iCARE Study – Survey 3

We are a group of over a 150 researchers from more than 40 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 around COVID-19, which is also known as coronavirus or novel coronavirus, throughout the world. We also want to know how the pandemic is affecting different aspects of people's lives. 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 on a University of Quebec at Montreal (Canada) server that hosts our data collection software for 10 years. Respecting international data sharing agreements supported by the Fonds de la recherche du Québec (FRQ), the data from this study will be made available to study collaborators. All copies of the study data will be stored on secure, password protected servers that can only be accessed by authorized individuals.

The main 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 experience display issues with the survey, please try a different device and/or web browser.

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**?
   - Male
   - Female
   - Other
   - I prefer not to answer

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

Commenté [GS1]: 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

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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.

4. For each of the following, please indicate what actions or behaviours your **government or local health authority is currently recommending**:

Where I live has the following prevention measures in place			
	Yes	No	I don't know/prefer not to answer
Hand washing with soap and water for 20 seconds			
Using hand sanitizer			
Wearing a face mask every time you go out of your home			
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 / 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-quarantining if you have the virus or believe you have the virus			
Avoiding going to the grocery store or pharmacy			
Washing/disinfecting groceries or packages			
Avoiding going to the park			
Avoiding going out to bars/pubs/restaurants			
Avoiding getting take-out food or delivery			
Avoiding going for walks in your neighbourhood			
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 (except essential service workers)			

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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
    - 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. Do you think your government or local health authority's actions are motivated by:
    - Mainly protecting people's health related to COVID-19
    - Generally protecting people's health related to COVID-19 and a little bit on protecting the economy
    - Generally protecting the economy and a little bit on protecting people's health related to COVID-19
    - Mainly protecting the economy
    - I don't know/I prefer not to answer

8. 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 for 20 seconds						
Using hand sanitizer						
Wearing a face mask every time you go out of your home						
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 / 6 feet away from other people						

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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 the virus or believe you have the virus						
Avoiding going to the grocery store or pharmacy						
Washing/disinfecting groceries or packages						
Avoiding going to the park						
Avoiding going out to bars/pubs/restaurants						
Avoiding getting take-out food or delivery						
Avoiding going for walks in your neighbourhood						
Avoiding all social gatherings (large and small)						
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 (except essential service workers)						

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9. 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

10. Among the following local health authority or government measures to slow the spread of COVID-19, please rate the extent to which each one would **convince you to practice social/physical isolation or distancing:**

	Personal Level				
…would convince me to practice social/physical isolation or distancing:	To a Great Extent	Somewhat	Very Little	Not at All	I don't know/I prefer not to answer
Threat of fines					
Threat of arrest/jail					
Threat of institutional quarantine (e.g., in a hospital or care centre)					
Providing information on local infection/death rates					
Providing information about infection/death rates outside my country					
Providing information about how COVID-19 is spread (e.g., close contact)					
Providing information on risk factors for COVID-19-related complications or death (e.g., age, pre-existing health conditions)					
Providing information about having limited healthcare resources (doctors, hospital beds, ventilators) to treat the sick					

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Providing information about how your actions are slowing the spread of infection…					
Providing information about how your actions are saving lives					
Providing information about how your actions are improving the economy					
Providing information about how your actions will help things 'get back to normal' quicker					

11. 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.

12. 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 / my family's savings						
… not having enough money for food and/or rent						
… 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						
…a family member I don't live with being socially isolated						
…not being able to see my friends, socialise						
…the healthcare system becoming overloaded/not being able to care for the sick						
… there not being enough food left on shelves						
… my country going into an economic recession/depression						
… how long it will take for things to "go back to normal"						
… there being a second wave of COVID-19 infections in the future						

13. 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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14. Have any of these people been someone **that lives with you**?
    - No
    - Yes
    - I don't know/I prefer not to answer

Commenté [GS2]: If Q13 = 1, 2 to 4, 5 to 9, 10 or more

15. Of the people you **know personally** that were or likely were infected, how many have **passed away** due to COVID-19?
    - 0
    - 1
    - 2 to 4
    - 5 to 9
    - 10 or more
    - I don't know/I prefer not to answer

Commenté [GS3]: If Q13 = 1, 2 to 4, 5 to 9, 10 or more

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D: IMPACTS OF COVID-19

16. 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:

