

**Vaccine passports**

30. Proof of immunization or vaccination records (vaccine passports) have been suggested as a way to resume international **travel.** How do you feel about the idea of using vaccine passports for this?
    a. Strongly in favour
    b. Moderately in favour
    c. Moderately against
    d. Strongly against
    e. I don't know/I prefer not to answer

31. How do you feel about the idea of using vaccine passports as a way to go to **restaurants/bars, and attend public events** (e.g., concerts, sporting events)?
    a. Strongly in favour
    b. Moderately in favour
    c. Moderately against
    d. Strongly against
    e. I don't know/I prefer not to answer

32. How do you feel about the idea of using vaccine passports as a way to safely **return to the workplace**?
    a. Strongly in favour
    b. Moderately in favour
    c. Moderately against
    d. Strongly against
    e. I don't know/I prefer not to answer

33. If you could get a vaccine passport after receiving the vaccine, to what extent would this influence your decision to get vaccinated?
    a. It would make me more likely to get vaccinated


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b. It would not influence my decision to get vaccinated at all
c. It would make me less likely to get vaccinated
d. I don't know/prefer not to answer

34. If you got, or when you get, the COVID-19 vaccine, how often do you intend to continue engaging in other virus-protective behaviours (e.g., mask wearing, social distancing)?
    a. Most of the time
    b. Some of the time
    c. Seldom
    d. Never
    e. I don't intend to get the vaccine
    f. I don't know/I prefer not to answer


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## D. VIEWS SURROUNDING COVID-19

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

35. 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 | | | | | | |
| … losing my job / family income | | | | | | |
| … not having enough money for food and/or rent | | | | | | |
| … gaining weight | | | | | | |
| … going back to work or school | | | | | | |
| …not being able to go to school or university | | | | | | |
| … infecting other people I live with | | | | | | |
| … infecting other people in the community | | | | | | |
| … a person I live with being infected and/or dying | | | | | | |
| … a family member I don't live with being infected and/or dying | | | | | | |
| …not being able to see my friends and/or family | | | | | | |
| …not being able to have romantic and/or sexual relationships | | | | | | |
| …the healthcare system becoming overloaded/not being able to care for the sick | | | | | | |
| … my country going into an economic recession/depression | | | | | | |
| … how long it will take for things to "go back to normal" | | | | | | |
| … the increased health risks associated with new variant strains (e.g., the Delta variant) | | | | | | |
| … vaccines being ineffective against new variant strains | | | | | | |
| …my country opening its borders to international travel | | | | | | |
| … my country loosening its restrictions for public events | | | | | | |


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36. Do you know anyone personally that got very sick (i.e., hospitalised) or died from COVID-19?

- Yes
- No
- Prefer not to answer


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**E. IMPACTS OF COVID-19**

37. COVID-19 has affected several aspects of people's lives. Please rate the extent to which COVID-19 has impacted the following aspects of your life over the **last month**:

| **Potential Impact** | **Personal Level** | | | | | |
|---|---|---|---|---|---|---|
| **Because of COVID-19…** | To a great extent | Somewhat | Very little | Not at all | I don't know/I prefer not to answer | Not applicable |
| …my overall mental health has declined | | | | | | |
| …I have felt nervous, anxious, or worried | | | | | | |
| …I have felt sad, depressed, or hopeless | | | | | | |
| …I have felt lonely and isolated | | | | | | |
| …I have felt irritable, frustrated or angry | | | | | | |
| … I have felt worried about my body weight | | | | | | |
| … I have cancelled medical appointments or going to the emergency room for a non-COVID-related problem | | | | | | |
| …I have lost my job or had to close my business | | | | | | |
| …I have had my job hours cut/lost income | | | | | | |
| …I am working more than before COVID-19 | | | | | | |
| …I have been unable to pay my rent/mortgage | | | | | | |
| …I have been unable to pay for food | | | | | | |
| …I have had more physical fights or arguments with family members or people I live with | | | | | | |
| …I have gotten separated or divorced | | | | | | |
| …I have had trouble getting non-COVID-19 related medical care | | | | | | |
| …my overall physical health has declined | | | | | | |
| …my country has gone into an economic recession/depression | | | | | | |

