

unisanté

Centre universitaire de médecine générale
et santé publique • Lausanne

Coronavirus Response in the Vaud Canton

My preferred language is:

Ma langue préférée est:

Moj omiljeni jezik je:

لغتي المفضلة هي

زبان مورد علاقه من است

ዝመርጾ ቐጥቶ

எனக்கு விருப்பமான மொழி:

ჩემი საყვარელი ენა არის

Gjuha ime e preferuar është:

Luuqada aan ugu jeclahay waa

- ☒ English
- ☐ Français
- ☐ SR/HR/BIH
- ☐ اللغة العربية
- ☐ فارسی
- ☐ ቅጥቶ
- ☐ தமிழ், இலங்கை
- ☐ ქართული
- ☐ gjuha shqipe
- ☐ Soomaali

Coronavirus Response in the Vaud Canton

We would like to know how you feel about the new coronavirus.

We would like to know about the impact of the new coronavirus on your life. We would also like to know how you feel about the recommendations to contain it.

The answers you provide will be used to improve the Canton responses and to help research in this area.

It is up to you whether or not you want to take part. Taking part is anonymous. This means we do not know your name. We will not ask for personal information that can identify you.

We will not contact you again after this survey.

Thank you for your time.

1 What is your age? (in years)

2 What is your sex?

- ☐ Male
- ☐ Female

	<input type="radio"/> Other
3 How well do you speak French?	<input type="radio"/> Very well <input type="radio"/> Well <input type="radio"/> Not well <input type="radio"/> Not at all <input type="radio"/> I don't know
4 What type of housing do you live in?	<input type="radio"/> Private apartment or house <input type="radio"/> Room in asylum seeker center with USMi consultation <input type="radio"/> Room in asylum seeker center without USMi consultation <input type="radio"/> I don't know
5 Do you have:	<input type="radio"/> N Permit <input type="radio"/> F Permit <input type="radio"/> B Permit <input type="radio"/> S Permit <input type="radio"/> Emergency aid (white paper) <input type="radio"/> Swiss citizenship or C Permit <input type="radio"/> I don't know
6 Do you get help from a social worker, community advocate or someone else?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
7 What is your highest level of education?	<input type="radio"/> Compulsory education or less <input type="radio"/> Apprenticeship <input type="radio"/> High school <input type="radio"/> Professional school or university <input type="radio"/> I don't know
8 How confident are you filling out forms about your health by yourself?	<input type="radio"/> Always <input type="radio"/> Often <input type="radio"/> Sometimes <input type="radio"/> Occasionally <input type="radio"/> Never
9 Have you been tested for the new coronavirus?	<input type="radio"/> Yes, I tested positive <input type="radio"/> Yes, I tested negative

	<input type="radio"/> Yes, I am awaiting the result <input type="radio"/> No <input type="radio"/> I don't know
10 Are you part of a group at risk for the new coronavirus? This means that you have hypertension, diabetes, heart problems, lung problems (ex: asthma or chronic bronchitis) or have a weaker immune system (immunosuppressed).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know
11 Do you know what to do if you have coronavirus symptoms?	<div style="display: flex; justify-content: space-between;"> I really don't know what to do I know exactly what to do </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 </div>
12 How have you stayed up to date with recommendations for the new coronavirus? (Check all responses that apply)	<input type="checkbox"/> I watched the television or listened to the radio <input type="checkbox"/> I looked at government websites <input type="checkbox"/> I listened to government announcements <input type="checkbox"/> I received information from community interpreters where I live <input type="checkbox"/> I read the news online or in a newspaper <input type="checkbox"/> I looked at social media websites (Facebook, Instagram, WhatsApp, Twitter, etc) <input type="checkbox"/> I got information from my employer <input type="checkbox"/> I got information from my family and friends <input type="checkbox"/> I called the government telephone hotline <input type="checkbox"/> I spoke to healthcare professionals <input type="checkbox"/> I looked at hospital or clinic websites <input type="checkbox"/> I have not stayed up to date about the coronavirus <input type="checkbox"/> I don't know
13 Which of the following things are currently recommended by the government to slow the spread of the new coronavirus? (Check all responses that apply)	<input type="checkbox"/> Stay outside as long as possible each day <input type="checkbox"/> If you have a fever or cough, stay home for 10 days and 48 hours without symptoms <input type="checkbox"/> Stop using public transports <input type="checkbox"/> Stay 1.5 meters away from others <input type="checkbox"/> Spontaneous gatherings of up to 30 people are allowed <input type="checkbox"/> Work at home as much as you can <input type="checkbox"/> Shops selling clothes are now opened

