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Page 1

# Global Coronavirus Survey

Welcome! You are invited to participate in a global epidemiological survey from the University of Rochester to help us better understand attitudes, beliefs, and knowledge about topics related to current public health issues, such as coronavirus, COVID-19, and other infectious diseases, and the factors that might relate to them. If you're 18 years old or older and can answer the survey in English, please proceed below!

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Page 2

SCHOOL OF MEDICINE AND DENTISTRY

Department of Obstetrics &amp; Gynecology

**Global Coronavirus Survey: Opinions and Practices****Principal Investigator:** Timothy Dye, PhD and Eva Pressman, MD

This form describes a research study that is being conducted by faculty from the University of Rochester's School of Medicine and Dentistry.

The purpose of this study is to better understand attitudes, beliefs, and knowledge about some topics related to current public health issues, such as coronavirus and other infectious diseases, and the factors that might relate to them. The study includes questions about your thoughts and experiences about coronavirus and COVID-19, physical and mental health, stress, social support, and demographic questions. You can skip any question you wish.

If you decide to take part in this study, you will be asked to complete a survey through a link you can reach on the internet. It will take about 20-40 minutes to complete the survey. We estimate that approximately 7000 people will take part in this study.

The risks of participation are minimal. Some of the questions may be upsetting or make you feel uncomfortable. You can skip any of the questions you do not want to answer. To protect the confidentiality of the data, data will be transmitted in an encrypted format (readable only to authorized personnel). There are no expected benefits.

You will not receive compensation to participate in this survey.

The University of Rochester makes every effort to keep the information collected from you private. Results of the research may be presented at meetings or in publications, and will not identify specific people who responded. The University of Rochester is receiving payment from the Mae Stone Goode Foundation for conducting this research study.

**Your participation in this study is completely voluntary.** You do not have to participate and you can stop the survey at any time. If you choose to stop, we cannot delete your information since we do not collect any identifying information and would be unable to find and delete your record.

For more information or questions about this research you may contact Dr. Timothy Dye at [tim\\_dye@urmc.rochester.edu](mailto:tim_dye@urmc.rochester.edu).

Please contact the University of Rochester Research Subjects Review Board at 265 Crittenden Blvd., CU 420315, Rochester, NY 14642, Telephone +1 (585) 276-0005 or +1 (877) 449-4441 for the following reasons:

- You wish to talk to someone other than the research staff about your rights as a research subject;
- To voice concerns about the research.

RSRB STUDY00004825  
Version Date: April 28, 2020

RSRB Approval Date: 4/28/2020

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Page 3

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**Information Sheet**

Study Title: Global Coronavirus Survey: Opinions and Practices

Principal Investigators: Dr. Timothy Dye, Dr. Eva Pressman

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For more information or questions about this research you may contact Dr. Timothy Dye at +1 585-276-6953 and [tim\\_dye@urmc.rochester.edu](mailto:tim_dye@urmc.rochester.edu).

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Continue with the survey?

- Yes  
 No

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Page 4

## Section 1: Country Questions

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Page 5

1. What country do you live in?

- Afghanistan
- Åland Islands
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica[a]
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia[b]
- Austria
- Azerbaijan
- Bahamas (the)
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia (Plurinational State of)
- Bonaire
- Sint Eustatius
- Saba
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory (the)
- Brunei Darussalam[e]
- Bulgaria
- Burkina Faso
- Burundi
- Cabo Verde[f]
- Cambodia
- Cameroon
- Canada
- Cayman Islands (the)
- Central African Republic (the)
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands (the)
- Colombia
- Comoros (the)
- Congo (the Democratic Republic of the)
- Congo (the)[g]
- Cook Islands (the)
- Costa Rica
- Côte d'Ivoire[h]
- Croatia
- Cuba
- Curaçao
- Cyprus
- Czechia[i]
- Denmark
- Djibouti
- Dominica
- Dominican Republic (the)
- Ecuador
- Egypt
- El Salvador

