



## **COVIDVu Baseline Questionnaire**

**Last Updated: November 11, 2020**

## TABLE OF CONTENTS

<b>TABLE OF CONTENTS .....</b>	<b>2</b>
<b>BASELINE JUMPER .....</b>	<b>3</b>
INTRODUCTION.....	3
LOGIN.....	3
BASELINE CONSENT.....	3
THANK YOU! .....	8
<b>BASELINE SURVEY .....</b>	<b>9</b>
KIDS FILTER .....	9
DEMOGRAPHICS: AGE, RACE, SEX, MARITAL STATUS.....	9
CONTACT INFORMATION.....	10
GIFT CARDS.....	12
DEMOGRAPHICS: EDUCATION/JOB .....	13
DEMOGRAPHICS: INCOME/HOME .....	14
ECONOMIC INSECURITY.....	15
DEMOGRAPHICS: INSURANCE .....	16
COVID-19 TESTING.....	17
COVID-19 DIAGNOSIS.....	19
MEDICAL HISTORY/UNDERLYING CONDITIONS.....	20
SYMPTOMS - JANUARY .....	21
SYMPTOMS - SEVERITY (JANUARY) .....	23
SYMPTOMS - PAST 30 DAYS.....	24
SYMPTOMS - SEVERITY (30 DAYS).....	25
SYMPTOMS - LIKELY.....	26
SOCIAL DISTANCING.....	27
SOCIAL DISTANCING - PHYSICAL CONTACT.....	28
SOCIAL DISTANCING: NON-PHYSICAL CONTACT .....	30
COVID-19 LIFE CHANGES.....	31
STIGMA .....	31
KNOWLEDGE.....	32
THANK YOU! .....	33

## BASELINE JUMPER

### INTRODUCTION

Welcome!

Thank you for choosing to participate in the COVIDVu Study. The next step is to complete a brief questionnaire. This questionnaire will ask a series of questions about social distancing, employment, family size and structure, health conditions, and symptom history. Your answers to these questions will help us better understand what is related to current and past COVID-19 infection in the United States.

All information that you provide in this questionnaire will be kept confidential.

- 1. Please confirm the age of the person taking the test kit? *This is the person whose samples will be tested by the lab.\****

*This page will show when survey taker is older than 18 years of age. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

### LOGIN

**Please enter the Registration ID from your test kit.** This can be found on the first page of your printed instruction guide in your kit.  
The Registration ID is case sensitive, please enter the 9 letter code in ALL CAPS.

- 2. Login Type:**

### BASELINE CONSENT

**You Are Being Asked to Be in a Research Study**  
**Concise presentation of key concepts**

\*Denotes questions that are required of all respondents.

You are being asked to be in a research study. A research study is designed to answer a scientific question. If you agree to be in the study you will be one of 5,800 people who are being studied at Emory University.

Why is this study being done?

This study is being done to determine the prevalence of COVID-19 in the United States. You are being asked to be in this research study because your household was randomly selected.

Do you have to be in the study?

It is your decision to be part of this research study. You do not have to be in it. Before you make your decision, you should take time to learn about the study.

What do I have to do if I choose to participate in this study?

If you are eligible and want to be part of the study, you will participate for up to 6 months. The researchers will ask you to do the following: complete questionnaires online or over the phone and self-collect a blood sample and nasal swab.

How is this study going to help you?

If you are in the study, you will be helping the researchers answer the study question.

What are the risks or discomforts I should know about before making a decision?

The study will take time. All studies have some risks. Some risks are relatively small, like being bored or losing time. Some are more serious, such as loss of privacy and breach of confidentiality. A full list of expected risks, their frequency and severity are in the "What are the possible risks and discomforts?" section of this document.

Alternatives to Joining This Study

Since this is not a treatment study, the alternative is not to participate.

Costs

You will not have to pay for any of the study procedures. There is more information in the cost section below.

What Should I Do Next?

Read this form, or have it read to you. Take time to consider this before making your decision about whether to join or not join.

Who should I contact if I have questions?

In case of general questions about the study, please contact 855-263-0442.

Our privacy policy: Any information shared in this survey is strictly confidential and will only be used for research study purposes. All the information that we gather from you today is safely stored.

Please read the information about the study in the box below and indicate whether or not you would like to participate.

(On a mobile device you may need to scroll to the bottom to see the question.)

Emory University

Consent to be a Research Subject

\*Denotes questions that are required of all respondents.

