3-2-1 Service COVID-19 Surveys

The following twelve surveys are examples of surveys that have been conducted through the 3-2-1 Service. These surveys were created to measure the impact that COVID-19 is having on the lives of individuals and communities globally, and can be used as an educational tool or resource for others to create similar surveys.

Survey 1: COVID-19 KAP Knowledge of Disease

1) Introduction Message:
   Thank you for calling 3-2-1. We are conducting a short research survey to improve our Service and provide you with the information you need. Please stay on the line to give your input. Respond to our questions using the keypad on your phone. This should take no more than five minutes of your time. By participating you agree that your anonymous data will be used for research purposes.

2) Have you ever heard about the new coronavirus disease (COVID-19)? Choose one answer:
   a) If Yes, press 1
   b) If No, press 2

3) What is one way that coronavirus is spread?
   a) If You don't know, press 1
   b) If Mosquito bites, press 2
   c) If Droplets of moisture from from infected people coughing or sneezing, press 3
   d) If Sexual relations/intercourse/contact, press 4
   e) If Eating contaminated food or drinking unclean water, press 5

4) Can coronavirus/COVID-19 be spread by people who don’t have symptoms?
   a) If Yes, press 1
   b) If No, press 2

5) What are the main symptoms?
   a) If You don't know, press 1
   b) If Fever, cough, and breathing difficulties, press 2
   c) If Vomiting and diarrhea, press 3
   d) If Rash or skin irritation, press 4

6) How likely do you think you are to become infected with the new coronavirus?
   a) If Very likely, press 1
   b) If Somewhat likely, press 2
   c) If Not at all likely, press 3
   d) If You already have/have had the virus, press 4
7) **Closing Message:**
    Thank you for taking this survey. The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some people become infected but don't develop any symptoms and don't feel unwell. People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. People with fever, cough and difficulty breathing should seek medical attention.

**Survey 2 - COVID-19 KAP Knowledge of Prevention**

1) **Do you know what you can do to prevent becoming sick from the new coronavirus?**
   a) If Yes, press 1
   b) If No, press 2

2) **Does sleeping under a mosquito net help prevent coronavirus?**
   a) If Yes, sleeping under a mosquito net helps prevent coronavirus, press 1
   b) If No, sleeping under a mosquito net does not help prevent against coronavirus, press 2

3) **Does washing your hands regularly using soap and water help prevent coronavirus?**
   a) If Yes, washing your hands regularly with soap helps prevent coronavirus, press 1
   b) If No, washing your hands regularly with soap does not help prevent coronavirus, press 2

4) **Does avoiding close contact with anyone who has a fever and cough help prevent coronavirus?**
   a) If Yes, avoiding close contact helps prevent coronavirus, press 1
   b) If No, avoiding close contacts does not help prevent coronavirus, press 2

5) **Does cooking meat and eggs very well help prevent coronavirus?**
   a) If Yes, cooking meat and eggs well helps prevent coronavirus, press 1
   b) If No, cooking meat and eggs well does not help prevent coronavirus, press 2

6) **Closing Message:**
    Thank you for taking this survey. There are many precautions you can take to protect yourself from COVID-19: Wash your hands often with soap and water. Maintain a safe distance from anyone who is coughing or sneezing. Don’t touch your eyes, nose or mouth. Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze. Stay home if you feel unwell. If you have a fever, a cough, and difficulty breathing, seek medical attention. Remember to follow the directions of your local health authority.

**Survey 3 - COVID-19 KAP Attitude**

1) **Do you consider it important for people in your community to take actions to prevent the spread of coronavirus?**
   a) If Yes, very important, press 1
   b) If Yes, somewhat important, press 2
   c) If No, not important, press 3
2) Do you consider it important for people in your community to stop attending large social gatherings such as church, mosque, weddings, or funerals?
   a) If Yes, very important, press 1
   b) If Yes, somewhat important, press 2
   c) If No, not important, press 3

3) Do you consider it important for people in your community to not shake other people's hands because of the coronavirus right now?
   a) If Yes, very important, press 1
   b) If Yes, somewhat important, press 2
   c) If No, not important, press 3

4) Do you consider it important for non-essential business in your community to be closed right now because of the coronavirus?
   a) If Yes, very important, press 1
   b) If Yes, somewhat important, press 2
   c) If No, not important, press 3

5) Do you consider it important for people in your community to stay at home because of the coronavirus right now?
   a) If Yes, very important, press 1
   b) If Yes, somewhat important, press 2
   c) If No, not important, press 3

6) Closing Message:
   Thank you for taking this survey. Social distancing, means keeping space between yourself and other people outside of your home. Keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

   To practice social or social distancing:
   ● Stay at least 1 meters (the length of a mattress) from other people
   ● Do not gather in groups
   ● Stay out of crowded places and avoid mass gatherings
   ● Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19).

