



COVID-19 Real Time Barometer Survey Methodology

Physicians were not incentivized to participate in Sermo's COVID-19 Barometer Survey. The sample represents physicians registered with Sermo, a secure digital (online) platform designed for anonymous survey research and physician networking. The platform is exclusive to verified and licensed physicians. The study was conducted with a random unbiased sample of doctors from 30 countries. Treatment questions were only asked and reported on with doctors who have personally treated COVID patients.

Given the strategic importance of this topic, physicians across all specialties were sampled. The 30 countries included in the sample are United States, Canada, Argentina, Brazil, Mexico, Germany, Italy, UK, France, Spain, Belgium, Netherlands, Sweden, Turkey, Poland, Russia, Finland, Ireland, Switzerland, Austria, Denmark, Norway, Greece, Taiwan, Japan, South Korea, Australia, China, India and Hong Kong.

Results are reported for individual countries with a minimum sample size of 250. Such a sample size provides for point estimates with a +/- 6% precision at a 94% confidence level. In situations where the sample size for a country is below 250, countries are aggregated to provide a meaningful regional view and N sizes are noted. No weighting factor was applied to any individual sampling unit either in the selection of physicians who received an invite to participate or in any analysis conducted post-data collection.

Survey Instrument

The survey instrument was created via a collaboration between Sermo management, healthcare professionals, healthcare industry veterans, and market research professionals. Prior to a full launch, the Wave I survey instrument was pre-tested online among a small sample of physicians on March 23, 2020. Based on the results of this pre-test adjustments were made to questionnaire wording and survey flow. The total survey length was approximately 22 minutes.

Data Analysis

Each respondent's personal identifiable information has been decoupled from the sample survey, and subsequent analysis, is completely anonymous. The data was processed and analyzed to create descriptive statistics summarizing physicians' attitudes about the various survey topics. All results that are cited as statistically significant were evaluated at a 95% confidence interval. In some instances – particularly where 4-point Likert scales were used to evaluate levels of concern or stress – scales were collapsed into high ("very concerned" and "somewhat concerned") versus low ("slightly concerned" and "not at all concerned") categories for comparison.

Additional survey details available upon request. Please contact:
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