

Pandemic Pulse: Wave 3

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 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

7. How many people currently **live in your household**, including yourself? *I am asking about people who share your kitchen and living space at least 2 days of the week.*

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8. How many individuals in each **age group** live with you? *Enter 0 if none in an age group.*

Age 0-5

Age 6-12

Age 13-18

Age 19-29

Age 30-39

Age 40-65

Age 65+

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9. Please tell me more about each of the **children who live with you**. We want to know about any children in the house regardless of whether they are your children.

	Age of child?	<u>On average</u> , how many days/week is this child attending school/daycare in person?	What type of school does this child attend?	Is this child in a non-school learning pod or nanny share with children outside of your residence?
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. In the past 2 weeks, have any of the children who live with you been cared for by a **nanny, babysitter, family member or anyone else outside of your household**.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

11. In the past 2 weeks, did any of the children who live with you participate in **team sports**?

- ☐ Yes, one child
- ☐ Yes, more than one child
- ☐ No
- ☐ Prefer not to say

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12. In the past 2 weeks, what **types of team sports** did the child/children living with you participate in?

- ☐ Soccer
- ☐ Football
- ☐ Cross-country
- ☐ Lacrosse/Field Hockey
- ☐ Basketball
- ☐ Swimming
- ☐ Baseball/Softball
- ☐ Tennis
- ☐ Other (please specify)

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13. 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

14. Are you currently working **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.

15. 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
- ☐ Prefer not to say

16. 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
- ☐ Prefer not to say

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17. When you visited with friends, neighbors or relatives, did you spend time **outdoors or indoors**?

- ☐ Outdoors
- ☐ Indoors
- ☐ Both outdoors and indoors
- ☐ Prefer not to say

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18. 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
- ☐ Prefer not to say

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

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Prefer not to say

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20. In the past 2 weeks, did you go to a **bar where you sit or stood indoors**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

21. In the past 2 weeks, did you eat **indoors at a restaurant**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

22. In the past 2 weeks, did you work out **indoors at a gym**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

23. In the past 2 weeks, did you go to a **salon/barber shop for a haircut**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

24. In the past 2 weeks, did you go to a salon or spa for any reason *other than a haircut* including **nails, tattoo or some other service**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

25. In the past 2 weeks, did you go to a **movie theatre or a stadium** for an event?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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26. 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
- ☐ Prefer not to say

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27. Did you go to a place of worship for a **religious service**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

28. Did you go to a place of worship for another purpose such as a **meeting, camp or meal**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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29. In the past 2 weeks, how often have you spent time outdoors at a **beach, pool, bar, restaurant or some other outdoor location** where other people gather?

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Prefer not to say

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30. In the past 2 weeks, did you go to a **bar where you sit or stood outdoors**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

31. In the past 2 weeks, did you eat **outdoors at a restaurant**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

32. In the past 2 weeks, did you participate in an **outdoor group fitness activity** (e.g., yoga, Zumba, body pump)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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33. In the past 2 weeks, how often did you go to a **social gathering or event** where there were **more than 10 people**?

- ☐ Never
- ☐ Once or twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Prefer not to say

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34. In the past 2 weeks, how often did you go to a **social gathering or event** where there were **more than 100 people**?

- ☐ Never
- ☐ Once or Twice
- ☐ 3-7 times
- ☐ More than 7 times
- ☐ Prefer not to say

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35. In the past 2 weeks, thinking about all of the times you **interacted with people inside (like at a friend's home, store, gym, restaurant or bar)**, how often did you practice **social distancing** (e.g., maintain 6 foot distance)?

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

36. In the past 2 weeks, thinking about all of the times you **interacted with people inside (like at a friend's home, store, gym, restaurant or bar)**, how many non-household members did you spend **at least 15 minutes with in close contact** (e.g., less than 6 feet between you)?

37. In the past 2 weeks, thinking about all of the times you **interacted with people inside (like at a friend's home, store, gym, restaurant or bar)**, how often did you...

	Never	Sometimes	Always	Not applicable	Prefer not to say
..wear a mask (at <i>indoor</i> locations) according to state/local guidelines ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..wear a mask when you were within 6 feet distance of someone in an <i>indoor</i> space?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..take off your mask when you were visiting <i>inside</i> at someone's home (e.g., to eat or drink)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..take off your mask when you were <i>inside</i> at a bar or restaurant (e.g., to eat or drink)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..go to a gym and take off your mask to work out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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38. In the past 2 weeks, thinking about all of the times you **interacted with people during any outdoor activity (like at a beach, pool, friend's backyard, outdoor bar or restaurant)**, how often did you practice **social distancing (e.g., maintain 6 foot distance)**?

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

39. In the past 2 weeks, thinking about all of the times you **interacted with people during any outdoor activity (like at a beach, pool, friend's backyard, outdoor bar or restaurant)**, how many non-household members did you **spend at least 15 minutes with in close contact** (e.g., less than 6 feet between you)?

40. In the past 2 weeks, thinking about all of the times you **interacted with people outdoors (like at a beach, pool, friend's backyard, outdoor bar or restaurant)**, how often did you...

	Never	Sometimes	Always	Not applicable	Prefer not to say
...wear a mask (at outdoor locations) according to state/local guidelines ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...wear a mask when you were within 6 feet distance of someone in an outdoor space?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...take off your mask when you were visiting <i>outdoors</i> at someone's home (e.g., to eat or drink)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...take off your mask when you were <i>outdoors</i> at a bar or restaurant (e.g., to eat or drink)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...participate in an outdoor fitness class (e.g., yoga, body pump, Zumba) when you weren't wearing a mask ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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41. In the past 2 weeks, **did you travel** for vacation, work or some other purpose?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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42. **Where** did you travel to? Please write the city and state and Country (if outside the US)

CITY

STATE/COUNTRY

43. **How** did you get to your destination?

