# COVID-19 Survey (v4, 27 April 2020)

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 short 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, 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 <link> and privacy policy <link>.

Please do not use the back button on your browser or you will encounter an error, please instead use the “Previous” button at the bottom right of this page.

Q1. What are your main concerns at the moment regarding Coronavirus? [OPEN ENDED]

Q2. Please rate your feelings at the moment. *Please select one answer per row. This will help us understand how feelings change as the situation changes.*  [ARRAY, RANDOMISE ROWS, STATE TRAIT ANXIETY INDEX]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Not at all** | **A little** | **Moderately** | **Very much so** | **Don’t know** |
| **a** | I feel secure | 1 | 2 | 3 | 4 | 9 |
| **b** | I feel worried | 1 | 2 | 3 | 4 | 9 |
| **c** | I feel confused | 1 | 2 | 3 | 4 | 9 |
| **d** | I feel relaxed | 1 | 2 | 3 | 4 | 9 |
| **Optional:** |
| **e** | I feel calm | 1 | 2 | 3 | 4 | 9 |
| **f** | I feel nervous | 1 | 2 | 3 | 4 | 9 |
| **g** | I feel satisfied | 1 | 2 | 3 | 4 | 9 |
| **h** | I feel frightened | 1 | 2 | 3 | 4 | 9 |
| **i** | I feel steady | 1 | 2 | 3 | 4 | 9 |
| **j** | I am happy | 1 | 2 | 3 | 4 | 9 |
| **k** | I feel prepared | 1 | 2 | 3 | 4 | 9 |

Q3. In what ways, if any, has the Coronavirus impacted on you? *Please select one answer per row*  [ARRAY, RANDOMISE ROWS]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **No impact** | **Slight impact** | **Big impact** | **Not applicable** |
| **a** | Work / employment | 1 | 2 | 3 | 9 |
| **b** | Housing / accommodation | 1 | 2 | 3 | 9 |
| **c** | Food and grocery shopping / availability | 1 | 2 | 3 | 9 |
| **d** | Physical health | 1 | 2 | 3 | 9 |
| **e** | Mental health | 1 | 2 | 3 | 9 |
| **f** | Spending time with family and friends | 1 | 2 | 3 | 9 |
| **g** | Leisure activities and events | 1 | 2 | 3 | 9 |
| **h** | Feelings of safety | 1 | 2 | 3 | 9 |
| **i** | Exercise activities | 1 | 2 | 3 | 9 |
| **j** | Religious / faith based activities | 1 | 2 | 3 | 9 |
| **k** | Parenting responsibilities | 1 | 2 | 3 | 9 |

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

[IF HOUSING IMPACTS, Q3b=2 OR 3] Q5. In what ways has the Coronavirus impacted on your housing / accommodation? *You can choose more than one* [MULTIPLE RESPONSE]

Can’t afford to pay the mortgage
Can’t afford to pay the rent
Can’t afford to pay utilities or other household expenses
I have become homeless
Can’t afford maintenance or repairs
Tennant in my investment property can’t pay rent
Had to find room / rearrange the house to accommodate working from home
Had to find room / rearrange the house for teaching child/ren at home
Not enough room to self-isolate from other family members
Children or family moved back in
I can defer mortgage payments
I have negotiated reduced rent
Other (please specify)
Don’t know

[IF SAFETY IMPACTS, Q3h=2 OR 3] Q6. In what ways has the Coronavirus impacted on your feelings of safety? *You can choose more than one* [MULTIPLE RESPONSE]

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

[IF WORK IMPACTS, Q3a=2 OR 3] Q7. In what ways has the Coronavirus impacted on work / employment? *You can choose more than one* [MULTIPLE RESPONSE]

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

[IF HEALTH IMPACTS, Q3d=2 OR 3] Q8. In what ways has the Coronavirus impacted on your physical health? *You can choose more than one* [MULTIPLE RESPONSE]

Can’t exercise as much
Reduced access to healthy food
Can’t afford to buy food
Can’t buy / source required medicines
Had to cancel health appointment
Not eating as healthily
Unwell due to contracting coronavirus (there will be further questions about this later)
Stress from trying to juggle the demands of work, children, house, finances etc.
Drinking more alcohol
Exercising more
Eating healthier food
Eating more home cooked meals
Drinking less alcohol
Other (please specify)
Don’t know