12/04/2020 9:11am

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- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini[j]
- Ethiopia
- Falkland Islands (the) [Malvinas][k]
- Faroe Islands (the)
- Fiji
- Finland
- France[l]
- French Guiana
- French Polynesia
- French Southern Territories (the)[m]
- Gabon
- Gambia (the)
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Heard Island and McDonald Islands
- Holy See (the)[n]
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran (Islamic Republic of)
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea (the Democratic People's Republic of)[o]
- Korea (the Republic of)[p]
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic (the)[q]
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macao[r]
- North Macedonia[s]
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta

- Marshall Islands (the)
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia (Federated States of)
- Moldova (the Republic of)
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar[t]
- Namibia
- Nauru
- Nepal
- Netherlands (the)
- New Caledonia
- New Zealand
- Nicaragua
- Niger (the)
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands (the)
- Norway
- Oman
- Pakistan
- Palau
- Palestine, State of
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines (the)
- Pitcairn[u]
- Poland
- Portugal
- Puerto Rico
- Qatar
- Réunion
- Romania
- Russian Federation (the)[v]
- Rwanda
- Saint Barthélemy
- Saint Helena
- Ascension Island
- Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin (French part)
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten (Dutch part)
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands

- South Sudan
- Spain
- Sri Lanka
- Sudan (the)
- Suriname
- Svalbard
- Jan Mayen
- Sweden
- Switzerland
- Syrian Arab Republic (the)[x]
- Taiwan (Province of China)[y]
- Tajikistan
- Tanzania, the United Republic of
- Thailand
- Timor-Leste[aa]
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands (the)
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates (the)
- United Kingdom of Great Britain and Northern Ireland (the)
- United States Minor Outlying Islands (the)[ac]
- United States of America (the)
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela (Bolivarian Republic of)
- Viet Nam[ae]
- Virgin Islands (British)[af]
- Virgin Islands (U.S.)[ag]
- Wallis and Futuna
- Western Sahara[ah]
- Yemen
- Zambia
- Zimbabwe
- Other

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Live in Other Country, please specify

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Page 9

1b. For US residents, what State do you live in?

- New York
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

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Page 10

1c. Indian residents, what state do you live in?

- IN-AP = Andhra Pradesh
- IN-AR = Arunachal Pradesh
- IN-AS = Assam
- IN-BR = Bihar
- IN-CT = Chhattisgarh
- IN-GA = Goa
- IN-GJ = Gujarat
- IN-HR = Haryana
- IN-HP = Himachal Pradesh
- IN-JH = Jharkhand
- IN-KA = Karnataka
- IN-KL = Kerala
- IN-MP = Madhya Pradesh
- IN-MH = Maharashtra
- IN-MN = Manipur
- IN-ML = Meghalaya
- IN-MZ = Mizoram
- IN-NL = Nagaland
- IN-OR = Odisha
- IN-PB = Punjab
- IN-RJ = Rajasthan
- IN-SK = Sikkim
- IN-TN = Tamil Nadu
- IN-TG = Telangana
- IN-TR = Tripura
- IN-UT = Uttarakhand
- IN-UP = Uttar Pradesh
- IN-WB = West Bengal
- IN-AN = Andaman and Nicobar Islands
- IN-CH = Chandigarh
- IN-DN = Dadra and Nagar Haveli
- IN-DD = Daman and Diu
- IN-DL = Delhi
- IN-JK = Jammu and Kashmir
- IN-LA = Ladakh
- IN-LD = Lakshadweep
- IN-PY = Puducherry

