

Covid19 Trust and Behaviour Survey

Page 1: Information and Consent

About this Survey

The aim of this survey is to find out about levels of trust in the UK government's approach to managing the COVID-19 / Coronavirus pandemic.

We are also interested in what the public think about their risk of becoming infected, the role of the government, and your behaviour during the pandemic.

This survey will take between **10 - 20 min** to complete.

Who is Involved?

This research is being conducted by the team below:

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MEDICINE



Who can complete this survey?

Anyone over the age of 18 living in the UK can complete the survey.

Personal Data

Completing this survey is voluntary. Any information you provide will be stored securely and not shared with anyone outside of the research team. You will not be identifiable in the data collected from this survey. If you provide personal data (eg name and email address) at the end of the survey to take part in additional research, this will be stored separately from the survey data and not shared with anyone from outside the research team. The study has received ethical approval from London School of Hygiene and Tropical Medicine (Reference 21877) and Cardiff University .

Further Information

If you have any further questions, please contact: covid.lshtm.cardiff@gmail.com

1. Please confirm the following information:

1. I understand that the survey is voluntary
2. I am 18 years of age or over
3. I am currently living in the UK
4. I want to take part in this survey

If this answer to any of these questions is NO, please do not continue with this survey. * Required

☐ Yes

☐ No

Page 2: Your Views on Covid-19

2. Here, we are interested in your views on what might cause you to become infected with COVID-19. For each question, please answer the extent to which you disagree or agree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The main thing which affects whether I get infected is what I do myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is nothing I can do to prevent myself becoming infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I get infected, I would be to blame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The best way for me to avoid getting infected is to follow the advice of the government, scientists or health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I take the right actions, I can avoid becoming infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I don't know what's the best way to avoid infection, I would seek guidance from government officials, doctors, or health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is a matter of luck if I get infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has a lot to do with whether I become infected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If it's meant to be, I will stay away from infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.a. If you have any other views on why you or your community may/may not get COVID-19, please write them below.

3. Now we would like to ask you about what you have been doing in the last 7 days to protect yourself and/or others from COVID-19. Please answer **how often** (from Never to Always) you perform each practice.

	Never	Occasionally	Sometimes	Often	Always
I avoid going to crowded places (e.g. supermarkets, high street stores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I go out/leave my home, I wash my hands when I get home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wear a mask when I go outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try not to meet people when I feel sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 3: Your View of the Government and Covid-19

In this section, we would like to know how you think your Government is dealing with COVID-19. For each question, please answer the extent to which you disagree or agree.

4.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The Government is doing a good job in relation to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has been organising its response to COVID-19 competently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has had the necessary skilled people to manage COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has distorted facts about COVID-19 to make its case for its policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has ignored the views of scientists who disagree with them about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has been too influenced by public opinion regarding COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has acknowledged mistakes it has made about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has taken its commitments to reducing COVID-19 seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We cannot rely on the Government to ensure that COVID-19 is managed properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has been open and honest about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has been interested in what the general public thinks about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government cares about reducing COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has considered all the arguments for and against its measures to deal with COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decisions made by the Government about COVID-19 have been fair and just	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Government has the same opinion as me about the best way to control COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If you have any other views on how the Government is handling COVID-19, please provide them below

Page 4: Direct Contacts You've Had With Other People

The questions in this section will ask you about who you have had direct contact with yesterday.

We are only interested in 3 types of **direct contacts**.

Direct contacts are people who you met in person and with whom you had either,

1. **Physical contact** (any sort of skin-to-skin contact e.g. a handshake, embracing, kissing, contact sports), or
2. **Non physical contact without 1m distancing** (you did not touch the person, but exchanged at least a few words, face-to-face within 1m), or
3. **Non physical contact with 1m distancing** (same as above but while keeping at least 1m distance),

Note that if you only spoke to someone over the phone or internet, they should not be included in this section.

6. Please think about anyone you don't live with but you had direct contact with between 5am yesterday and 5am today. How many direct contacts did you have with those you **don't** live with, between 5am yesterday and 5am today (Answer 0 if you didn't meet anyone)? This could include friends, family, work colleagues, or people you spoke to in shops and so on (but exclude those you live with).

