

COVID19_symptom_survey_EU_V2

Start of Block: consent_i_EU



intro1_eu This voluntary survey is part of a research study led by the University of Maryland. The purpose of this research is to gain a better public understanding of where and how the coronavirus pandemic is spreading. Your personal data shall be processed for this research purpose only. **Even if you feel well**, your participation will greatly aid our research. **This survey will take about 3-5 minutes.**

This study is not conducted by Facebook and no individual responses will be shared back to Facebook. The only information we receive from Facebook is a random ID number and a statistical number (based upon age, gender and location, as well as other information from your Facebook data) to help correct for sample bias and help ensure the results are representative for your country. In order to ensure that we cannot identify you and to keep your responses confidential, we do not collect your name or any other personal data from you. Published results will be aggregated and will not identify you individually or your responses. You may stop taking the survey at any time and may skip any question that you do not wish to answer. Your responses will be retained for the duration of this study, up to a maximum period of two years from the date you completed the survey. If you have questions about the study or how you can exercise your data protection rights, including your right to access, rectification, portability and erasure, please contact: [\\${e://Field/univemail}](#); [\\${e://Field/univmail}](#). Where any transfer occurs outside the EU, appropriate data protection safeguards will be relied upon, in accordance with applicable data protection law. You understand the above and consent to take part in this survey run by the University of Maryland.

Yes (1)

No (2)

Skip To: End of Survey If intro1_eu = 2

End of Block: consent_i_EU

Start of Block: consent_ii_EU



intro2_eu For this research to be effective and contribute to a better public health understanding of where the coronavirus pandemic is moving, **we want to share your responses, along with the random ID number and the statistical number, with other academic institutions and**

NGOs. This will include EU researchers, such as $\{e://Field/euuniv\}$ and researchers outside the EU, such as $\{e://Field/thirdpartyuniv\}$.

Such researchers have implemented applicable security and data protection safeguards and will only use your data for the research we have described and will not have access to any further personal data concerning you.

Do you consent with sharing your data with these academic institutions?

Yes (1)

No (2)

Skip To: End of Survey If intro2_eu = 2

End of Block: consent_ii_EU

Start of Block: A_intro



A1 You must be 18 years or older to take this survey.

Are you 18 years or older?

Yes (1)

No (2)

Skip To: End of Survey If A1 = 2

A2_2

What is the country or region where you are currently staying? (1)

What is the administrative region where you are currently staying? (2)

▼ Afghanistan (1) ... Zimbabwe ~ Midlands (3725)

End of Block: A_intro

Start of Block: B_symptoms



B1 In the last 24 hours, have you had any of the following?

Fever (B1_1)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Cough (B1_2)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Difficulty breathing (B1_3)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Fatigue (B1_4)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Stuffy or runny nose (B1_5)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Aches or muscle pain (B1_6)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Sore throat (B1_7)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Chest pain (B1_8)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Nausea (B1_9)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Loss of smell or taste (B1_10)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Eye pain (B1_11)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Headache (B1_13)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

Page Break

Display This Question:

If If False



B2a For how many days have you had $\${B1/ChoiceGroup/SelectedChoicesForAnswer/1}$?

Display This Question:

If totalyes ≥ 1



B2b For how many days have you had at least one of these symptoms?

Page Break



B3 Do you personally know anyone in your local community who is sick with a fever and at least one other symptom?

- Yes (1)
- No (2)

Display This Question:

If B3 = 1



B4 How many people do you personally know in your local community who are sick with a fever and at least one other symptom?

Display This Question:

If B3 = 1



B5 Have you spent time with any of these people in the last 7 days?

- Yes (1)
- No (2)

Page Break



B6 Have you ever been tested for coronavirus (COVID-19)?

- Yes (1)
- No (2)

Display This Question:

If B6 = 1

And sympdays = 1



B7a Have you been tested for coronavirus (COVID-19) in the last $\{e://Field/sympdays\}$ day?

- Yes (1)
- No (2)

Display This Question:

If B6 = 1

And sympdays > 1



B7b Have you been tested for coronavirus (COVID-19) in the last $\{e://Field/sympdays\}$ days?