Confidential

Page 11

2. What country were you born in?

- Afghanistan
- Åland Islands
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica[a]
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia[b]
- Austria
- Azerbaijan
- Bahamas (the)
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia (Plurinational State of)
- Bonaire
- Sint Eustatius
- Saba
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory (the)
- Brunei Darussalam[e]
- Bulgaria
- Burkina Faso
- Burundi
- Cabo Verde[f]
- Cambodia
- Cameroon
- Canada
- Cayman Islands (the)
- Central African Republic (the)
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands (the)
- Colombia
- Comoros (the)
- Congo (the Democratic Republic of the)
- Congo (the)[g]
- Cook Islands (the)
- Costa Rica
- Côte d'Ivoire[h]
- Croatia
- Cuba
- Curaçao
- Cyprus
- Czechia[i]
- Denmark
- Djibouti
- Dominica
- Dominican Republic (the)
- Ecuador
- Egypt
- El Salvador

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- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini[j]
- Ethiopia
- Falkland Islands (the) [Malvinas][k]
- Faroe Islands (the)
- Fiji
- Finland
- France[l]
- French Guiana
- French Polynesia
- French Southern Territories (the)[m]
- Gabon
- Gambia (the)
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Heard Island and McDonald Islands
- Holy See (the)[n]
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran (Islamic Republic of)
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea (the Democratic People's Republic of)[o]
- Korea (the Republic of)[p]
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic (the)[q]
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macao[r]
- North Macedonia[s]
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta

- Marshall Islands (the)
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia (Federated States of)
- Moldova (the Republic of)
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar[t]
- Namibia
- Nauru
- Nepal
- Netherlands (the)
- New Caledonia
- New Zealand
- Nicaragua
- Niger (the)
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands (the)
- Norway
- Oman
- Pakistan
- Palau
- Palestine, State of
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines (the)
- Pitcairn[u]
- Poland
- Portugal
- Puerto Rico
- Qatar
- Réunion
- Romania
- Russian Federation (the)[v]
- Rwanda
- Saint Barthélemy
- Saint Helena
- Ascension Island
- Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin (French part)
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten (Dutch part)
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands

- South Sudan
- Spain
- Sri Lanka
- Sudan (the)
- Suriname
- Svalbard
- Jan Mayen
- Sweden
- Switzerland
- Syrian Arab Republic (the)[x]
- Taiwan (Province of China)[y]
- Tajikistan
- Tanzania, the United Republic of
- Thailand
- Timor-Leste[aa]
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands (the)
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates (the)
- United Kingdom of Great Britain and Northern Ireland (the)
- United States Minor Outlying Islands (the)[ac]
- United States of America (the)
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela (Bolivarian Republic of)
- Viet Nam[ae]
- Virgin Islands (British)[af]
- Virgin Islands (U.S.)[ag]
- Wallis and Futuna
- Western Sahara[ah]
- Yemen
- Zambia
- Zimbabwe
- Other

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Born in Other Country, please specify:

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Page 15

**Section 2: Health Attitudes**

**Each item below is a belief statement about your health with which you may agree or disagree. This is a measure of your personal beliefs; there are no right or wrong answers. Please tell us how strongly you agree or disagree with each item.**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
1. If I get sick, it is my own behavior which determines how soon I get well again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. No matter what I do, if I am going to get sick, I will get sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Having regular contact with my physician is the best way for me to avoid illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Most things that affect my health happen to me by accident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Whenever I don't feel well, I should consult a medically trained professional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am in control of my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My family has a lot to do with my becoming sick or staying healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When I get sick, I am to blame.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Luck plays a big part in determining how soon I will recover from an illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Health professionals control my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My good health is largely a matter of good fortune.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The main thing which affects my health is what I myself do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If I take care of myself, I can avoid illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page 16

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 14. Whenever I recover from an illness, its usually because other people (for example, doctors, nurses, family, friends) have been taking good care of me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. No matter what I do, I'm likely to get sick.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. If it's meant to be, I will stay healthy.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. If I take the right actions, I can stay healthy.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Regarding my health, I can only do what my doctor tells me to do.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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Page 17