[IF PARENTING IMPACTS, Q3k=2 OR 3] Q9. In what ways has the Coronavirus impacted on your parenting responsibilities? *You can choose more than one* [MULTIPLE RESPONSE]

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)
Don’t know

Q10. Since the lockdown, have you been doing the following more, about the same, or less? [ARRAY, RANDOMIZE ROWS]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **More** | **About the same** | **Less** | **Not applicable** |
| **a** | Exercising | 1 | 2 | 3 | 9 |
| **b** | Eating healthy food | 1 | 2 | 3 | 9 |
| **c** | Drinking alcohol | 1 | 2 | 3 | 9 |
| **d** | Gambling | 1 | 2 | 3 | 9 |
| **e** | Talking to neighbours | 1 | 2 | 3 | 9 |

**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 or assistance please contact your local Council or service providers.**

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

Full time
Part time
Casual
Not employed
Retired
Home duties
Other (specify)
I’d prefer not to say

[IF Q11 = EMPLOYED] Q12. As a result of the Coronavirus pandemic, has your number of working hours / workload...?

Increased
Stayed the same
Decreased
I’d prefer not to say

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*

No
Yes – sole trader (no staff)
Yes – small business (2-5 staff, including sole traders with staff)
Yes – medium business (6-49 staff)
Yes – large business (50+ staff)
I’d prefer not to say

[IF OWN A BUSINESS WITH STAFF] Q14. Have you had to make any changes to staff numbers or schedules as a result of the Coronavirus?

Permanently lay-off staff
Temporarily lay-off staff
Cut staff hours
Pay for staff to be on sick leave
Hire more staff
Applied for / receiving Jobkeeper for staff
Something else (please specify)
No change to staffing

[IF Q11 = EMPLOYED OR Q13 = OWN A BUSINESS] Q15. In which industry is your work?

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

[IF SPECIFIED A TYPE IN Q15] Q16. What type of [INSERT ANSWER TO Q11] business is it? [OPEN ENDED]

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* [MULTIPLE RESPONSE]

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

[IF HAVE SYMPTOMS] 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? [MULTIPLE RESPONSE]

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? [MULTIPLE RESPONSE]

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)
No
Don’t know

Q21. Where do you go for information about the spread of the Coronavirus? *You can choose more than one* [MULTIPLE RESPONSE]

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

Q22. Where do you look for health information and what to do if you or a family member feels unwell? *You can choose more than one* [MULTIPLE RESPONSE]

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

**(OPTIONAL)** Q23. Do you…? [ARRAY, RANDOMIZE ROWS]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Yes** | **Sometimes** | **No** | **Not applicable** |
| **a** | Maintain physical distance of 1.5m or more from people you don't live with ("social distancing") | 1 | 2 | 3 | 9 |
| **b** | Wash your hands regularly | 1 | 2 | 3 | 9 |
| **c** | Avoid touching your face | 1 | 2 | 3 | 9 |
| **d** | Cough/sneeze into your elbow or tissue | 1 | 2 | 3 | 9 |
| **e** | Stay home except for exercise, work or buying food/groceries/medicines. | 1 | 2 | 3 | 9 |

**(OPTIONAL)** Q24. In the last 7 days, how often have you done the following in-person activities …? [ARRAY, RANDOMIZE ROWS]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Daily or most days** | **3-5 times** | **1-2 times** | **Not in the last 7 days** | **Not applicable** |
| **a** | Spent time with friends or neighbours who you don’t live with **in a public place** | 1 | 2 | 3 | 4 | 9 |
| **b** | Spent time **at home** with friends or neighbours who you don’t live with |  |  |  |  |  |
| **c** | Spent time with elderly family members who you don’t live with | 1 | 2 | 3 | 4 | 9 |
| **d** | Left the house to go shopping for food and groceries | 1 | 2 | 3 | 4 | 9 |
| **e** | Left the house to go shopping at a retail store (not food, groceries or pharmacy) |  |  |  |  |  |
| **f** | Visited service providers (hairdresser etc.) | 1 | 2 | 3 | 4 | 9 |
| **g** | Visited a medical provider (doctor, specialist or hospital) | 1 | 2 | 3 | 4 | 9 |

