

# COVID\_Fear

## Survey Flow

Block: F (1 Question)

EmbeddedData

Fear\_COVID\_raw =  $\{gr://SC\_1zfyTXo06XXGiWh/Score\}$

Page Break

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Start of Block: F



Fear2 How afraid would each of the following experiences make you feel **right now**?

	Not afraid at all (1)	Slightly afraid (2)	Moderately afraid (3)	Very afraid (4)	Extremely afraid (5)
You see a glove that touched someone who suffers from COVID-19 in a trash can. (1)	<input type="radio"/>				
You visit a local hospital with people with bad cases of COVID-19 connected to oxygen and ventilators. (2)	<input type="radio"/>				
You see an empty syringe on the sidewalk next to you. (3)	<input type="radio"/>				
The person next to you coughs loudly in your direction without covering their face. (4)	<input type="radio"/>				
Two small children at an airport are running around and playing and they run into you. (5)	<input type="radio"/>				
After bringing your grocery bag out to	<input type="radio"/>				

your car, a  
supermarket  
clerk pats you  
on the back  
as he says  
bye. (6)

When you  
pick up your  
takeout food  
order, you  
notice there  
is a discarded  
surgical mask  
in the bag  
with your  
food. (7)



End of Block: F

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