Survey 4 - COVID-19 KAP Prevention Practice

1) In the last week, how frequently have you washed your hands with soap and water for at least 20 seconds?
   a) If Less than you normally do, press 1
   b) If About the same as you normally do, press 2
   c) If More than you normally do, press 3
   d) If you do not wash your hands with soap and water press 4
2) Why are you not washing your hands with soap or washing your hands less than you normally do?
   a) If You do not have soap at home, press 1
   b) If You cannot afford soap, press 2
   c) If You do not have running water, press 3
   d) If You do not believe washing hands will help prevent the virus, press 4

3) In the last week, how often have you maintained at least 1 metre (the length of a mattress) from anyone who is coughing or sneezing?
   a) If All of the time, press 1
   b) If Most of the time, press 2
   c) If Some of the time, press 3
   d) If Not at all, press 4

4) In the last week, have you been avoiding touching your face?
   a) If Yes, press 1
   b) If No, press 2

5) In the last week, how much are you staying at home?
   a) If Less than you normally do, press 1
   b) If About the same as you normally do, press 2
   c) If More than you normally do, press 3
   d) If You have not left your house in the last one week, press 4

6) In the last week, how often have you attended a public gathering or event with a group of people (such as church, mosque, a wedding or funeral)?
   a) If Less than you normally do, press 1
   b) If About the same as you normally do, press 2
   c) If More than you normally do, press 3
   d) If You have not attended a public gathering or event in the last one week, press 4

7) Closing Message:
   Thank you for taking this survey. There are many precautions you can take to protect yourself from COVID-19: Wash your hands often with soap and water. Maintain a safe distance from anyone who is coughing or sneezing. Don’t touch your eyes, nose or mouth. Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze. Stay home if you feel unwell. If you have a fever, a cough, and difficulty breathing, seek medical attention. Remember to follow the directions of your local health authority.

Survey 5 - Fogg Questions

1) How motivated are you to stay at home to avoid coronavirus?
   a) If Very motivated, press 1
   b) If Somewhat motivated, press 2
   c) If Somewhat unmotivated, press 3
   d) If Not motivated at all, press 4
2) How easy is it for you to stay at home to avoid coronavirus?
   a) If Very easy, press 1
   b) If Somewhat easy, press 2
   c) If Somewhat difficult, press 3
   d) If Very difficult, press 4

3) How motivated are you to social distance, stay at least one meter apart from others, to avoid coronavirus when you are outside of your house such as going to the market or store?
   a) If Very motivated, press 1
   b) If Somewhat motivated, press 2
   c) If Somewhat unmotivated, press 3
   d) If Not motivated at all, press 4

4) How easy is it for you to social distance, stay at least one meter apart from others, to avoid coronavirus when you are outside of your house such as going to the market or store?
   a) If Very easy, press 1
   b) If Somewhat easy, press 2
   c) If Somewhat difficult, press 3
   d) If Very difficult, press 4

5) In the last week, how often have you maintained at least 1 metre from anyone who is coughing or sneezing?
   a) If All of the time, press 1
   b) If Most of the time, press 2
   c) If Some of the time, press 3
   d) If Not at all, press 4

6) In the last week, how much are you staying at home?
   a) If Less than you normally do, press 1
   b) If About the same as you normally do, press 2
   c) If More than you normally do, press 3
   d) If I have not left my house in the last one week, press 4

7) Closing Message:
Thank you for taking this survey. Social distancing, means keeping space between yourself and other people outside of your home. Keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

To practice social or social distancing:

- Stay at least 1 meters (the length of a mattress) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings
- Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19).
Survey 6 - Food Security

1) In the past 7 days, how many times have you or someone in your household had to limit portion size at meal-times due to lack of food/money?
   a) If None, we are eating the same amount as normal, press 1
   b) If At least once in the last week, we have had to limit our portion size at a meal, press 2
   c) If A few times we have had to limit the portion size at meal times, press 3
   d) If At every meal we have limited the portion size, press 4

2) In the past 7 days, how many times have you or someone in your household had to reduce the number of meals eaten in a day due to lack of food/money?
   a) If None, we are eating the same amount as normal, press 1
   b) If At least once in the last week, we have skipped a meal, press 2
   c) If A few times we have had to skip meals, press 3
   d) If Every day we have had to skip meals, press 4