Title: Population-based survey of SARS-CoV-2 Infection and Immune Response

Principal Investigator: Aaron Siegler, PhD, Behavioral, Social and Health Education Sciences (BSHES), Rollins School of Public Health, Emory University

Sponsor: National Institutes of Health (NIH)

### Introduction

You are being asked to be in a medical research study. This form is designed to tell you everything you need to think about before you decide if you want to be a part of the study. It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from the research study. The decision to join or not join the research study will not cause you to lose any medical benefits.

Before making your decision:

Please carefully read this form or have it read to you

Please ask questions about anything that is not clear

You can save a copy of this consent form. Feel free to take your time thinking about whether you would like to participate. You may wish to discuss your decision with family or friends. Do not provide your electronic consent unless you have had a chance to ask questions and get answers that make sense to you. By consenting to this study you will not give up any legal rights.

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. law. This website will not include information that can identify you. At most the website will include a summary of the results. You can search this website at any time.

### What is the purpose of this study?

The purpose of this study is to estimate the number of current and new cases of SARS-CoV-2, the virus that causes the illness COVID-19, as well as people's antibody response to the virus.

### What will I be asked to do?

If you agree to participate in this study, you will be asked to complete a questionnaire online. If you are unable to complete the questionnaire online, you will have the option of completing it over the phone. The questionnaire will include basic demographic questions, along with questions specific to COVID-19. You will also be asked to self-collect and a swab of the inside of your nose and a finger prick to test for the virus responsible for COVID-19. You may be asked to complete another specimen collection kit three months and six months after your first test. This is to determine the rate of new infections in the U.S. You will be able to view your test results online. If you are unable to access your results online, we will mail your results to you. Note that study participation is only open for 30 days from the date you receive your kit. If you have not completed your questionnaire and test kit within 30 days, you may not be able to receive your test results or reimbursement.

### Who owns my study information and samples?

If you join this study, you will be donating your samples and study information. You will not receive any compensation if your samples or information are used to make a new product. If you withdraw from the study, data and samples that were already collected may still be used for this study.

### What are the possible risks and discomforts?

The most common risks and discomforts expected in this study are:

\*Denotes questions that are required of all respondents.

You may experience physical discomfort from the self-administered specimen collection, including the finger prick and nose swab.

Some questions in the questionnaire may make you uncomfortable. You may refuse to answer any question.

The less common risks and discomforts expected in this study are:

You may learn that you are infected with the virus that causes COVID-19 and this may upset you.

It is possible that the researchers will learn something new during the study about the risks of being in it. If this happens, they will tell you about it. Then you can decide if you want to continue to be in this study or not. You may be asked to provide a new electronic consent that includes the new information if you decide to stay in the study.

Will I benefit directly from the study?

This study is not designed to benefit you directly. The study results may be used to help others in the future.

Will I be compensated for my time and effort?

You will receive \$40 each time you complete the study questionnaire and test kit. You will get \$120 total, if you complete all study visits. You will receive these reimbursements as a gift card to your choice of several popular stores we have identified.

What are my other options?

If you decide not to enter this study, there may be COVID-19 testing available to you outside of this research study. Please visit the website of your local health department for more information.

How will you protect my private information that you collect in this study?

Whenever possible, a study number, rather than your name, will be used on study records. Your name and other identifying information will not appear when we present or publish the study results.

Certain offices and people other than the researchers may look at study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. Study funders may also look at your study records. Emory will keep any research records we create private to the extent we are required to do so by law. A study number rather than your name will be used on study records wherever possible. Your name and other facts that might point to you will not appear when we present this study or publish its results.

Certificate of Confidentiality

There is a Certificate of Confidentiality from the National Institutes of Health for this Study. The Certificate of Confidentiality helps us to keep others from learning that you participated in this study. Emory will rely on the Certificate of Confidentiality to refuse to give out study information that identifies you. For example, if Emory received a subpoena for study records, it would not give out information that identifies you.

The Certificate of Confidentiality does not stop you or someone else, like a member of your family, from giving out information about your participation in this study. For example, if you let your insurance company know that you are in this study, and you agree to give the insurance company research information, then the investigator cannot use the Certificate to withhold this information. This means you and your family also need to protect your own privacy.

The Certificate does not stop Emory from making the following disclosures about you:

Giving state public health officials information about certain infectious diseases,

Giving law officials information about abuse of a child, elderly person or disabled person.

Giving out information to prevent harm to you or others.

Giving the study sponsor or funders information about the study, including information for an audit or evaluation.