**Section 3 - Beliefs about Coronavirus****1. As far as you know, have public health experts recommended these actions as a way to help slow the spread of coronavirus?**

	Yes, recommended	No, not recommended	Don't Know
a. Frequent hand washing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Boil water before drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Healthy people wearing facemasks in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Avoiding gatherings with large numbers of people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Using mosquito repellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Staying home if you are feeling sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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g. Other recommendations

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Page 18

**2. As far as you know, which of the following is a way that coronavirus is transmitted, or spread?**

	Yes, transmitted this way	No, not transmitted this way	Don't Know
a. Being in close physical proximity with someone who is infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Touching surfaces that contain small amounts of bodily fluids from someone who is infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Through mosquito bites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Through genes/ genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e. What other ways is coronavirus transmitted or spread? Please explain.

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Page 19

**3. For each of the following, please tell us if you think this is a common symptom of coronavirus infection (COVID-19)**

	Yes, a symptom	No, not a symptom	Don't know
a. Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dry cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nasal congestion/ runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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f. Other Symptoms (Please describe:)

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Page 20

**4. Do you think any of the groups below have a higher risk of developing serious medical issues if they become infected with coronavirus?**

	Yes, higher risk	No, not higher risk	Don't know
a. Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pregnant women	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People with chronic health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People in their early 20s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. People with obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. People over 60	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. As far as you know, is there a vaccine to protect people from the current coronavirus, also known as COVID-19, or not?  Yes  No  Don't know

6. As far as you know, does the vaccine for influenza, or seasonal flu, protect people from the current coronavirus, also known as COVID-19, or not?  Yes  No  Don't know

7. As far as you know, if someone thinks they are having symptoms of coronavirus, what should they do?

Stay home and call a doctor or medical provider

Seek health care immediately at an emergency room or urgent care facility

Something else

Don't Know

7a. Something else, please explain

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Page 21

**Section 4 - Health Concerns and Experience**

1. Do you feel you have enough information about how to protect yourself and your family from coronavirus?

Yes  No  Don't Know

2. What, if anything, are you doing to protect yourself and your family from coronavirus?

---

3. Do you feel that worry or stress related to coronavirus has had a negative impact on your mental health, or not?

Yes- major impact  
 Yes - minor impact  
 No  
 Don't Know

3b. Please explain:

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Page 22

**q4. How effective do you feel each of the following groups have been in taking action against coronavirus and COVID-19?**

a. The healthcare system (including hospitals, clinics, doctors, nurses, and other health providers)

- Not effective at all  
 Not very effective  
 Somewhat effective  
 Very effective

a. Please explain:

---

b. Science (including researchers and analysts)

- Not effective at all  
 Not very effective  
 Somewhat effective  
 Very effective

b. Please explain:

---

c. The government (including local and national governments)

- Not effective at all  
 Not very effective  
 Somewhat effective  
 Very effective

c. Please explain:

---

d. The educational system (including primary schools, secondary schools, and universities)

- Not effective at all  
 Not very effective  
 Somewhat effective  
 Very effective

d. Please explain:

---

e. Local shops and services (including stores, supermarkets, restaurants)

- Not effective at all  
 Not very effective  
 Somewhat effective  
 Very effective

e. Please explain:

---

f. Industry (including large employers, factories, manufacturerers)

- Not effective at all  
 Not very effective  
 Somewhat effective  
 Very effective

f. Please explain:

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Confidential

Page 23

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g. The press (including reporters, newspapers, television and visual media)

- Not effective at all
- Not very effective
- Somewhat effective
- Very effective

---

g. Please explain:

---

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h. Social media platforms

- Not effective at all
- Not very effective
- Somewhat effective
- Very effective

---

h. Please explain:

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Confidential

Page 24

**5. How worried, if at all, are you about each of the following items?**

	Very worried	Somewhat worried	Not too worried	Not at all worried	Don't Know
a. You or someone in your family will get sick from the coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You will lose income due to a workplace closure or reduced hours because of coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. That you will become sick with Lyme Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your investments such as retirement or college savings will be negatively impacted by coronavirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. That you will become sick with dengue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You will put yourself at risk of exposure to coronavirus because you can't afford to stay home and miss work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You will not be able to afford testing or treatment for coronavirus if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Worried about something else, please explain

---

5b. How much, if at all, has your life been disrupted by the coronavirus outbreak?