[+ More info](#)

	Physical contact (any sort of skin-to-skin contact)	Non-physical contact without 1m distancing	Non-physical contact with 1m distancing
Number of people you had contacts with	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. If any, can you tell us the detail of all these contacts (if more than 5, please choose random 5)? Please keep it blank if you didn't meet anyone.

[+ More info](#)

	Description of the person (e.g. shopkeeper, waiter, friend) This question is optional	Age group of person (if not sure please guess)	Gender of person	Type of contact	Location of contact (if multiple locations, select the place where spent the most time together)
Person 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Currently are you living with other people?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

8.a. If you are living with other people, please tell us the **number of people you live with** for each age category below.

	Number of people in this age category
0 - 4 years old	<input type="text"/>
5 - 18	<input type="text"/>
19 - 64	<input type="text"/>
65 or older	<input type="text"/>

9. Are you a parent/guardian of any children under 18 years of age?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Page 5: Covid-19 Status

In this section we would like to know about your health status and your views on diagnostic testing for COVID-19.

10. Do you think you have been infected with COVID-19?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

10.a. Please tell us all the reasons why you think so

- ☐ I have/had symptoms
- ☐ I had contact with somebody with symptoms
- ☐ I tested positive by medical diagnosis
- ☐ Other
- ☐ Prefer not to say

10.a.i. Please specify

10.b. Please tell us all the reasons why you think so

- ☐ I never have had COVID-19 symptoms
- ☐ I never had contact with anybody with symptoms
- ☐ I protect myself from infection
- ☐ I tested negative by medical diagnosis
- ☐ I don't think I'm susceptible
- ☐ I don't have specific reasons
- ☐ Prefer not to say

11. Have you received a diagnostic test for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

11.a. Do you know what kind of diagnostic test(s) you received? Please tick all that apply.

- ☐ PCR (they took a swab from my nose/throat)
- ☐ Antibody/antigen test (it used my blood)
- ☐ Don't know
- ☐ Other
- ☐ Prefer not to say

11.a.i. When did you receive a PCR test for COVID-19?

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

Please make sure the date is between 01/01/2020 and 30/09/2020.

(dd/mm/yyyy)

11.a.i.a. What was the test (PCR) result for COVID-19?

11.a.ii. When did you receive the antibody/antigen test for COVID-19?

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

Please make sure the date is between 01/01/2020 and 30/09/2020.

(dd/mm/yyyy)

11.a.ii.a. What was the antibody/antigen test result for COVID-19?

11.a.ii.a.i. How did you receive the antibody/antigen test?

- ☐ Doctor/clinicians did it for me
- ☐ I/my family purchased the test
- ☐ I participated in a research study
- ☐ Other
- ☐ Prefer not to say

11.a.ii.a.i.a. Please specify if possible

11.a.iii. When did you receive a test for COVID-19?

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.

Please make sure the date is between 01/01/2020 and 30/09/2020.

(dd/mm/yyyy)

11.a.iii.a. What was the test result for COVID-19?

11.b. Do you know if **any people you live with** have been tested for COVID-19 and how many of them tested positive? If you are not living with anyone, please keep it blank.

	Those received a COVID-19 test	Those tested positive
Number of people (excluding you)	Please select <input type="text"/>	Please select <input type="text"/>

12. Do you currently have or have you had any of following symptoms in the last 7 days?

- ☐ Fever or high temperature
- ☐ A cough that has lasted for at least several hours
- ☐ Sore throat
- ☐ Shortness of breath
- ☐ No symptom
- ☐ Aches and pains e.g. back, neck, shoulders or joints
- ☐ Blocked nose
- ☐ Loss of sense of smell/taste
- ☐ Feeling unusually tired
- ☐ None of these
- ☐ Other
- ☐ Prefer not to say

12.a. If you had other symptoms not specified here, please explain what they were.

13. If you or somebody you know has tested positive for COVID-19 by a diagnostic test, to what extent do you trust the result?

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	
Don't trust the result at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly trust the result

14. How likely do you think it is that you will become infected with COVID-19 in the next 4 weeks? Please indicate on the 1-10 scale where 1 is not likely at all and 10 extremely likely.

Please don't select more than 1 answer(s) per row.

	1	2	3	4	5	6	7	8	9	10	
Not likely at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremely likely

15. Which of the following factors make you susceptible to becoming infected with COVID-19? Please tick all that apply.

- ☐ The number of cases reported in my country
- ☐ The number of cases reported where I live
- ☐ I have seen many sick people in my community
- ☐ I have existing conditions that make me susceptible to picking up infection
- ☐ My age
- ☐ I smoke cigarettes
- ☐ My working environment
- ☐ My friends and family
- ☐ Other

15.a. If other, please specify.