#### Storing and Sharing your Information

De-identified data from this study (data that has been stripped of all information that can identify you) may be placed into public databases where, in addition to having no direct identifiers, researchers will need to sign data use agreements before accessing the data. We will remove or code any personal information that could identify you before your information is shared. This will ensure that, by current scientific standards and known methods, it is extremely unlikely that anyone would be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Your data and specimens from this study may be useful for other research being done by investigators at Emory or elsewhere. To help further science, we may provide your deidentified data and/or specimens to other researchers. If we do, we will not include any information that could identify you. If your data or specimens are labeled with your study ID, we will not allow the other investigators to link that ID to your identifiable information.

We will use your sample and data only for research. We will not sell them. However, the results of this research might someday lead to the development of products (such as a commercial cell line, a medical or genetic test, a drug, or other commercial product) that could be sold by a company. You will not receive money from the sale of any such product.

#### Costs

There will be no costs to you for participating in this study. You will not be charged for any of the research activities.

#### Withdrawal from the Study

You have the right to leave a study at any time without penalty.

The researchers also have the right to stop your participation in this study without your consent for any reason, especially if they believe it is in your best interest or if you were to object to any future changes that may be made in the study plan.

#### Contact Information

If you have general questions about the study, please contact 855-263-0442. Contact Mariah Valentine-Graves, Study Coordinator at covidvu@emory.edu, or Principal investigator Aaron Siegler at 404-712-9733:

if you have any questions about this study or your part in it,

if you have questions, concerns or complaints about the research

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:

\*Denotes questions that are required of all respondents.

if you have questions about your rights as a research participant.

if you have questions, concerns or complaints about the research.

You may also let the IRB know about your experience as a research participant through our Research Participant Survey at <http://www.surveymonkey.com/s/6ZDMW75>.

**If you agree to voluntarily participate in this study, please select the appropriate response.** You may print a copy of this consent form for your own records.\*

☐ I agree to participate in this research study

*If respondent agrees to participate, redirect to Baseline survey.*

☐ I do NOT agree to participate in this research study

*The following will display if respondent does not agree to participate:*

THANK YOU!

Thank you for taking our questionnaire. Your response is very important to us.

For more information about Coronavirus and how to protect yourself, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

**PLEASE NOTE:** If you choose NOT to consent your survey will end. You will not be able to participate in the study. You will not receive an incentive and we will be unable to process your COVID-19 test results even if the kit is returned to the lab.



## BASELINE SURVEY

### KIDS FILTER

*This page will show when survey taker is younger than 18 years of age. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

**3. Are you a parent or guardian answering this survey on behalf of your child?**

- a. Yes
- b. No

*The following will show if the survey taker responds 'Yes':*

The questions in this survey will refer to "you or your", however, please respond for the child you are taking this survey for and not yourself.

### DEMOGRAPHICS: AGE, RACE, SEX, MARITAL STATUS

**4. What is your sex?\***

- a. Male
- b. Female
- c. Prefer not to answer

**5. What is your current gender identity?**

- a. Male
- b. Female
- c. Transgender female/Trans woman
- d. Transgender male/Trans man
- e. Genderqueer

f. Other (please specify):

**6. Are you of Hispanic, Latino, or Spanish origin?\***

- a. No, not Hispanic, Latino, or Spanish origin
- b. Yes, Mexican, Mexican American, Chicano
- c. Yes, Puerto Rican
- d. Yes, Cuban

\*Denotes questions that are required of all respondents.

- e. Yes, another Hispanic Latino, or Spanish origin: \*
- f. Prefer not to answer

**7. What is your race? Select all that apply.\***

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Some other race:  \*
- ☐ Prefer not to answer

*The following question will show only if survey taker is older than 18 years of age. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

**8. What is your marital status?**

- a. Now married
- b. Widowed
- c. Divorced
- d. Separated
- e. Never married
- f. Prefer not to answer

**CONTACT INFORMATION**

We will need to be able to get in touch with you for the remainder of the study and make sure you are receiving any test kits, results and gift cards. We will only contact you regarding participation in this study. Your information will be kept private, and you can opt-out of being recontacted at any time.

*The following field will show if the survey taker is a parent or guardian answering the survey on behalf of a child:*

\*Denotes questions that are required of all respondents.

If you are taking this survey on behalf of your child, you may use your contact information.

**9. Please provide us with your contact information.**

Please remember that all information that you provide in this questionnaire will be kept confidential.

