

# Survey of mask use during the COVID-19 pandemic

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The following questions will ask about you and your household. Please select the most appropriate answer

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What is your gender?

Female  
 Male  
 Other

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Please specify

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What is your age?

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What is your city of residence?

Sydney, Australia  
 Melbourne, Australia  
 London, UK  
 New York City, NY, USA  
 Phoenix, AZ, USA

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What is your country of birth?

Australia  
 UK  
 USA  
 Other

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Please specify your country of birth

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Do you speak a language other than English at home?

Yes  
 No

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Please specify which language

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What is the highest level of education you have completed?

Primary/elementary school  
 Secondary/High school  
 Trade or TAFE qualification  
 Undergraduate (Bachelors) degree  
 Postgraduate degree

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What is your employment status presently?

Employed full time  
 Employed part time  
 Employed casually/hourly  
 In a family business without pay  
 Home maker  
 Student  
 Unpaid voluntary work  
 Unemployed  
 Retired

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Approximately how many hours do you work per week?

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Which of the following best describes your occupation?

- First responder (i.e. Police, fire, emergency services)
- Healthcare worker
- Manager
- Professional/office worker
- Technician or trade worker
- Community or personal service worker
- Clerical or administrative worker
- Sales worker
- Machine operator or driver
- Labourer
- Own business
- Entertainment, hospitality and leisure sector
- Other

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Please explain

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Where do you live (what kind of accommodation)?

- House
- Unit/Apartment
- Townhouse
- Shared Accommodation
- Other

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Please explain

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Do you own your own home?

- Yes, paid off
- Yes, with a mortgage
- No

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Do you have private health insurance?

- Yes
- No

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How many people (including you) live in your household?

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How many are children under 18 years old?

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How many are adults?

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How many bedrooms are there in your home/dwelling?

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Does anyone in your household smoke?

- Yes
- No

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Do they smoke inside the house?

- Yes
- No



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Was this the first time you received the flu vaccine?

- Yes, this was the first time I got the flu jab  
 No, I had gotten the flu jab before
- 

Why did you get the flu vaccine this year?

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Have you ever received the pneumonia (pneumococcal) vaccine?

- No  
 Yes  
 Not sure
- 

How old were you when you received the pneumonia (pneumococcal) vaccine?

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Have you ever received the shingles (zoster) vaccine?

- No  
 Yes  
 Not sure
- 

How old were you when you received the shingles (zoster) vaccine?

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Have you ever been told by a doctor or a nurse that you have any of the following lung conditions? (select all that apply)

- None  
 Asthma  
 Emphysema  
 Chronic Bronchitis  
 Chronic Obstructive Pulmonary Disease (COPD)  
 Bronchiectasis  
 Other chronic lung disease
- 

Please specify

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Please indicate whether a doctor has ever diagnosed you with any of the following (please select all that apply):

- None  
 Diabetes  
 Hypertension (high blood pressure)  
 Heart disease (heart attack, angina, heart failure, arrhythmia or other)  
 Cancer (current or past)  
 Stroke  
 Other neurological condition (such as epilepsy, neuropathy, Parkinson's disease, dementia)  
 Kidney disease (such as stones, nephropathy, kidney failure, dialysis)  
 Liver disease (hepatitis, liver failure, cirrhosis)  
 Allergies (hay fever, eczema)  
 Dermatitis or other skin disease  
 Immunocompromised conditions (e.g. transplantation, regular corticosteroid use)  
 Other chronic lung disease (fibrosis)  
 Other medical condition(s)
- 

Please specify

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The following questions will ask about your use of masks and N95/P2's in general. Please select the most appropriate answer.

The below images are for your reference while completing the survey

### Surgical mask



### N95/P2 Respirator



### Reusable rubber or plastic respirator



### Dust mask



### Cloth mask



### Bandana



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Have you ever worn any kind of mask, N95 or P2?

- Yes  
 No

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What type did you wear? (Select all that apply)

- Surgical mask  
 Disposable N95, KN95 or P2  
 A disposable mask, not sure what kind  
 Re-usable rubber or plastic (hard) respirator (such as gas mask or industrial mask)  
 Dust mask  
 Cloth mask - shop bought  
 Cloth mask - home made  
 bandana or other material over my face  
 Neck gaiter or tube scarf that goes over my nose, mouth, chin and neck.  
 Other

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Please specify

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If you have previously worn a mask or N95 or P2, what was the reason you wore it? (Select all that apply)

- Bushfire or wildfire smoke  
 Requirement for work  
 COVID-19  
 Cleaning or dusting  
 Building or home repairs  
 Other

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Please specify

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If you have worn a mask, N95 or P2, did you ever wear it under your nose (covering only your mouth but not your nose)?

- Yes, occasionally  
 Yes, most of the time  
 No  
 Unsure

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Have you ever experienced any negative issues while wearing a mask, N95 or P2?

