Pandemic Preparedness and Behaviour Survey September 2024

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Layout of the questions:

Subject in blue (heading) variable name for analysis in lower case Source of question in grey and italics Selection of participants in italics

The grey horizontal line indicates a new page.

Intro

Thank you very much for completing this questionnaire.

With this questionnaire, we want to understand what people do to make sure they don't get sick from bacteria and viruses. The questions are about behaviour, health and well-being.

Block A1: Demographics

Note: In this first block, only the essential demographic questions are asked. Other demographic questions are at the end of the questionnaire.

Gender self-identification

gender

Note: In the analysis we will use gender in three categories (male/female/other). You can ask this question in a way that is culturally appropriate for your country.

To which gender identity do you most identify?

- 1 Male
- 2 Female
- 3 Intersex
- 4 Non-binary
- 5 Transgender
- 6 In a different way not listed above
- 7 I don't know
- 8 I prefer not to say

Year of birth

Birthyear / age

What is your year of birth?

Answer type: integer [year]

Education level

education

Note: In the analysis we will use education in three categories. You can ask this question in a way that is relevant for your country, and recode the answers to three categories (low, middle, high).

Source: ISCED coding of levels

https://uis.unesco.org/sites/default/files/documents/international-standard-

classification-of-education-isced-2011-en.pdf

What is your highest level of completed education?

- 1 Early childhood education
- 2 Primary education
- 3 Lower secondary education
- 4 Upper secondary education
- 5 Post-secondary non-tertiary education
- 6 Short-cycle tertiary education
- 7 Bachelor's or equivalent level
- 8 Master's or equivalent level
- 9 Doctoral or equivalent level
- 10 Not elsewhere classified

Primary occupation

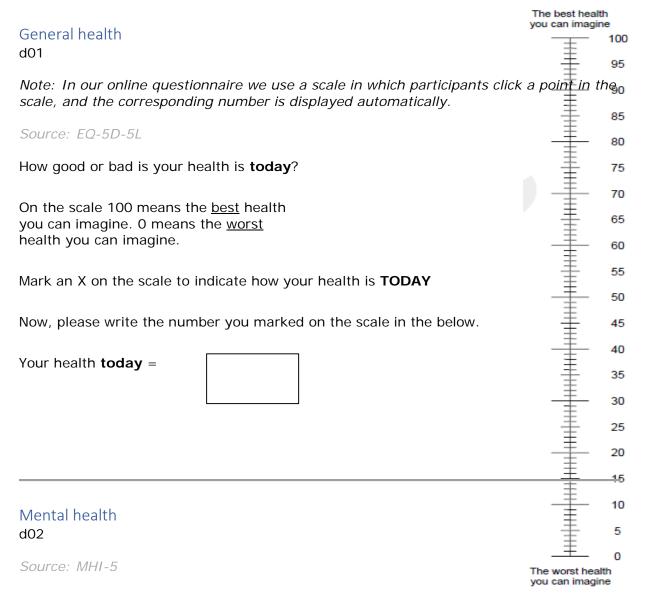
occupation

Note: This question may be asked in different ways. For the routing in the questionnaire it is important to know if someone has paid work (employed or self-employed).

What is your work situation? *Multiple answers possible*

occupation_1	Paid employment
occupation_2	Self-employed / own business
occupation_3	Voluntary work
occupation_4	Retired (including early)
occupation_5	Unemployed or job seeking
occupation_6	Disabled / unable to work
occupation_7	Social assistance benefit
occupation_8	Housewife or househusband
occupation_9	I am going to school / studying
occupation_10	None of the above *Exclusive

Block D1: Outcomes



In the previous 4 weeks how much of the time...

d02_1	Were you feeling very nervous?
d02_2	Were you so depressed that nothing could cheer you up?
d02_3	Did you feel calm and collected?
d02_4	Did you feel down and depressed?
d02_5	Did you feel happy?

- 1. Permanently
- 2. Mostly
- 3. Often
- 4. Sometimes
- 5. Rarely
- 6. Never

Financial health

d03

How is your financial situation?

- 1 You are having problems making ends meet
- 2 You are getting by but have to be careful
- 3 Things are all right
- 4 You are doing well

Perceived preparedness

d04

The following questions are about preparedness for a new pandemic.

