

Default Question Block

What is your age?

- <18 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- >65 years

What is your annual household income?

- <\$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000-\$149,999
- >\$150,000

How would you describe your gender?

- Male
- Female
- Transgender male
- Transgender female
- Other/prefer not to say

What is your marital status?

- Single
- Married

- In a relationship
- Divorced
- Widowed
- Prefer not to say

Before the COVID-19 pandemic: did you ever **engage in or have** any of the following interventions or procedures? Please select all that apply.

- Medical-grade skincare
- Injectables (e.g. Botox, Dermal fillers, Kybella)
- Non-invasive procedures (e.g. lasers, coolsculpting)
- Facial cosmetic surgery (e.g. rhinoplasty, facelift, necklift, browlift, eyelid surgery)
- Breast cosmetic surgery (e.g. breast augmentation, breast lift)
- Body cosmetic surgery (e.g. abdominoplasty, liposuction, brachioplasty, thighplasty)
- None of the above

Before the COVID-19 pandemic: did you ever **consider or research** any of the following interventions or procedures? Please select all that apply.

- Medical-grade skincare
- Injectables (e.g. Botox, Dermal fillers, Kybella)
- Non-invasive procedures (e.g. lasers, coolsculpting)
- Facial cosmetic surgery (e.g. rhinoplasty, facelift, necklift, browlift, eyelid surgery)
- Breast cosmetic surgery (e.g. breast augmentation, breast lift)
- Body cosmetic surgery (e.g. abdominoplasty, liposuction, brachioplasty, thighplasty)
- None of the above

During/since the COVID-19 pandemic: how has your interest in any of the following procedures/interventions changed, once it is safe to do so following the pandemic? For each option, please select whether your interest is decreased, unchanged, or increased/new.

	Decreased	Unchanged	Increased/newly interested
Medical-grade skincare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Decreased	Unchanged	Increased/newly interested
Injectables (e.g. Botox, Dermal fillers, Kybella)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-invasive procedures (e.g. lasers, coolsculpting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To ensure attention, please choose the answer "Unchanged"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial cosmetic surgery (e.g. rhinoplasty, facelift, necklift, browlift, eyelid surgery)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cosmetic surgery (e.g. breast augmentation, breast lift)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body cosmetic surgery (e.g. abdominoplasty, liposuction, brachioplasty, thighplasty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What factors during the COVID crisis have contributed to your **increased/new interest** in some/all of the interventions mentioned above? Please select all that apply.

- Stimulus check
- Increased time spent on social media
- Seeing self in mirror more often
- Weight change
- Noticed something you do not like on internet video conference (e.g. Zoom, Microsoft Teams, Skype, Facetime etc.)
- Opinions of others in your household
- Desire to look better when crisis is over
- Desire to pamper yourself when crisis is over
- Change in relationship status/desire to get back to dating
- Other, please specify below

Please specify your response from above:

Have you considered a virtual consultation with a plastic surgeon about what you are interested in having done?

- Yes
- No

Will you make an in-person appointment with a plastic surgeon to pursue what you are interested in having done?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

What factors during the COVID crisis have contributed to your **decreased** interest in some/all of the interventions mentioned above? Please select all that apply.

- Spending priorities have changed
- Loss/change in job or income
- Focusing on other aspects of my health
- Worried about infection in a medical facility
- Will not have time
- Positive changes in my appearance
- Change in relationship status/desire to get back to dating
- Other, please specify below.

Please specify your response from above:

Here is your MTurk completion code: \${e://Field/Random%20ID}

Copy this value to paste into MTurk.

When you have copied this ID please click the next button to submit your survey.