First Name\*:

Last Name\*:

*The following field will show if the survey taker is a parent or guardian answering the survey on behalf of a child:*

Name of Parent/Guardian:

**10. Please select the type of phone number(s) you use.\***

- a. Home
- b. Mobile
- c. Both

*The following field will show if survey taker selects 'Mobile' or 'Both' in the previous question.*

**11. Mobile Phone Number** (no dashes, XXXXXXXXXX):

*The following field will show if survey taker selects 'Home' or 'Both' in the previous question.*

**12. Home Phone Number** (no dashes, XXXXXXXXXX)\*:

**13. Address\*:**

Address 2:

City\*:

State\*  [Drop-down list of 50 states]

\*Denotes questions that are required of all respondents.

Zip Code\*:

**14. If Emory staff need to contact you for any reason during the study, what language do you prefer to be contacted in?\***

- a. English
- b. Spanish

**15. What's the best way to reach you?\***

- a. Phone
- b. Email
- c. Text

The best way for us to get a gift card to you after you complete the study is by email.

**16. Do you have an email address we can use to send your electronic gift card?**

Note that if you do not provide an email address, we will need to send your gift card by mail. This mail out process may take a minimum of 4 weeks. If you provide an email address here, electronic gift cards will be sent automatically once the system receives both your survey and your test kit, and you will be able to select from our available list of merchants.\*

- a. Yes
- b. No

*The following field will show if survey taker has an email address.*

**17. Email Address\***

## GIFT CARDS

*This page will show if the survey taker does not have an email address.*

Once you complete this survey and your test kit is returned to the lab, we will mail a gift card to the home address you provided. As a reminder, it may take a minimum of 4 weeks to receive your gift card by mail.

**18. Please let us know which type of gift card you prefer by choosing from the list below.\***

\*Denotes questions that are required of all respondents.

- a. Walmart
- b. Amazon
- c. Target
- d. Starbucks
- e. Home Depot
- f. Nike
- g. Sephora
- h. Nordstrom

*This page will show when survey taker is 14 years of age or older. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

#### DEMOGRAPHICS: EDUCATION/JOB

**19. What is the highest degree or level of school you have completed?** If currently enrolled, mark the previous grade or highest degree received.\*

- a. Less than high school
- b. High school/GED
- c. Some college
- d. Associate's degree (for example: AA, AS)
- e. Bachelor's degree (for example: BA, BS)
- f. Master's degree or higher
- g. Prefer not to answer

**20. Which best describes your current employment status?**

- a. Employed for wages full-time
- b. Employed for wages part-time
- c. Self-employed
- d. A homemaker → Skip to Question 24
- e. A student → Skip to Question 24
- f. Retired → Skip to Question 24
- g. Not employed → Skip to Question 24
- h. Unable to work (disabled) → Skip to Question 24
- i. Prefer not to answer → Skip to Question 24

**21. Which of these best describes your job?**

- a. Agriculture, Forestry, Fishing and Hunting

\*Denotes questions that are required of all respondents.

- b. Mining, Quarrying, and Oil and Gas Extraction
- c. Utilities
- d. Construction
- e. Manufacturing
- f. Wholesale Trade
- g. Retail Trade
- h. Transportation and Warehousing
- i. Information
- j. Finance and Insurance
- k. Real Estate and Rental and Leasing
- l. Professional, Scientific, and Technical Services
- m. Management of Companies and Enterprises
- n. Administrative and Support and Waste Management and Remediation Services
- o. Educational Services
- p. Health Care and Social Assistance
- q. Arts, Entertainment, and Recreation
- r. Accommodation and Food Services
- s. Other Services (except Public Administration)
- t. Public Administration
- u. Other

**22. Does your job currently require you to leave your home?**

- a. Yes
- b. No → Skip to Question 24

**23. For your job, do you currently work:**

- a. Completely indoors
- b. Sometimes indoors and sometimes outdoors
- c. Completely outdoors

*This page will show when survey taker is 18 years of age or older. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

**DEMOGRAPHICS: INCOME/HOME**

**24. What was your household income from all sources before taxes in the past 12 months?\***

\*Denotes questions that are required of all respondents.