A lockdown is a measure in which movements and activities are limited such that only organizations supplying basic needs and essential services can function normally. For example, non-essential shops are closed, people work from home as much as possible and travel restrictions apply.

If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel prepared for this?

- 1 = Not at all prepared
- 2= Not prepared
- 3 = Neutral
- 4 = Well prepared
- 5 = Very well prepared

d07

Selection: Participant is employed (paid)

If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel **your employer** is prepared for this?

- 1 = Not at all prepared
- 2= Not prepared
- 3 = Neutral
- 4 = Well prepared
- 5 = Very well prepared

d13

Selection: Participant is self-employed / has an own business

If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel **your workplace / business** is prepared for this?

- 1 = Not at all prepared
- 2= Not prepared

- 3 = Neutral
- 4 = Well prepared
- 5 = Very well prepared

d10

If a lockdown were imposed next month because of the spread of a new virus (variant), to what extent would you feel **your government** is prepared for this?

- 1= Not at all prepared
- 2= Not prepared
- 3 = Neutral
- 4 = Well prepared
- 5 = Very well prepared

Block B1: Behaviour

In this section we measure preventive behaviours that are also relevant in a cold phase to mitigate spread of infections.

Hand washing

b01

Source: Dutch COVID-19 and behaviour cohort survey.

In the past 7 days (1 week), how often did you wash your hands with soap and water...

b01_1	after coughing, sneezing or blowing your nose
b01_2	before preparing or eating food
b01_3	after using the toilet
b01_4	after cleaning your house
b01_5	when coming back home

- 0. Never
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 5. Not applicable

Coughing and sneezing in elbow

b02

In the past 7 days (1 week), when you coughed or sneezed, how often did you do so <u>into your elbow</u> instead of your hand?

- 0. Never
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 5. Not applicable: I did not have to cough and/or sneeze

Use of hand sanitizer

b16

In the past 14 days (2 week), did you use hand sanitizer gel or spray at the following locations:

		(1) Not applicable, I did not visit this location	(2) No, because there was no hand sanitizer gel or spray available	(3) No, I did not use hand sanitizer gel or spray	(4) Yes, I used hand sanitizer gel or spray
b16_2	Supermarket				
b16_3	At the general practitioner				
b16_4	At the pharmacy				
b16_5	After using public transport				

Self-protective behaviour

b17

Think about the last time someone sneezed or coughed next to you. Did you do anything to protect yourself from getting an infection?

More than one answer possible

b17_1	I stood more than one meter away
b17_2	I politely asked him/she to put on a mask
b17_3	I ventilated the room
b17_4	I protected my mouth and nose
b17_5	I cleaned what he/she touched
b17_6	I avoided shaking his/her hand
b17_7	I asked him/her to use his/her elbow to sneeze into
b17_8	I did none of the above *exclusive
b17_9	I do not remember *exclusive

Influenza vaccination

Note: The information about eligibility criteria need to be adapted per country. The text can be hidden in an info box / dropdown box.

In the Netherlands, the following people are eligible for the flu vaccine:

People aged 60 or older

- Children and adults with certain health problems, including:
 - Patients who have permanent lung damage because of an infection with COVID-19
 - Patients with abnormalities and functional disorders of the airways and lungs
 - Patients with a chronic heart disorder
 - Patients with diabetes mellitus
 - o Patients with a chronic kidney disease
 - o Patients who recently had a bone marrow transplant
 - o People who are infected with HIV
 - People with reduced resistance to infection (e.g., because of (functional) asplenia, auto-immune disease, liver cirrhosis, chemotherapy or immunosuppressive medication)
 - People with dementia
 - People with obesity (a BMI of 40 or higher)
 - o People with a cochlear implant
 - o Patients with neurological and neuromuscular disorders
- Children aged between 6 months and 18 years who are long-term salicylate users
- Women who are 22 weeks or more pregnant
- People with an intellectual disability
- People who are living in a nursing home, who are not included in one of the above categories
- People who work in healthcare

b18

Are you eligible for the flu vaccine?

1 Yes

2 No

b19

Selection: Participant is eligible for the flu vaccine (b18 = 1)

Are you going to get the flu vaccine this season?

