

COVID-19 Community Survey

We are aware that this is a difficult time for many, and hope you are safe.

This survey is being conducted to help us learn about the issues faced by people in our community relating to Coronavirus. It will be used by Council to directly inform planning and delivery of services throughout the community relief as well as the recovery program for Coronavirus.

The survey will take 15-20 minutes to complete and asks questions about how your life has changed since the Coronavirus.

This survey will be run at multiple stages throughout the pandemic situation to help understand community needs over time. If you think you may have completed it more than a month ago, please feel free to do it again.

The research is being conducted by an independent researcher ASDF Research, with distribution support from Councils and other stakeholders across the state. Findings will be used to help local councils and community organisations plan programs and services to enhance community resilience both during and after the pandemic.

Your responses are completely anonymous and will be managed in accordance with our collection statement <http://Qre.host/collection> and privacy policy <https://asdfresearch.com.au/privacy>

Q1 What are your main concerns at the moment regarding Coronavirus?



Q2 Please rate your feelings at the moment. *This will help us understand how feelings change as the situation changes.*

i Please tick one answer per row

	Not at all	A little	Moderately	Very much so	Don't know
I feel secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3**In what ways, if any, has the Coronavirus impacted on you?****i** Please tick one answer per row

	No impact	Slight impact	Big impact	Not applicable
Work / employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing / accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and grocery shopping / availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spending time with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure activities and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious / faith based activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No impact	Slight impact	Big impact	Not applicable

Q4**If there are other significant impacts not covered by this list, please tell us about them below.**

**If you haven't experienced any of the above impacts, please skip to Q10 on page 5.****The following questions only need to be answered if you have experienced changes related to that topic, otherwise you can leave them blank.**



Q5 is for those who have experienced an impact on housing.

Q5

In what ways has the Coronavirus impacted on your housing / accommodation?



You can choose more than one

- | | |
|--|--|
| <input type="checkbox"/> Can't afford to pay the mortgage | <input type="checkbox"/> I can defer mortgage payments |
| <input type="checkbox"/> Can't afford to pay the rent | <input type="checkbox"/> I have negotiated reduced rent |
| <input type="checkbox"/> Can't afford to pay utilities or other household expenses | <input type="checkbox"/> Not enough room to self-isolate from other family members |
| <input type="checkbox"/> I have become homeless | <input type="checkbox"/> Children or family moved back in |
| <input type="checkbox"/> Can't afford maintenance or repairs | <input type="checkbox"/> Tennant in my investment property can't pay rent |
| <input type="checkbox"/> Had to find room / rearrange the house to work from home | <input type="checkbox"/> Had to find room / rearrange the house for teaching child/ren at home |
| <input type="checkbox"/> Other (please specify) | |



Q6 is for those who have experienced an impact on safety.

Q6

In what ways has the Coronavirus impacted on your feelings of safety?




You can choose more than one

- | | |
|--|---|
| <input type="checkbox"/> Fear of getting sick when in public | <input type="checkbox"/> Increased crime |
| <input type="checkbox"/> Fear of getting sick at work | <input type="checkbox"/> Feel unsafe when going shopping |
| <input type="checkbox"/> Feel unsafe driving on the roads | <input type="checkbox"/> Anger and violence at home |
| <input type="checkbox"/> Anger and violence in the community | <input type="checkbox"/> Neighbours are offering to help |
| <input type="checkbox"/> Concern about going to the doctor or hospital for medical purposes not related to coronavirus | <input type="checkbox"/> Concern that I will get sick and not be able to care for children / other family members |
| <input type="checkbox"/> Concern for older family members getting sick | <input type="checkbox"/> Greater sense of community in my area |
| <input type="checkbox"/> Concern for children getting sick or carrying the virus | <input type="checkbox"/> Feel unsafe when walking / exercising |
| <input type="checkbox"/> Feel safer as there are people home all the time | <input type="checkbox"/> More people walking around the streets makes me feel safer |
| <input type="checkbox"/> Don't feel safe catching public transport | <input type="checkbox"/> More people walking around the streets makes me feel less safe |
| <input type="checkbox"/> Other (please specify) | |

! Q7 is for those who have experienced an impact on work / employment.