3) Have you or any household member experienced difficulties getting specific products such as soap or some types of food?
   a) If Yes, press 1
   b) If No, press 2

4) What is the main reason why you have had difficulties getting specific products?
   a) If Items were not available, press 1
   b) If Items were too expensive, press 2
   c) If Worried about going to the store/market, press 3
   d) If Unable to get to the store/market, press 4

Survey 7 - Economic Impacts

1) Has your household income changed as a result of Coronavirus/COVID-19?
   a) If your household income has increased a lot, press 1
   b) If your household income has increased a little, press 2
   c) If you have had no change in your household income, press 3
   d) If your household income has decreased a little, press 4
   e) If your household income has decreased a lot, press 5

2) What is the main reason your income has decreased?
   a) If you are unable to go out to earn money (make a living), press 1
   b) If you are working less, press 2
   c) If you lost your job, press 3
   d) If your business has fewer customers, press 4
   e) If you cannot operate your farm or business, press 5

3) Have you spent money on coronavirus prevention (more soap, sanitizer, masks, etc.)?
   a) If Yes, press 1
   b) If No, press 2

4) Have you spent money on coronavirus care (medicines, hospital expenses, etc.)?
   a) If Yes, press 1
   b) If No, press 2
5) **Have you put money aside for emergencies?**
   a) If Yes, you have money saved specifically for emergencies, press 1
   b) If No, you do not have savings for emergencies, press 2

6) **If you - or your household - lost all your income, how many weeks would you be able to pay for essentials (food, rent, etc.)?**
   a) If Less than one week, press 1
   b) If Less than one month, press 2
   c) If Less than six months, press 3
   d) If Less than one year, press 4
   e) If I/We would be OK for the foreseeable future, press 5

**Survey 8 - Mental Health**

1) **How prepared do you feel to handle coronavirus/COVID-19?**
   a) If Very prepared, press 1
   b) If Somewhat prepared, press 2
   c) If Somewhat unprepared, press 3
   d) If Not at all prepared, press 4

2) **How nervous/anxious/stressed are you feeling because of coronavirus/COVID-19?**
   a) If More nervous/anxious/stressed than usual, press 1
   b) If About the same as usual, press 2
   c) If Less nervous/anxious/stressed than usual, press 3

3) **How sad or lonely are you feeling because of coronavirus/COVID-19?**
   a) If More sad or lonely than usual, press 1
   b) If About the same as usual, press 2
   c) If Less sad or lonely than usual, press 3

4) **How angry/upset/ready to fight are you because of the current situation?**
   a) If More angry/upset than usual, press 1
   b) If About the same as usual, press 2
   c) If Less angry/upset than usual, press 3

5) **In the past 7 days, have you had physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart, when thinking about your experiences, like loss of income or work, concerns about the infections, with the coronavirus/COVID-19 pandemic?**
   a) If Not at all, press 1
   b) If 1 or 2 days, press 2
   c) If 3 or 4 days, press 3
   d) If 5 to 7 days, press 4

6) **Closing Message:**
   Thank you for taking this survey. The spread of coronavirus is a new and challenging event. Some people might find it more worrying than others. During times of stress, pay attention to your own needs and feelings. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, keep regular sleep routines and eat healthy food. Keep things in perspective.
To protect yourself from COVID-19: Wash your hands often with soap and water. Maintain a safe distance from anyone who is coughing or sneezing. Don’t touch your eyes, nose or mouth. If you have a fever, a cough, and difficulty breathing, seek medical attention. Remember to follow the directions of your local health authority.

Survey 9 - Violence

1) In the past month, have you heard about violence against healthcare workers?
   a) If Yes, press 1
   b) If No, press 2

2) Have you experienced violence as a healthcare worker?
   a) If Yes, press 1
   b) If No, press 2

3) In the past month, have you heard about violence against people suspected of having COVID-19?
   a) If Yes, press 1
   b) If No, press 2

4) Have you experienced violence as someone suspected of having COVID-19?
   a) If Yes, press 1
   b) If No, press 2

5) In the past month, have you heard about violence related to COVID unrest and instability?
   a) If Yes, press 1
   b) If No, press 2

6) Have you experienced violence related to COVID-19 unrest and instability?
   a) If Yes, press 1
   b) If No, press 2

7) In the past month, have you heard about violence against family members?
   a) If Yes, press 1
   b) If No, press 2

