

COVID-19 Rapid Assessment [English (United Kingdom)]

Dear Participant,

The UN Women Multicountry Office for the Caribbean and the UN ECLAC Subregional Headquarters for the Caribbean are conducting research in the English-speaking Caribbean to understand how the lives of women and men have been affected by the COVID-19 pandemic. The results of the survey will inform UN Women's programming to respond to the crisis and advocacy to improve the well-being of people during and post-pandemic.

This survey should take between 15 to 20 minutes to complete. For respondents who are visually impaired, the survey should take about 2 hours to complete. We suggest that you either complete the survey in stages by saving your progress or plan to dedicate up to 2 hours to complete the survey in one sitting. All responses will be kept strictly confidential.

If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop completing the survey at any point.

You can only take the survey once to ensure the accuracy of the results. Only persons 18 years and older will be allowed to participate.

If you have any questions about the survey, please email us at survey-pos@eclac.org. We really appreciate your input. Stay healthy and safe!

(End of Page 1)

INTRODUCTION

IN1. In which COUNTRY do you currently reside?

- Anguilla
- Antigua and Barbuda
- Bahamas
- Barbados
- Belize
- Bermuda
- British Virgin Islands
- Cayman Islands
- Dominica
- Grenada
- Guyana
- Jamaica
- Montserrat
- St. Kitts and Nevis
- St. Lucia
- St. Vincent and the Grenadines
- Trinidad and Tobago
- Turks and Caicos Islands
- US Virgin Islands
- Other _____

IN2. Have you completed this survey before?

- Yes
- No

IN3. Are you age 18 or older?

- Yes
- No

Branch to: **Survey Submitted** (IN2 = Yes)

Branch to: **Survey Submitted** (IN3 = No)

(End of Page 2)

COVID-19 INFORMATION

What is your **main** source of information regarding the following COVID-19 situation?

C1. Risk of Infection, Handwashing and Physical Distancing

- Internet and social media (Facebook, Twitter, Instagram, etc.)
- Official Government websites
- Radio / TV / Newspaper
- Public service announcement/speaker
- Phone/Cell phone (text, call, WhatsApp etc)
- Community, including family and friends
- Health centre/Family doctor
- NGO/Civil society organization/Religious organizations
- Other _____
- Don't know about COVID-19 Risks/ Didn't get any information
- Prefer not to answer

Branch to: **Page 5** (C1 = Don't know about COVID-19 Risks/ Didn't get any information ORC1 = Prefer not to answer)

(End of Page 3)

CS1. What best describes the information you received from %[C1]Q79LBL% about COVID-19 **Risk of Infection, Handwashing and Physical Distancing?**

- Clear and helped me prepare
- Clear but it came too late for me to prepare
- Confusing/Contradictory
- Don't Know

(End of Page 4)

COVID-19 INFORMATION

What is your **main source of information** regarding the following COVID-19 situation?

C2. Restrictions (quarantines, curfews and lockdowns)

- Internet and social media (Facebook, Twitter, Instagram, etc.)
- Official Government websites
- Radio / TV / Newspaper
- Public service announcement/speaker
- Phone/Cell phone (text, call, WhatsApp etc)
- Community, including family and friends
- Health centre/Family doctor
- NGO/Civil society organization/Religious organizations
- Other _____
- Do not know about COVID-19 Restrictions/ Didn't get any information
- Prefer not to answer

Branch to: **Page 7** (C2 = Do not know about COVID-19 Restrictions/ Didn't get any information
ORC2 = Prefer not to answer)

(End of Page 5)

CS2. What best describes the information you received from %[C2]Q81LBL% about **COVID-19 Restrictions** (quarantines, curfews and lockdowns)?

- Clear and helped me prepare
- Clear but it came too late for me to prepare
- Confusing/Contradictory
- Don't Know

(End of Page 6)

COVID-19 INFORMATION

What is your **main source of information** regarding the following COVID-19 situation?