Q7 In what ways has the Coronavirus impacted on work/employment?


i You can choose more than one

- | | |
|---|--|
| <input type="checkbox"/> I have lost my job | <input type="checkbox"/> I had to close my business permanently |
| <input type="checkbox"/> My partner has lost their job / has reduced pay | <input type="checkbox"/> I had to close my business temporarily |
| <input type="checkbox"/> I still have my job but there is no work to do and I am not being paid | <input type="checkbox"/> I have switched to working from home |
| <input type="checkbox"/> I have less work to do now / decreased workload / fewer clients or customers | <input type="checkbox"/> I now have to find time to do work as well as managing my child's schooling |
| <input type="checkbox"/> My work income has been reduced | <input type="checkbox"/> Applied for JobSeeker |
| <input type="checkbox"/> I am worried that my work income may be reduced | <input type="checkbox"/> Customers being rude to me / threatening me |
| <input type="checkbox"/> My employer is not paying my jobkeeper correctly | <input type="checkbox"/> The nature of my work has changed |
| <input type="checkbox"/> I have more work to do now / increased workload | <input type="checkbox"/> I still have to go into work but could be working from home |
| <input type="checkbox"/> I have managed to find a job (unemployed before) | <input type="checkbox"/> I still have to go into work and can't work from home |
| <input type="checkbox"/> Other (please specify)  | |
-

! Q8 is for those who have experienced an impact on physical health.

Q8 In what ways has the Coronavirus impacted on your physical health?


i You can choose more than one

- | | |
|---|---|
| <input type="checkbox"/> Can't exercise as much | <input type="checkbox"/> Unwell due to having coronavirus |
| <input type="checkbox"/> Reduced access to healthy food | <input type="checkbox"/> Drinking more alcohol |
| <input type="checkbox"/> Can't afford to buy food | <input type="checkbox"/> Exercising more |
| <input type="checkbox"/> Can't buy / source required medicines | <input type="checkbox"/> Eating healthier food |
| <input type="checkbox"/> Had to cancel health appointment | <input type="checkbox"/> Eating more home cooked meals |
| <input type="checkbox"/> Not eating as healthily | <input type="checkbox"/> Drinking less alcohol |
| <input type="checkbox"/> Stress from trying to juggle the demands of work, children, house, finances etc. | |
| <input type="checkbox"/> Other (please specify)  | |
-

! Q9 is for those who have experienced an impact on parenting responsibilities.

Q9 In what ways has the Coronavirus impacted on your parenting responsibilities?

i You can choose more than one

- Due to closures to school/childcare, I have to stay home to look after my children when I could otherwise be working
- I now have to teach my children at home
- Children or family moved back in
- I have more time with my children
- Other (please specify) 


! The next questions are for EVERYONE.

Q10 Since the restrictions, have you been doing the following more, about the same, or less?

i Please tick one answer per row

	More	About the same	Less	Not applicable
Exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking to neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 What was your employment status prior to the Coronavirus outbreak?

- Full time
- Part time
- Casual
- Other (please specify) 
- Not employed
- Retired
- Home duties

Q12 As a result of the Coronavirus pandemic, has your number of working hours / workload...?

- Increased
- Stayed the same
- Decreased


Q13 Do you own or manage a business?

If you have closed your business or changed staff numbers due to the Coronavirus, please select the option that best describes your business before the pandemic, say in December 2019

- Yes – small business (2-5 staff, including sole traders with staff)
- Yes – medium business (6-49 staff) Yes – sole trader (no staff)
- Yes – large business (50+ staff) No

Q14**Have you had to make any changes to staff numbers or schedules as a result of the Coronavirus?**

i You can choose more than one

- Permanently lay-off staff Pay for staff to be on sick leave
- Temporarily lay-off staff Hire more staff
- Cut staff hours JobKeeper for staff
- Other (please specify) 
- No change to staffing

! Q15 is for those who are employed or own/manage a business.

Q15 In which industry is your work?