- a. \$0 to \$9,999
- b. \$10,000 to \$24,999
- c. \$25,000 to \$49,999
- d. \$50,000 to \$74,999
- e. \$75,000 to \$99,999
- f. \$100,000 to \$149,999
- g. \$150,000 to \$199,999
- h. \$200,000 or higher
- i. Prefer not to answer

**25. What type of home do you live in?\***

- a. House or condominium
- b. Apartment
- c. Mobile home
- d. Other:  \* → Skip to Question 27
- e. Prefer not to answer → Skip to Question 27

*The following question will show if the survey taker lives in a 'House or condominium,' 'Apartment,' or 'Mobile home.'*

**26. Is this house, apartment or mobile home...\***

- a. Owned by you or someone in the household with a mortgage or loan? (Include home equity loans)
- b. Owned by you or someone in this household free and clear (without a mortgage or loan)?
- c. Rented
- d. Occupied without payment of rent
- e. Prefer not to answer

*This page will show when survey taker is 18 years of age or older.*

**ECONOMIC INSECURITY**

**As a result from COVID-19:**

**27. Were you laid off or furloughed from your job?**

- a. Yes
- b. No

\*Denotes questions that are required of all respondents.

- c. Not applicable, I was not working prior to COVID-19

**28. Were your hours reduced?**

- a. Yes
- b. No
- c. Not applicable, I was not working prior to COVID-19

**29. Has the amount of time spent working declined?**

- a. Yes
- b. No
- c. Not applicable, I was not working prior to COVID-19

**30. Has your family income changed?**

- a. Yes, it increased
- b. Yes, it decreased
- c. No

**31. Have you filed for unemployment benefits?**

- a. Yes
- b. No
- c. Not applicable, my country/region does not have unemployment benefit

**32. In the past seven days, were you worried you would run out of food because of a lack of money or other resources?**

- a. Yes
- b. No
- c. Unsure

**33. The coronavirus may cause economic challenges for some people regardless of whether they are actually infected. What is the chance you will run out of money because of the coronavirus in the next three months?**

- a. Very likely
- b. Likely
- c. Somewhat likely
- d. Unlikely
- e. Very unlikely

**DEMOGRAPHICS: INSURANCE**

**34. What kind of health insurance or health care coverage do you currently have? Select all that apply.**

- ☐ My parent's health plan



- |   |  |
|---|--|
| <input type="checkbox"/> A private health plan purchased through an employer                  | <input type="checkbox"/> TRICARE (CHAMPUS)                           |
| <input type="checkbox"/> A private health plan purchased through an exchange (i.e. Obamacare) | <input type="checkbox"/> Veterans Administration coverage            |
| <input type="checkbox"/> Medicaid or Medicare   | <input type="checkbox"/> Some other health care plan                 |
| <input type="checkbox"/> Some other Medical Assistance program                                | <input type="checkbox"/> I don't currently have any health insurance |
|   | <input type="checkbox"/> Prefer not to answer                        |
|   | <input type="checkbox"/> I don't know                                |

*This page will show when survey taker is 18 years of age or older. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

## COVID-19 TESTING

*The following statement will show if survey taker is a parent or guardian answering the survey on behalf of a child:*

The next set of questions will ask about testing for COVID-19. Please remember to answer these on behalf of your child and not yourself. Please do not include any testing you did for this study.

The next set of questions will ask about testing for COVID -19. Please do not include any testing you did for this study.

### **35. Have you ever been tested for coronavirus (COVID-19)?**

- a. Yes
- b. No → **Skip to Question 45**
- c. Don't know

*This page will show if survey taker has been tested.*

### **36. When were you most recently tested for coronavirus (COVID-19)?**

[Month/ Day/ Year]

**37. When you got tested, what type of sample did they take?** Select all that apply.

☐ Nose swab

☐ Spit

☐ Throat swab

☐ Blood

*The following question will show if survey taker had a nose swab sample taken.*

**38. What was the result of your most recent nose swab test?**

- a. Positive → Skip to Question 47
- b. Negative
- c. I don't know

*The following question will show if survey taker had a throat swab sample taken.*

**39. What was the result of your most recent throat swab test?**

- a. Positive → Skip to Question 47
- b. Negative
- c. I don't know

*The following question will show if survey taker had a spit sample taken.*

**40. What was the result of your most recent spit test?**

- a. Positive → Skip to Question 47
- b. Negative
- c. I don't know

*The following question will show if survey taker had a blood sample taken.*

**41. What was the result of your most recent blood test?**

- a. Positive → Skip to Question 47
- b. Negative
- c. I don't know

*The following question will show if survey taker had a blood sample taken.*

**42. Do you know what type of blood test you had?**

- a. Antibody
- b. Antigen
- c. Both
- d. Not sure

*The following question will show if survey taker has been tested for coronavirus (COVID-19)*

**43. Where did you get tested? Select all that apply.**

- a. Lab or clinic
- b. Home test kit
- c. Drive through testing site
- d. Other:  \*

