CTIS Global NonEU Wave 13

Survey Flow

EmbeddedData

   tokenValue will be set from Panel or URL.
   Q_LanguageValue will be set from Panel or URL.
   Q_TotalDurationValue will be set from Panel or URL.
   univemail = admin-C19survey-fb@umd.edu
   univmail = 1204 Marie Mount Hall, College Park, MD 20742, USA
   euuniv = University of Mannheim
   thirdpartyuniv = Stanford University
   UserAgentValue will be set from Panel or URL.
   dayofmonth = ${date://CurrentDate/d}
   id = ${rand://int/0:9999999999}

Block: consent_i (1 Question)

Branch: New Branch
   If
      If This voluntary survey is part of a research study led by the University of
Maryland. The purpose... No Is Selected

   EndSurvey: Advanced

Block: consent_ii (1 Question)

Branch: New Branch
   If
      If intro2_noneu No Is Selected

   EndSurvey: Advanced

Standard: A_intro (1 Question)

Branch: New Branch
   If
      If agecheck No Is Selected

   EndSurvey: Advanced

Standard: country_region (1 Question)
Block: country_region (1 Question)

EmbeddedData

   country = ${q://QID415/ChoiceGroup/SelectedAnswers/1}
   admin_region = ${q://QID415/ChoiceGroup/SelectedAnswers/2}

Standard: Symptoms (5 Questions)
Standard: Testing (3 Questions)
Standard: Vaccine (15 Questions)
Block: Demographics (6 Questions)

Standard: Behavior (4 Questions)

BlockRandomizer: 1 -

    Standard: Module A (10 Questions)
    Standard: Module B (14 Questions)

Standard: Occupation (2 Questions)

EndSurvey: Advanced

Page Break ————————————————————————————

intro1_noneu

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 your language preference and 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.

 If you have questions about the study please contact:
admin-C19survey-fb@umd.edu; 1204 Marie Mount Hall, College Park, MD 20742, USA.
 You understand the above and consent to take part in this survey run by the University of Maryland.

○ Yes (1)

○ No (2)

intro2_noneu 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, and the statistical number, with other academic institutions and NGOs, including those in your own country and elsewhere.** Such researchers will only use your data for the research we have described and will not have access to any information that can identify you personally. Do you consent with sharing your data with these academic institutions?

○ Yes (1)

○ No (2)

Skip To: End of Survey If intro2_noneu = 2

End of Block: consent_ii

Start of Block: A_intro

`X→`

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

End of Block: A_intro

Start of Block: country_region

A2_2 Where are you currently staying?

We mean the place where you slept last night. This may be different from where you usually stay.
Country or region (1)
Administrative region (2)

▼ Afghanistan (1) ... Zimbabwe ~ Midlands (4139)

End of Block: country_region

JS ⤨ X→

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

	Yes (1)	No (2)
Fever (B1_1)	○	○
Cough (B1_2)	○	○
Difficulty breathing (B1_3)	○	○
Fatigue (B1_4)	○	○
Stuffy or runny nose (B1_5)	○	○
Aches or muscle pain (B1_6)	○	○
Sore throat (B1_7)	○	○
Chest pain (B1_8)	○	○
Nausea (B1_9)	○	○
Loss of smell or taste (B1_10)	○	○
Headache (B1_12)	○	○
Chills (B1_13)	○	○

Page Break

X→ X→

B1b Are any of these symptoms unusual for you?

	Yes (1)	No (2)
Fever (B1b_x1)	○	○
Cough (B1b_x2)	○	○
Difficulty breathing (B1b_x3)	○	○
Fatigue (B1b_x4)	○	○
Stuffy or runny nose (B1b_x5)	○	○
Aches or muscle pain (B1b_x6)	○	○
Sore throat (B1b_x7)	○	○
Chest pain (B1b_x8)	○	○
Nausea (B1b_x9)	○	○
Loss of smell or taste (B1b_x10)	○	○
Headache (B1b_x12)	○	○
Chills (B1b_x13)	○	○

- -

Page Break ———————————————————————————

JS ✳

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

_____

Page Break ——————————————————————————————————

X→

B3 Do you personally know anyone in your local community who is sick with a fever and either a cough or difficulty breathing?

○ Yes (1)

○ No (2)

Page Break ———————————————————————————————

JS ✳

B4 How many people do you know with these symptoms?

_____

End of Block: Symptoms

Start of Block: Testing

X→

B0a Have you ever had coronavirus (COVID-19)?

○ Yes (1)

○ No (2)

X→

B7c Have you been tested for COVID-19 in the past 14 days?

○ Yes (1)

○ No (2)

Page Break ──────────────────────────────────────

X→

B8a Did your most recent test find that you had COVID-19?