- Retail Transport
- Hospitality (Cafés, restaurants etc.) Health services
- Accommodation Community services
- Government Manufacturing
- Entertainment and events Real estate
- Personal services Accounting, legal and finance
- Construction, repair and maintenance Primary production / agriculture / farming
- Education and training Business services
- Other (please specify) 

Q16

Please explain the type of business it is within this category...



! The next questions are for **EVERYONE**.

Q17

Which of the following best describes you with regards to Coronavirus / COVID-19? *Remember, your answers are anonymous, we will not be able to identify you*

- I had Coronavirus (confirmed by a test) but have recovered
- I currently have Coronavirus (confirmed by a test)
- I have/had symptoms of Coronavirus
- I have flu/cold symptoms but I don't think it is Coronavirus
- I don't have any symptoms of Coronavirus
- Other (please specify)



Don't know

Q18

Have you been tested for Coronavirus?

- Yes, awaiting results
- Yes, results were negative
- No, I have tried but I can't get tested
- No, I haven't tried to get tested
- Don't know

Q19

Have you been in quarantine / self-isolation relating to the Coronavirus for any of the following reasons?

- No
- Yes – returned from overseas
- Yes – know someone who tested positive for Coronavirus
- Yes – contracted Coronavirus (confirmed with a test)
- Yes – have cold/flu symptoms but not tested for coronavirus
- Yes – live with someone with Coronavirus or Coronavirus-like symptoms
- Yes – other (please specify)



Don't know

Q20

Do you know anyone who has Coronavirus / COVID-19, confirmed by a test?

- No
- Yes, someone that I live with
- Yes, family member who I don't live with
- Yes, co-worker or someone in the same work building as me
- Yes, friend or neighbour
- Yes – other (please specify)



Don't know

Q21

Where do you go for information about the spread of the Coronavirus?

i *You can choose more than one*

- Don't look for this type of information
- Coronavirus helpline (phone)
- Social media (Facebook, Twitter, Reddit etc.)
- Friends and family
- Online newspaper - **Which ones?**
- Government website - **Which ones?**
- Other website - **Which ones?**
- Paper based newspaper - **Which ones?**
- Television - **Which programs?**
- Radio - **Which programs?**
- Somewhere else - **specify**


Write in

Q22

Where do you look for health information and what to do if you or a family member feels unwell?

i *You can choose more than one*

- Don't look for this type of information
- Coronavirus helpline (phone)
- Social media (Facebook, Twitter, Reddit etc.)
- Friends and family
- Online newspaper - **Which ones?**
- Government website - **Which ones?**
- Other website - **Which ones?**
- Paper based newspaper - **Which ones?**
- Television - **Which programs?**
- Radio - **Which programs?**
- Somewhere else - **specify**

Write in 

Q23

Do you...?

i *Please tick one answer per row*

Maintain physical distance of 1.5m or more from people you don't live with ("social distancing")

Wash your hands regularly

Avoid touching your face

Cough/sneeze into your elbow or tissue

Stay home except for exercise, work or buying food/groceries/medicines.

	Yes	Some-times	No	Not applicable
Maintain physical distance of 1.5m or more from people you don't live with ("social distancing")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash your hands regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid touching your face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough/sneeze into your elbow or tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay home except for exercise, work or buying food/groceries/medicines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24

What sort of things are you doing to stay in touch with family and friends who don't live with you?



Q25

Are you currently having trouble finding any food or groceries?



Please select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Toilet paper | <input type="checkbox"/> Rice and pasta |
| <input type="checkbox"/> Fresh fruit and vegetables | <input type="checkbox"/> Meat |
| <input type="checkbox"/> Canned goods | <input type="checkbox"/> Flour or grains |
| <input type="checkbox"/> Pet food | <input type="checkbox"/> Dairy goods |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Special dietary foods (e.g. (diabetes, coeliac) |
| <input type="checkbox"/> Personal items (deodorant, soap, sanitary items, makeup etc.) | |
| <input type="checkbox"/> Other (please specify) | |
| <input type="checkbox"/> Nothing | |

Please note that this survey is for the purpose of understanding the community. Your responses are anonymous, therefore it will not be used to provide you with direct assistance.