*The following question will show if survey taker has been tested for coronavirus (COVID-19)*

**44. What was the main reason you chose to get tested?**

- a. I had symptoms of COVID-19
- b. Someone I know had symptoms of or was diagnosed with COVID-19
- c. My job offered or required me to get tested for COVID-19
- d. I was worried about COVID-19
- e. Other:  \*

## COVID-19 DIAGNOSIS

*The following question will show if survey taker has not received a positive diagnosis before.*

**45. Has a healthcare provider told you that you likely have coronavirus (COVID-19)?**

- a. Yes
- b. No → Skip to Question 47
- c. Don't know

*The following question will show if a healthcare provider has told survey taker they likely have coronavirus.*

**46. When did the provider tell you that you had coronavirus (COVID-19)?**

[Month/ Day/ Year]

*The following question will show if survey taker has received a positive diagnosis*

**47. Have you ever been hospitalized for coronavirus (COVID-19)?**

- a. Yes
- b. No

*This question will show if survey taker is 18 years of age or older. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

**48. At any time did you want to get a coronavirus (COVID-19) test, but you were unable to get tested?**

- a. Yes
- b. No

*This question will show if survey taker is 18 years of age or older. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

**49. Have you been in close proximity with someone who has had a confirmed diagnosis with coronavirus (COVID-19)?**

- a. Yes
- b. No
- c. Don't know

**MEDICAL HISTORY/UNDERLYING CONDITIONS**

We would like to learn more about the reasons coronavirus (COVID-19) is affecting so many people in different ways. The next few questions are about your general health. Your answers will remain private.

**50. About how tall are you without shoes?**

feet

inches

**51. About how much do you weigh in pounds? It's okay if you don't know the exact number, just give us your best guess.**

*The following question will show if survey taker is not a parent or guardian answering this survey on behalf of their child.*

**52. Do you currently smoke (i.e., cigarettes, marijuana, e-cigarettes, vaping, etc.) every day, some days, or not at all?**

- a. Every day
- b. Some days
- c. Not at all
- d. Don't know

**53. Do you currently have any of the following medical issues? Select all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes (Type 1 or Type 2)                    | <input type="checkbox"/> Prior organ or bone marrow transplant                              |
| <input type="checkbox"/> Heart Condition                                | <input type="checkbox"/> Autoimmune disorder (such as lupus or rheumatoid arthritis)        |
| <input type="checkbox"/> Chronic lung disease (asthma, COPD, emphysema) | <input type="checkbox"/> Taking steroid pills or medications that weaken your immune system |
| <input type="checkbox"/> Allergic rhinitis including seasonal allergies | <input type="checkbox"/> Pregnant or gave birth within the last two weeks                   |
| <input type="checkbox"/> Hypertension                                   | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Chronic kidney disease requiring dialysis      | <input type="checkbox"/> Other condition affecting your immune system                       |
| <input type="checkbox"/> Chronic liver disease or cirrhosis             | <input type="checkbox"/> None   |
| <input type="checkbox"/> Active cancer (not in remission)               |   |

**54. What is your blood type?**

- a. A
- b. B
- c. AB
- d. O
- e. I don't know

## SYMPTOMS - JANUARY

**55. Have you had any cold or flu like symptoms since January 1st?\***

- a. Yes
- b. No

**56. Have you experienced any of the following since January 1st?\***

	<b>Yes</b>	<b>No (Note: If all answers are 'No' → Skip to Question 58)</b>	<b>I don't know</b>
Cough			
Itchy Eyes			
Shortness of breath or difficulty breathing			
Runny/Stuffy nose			
Fever			
Headache			
Chills			
Diarrhea			
Muscle pain			
Sore throat			
Vomiting			
Nausea			

\*Denotes questions that are required of all respondents.

New loss of taste or smell			
----------------------------	--	--	--

*This page will show if any of the symptoms in the previous question were selected.*

### SYMPTOMS - SEVERITY (JANUARY)

**57. On the worst day that you had symptom(s), since January 1st, how much did you have the symptom(s)?\***

	A little bit	Somewhat	Quite a bit	A lot
Cough				
Itchy Eyes				
Shortness of breath or difficulty breathing				
Runny/Stuffy nose				
Fever				
Headache				
Chills				
Diarrhea				
Muscle pain				
Sore throat				

\*Denotes questions that are required of all respondents.