- 1 Yes
- 2 No
- 3 Do not know yet

Staying home when sick

Note: Items b03 up to b07 are relevant in the Netherlands, because it is an advice of the government to stay at home when someone is feeling sick. If this advice does not apply in your country, you can skip these questions.

b03

Do you currently or in the past four weeks have (had) any of the following symptoms? Count symptoms even if they only slightly affected you. *More than one answer possible.*

b03_1	Cold symptoms (such as nasal cold, runny nose, sneezing, sore throat)
b03_2	Coughing
b03_3	Shortness of breath
b03_4	Increased temperature or fever
b03_5	Cold shivers
b03_6	Muscle and/or body aches
b03_7	No, I have none of these symptoms *Exclusive

b04

Selection: Participant has any of the symptoms b03_1 up to b03_6

Do you think these symptoms come/came from a condition you have had for some time, such as allergies or a chronic health condition?

- 1 Yes, I am very sure about this
- 2 Yes, probably
- 3 Maybe, I am not sure
- 4 No, these symptoms feel different
- 5 No, I do not have any conditions that cause these types of symptoms

b05

Selection: Participant has any of the symptoms b03_1 up to b03_6

Do/did you feel sick when you had these symptoms?

- 1 Yes
- 2 A little
- 3 No
- 4 I don't know

b06

Selection: Participant is feeling sick (a little / yes)

The advice is to stay home when you are sick. This can be difficult if your symptoms are mild, no one can do your groceries, or you are busy at work.

While you were feeling sick, did you go outside to go to work, run errands, take a walk or visit other people, for example?

More than one answer possible.

b06_1	Yes, for (medical) assistance
b06_2	Yes, to run errands
b06_3	Yes, to work or go to school/training
b06_4	Yes, to get some fresh air or walk the dog
b06_5	Yes, to go to a restaurant/bar or a cultural venue (cinema, theatre)
b06_6	Yes, to visit family or friends
b06_9	Yes, to travel abroad
b06_7	Yes, for another reason
b06_8	No *Exclusive

b20

Note: Only display the item(s) that are needed for the participant based on their answers on b06.

Selection: Participant went outside (any of b06_1 to b06_7 or b06_9 is yes)

You answered you went outside for the following situations while you were feeling sick. Did you wear a face mask in these situations while you were feeling sick?

		Did you wear a face mask?
b20_1	When I went for (medical) assistance	No / yes
b20_2	When I went to run errands	No / yes
b20_3	When I went to work or to school/training	No / yes
b20_4	When I got some fresh air or walked the dog	No / yes
b20_5	When I went to a restaurant/bar or a cultural venue (cinema, theatre)	No / yes
b20_6	When I visited family or friends	No / yes
b20_7	When I travelled abroad	No / yes
b20_8	When I went outside for another reason	No / yes

b07

Selection: Participant has any of the symptoms b03_1 up to b03_6

While you have/had symptoms, did you visit someone who may become seriously ill from a respiratory infection (for example, someone who is 70 years old or older, or someone with a severe immune disorder)?

- 1. Yes, wearing a face mask
- 4. Yes, not wearing a face mask
- 2. No
- 3. I don't know

Working from home

80d

Selection: occupation is Employed (paid) or self-employed

In the last 7 days, how many hours did you work?

Answer type: Integer Min: 0 Max: 168

b21

Selection: occupation is Employed (paid) or self-employed

Are you able to work from home?

- 1. Yes
- 2. No

b09

Selection: has worked more than 1 hour (b08 > 0) and can work from home

Of the [b08] hours you worked in the last 7 days, how many hours did you work from home?

Answer type: Integer Min: 0 Max: [b08]

Physical contact

b10

We would like to know how many different people you had **physical** contact with yesterday (not including people you live with).

Physical contact occurs when, for example, you talk to someone, touch someone, kiss someone, or play sports with someone. Also consider contacts at school or work. Phone calls, e-mail, and other online contacts do not count.

The following questions can be tricky; if you don't know exactly, you can give an estimate.

Did you have **physical** contact with others yesterday (excluding people you live with and excluding virtual contacts)?

- 1. Yes
- 2. No

b11

Selection: Participant had physical contact with others yesterday (b10 = 1)

How many people did you speak to yesterday? (excluding people you live with and excluding virtual contacts)

Answer type: integer

b12

Selection: Participant talked to 1 or more person(s) (b11 > 0)

You indicated that you talked to [b11] person(s) yesterday.

With how many of these [b11] persons did you also have direct physical contact or did you touch yesterday?