C3. Number of infections and deaths

- Internet and social media (Facebook, Twitter, Instagram, etc.)
- Official Government websites
- Radio / TV / Newspaper
- Public service announcement/speaker
- Phone/Cell phone (text, call, WhatsApp etc)
- Community, including family and friends
- Health centre/Family doctor
- NGO/Civil society organization/Religious organizations
- Other _____
- Do not know about COVID-19 infections and deaths/ Didn't get any information
- Prefer not to answer

Branch to: **Page 9** (C3 = Do not know about COVID-19 infections and deaths/ Didn't get any information ORC3 = Prefer not to answer)

(End of Page 7)

CS3. What best describes the information you received from **%[C3]Q82LBL%** about **COVID-19 Number of infections and deaths?**

- Clear and helped me prepare
- Clear but it came too late for me to prepare
- Confusing/Contradictory
- Don't Know

(End of Page 8)

COVID-19 INFORMATION

What is your **main source of information** regarding the following COVID-19 situation?

C4. Vaccinations

- Internet and social media (Facebook, Twitter, Instagram, etc.)
- Official Government websites
- Radio / TV / Newspaper
- Public service announcement/speaker
- Phone/Cell phone (text, call, WhatsApp etc)
- Community, including family and friends
- Health centre/Family doctor
- NGO/Civil society organization/Religious organizations
- Other _____
- Do not know about COVID-19 Vaccinations/ Didn't get any information
- Prefer not to answer

Branch to: **EMPLOYMENT AND LIVELIHOOD RESOURCES** (C4 = Do not know about COVID-19 Vaccinations/ Didn't get any information ORC4 = Prefer not to answer)

(End of Page 9)

CS4. What best describes the information you received from %[C4]Q83LBL% about COVID-19 **Vaccinations**?

- Clear and helped me prepare
- Clear but it came too late for me to prepare
- Confusing/Contradictory
- Don't Know

(End of Page 10)

This Page is Conditionally Hidden if: (C4 = Do not know about COVID-19 Vaccinations/ Didn't get any information)

This Question is Conditionally Hidden if: (C4 = Do not know about COVID-19 Vaccinations/ Didn't get any information)

CV1. Have you taken the COVID-19 Vaccine?

- Yes
- No
- Prefer not to answer

(End of Page 11)

This Page is Conditionally Shown if: (CV1 = No)

This Question is Conditionally Shown if: (CV1 = No)

CV2. If No, Please give reasons for your answer.

(End of Page 12)

EMPLOYMENT AND LIVELIHOOD RESOURCES

EL1. How would you **best** describe your employment status during a typical week PRIOR to the spread of COVID-19?

- I worked for a person/company/institution/household (for pay)
- I had my own business/freelanced and I employed other people
- I had my own business/freelanced but I did not employ other people
- I helped (without pay) in a family business
- I am retired, pensioner
- I did not work (I was not looking for a job and I was not available to work)
- I did not work because I am studying full-time
- I did not work, as I have a long-term health condition, injury, disability
- I did not work, but I was looking for a job and I was available to start working
- Other _____
- Prefer not to answer

Branch to: **EMPLOYMENT AND LIVELIHOOD RESOURCES** (EL1 = I helped (without pay) in a family business OREL1 = I am retired, pensioner OREL1 = I did not work (I was not looking for a job and I was not available to work) OREL1 = I did not work because I am studying full-time OREL1 = I did not work, as I have a long-term health condition, injury, disability OREL1 = I did not work, but I was looking for a job and I was available to start working OREL1 = Other OREL1 = Prefer not to answer)

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EMPLOYMENT AND LIVELIHOOD RESOURCES

EL2. In which of the following sectors were you **mainly** employed or had a business, **PRIOR to the spread of COVID-19**?

- Tourism, hotel, and food services
- Health services
- Education services
- Manufacturing
- Wholesale and retail trade services
- Transportation and courier/delivery services
- Farming and Agricultural services
- Domestic and care work
- Financial and insurance services
- Information and communications services
- Professional, business services or real estate
- Hairdressing and beauty services
- Sports, Entertainment, and event services
- Street vending
- Other _____
- Prefer not to answer

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EMPLOYMENT AND LIVELIHOOD RESOURCES

This Question is Conditionally Shown if: (EL2 = Tourism, hotel, and food services)

EL2.1. In which industry within the Tourism, hotel and food services sector were you employed, **PRIOR** to the spread of COVID-19?

- Travel, tour and reservation services
- Food and beverage services
- Hotels, guest houses and other accommodation services
- Other _____
- Prefer not to answer

(End of Page 15)

EMPLOYMENT AND LIVELIHOOD RESOURCES

EL3. Since the spread of COVID-19, how has the number of hours that you devote to paid work (including self-employment) changed during the following periods?

