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Page 1

SurveyMonkey is working with COVID Near You, a joint project of Boston Children's Hospital and Harvard Medical School, to accelerate critical coronavirus research efforts.

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Your contributions will inform public health professionals with real-time insights on the COVID-19 pandemic.

Page 1- Q1

Contribute your health status and help track the COVID-19 pandemic.

In terms of your physical health, how are you feeling today?

This question requires an answer.

- ☐ Great, thanks!
- ☐ Not feeling well [\[Skip to page 8\]](#)

Page 2

Advanced Branching Logic

Q3(In the past 30 days, have you been tested for influenza (flu)?) = C1(Yes)

=> SHOW PAGE P6

Page 2

Glad you are okay!

Please answer a few questions to help us in tracking the progress of COVID-19.

Page 2- Q2

In the past 30 days, have you been tested for COVID-19?

- ☐ Yes [\[Skip to page 3\]](#)
- ☐ No

Page 2- Q3

In the past 30 days, have you been tested for influenza (flu)?

- ☐ Yes
- ☐ No

[\[Page logic: jump to page 6\]](#)

Page 3

Advanced Branching Logic

Q6(What type of medical test did you receive, if any? (please select all that apply)) =
C4(At-home COVID-19 test)

=> SHOW PAGE P4

Page 3- Q4

What were the results of your COVID-19 test?

- ☐ Positive
- ☐ Negative

- I am waiting for results

Page 3- Q5

Why did you get tested? (please select all that apply)

[Sorting: random]

- ☐ I didn't feel well
- ☐ I had some COVID-19 symptoms
- ☐ I had some flu symptoms
- ☐ My doctor suggested it
- ☐ I was tested for flu and they tested for COVID-19 too
- ☐ I was having a surgery that required it
- ☐ I had to get a test for school
- ☐ I had to get a test for work
- ☐ I was concerned I was exposed to COVID-19
- ☐ I wanted to visit family
- ☐ I wanted to travel and got tested prior to doing so
- ☐ I went on vacation (or just traveled) and got tested when I returned
- ☐ I got tested to end my quarantine early

Other (please specify)

Page 3- Q6

What type of medical test did you receive, if any? (please select all that apply)

- ☐ Unsure
- ☐ COVID-19 nose swab
- ☐ Influenza nose swab
- ☐ COVID-19 spit test
- ☐ At-home COVID-19 test
- ☐ Other

Page 4

Advanced Branching Logic

Q7(As a follow up to your at-home rapid test, have you taken another COVID-19 test?) IN
[C1(Yes, a PCR test), C2(Yes, a rapid antigen from test center or healthcare setting), C3(Yes, but
unsure what type)]

=> SHOW PAGE P5

Page 4- Q7

As a follow up to your at-home rapid test, have you taken another COVID-19 test?

- ☐ Yes, a PCR test
- ☐ Yes, a rapid antigen from test center or healthcare setting
- ☐ Yes, but unsure what type
- ☐ Not yet, but I have one scheduled
- ☐ No

Page 5

Page 5- Q8

What were the results of your follow-up COVID-19 test?

- ☐ Positive
- ☐ Negative
- ☐ I am waiting for results

Page 6

Page 6- Q9

What were the results of your influenza (flu) test?

- ☐ Positive
- ☐ Negative
- ☐ I am waiting for results

Page 7

Page 7- Q10

Have you received a flu vaccine since June 2021?

- ☐ Yes
- ☐ No

Page 7- Q11

Which, if any, of the following considerations affect your plans to get a flu vaccine? (Select all that apply)

[Sorting: random]

- ☐ I always get the flu vaccine
- ☐ I never get the flu vaccine
- ☐ COVID-19 pandemic
- ☐ I want to wait and see how bad the flu season is
- ☐ I want to wait and see how effective the flu vaccine is
- ☐ Someone close to me is high-risk for flu
- ☐ Not recommended for someone with my health history
- ☐ I already received the COVID-19 vaccine, which I believe is also effective against the flu

Other (please specify)

[Page logic: jump to page 20]

Page 8

Page 8- Q12

Have you experienced any of the following symptoms in the past 7 days? (Select all that apply.)

[Sorting: random]

- ☐ Fever [Skip to page 9]
- ☐ Fatigue

- `` Cough
 - `` Sneezing
 - `` Muscle or body aches & pains
 - `` Runny or stuffy nose
 - `` Sore throat
 - `` Diarrhea
 - `` Headaches
 - `` Shortness of breath
 - `` Nausea
 - `` Rash
 - `` Chills/sweating/night sweats
 - `` Loss or change in smell or /taste
 - `` Loss of appetite
 - `` Vomiting
 - `` Dizziness
 - `` Gasping for air
 - `` Chest tightness
 - `` Stomach pains
- Other (please specify)

[Page logic: jump to page 10]

Page 9

Page 9- Q13

What was your highest recorded temperature, in degrees Fahrenheit?

[Validation: type=decimal, Please enter a temperature, in degrees Fahrenheit, between 94.0 and 108.0.]

Page 10

Page 10- Q14

What day did you start feeling ill?