- A lot  
 Some  
 Just a little  
 Not at all  
 Don't Know

5b. Please explain how much, if at all, has your life been disrupted by the coronavirus outbreak?

---



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Page 25

**6. Please tell us if you have taken any of the following actions because of the recent coronavirus outbreak.**

	Yes	No	Don't Know
a. Decided not to travel or changed travel plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bought or worn a protective mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Stocked up on items such as food and household supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Postponed or canceled health care visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Got extra refills on prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stayed home instead of going to work school, or other regular activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Postponed or canceled a medical procedure or surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Canceled plans to attend large gatherings such as concerts or sporting events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Quit my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6b. Please share any explanation or details you would like of the items above:

---

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Page 26

**7. Have you experienced any of the following because of coronavirus?**

7a. Lost income from a job or business

- Yes  
 No  
 Don't Know

a. Lost income from a job or business, please explain

---

7b. Been unable to get groceries

- Yes  
 No  
 Don't Know

b. Been unable to get groceries, please explain

---

7c. Been unable to get cleaning supplies or hand sanitizer

- Yes  
 No  
 Don't Know

7c. Been unable to get cleaning supplies or hand sanitizer, please explain

---

7d. Been unable to get prescription medication

- Yes  
 No  
 Don't Know

d. Been unable to get prescription medication, please explain

---

7e. Have you or a family member been harassed, bullied, or hurt because of coronavirus

- Yes  
 No  
 Don't Know

7e. Been harassed, bullied, or hurt because of coronavirus, please explain.

---

8. How closely are you following social or physical distancing, that is, staying at home, away from other people whenever you can, or staying away from other people when in a public place?

- Very closely  
 Somewhat closely  
 Not very closely  
 Not closely at all

Please tell us more about your thoughts and experiences of social or physical distancing: (open ended)

---

9. Have you personally been tested for coronavirus, or not?

- Yes, have been tested  
 No, have not been tested  
 Don't Know

Confidential

Page 27

---

9a. Among those tested: what was the result of the test for coronavirus?

Test was positive  
 Test was negative  
 I don't know yet

---

10. Among those not tested: Have you tried to get tested for coronavirus, or not?

Yes  
 No  
 Don't Know

---

11. Among those not tested: Do you think you would be able to get a test for coronavirus if you thought you needed one, or not?

Yes  
 No  
 Don't Know

---

11. Please explain where you think you would be able to get a test for coronavirus if you thought you needed one.

\_\_\_\_\_

---

11. Please explain why you don't think you would be able to get a test for coronavirus if you thought you needed one.

\_\_\_\_\_

---

12. Do you feel you now have - or have you recently had - coronavirus infection?

Yes  
 No  
 Don't Know

---

Please explain why you feel you now have - or have you recently had - coronavirus infection?

\_\_\_\_\_

---

13. If there was a vaccine that prevented people from getting sick from coronavirus, would you get the vaccine?

Yes  
 No  
 Don't Know

---

Please explain why you would get the vaccine if there was one available?

\_\_\_\_\_

---

Please explain why you would not get the vaccine if there was one available?

\_\_\_\_\_

---

Please explain why you don't know if you would get the vaccine if there was one available?