Page 6: About You

Finally, we'd like to ask you some brief questions about yourself.

16. What is your age?

- ☐ 18-19
- ☐ 20-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85+
- ☐ Prefer not to answer

17. What best describes your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer to self-describe
- ☐ Rather not say

17.a. Please describe

18. What best describes your marital status?

- ☐ Married, civil partnership, or living as married
- ☐ Separated, divorced, or widowed
- ☐ Never married
- ☐ Prefer not to say

19. Which of the following best describes your ethnic group or background?

- ☐ White (English/Welsh/Scottish/Northern Irish/British)
- ☐ White - other
- ☐ Black/African/Caribbean/Black British
- ☐ Asian/Asian British
- ☐ Mixed/Multiple ethnic groups
- ☐ Other

☐ Rather not say

20. Where do you live? Please provide the name of the town, county and country.

21. Which of these describes your income (before tax) last year?

- | | | |
|--|--|--|
| <input type="radio"/> Prefer not to answer | <input type="radio"/> £0 | <input type="radio"/> £1 to £1,000 |
| <input type="radio"/> £1,001 to £13,900 | <input type="radio"/> £13,901 to £16,200 | <input type="radio"/> £16,201 to £18,600 |
| <input type="radio"/> £18,601 to £21,300 | <input type="radio"/> £21,301 to £24,400 | <input type="radio"/> £24,401 to £28,400 |
| <input type="radio"/> £28,401 to £33,600 | <input type="radio"/> £33,601 to £41,100 | <input type="radio"/> £41,101 to £54,900 |
| <input type="radio"/> £54,901 to £76,800 | <input type="radio"/> above £76,801 | |

22. Which of these describe best the highest degree or level of school you completed?

- ☐ Completed Primary School
- ☐ GCSE/O-levels
- ☐ A level/Higher
- ☐ Further education
- ☐ University (first) degree
- ☐ Post-graduate degree
- ☐ Prefer not to say

23. Are you a key worker? Key workers include occupations in: health and social care; education and childcare; key public services; local and national government; food and other necessary goods; public safety and national security; transport; utilities, communications and financial services.

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

23.a. Please specify

24. Which of the following options best describes your employment status? Please tick the appropriate box.

- ☐ In full-time paid work, as an employee or self-employed
- ☐ In part-time paid work, as an employee or self-employed
- ☐ Unemployed and seeking work
- ☐ Not employed and not currently seeking work
- ☐ In full-time education or training

- ☐ In part-time education or training
- ☐ Retired
- ☐ Rather not say

25. Do any of the following apply to you?

- ☐ I am working in my usual workplace
- ☐ I am now working from home instead of my usual workplace
- ☐ I have been laid off on full or part pay (furloughed) during the COVID-19 pandemic
- ☐ I have been made redundant during the COVID-19 pandemic
- ☐ None of these apply to me
- ☐ Prefer not to say

Page 7: Follow-up Research

Thank you for completing this survey

26. We would like to find out more about your view of the government and its handling of the COVID-19 pandemic over the next 12 months. Would you be willing for us to contact you about:

	Yes	No
Follow-up online survey	<input type="radio"/>	<input type="radio"/>
Informal telephone interview	<input type="radio"/>	<input type="radio"/>

If you have answered yes to either of these questions, please provide us with your e-mail address and/or mobile phone number. *Your contact details will be kept completely confidential. These will be used by our research team only for the specific purposes stated above. We will not share this information with any third parties.*

26.a. E-mail address

26.b. Mobile phone number

Page 8: It's completed!

Thank you very much for your kind time and patience!

Please let us know if you have any comments or questions by sending an email to: covid.lshtm.cardiff@gmail.com

We will try to get back to you as soon as possible.

Please take care in this difficult time.

