

(COPY for IRB) Survey of COVID-Like Illness - TODEPLOY- US Expansion IQ Score: 68%

Screener Block Options

S1 This voluntary survey is part of a research study led by the Delphi group at Carnegie Mellon University. Even if you are healthy, your responses may contribute to a better public health understanding of where the coronavirus pandemic is moving, to improve our local and national responses.

The data captured does not include any personally identifiable information about you and your answers to all questions will remain confidential. Published results will be in aggregate and will not identify individual participants or their responses. This study is not conducted by Facebook and no individual responses will be shared back to Facebook. The only information we receive from Facebook is a random ID number and a statistical number that help us weigh participation properly. Your responses may be shared with other public health researchers, including those at the University of Maryland. There are no foreseeable risks in participating and no compensation is offered.

If you have any questions, contact: delphi-admin-survey-1b@lists.andrew.cmu.edu

You must be 18 years or older and currently located in the U.S. to take this survey. Are you 18 years or older and currently located in the U.S.?

Yes No

Import Questions From... Create a New Question

Add Block

Section A: Symptoms (forecast) Block Options

A1 In the past 24 hours, have you or anyone in your household experienced any of the following:

	Yes	No
Fever (100°F or higher)		
Sore throat		
Cough		
Shortness of breath		
Difficulty breathing		

A2 How many people in your household (including yourself) are sick (fever, along with at least one other symptom from the above list)?

A2b How many people are there in your household in total (including yourself)?

A3 What is your current ZIP code?

A4 How many additional people in your local community that you know personally are sick (fever, along with at least one other symptom from the above list)?

Import Questions From... Create a New Question

Add Block

Section B: Symptoms (non-forecast) Block Options

B2 The rest of the survey will go into more detail to get a better understanding of your personal experience.

In the past 24 hours, have you personally experienced any of the following symptoms? (Select all that apply)

☐ Fever

☐ Cough

☐ Shortness of breath

☐ Difficulty breathing

☐ Tiredness or exhaustion

☐ Nasal congestion

☐ Runny nose

☐ Muscle or joint aches

☐ Sore throat

☐ Persistent pain or pressure in your chest

☐ Nausea or vomiting

☐ Diarrhea

☐ Loss of smell or taste

☐ Other (Please specify):

☐ None of the above

☐ Eye pain

Page Break

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... q://QID39/SelectedChoicesCount Is Greater Than 0

And The rest of the survey will go into more detail to get a better understanding of your personal ex... None of the above Is Not Selected

B2b How long, in days, have you been experiencing these symptoms?

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... Fever Is Selected

B3 You mentioned that you had a fever in the past 24 hours. Have you taken your temperature?

Yes No

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... Fever Is Selected

Q40 What was your highest temperature, in °F?

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... Cough Is Selected

B4 You mentioned that you experienced a cough in the past 24 hours. Did you cough up mucus?

Yes, I had a lot of mucus

Yes, I had a little mucus

No, I had a dry cough

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... q://QID39/SelectedChoicesCount Is Greater Than 0

And The rest of the survey will go into more detail to get a better understanding of your personal ex... None of the above Is Not Selected

B5 Have you been tested for COVID-19 (coronavirus) for your current illness?

Yes, I was tested, and received a positive diagnosis for COVID-19

Yes, I was tested, but it was negative for COVID-19

Yes, I was tested, but have not received the result

No, I tried to get tested but could not get a test

No, I have not tried to get tested

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... q://QID39/SelectedChoicesCount Is Greater Than 0

And The rest of the survey will go into more detail to get a better understanding of your personal ex... None of the above Is Not Selected

B6 In the past 24 hours, have you been to the hospital to seek care for your current illness?

Yes

No

I have tried, but been unable to receive care

Import Questions From... Create a New Question

Add Block

Section C: Contacts and risk factors Block Options

C1 Have you ever been told by a doctor, nurse, or other health professional that you have any of the following medical conditions? (Please select all that apply)

☐ Diabetes

☐ Cancer (other than skin cancer)

☐ Heart disease

☐ High blood pressure

☐ Asthma

☐ Chronic lung disease such as COPD or emphysema

☐ Kidney disease

☐ Autoimmune disorder such as rheumatoid arthritis or Crohn's disease

☐ None of the above

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C2 Have you had a flu shot in the last 12 months?

Yes No

C3 In the past 5 days, have you gone to work outside of your home?

Yes No

Page Break

C5 In the past 5 days, have you worked at or visited a long-term care facility or nursing home?

Yes No

C4 In the past 5 days, have you worked or volunteered in a hospital, medical office, ambulance service, first responder services, or any other health care setting?

Yes No

Page Break

C6 In the past 5 days, have you traveled outside of your state?

Yes No

C7 To what extent are you intentionally avoiding contact with other people?

All of the time

Most of the time; I only leave my home to buy food and other essentials

Some of the time; I have reduced the amount of times I am in public spaces, social gatherings, or at work

None of the time

Page Break

C8 In the past 5 days, how often have you ...

	None of the time	Some of the time	Most of the time	All the time
felt nervous, anxious, or on edge?				
felt depressed?				

Page Break

C9 How do you feel about the possibility that you or someone in your immediate family might become seriously ill from COVID-19 (coronavirus disease)?

Very worried

Somewhat worried

Not too worried

Not worried at all

C10 In the past 24 hours, with how many people have you had direct contact, outside of your household? Your best estimate is fine. [Direct contact means: a conversation lasting more than 5 minutes with a person who is closer than 6 feet away from you, or physical contact like hand-shaking, hugging, or kissing.]

	Number
At work	
Shopping for groceries and other essentials	
In social gatherings	
Other	

Page Break

C11 In the past 24 hours, have you had direct contact with anyone who recently tested positive for COVID-19 (coronavirus)? [Direct contact means: a conversation lasting more than 5 minutes with a person who is closer than 6 feet away from you, or physical contact like hand-shaking, hugging, or kissing.]

Yes

Not to my knowledge

Display This Question:

If In the past 24 hours, have you had direct contact with anyone who recently tested positive for CO... Yes Is Selected

C12 Was this person a member of your household?

Yes

No

Import Questions From... Create a New Question

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Demographics Block Options

A3b In which state are you currently staying?

Alabama

D1 What is your gender?

Male

Female

Non-binary

Prefer to self-describe:

Prefer not to answer

Display This Question:

If What is your gender? Male Is Not Selected

D1b Are you currently pregnant?

Yes

No

Prefer not to answer

Not applicable

D2 What is your age?

18-24 years

25-34 years

35-44 years

45-54 years

55-64 years

65-74 years

75 years or older

Page Break

D3 How many children under 18 years old currently stay in your household?

D4 How many adults between 18 and 64 years old currently stay in your household (not including yourself)?

D5 How many adults 65 years old or older currently stay in your household (not including yourself)?

Q36 How much of a threat would you say the coronavirus outbreak is to your household's finances?

A substantial threat

A moderate threat

Not much of a threat

Not a threat at all

Import Questions From... Create a New Question

Add Block

End of Survey Survey Termination Options...