- No  
 I felt embarrassed to wear it  
 I received negative comments when wearing it  
 I received racist comments when wearing it  
 People laughed at me  
 People stared at me  
 People thought I was infected  
 Other

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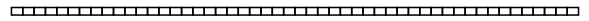
Please specify

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**The following questions will ask for your opinions about COVID-19 and the risk reduction strategies you have taken. Please select the most appropriate answer.**

How severe do you think COVID-19 would be if you got it?

Not severe at all      Somewhat severe      Extremely severe



(Place a mark on the scale above)

What measures have you taken for reducing your risk from COVID-19 during March and April 2020? (Select all that apply)

- None
- Working from home
- I was unable to work
- Restricting visitors to my home
- Avoiding crowded places or large gatherings
- Avoiding close contact with sick people in my home
- Avoid using public transport
- Reduce or avoid going to hospitals or going to the doctor unless
- Keeping 1.5m/6 feet or more between myself and others
- Wearing a mask or P2 or N95
- Wearing a homemade cloth mask
- Wearing gloves
- Avoiding touching my eyes, nose, and mouth with unwashed hands
- Taken herbal supplements
- Taken vitamins
- Wearing a face shield
- Washing my hands frequently
- Using hand sanitizer to clean hands when soap and water was not available for washing hands
- Using disinfectant to clean surfaces at home or work or other places I attend frequently
- Using homeopathic remedies
- Reduce or avoid sending child(ren) to school or childcare
- Shopping online for food and other necessities
- Ensuring a balanced diet
- Other

Please specify

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What measures are you CURRENTLY taking to reduce your risk from COVID-19? (Select all that apply)

- None
- Working from home
- I was unable to work
- Restricting visitors to my home
- Avoiding crowded places or large gatherings
- Avoiding close contact with sick people in my home
- Avoid using public transport
- Reduce or avoid going to hospitals or going to the doctor unless
- Keeping 1.5m/6 feet or more between myself and others
- Wearing a mask or P2 or N95
- Wearing a homemade cloth mask
- Wearing gloves
- Avoiding touching my eyes, nose, and mouth with unwashed hands
- Taken herbal supplements
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- Shopping online for food and other necessities
- Ensuring a balanced diet
- Other

Please specify

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Have you ever worn a mask/N95/P2 during the COVID-19 pandemic?

- Yes
- No

What level of trust do you have in the information about COVID-19 from your national government?

- Very High
- High
- Intermediate
- Low
- Very low

What level of trust do you have in the information about COVID-19 from your state/territorial government?

- Very High
- High
- Intermediate
- Low
- Very low

During the COVID-19 pandemic, what did you think of the community mask policy in your city?

- It makes no difference to me
- I've never heard of any guidelines
- I've heard of the guidelines but they don't make sense to me
- I have heard of these guidelines and they make sense to me
- Other

Please explain

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Did you follow the above guidelines from the government?

- Yes, I always follow their guidelines
- Yes, I sometimes follow their guidelines
- No, I do not wear masks in public now even if I cannot maintain a distance of 1.5m from other people
- No, I wore a mask in the community when I wanted to even before they recommended it

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When you wore a mask for COVID-19, what was the primary reason for wearing it?

- Because I had symptoms and thought I might be infected
- To protect myself from getting infected
- To protect myself from getting infected and passing it on to someone in my family.
- To protect my family and friends
- Following the official policy or guidance
- Other

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Please explain

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When wearing a mask for COVID-19, do you feel you need to also wash your hands?

- Yes
- No

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Why not?

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When wearing a mask for COVID-19, did you feel you need to keep your distance from others (social distancing of at least 1 m or 3 feet apart)?

- Yes
- No

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Why not?

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When wearing a mask for COVID-19, does it change your approach to any or all other protection (recommended measures such as hand washing, keeping 1 m or 3 feet apart, avoiding crowds, disinfection etc)?

- Yes, when wearing a mask, I don't wash my hands as much, but nothing else changes
- Yes, when wearing a mask, I don't keep my distance from others as much, but nothing else changes
- Yes, when wearing a mask, I don't need to worry about other protection - I relax with handwashing and keeping my distance
- Yes, I become even more careful about other measures, because wearing a mask reminds me of the risk
- No. Wearing a mask does not change my behaviour. All measures are equally important and I use all the available protection.
- Other

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Please explain

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Have you ever been tested for COVID-19?

- Yes, I was sick and I got a test
- Yes, I was not sick, but got tested because I was in contact with someone who had COVID-19
- Yes, I was not sick, but got tested for another reason.
- No, I did not get sick and did not get tested.
- No, I was sick but could not get a test

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What was the result?

- Positive  
 Negative
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Has someone you know (such as a family member, work colleague or friend) had COVID-19?

- Yes  
 No
- 

How seriously do you think COVID-19 infection affects people?

- Not at all  
 Mild infection, less severe than influenza  
 Similar to influenza  
 Worse than influenza, but not much worse  
 Much worse than influenza, life-threatening  
 Don't know
- 

What do you think is your level of risk of catching COVID-19 during this pandemic?