38. In general, how have the following behaviours changed **since the start** of COVID-19?


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| Behaviour | I do this a lot more | I do this more | I do this as much as before | I do this less | I do this a lot less | I don't do this | I don't know/I prefer not to answer |
|---|---|---|---|---|---|---|---|
| Doing physical activity | | | | | | | |
| Eating a healthy diet | | | | | | | |
| Drinking alcohol | | | | | | | |
| Smoking cigarettes | | | | | | | |
| Vaping or using electronic cigarettes | | | | | | | |
| Using recreational drugs (e.g., marijuana, cocaine, opioids, hallucinogens, etc.) | | | | | | | |

39. Since the start of the COVID-19 pandemic my body weight has_____**:**
    - Increased a lot
    - Increased a little
    - Remained the same
    - Decreased a little
    - Decreased a lot
    - I don't know/ I prefer not to answer

40. How has your **overall quality of life changed** as a result of the COVID-19 pandemic?
    - It's gotten much better
    - It's gotten better
    - It's remained the same
    - It's gotten worse
    - It's gotten much worse
    - I don't know/I prefer not to answer

41. How have the changes in your children's schooling impacted your work?
    - There has been no change to my work because of my children's schooling
    - I am working the same hours but my schedule has changed a lot because of my children's schooling
    - I am still working, but I have had to reduce my hours because of my children's schooling

**Commenté [K19]:** If Q5 = e, f, or g AND Q9=I


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- I have stopped working because of my children's schooling
- I am still working, but I have had to increase my hours because of my children's schooling
- I don't know/I prefer not to answer


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**F. COVID-19 TESTING**

42. Do you know or think that you have been **infected** with COVID-19?
    a) No
    b) Yes, but I have recovered
    c) Yes, and I am still having symptoms
    d) Yes, but I am not having symptoms
    e) I don't know/I prefer not to answer

43. For how long have you been having symptoms from COVID-19? _____

**Commenté [SLBD20]:** If Q42 = c

44. Do you think that you are at a high risk of being **infected** with COVID-19 in the future?
    - No
    - Yes
    - I don't know/I prefer not to answer

45. Have you tried getting **tested** for the virus?
    - No
    - Yes, and I got tested
    - Yes, but I did not get tested
    - I don't know/I prefer not to answer

46. Why did you try to get tested for the virus (check all that apply)?

**Commenté [K21]:** If Q45 = Yes, and I got tested

    a) I had symptoms of COVID-19 (fever, cough, sore throat, sneezing)
    b) I provided care for a person with COVID-19 (probable or confirmed)
    c) I had close contact with a person with COVID-19 (probable or confirmed)
    d) I returned from international travel
    e) I was worried and wanted peace of mind
    f) My workplace requested it
    g) Other _____
    h) I don't know/I prefer not to answer

47. Have you ever tested positive for the virus?

**Commenté [K22]:** If Q45 = Yes, and I got tested

    a. Yes
    b. No
    c. I am still waiting for my result
    d. I don't know/I prefer not to answer

48. Some governments are or will be using contact tracing applications on mobile/cell phones to inform users that they have been exposed to someone who tested positive for COVID-19. Please indicate the answer which best describes your current situation.

    a) My government has introduced a contact tracing app and I have downloaded it
    b) My government has introduced a contact tracing app and I have not downloaded it


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c) My government has not introduced a contact tracing app, but if they did, I would download it
d) My government has not introduced a contact tracing app, but if they did, I would not download it
e) I downloaded the app, but I deleted it
f) Not applicable (I do not have a mobile/cell phone)
g) I don't know/I prefer not to answer

49. Most contact tracing apps require people to enter a code if they test positive for COVID-19. If you tested positive for COVID-19, how likely would you be to enter the required information in the app?

