

Initial User Survey

Before you take this survey, we first need to confirm a few things:

☐ You are 18 years or older.

☐ Physically able to get to a testing site in one of the following states:

New York

California

Idaho

Delaware

Michigan

New Jersey

Ohio

Virginia

Pennsylvania

☐ Do not need **immediate** medical attention. If you are experiencing severe symptoms, please visit the CDC website for information on what to do if you are sick.

1) In the past 14 days, have you had contact with someone who has a **confirmed case** of COVID-19?

2) In the past 14 days, have you experienced any of the following symptoms?

a) Coughing

b) Fever

c) Shortness of breath

3) In the past 14 days, have you traveled to or from any other country?

If so, please specify:

4) Are you over the age of 60?

5) Do you have any existing health conditions?