If you need support please contact your local services. Your local Council should be able to advise you who to contact for assistance.

Q26

Please tell us about any services you would like to see provided by service providers or Councils to help respond to life changes due to the Coronavirus.



Now some questions to help group your responses with other people for analysis. Remember, your responses are completely anonymous. This information helps us understand how experiences differ across different parts of the community


D1 **What is your gender?**

<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary
<input type="checkbox"/> Female	<input type="checkbox"/> Self-described
<input type="checkbox"/> I'd prefer not to say	

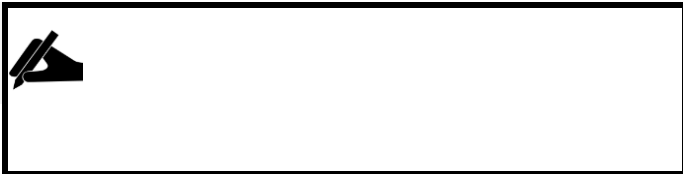
D2 **What is your age?**

<input type="checkbox"/> 14-17	<input type="checkbox"/> 40-44	<input type="checkbox"/> 65-69
<input type="checkbox"/> 18-24	<input type="checkbox"/> 45-49	<input type="checkbox"/> 70-74
<input type="checkbox"/> 25-29	<input type="checkbox"/> 50-54	<input type="checkbox"/> 75-79
<input type="checkbox"/> 30-34	<input type="checkbox"/> 55-59	<input type="checkbox"/> 80+
<input type="checkbox"/> 35-39	<input type="checkbox"/> 60-64	<input type="checkbox"/> I'd prefer not to say

D3 **Do you speak a language other than English at home?**

<input type="checkbox"/> Yes (<i>please specify language</i>)	
<input type="checkbox"/> No	
<input type="checkbox"/> I'd prefer not to say	

D4 **Are you an Australian citizen or permanent resident?**

<input type="checkbox"/> Yes	
<input type="checkbox"/> No (<i>please specify country of citizenship</i>)	
<input type="checkbox"/> I'd prefer not to say	

D5 **Do you have a disability where you need help with self-care, body movement or communication activities?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I'd prefer not to say
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D6

Is there someone outside your household you can rely on to regularly care for you or your children in an emergency?

- Yes No I'd prefer not to say

D7

Which of the following best describes your household structure?

- One person
 Couple without children living at home (2 person household)
 Couple with children living at home
 Single parent
 Group household
 Other
 I'd prefer not to say

D8

How old are the children who live at home?

i You can choose more than one

- 0-4 years old 18+ years old
 5-11 years old All children have left home
 12-17 years old No children

D9

At this point in time, what is your approximate monthly household income (after tax)?

- <\$1,860 per month (\$430 per week or less) \$3,901-\$8,670 per month (\$901-\$2,000 per week)
 \$1,861-\$2,800 (\$451-\$650 per week) \$8,671-\$17,300 per month (\$2,001-\$4,000 per week)
 \$2,801-\$3,900 (\$651-\$900 per week) More than \$17,300 per month (\$4,000+ per week)
 Don't know I'd prefer not to say

D10

Is the place where you live...?

- Owned outright Social / public housing
 Owned with a mortgage Other
 Rented Don't know

D11 What is the postcode where you live?

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! D14 is for those who are employed or own/manage a business.

D12 What is/was the postcode of your work?

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D13 Please share any final comments you have about this survey



Thank you for your time.

Please return this survey as soon as possible in the reply paid envelope provided.

As a reminder, information collected in this survey is only used by grouping results together, and responses are anonymous so this information can't be used to provide individual people with support. Please contact the support services available in your local area for specific assistance

Support or further information can be found at:

Beyond Blue - <https://www.beyondblue.org.au/the-facts/looking-after-your-mental-health-during-the-coronavirus-outbreak>

Australian Government Health Department - <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19>

Victorian State Government information - <https://www.dhhs.vic.gov.au/coronavirus>

1800 Respect (1800 737 732) - <https://www.1800respect.org.au>

Lifeline – 13 11 14 - <https://www.lifeline.org.au/>

Through your local Council.