

1. What is your age? \_\_\_\_ years
2. What is your sex? Male / Female / Other
3. How many people, including yourself, live in your household? \_\_\_\_\_
4. In which Canton do you live? \_\_\_\_\_
5. What is your highest level of education?
  - Compulsory education or less
  - Apprenticeship
  - High school
  - Professional school or university
  - I don't know
6. How confident are you filling out forms about your health by yourself (ex: questionnaire for new patients with a new doctor)?
  - Compulsory education or less
  - Apprenticeship
  - High school
  - Professional school or university
7. Have you been tested for the novel Coronavirus (COVID-19)?
  - Yes, tested positive
  - Yes, tested negative
  - Yes, awaiting the result
  - No
  - I don't know
8. Do you currently have the following symptoms: (check all that apply)
  - Fever ( $\geq 38$  C, feel feverish, or chills)
  - Cough
  - Difficulty breathing
  - Other: Please specify
  - No symptoms, I feel well
  - I don't know

**Information about the novel coronavirus (SARS CoV-19)**

9. What are your three primary sources of information to stay up to date with recommendations for COVID-19? (Check up to 3 responses)
  - Government website or announcements
  - Print or online news sources
  - Information from television or radio

- Online blogs or other informal sources
- Social media (Facebook, Instagram, WhatsApp, Twitter, etc.)
- My employer
- My family and friends
- Government telephone hotline
- My healthcare providers or websites of hospitals or clinics
- I have not been staying up to date about the new coronavirus (COVID-19)
- Other: please specify

10. How worried, overall, would you say you are about the new coronavirus (SARS-CoV-19)?  
(1-10, with 1 not worried at all, 10 extremely worried)

11. Which of the following are recommended measures from the federal government to slow spread of the novel Coronavirus (COVID-19)? (check all that apply)

- Wash my hands frequently for 20 seconds at a time (true)
- Maximize time spent outdoors each day (false)
- Carefully wash all fruits and vegetables (false)
- Maintain 2 meters distance from others (true)
- In case of fever or cough, stay home for 10 days and 48 hours without symptoms (true)
- Stop using public transportation (false)
- Cancel all public events (true)
- Avoid mixing generations in a family (ex: grandparents keeping children) (true)
- Work remotely if you can (true)

### **Changes to your routine because of the novel coronavirus (COVID-19)**

12. Have you had to make any of these specific changes due to the novel Coronavirus (COVID-19) restrictions? (check all that apply)

- Cancelled travel plans
- Cancelled cultural event, sporting event, etc
- Missed days of work
- Worked remotely
- Avoided physical contact with others (ex: shaking hands)
- Cancelled private family or social engagements
- Imposed self-isolation or self-quarantine, did not leave my home for days at a time
- Have not had to make any changes
- Other: please specify

13. What measures have you taken to protect your family and close friends?

- I've provided them with information
- I've helped them limit their exposure to many people
- I've avoided visiting them
- I avoided them when I had symptoms (ex: cough, fever, etc.)

- I've provided food and other essential products
- Does not apply to my situation
- Other: Please specify

14. What has helped you follow these measures? (Check all that apply)

- Help from my family or friends
- Help from my employer
- Reimbursement from insurance or other sources (ex: reimbursed travel reservations)
- Information from online sources
- Information from friends or family
- Information from government sources
- Made changes to my habits or found tips and tricks to make it easier to follow recommendations
- I followed the example of others
- I haven't followed the recommendations
- Others: please specify

15. What has prevented, even occasionally, you from following these measures? (Check all that apply)

- I don't think the measures are useful to prevent spread
- I don't think the virus is dangerous for me or my family
- Difficult to change my habits
- Worry about offending others (ex: not shaking hands when offered)
- Worry about missing time at work or disappointing my employer
- Need to leave the house for essential products (ex: getting food)
- Family obligations (ex: need to care for children or elderly)
- I worry about my health status (ex: need to consult doctor)
- I don't remember or understand the recommendations
- I don't have the means (ex: live in shared space)
- I systematically follow the recommendations without any problems
- Others: please specify

### **Following government recommendations**

16. Overall, to what extent have *you yourself* adhered to federal recommendations, such as washing hands, maintaining 2 meters distance from others, avoiding touching your face, etc?

(1 not at all - 10 in all situations)

17. Overall, to what extent have you *observed others* adhering to federal recommendations, such as washing hands, maintaining 2 meters distance from others, avoiding touching your face, etc?

(1 not at all - 10 in all situations)

18. Have you intervened to encourage other individuals to follow these measures?

- Yes
- No
- I don't know

19. Do you feel the government recommendations to limit coronavirus (COVID-19) to date have been:

(1 not at all enough 5 about right 10 much too restrictive)

18. What else could the government do to help individual citizens limit the spread of coronavirus (COVID-19)?

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Automatic time stamp: \_\_\_\_\_