- Very low risk Moderate risk Extremely high risk
- =====
- (Place a mark on the scale above)
- 

How effective did you think a surgical mask is at reducing your risk of COVID-19?

- Not effective at all Somewhat effective Extremely effective
- =====
- (Place a mark on the scale above)
- 

How effective did you think a N95 or P2 mask is at reducing your risk of COVID-19?

- Not effective at all Somewhat effective Extremely effective
- =====
- (Place a mark on the scale above)
- 

How effective did you think a cloth mask is at reducing your risk of COVID-19?

- Not effective at all Somewhat effective Extremely effective
- =====
- (Place a mark on the scale above)
- 

Did you have trouble purchasing or finding a disposable mask?

- Yes, I could not get one anywhere at the shops  
 Yes, they were very expensive and I could not afford them  
 Yes, I ordered online but it took a long time to arrive or did not arrive  
 No, I was able to purchase them when needed  
 No, I did not need to get a mask
- 

Did you use a cloth mask or cloth face covering during the pandemic because you could not get any other kind of mask?

- Yes  
 No
- 

Have you seen any guidelines on how to make your own cloth mask?

- Yes, video on Youtube or other streaming site  
 Yes, website with written instructions and pictures  
 Yes, other  
 No
- 

Have you ever made your own cloth mask or face covering?

- Yes  
 No
-

What method did you use? Please select all that apply

- Used a scarf or bandana or similar  
 Made a neck gaiter or tube scarf that goes over my nose, mouth, chin and neck.  
 I made a no-sew mask (like the folded T-shirt with ear loops)  
 I made a sewn mask  
 Other

Please explain

If you used a disposable mask, N95 or P2, how often did you change the product?

- I never wore a disposable mask  
 I use a new mask every day  
 I use a new mask after using it 1-3 times per week without cleaning.  
 I use a new mask after wearing it every day for a week without cleaning.  
 I use a new mask after wearing it more than one week without cleaning  
 I use a new mask when it gets visibly dirty, without cleaning.  
 I use a new mask after using it 1-3 times per week with cleaning.  
 I use a new mask after wearing it every day for a week with cleaning.  
 I use a new mask after wearing it more than one week, with cleaning  
 I use a new mask when it gets visibly dirty , with cleaning.  
 I never changed it  
 Cannot remember

If you re-used a disposable mask, N95 or P2, how did you clean it?

- I never used a disposable mask  
 I did not reuse it  
 I reused it but did not clean it  
 I washed it with soap and water  
 I put it in the microwave  
 I cleaned it with disinfectant spray or rub  
 I wiped off any visible dirt  
 I cannot remember

If you used a re-usable rubber or plastic (hard) respirator (such as gas mask or industrial mask), how often did you clean it

- I did not wear one  
 Once per day  
 1-3 times per week  
 Clean it only when visibly dirty (less than once a week)  
 Never clean it  
 Cannot remember

Which of the following have influenced your decision to wear a mask or respirator during the pandemic? (Select all that apply)

- Experience with using these products  
 How much infection is around at the time  
 A recommendation from government or health department  
 A recommendation from my doctor  
 A recommendation from friends or family members  
 Media information (TV, radio, internet, print)  
 Social media (Facebook, Twitter, Instagram, etc)  
 None of these factors influence my decision

Did you get a chest infection, cold or flu like illness in the months of March, April, May or June?

- Yes  
 No

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Have you used any other treatments during the COVID-19 pandemic?  Yes  
 No

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Please describe

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Have you been part of a COVID-19 vaccine trial?  Yes  
 No

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Which vaccine?

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Have you been part of a COVID-19 drug trial?  Yes  
 No

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Which drug?

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If an effective and safe vaccine against COVID-19 is available, would you get vaccinated?  Yes  
 No

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Please explain your choice

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If a booster was recommended every year, would you still get the vaccine?  Yes  
 No

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If an effective and safe vaccine against COVID-19 is available, would you get your family members vaccinated?  Yes, everyone  
 Yes, the people who are older or have chronic illness in my family  
 Yes, my children only  
 No  
 Unsure

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Please explain your choice above

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**These final questions will ask about you and your background. Please select the most appropriate answer.**

How much confidence do you have in your national government?

- A great deal
- Moderate amount
- Some
- Very little
- None at all

How much confidence do you have in your state/territorial/ government?

- A great deal
- Moderate amount
- Some
- Very little
- None at all

What is your approximate annual household income before taxes from all sources?(This includes pension, superannuation, social security, etc)

- Under \$9,875 USD
- \$9,876 to \$40,125 USD
- \$40,126 to \$85,525 USD
- \$85,526 to \$163,300 USD
- Over \$163,300 USD

What is your ethnicity?

- Caucasian (white)
- African or African-American
- Hispanic
- South Asian (Indian, Pakistani, Sri-Lankan, Bangladeshi)
- East or South East Asian (China, Vietnam, Japan, Hong Kong, Singapore, Thailand, Indonesia, Malaysia)
- Pacific Islander
- Mixed race
- Other

Please specify

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