

Questionnaire for binational couples

Amidst the COVID-19 pandemic and associated restrictions, many bi-national couples have been compelled to stay apart for several months. The travel ban as a measure to contain the pandemic was understandable and necessary. However, as life is resuming and getting a semblance of normalcy in many countries, the travel restrictions remain in place and (un)married binational couples seem to be a forgotten group in many countries. The stress and mental burden of being separated from your significant other still remains underestimated.

If you are part of a binational couple, kindly take 5 minutes to fill this short questionnaire to share your experience and help us gather data on where everyone is coming from, their current situation and the effect these difficult times when you and your partner are unwillingly stuck in different countries. This data will be completely anonymous and there are no wrong answers.

We will present the data gathered by this survey to governments and policy makers to raise awareness on the impact of being separated on a persons' health and well-being.

DISCLAIMER: These data will be processed anonymously. Only the summary of the results will be made public. These data will NOT be shared with third parties and NOT be used for commercial purposes. Data CANNOT be traced back to individual persons.

SECTION 1: SOCIO-DEMOGRAPHICS

Q1. Age

- <20
- 20-30
- 31-40
- 41-50
- 51-60
- 61-70
- 70-80
- > 80

Q2. What gender do you identify with?

- Male
- Female
- Other

Q3. Country in which you currently live? (country list)

Q4. Maximum educational level:

- Primary
- Secondary
- University undergraduate degree holder
- University postgraduate degree holder

Q5. What is your main occupation:

- Student
- Self-employed
- In waged employment
- unemployed

Q6. Relationship status:

- Currently single
- Currently in a relationship

If in a relationship:

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Q6.1 Status of you and your partner:

- Married
- Engaged
- Together but not married or engaged

Q6.2 What gender does your partner identify with?

- Male
- Female
- Other

Q6.3 Do you have children?

- Yes
- No

If yes:

How many? (number)

Q6.4 Who do you currently live with? (multiple answers possible)

- My parent(s)
- My spouse/partner
- My child(ren)
- My sibling(s) or other relative(s)
- Friend(s)
- I live alone
- Not living with my partner and my partner is in the same country
- Not living with my partner and my partner is in a different country

If partner is in a different country

Q6.4.1 Country in which your partner currently lives? (country list)

Q6.4.2 When did you last see your partner? (Date drop-down)

Q6.4.3 Are you able to visit your partner taking into account the current travel restriction?

- Yes

- No

If no:

Q6.4.3.1 What is applicable to your situation (multiple answers possible):

- My country does not allow non-married partners to visit
- The country of my partner does not allow non-married partners to visit
- I have to travel through other countries that do not allow passage
- Visa application process has not yet been started
- The visa has not yet been approved
- The visa has been approved but not yet issued
- I do not wish to visit my partner
- None of the above
- Other (specify) (Provide textbox)

SECTION 2: PSYCHOSOCIAL STATUS

Q7. [HADS-A] Tick the box beside the reply that is closest to how you have been feeling in the past week. Don't take too long over you replies: your immediate is best.

(the numbers in brackets are the scores represented by the answers, not to show on questionnaire)

Q7a. I feel tense or wound up

- Not at all (0)
- From time to time, occasionally (1)
- A lot of time (2)
- Most of the time (3)

Q7b. I get a sort of frightened feeling as if something awful is about to happen

- Very definitely and quite badly (3)
- Yes, but not too badly (2)
- A little, but it does not worry me (1)
- Not at all (0)

Q7c. Worrying thoughts go through my mind:

- A great deal of the time (3)
- A lot of the time (2)
- From time to time, but not too often (1)
- Only occasionally (0)

Q7d. I can sit at ease and feel relaxed

- Definitely (0)
- Usually (1)
- Not often (2)
- Not at all (3)

Q7e. I get a sort of frightened feeling like butterflies' in the stomach

- Not at all (0)
- Occasionally (1)

- Quite often (2)
- Very often (3)

Q7f. I feel restless as I have to be on the move

- Very much indeed (3)
- Quite a lot (2)
- Not very much (1)
- Not at all (0)

Q7g. I get sudden feelings of panic

- Very often indeed (3)
- Quite often (2)
- Not very often (1)
- Not at all (0)

Q8. [HADS-D] Tick the box beside the reply that is closest to how you have been feeling in the past week. Don't take too long over you replies: your immediate is best.

(the numbers in brackets are the scores represented by the answers, not to show on questionnaire)

Q8a. I still enjoy the things I used to enjoy

- Definitely as much (0)
- Not quite as much (1)
- Only a little (2)
- Hardly at all (3)

Q8b. I can laugh and see the funny side of things

- As much as I always could (0)
- Not quite so much now (1)
- Definitely not so much now (2)
- Not at all (3)

Q8c. I feel cheerful

- Not at all (3)
- Not often (2)
- Sometimes (1)
- Most of the time (0)

Q8d. I feel as if I am slowed down

- Nearly all the time (3)
- Very often (2)
- Sometimes (1)
- Not at all (0)

Q8e. I have lost interest in my appearance

- Definitely (3)
- I don't take as much care as I should (2)
- I may not take quite as much care (1)
- I take just as much care as ever (0)

Q8f. I look forward with enjoyment to things

- As much as I ever did (0)
- Rather less than I used to (1)
- Definitely less than I used to (2)
- Hardly at all (3)

Q8g. I can enjoy a good book or radio or TV program

- Often (0)
- Sometimes (1)
- Not often (2)
- Very seldom (3)

Q10. Are you taking anti-depressants/anxiolytic treatment?

- Yes since a long time
- Yes since the COVID epidemic
- No

SECTION 3: COVID-RELATED QUESTIONS

Q11. Since January 2020, have you experienced any of the following symptoms? (Many answers possible)

- Fever
- Headache
- Sore throat
- Stuffy and/or running nose
- Dry cough
- Productive cough
- Shortness of breath
- Decreased taste or smell
- Body pains
- General weakness
- Nausea
- Diarrhoea
- Other, specify: _____

Q12. Have you been tested for COVID-19?

- Yes
- No
- Don't know

Q13. If yes, was the result of the test?

- Positive
- Negative
- Don't know/Don't want to share

Q14. How difficult is it for you personally to follow the protective measure of staying home as much as possible?

On a scale of 1 (not difficult at all) to 5 (extremely difficult)

Q15. If you are allowed to visit your partner, how likely are you to follow a 14 day self-quarantine?

1. Not likely at all
5. Most definitely

Q16. If you are allowed to visit your partner, are you willing to take a COVID-19 test?

- Yes
- No
- Don't know/Don't want to share

I fully understand what this study is about, and I consent to participate. All the information I provide can be used by researchers to better understand coronavirus disease and its effect on binational couples separated by travel bans.

SUBMIT

Thank you very much for your participation.

Further information about Covid-19, please visit the website www.ICPcovid.com