iCARE Study – Survey 14

What is the iCARE Study?

The iCARE study wants to understand the experiences people are having around the world during the COVID-19 (coronavirus) pandemic.

Who is leading the iCARE Study?

The study is led by Drs. Kim Lavoie and Simon Bacon in Canada along with a team of over 200 researchers from around the world.

Who can participate?

Anyone can participate.

How long does it take?

The study takes the form of a survey. It takes about 20 minutes to complete.

Can I stop or skip questions?

You can stop at any time, but you will not be able to save your answers. You can skip certain question by clicking the NEXT button.

Where can I view results of the study?

Our findings will be published and available to the general public at www.iCAREstudy.com

Anonymity and Security:

Are my answers private?

All answers are kept anonymous. None of the survey questions allow us to identify you personally.

Are there risks in participating?

Participating does not involve any risks.

What happens to the survey data?

All data will be stored for 10 years on a Canadian university server (located at the University of Quebec at Montreal). Data will be password protected, and only accessed by authorized individuals, such as team members.

Who has access to the survey data?

The iCARE team may share data with Canadian and international research collaborators. They will share data in keeping with international data sharing agreements approved by the Fonds de la recherche du Québec.

Is this study approved?

The iCARE Study was approved by the Research Ethics Committee of the Centre intégré universitaire de santé et de services sociaux du Nord de l'Île de Montréal (CIUSSS-NIM, www.ciusssnordmtl.ca).

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IMPORTANT TIPS

If you see a red asterisk (like this *) **next to a question**:

This means that the question is required.

If you prefer not to answer a required question, simply click "I don't know/I prefer not to answer."

The only required questions you cannot skip are those asking you to indicate the country and region you live in.

If the survey does not display properly:

Please try using a different device or a different web browser.

If you have questions:

You can email us at covid19study@mbmc-cmcm.ca

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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?
    a. Yes
    b. No
    c. I prefer not to answer

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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					
Use of vaccine passports					

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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

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

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
    a. I am concerned about serious reactions
    b. I am concerned that the vaccines haven't been tested enough for safety
    c. I am concerned about the potential long-term effects of the vaccine
    d. I am concerned about safety in pregnancy
    e. I am concerned about safety whilst breastfeeding
    f. I am concerned about pain from the needle
    g. I have had a reaction to a vaccine in the past
    h. I am concerned about needing to take time off work
    i. I am concerned that the vaccine won't work well enough
    j. I am concerned about the vaccine's effectiveness
    k. I am concerned about the vaccine for medical reasons
    l. I don't like governments/public health authorities telling me what to do
    m. It is my right not to get it
    n. I don't now/I prefer not to answer

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

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h. I don't know/I prefer not to answer

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

- 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?

	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)						

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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.)						

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

	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						

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Hearing that other people have positive attitudes towards the vaccine						
Seeing more and 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						
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

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

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	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 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)						

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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						
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

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

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

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

	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)						

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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						
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?

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	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 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						

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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						

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

	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)						

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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						
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

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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
    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

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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? _____

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)?

    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?
    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?

- 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

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?

    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?
    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:
    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.

	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					
I feel angry, irritable, or frustrated about being at school or university					

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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

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

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

	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					
My physical health would get worse					
My physical health would improve					

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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

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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? _____

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

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

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

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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

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

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

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>

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