Vomiting				
Nausea				
New loss of taste or smell				

*This page will show if any of the symptoms in question 56 were selected.*

#### SYMPTOMS - PAST 30 DAYS

**58. Have you experienced any of the following in the last 30 days?\***

	Yes	No	I don't know
Cough			
Itchy Eyes			
Shortness of breath or difficulty breathing			
Runny/Stuffy nose			
Fever			
Headache			
Chills			

\*Denotes questions that are required of all respondents.



Diarrhea			
Muscle pain			
Sore throat			
Vomiting			
Nausea			
New loss of taste or smell			

*This page will show if any of the symptoms in the previous question were selected.*

#### SYMPTOMS - SEVERITY (30 DAYS)

**59. On the worst day that you had symptom(s), in the past 30 days, how much did you have the symptom(s)?\***

	A little bit	Somewhat	Quite a bit	A lot
Cough				
Itchy Eyes				
Shortness of breath or difficulty breathing				
Runny/Stuffy nose				

\*Denotes questions that are required of all respondents.

Fever				
Headache				
Chills				
Diarrhea				
Muscle pain				
Sore throat				
Vomiting				
Nausea				
New loss of taste or smell				

## SYMPTOMS - LIKELY

**Please rate, in your opinion, the following questions:**

**60. How likely is it that you had coronavirus (COVID-19) at any time?**

- a. Very unlikely
- b. Unlikely
- c. Somewhat likely
- d. Likely
- e. Very likely

**61. How likely is it that anyone else in your household has had coronavirus (COVID-19) at any time in the last few months?**

- a. Very unlikely
- b. Unlikely
- c. Somewhat likely

- d. Likely
- e. Very likely

**62. How likely do you think it is that you have coronavirus (COVID-19) right now?**

- a. Very unlikely
- b. Unlikely
- c. Somewhat likely
- d. Likely
- e. Very likely

*This page will show if survey taker is 18 years of age or older. Note that only participants age 18+ are eligible for the study, but the survey is set up to accommodate children age 3-17 for the additional household sample selection.*

## SOCIAL DISTANCING

The next few questions ask you about your behaviors and interactions with others during COVID-19.

**63. How often are you trying to keep at least 6 feet between you and other people you don't live with to avoid spreading illness?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

**64. In the last month, how often have you gone out to grocery stores, pharmacies, or visiting other essential service providers?**

- a. Daily
- b. Several times a week
- c. Once a week
- d. Once every two - three weeks
- e. Monthly or less often
- f. Never

**65. In the last month, how often have you gone out to bars, dining at restaurants, exercising at gyms or other non-essential venues?**

- a. Daily
- b. Several times a week

- c. Once a week
- d. Once every two - three weeks
- e. Monthly or less often
- f. Never

**66. When you go out, do you wear a face mask?**

- a. Always (100%)
- b. Often (70 - 99%)
- c. Sometimes (31 - 69%)
- d. Rarely (1 - 30%)
- e. Never (0%)

**67. In the last month, how often have you used public transportation (bus/train) or car service (taxi/Uber/Lyft/other rideshare)?**

- a. 0 times
- b. 1 - 2 times
- c. 3 - 5 times
- d. 6 - 10 times
- e. More than 10 times

**68. Estimate how many times you washed your hands with soap and water**

yesterday.

**69. Estimate how many times you used hand sanitizer on your hands**

yesterday.

**SOCIAL DISTANCING - PHYSICAL CONTACT**

Now, think back to yesterday from the time you woke up until you went to bed.

**70. Have you had physical contact (a touch, such as a handshake, fist bump, hug, or kiss) with any people in the following age groups?** This includes all people, whether household members or strangers. This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess. Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> 0 to 4 years   | <input type="checkbox"/> 20 to 39 years |
| <input type="checkbox"/> 5 to 9 years   | <input type="checkbox"/> 40 to 59 years |
| <input type="checkbox"/> 10 to 19 years | <input type="checkbox"/> 60 to 69 years |

☐ 70 years or older

☐ None of the above → **Skip to  
Question 72**

Again, thinking back to yesterday from the time you woke up until you went to bed, enter how many people aged (fill in relevant column) you had physical contact with

Please enter a number in each box. If you didn't contact anyone in that age and place enter 0.

