

**COVID Symptom Survey Variable Categories (Wave 7)**

**Symptoms (forecast):**

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

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

A5) How many people, including you, are currently staying in your household?

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)?

**Symptoms (non-forecast):**

B2) In the past 24 hours, have you personally experienced any of the following symptoms?

B2c) Which symptoms are new or unusual for you?

B2b) For how many days have you had at least one new or unusual symptom?

B7) Have you sought medical care for your recent unusual symptoms?

B8) Have you ever been tested for coronavirus (COVID-19)?

B10) Have you been tested for coronavirus (COVID-19) in the last 14 days?

B10a) Did this test find that you had coronavirus (COVID-19)?

B10b) Do any of the following reasons describe why you were tested for coronavirus (COVID-19) in the last 14 days?

B12) Have you wanted to be tested for coronavirus (COVID-19) at any time in the last 14 days?

B12a) Do any of the following reasons describe why you haven't been tested for coronavirus (COVID-19) in the last 14 days?

B11 Have you ever tested positive for coronavirus (COVID-19)?

**COVID vaccination:**

V1) Have you had a COVID-19 vaccination?

V2) How many COVID-19 vaccinations have you received?

V3) If a vaccine to prevent COVID-19 were offered to you today, would you choose to get Vaccinated?

V4a) Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following:

V9) How concerned are you that you would experience a side effect from a COVID-19 vaccination?

**Contact and Risks Factors:**

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

C13) In the last 24 hours, have you done any of the following?

C13a) During which activities in the past 24 hours did you wear a mask?

C10) In the past 24 hours, with how many people have you had direct contact, outside of your household?

C14) In the past 5 days, how often did you wear a mask when in public?

C16) In the past 7 days, when out in public places where social distancing is not possible, about how many people would you estimate wore masks?

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

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

C11) In the past 24 hours, have you had direct contact with anyone who recently tested positive

for COVID-19 (coronavirus)?

C12) Was this person a member of your household?

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

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

C15) How worried are you about your household's finances for the next month?

C17) Have you gotten a seasonal flu vaccine since June 2020?

E1) Are there any children in your household in any of the following grades?

E2) Do any of the following apply to any children in your household (pre-K–grade 12)?

E3) Do any of the following measures apply to children in your household when they attend in person classes (pre-K–grade 12)?

**Demographics:**

A3b) In which state are you currently staying?

D1) What is your gender?

D2) What is your age?

D6) Are you of Hispanic, Latino, or Spanish origin?

D7) What is your race?

D8) What is the highest degree or level of school you have completed?

D9) In the past 4 weeks, did you do any kind of work for pay?

D10) Was any of your work for pay in the last four weeks outside your home?

Q64) Please select the occupational group that best fits the main kind of work you were doing in the last four weeks.