○ Yes (1)

○ No (2)

○ I don't know (3)

Page Break ——

X→

V1 Have you had a COVID-19 vaccination?

○ Yes (1)

○ No (2)

○ I don't know (3)

Page Break ───────────────────────────────────

Vaccine Text Initial doses of the COVID-19 vaccination are a one or two shot sequence, depending on the brand of vaccine.

Booster shots or additional doses are doses received following that initial sequence.

V2a How many initial doses or shots did you receive of a COVID-19 vaccine?

○ One dose of a one-dose vaccine (1)

○ One dose of a two-dose vaccine (2)

○ Two doses of a two-dose vaccine (3)

○ I don't know (4)

V2b Have you received an additional dose or booster shot of the COVID-19 vaccine?

○ Yes, I received an additional dose or booster (1)

○ Yes, I received 2 or more additional doses or booster shots (2)

○ No, did not receive an additional dose or booster shot (3)

○ I don't know (4)

X→

V2c Do you plan to get an additional dose or booster shot of the COVID-19 vaccine?

○ Yes, definitely (1)

○ Yes, probably (2)

○ No, probably not (3)

○ No, definitely not (4)

X→

V15a Do you have an appointment to receive a COVID-19 vaccine?

○ Yes (1)

○ No (2)

Page Break ——————————————————————

V3a If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?

○ Yes, definitely (1)

○ Yes, probably (2)

○ No, probably not (3)

○ No, definitely not (4)

Page Break

V5a Which of the following, if any, are reasons that you definitely wouldn't choose to get a COVID-19 vaccine? Please select all that apply.

☐ I am concerned about possible side effects of a COVID-19 vaccine (1)

☐ I don't know if a COVID-19 vaccine will work   (2)

☐ I don't believe I need a COVID-19 vaccine (3)

☐ I don't like vaccines generally (12)

☐ I plan to wait and see if it is safe and may get it later (5)

☐ I think other people need it more than I do right now (6)

☐ I am concerned about the cost of a COVID-19 vaccine   (7)

☐ It is against my religious beliefs (8)

☐ I don't trust COVID-19 vaccines (11)

☐ I don't trust the government (10)

☐ Other (9)

Page Break

V5b Which of the following, if any, are reasons that you probably wouldn't choose to get a COVID-19 vaccine? Please select all that apply.

☐ I am concerned about possible side effects of a COVID-19 vaccine (1)

☐ I don't know if a COVID-19 vaccine will work   (2)

☐ I don't believe I need a COVID-19 vaccine (3)

☐ I don't like vaccines generally (12)

☐ I plan to wait and see if it is safe and may get it later (5)

☐ I think other people need it more than I do right now (6)

☐ I am concerned about the cost of a COVID-19 vaccine   (7)

☐ It is against my religious beliefs (8)

☐ I don't trust the government (10)

☐ I don't trust COVID-19 vaccines (11)

☐ Other (9)

Page Break

V5c Which of the following, if any, are reasons that you only probably would choose to get a COVID-19 vaccine? Please select all that apply.
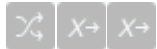
☐ I am concerned about possible side effects of a COVID-19 vaccine (1)

☐ I don't know if a COVID-19 vaccine will work   (2)

☐ I don't believe I need a COVID-19 vaccine (3)

☐ I don't like vaccines generally (12)

☐ I plan to wait and see if it is safe and may get it later (5)

☐ I think other people need it more than I do right now (6)

☐ I am concerned about the cost of a COVID-19 vaccine   (7)

☐ It is against my religious beliefs (8)

☐ I don't trust the government (10)

☐ I don't trust COVID-19 vaccines (11)

☐ Other (9)

Page Break ─────────────────────────────────

V6 Why don't you believe that you need a COVID-19 vaccine? Please select all that apply.

☐ I already had COVID-19 (1)

☐ I do not spend time with any high-risk people (2)

☐ I am not a member of a high-risk group (3)

☐ I plan to use masks or other precautions instead   (4)

☐ I don't believe COVID-19 is a serious illness (5)

☐ I don't think vaccines are beneficial (6)

☐ Other (7)

Page Break ————————————————————————————————————

X→

V16a Have you tried to get a COVID-19 vaccine?

○ Yes (1)

○ No (2)

Page Break ———————————————————————————————

V18b Have you experienced any of the following barriers to getting the COVID-19 vaccine? Please select all that apply.

