

PandemicPulse

Welcome to the PandemicPulse Survey

The Johns Hopkins Bloomberg School of Public Health is conducting research about how the COVID-19 pandemic has impacted people's lives. We are asking you to complete a 5-7 minute survey. Responding to this survey request is voluntary; it is your choice. If you complete and submit this survey, we will know that you consent to participate in this study. You may choose not to answer any question that we ask. Your individual responses will not be shared, but we will share grouped results. Thank you for considering participation in our study.

If you have any questions, you may contact us at covidpulse@jh.edu

Click 'NEXT' if you would like to take the survey.

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Welcome to the PandemicPulse Survey

1. By clicking 'Yes' I consent to participate.

☐ Yes

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We would first like you to provide some information about yourself.

2. What is your **age**?

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3. What is your **gender**?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Other (specify)

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4. Are you currently **pregnant**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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5. What is the **5 digit zip code** where you **currently live**? (enter 5-digit ZIP code; for example, 00544 or 94305).

6. What is your **race/ethnicity**? (Please select all that apply.)

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ White / Caucasian
- ☐ Prefer not to say
- ☐ Other (please specify)

7. What is the **primary race/ethnicity** you identify with?

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ White/Caucasian
- ☐ Prefer not to say
- ☐ Other

8. How many people currently **live in your household**, including yourself?

9. What is the **highest level of school** you have completed or the highest degree you have received?

- ☐ Less than high school degree
- ☐ High school degree or equivalent (e.g., GED)
- ☐ Some college but no degree
- ☐ Associate degree
- ☐ Bachelor degree
- ☐ Graduate degree
- ☐ Prefer not to say

10. Is your employer currently **requiring you to work outside the home**?

- ☐ Yes
- ☐ No
- ☐ Unemployed
- ☐ Retired
- ☐ Prefer not to say

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I would like to ask you some questions about things you have done in the past 2 weeks.

11. In the past 2 weeks, how often did you use **public transportation** (e.g., buses, metro, subway)?

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Don't Remember
- ☐ Prefer not to say

12. In the past 2 weeks, how often did you **visit with** friends, neighbors or relatives **at your home or theirs**?

- ☐ Never
- ☐ Once or Twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Don't Remember
- ☐ Prefer not to say

13. In the past 2 weeks, how often did you go to a **grocery store or pharmacy**?

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Don't Remember
- ☐ Prefer not to say

14. In the past 2 weeks, how often did you go to **another type of store, bar, restaurant, salon or other indoor place** where people may gather?

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Don't Remember
- ☐ Prefer not to say

15. In the past 2 weeks, how often did you go to a **place of worship** (ex. church, mosque, temple)?

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Don't Remember
- ☐ Prefer not to say

16. In the past 2 weeks, how often did you go to a **beach, pool or some other outdoor place** where people gather outside?

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Don't Remember
- ☐ Prefer not to say

17. In the past 2 weeks, how often did you go to a **gathering outside of your home** where there were **more than 10 people**?

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Don't Remember
- ☐ Prefer not to say

18. In the past 2 weeks, how often did you go to a **gathering outside of your home** where there were **more than 100 people**?

- ☐ Never
- ☐ Once or Twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Don't Remember
- ☐ Prefer not to say

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19. In the past 2 weeks, thinking about all of the **indoor activities** you participated in, **how often did you practice social distancing**?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Don't Know/Unsure
- ☐ Prefer not to say

20. In the past 2 weeks, thinking about all of the different things you did **indoors**, how many non-household members did you spend time with in close contact (e.g. less than 6 feet between you)?

21. In the past 2 weeks, thinking about all of the **indoor activities** you participated in, **how often did you wear a mask**?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Don't Know/Unsure
- ☐ Prefer not to say

22. What type of mask did you most often wear when you left your home?

- ☐ N95
- ☐ Surgical
- ☐ Cloth
- ☐ Scarf or some other face covering
- ☐ Prefer not to say

23. In the past 2 weeks, thinking about all of the **outdoor activities** you participated in, **how often did you practice social distancing?**

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Don't Know/Unsure
- ☐ Prefer not to say

24. In the past 2 weeks, thinking about all of the different things you did **outdoors**, how many non-household members did you spend time with in close contact (e.g. less than 6 feet between you)?