**(OPTIONAL)** Q25. In the last 7 days, how often have you done the following …? [ARRAY, RANDOMIZE ROWS]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Daily or most days** | **3-5 times** | **1-2 times** | **Not in the last 7 days** | **Not applicable** |
| **a** | Online video chat with friends or family | 1 | 2 | 3 | 4 | 9 |
| **b** | Spoken to friends or family on the phone |  |  |  |  |  |
| **c** | [IF EMPLOYED] Online video chat for work purposes | 1 | 2 | 3 | 4 | 9 |
| **d** | Watched a live stream for recreation purposes (music, event, games, zoo etc.) | 1 | 2 | 3 | 4 | 9 |
| **e** | Spoken to friends or family over text chat (SMS, messenger etc.) |  |  |  |  |  |

Q26. What sort of things are you doing to stay in touch with family and friends who don’t live with you? [OPEN ENDED]

Q27. Are you currently having trouble finding any food or groceries? *Please select all that apply* [MULTIPLE RESPONSE]

Toilet paper

Fresh fruit and vegetables

Canned goods

Pet food

Medications

Personal items (deodorant, soap, sanitary items, makeup etc.)

Rice and pasta

Meat

Flour or grains

Dairy goods

Special dietary foods (e.g. (diabetes, coeliac)

Other *(please specify)*

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.**

**(OPTIONAL)** Q28. Which Council services do you consider to be ‘essential services’ and therefore should continue (as best as possible) during a lock-down? *Please select all that you think should continue* [MULTIPLE RESPONSE, RANDOMISE]

Waste collection
Immunisation
Maternal Child Health (supporting new parents)
Elderly support services
Park maintenance
Customer service
Town planning (including permit processing)
Animal management
Parking management
Community support services
Infrastructure maintenance (including council buildings, roads and drainage)
Building and construction
Food safety checks and permits
Community services (libraries, community centres, leisure centres, neighbourhood houses, mens sheds etc.)
Communications (keeping the community up to date on what is going on locally)
Community engagement (giving the community the opportunity to have input into decision-making)
School crossing supervisors
Other services (specify)
None
Don’t know

Q29. 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.[OPEN ENDED]

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?

Male
Female
Non-binary
Self-described
I’d prefer not to say

D2. What is your age? [DROP-DOWN]

14-17
18-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80+
I’d prefer not to say

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

No, English only
Yes – please specify language.
I’d prefer not to say

D4. Are you an Australian citizen?

Yes
No – please specify country you are a citizen of.
I’d prefer not to say

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

Yes
No
I’d prefer not to say

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

[IF D7 = CHILDREN] D8. How old are the children who live at home? [MULTIPLE RESPONSE]

0-4 years
5-11 years
12-17 years
18 years or over
I’d prefer not to say

D9. At this point in time, what is your approximate monthly household income (after tax)?

<$1,860 per month ($430 per week or less)
$1,861-$2,800 ($451-$650 per week)
$2,801-$3,900 ($651-$900 per week)
$3,901-$8,670 per month ($901-$2,000 per week)
$8,671-$17,300 per month ($2,001-$4,000 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
Owned with a mortgage
Rented
Social / public housing
Other
Don’t know
I’d prefer not to say

D11. Do you have any of the following health conditions? *Please select all that apply* [MULTIPLE RESPONSE]

Asthma
Immune compromised / weakened immune system
Lung condition
Kidney failure
Diabetes
Other condition that makes me high risk (please specify)
None of these
I’d prefer not to say

D12. Do you …? *Please select all that apply* [MULTIPLE RESPONSE]

Smoke cigarettes
Smoke vapes
Drink alcohol more than 4 days a week
None of these
I’d prefer not to say

D13. What is the postcode where you live? [NUMERICAL]

[IF Q11 = EMPLOYED OR Q13 = OWN A BUSINESS] D14. What is/was the postcode of your work? [NUMERICAL]

D13. Please share any final comments you have about this survey. [OPEN ENDED]

Thank you for your time. Please click on Submit to send us your responses.

[END PAGE]

Your responses have now been recorded. Thank you for your time.

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

We will be running this survey again in a few months to see how community needs change over time. If you would like to be invited to complete this survey again at a later date, please enter your email address below. This email address can not be linked to your survey responses (this form is completely separate to the survey database) and will not be used for any reason other than to invite you to follow-up research on the topic of COVID-19. Please see our privacy policy <link> for more details.

[EMAIL ADDRESS]

**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/>