iCARE Study – Survey 7

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 150 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.mbmc-cmcm.ca/covid19.

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. Prior to the COVID-19 pandemic, how would you describe your **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

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?

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9. Are you a parent of any of these children?
    i. Yes
    ii. No
    iii. 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. 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			
Wearing a face mask in indoor spaces (shops, restaurants, public transit, at work)			
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-quarantining 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			
Avoiding indoor social gatherings			
Avoiding any non-essential travel			

11. 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

12. 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

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13. 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

14. 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)						
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-quarantining 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						
Avoiding indoor social gatherings						
Avoiding any non-essential travel						

15. 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

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16. 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 change your behaviours (e.g., practice social/physical distancing, wear a facemask):**

	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 the availability of healthcare resources (doctors, hospital beds, ventilators) to treat the sick					
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					

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C. VACCINATION

17. If the COVID-19 **vaccine** were available to you 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

18. 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
Trusting the companies who developed the vaccine					
Having information that the vaccine is unlikely to have any major side effects					
Having information that the vaccine is effective (i.e., will prevent COVID-19 transmission and protect people's health)					
Believing that I am high risk of getting COVID-19					
Hearing that other people have positive attitudes towards the vaccine					
Seeing other people getting the vaccine					
Getting a recommendation from my doctor to get vaccinated					
Getting a recommendation from my government to get vaccinated					
The affordability of the vaccine					
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					

19. 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

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- Never
- I don’t know/I prefer not to answer

20. Did you get, or do you intend to get the seasonal flu vaccine for the upcoming/current flu season?

    - Yes
    - No
    - 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.

21. 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, 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 more waves of COVID-19 infections in the future						

22. Do you know anyone personally that got very sick or died from COVID-19?
    - Yes
    - No
    - Prefer not to answer

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23. 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

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E. IMPACTS OF COVID-19

24. 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
…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 I live with						
…I have had trouble getting non-COVID-19 related medical care						
…my country has gone into an economic recession/depression						

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

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

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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.)							

26. **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

27. 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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F. SOURCES OF COVID-19 INFORMATION

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

28. 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					

29. 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:

	To a Great Extent	Somewhat	Very Little	Not at All	I don't know/I prefer not to answer	Not applicable
Word of mouth						
Television news						
Radio news						
Newspapers						
Internet news						
Social media						

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G. COVID-19 TESTING

30. Do you know or think that 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

31. 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

32. 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

33. 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

34. 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

35. 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. Does your government currently have a mobile/cell phone COVID-19 contact tracing application?
    a) Yes
    b) No
    c) Not yet, but they are introducing one soon
    d) I don't know
    e) I prefer not to answer

36. Are you using your government's mobile/cell phone COVID-19 contact tracing application?
    a) Yes

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b) No
c) Not applicable (I do not have a mobile/cell phone)
d) I don't know
e) I prefer not to answer

37. If your government introduces a mobile/cell phone COVID-19 contact tracing application, would you use such an application?
    a) Yes
    b) No
    c) Not applicable (I do not have a mobile/cell phone)
    d) I don't know
    e) I prefer not to answer

38. If you **are using** or are **considering using** your governments' mobile/cell phone contact tracing application, which of the following has, or would convince you to use it?

	To a great extent	Somewhat	Very little	Not at All	I don't know/I prefer not to answer	Not applicable
If it is mandatory (e.g., a government requirement or as part of my job)						
Knowing that using the application is helping slow down the spread of COVID-19						
Being guaranteed that nobody will have access to my personal information, not even the government						
Knowing if I have been exposed to someone who tested positive for COVID-19 as soon as possible						

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H. SCHOOL RELATED ISSUES

Questions for students

39. Are you currently going to school or university?
    a) I am only attending school or university in person (same as pre-COVID)
    b) I am attending school or university in person and online
    c) I am only attending school or university online
    d) I am not currently at school or university
    e) I don't know/I prefer not to answer

40. 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

41. How is attending 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					
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					

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

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43. How do you think attending 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					
I would be able to have more interactions with my friends					

Questions for parents

44. Are your children currently going to school?
    a) Yes, they are only attending school in person (same as pre-COVID)
    b) Yes, they are attending school in person and online
    c) Yes, they are only attending school online
    d) No
    e) I don't know/I prefer not to answer

45. What do you think of your children's school'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

46. How do you feel about your children attending school **in person**? Please rate each statement.

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	To a Great Extent	Somewhat	Very Little	Not at All	I don't know/I prefer not to answer
I am concerned about them catching COVID at school					
I feel happy about them being at school					
I feel angry, irritable, or frustrated about them being at school					
I feel relaxed about them being at school					

47. How would you feel about your children attending school **in person**? 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 them catching COVID at school					
I would be happy about them being at school					
I would be angry, irritable, or frustrated about them being at school					
I would be relaxed about them being at school					

48. 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
    - 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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I. CURRENT HEALTH AND DEMOGRAPHICS:

49. 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)			

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

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

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

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

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

55. 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

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

57. 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

58. 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

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

60. 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

61. How did you hear about the iCARE survey?
    - Online article
    - TV, radio, newspaper
    - iCARE study website
    - Other website, that is not social media (e.g., blogs)
    - Personal email (e.g., from a friend/colleague)
    - Large scale email (e.g., from an organization, mailing list)
    - Newsletter via email
    - Facebook
    - LinkedIn
    - Twitter

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- Instagram
- 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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