☐ I did not meet the eligibility requirements (1)

☐ There were no vaccines or vaccine appointments available (2)

☐ The available appointment times did not work for me (3)

☐ The available appointment locations did not work for me (14)

☐ There were technical difficulties with the website or phone line (4)

☐ I was unable to provide a required document (5)

☐ Limited access to internet or phone to schedule an appointment (6)

☐ Difficulty traveling to a vaccination site (7)

☐ Information not available in my native language (8)

☐ There is no one to provide childcare while getting the vaccine (9)

☐ It was difficult to get time away from work or school (10)

☐ I could not get the type of vaccine I wanted (11)

☐ Other (15)

☐ ⊗None of the above (12)

☐ ⊗I have not tried to get the vaccine (13)

V19 When do you think you will try to get the COVID-19 vaccine?

○ Within a week or two (1)

○ Within a month (2)

○ Within three months (3)

○ Within six months (4)

○ More than six months (5)

○ I don't know (6)

○ I would not get the vaccine (7)

Page Break ―――――――――――――――――――――――――――――――――――――

V9 How concerned are you that you would experience a side effect from a COVID-19 vaccination?

○ Very concerned (1)

○ Moderately concerned (2)

○ Slightly concerned (3)

○ Not at all concerned (4)

End of Block: Vaccine

Start of Block: Demographics

E3 What is your gender?

○ Male (1)

○ Female (2)

○ Other (3)

○ Prefer not to answer (4)

Page Break

X→

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)

Page Break ——

X→

E8 What is the highest level of education that you have completed?

○ No formal schooling (1)

○ Less than primary school (2)

○ Primary school completed (3)

○ Secondary school completed (4)

○ High school (or equivalent) completed (5)

○ College/ pre-university/ University completed (6)

○ University post-graduate degree completed (7)

Page Break

X→

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

◯ City (1)

◯ Town (2)

◯ Village or rural area (3)

- -

Page Break ───

JS ✳

E5 How many <u>people</u> slept in the place where you stayed last night (including yourself)?

_____

JS ✳

E7a How many <u>rooms</u> are used for sleeping in the place where you are staying?

_____

Page Break ———————————————————————————

Start of Block: Behavior

⤨ x→

C14a In the past 7 days, how often did you intentionally avoid contact with other people?

○ 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)

- -

Page Break ───

C5 In the past 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 past 7 days (6)

Page Break

⤫ x→ x→

C0a In the past 24 hours, have you done any of the following? Please select all that apply.

☐ Gone to work or school indoors, outside the place where you are currently staying (1)

☐ Gone to an indoor market, grocery store, or pharmacy (2)

☐ Had a drink or meal indoors at a bar, restaurant, or cafe (3)

☐ Spent time indoors with someone who isn't currently staying with you (4)

☐ Attended an indoor event with more than 10 people (5)

☐ Used public transit (6)

☐ ⊗None of the above (7)

Page Break —

C13a During which activities in the past 24 hours did you wear a mask? Please select all that apply.

☐ ⊗ None of the above (8)

☐ Gone to work or school indoors, outside the place where you are currently staying (1)

☐ Gone to an indoor market, grocery store, or pharmacy (2)

☐ Had a drink or meal indoors at a bar, restaurant, or cafe (3)

☐ Spent time indoors with someone who isn't currently staying with you (4)

☐ Attended an indoor event with more than 10 people (5)

☐ Used public transit (6)

☐ ⊗ None of the above (7)

End of Block: Behavior

Start of Block: Module A

G1 How much do you worry about catching COVID-19?

○ A great deal (1)

○ A moderate amount (2)

○ A little (3)

○ Not at all (4)

⤨ X→

G2 How effective is social distancing for preventing the spread of COVID-19?

○ Very effective (1)

○ Moderately effective (2)

○ Slightly effective (3)

○ Not effective at all (4)

⤨ X→

G3 How effective is wearing a face mask for preventing the spread of COVID-19?

○ Very effective (1)

○ Moderately effective (2)

○ Slightly effective (3)

○ Not effective at all (4)

Page Break

H1 When out in public in the past 7 days, how many people maintained a distance of at least 1 meter from others?

○ None of the people (1)

○ A few people (2)

○ Some people (3)

○ Most people (4)

○ All of the people (5)

○ I have not been in public during the past 7 days (6)

H2 When out in public in the past 7 days, how many people would you estimate wore masks?

○ None of the people (1)

○ A few people (2)

○ Some people (3)

○ Most people (4)

○ All of the people (5)

○ I have not been in public during the past 7 days (6)

H3 Thinking about your friends and family, how many have gotten a COVID-19 vaccine?

○ None of the people (1)

○ A few people (2)

○ Some people (3)

○ Most people (4)

○ All of the people (5)

Page Break

I7 What COVID-19 topics do you want more information about? Please select all that apply.