(for example shaking hands, when playing sports, hugging or kissing)

Answer type: integer, [b11] or less

day_yesterday

Note: It is only needed to ask this question if the questionnaire software does not collect the date of completion automatically.

What day of the week was it yesterday?

(drop-down: Monday-Sunday)

Preparedness behaviours b15

Source: European Commission CCBI disaster preparedness experimental survey

Below is a list of things you (and your household members) can do to be well prepared in case of a disaster or emergency. We would like to ask you to rate the below measures on whether you have implemented them or not.

Prepare your home

b15_1	Have a 3-day emergency supply stock of drinks and food (e.g. food with a long shelf life, require little or no cooking, water and refrigeration) and (if needed) medication
b15_2	Have a first aid kit at home
b15_3	Have a 3-day emergency supply stock of water for cooking and hygiene
b15_6	Have a supply of face covers, disinfectant, and soap

General readiness

b15_4	Receive public warning messages (i.e. by signing up for alerts from authorities, if needed)
b15_5	Have participated in a first aid course in the last 3 years

Answer type: Yes/No for every measure Add a 'Don't know/Not applicable' answer for item b15_4

Block E1: Behaviour-specific determinants

In this section, we measure determinants of specific behaviours that are included in the section Behaviour. These are also validated in the Dutch covid-19 behaviours cohort survey.

Knowledge

e01

Note: Statements below should be displayed in a random order

Below you see statements about the seasonal flu. Please select for each statement whether you think it is true or false.

e01_1	Vaccinated people cannot get the seasonal flu	False
e01_2	People who have seasonal flu without fever are not contagious	False
e01_3	Symptoms of seasonal flu appear immediately after being infected	False
e01_4	Pets can transmit seasonal flu to humans	False
e01_5	The seasonal flu should be treated with antibiotics	False
e01_6	You can catch the seasonal flu from being in the same room as someone who is sick	True
e01_7	Seasonal flu can lead to serious health complications and death	True

For every statement:

- 1. True
- 2. False
- 3. I don't know

Response-efficacy

e02

Suppose you were to carefully follow the following advice.

How well do you think the following advice or measures would help against the spread of infections (corona, colds, flu)?

e02_1	Wash your hands after coughing, sneezing or blowing your nose
e02_2	Wash your hands before preparing or eating food
e02_3	Wash your hands after using the toilet
e02_4	Wash your hands after cleaning your house
e02_5	Wash your hands when coming back home
e02_6	Cough and sneeze into your elbow
e02_7	Use hand sanitizer gel or spray
e02_8	Stay home when you are sick
e02_9	When you are sick, wear a face mask when going outside
e02_10	When having symptoms, keep distance from others
e02_11	When having symptoms, work from home
e02_12	When having symptoms, avoid physical contact with people who can become seriously ill from an infection

- 1. Does not help
- 2. Hardly helps
- 3. Helps a little
- 4. Helps much
- 5. Helps very much

Self-efficacy

e03

How difficult or easy do you find it to...

e03_1	Wash your hands after coughing, sneezing or blowing your nose
e03_2	Wash your hands before preparing or eating food
e03_3	Wash your hands after using the toilet
e03_4	Wash your hands after cleaning your house
e03_5	Wash your hands when coming back home
e03_6	Cough and sneeze into your elbow
e03_7	Use hand sanitizer gel or spray
e03_8	Stay home when you are sick
e03_9	When you are sick, wear a face mask when going outside
e03_10	When having symptoms, keep distance from others
e03_11	When having symptoms, work from home
e03_12	When having symptoms, avoid physical contact with people who can become seriously ill from an infection

- 1. Very difficult
- 2. Difficult
- 3. Neutral
- 4. Easy
- 5. Very easy
- 6. Not applicable (do not show for e03_2, e03_3, e03_5)

Social norm

e04

To what extent do you disagree or agree with the following statements?

What do you think people who are important to you do?