\_\_\_\_\_

---

14. Do you personally know someone who has coronavirus infection (or COVID-19) check all that apply?

Yes, a family member  
 Yes, a friend  
 Yes, a neighbor  
 Yes, someone else  
 No  
 I don't know

---

15. Do you personally know someone who has died from coronavirus infection (or COVID-19) check all that apply?

Yes, a family member  
 Yes, a friend  
 Yes, a neighbor  
 Yes, someone else  
 No  
 I don't know

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Page 28

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16. Do people talk badly or gossip about other people who are living with, have had, or are thought to have coronavirus infection (or COVID-19)?

- Definitely yes
- Probably yes
- Probably not
- Definitely not
- I don't know

---

17. Do people who have had coronavirus infection (or COVID-19) lose respect or status in the community?

- Definitely yes
- Probably yes
- Probably not
- Definitely not
- I don't know

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Page 29

**Section 5 -Household Questions**

1. Do you own a car?  Yes  
 No  
 Choose not to answer

2. Do you own a home?  Yes  
 No  
 Choose not to answer

3. Are you the parent or guardian of any child under the age of 18 living in your household?  Yes  
 No  
 Don't Know

4. Has your child's school or daycare been closed for any length of time as a result of coronavirus, or not?  Yes  
 No  
 Don't Know

5. If your child's school or daycare is/was closed for two weeks or more due to coronavirus, how difficult, if at all, has it been/would it be for you to find alternative childcare?  Very Difficult  
 Somewhat Difficult  
 Not too Difficult  
 Not at all Difficult

6. If you were required to remain at home because of quarantine or school or work closure, would you be able to do at least part of your job from home, or not?  Yes  
 No  
 Not applicable  
 Don't know

6. Please explain how you would you be able to do at least part of your job from home

\_\_\_\_\_

6. Please explain why you wouldn't be able to do at least part of your job from home

\_\_\_\_\_

7. Do you or anyone in your household work in a health care delivery setting, such as a doctor's office, clinic, hospital, nursing home, or dentist's office? (check all that apply)  Yes, me  
 Yes, someone in my household  
 No, no one  
 Don't know

8. How many children under age 18 currently live in your household? \_\_\_\_\_

9. How many adults, age 18 and over, currently live in your household including yourself? \_\_\_\_\_

10. Are you responsible for taking care of children?  Yes  
 No  
 Don't Know

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Page 30

---

11. Are you responsible for taking care of any elderly people?

- Yes  
 No  
 Don't Know

---

Please tell us about your social support system (friends, family, neighbors):

---

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Page 31

**Section 6: Stress in the past month**

	Never	Almost never	Sometimes	Fairly often	Very often
1. In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the last month, how often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please tell us about your feelings of stress over the past month:

---

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Page 32

**Section 7 - Social support**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There is a special person with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My family really tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get the emotional help and support I need from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have a special person who is a real source of comfort to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My friends really try to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can count on my friends when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I can talk about my problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have friends with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. There is a special person in my life who cares about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My family is willing to help me make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I can talk about my problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Page 33

**Section 8: Health Questions**

1. Would you say in general your health is

- Excellent  
 Very good  
 Good  
 Fair  
 Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

\_\_\_\_\_ (number of days)

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

\_\_\_\_\_ (number of days)

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_\_\_\_ (number of days)

5. Was there a time in the past 12 months when you needed to get health care (for example, see a doctor) but could not because of cost?

- Yes  
 No  
 Don't Know

6. Do you or does someone in your household have a serious health condition such as high blood pressure, heart disease, lung disease, cancer, or diabetes? (check all that apply)

- Yes, I do  
 Yes, someone else in my household does  
 No, no one does  
 I don't know

7. Which of the following apply to you (check all that apply):

- I am currently pregnant  
 My partner is currently pregnant  
 Neither my partner nor I are currently pregnant

8. Would you like to become pregnant or have a child in the next year?

- Yes  
 No  
 Don't Know

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Page 34

**Section 9: Social Media****1. Which of the following social media platforms do you use? (Check best response for each)**

	use daily	a few times per week	a few times per month	rarely use	never use
a. Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. LinkedIn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. WhatsApp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Snapchat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Reddit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How has your social media use changed since the coronavirus pandemic started?