- ☐ Car
- ☐ RV
- ☐ Train
- ☐ Bus
- ☐ Plane
- ☐ Boat
- ☐ Other
- ☐ Prefer not to say

44. What was the **main reason** that you traveled?

- ☐ Work
- ☐ See family or friends
- ☐ Vacation or Recreation
- ☐ Medical
- ☐ Other
- ☐ Prefer not to say

45. How many **nights** did you stay?

46. Did you travel **alone**?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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47. How many **other people** traveled with you?

48. **Who** traveled with you?

- ☐ People you live with
- ☐ People you don't live with
- ☐ Both people you live with and don't live with
- ☐ Prefer not to say

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The next few questions are about your experiences with COVID-19 since the pandemic began.

49. Have you **ever** thought you had COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

50. Have you **ever wanted or needed** to get tested for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

51. Have you **ever been tested** for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

☐

Yes

☐

No

☐

Prefer not to say

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

53. In the past 2 weeks, have you had **symptoms of COVID-19** (such as fever, cough, chills, body aches, shortness of breath, extreme tiredness, sore throat, loss of smell or taste)?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

55. 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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56. Why did you **not want to get tested** for COVID-19?

- ☐ I had symptoms but I didn't think there was any way I could be infected
- ☐ I had symptoms but I wasn't sure they were COVID-19 symptoms
- ☐ I was exposed to someone with COVID-19 but I didn't have any symptoms myself
- ☐ I didn't want to know whether or not I had COVID-19
- ☐ If I test positive for COVID-19 I would have to stop working
- ☐ I was tested before
- ☐ I was tested before and I didn't like getting the nasal swab
- ☐ I don't believe the testing is accurate
- ☐ I didn't know where to go
- ☐ I didn't have any way to get to a testing site/anyone to take me
- ☐ Other (please specify)

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57. **Why** did you **want or need** to get tested for COVID-19? (**Select all that apply**)

- ☐ You had symptoms
- ☐ Someone else in your home had symptoms
- ☐ Someone else in your home tested positive for COVID-19
- ☐ Someone else you had close contact with had symptoms
- ☐ Someone you had close contact with tested positive for COVID-19
- ☐ You needed to get tested before a medical procedure
- ☐ You wanted to get tested before travel/visiting and elderly relative
- ☐ You were required to get tested for school/work
- ☐ You went to an event/large gathering
- ☐ You were curious and wanted to know your status
- ☐ Other (please specify)

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58. In the past 2 weeks, **did you get tested** for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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59. What is the **main reason** you didn't get tested? (**Select all the apply**)

- ☐ Afraid to get tested
- ☐ Didn't know where to go
- ☐ Testing center too far
- ☐ Couldn't get an order from a doctor to get tested
- ☐ Language barriers
- ☐ Too long of a line to get tested
- ☐ Prefer not to say
- ☐ Other (please specify)

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60. What **type of test** did you get?

- ☐ Swab in your nose
- ☐ Saliva test
- ☐ Blood test
- ☐ Prefer not to say

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

- ☐ Within an hour
- ☐ More than an hour but within the same day
- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-7 days
- ☐ More than 1 week
- ☐ Prefer not to say

62. **How long** did it take you to get your COVID-19 test results after you got tested?

- ☐ Within an hour
- ☐ More than an hour but within the same day
- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6-7 days
- ☐ More than 1 week
- ☐ Didn't receive test results
- ☐ Prefer not to say

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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66. 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. Antibody testing tells you whether you have been infected with COVID-19 in the past even if you are not currently infected, and is usually performed on a sample of your blood.

67. Have you ever been tested for **antibodies to COVID-19**?

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

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68. Have you ever **tested positive** for antibodies to COVID-19?

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

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The next questions are about **COVID-19 antibody testing in the past 2 weeks.**

69. 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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70. Was your COVID-19 **antibody test** positive?

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

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71. 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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72. 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

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The next few questions are about COVID-19 among your household members

73. Has anyone **in your household** (not including yourself) ever tested **positive for COVID-19**?

- ☐ Yes, one other person
- ☐ Yes, more than one person
- ☐ No
- ☐ Not applicable / I live alone
- ☐ Prefer not to say

74. Has anyone **in your household** (not including yourself) tested **positive for COVID-19** in the past 2 weeks?

- ☐ Yes, one other person
- ☐ Yes, more than one person
- ☐ No
- ☐ Not applicable / I live alone
- ☐ Prefer not to say

75. **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%

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

0%

100%

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I have a couple of questions about testing for conditions other than COVID-19

77. Have you **ever been tested** for the following conditions?

	Yes	No	Prefer not to say
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. If screening was available to you **free-of-charge** (with a **single blood draw**) for **common manageable conditions** like diabetes, HIV, hepatitis etc. in combination with COVID-19 testing, *how likely would you be to be tested?*

- ☐ Not at all likely
- ☐ Somewhat likely
- ☐ Likely
- ☐ Very likely
- ☐ Unsure
- ☐ Prefer not to say

79. Did you receive a **flu shot** last year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

80. Do you plan to receive a **flu shot** this year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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

81. 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

82. 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

83. Do you own a smartphone?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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Thank you very much for participating in the Pandemic Pulse Survey!