- ☐ Treatment of COVID-19 (1)

- ☐ How to get a COVID-19 vaccine (2)

- ☐ Different types of COVID-19 vaccines (3)

- ☐ Variants of COVID-19 (also known as coronavirus mutations) (4)

- ☐ How to support my children's education (5)

- ☐ The economic impact of COVID-19 to me personally (6)

- ☐ How to maintain my mental health (7)

- ☐ How to maintain my social relationships despite physical distancing (8)

- ☐ Employment or other economic and financial issues (9)

- ☐ ⊗None of the above (10)

Page Break ———

I5 In the past 7 days, from which of the following sources have you received news and information about COVID-19? Please select all that apply.

☐ Local health workers, clinics, and community organizations (1)

☐ Scientists and other health experts (2)

☐ World Health Organization (WHO) (3)

☐ Government health authorities or officials (4)

☐ Politicians (5)

☐ Journalists (6)

☐ Friends and family (7)

☐ Religious leaders (8)

☐ ⊗None of the above (9)

I6 How much do you trust the following sources to provide accurate news and information about COVID-19?

	Do not trust (1)	Somewhat trust (2)	Trust (3)
Local health workers, clinics, and community organizations (I6_1)	○	○	○
Scientists and other health experts (I6_2)	○	○	○
World Health Organization (WHO) (I6_3)	○	○	○
Government health authorities or officials (I6_4)	○	○	○
Politicians (I6_5)	○	○	○
Journalists (I6_6)	○	○	○
Friends and family (I6_7)	○	○	○
Religious leaders (I6_8)	○	○	○

Page Break

`X→`

K1 In the past year, have you ever delayed or not sought medical care because of cost?

○ Yes (1)

○ No (2)

`JS` `⤨` `X→`

D1 During the past 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)

`JS` `⤨` `X→`

D2 During the past 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)

JS ⤬ X→

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)

JS ⤬ X→

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)

Page Break ————————————————————————————————————

V10 Have you ever been told by a doctor, nurse, or other health professional that you have any of the following medical conditions? Please select all that apply.

- ☐ Asthma (1)

- ☐ Chronic lung disease such as COPD, chronic bronchitis, or emphysema (2)

- ☐ Cancer   (3)

- ☐ Diabetes (4)

- ☐ High blood pressure (5)

- ☐ Kidney disease (6)

- ☐ Weakened or compromised immune system (7)

- ☐ Heart attack, heart disease, or other heart condition (8)

- ☐ Obesity   (9)

- ☐ ⊗ None of these (10)

Page Break

X→

V11 Are you currently pregnant?

○ Yes (1)

○ No (2)

- -

Page Break ————————————————————————————

X→

V12 Do you smoke cigarettes?

○ Yes (1)

○ No (2)

- -

Page Break ──

J3 Are you the parent or legal guardian of any children under age 18?

○ Yes (1)

○ No (2)

Page Break

Q75 For the next set of questions, think about your oldest child under age 18.

J8 Thinking about your oldest child under age 18, what is their gender?

○ Male (1)

○ Female (2)

○ Other (3)

○ Prefer not to answer (4)

X→

J4 Thinking about your oldest child under age 18, how old are they?

○ Under 5 years old (1)

○ 5 to 11 years old (2)

○ 12 to 15 years old (3)

○ 16 to 17 years old (4)

Page Break

J5 Thinking about your oldest child under age 18, will you choose to get them vaccinated against COVID-19 when they are eligible?

○ They are already vaccinated for COVID-19 (5)

○ Yes, definitely (1)

○ Yes, probably (2)

○ No, probably not (3)

○ No, definitely not (4)

- -

Page Break ———————————————————————————————

X→

J6 Thinking about your oldest child under age 18, which of the following best describes their current schooling?

○ Going to in-person classes   (1)

○ Online, remote, or distance learning (2)

○ Mix of in-person and online, remote, or distance learning (3)

○ Not in school (4)

Page Break ──

X→

J7 Thinking about your oldest child under age 18 participating in online or remote school, which of the following describes how they are learning online or remotely? Please select all that apply.

☐   Online using a computer or tablet (1)

☐   Online using a mobile phone (2)

☐   Paper materials sent home (3)

☐   Classes on television   (4)

☐   Classes on radio (5)

☐   Other (6)

End of Block: Module B

Start of Block: Occupation

X→

D7a In the past 4 weeks, did you do any work for pay? By work for pay, we mean any kind of business, farming, or other activity to earn money, even if only for one hour.

○ Yes (1)

○ No (2)

X→

D10a What is the main activity of the business or organization in which you work?

○ Agriculture (1)

○ Buying and selling (2)

○ Construction (3)

○ Education (4)

○ Electricity / water / gas / waste (5)

○ Financial / insurance / real estate services (6)

○ Health (7)

○ Manufacturing (8)

○ Mining (9)

○ Personal services (10)

○ Professional / scientific / technical activities (11)

○ Public administration (12)

○ Tourism (13)

○ Transportation (14)

○ Other (15)

End of Block: Occupation