	No change, It remained the same	Increased, with additional compensation	Increased, with no additional compensation	Decreased, with reduced compensation	Decreased, with no reduction in compensation	Prefer not to answer
Apr-Jun 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
July-Sept 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oct-Dec 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jan-Mar 2021	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apr-Jun 2021	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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EMPLOYMENT AND LIVELIHOOD RESOURCES

This Question is Conditionally Shown if: (EL1 = I worked for a person/company/institution/household (for pay))

EL4. Does your employer pay contributions toward pension and health insurance on your behalf?

- Yes
- No
- I do not know /Cannot recall
- Prefer not to answer

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EMPLOYMENT AND LIVELIHOOD RESOURCES

This Question is Conditionally Shown if: (EL1 = I had my own business/freelanced and I employed other people OREL1 = I had my own business/freelanced but I did not employ other people)

EL5. Is your business formally registered?

- Yes
- No
- I do not know /Cannot recall
- Prefer not to answer

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This Page is Conditionally Shown if: (EL1 = I had my own business/freelanced and I employed other people OREL1 = I had my own business/freelanced but I did not employ other people)

EMPLOYMENT AND LIVELIHOOD RESOURCES

EL6. How has the spread of COVID-19 affected your business performance?

- No change
- Improved
- Declined
- I have had to close down
- I do not know / Unable to tell
- Prefer not to answer

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EMPLOYMENT AND LIVELIHOOD RESOURCES

The following questions refer to any financial and in-kind support received from the Government or NGOs, Civil Society Organizations, Non-profit organizations or religious organizations etc.- since the spread of COVID-19.

EL7. Did you or your business receive any of the following unemployment benefits and/or any financial support from the **Government** – national and local – since the spread of COVID-19? (PLEASE SELECT ALL THAT APPLY)

- Unemployment payment
- Cash transfers
- Loan payment deferrals
- Loans
- Emergency relief grants (e.g. salary relief grants, rental support etc.)
- Tax credits or relief
- Mortgage payment deferrals
- Utility relief
- Other, please specify: _____
- I did not receive any unemployment benefits and/or any financial support from the Government
- I do not know / Cannot recall
- Prefer not to answer

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EMPLOYMENT AND LIVELIHOOD RESOURCES

EL8. Did you receive any of the following in-kind support from the **Government** – national and local – since the spread of COVID-19? (PLEASE SELECT ALL THAT APPLY)

- Food
- Supplies for prevention (gloves, masks, sanitizer, etc.)
- Personal hygiene supplies (menstrual supplies, baby diapers, etc.)
- Seedlings for planting
- Other _____
- I did not receive any in-kind support from the Government
- I do not know / Cannot recall
- Prefer not to answer

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EMPLOYMENT AND LIVELIHOOD RESOURCES

EL9. Did you receive any of the following in-kind support from any NGOs/Civil Society Organization/Non-profit organizations or religious organizations etc.

– since the spread of COVID-19? (PLEASE SELECT ALL THAT APPLY)

- Food
- Supplies for prevention (gloves, masks, sanitizer, etc.)
- Personal hygiene supplies (menstrual supplies, baby diapers, etc.)
- Seedlings for planting
- Other _____
- I did not receive any in-kind support from any NGOs/Civil Society Organization/Non-profit organizations or religious organizations etc.
- I do not know / Cannot recall
- Prefer not to answer

(End of Page 22)

EMPLOYMENT AND LIVELIHOOD RESOURCES

EL10. AS A RESULT OF COVID-19, how have your personal resources been affected over the last 12-months? Have they increased, decreased or remained unchanged?

	Increased	No change	Decreased	I do not know	Not applicable	Prefer not to answer
Income/earnings from a paid job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income/earnings from own business/family business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income/earnings from farming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money or goods received from relatives/friends living elsewhere in the country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money or goods received from relatives/friends living abroad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income from rental properties, investments or savings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food for consumption from own farming/animals/fishing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pensions or other social payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donations from NGOs, civil society, religious or other non-profit organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EffectOnPersonalResourcesOTHER. If you selected 'Other' above, please specify here:

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EMPLOYMENT AND LIVELIHOOD RESOURCES

EL11. Have there been any changes in the total income of **OTHER household members** **SINCE COVID-19 STARTED?**

- No change in income
- Increased income
- Decreased income
- Prefer not to answer

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elderly/sick/disabled
adults in the
household with
administration and
accounts

13.

Affective/emotional
support for adult
family members

14. Pet care

(End of Page 25)

elderly/sick/disabled
adults in the
household with
administration and
accounts

13.