	<input type="checkbox"/> bars and pubs are opened to all if clients are standing up or outside on a terrace <input type="checkbox"/> I don't know
14 Do you think that the following statements are true: (Check all responses that apply)	<input type="checkbox"/> The new coronavirus was created intentionally in a laboratory <input type="checkbox"/> The new coronavirus occurred naturally due to mixing of human and animal viruses <input type="checkbox"/> The new coronavirus was created as a weapon, probably by China or the United States <input type="checkbox"/> The new coronavirus has disproportionately affected poorer people <input type="checkbox"/> The effects of the coronavirus have been intentionally exaggerated so that governments can better control their populations <input type="checkbox"/> The new coronavirus was created to scare asylum seekers and make them leave <input type="checkbox"/> I don't know
15 How much have you followed the government recommendations?	not at all all the time <div style="border: 1px solid black; padding: 2px; text-align: center;"> 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 </div>
16 What has stopped you from following the government recommendations? (Check all responses that apply)	<input type="checkbox"/> I don't think the recommendations are useful <input type="checkbox"/> I don't think the virus is dangerous for me or my family <input type="checkbox"/> I don't have a choice (ex: I must keep working) <input type="checkbox"/> I don't have the means (ex: I live in shared space) <input type="checkbox"/> My home is too small to stay inside all the time <input type="checkbox"/> I have to care for my family (children or older people) <input type="checkbox"/> I had to leave the house for food and other essentials <input type="checkbox"/> I worry about offending others (ex: not shaking hands when offered) <input type="checkbox"/> I worry about my health (ex: I need to see a doctor) <input type="checkbox"/> I don't remember the recommendations <input type="checkbox"/> I don't understand the recommendations <input type="checkbox"/> I don't know
17 Do you feel the government recommendations have been:	not at all about much too

	enough	right	restrictive
	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10		
18 What impact have the new coronavirus restrictions had on your life? (check all responses that apply)	<input type="checkbox"/> I have lost money <input type="checkbox"/> I have lost my job <input type="checkbox"/> I had to close my business <input type="checkbox"/> I have kept my job, but lost money because of missed hours of work <input type="checkbox"/> I have been more lonely <input type="checkbox"/> I have been more anxious <input type="checkbox"/> I have lost a loved one to coronavirus <input type="checkbox"/> I did not leave my home for days at a time <input type="checkbox"/> Not a big impact on my life <input type="checkbox"/> I don't know		
19 Before the new coronavirus: (check all responses that apply)	<input type="checkbox"/> I saw a doctor or nurse for my physical health problems <input type="checkbox"/> I saw a doctor or nurse for my mental health problems <input type="checkbox"/> I did not see a doctor or nurse <input type="checkbox"/> I don't know		
Since the new coronavirus started, I have seen a doctor or nurse for my physical health problems: (check all responses that apply)	<input type="checkbox"/> As much as before <input type="checkbox"/> Less than before <input type="checkbox"/> At the doctor or nurse office <input type="checkbox"/> On the phone <input type="checkbox"/> On video <input type="checkbox"/> Not at all <input type="checkbox"/> I don't know		
Since the new coronavirus started, I have seen a doctor or nurse for my mental health problems: (check all responses that apply)	<input type="checkbox"/> As much as before <input type="checkbox"/> Less than before <input type="checkbox"/> At the doctor or nurse office <input type="checkbox"/> On the phone <input type="checkbox"/> On video <input type="checkbox"/> Not at all		
20 Over the past 3 months, I have been worried about the new coronavirus:	not worried at all	extremely worried	
	0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10		

21 I had trouble falling or staying asleep because I was thinking about the new coronavirus:	<input type="radio"/> Not at all <input type="radio"/> Rare, less than a day or two <input type="radio"/> Several days <input type="radio"/> More than 7 days <input type="radio"/> Nearly every day over the last two weeks <input type="radio"/> I don't know
22 I am afraid of losing my life because of the new coronavirus:	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Agree <input type="radio"/> Strongly agree <input type="radio"/> I don't know
23 I have worried during the past three months about access to medical care if infected by coronavirus:	<div>not worried at all<div>extremely worried</div><div>0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10</div></div>