

COVID19_symptom_survey_intl_V9

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 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_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 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_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_1220 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 (4143)

End of Block: A_intro

Start of Block: B_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"/>
Eye pain (B1_11)	<input type="radio"/>	<input type="radio"/>
Headache (B1_12)	<input type="radio"/>	<input type="radio"/>
Chills (B1_13)	<input type="radio"/>	<input type="radio"/>
Changes to sleep (B1_14)	<input type="radio"/>	<input type="radio"/>

Display This Question:

If B1 [1] (Count) > 0

Carry Forward Selected Choices from "B1"



B1b_likert 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"/>
Eye pain (B1b_x11)	<input type="radio"/>	<input type="radio"/>
Headache (B1b_x12)	<input type="radio"/>	<input type="radio"/>
Chills (B1b_x13)	<input type="radio"/>	<input type="radio"/>
Changes to sleep (B1b_x14)	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If B1 [1] (Count) >= 1



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)

Display This Question:

If B3 = 1

*

B4 How many people do you know with these symptoms?

Display This Question:

If B3 = 1

X→

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)

Page Break

Display This Question:

If B6 = 1

B7 Have you been tested for coronavirus (COVID-19) in the last 14 days?

Yes (1)

No (2)

Display This Question:

If B7 = 1

X→

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

Yes (1)

No (2)

I don't know (3)

Display This Question:

If B7 = 1

X→

B9 Did you have to pay anything out-of-pocket for this test?

Yes (1)

No (2)

I don't know (3)

Display This Question:

If B9 = 1

X→

B10 Have you or your household had to reduce spending on things you need (such as food, housing, or medication) because of the cost you paid to get the coronavirus (COVID-19) test?

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

Page Break

Display This Question:

If B7 = 2

Or B6 = 2



B11 Have you wanted to get tested for coronavirus (COVID-19) at any time in the last 14 days?

Yes (1)

No (2)

Page Break

Display This Question:

If B11 = 1



B12 Do any of the following reasons describe why you haven't been tested for coronavirus (COVID-19) in the last 14 days?

I tried to get a test but was not able to get one (B12b_1)

Yes (1)

No (2)

I don't know where to go (B12b_2)

Yes (1)

No (2)

I can't afford the cost of the test (B12b_3)

Yes (1)

No (2)

I don't have time to get tested (B12b_4)

Yes (1)

No (2)

I am unable to travel to a testing location (including because of transportation cost, safety, or physical limitations) (B12b_5)

Yes (1)

No (2)

I am worried about bad things happening to me or my family (including discrimination, government policies, and social stigma) (B12b_6)

Yes (1)

No (2)

Page Break

End of Block: B_symptoms

Start of Block: V_vaccine

V1 Have you had a COVID-19 vaccination?

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

Page Break

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)

Display This Question:

If V2 != 2

And V2 , 2 Is Displayed

V2a Did you receive (or do you plan to receive) all required doses?

- Yes, received all required doses (1)
- Yes, plan to receive all required doses (2)
- No, don't plan to receive all required doses (3)

End of Block: V_vaccine

Start of Block: V_vaccine_followup

Display This Question:

If V1 != 1



V3 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 V3 = 4



V5a Which of the following, if any, are reasons that you definitely won't 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 (4)
- 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)
- Other (9)

Display This Question:

If V3 = 3



V5b Which of the following, if any, are reasons that you probably won't 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 (4)
- 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)
- Other (9)

Display This Question:

If V3 = 2



V5c Which of the following, if any, are reasons that you only probably will 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 (4)
- 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)
- Other (9)

Display This Question:

If V2a = 3



V5d Which of the following, if any, are reasons that you don't plan to receive all required doses of 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 (4)
- 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)
- Other (9)

Display This Question:

If V5a = 3

Or V5b = 3

Or V5c = 3

Or V5d = 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)

Page Break

Display This Question:

If V1 != 1



V4 Would you be more likely or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following:

	More likely (1)	About the same (2)	Less likely (3)
Friends and family (V4_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors and other health professionals you go to for medical care (V4_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
World Health Organization (WHO) (V4_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government health officials (V4_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Politicians (V4_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)

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)

End of Block: V_vaccine_followup

Start of Block: B_healthcare IF DAYOFMONTH=01



B13 In the last 30 days, was there any time when you needed any of the following health services or products but could not get it?

Emergency transportation services or emergency rescue (B13_1)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Medical care with overnight stay in any type of facility (B13_2)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Medical or dental care or treatment without an overnight stay (B13_3)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Preventive health services (including immunization/vaccination, family planning, prenatal/postnatal care, routine check-up services) (B13_4)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Medication (B13_5)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Mask, medical gloves, or other protective equipment (B13_6)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Eyeglasses, hearing aid, crutches, band-aids/plasters, thermometer, or any other health product (B13_7)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

Display This Question:

If B13 = 1 [1]

Or B13 = 4 [1]

Or B13 = 5 [1]

Or B13 = 6 [1]

Or B13 = 7 [1]

Or B13 = 8 [1]

Or B13 = 9 [1]



B14 In the last 30 days, were you unable to get needed treatment, services, medicine, or medical products for any of the following reasons?

