

# Study Questionnaire

Date of Survey (dd/mm/yyyy): \_\_\_\_\_

## Questionnaire on COVID-19

Thank you very much for your willingness to participate in a multinational study entitled “Immediate psychological responses and associated factors during the initial stage of the 2019 novel coronavirus (2019-nCoV) epidemic among the college students.” The entire survey will take about 20 minutes to complete. No personally identifiable information will be collected.

### Part 1

#### Part A: Demographics

1. Gender:       Male  Female
2. Age:      \_\_\_\_\_
3. Education attainment  
 University: Bachelor  
 University: Master or PhD
4. Residential area during the COVID-19 outbreak  
Please specify City (County) \_\_\_\_\_
5. Marital status  
 Single  
 Married
6. Employment status  
 Student,  
 Employed  
 Unemployed  
 Others
7. Parental status?  
 Not applicable  
 No children

- Has child 16 years or under
- Has child older than 16 years
- 8. Household size:
  - 1 person
  - 2 persons
  - 3-5 persons
  - 6 persons or more
- 9. Have you traveled outside of your residential country in the past 14 days?
  - No
  - Yes, please specify visited countries \_\_\_\_\_

**Part B: Symptoms and physical health status**

1. Symptoms of body discomfort in the past 14 days (please check all that apply)
  - Persistent fever (>38°C for at least 1 day)
  - Chills
  - Headaches
  - Myalgia
  - Cough
  - Difficulty breathing
  - Dizziness
  - Coryza
  - Sore throat
  - Persistent fever and cough or difficulty breathing
  - Nausea, vomiting, diarrhoea
2. Did you see a doctor in the clinic in the past 14 days?
  - No (skip to #6)
  - Yes
3. Were you admitted to the hospital in the past 14 days?
  - No
  - Yes
4. Were you tested for COVID-19 / 2019-novel coronavirus in the past 14 days?
  - No
  - Yes
5. Were you under quarantine by health authority in the past 14 days?
  - No
  - Yes
6. Please self-rate your current health status
  - Very good
  - Good

- Fair
  - Poor
  - Very poor
7. Do you have medical insurance from private sector?
- Yes
  - No
8. Do you suffer from a chronic illness diagnosed by physician?
- No
  - Yes, please specify \_\_\_\_\_
9. Do you have experiences self-isolation?
- Yes
  - No

**Part C: Contact history**

1. Have you directly or indirectly contacted patients suffering from COVID-19?
- No (skip to Part D)
  - Yes
  - [Don't know]
2. Extent of direct and indirect contact history of COVID-19 patients (please check all that apply)
- Close contact with a confirmed case
  - Indirect contact with a confirmed case (“contact of direct contact”)
  - Contact with a suspected case
  - Contact with infected materials
  - [Don't know]

**Part D: Knowledge and belief about COVID-19**

- |  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|
| 1. Does the COVID-19 transmit through... | Agree                 | Disagree              | Don't know            |
| a. Droplets                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Contact via contaminated objects      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Airborne                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. How satisfy you are with the amount of health information available about COVID-19?
- Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied

Don't know

3. Have you heard of the following...	Heard	No heard/ Don't know
a. Number of cases infected by COVID-19	<input type="radio"/>	<input type="radio"/>
b. Number of deaths infected by COVID-19	<input type="radio"/>	<input type="radio"/>
c. Number of recovered cases infected by COVID-19	<input type="radio"/>	<input type="radio"/>

4. How do you mainly obtain health information?

- Internet
- Television
- Radio
- Newspaper
- Family members
- Other, please specify \_\_\_\_\_

5. How confident are you in your own hospital to diagnose or recognize COVID-19?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident
- Don't know

6. Please rate your likelihood of ...	Very likely	Somewhat likely	Not very likely	Not likely at all	Don't know
a. Contracting COVID-19 during the current outbreak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Surviving COVID-19 if infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please rate your concerns about other family members getting COVID-19.

- Don't have family member
- Very worried
- Somewhat worried
- Not very worried
- Not worried at all
- Don't know

8. Do you feel that you are being discriminated by other countries due to the outbreak of COVID-19?

- Yes
- No

Don't know

9. Did you buy masks during the outbreak of COVID-19?

Yes

No

No answer

10. When you bought a mask, was there something inconvenient.

please specify \_\_\_\_\_

### Part E: Pre-cautionary measures in past 14 days

Do you do the following in the past 14 days...	most of the				
	Always	time	sometime	occasional	Never
1. Covering mouth when coughing and sneezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Avoid sharing utensils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Washing hands with soap and water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Washing hands immediately after coughing, rubbing nose or sneezing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Wearing mask regardless the presence or absence of symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Washing hands after touching contaminated objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Avoiding elevators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Sitting in one row while having a meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Avoiding meeting more than 10 people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Do you feel that worry or anxiety has been made about COVID-19?

Always

Most of the time

Sometime

Occasional

Never

11. How many extra hours per day do you stay at home to avoid COVID-19?

\_\_\_\_\_ Hours

### Part F Additional information about COVID-19

1. Would you like to receive additional information about COVID-19?

- Yes
- No (Skip to PHQ-9)

2. I would like to receive additional information about COVID-19 on ...
- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a. Details on symptoms   | <input type="radio"/> | <input type="radio"/> |
| b. Advice on prevention  | <input type="radio"/> | <input type="radio"/> |
| c. Advice on treatment   | <input type="radio"/> | <input type="radio"/> |
| d. Regular updates for latest information  | <input type="radio"/> | <input type="radio"/> |
| e. Regular updates for the Outbreaks   | <input type="radio"/> | <input type="radio"/> |
| f. Advice for people who might need more tailored information, such as those with pre-existing illness | <input type="radio"/> | <input type="radio"/> |
| g. Availability and effectiveness of medicine/vaccine  | <input type="radio"/> | <input type="radio"/> |
| h. How many people are affected/where it is affected   | <input type="radio"/> | <input type="radio"/> |
| i. Travel advice   | <input type="radio"/> | <input type="radio"/> |
| j. How COVID-19 is spread  | <input type="radio"/> | <input type="radio"/> |
| k. What other countries are doing  | <input type="radio"/> | <input type="radio"/> |
| l. The treatment and test cost of COVID-19   | <input type="radio"/> | <input type="radio"/> |
| m. The school precautions  | <input type="radio"/> | <input type="radio"/> |

3. Please specify other information you would like to receive about COVID-19

\_\_\_\_\_

**Part 2: PHQ-9**

How often have they been bothered by the following over the past 2 weeks?

Question	Not at all	Several days	More than half the days	Almost every day
I seemed have no interest or pleasure in doing work or leisure activities.	0	1	2	3
I felt depressed and hopeless.	0	1	2	3
I found it difficult to fall asleep or keep sleeping, or slept too much suddenly.	0	1	2	3
I felt tired or had little energy.	0	1	2	3

I tended to have no appetite or overeat.	0	1	2	3
I felt that I have no confidence. Or I felt like I am a failure and let myself or my family down.	0	1	2	3
It was difficult to concentrate on such things as reading newspapers or watching television.	0	1	2	3
When someone was watching me, I felt like moving or talking slowly. On the contrary, It was more active than usual, too restless or impetuous	0	1	2	3
I thought that it is better to die or that I would harm myself anyway	0	1	2	3

Note: New PHQ-9 was included in the survey from 2017 in the community health survey.

0-4 points: no or minimal depression / 5-9 points: mild depression

10-14 or higher: depression present / 15-19: severe degree of depression / 20 or higher: depression is very severe

**\*In this study, depression is judged by prior research and clinical criteria and community health survey depression criteria if 10 or more points or higher.**