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
…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 suspicious and distrustful of others						
… I have cancelled medical appointments or using hospital emergency services for a non-COVID-related problem						
…I have increased how often/how much I drink alcohol						
...I have been less physically active						
…My diet has gotten worse						
…I have increased how often/how much I use recreational drugs (e.g., marijuana, cocaine, opioids, hallucinogens, etc.)						
…I have lost my job or had to close my business						
…I have had my job hours cut/lost income						
…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 I live with						
…my relationship with family members I live with has improved						
…I have not been able to get food and supplies that I need						
…people in my community are acting inconsiderately/selfishly						
…my healthcare system has become over-loaded						

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…I have had trouble getting non-COVID-19 related medical care						
…my country has gone into an economic recession/depression						

17. 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

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E: SOURCES OF COVID-19 INFORMATION

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

18. Among the following sources of information about COVID-19, please rate the extent to which you consult each of these to get your information about COVID-19:

Sources of COVID-19 Information	**Personal Level**					
I get most of my COVID-19 information from …	To a Great Extent	Somewhat	Very Little	Not at All	I don't know/I prefer not to answer	Not applicable
… Family, friends, and colleagues						
… My workplace						
… Local/national/global news (newspapers, television, radio, online)						
… My doctor or healthcare professional						
… My local health authorities/government						
… My national leader/government						
… A community/religious/cultural leader						
… The World Health Organization (WHO)						
… The scientific literature						
… Other people or groups via social media or the internet						

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F. CURRENT HEALTH STATUS

19. 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)			
Alzheimer's or dementia			

20. How would you rate your **physical health** in general, compared to others your age?
    - 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

21. How would you rate your **mental health** in general, compared to others your age?
    - 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

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

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23. Do you think you have been **infected** with COVID-19?
    - No
    - Yes, but I have recovered
    - Yes, and I am still having symptoms
    - I don't know/I prefer not to answer

24. 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

25. 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) Other _____
    g) I don't know/I prefer not to answer

Commenté [GS4]: If 24 = Yes

26. 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 [GS5]: If 24 = Yes, and I got tested

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G. HEALTH BEHAVIOURS

27. 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

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

29. 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						

30. 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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H. DEMOGRAPHICS:

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

32. 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? _____

33. Are you currently **pregnant**?
    - I don't know/I prefer not to answer
    - No
    - Yes
        - How many weeks have you been pregnant? ___ weeks
        - How concerned are you about your unborn baby being infected?
            - To a great extent
            - Somewhat
            - Very little
            - Not at all
            - I don't know/I prefer not to answer

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

35. 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

36. 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

37. 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. Unemployed
    d. Student
    e. Part-time job
    f. Full-time job

Commenté [GS6]: If 32 = If Suburban/Regional or Urban/City

Commenté [GS7]: If 2 = Female

Commenté [GS8]: If 33 = Yes

Commenté [GS9]: If 33 = Yes

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g. Self-employed
h. I don't know/I prefer not to answer

38. Were you receiving unemployment insurance / benefits?
    - No
    - Yes
    - I don't know/I prefer not to answer

Commenté [GS10]: If 37 = c

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

Commenté [GS11]: If 37 = d, e, f or g

40. Are you **currently employed or working** either full-time and/or part-time?
    - No
    - Yes
    - I don't know/I prefer not to answer

41. Are you currently receiving **unemployment insurance / benefits**?
    - No
    - Yes
    - I don't know/I prefer not to answer

Commenté [GS12]: If 40 = No

42. 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 [GS13]: If 40 = Yes

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

Commenté [GS14]: If 42 = Yes

44. Have you been asked by your employer to **work remotely or from home** as part of social/physical distancing measures?
    - No
    - Yes
    - I already worked remotely or from home before the start of social/physical distancing measures
    - I don't know/I prefer not to answer

Commenté [GS15]: If 40 = Yes

45. In the event of national/local authorities imposing social/physical 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 [GS16]: If 44 = No

46. How easy has it been for you to **work from home**?

Commenté [GS17]: If 44 = Yes

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- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- I don't know/I prefer not to answer

47. 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)
    j. Armed forces occupations (commissioned and non-commissioned)
    k. Other
    l. I don't know/I prefer not to answer

Commenté [GS18]: If 37 = e, f or g

48. 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 [GS19]: If 40 = Yes

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

50. 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 [GS20]: If 50 > 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>

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