25. In the past 2 weeks, thinking about all of the **outdoor activities** you participated in, **how often did you wear a mask?**

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Don't Know/Unsure
- ☐ Prefer not to say

The next few questions are about things you might have done to protect yourself and your family from **COVID-19 in the past 2 weeks.**

26. In the past 2 weeks, how often did you **wash your hands/use hand sanitizer** upon/before entering your home?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Prefer not to say

27. In the past 2 weeks, how often did you wash your hands/use hand sanitizer **after touching something that was delivered** to your house (e.g., packages, mail, take out containers)?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Prefer not to say

28. In the past 2 weeks, how often did you **wipe down or sanitize groceries** before bringing them into your home?

- ☐ Never
- ☐ Sometimes
- ☐ Always
- ☐ Prefer not to say

29. In the past 2 weeks, how often did you **wipe down** frequently touched surfaces in your home?

- ☐ Never
- ☐ At least once a week
- ☐ Once a day
- ☐ More than once a day
- ☐ Prefer not to say

30. In the past 2 weeks, have you **avoided** going to any healthcare provider?

- ☐ Yes
- ☐ No
- ☐ Didn't need to go
- ☐ Prefer not to say

31. In the past 2 weeks, have you **missed taking medications** because you didn't want to leave your house?

- ☐ Yes
- ☐ No
- ☐ Didn't need to refill medications
- ☐ Prefer not to say

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The next few questions are about your experiences with COVID-19 in the past 2 weeks

32. In the past 2 weeks, have you had **symptoms of COVID-19** (such as fever, cough, chills, shortness of breath, body aches, loss of smell)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

33. In the past 2 weeks, do you feel like you were **exposed to COVID-19**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

34. In the past 2 weeks, have you **wanted or needed** to get a test for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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35. In the past 2 weeks, were you able to get tested for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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36. **How long** did you wait from the time you needed / wanted a COVID-19 test to the time you got one?

- ☐ Same day
- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-7 days
- ☐ More than 1 week
- ☐ Prefer not to say

37. **How long** did it take you to get your COVID-19 test results?

- ☐ Same day
- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-7 days
- ☐ More than 1 week
- ☐ Didn't receive test results
- ☐ Prefer not to say

38. While you waited for your COVID-19 test results, did you stay in **isolation or quarantine**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

39. Have you tested **positive** for COVID-19 in the past 2 weeks?

- ☐ Yes
- ☐ No
- ☐ Didn't receive results
- ☐ Prefer not to say

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40. Were you **hospitalized** after your COVID-19 positive test?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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41. When you received your test results, **were you provided with instructions** on what to do next (e.g., isolate, visit a hospital, ask your contacts to get tested)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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I would like to ask you some questions about your experience with antibody testing for COVID-19 in the past 2 weeks

42. In the past 2 weeks, have you been tested for **COVID-19 antibodies**?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

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43. Was your COVID-19 **antibody test** positive?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to say

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44. In the past 2 weeks, did you want to get tested for **COVID-19 antibodies**?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to say

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45. If **COVID-19 antibody testing** were freely available, where would you want to get tested?

- ☐ At home
- ☐ At healthcare provider
- ☐ Drive-thru testing location
- ☐ Pharmacy
- ☐ Don't Know
- ☐ Prefer not to say

46. Do you think people should be **checked for COVID-19 antibodies (prior infection)** prior to doing the following:

	Yes	No	Unsure	Prefer not to say
Domestic travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Return to work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going back to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admission into large venues (movie theaters, sporting events, casinos, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending large gatherings of more than 100 people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The next few questions are about vaccines for COVID-19.

47. Do you think a safe and effective vaccine for COVID-19 **already exists**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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48. When do you think a safe and effective vaccine for COVID-19 will be **made available to the public**?

- ☐ Within 6 months
- ☐ More than 6 months from now but within 12 months
- ☐ More than 12 month from now but within 18 months
- ☐ More than 18 months from now but within 2 years
- ☐ More than 2 years from now
- ☐ Vaccine will not be available
- ☐ Don't know
- ☐ Prefer not to say

49. How willing would you be to participate in a clinical trial for an **experimental COVID-19 vaccine**?

- ☐ Extremely willing
- ☐ Willing
- ☐ Not willing
- ☐ Extremely not willing
- ☐ Prefer not to say

50. **How willing** would you be to get a COVID-19 vaccine as soon as it is made available to the public?