Please select a date _____

[Validation: type=date_us, Please enter a valid date.]

Page 10- Q15

Have you seen a health professional or sought testing for these symptoms?

- ☐ Yes [Skip to page 11]
- ☐ No

[Page logic: jump to page 12]

Page 11

Page 11- Q16

What type of health professional did you see? (Please select all that apply.)

- ☐ I tried to seek care but was unable to
- ☐ Doctor
- ☐ In-store clinic / walk-in clinic
- ☐ Urgent care center
- ☐ Hospital (I stayed overnight)
- ☐ Hospital emergency room
- ☐ Hospitalized Intensive Care Unit (ICU)
- ☐ Virtual visit
- ☐ COVID testing center

Page 11- Q17

How long after you started feeling ill did you see a health professional?

- ☐ 2 days or less
- ☐ 3 – 7 days
- ☐ 8 days or more

Page 12

Advanced Branching Logic

Q15(Have you seen a health professional or sought testing for these symptoms?) = C1(Yes)
AND Q18(In the past 30 days, have you been tested for COVID-19?) = C2(No)
=> SKIP TO P14

Advanced Branching Logic

Q15(Have you seen a health professional or sought testing for these symptoms?) = C1(Yes)
AND Q18(In the past 30 days, have you been tested for COVID-19?) IS EMPTY
=> SKIP TO P14

Advanced Branching Logic

Q19(In the past 30 days, have you been tested for influenza (flu)?) = C1(Yes)
=> SHOW PAGE P14

Page 12- Q18

In the past 30 days, have you been tested for COVID-19?

- ☐ Yes [Skip to page 13]
- ☐ No

Page 12- Q19

In the past 30 days, have you been tested for influenza (flu)?

- ☐ Yes
- ☐ No

[Page logic: jump to page 19]

Page 13

Page 13- Q20

What were the results of your COVID-19 test?

- ☐ Positive

- ☐ Negative
- ☐ I am waiting for results

Page 13- Q21

Why did you get tested? (please select all that apply)

[Sorting: random]

- ☐ I didn't feel well
- ☐ I had some COVID-19 symptoms
- ☐ I had some flu symptoms
- ☐ My doctor suggested it
- ☐ I was tested for flu and they tested for COVID-19 too
- ☐ I was having a surgery that required it
- ☐ I had to get a test for school
- ☐ I had to get a test for work
- ☐ I was concerned I was exposed to COVID-19
- ☐ I wanted to visit family
- ☐ I wanted to travel and got tested prior to doing so
- ☐ I went on vacation (or just traveled) and got tested when I returned
- ☐ I got tested to end my quarantine early

Other (please specify)

Page 14

Page 14- Q22

What were the results of your influenza (flu) test?

- ☐ Positive
- ☐ Negative
- ☐ I am waiting for results

Page 15

Advanced Branching Logic

Q23(What type of medical test did you receive, if any? (please select all that apply)) =
C4(At-home COVID-19 test)
=> SHOW PAGE P16

Page 15- Q23

What type of medical test did you receive, if any? (please select all that apply)

- ☐ None
- ☐ COVID-19 nose swab
- ☐ Influenza nose swab
- ☐ COVID-19 spit test
- ☐ At-home COVID-19 test
- ☐ Other
- ☐ Unsure

Page 16

Advanced Branching Logic

Q24(As a follow up to your at-home rapid test, have you taken another COVID-19 test?) IN
[C1(Yes, a PCR test), C2(Yes, a rapid antigen from test center or healthcare setting), C3(Yes, but
unsure what type)]
=> SHOW PAGE P17

Page 16- Q24

As a follow up to your at-home rapid test, have you taken another COVID-19 test?

- ☐ Yes, a PCR test
- ☐ Yes, a rapid antigen from test center or healthcare setting
- ☐ Yes, but unsure what type
- ☐ Not yet, but I have one scheduled
- ☐ No

Page 17

Page 17- Q25

What were the results of your follow-up COVID-19 test?

- ☐ Positive
- ☐ Negative
- ☐ I am waiting for results

Page 18

Page 18- Q26

If you received a diagnosis, what was it? Please check all that apply

- ☐ Unsure
- ☐ COVID-19
- ☐ Influenza
- ☐ Strep throat
- ☐ Pneumonia
- ☐ Bronchitis
- ☐ Common cold
- ☐ Other

Page 18- Q27

What prescription, if any, did you receive for your illness? Please check all that apply

- ☐ Did not receive prescription
- ☐ Flu antiviral (e.g. Tamiflu)
- ☐ Steroid inhaler
- ☐ Antibiotic
- ☐ Other

Page 19

Page 19- Q28

Have you received a flu vaccine since June 2021?