Most of the people who are important to me...

e04_1	Wash their hands after coughing, sneezing or blowing their nose
e04_2	Wash their hands before preparing or eating food
e04_3	Wash their hands after using the toilet
e04_4	Wash their hands after cleaning their house
e04_5	Wash their hands when coming back home
e04_6	Cough and sneeze into their elbow
e04_7	Use hand sanitizer gel or spray
e04_8	Stay home when they are sick
e04_9	When they are sick, wear a face mask when going outside
e04_10	When having symptoms, keep distance from others
e04_11	When having symptoms, work from home
e04_12	When having symptoms, avoid physical contact with people who can become seriously ill from an infection

- Strongly disagree
 Disagree
- 3. Neutral

- 4. Agree
- 5. Strongly agree
- 6. Do not know

Risk perception future pandemics and disasters

c10

Source: European Commission CCBI disaster preparedness experimental survey

How likely do you think the following disasters are to occur in your immediate region within the next five years?

c10_1	Man-made disasters (e.g. oil spills, industrial or nuclear accidents)
c10_2	A highly contagious disease outbreak (e.g. Ebola, COVID-19, bird flu)
c10_3	Natural disasters (e.g. floods, drought, forest fires, earthquakes, violent storms)
c10_4	Terrorist attacks
c10_5	Armed conflicts (e.g. war)

- 1 = Very unlikely
- 2 = Quite unlikely
- 3 = Somewhat unlikely
- 4 = Somewhat likely
- 5 = Quite likely
- 6 = Very likely
- 7 = Don't know

c11

How personally affected (emotionally and practically) would you be if the following disaster happens in your immediate region?

c11_1	Man-made disasters (e.g. oil spills, industrial or nuclear accidents)
c11_2	A highly contagious disease outbreak (e.g. Ebola, COVID-19, bird flu)
c11_3	Natural disasters (e.g. floods, drought, forest fires, earthquakes, violent storms)
c11_4	Terrorist attacks
c11_5	Armed conflicts (e.g. war)

- 1 = Not affected
- 2 = Mildly affected
- 3 = Moderately affected
- 4 = Severely affected
- 5 = Don't know

c14

How anxious do you feel when you think about a future pandemic that might occur in your life?

- 1. Not anxious

- A bit anxious
 Anxious
 Very anxious

Block A2: Demographics

Note: The essential demographic questions are asked in block A1. The other demographic questions follow here at the end of the questionnaire.

Healthcare worker

healthcare_worker

Selection: occupation has paid employment or is self-employed

Do you work in healthcare?

- 1 Yes, as a direct healthcare provider (you have contact with patients)
- 2 Yes, but not as a direct healthcare provider (you do not have contact with patients)
- 3 No

Informal care

informal care

Do you currently provide care or assistance to one or more individuals with an agerelated condition, chronic illness, or disability at least once a week? (Excluding care provided as part of your profession)

1 Yes

2 No

Country of origin

Note to researchers: For [country] you fill in the country where the research is conducted. The participants do not need to specify the exact country if they or their parents were born somewhere else.

country_born

Were you born in [country]?

1 Yes

2 No

country_mother

Was your mother born in [country]?

- 1 Yes
- 2 No
- 3 Do not know

country_father

Was your father born in [country]?

- 1 Yes
- 2 No
- 3 Do not know

Urbanisation

urbanisation

Where do you live?

- 1 In a rural area
- 2 In a suburban area
- 3 In an urban area

Household members

household_members

1 Do you live alone?

Selection: Participant does not live alone

2 Do you live with children under 18 years old?

Selection: Participant does not live alone

3 Do you live with individuals who are over 70 years old or with vulnerable health? (By vulnerable health, we mean people with medical conditions that could make them seriously ill more easily)

Answer type: yes/no for every question.

Note: The second and third question are only presented if the participant answers "no" on the first question.

Medical risk group

health_risk

Do you yourself have one or more of the following health problems?

- chronic respiratory or lung problems
- chronic heart diseases
- diabetes mellitus (diabetes)
- serious kidney disease leading to dialysis or kidney transplantation
- an HIV infection
- severe liver disease
- very severe obesity (BMI>40)
- lower resistance to infections:
 - due to medications for autoimmune diseases
 - after organ or stem cell transplantation
 - due to a non-functioning or missing spleen
 - due to blood diseases
 - due to severe immune disorders requiring treatment
 - due to chemotherapy and/or radiotherapy for cancer
 - due to immune-reducing medication

1 Yes 2 No

Mental health diagnosis

mental_health_diagnosis

Do you have any of the following mental health conditions that have been diagnosed by a medical professional (i.e. doctor or psychologist)?

- 1 Depression
- 2 Anxiety disorder
- 3 Other mental health condition

Answer type: yes/no to every condition