**Commenté [K23]:** If Q48 = a, c

- Extremely likely
- Somewhat likely
- Somewhat unlikely
- Extremely unlikely
- I don't know/I prefer not to answer
- Not applicable

50. To what extent do you support using digital tools (apps) to provide notifications of being in contact with a COVID-19 case after going to a public place (e.g., restaurant, bar, shops, school) or attending a public event (e.g., concert, sporting event)?
    a. Strongly in favour
    b. Moderately in favour
    c. Moderately against
    d. Strongly against
    e. I don't know/I prefer not to answer

51. To what extent do you support using digital tools (apps) to provide updated information about local case rates or 'hot spots'?
    a. Strongly in favour
    b. Moderately in favour
    c. Moderately against
    d. Strongly against
    e. I don't know/I prefer not to answer

52. To what extent do you support using rapid testing in the workplace?
    a. Strongly in favour
    b. Moderately in favour
    c. Moderately against
    d. Strongly against
    e. I don't know/I prefer not to answer

53. To what extent do you support using rapid testing in schools/universities?
    a. Strongly in favour
    b. Moderately in favour


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c. Moderately against
d. Strongly against
e. I don't know/I prefer not to answer


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## G. SOURCES OF COVID-19 INFORMATION

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

54. Please rate your level of trust in the following people and organisations who have provided information about COVID-19:

| | I trust to a great extent | I trust somewhat | I do not trust | I do not trust at all | I don't know/I prefer not to answer |
|---|---|---|---|---|---|
| My national political leader | | | | | |
| My regional political leader | | | | | |
| My local health authorities | | | | | |
| My doctor or healthcare professional | | | | | |
| The World Health Organization (WHO) | | | | | |
| Scientists and scientific organisations | | | | | |
| Famous people (actors, athletes, musicians) | | | | | |
| A community/religious/cultural leader | | | | | |
| Friends, family, colleagues | | | | | |


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## H. SCHOOL/UNIVERSITY RELATED ISSUES

**Questions for students or people who work in educational institutions**

Commenté [K24]: If Q5 = d or Q6 = a

55. What is the preferred way that you would like to go to school/university?
    a. Attending/working in person (same as pre-COVID-19)
    b. Attending/working sometimes in person and sometimes online
    c. Attending/working only online
    d. I don't know/I prefer not to answer

56. To what extent do you support having a choice of attending/working at school/university in-person and/or online?

Commenté [K25]: If Q5 = d or Q6 = a

    a. Strongly in favour
    b. Moderately in favour
    c. Moderately against
    d. Strongly against
    e. I don't know/I prefer not to answer

57. Are you currently attending/working at school/university?

Commenté [K26]: If Q5 = d or Q6 = a

    a. Yes
    b. No, I am currently between semesters
    c. No, I have stopped going to school or university for another reason
    d. I don't know/I prefer not to answer

58. Currently, are you attending/working at school/University:

Commenté [SLBD27]: If Q57 = a

    a) In person (same as pre-COVID)
    b) In person and online
    c) Only online
    d) I don't know/I prefer not to answer

59. How is attending/working at school or university **in person** impacting you? Please rate each statement.

Commenté [SLBD28]: If Q57 = a

| | To a Great Extent | Somewhat | Very Little | Not at All | I don't know/I prefer not to answer |
|---|---|---|---|---|---|
| I am concerned about catching COVID at school or university | | | | | |
| I feel happy about being at school or university | | | | | |


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| | | | | | |
|---|---|---|---|---|---|
| I feel angry, irritable, or frustrated about being at school or university | | | | | |
| I feel relaxed about being at school or university | | | | | |
| My mental health has gotten worse | | | | | |
| My mental health has improved | | | | | |
| My physical health has gotten worse | | | | | |
| My physical health has improved | | | | | |
| I have been able to have more interactions with my friends | | | | | |

60. Do you think that you have caught COVID-19 from someone at your school/university?
    - Yes
    - No
    - I don't know/I prefer not to answer

**Commenté [K29]:** If Q57 = a and Q42 = b, c, d

61. For the coming semester will you be attending/working at school/university:
    a) In person (same as pre-COVID)
    b) In person and online
    c) Only online
    d) I don't know/I prefer not to answer

**Commenté [SLBD30]:** If Q57 = b, c

62. How do you think attending/working at school or university **in person** might impact you? Please rate each statement.