- Yes (1)
- No (2)

Display This Question:

If B6 = 1



B8 Did the test find that you had coronavirus (COVID-19)?

- Yes (1)
- No (2)
- I don't know (3)

End of Block: B_symptoms

Start of Block: C_contact



C0 In the last 24 hours, have you done any of the following?

Gone to work outside the place where you are currently staying (1)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Gone to a market, grocery store, or pharmacy (9)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Gone to a restaurant, cafe, or shopping center (3)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Spent time with someone who isn't currently staying with you (2)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Attended a public event with more than 10 people (5)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Used public transit (6)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

Page Break

X→

C1_m In the last 24 hours, have you had direct contact with anyone who is not staying with you? *Direct contact means spending longer than one minute within two meters of someone or touching, including shaking hands, hugging, or kissing.*

Yes (1)

No (2)

Display This Question:

If C1_m = 1

X→

C2 How many people, who are not staying with you, have you had direct contact with in the last 24 hours?

1-4 people (1)

5-9 people (2)

10-19 people (3)

20 or more people (4)

Page Break



C3 In the last 7 days, have you spent time at a health clinic or hospital (including as an employee, volunteer, visitor, or patient)?

- Yes (1)
 - No (2)
-



C4 In the last 7 days, how often did you wash your hands with soap after being in public?

- All of the time (1)
 - Most of the time (2)
 - Some of the time (3)
 - A little of the time (4)
 - None of the time (5)
 - I have not been in public in the last 7 days (6)
-



C5 In the last 7 days, how often did you wear a mask when in public?

- All of the time (1)
 - Most of the time (2)
 - Some of the time (3)
 - A little of the time (4)
 - None of the time (5)
 - I have not been in public in the last 7 days (6)
-

X→

C6 In the last 7 days, how many days have you spent time with people who aren't staying with you?

- 0 days (1)
- 1 day (2)
- 2-4 days (3)
- 5-7 days (4)

End of Block: C_contact

Start of Block: D_menthealth_econ

JS

X→

D1 During the last 7 days, how often did you feel so nervous that nothing could calm you down?

- All of the time (1)
 - Most of the time (2)
 - Some of the time (3)
 - A little of the time (4)
 - None of the time (5)
-



D2 During the last 7 days, how often did you feel so depressed that nothing could cheer you up?

- All of the time (1)
 - Most of the time (2)
 - Some of the time (3)
 - A little of the time (4)
 - None of the time (5)
-



D3 How worried are you that you or someone in your immediate family might become seriously ill from coronavirus (COVID-19)?

- Very worried (1)
- Somewhat worried (2)
- Not too worried (3)
- Not worried at all (4)



D4 How worried are you about having enough to eat in the next week?

- Very worried (1)
- Somewhat worried (2)
- Not too worried (3)
- Not worried at all (4)



D5 How worried are you about your household's finances in the next month?

- Very worried (1)
- Somewhat worried (2)
- Not too worried (3)
- Not worried at all (4)

End of Block: D_menthealth_econ

Start of Block: E_demographics



E2 Which of these best describes the area you are staying in?

- City (1)
- Town (2)
- Village or rural area (3)



E3 What is your gender?

- Male (1)
- Female (2)
- Prefer to self-describe (3)
- Prefer not to answer (4)

Page Break



E4 What is your age?

- 18-24 years (1)
 - 25-34 years (2)
 - 35-44 years (3)
 - 45-54 years (4)
 - 55-64 years (5)
 - 65-74 years (6)
 - 75 years or older (7)
-



E5 How many people slept in the place where you stayed last night?

End of Block: E_demographics

Start of Block: nonEU_consent



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Published results will be aggregated and will not identify you individually or your responses.

If you have questions about the study please contact: [\\${e://Field/univemail}](#); [\\${e://Field/univemail}](#).

You understand the above and consent to take part in this survey run by the University of Maryland.

Yes (1)

No (2)



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Yes (1)

No (2)

End of Block: nonEU_consent