Key for selection options

7.1.b - Age group of person (if not sure please guess)

Under 1
1-4
5-9
10-14
15-19
20-24
25-34
35-44
45-54
55-64
65-69
70-74
75-79
80-84
85+
Prefer not to answer

7.1.c - Gender of person

Male
Female
Prefer not to answer
Don't know

7.1.d - Type of contact

Physical contact
Non-physical contact without 1m distancing
Non-physical contact with 1m distancing
Prefer not to answer

7.1.e - Location of contact (if multiple locations, select the place where you spent the most time together)

School
Work
Public transport
Medical setting (e.g. hospital)
Walking dog outdoor
Other (indoor)
Other (outdoor)

7.1.f - Length of time spent with person

5 min or less
5-14 min
15-59 min
1-4 hours
4 hours or more

7.2.b - Age group of person (if not sure please guess)

Under 1
1-4

5-9
10-14
15-19
20-24
25-34
35-44
45-54
55-64
65-69
70-74
75-79
80-84
85+
Prefer not to answer

7.2.c - Gender of person

Male
Female
Prefer not to answer
Don't know

7.2.d - Type of contact

Physical contact
Non-physical contact without 1m distancing
Non-physical contact with 1m distancing
Prefer not to answer

7.2.e - Location of contact (if multiple locations, select the place where you spent the most time together)

School
Work
Public transport
Medical setting (e.g. hospital)
Walking dog outdoor
Other (indoor)
Other (outdoor)

7.2.f - Length of time spent with person

5 min or less
5-14 min
15-59 min
1-4 hours
4 hours or more

7.3.b - Age group of person (if not sure please guess)

Under 1
1-4
5-9
10-14
15-19
20-24
25-34
35-44
45-54
55-64
65-69
70-74
75-79
80-84
85+
Prefer not to answer

7.3.c - Gender of person

Male
Female
Prefer not to answer
Don't know

7.3.d - Type of contact

Physical contact
Non-physical contact without 1m distancing
Non-physical contact with 1m distancing
Prefer not to answer

7.3.e - Location of contact (if multiple locations, select the place where you spent the most time together)

School
Work
Public transport
Medical setting (e.g. hospital)
Walking dog outdoor
Other (indoor)
Other (outdoor)

7.3.f - Length of time spent with person

5 min or less
5-14 min
15-59 min
1-4 hours
4 hours or more

7.4.b - Age group of person (if not sure please guess)

Under 1
1-4
5-9
10-14
15-19
20-24
25-34
35-44
45-54
55-64
65-69
70-74
75-79
80-84
85+
Prefer not to answer

7.4.c - Gender of person

Male
Female
Prefer not to answer
Don't know

7.4.d - Type of contact

Physical contact
Non-physical contact without 1m distancing
Non-physical contact with 1m distancing
Prefer not to answer

7.4.e - Location of contact (if multiple locations, select the place where you spent the most time together)

School
Work

Public transport
Medical setting (e.g. hospital)
Walking dog outdoor
Other (indoor)
Other (outdoor)

7.4.f - Length of time spent with person

5 min or less
5-14 min
15-59 min
1-4 hours
4 hours or more

7.5.b - Age group of person (if not sure please guess)

Under 1
1-4
5-9
10-14
15-19
20-24
25-34
35-44
45-54
55-64
65-69
70-74
75-79
80-84
85+
Prefer not to answer

7.5.c - Gender of person

Male
Female
Prefer not to answer
Don't know

7.5.d - Type of contact

Physical contact
Non-physical contact without 1m distancing
Non-physical contact with 1m distancing
Prefer not to answer

7.5.e - Location of contact (if multiple locations, select the place where you spent the most time together)

School
Work
Public transport
Medical setting (e.g. hospital)
Walking dog outdoor
Other (indoor)
Other (outdoor)

7.5.f - Length of time spent with person

5 min or less
5-14 min
15-59 min
1-4 hours
4 hours or more

11.a.i.a - What was the test (PCR) result for COVID-19?

Positive

Negative
Don't know the result
Prefer not to say

11.a.ii.a - What was the antibody/antigen test result for COVID-19?

Positive
Negative
Don't know the result
Prefer not to say

11.a.iii.a - What was the test result for COVID-19?

Positive
Negative
Don't know the result
Prefer not to say

11.b.1.a - Those received a COVID-19 test

0
1
2
3
4
5
More than 5
Don't know
Prefer not to say

11.b.1.b - Those tested positive

0
1
2
3
4
5
More than 5
Don't know
Prefer not to say

23.a - Please specify

I work in health and social care
I work in education and childcare
I work in key public services
I work in local and national government
I work in food, farming, veterinary and other necessary goods
I work in public safety and national security
I work in transport
I work in utilities, communications and financial services
other