- Use social media a lot more  
 Use social media a bit more  
 Don't use social media more at all  
 Don't know

2b. Please explain how your social media use has changed since the coronavirus pandemic started:

---

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Page 35

**Section 10: Demographic Questions**

1. What is your current age, in years?

---

2. How would you describe your ethnic background?

---

4. Do you consider yourself any of the following?  
(check all that apply)

- Mexican  
 Puerto Rican  
 Cuban

4a. If you consider yourself part of another  
Hispanic/Latinx ethnicity other than those listed  
above, please describe:

---

4b. I do not consider myself Hispanic or Latinx

- True  
 False

5. What best describes your education?

- Did not complete high school  
 Completed secondary education, high school, or GED  
 Attended university/college but did not complete it  
 Graduated from university/college  
 Degree beyond university/college (MA, PhD, MD,  
etc.)

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Page 36

**6. What is your present religion, if any? Check all that apply**

	Yes	No	Choose not to answer
a. Christian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Jewish (Judaism)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Muslim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Buddhist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hindu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Atheist (do not believe in God)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Don't Know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6g. Other Religion, please specify

\_\_\_\_\_

7. If you live in the USA, please identify race/ethnicity (check all that apply)

- American Indian or Alaskan  
 Asian  
 Black or African American  
 Native Hawaiian  
 Pacific Islander  
 Caucasian  
 Other

7. You selected other, please specify other race/ethnicity

\_\_\_\_\_

7. Which of the following categories do you identify as?

- Hearing/non-deaf  
 Hard of hearing  
 deaf  
 Deaf  
 DeafBlind

For the purposes of this study, please use the following definitions.

Hearing/non-deaf: Person with no hearing loss;  
 Hard of hearing: Person with some hearing loss;  
 deaf: Person that has hearing loss;  
 Deaf: Person that has hearing loss and identifies with Deaf culture;  
 DeafBlind: Person with a combination of hearing loss and limited-to-no vision.

9. Which of the following best describes your gender:

- Male  
 Female  
 Other option

q9. You selected other option to describe your gender, please explain:

\_\_\_\_\_

10. Do you think of yourself as (check all that apply):

- Straight  
 Gay  
 Lesbian  
 Bisexual  
 Transgender  
 Not listed above

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Page 37

---

10a. Not listed above, please state

---

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Page 38

### Section 11: Final Question

1. Please share any additional thoughts about coronavirus and COVID-19 that you might have:

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Page 39

**Section 12: Survey Quality**

**We would now like to ask you a few questions about this survey to improve it in the future. If you have specific questions you would like to point out please copy and paste the question in the text field.**

1. In general, the questions in this survey were "understandable." That is, you did not have to read the item more than once to understand what it was asking.

- Strongly Disagree  
 Disagree  
 Neither disagree nor agree  
 Agree  
 Strongly agree

2. Were there any specific questions that were particularly difficult to understand? If yes, please specify (as best you can)

\_\_\_\_\_

3. In general, the meaning of the questions were clear and straightforward

- Strongly Disagree  
 Disagree  
 Neither disagree nor agree  
 Agree  
 Strongly agree

4. Were there any specific questions that the meaning was unclear? If yes, please specify (as best you can)

- Yes    No

4a. If yes, please specify (as best you can)

\_\_\_\_\_

5. The scales used to answer the questions were adequate. That is, do you feel the scale provided you with an appropriate way to respond?

- Strongly Disagree  
 Disagree  
 Neither disagree nor agree  
 Agree  
 Strongly agree

6. In your opinion, were any of the questions written in such a way that there was ONLY one OBVIOUS answer for you?

- Yes  
 No

6b. Please explain:

\_\_\_\_\_

Any other comments you wish to make about this study

( )

For more information about coronavirus and COVID-19, please visit

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.cdc.gov/>

<https://www.who.int/>