

# **CTIS Global EU Wave 12 Full Launch**

## **Survey Flow**

**EmbeddedData**

tokenValue will be set from Panel or URL.  
rand = `#{rand://float/0:1}`  
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)**

**EmbeddedData**

country = `#{q://QID415/ChoiceGroup/SelectedAnswers/1}`  
admin\_region = `#{q://QID415/ChoiceGroup/SelectedAnswers/2}`

**Standard: Symptoms (5 Questions)**

**Standard: Testing (4 Questions)**

**Standard: Vaccine (13 Questions)**

**Block: Demographics (6 Questions)**

**Standard: Behavior (4 Questions)**

**BlockRandomizer: 1 -**

**Standard: Module A (13 Questions)**

**Standard: Module B (13 Questions)**

**Standard: Occupation (2 Questions)**

**EndSurvey: Advanced**

Page Break

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Start of Block: consent\_i



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 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. 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:

admin-C19survey-fb@umd.edu; 1204 Marie Mount Hall, College Park, MD 20742, USA.

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

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Start of Block: consent\_ii



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 the University of Mannheim and researchers outside the EU, such as Stanford University.**

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

---

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*

End of Block: A\_intro

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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

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Start of Block: Symptoms



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

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

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Page Break

Display This Question:

If B1 [ 1 ] (Count) > 0

Carry Forward Selected Choices from "B1"



B1b Are any of these symptoms unusual for you?

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

Page Break





Display This Question:

If B1 [ 1 ] (Count) > 0



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

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Page Break

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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

Display This Question:

If B3 = 1



B4 How many people do you know with these symptoms?

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End of Block: Symptoms

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Start of Block: Testing



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

Yes (1)

No (2)



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

Yes (1)

No (2)

---

Page Break

Display This Question:

If B7c = 1

X→

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

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

---

Page Break

Display This Question:

If B7c = 1



B15 Do any of the following reasons describe why you were tested for COVID-19 in the past 14 days? Please select all that apply.

- I felt sick (1)
- I was in contact with someone who was sick or tested positive for COVID-19 (2)
- I was tested while receiving other medical care (3)
- My employer or school required it (4)
- It was required for domestic or international travel (5)
- I wanted to visit friends or family and wanted to make sure I didn't have COVID-19 before visiting (6)
- None of the above (7)

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Page Break

End of Block: Testing

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Start of Block: Vaccine



V1 Have you had a COVID-19 vaccination?

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

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Page Break

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Display This Question:

If V1 = 1



V2 How many COVID-19 vaccinations have you received?

- 1 vaccination or dose (1)
- 2 vaccinations or doses (2)
- I don't know (3)

---

Page Break



Display This Question:

If If Have you had a COVID-19 vaccination? Yes Is Not Selected

X→

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

Yes (1)

No (2)

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Page Break

Display This Question:

If V1 != 1

And V15a != 1



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

Display This Question:

If V3a = 4



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

Display This Question:

If V3a = 3



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)

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Page Break

Display This Question:

If V3a = 2



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

Display This Question:

If V5a = 3

Or V5b = 3

Or V5c = 3



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)

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Page Break

*Display This Question:*

*If V3a != 4*

*And V15a != 1*

*And V1 != 1*



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

Yes (1)

No (2)

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Page Break

Display This Question:

If  $V1 = 1$





V18c Did you ever experience 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)

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Page Break

*Display This Question:*

*If V1 != 1*

*And V3a != 4*

*And V16a != 2*



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)
-



Display This Question:

If V3a != 1

And V3a != 4

And V1 != 1

And V15a != 1



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)

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Page Break

Display This Question:

If V1 != 1



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

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Start of Block: Demographics



E3 What is your gender?

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

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Page Break

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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)

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Page Break





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)

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Page Break





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

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



Page Break 

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

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E7a How many rooms are used for sleeping in the place where you are staying?

---

Page Break

End of Block: Demographics

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Start of Block: Behavior



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)

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Page Break

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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)

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Page Break



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)

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Page Break

Display This Question:

If C0a != 7

And In the past 24 hours, have you done any of the following? Please select all that apply.  
q://QID352/SelectedChoicesCount Is Greater Than 0

Carry Forward Selected Choices from "C0a"



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

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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)
- 



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)
- 



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)

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Page Break

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I1 Please indicate whether the following statement is true or false: "Getting the COVID-19 vaccine means that you can stop wearing a mask around people outside your household."

- Definitely false (1)
  - Probably false (2)
  - I really have no idea (3)
  - Probably true (4)
  - Definitely true (5)
- 



I2 Please indicate whether the following statement is true or false: "Children cannot get COVID-19."

- Definitely false (1)
  - Probably false (2)
  - I really have no idea (3)
  - Probably true (4)
  - Definitely true (5)
- 



18 Please indicate whether the following statement is true or false: "COVID-19 cannot spread in hot and humid climates."

- Definitely false (1)
- Probably false (2)
- I really have no idea (3)
- Probably true (4)
- Definitely true (5)



17 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)

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Page Break





15 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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scientists and other health experts (I6_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
World Health Organization (WHO) (I6_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government health authorities or officials (I6_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Politicians (I6_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journalists (I6_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family (I6_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious leaders (I6_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break





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

- Yes (1)
- No (2)

End of Block: Module A

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Start of Block: Module B



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)



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)

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Page Break

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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)
- 

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)



V12 Do you smoke cigarettes?

- Yes (1)
- No (2)

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Page Break



Display This Question:

If E3 != 1

X→

V11 Are you currently pregnant?

Yes (1)

No (2)

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Page Break



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

Yes (1)

No (2)

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Page Break \_\_\_\_\_

*Display This Question:*

*If J3 = 1*

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

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*Display This Question:*

*If J3 = 1*



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

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Display This Question:

If J3 = 1



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)

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Page Break

Display This Question:

If J3 = 1



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)

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Page Break

Display This Question:

If J6 = 2

Or J6 = 3

And J3 = 1

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

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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)
-

Display This Question:

If D7a = 1



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

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