*The following question will show if survey taker did have physical contact with one or more people and the answer options will show according to their answer(s) to the previous question.*

**71. Have you had physical contact (a touch, such as a handshake, fist bump, hug, or kiss) with any people in the following age groups? This includes all people, whether household members or strangers. This does not include people you accidentally touched on the bus or in a store, for example. If you don't know the person's age group, just guess.**

	Home	Work	School	Other place
<b>0 to 4 years:</b>				
<b>5 to 9 years:</b>				
<b>10 to 19 years:</b>				
<b>20 to 39 years:</b>				
<b>40 to 59 years:</b>				
<b>60 to 69 years:</b>				
<b>70 years or older:</b>				

## SOCIAL DISTANCING: NON-PHYSICAL CONTACT

Again, think back to yesterday from the time you woke up until you went to bed.

**72. Not including the people you just told us about, have you had non-physical contact (a conversation where you were within about 6 feet of each other and exchanged three or more words but where you did not touch) with any people in the following age groups?** If you don't know the person's age group, just guess. Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> 0 to 4 years   | <input type="checkbox"/> 40 to 59 years                                 |
| <input type="checkbox"/> 5 to 9 years   | <input type="checkbox"/> 60 to 69 years                                 |
| <input type="checkbox"/> 10 to 19 years | <input type="checkbox"/> 70 years or older                              |
| <input type="checkbox"/> 20 to 39 years | <input type="checkbox"/> None of the above → <b>Skip to Question 74</b> |

*The following question will show if survey taker did have non-physical contact with one or more people and the answer options will show according to their answer(s) to the previous question.*

**73. Again, thinking back to yesterday from the time you woke up until you went to bed, enter how many people aged (fill in relevant column) you had non-physical contact with. Please enter a number in each box. If you didn't contact anyone in that age and place enter 0.**

	Home	Work	School	Other place
<b>0 to 4 years:</b>				
<b>5 to 9 years:</b>				
<b>10 to 19 years:</b>				
<b>20 to 39 years:</b>				

<b>40 to 59 years:</b>				
<b>60 to 69 years:</b>				
<b>70 years or older:</b>				

## COVID-19 LIFE CHANGES

**74. How likely are you to get vaccinated for coronavirus once a vaccination is available to the public?**

- a. Very unlikely
- b. Somewhat unlikely
- c. Somewhat likely
- d. Very likely
- e. Unsure

*The following section will show if survey taker is not a parent or guardian answering this survey on behalf of their child.*

## STIGMA

**75. I would be hesitant to be near persons who have had COVID-19 disease in the past, even after they recovered and completed the appropriate quarantine period.**

- a. Strongly Agree
- b. Agree
- c. Undecided
- d. Disagree
- e. Strongly Disagree

**76. I would be hesitant to be near the family members of persons who have had COVID-19 disease after their quarantine period.**

- a. Strongly Agree
- b. Agree

- c. Undecided
- d. Disagree
- e. Strongly Disagree

*The following section will show if survey taker is not a parent or guardian answering this survey on behalf of their child.*

## KNOWLEDGE

### 77. Is the following statement true or false?

Consistently wearing a face mask will provide me with 95% or better protection from getting infected with the new coronavirus. A “face mask” is a mask that is made at home or readily available to the public, not used in a medical setting.

- a. True
- b. False

### 78. Is the following statement true or false?

It is not necessary for children and young adults to take measures to prevent the infection by the COVID-19 virus.

- a. True
- b. False

### 79. Which of these are NOT a symptom of COVID-19 disease? Select all that apply.

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Fever      | <input type="checkbox"/> Change of smell/taste                         |
| <input type="checkbox"/> Cough      | <input type="checkbox"/> Sneezing                                      |
| <input type="checkbox"/> Runny Nose | <input type="checkbox"/> All of these are symptoms of COVID-19 disease |
| <input type="checkbox"/> Chills     |  |

### 80. COVID-19 transmission can occur through which of the following? Check all that apply.

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Air | <input type="checkbox"/> Touching surfaces |
|------------------------------|--|



☐ Contact with bodily waste☐ None of these

## THANK YOU!

Thank you for completing our questionnaire. Now you are ready to complete and mail back your test kit. Your e-gift card will be processed after your kit arrives back at the lab.

To receive your test results, you must also register your test kit with the lab.

To register, please visit [covidvu.moleculartestinglabs.com](https://covidvu.moleculartestinglabs.com). You will need to enter your unique Registration ID and Kit Barcode to complete the registration. These codes can be found on the first page of your printed instruction guide inside your test kit. You will receive an email from the lab when your results are ready.

If you have problems registering your kit, please go ahead and send your completed test kit back, and email us at [covidvu@emory.edu](mailto:covidvu@emory.edu) so we can assist with any registration issues while the kit is being processed.

For more information about Coronavirus and how to protect yourself, please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.