




A-Posti Oy Posti Green

Impact of coronavirus epidemic on wellbeing among foreign born population

(MigCOVID) Survey

INSTRUCTIONS FOR THE PARTICIPANT

- Please tick or write down your answers with a ballpoint pen in the space provided.
-  If you tick the wrong box, then please color in the whole box to cover the mistake and tick the box you intended.
- Unless the instructions ask for more than one answer, please enter one option only per question that best describes your situation. Some questions have extra instructions for answering; please read these carefully before answering.

For more information, please contact:

www.thl.fi/migcovid/info

toll-free number 0800 95335 (weekdays between 9-11 a.m. and 3-5 p.m.)

or by e-mail migcovid@thl.fi

By answering the questionnaire, I give consent that my personal information will be handled as described in the data protection notification on handling personal data and that my answers can be linked with the findings of the FinMonik Survey, as well as register data on health and wellbeing. Answering is voluntary.

Impact of the coronavirus on the daily life

1. People may have concerns about the coronavirus. Have you been worried about ...

	not at all	a little	moderately	quite a lot	very much
Getting infected with coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibly infecting other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being discriminated against or avoided because you have coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether your employment will continue during the epidemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The government's ability to deal with the coronavirus outbreak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability of the health care system to treat all coronavirus patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
That someone close to you will be infected with coronavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the corona epidemic or its restrictive measures affected your everyday life?

If there are things in the list that don't apply to your own life at all, select 'do not apply'.

	no effect	yes, decreased	yes, increased	does not apply
Contact with friends and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disputes and conflicts within the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of safety at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hope for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily physical activity levels (physical activity during commuting to work and leisure-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping difficulties, nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumption of fruit, berries and vegetables (potato is not counted as a vegetable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks (consumption of sweets, chocolate, soft drinks, chips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing remote work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with everyday chores online (e.g. online food purchases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online dealings with social welfare and health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



The following questions relate to your feelings of security and how you have been treated by others during the coronavirus epidemic.

3. During the coronavirus epidemic: Have you been treated with less respect than others?

- No
- Yes, at least once a week
- Yes, less often than once a week

Has this happened:

- more than before the coronavirus epidemic
- less than before the coronavirus epidemic
- no change

5. During the coronavirus epidemic: Have you been threatened or harrassed?

- No
- Yes, at least once a week
- Yes, less often than once a week

Has this happened:

- more than before the coronavirus epidemic
- less than before the coronavirus epidemic
- no change

4. During the coronavirus epidemic: Have you been called names or verbally insulted?

- No
- Yes, at least once a week
- Yes, less often than once a week

Has this happened:

- more than before the coronavirus epidemic
- less than before the coronavirus epidemic
- no change

6. Has the corona epidemic weakened your financial situation?

- very much
- quite a lot
- to some extent
- a little
- not at all

Impact of the coronavirus epidemic on health

7. Do you find that your current state of health is:

- good
- fairly good
- average
- fairly poor
- poor

8. Whether or not you are employed, rate your current work ability. Are you

- completely able to work
- partially unable to work
- completely unable to work?

9. Do you have difficulty...

	no difficulty	some difficulty	a lot of difficulty	cannot do it at all
seeing ordinary newspaper print (with or without glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hearing what is said in a conversation between several people (with or without a hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walking about half a kilometre without resting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



10. How would you evaluate your memory? My memory works:

- very well
 well
 adequately
 poorly
 very poorly

11. How tall are you? Please round to nearest centimetre.

_____ cm

12. How much do you weigh? Please round to nearest kilogramme.

_____ kg

13. Are you smoking currently (cigarettes, cigars or a pipe)?

- yes, daily
 occasionally
 not at all
 I have never smoked

14. The following symptoms may indicate being infected with the coronavirus. Have you experienced the following symptoms after March 1st 2020?

	yes, during the past 30 days	yes, earlier this year	no
sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a head cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pain in the front part of your face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lost your voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
difficulties breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
muscle pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pain when breathing in the middle of the chest and around the windpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a stabbing pain in the chest elsewhere than the windpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
loss of your sense of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bowel symptoms (e.g. diarrhoea, vomiting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



15. Do you think your symptoms were related to coronavirus disease?

- yes, I was diagnosed with a coronavirus infection
- I don't know for sure, but I think it's likely
- no

16. Did you contact health care about your symptoms?

- yes
- no (skip to question 18)

17. What do you think of the treatment and instructions you received when you suspected you had coronavirus disease?

	Completely agree	Somewhat agree	Disagree	I did not need
I was able to easily contact health care / the place of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received appointment time quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I easily got access to the test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received enough information about the disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received clear instructions for treating the disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. If you did not seek care despite the symptoms, why did you not seek care?

You can choose one or more of the following alternatives.

- I felt that I did not need care
- I did not know whom I should contact
- My Finnish/Swedish/English skills are not sufficient for communicating in the healthcare setting
- I was worried what others would think if I were found to have a coronavirus infection
- I have previously experienced discrimination in healthcare
- Too long waiting time for the coronavirus tests
- Other reason, please specify: _____

19. In your opinion, have you received enough of the following services after March 1st 2020?

	I have not needed it	I would have needed it, but did not receive the service	I have used the service but it was not adequate	I have used the service and it was adequate
doctor's appointment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
nurse's or public health nurse's appointment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dentist services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care (by a psychologist, psychotherapist or a psychiatrist for example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services for families with children (e.g. child welfare services, parenting and family counselling, home services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Impact of the coronavirus epidemic on quality of life and mood

When answering questions number (20- 21), please consider the past two weeks.

