

Harvard PGP: COVID-19 Demographics Survey

Dear PGP Participants:

May this survey find you in good health, even though, all around us, we are seeing the devastating impact of COVID-19. In fact, we are reaching out to you because we believe that PGP participants may have an opportunity to help stem the tide of COVID-19 in a way that, as far as we know, only PGP participants are in a position to do.

Below is a demographics survey designed for you to fill out and designed to help gain more information about our participants in relation to COVID-19. You only need to fill this survey out once. As with all PGP phenotype (trait) surveys, the answers to these questions should be considered public and will be connected to your public PGP profile.

Link to the current PGP consent: https://my.pgp-hms.org/static/PGP_Consent_2017-04-21_online.pdf

Thank you,
Harvard PGP Staff

1. Please do not change. This field is auto-populated by the PGP and identifies which participant you are.

2. What is the zip code of your primary residence?

3. Do have another residence where you spend more than 30 days a year?

Mark only one oval.

- ☐ Yes
- ☐ No *Skip to question 5*
- ☐ Prefer not to answer *Skip to question 5*
- ☐ Other: _____

4. What is the zip code of your secondary residence (where you spend at least 30 days per year)?

5. What is your age (in years)?

6. What is your gender?

Mark only one oval.

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Prefer not to answer
- ☐ Other: _____

7. Select all the following that apply to your current living arrangements.

Check all that apply.

- ☐ Live alone
- ☐ Live with partner/spouse
- ☐ Live with child/children under age 18
- ☐ Live with parent(s)
- ☐ Live with grandparent(s)
- ☐ Live with roommate(s)
- ☐ Other
- ☐ Prefer not to answer

Other: ☐ _____

8. What is your race? Pick all that apply.

Check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Unknown
- ☐ Prefer not to answer

Other: ☐ _____

9. What is your ethnicity?

Mark only one oval.

- ☐ Hispanic or Latino or Spanish Origin
- ☐ Not Hispanic or Latino or Spanish Origin
- ☐ Unknown
- ☐ Prefer not to answer

10. Select which one of the following applies to you and your birth status.

Mark only one oval.

- ☐ You are a fraternal (dizygotic) twin or multiple
- ☐ You are an identical (monozygotic) twin or multiple
- ☐ None of the above
- ☐ Prefer not to answer
- ☐ Other: _____

11. Have you ever been diagnosed with any of the following?

Check all that apply.

	Yes	No	Unknown	Prefer not to answer
Asthma (Adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma (Childhood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type 1 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type 2 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Have you ever smoked tobacco products?

Mark only one oval.

- ☐ Yes
- ☐ No *Skip to question 15*
- ☐ Prefer not to answer *Skip to question 15*
- ☐ Other: _____

13. Do you currently smoke tobacco products?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Other: _____

14. What is the average number of cigarettes (# of cigarettes not packs) you smoke per day?

Mark only one oval.

- ☐ less than 5
- ☐ 5-9
- ☐ 10-14
- ☐ 15-24
- ☐ 24+
- ☐ Don't currently smoke
- ☐ Prefer not to answer
- ☐ Other: _____

15. Have you ever used e-cigarettes (e.g. JUUL, Vuse, MarkTen)?

Mark only one oval.

☐ Yes

☐ No *Skip to question 18*

☐ Prefer not to answer *Skip to question 18*

☐ Other: _____

16. Do you currently use e-cigarettes (e.g. JUUL, Vuse, MarkTen) ?

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

17. During the past 30 days, during how many days did you use e-cigarettes (e.g. JUUL, Vuse, MarkTen)?

18. Which one of the following best describes your employment status for the past 3 months?

Mark only one oval.

- ☐ Employed: Working 1-39 hrs per week
- ☐ Employed: Working 40 or more hrs per week
- ☐ Not employed: Looking for work
- ☐ Not employed: Not looking for work
- ☐ Retired
- ☐ Disabled/Not able to work
- ☐ Prefer not to answer
- ☐ Other: _____

19. Select the category that best describes your occupation.

Mark only one oval.

- ☐ Management
- ☐ Business and Financial Operations
- ☐ Computer and Mathematical
- ☐ Architecture and Engineering
- ☐ Life, Physical, and Social Science
- ☐ Community and Social Service
- ☐ Legal
- ☐ Educational Instruction and Library
- ☐ Arts, Design, Entertainment, Sports, and Media
- ☐ Healthcare Practitioners
- ☐ Healthcare Support
- ☐ Protective Service
- ☐ Food Preparation and Serving Related
- ☐ Building and Grounds Cleaning and Maintenance
- ☐ Personal Care and Service
- ☐ Sales and Sales Related
- ☐ Office and Administrative Support
- ☐ Farming, Fishing, and Forestry
- ☐ Construction and Extraction
- ☐ Installation, Maintenance, and Repair
- ☐ Production
- ☐ Transportation and Material Moving
- ☐ Military
- ☐ Prefer not to answer
- ☐ Other: _____

20. What is the zip code of your primary workplace/worksite?

21. Do you have a secondary workplace/worksite where you work more than 30 days a year?

Mark only one oval.

☐ Yes

☐ No *Skip to question 23*

☐ Prefer not to answer *Skip to question 23*

☐ Other: _____

22. What is the zip code of your secondary workplace/worksite (where you work more than 30 days a year)?

23. If a vaccine against coronavirus (COVID-19) would reach the stage where it must be tested for safety and efficacy in humans, would you - assuming that you are eligible - be interested in taking part in that trial?

Mark only one oval.

☐ Yes

☐ No

☐ Maybe

☐ Prefer not to answer

☐ Other: _____