- ☐ Extremely willing
- ☐ Willing
- ☐ Not willing
- ☐ Extremely not willing
- ☐ Prefer not to say

51. Did you receive the **flu vaccine** this year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

52. How likely are you to receive the **flu vaccine** next year?

- ☐ Extremely likely
- ☐ Likely
- ☐ Not likely
- ☐ Extremely not likely
- ☐ Prefer not to say

53. If we had a limited number of vaccine doses for COVID-19, who do you think should get it **first**?

- ☐ Elderly
- ☐ First responders
- ☐ Other essential workers
- ☐ People who can pay for it
- ☐ Government officials
- ☐ First come, first served
- ☐ Children
- ☐ Don't Know
- ☐ Prefer not to say

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The next few questions are about treatments for COVID-19.

54. Do you know of any medications that are **currently approved for the treatment** of COVID-19?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to say

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55. Which of these has been **approved for treatment** of COVID-19

- ☐ Hydroxychloroquine/plaquenil
- ☐ Remdesivir
- ☐ Plasma Transfusions
- ☐ Steroids/Dexamethasone
- ☐ Homeopathic / Natural
- ☐ Prefer not to say
- ☐ Other (please specify)

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56. When do you think we will have a **safe and effective treatment** for COVID-19?

- ☐ Within 6 months
- ☐ More than 6 months from now but within 12 months
- ☐ More than 12 months from now but within 18 months
- ☐ More than 18 months from now but within 24 months
- ☐ More than 2 years from now
- ☐ Treatment will not be available
- ☐ Prefer not to say

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57. If you were sick with COVID-19, which of the following **treatments** would you want to be given?

- ☐ Hydroxychloroquine/plaquenil
- ☐ Remdesivir
- ☐ Plasma Transfusions
- ☐ Steroids/Dexamethasone
- ☐ Homeopathic / Natural
- ☐ None of the above
- ☐ Don't know
- ☐ Prefer not to say
- ☐ Other (please specify)

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58. If we only had **limited COVID-19 treatment doses**, who should get treated first?

- ☐ Sickest patients
- ☐ Health Care Workers
- ☐ Elderly
- ☐ Essential workers
- ☐ People with health insurance
- ☐ Government officials
- ☐ First come, first served
- ☐ Don't Know
- ☐ Prefer not to say

59. If you were diagnosed with COVID-19, would you be willing to be enrolled in an **experimental treatment trial**?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

60. Do you agree with this statement?:

"Physicians should try treatments for COVID-19 that might work, **even if they have not been proven** to be safe and effective in trials"

- ☐ Agree
- ☐ Disagree
- ☐ Prefer not to say

61. If you were diagnosed with COVID-19, would you be **willing to take a treatment** even if it has not been proven as safe and effective for COVID-19 by the FDA?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

62. Have you **started taking** any medication or supplement that you believe will protect you from COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

63. If you were exposed to someone diagnosed with COVID-19, would you be willing to be enrolled in an experimental trial to test a treatment that might **prevent you from getting COVID-19**?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Prefer not to say

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The next few questions are about things that you think might happen as a result of the COVID-19 pandemic **in the next 3 months**

64. Have you ever **tested positive** for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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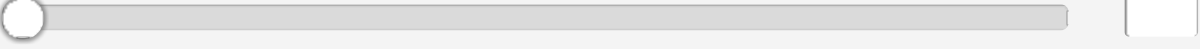
65. **On a scale of 0 to 100 percent**, what do you believe is the chance that you will get COVID-19 in the next three months? If you're not sure, please give your best guess.

0% 100%



66. **On a scale of 0 to 100 percent**, if you do get COVID-19, what do you believe is the percent chance you will die from it? If you're not sure, please give your best guess.

0% 100%



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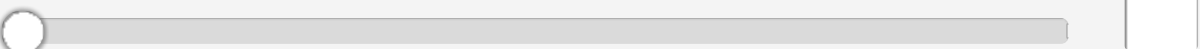
67. Have you **lost your job** due to COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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68. COVID-19 may cause economic challenges for some people regardless of whether they are actually infected. **On a scale of 0 to 100 percent**, what is the percent chance that **you will lose your job** because of COVID-19 within the next three months?