8) In the past month, have you experienced violence from a family member?
   a) If Yes, press 1
   b) If No, press 2

Survey 10 - School Disruption

1) Do you have children who are currently school-age?
   a) If Yes, press 1
   b) If No, press 2

2) Have they stopped going to school because of coronavirus?
   a) If Yes, press 1
   b) If No, press 2
3) Are they continuing their studies at home?
   a) If Yes, press 1  
   b) If No, press 2

4) Do you think they will be able to return to school during this school year?
   a) If Yes, press 1  
   b) If No, press 2

5) Are you less able to work because your children are at home?
   a) If Yes, press 1  
   b) If No, press 2

6) Have you talked to your children about coronavirus?
   a) If Yes, press 1  
   b) If No, press 2

7) Are your children worried about coronavirus?
   a) If Yes, press 1  
   b) If No, press 2  
   c) If Not sure, press 3

8) Closing Message:
   Thank you for taking this survey. The spread of coronavirus is a new and challenging event. Maintain familiar routines in daily life as much as possible, or create new routines, especially if children must stay at home. Provide engaging age-appropriate activities for children, including activities for their learning. Remember your children may also be feeling anxious. Help children find positive ways to express feelings such as fear and sadness. Every child has his or her own way of expressing emotions. Sometimes engaging in a creative activity, such as playing or drawing can facilitate this process. Children feel relieved if they can express themselves.

Survey II - Information

1) Are you able to get trustworthy information about coronavirus/COVID-19?
   a) If Yes, press 1  
   b) If No, press 2  
   c) If Not sure, press 3

2) Where are you getting your information from the most?
   a) If Radio, press 1  
   b) If TV, press 2  
   c) If WhatsApp or social media, press 3  
   d) If Friends and family Family members, press 4  
   e) If Community health workers, press 5  
   f) If Community or religious leaders, press 6  
   g) If Traditional healers, press 7  
   h) If 3-2-1, press 8
3) Do you trust this source of information?
   a) If Yes, press 1
   b) If No, press 2
   c) If Not sure, press 3

4) What would you like to know most about the disease?
   a) If How to protect yourself, press 1
   b) If Symptoms of the new coronavirus disease, press 2
   c) If How it is transmitted, press 3
   d) If What to do if you have the symptoms, press 4
   e) If Most at risk groups, press 5
   f) If How to treat it, press 6

5) Closing Message:
   Thank you for taking this survey. The spread of coronavirus is a new and challenging event. Minimize watching, reading or listening to news about COVID-19 that causes you to feel anxious or distressed; seek information only from trusted sources and mainly so that you can take practical steps to prepare your plans and protect yourself and loved ones. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts; not rumors and misinformation. Gather information at regular intervals by [calling 3-2-1 or local health authorities] in order to help you distinguish facts from rumors. Facts can help to minimize fears.

Survey 12 - Health Care Access

1) When did a healthcare worker (CHW) last visit your home?
   a) If Never, press 1
   b) If In the last 30 days, press 2
   c) If In the last 3 months, press 3
   d) If In the last 6 months, press 4
   e) If More than 6 months, press 5

2) When did you or a member of your household last seek medical advice from a pharmacist?
   a) If Never, press 1
   b) If In the last 30 days, press 2
   c) If In the last 3 months, press 3
   d) If In the last 6 months, press 4
   e) If More than 6 months, press 5

3) When did you or a member of your household last seek medical care from a doctor, health clinic or hospital?
   a) If Never, press 1
   b) If In the last 30 days, press 2
   c) If In the last 3 months, press 3
   d) If In the last 6 months, press 4
   e) If More than 6 months, press 5
4) At times when you were sick enough to need help what was the main thing that stopped you from visiting a clinic?
   a) If Cost, press 1
   b) If Transportation time, press 2
   c) If Poor previous experience at clinic, press 3
   d) If Spouse/family did not think visit was necessary or did not allow you to go, press 4
   e) If You did not know where to go, press 5
   f) If No one could accompany you, or you felt unsafe, press 6
   g) If Another reason, press 7

5) How long does it take you to reach the closest health clinic/hospital by your usual transport method?
   a) If Less than 30 minutes, press 1
   b) If Less than 60 minutes, press 2
   c) If 1-2 hours, press 3
   d) If greater than 2 hours, press 4

6) In the last 12 months, were you ever refused healthcare because you could not afford it?
   a) If Yes, press 1
   b) If No, press 2

7) In the last 12 months, did you not seek healthcare because you could not afford it?
   a) If Yes, press 1
   b) If No, press 2