Affective/emotional
support for adult
family members

14. Pet care

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HOUSEHOLD ACTIVITIES AND TASKS ALLOCATION

HH3. Since the spread of COVID-19...

	Yes	No	Not applicable	Prefer not to answer
1. My partner participates more with household chores and caring for family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My daughter(s) participate(s) more with household chores and caring for family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My son(s) participate(s) more with household chores and caring for family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Other family/household members participate more with household chores and caring for family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. We hired a new domestic worker/babysitter/nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Our domestic worker/babysitter/nurse now works longer hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Our old domestic worker/babysitter/nurse no longer works for us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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HOUSEHOLD ACTIVITIES AND TASKS ALLOCATION

HH4. Since the spread of COVID-19, has your work mode changed during the following periods? (In comparison to the immediately preceding period)

	Yes, I used go to work but now I work from home	Yes, some days I go to work and other days I work from home	No, I used to go to work and now I am still going out for work	No, I still work from my own home, as previously	Prefer not to answer
Apr-Jun 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
July-Sept 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oct-Dec 2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jan-Mar 2021	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apr-Jun 2021	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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DEMOGRAPHICS

D1. What is your sex?

- Male
- Female
- Other, please specify: _____
- Prefer not to answer

D2. What is your sexual orientation? (Optional; choose all that apply)

- Heterosexual or straight
- Gay
- Lesbian
- Bisexual
- Other, please specify: _____
- Prefer not to answer

D3. What is your age?

D4. What is your highest level of education?

- None
- Some Primary
- Completed Primary
- Some Secondary
- Completed Secondary
- Some University
- Completed University
- Postgraduate Education
- Some Vocational/Technical Training
- Completed Vocational/Technical Training
- I do not know /Cannot Recall
- Prefer not to answer

D5. What is your marital status?

- Single (never been married)
- Married
- Living with partner/Cohabiting
- Married but separated
- Divorced
- Widowed
- Prefer not to answer

D6. What is your current nationality?

D7. Are you the main financial provider in your household?

- Yes
- No
- Prefer not to answer

D8. How many people live permanently with you (counting yourself)?

D9. Do you consider yourself... (Optional response, choose all that apply)

- Afro-descendant or black
- European-descendant or white
- Indigenous
- Mixed race
- Asian
- Indo-descendent or Indian-Caribbean
- Other, please specify: _____
- Prefer not to answer

D10. Do you have difficulty doing any of the following – walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?

	No difficulty	Yes, some difficulty	Yes, a lot of difficulty	Cannot do at all	Prefer not to answer
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering/ Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-caring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D11. Do any of your household members have difficulty doing any of the following – walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?

- Yes
- No
- Prefer not to answer

This Page is Conditionally Shown if: (D11 = Yes)

D12. Which member(s) of the household experiences difficulties? (Please select all that apply)

- Spouse/ partner
- Child (below 18 years)
- Child (18 years and above)
- Other member 1 _____
- Other member 2 _____
- Other member 3 _____
- Prefer not to answer

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This Page is Conditionally Shown if: (D11 = Yes ANDD12 (Child (below 18 years)) = Selected)

D13. Please describe the difficulties **your child (below 18)** faces with walking, seeing, hearing, remembering or concentrating, self-caring, or communicating.

	Some difficulty	A lot of difficulty	Cannot do at all
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering/ Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-caring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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This Page is Conditionally Shown if: (D11 = Yes ANDD12 (Spouse/ partner) = Selected)

D14. Please describe the difficulties your **spouse/partner** faces with walking, seeing, hearing, remembering or concentrating, self-caring, or communicating.

	Some difficulty	A lot of difficulty	Cannot do at all
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering/ Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-caring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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This Page is Conditionally Shown if: (D11 = Yes ANDD12 (Child (18 years and above)) = Selected)

D15. Please describe the difficulties your **child (above 18)** faces with walking, seeing, hearing, remembering or concentrating, self-caring, or communicating.

	Some difficulty	A lot of difficulty	Cannot do at all
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering/ Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-caring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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This Page is Conditionally Shown if: (D11 = Yes ANDD12 (Other member 1) = Selected)

D16. Please describe the difficulties **other members** of your household face with walking, seeing, hearing, remembering or concentrating, self-caring, or communicating.

	Some difficulty	A lot of difficulty	Cannot do at all
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembering/ Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-caring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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