0% 100%



69. COVID-19 may cause economic challenges for some people regardless of whether they are actually infected. **On a scale of 0 to 100 percent**, what is the percent chance **you will run out of money** because of COVID-19 in the next three months?

0%

100%

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The following questions are about activities that you might do in the next week.

70. How **safe or unsafe** do you think the following activities are in terms of your getting COVID-19 or giving it to someone else?

	Extremely Safe	Somewhat Safe	Somewhat Unsafe	Extremely Unsafe	Unsure	Prefer not to say
Going to the grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending a gathering of more than 10 people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending a gathering of more than 100 people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the doctor's office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining outdoors at restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining indoors at restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordering take out from restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to a gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to a salon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

71. How **safe or unsafe** do you think the following activities are in terms of your getting COVID-19 or giving it to someone else?

	Extremely Safe	Somewhat Safe	Somewhat Unsafe	Extremely Unsafe	Unsure	Prefer not to say
Visiting friends or relatives in their home and staying indoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting friends or relatives in their home and staying outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling packages that have been delivered to your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having kids play on playground equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Touching doorknobs, countertops or other surfaces outside of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting elderly relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The last few questions are about your beliefs about COVID-19.

72. Please indicate whether you **agree or disagree** with these statements about COVID-19.

	Agree	Disagree	Unsure	Prefer not to say
People of all ages can get COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who have recovered from COVID-19 can stop social distancing measures and stop using masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can get COVID-19 more than once	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold weather and snow will kill COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pets such as dogs and cats cannot transmit COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking a very hot bath will kill COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a hand dryer on high heat will kill COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73. Please indicate whether you **agree or disagree** with these statements about COVID-19.

	Agree	Disagree	Unsure	Prefer not to say
Spraying alcohol or chlorine all over your body will kill viruses that have entered your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly rinsing the nose with saline has protected people from getting COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotics work on bacteria but not on viruses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Currently, there is no medication that is confirmed to be effective against COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19 was manufactured in a lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A safe and effective COVID-19 vaccine will be available by September	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would like to ask you a couple of more questions before finishing the survey

74. Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent or something else ?

- ☐ Republican
- ☐ Democrat
- ☐ Independent
- ☐ Something else
- ☐ Prefer not to say

75. What is your current annual household income from all sources?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$69,999
- ☐ \$70,000 to \$84,999
- ☐ \$85,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Prefer not to say

76. Are you an MTurk subscriber

- ☐ Yes
- ☐ No, [click here to end survey](#)

77.

- A 5.0% Please enter the following completion code in the MTurk task: tD8qmVwmwd
- B 5.0% Please enter the following completion code in the MTurk task: njAs5ehQrV
- C 5.0% Please enter the following completion code in the MTurk task: Fryuax78b
- D 5.0% Please enter the following completion code in the MTurk task: a3KOFpBfxg
- E 5.0% Please enter the following completion code in the MTurk task: lEjmHaij92
- F 5.0% Please enter the following completion code in the MTurk task: PjoMjxCeFL
- G 5.0% Please enter the following completion code in the MTurk task: PXcrTkKaPQ
- H 5.0% Please enter the following completion code in the MTurk task: XaboOVleyT
- I 5.0% Please enter the following completion code in the MTurk task: 9YYhHMyAKD
- J 5.0% Please enter the following completion code in the MTurk task: 4V21Z8jdll
- K 5.0% Please enter the following completion code in the MTurk task: vsXpWTbKGn
- L 5.0% Please enter the following completion code in the MTurk task: UgtndhKUje
- M 5.0% Please enter the following completion code in the MTurk task: FR3JBh3qw
- N 5.0% Please enter the following completion code in the MTurk task: 0LkVIUb3I7
- O 5.0% Please enter the following completion code in the MTurk task: 8aGIPrn5KA
- P 5.0% Please enter the following completion code in the MTurk task: 7GU3WIKESf
- Q 5.0% Please enter the following completion code in the MTurk task: JagpZVxmWM
- R 5.0% Please enter the following completion code in the MTurk task: pKuRUXiMNY
- S 5.0% Please enter the following completion code in the MTurk task: v5aJFQeYe4
- T 5.0% Please enter the following completion code in the MTurk task: BSNkAgAD8T

☐ Yes, I have entered the code in MTurk