20. How would you rate your quality of life?

- very poor
 poor
 neither poor nor good
 good
 very good

21. Below are listed some statements regarding emotions and thoughts. For each statement, please check the box that best describes your experiences in the past two weeks.

	none of the time	rarely	some of the time	often	all of the time
I have felt hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have dealt with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have thought clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt closeness with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have managed to make my own decisions on things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How much of the time during the past 4 weeks

	all of the time	most of the time	a good bit of the time	some of the time	a little bit of the time	none of the time
Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Receiving information during the coronavirus epidemic

23. From which source did you receive up-to-date information on the coronavirus epidemic?

You may choose more than one option per each row.

	in Finnish or Swedish	in English	in my mother tongue or other language	I did not follow this source of information
Finnish TV, radio, printed or digital newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other country's (for example country of birth) or international TV channel, radio, printed or digital newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finnish authorities (for example municipality, InfoFinland.fi, THL, the Finnish Government) webpages or social media updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other country's (for example country of birth) or international authority's webpages or social media updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
information or social media updates by relatives, friends and acquaintances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
information or social media updates by non-governmental organisations or associations, religious or other communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Which measures have you taken to avoid getting infected with the coronavirus and to prevent it from spreading?

	Yes, I follow the instruction / recommendation	I do not follow the instruction / recommendation
I wash my hands more frequently	<input type="checkbox"/>	<input type="checkbox"/>
I use hand sanitizers more frequently	<input type="checkbox"/>	<input type="checkbox"/>
I take care of hygiene when coughing (e.g. coughing into a disposable tissue, not coughing into hands)	<input type="checkbox"/>	<input type="checkbox"/>
I stay at home if I have flu symptoms (e.g. cough, cold symptoms or sore throat)	<input type="checkbox"/>	<input type="checkbox"/>
I wear a single-use mask or cloth mask during my free time (when it is not possible to avoid close contact with other people)	<input type="checkbox"/>	<input type="checkbox"/>
I keep a 1 to 2 meter safe distance to other people outside of home	<input type="checkbox"/>	<input type="checkbox"/>
I do not shake hands with the people I meet	<input type="checkbox"/>	<input type="checkbox"/>
I do not take part in events with over 50 participants	<input type="checkbox"/>	<input type="checkbox"/>
I do not meet with people that are not part of my household	<input type="checkbox"/>	<input type="checkbox"/>
I do not travel outside of Finland	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you received adequate information on how to avoid getting infected with the corona virus and how to prevent it from spreading?

- I have not received any information or the information I have received has been completely inadequate
- I have received information but I would have needed more
- I have received adequate information



26. Have you downloaded the Koronavilkku contact tracing app to your mobile phone

- yes
- No, because the app is not available for my phone
- no, because I don't know what it is
- no, because the app is not available in the languages I speak
- no, for other reasons. Other reason? _____

Background questions

27. Do you live alone?

- yes
- no

28. How many of your household members, including yourself, are the following ages.

Please mark 0 for none.

	number
under 3 years old	<input type="text"/>
3-6 years old	<input type="text"/>
7-17 years old	<input type="text"/>
18-49 years old	<input type="text"/>
50-64 years old	<input type="text"/>
65-79 years old	<input type="text"/>
80 years old or older	<input type="text"/>

29. How many square meters is your home?

_____ square meters

30. How many rooms are in your home?

_____ number

31. What is the highest degree you have completed in Finland?

- I have not attended education in Finland
- lower than a comprehensive school degree (only a part of comprehensive school or similar)
- comprehensive school degree
- matriculation examination
- vocational qualification (e.g. a cook or a welder)
- degree from a university of applied sciences (e.g. Bachelor of Social Services, Bachelor of Hospitality Management)
- a bachelor's degree from a university
- a master's degree from a university or a university of applied sciences
- a licentiate or doctoral degree
- not sure

Which year did you complete this degree in Finland? _____

32. What is the highest degree you have completed abroad?

- I have not attended education abroad
- lower than a comprehensive school degree (only a part of comprehensive school or similar)
- comprehensive school degree
- matriculation examination
- vocational qualification (e.g. a cook or a welder)
- degree from a university of applied sciences (e.g. Bachelor of Social Services, Bachelor of Hospitality Management)
- a bachelor's degree from a university
- a master's degree from a university or a university of applied sciences
- a licentiate or doctoral degree
- not sure

Which year did you complete this degree abroad? _____



33. Are you currently:

- married or in a registered relationship
- cohabiting
- separated or divorced
- widowed
- single

34. At the moment, are you principally:

Please choose the option that best describes your situation

- employed full-time
- employed part-time
- retired on an old age pension
- receiving a disability pension or rehabilitation benefit
- on part-time retirement
- unemployed or laid off
- on family leave, or a stay-at-home mother/father
- a student
- other

35. Which of the following statements describe your working conditions:

You can choose one or more of the following alternatives.

- I am not working or in training
- I work in health care, where I am in contact with clients
- I am able to keep 1-2m distance to others if I want
- I can work remotely (from home)
- I am able to take care of hand hygiene
- I have to come to work even if I am sick

36. Have you been laid-off or unemployed after March 1st 2020?

- no
- yes, lay-off/unemployment started before March 1st 2020
How long has it lasted in months? _____ months
- yes, lay-off started after March 1st 2020
How long has it lasted in months? _____ months
- yes, unemployment started after March 1st 2020
How long has it lasted in months? _____ months

37. How well do you speak Finnish or Swedish?

- not at all
- beginner level: I am able to cope with simple everyday situations
- intermediate level: I am able to actively participate in conversations
- excellent level: I am able to use Finnish diversely in different situations (e.g. I am able to manage issues with the authorities in Finnish)