**Commenté [K31]:** If Q57 = b, c

| | To a Great Extent | Somewhat | Very Little | Not at All | I don't know/I prefer not to answer |
|---|---|---|---|---|---|
| I would be concerned about catching COVID at school or university | | | | | |
| I would feel happier being at school or university | | | | | |
| I would feel more angry, irritable, or frustrated being at school or university | | | | | |
| I would feel more relaxed being at school or university | | | | | |
| My mental health would get worse | | | | | |
| My mental health would improve | | | | | |


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| | | | | | |
|---|---|---|---|---|---|
| My physical health would get worse | | | | | |
| My physical health would improve | | | | | |
| I would be able to have more interactions with my friends | | | | | |

63. What do you think of your school or university's measures to prevent the spread of COVID-19?
    - There are no COVID-19 specific prevention measures
    - The measures are too lenient
    - The measures are just about right
    - The measures are too strict
    - I don't know/I prefer not to answer

**Commenté [K32]:** If Q5 = d

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## I. CURRENT HEALTH AND DEMOGRAPHICS:

64. 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., HIV/AIDS, lupus, multiple sclerosis, rheumatoid arthritis, psoriasis, Crohn's disease, inflammatory bowel disease) | | | |
| Other condition that compromises the immune system (e.g., organ transplant recipient, on immunosuppressant medications) | | | |
| Any depressive disorder (e.g., major depression) | | | |
| Any anxiety disorder (e.g., panic disorder, generalized anxiety disorder, post-traumatic stress disorder) | | | |

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

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

67. In what **city or town** do you live? _____

**Commenté [GS33]:** If Q66 = If Suburban/Regional or Urban/City

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

**Commenté [GS34]:** If Q2 = Female

69. How many weeks have you been pregnant? ___ weeks

**Commenté [GS35]:** If Q68 = Yes

70. How concerned are you about your unborn baby being infected?
- To a great extent
- Somewhat
- Very little

**Commenté [GS36]:** If Q68 = Yes


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

71. How would you describe your **ethnicity** (optional)? _____

72. 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

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

**Commenté [GS37]:** If Q5 = e, f or g

74. Are you a **healthcare worker**?
    - No
    - Yes
    - I don't know/I prefer not to answer

**Commenté [GS38]:** If Q73 = Yes

75. Which kind of healthcare worker are you?
    - Doctor
    - Nurse
    - Other allied health professional (nutritionist, occupational therapist, psychologist, etc.)
    - Orderly (cleaner, helper, etc.)
    - Administrator (manager, receptionist, etc.)
    - Other

**Commenté [K39]:** If Q73 = Yes

76. 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, law enforcement, 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)


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j. Armed forces occupations (commissioned and non-commissioned)
k. Other
l. I don't know/I prefer not to answer


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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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| Page 2 : [1] Commenté [GS1] | Geneviève Szczepanik | 2020-06-09 4:03:00 PM |
|---|---|---|

**If Canada:** In which province or territory do you live?

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland
- Northwest Territories
- Yukon
- Nunavut

**If United Kingdom:** What **United Kingdom territory** do you live in?

- England
- Scotland
- Wales
- Northern Ireland
- Other UK territory

**If Ireland**: What **county** do you live in?

- Antrim
- Armagh
- Carlow
- Cavan
- Clare
- Cork
- Derry

- Donegal
- Down
- Dublin
- Fermanagh
- Galway
- Kerry
- Kildare
- Kilkenny
- Laois
- Leitrim
- Limerick
- Longford
- Louth
- Mayo
- Meath
- Monaghan
- Offaly
- Roscommon
- Sligo
- Tipperary
- Tyrone
- Waterford
- Westmeath
- Wexford
- Wicklow