I didn't know where to go (B14_1)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
I couldn't afford the treatment, service, or product (B14_2)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
I was unable to travel to the health care provider (including because of transportation cost, safety, or physical limitations) (B14_3)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
I was afraid of being infected at the health care provider (B14_4)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
The treatment, service, or product was not available (B14_5)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

End of Block: B_healthcare IF DAYOFMONTH=01

Start of Block: C_contact



C0_likert In the last 24 hours, have you done any of the following?

	Yes (1)	No (2)
Gone to work outside the place where you are currently staying (C0_1)	<input type="radio"/>	<input type="radio"/>
Gone to a market, grocery store, or pharmacy (C0_2)	<input type="radio"/>	<input type="radio"/>
Gone to a restaurant, cafe, or shopping center (C0_3)	<input type="radio"/>	<input type="radio"/>
Spent time with someone who isn't currently staying with you (C0_4)	<input type="radio"/>	<input type="radio"/>
Attended a public event with more than 10 people (C0_5)	<input type="radio"/>	<input type="radio"/>
Used public transit (C0_6)	<input type="radio"/>	<input type="radio"/>

Display This Question:

If C0_likert [1] (Count) > 0

Carry Forward Selected Choices from "C0_likert"



C13 In the last 24 hours, have you **worn a mask** when you have done any of the following?

Gone to work outside the place where you are currently staying (C13_1)

Yes (1)

No (2)

Gone to a market, grocery store, or pharmacy (C13_2)

Yes (1)

No (2)

Gone to a restaurant, cafe, or shopping center (C13_3)

Yes (1)

No (2)

Spent time with someone who isn't currently staying with you (C13_4)

Yes (1)

No (2)

Attended a public event with more than 10 people (C13_5)

Yes (1)

No (2)

Used public transit (C13_6)

Yes (1)

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



C7 In the last 24 hours, about how many times have you washed your hands with soap and water or used hand sanitizer?

- 0 times (1)
 - 1-2 times (2)
 - 3-6 times (3)
 - 7 or more times (4)
-



C8 Do you have access to soap and water for washing your hands at the place where you are currently staying?

- Yes (1)
 - No (2)
-

Page Break

X→

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)
-

X→

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, on how many days did you spend time with people who aren't staying with you?

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



C14 How often are you intentionally avoiding contact with other people?

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

End of Block: C_contact

Start of Block: C_flu

C9a Have you had a seasonal flu vaccination since July 1, 2020?

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

Page Break

X→

C12 Thinking back to **last year**, did you get a flu vaccine between June 2019 and February 2020?

- Yes, I got a seasonal flu vaccine between June 2019 and February 2020 (1)
- No, I did not get a seasonal flu vaccine between June 2019 and February 2020 (2)
- I'm not sure if I got a seasonal flu vaccine between June 2019 and February 2020 (3)

End of Block: C_flu

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)
-

JS

X→

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)

Page Break



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)
-

Page Break

Display This Question:

If D5 = 1

Or D5 = 2



D6 Do any of the following reasons describe why you are worried about your household's finances in the next month?

Loss of income (D6_1)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Healthcare costs related to coronavirus (COVID-19) (D6_2)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
Healthcare costs NOT related to coronavirus (COVID-19) (including to treat other diseases, illnesses, injuries, or symptoms) (D6_3)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

Page Break



D7 In the last 7 days, did you do any work for pay, or do 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 D7 = 2



D8 Before February 2020, were you working for pay, or doing any kind of business, farming, or other activity to earn money?

Yes (1)

No (2)

Page Break

Display This Question:

If D8 = 1



D9 Why did you stop working?

- My employer closed for coronavirus-related reasons (1)
- My employer closed for another reason (2)
- I was laid off or furloughed (3)
- I am a seasonal worker (4)
- I was ill or quarantined (5)
- I needed to care for someone (6)
- Other (7)

Display This Question:

If D7 = 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)

Display This Question:

If D8 = 1



D10b What is the main activity of the business or organization in which you were working before February 2020?

- 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: D_menthealth_econ

Start of Block: E_demographics



E3 What is your gender?

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



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)
-



E6 How many years of education have you completed?

Page Break _____

X→

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

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

*

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

X→

E7 In the place where you are staying, how many rooms are used for sleeping?

- 1 room (1)
 - 2 rooms (2)
 - 3 rooms (3)
 - 4 rooms (4)
 - 5 or more rooms (5)
-

Page Break

Display This Question:

If E3 != 1

V11 Are you currently pregnant?

Yes (1)

No (2)

V12 Do you smoke cigarettes?

Yes (1)

No (2)

End of Block: E_demographics

Start of Block: F_app

X→

F1 Do you have a smartphone?

Yes (1)

No (2)

Display This Question:

If F1 = 1

X→

F2 Have you installed the following types of coronavirus (COVID-19)-related apps on your smartphone?

A contact tracing app (1)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)
A symptom tracking app (2)	<input type="radio"/> Yes (1)	<input type="radio"/> No (2)

Display This Question:

If country = Australia



F3_au Have you installed the COVIDSafe app on your smartphone?

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

Display This Question:

If country = Germany



F3_de Have you installed the Corona-Warn-App on your smartphone?

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

End of Block: F_app

Start of Block: consent_row



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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)

End of Block: consent_row