- ☐ Yes
- ☐ No

Page 19- Q29

Which, if any, of the following considerations affect your plans to get a flu vaccine? (Select all that apply)

[Sorting: random]

- ☐ I always get the flu vaccine
- ☐ I never get the flu vaccine
- ☐ COVID-19 pandemic
- ☐ I want to wait and see how bad the flu season is
- ☐ I want to wait and see how effective the flu vaccine is
- ☐ Someone close to me is high-risk for flu
- ☐ Not recommended for someone with my health history

Other (please specify)

[Page logic: jump to page 20]

Page 20

Advanced Branching Logic

Q31(In the past 24 hours, have you left your home to do any of the following? (Select all that apply.)) IN [C1(Go grocery shopping), C2(Go for a walk/get some fresh air), C3(Go to work), C4(Exercise), C5(Visit with friends or family), C6(Get medical care), C7(Eat at a restaurant or bar)] AND Q31(In the past 24 hours, have you left your home to do any of the following? (Select all that apply.)) = C8(None of the above)

=> INVALIDATE Q31(In the past 24 hours, have you left your home to do any of the following? (Select all that apply.))

Advanced Branching Logic

Q33(Do you have any of the following underlying conditions? (Please select all that apply.)) IN [C1(Asthma), C2(Chronic lung disease), C3(Chronic heart disease), C4(Diabetes), C5(Chronic

kidney disease), C6(Cancer in the past year), C7(Immunosuppressive condition)] AND Q33(Do you have any of the following underlying conditions? (Please select all that apply.)) = C9(None of the above)

=> INVALIDATE Q33(Do you have any of the following underlying conditions? (Please select all that apply.))

Page 20- Q30

Would you say your health in general is excellent, very good, good, fair, or poor?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Page 20- Q31

In the past 24 hours, have you left your home to do any of the following? (Select all that apply.)

[Sorting: random]

- ☐ Go grocery shopping
- ☐ Go for a walk/get some fresh air
- ☐ Go to work
- ☐ Exercise
- ☐ Visit with friends or family
- ☐ Get medical care
- ☐ Eat at a restaurant or bar
- ☐ None of the above

Page 20- Q32

How likely would you be to wear a protective mask in each of the following circumstances, if you were to do them in the next week?

	Very likely	Somewhat likely	Not so likely	Not likely at all	
While exercising outside		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While grocery shopping		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

While visiting with friends or family in their homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While working at your office or workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 20- Q33

Do you have any of the following underlying conditions? (Please select all that apply.)

- ☐ Asthma
- ☐ Chronic lung disease
- ☐ Chronic heart disease
- ☐ Diabetes
- ☐ Chronic kidney disease
- ☐ Cancer in the past year
- ☐ Immunosuppressive condition
- ☐ Obesity
- ☐ None of the above

Page 21

Page 21- Q34

Over the past month, on an average day, about how many people (including family members) have you had close contact (within 6 feet) with?

[Validation: type=integer, Please enter a whole number of at most three digits.]

Page 21- Q35

How long do you think it will be before you consider the COVID-19 pandemic to be “over”?

- ☐ I think it is already over
- ☐ Less than one month
- ☐ Less than three months

- ☐ Less than six months
- ☐ Less than one year
- ☐ More than one year

Page 21- Q36

Did you get the COVID-19 vaccine?

- ☐ Yes [\[Skip to page 22\]](#)
- ☐ No [\[Skip to page 24\]](#)

Page 21- Q37

As best you know, are you currently eligible to receive a COVID-19 booster shot?

- ☐ Yes
- ☐ No
- ☐ Not sure

[\[Page logic: jump to page 27\]](#)

Page 22

Page 22- Q38

Have you received all required doses? (excluding booster doses)

- ☐ Yes
- ☐ No

Page 22- Q39

Did you experience any of the following side effects in the 24 hours after receiving the vaccine? (Select all that apply)

- ☐ Pain in the arm where I received the shot
- ☐ Swelling in the arm where I received the shot
- ☐ Redness or rash where I received the shot (“COVID Arm”)
- ☐ Fever
- ☐ Chills

- ``Tiredness
 - ``Headache
 - ``Nausea and or vomiting
 - ``Muscle or body aches & pains
- Something else (please specify)

Page 22- Q40

Which vaccine did you receive?

[Sorting: random]

- ☐ Moderna COVID Vaccine
- ☐ Pfizer/BioNTech COVID Vaccine
- ☐ Johnson & Johnson COVID Vaccine
- ☐ I don't know

Page 22- Q41

When did you receive your first COVID-19 vaccine dose?

- ☐ December 2020 or earlier
- ☐ January 2021
- ☐ February 2021
- ☐ March 2021
- ☐ April 2021
- ☐ May 2021
- ☐ June 2021
- ☐ July 2021
- ☐ August 2021
- ☐ September 2021
- ☐ October 2021
- ☐ November 2021
- ☐ December 2021
- ☐ January 2022
- ☐ February 2022

Page 22- Q42

Once a COVID-19 booster vaccination is available to you, would you get it?

- Yes
- No [Skip to page 23]
- Not sure [Skip to page 23]
- I have already received a booster shot

[Page logic: jump to page 27]

Page 23

Page 23- Q43

Are any of the following reasons why you would not want to get the COVID-19 booster vaccine? (Select all that apply)

[Sorting: random]

- ☐ Too inconvenient
- ☐ The recommendation is too new
- ☐ Concern about side effects
- ☐ COVID threat is exaggerated
- ☐ Lack of trust in government
- ☐ Lack of trust in scientists/healthcare system
- ☐ Politics has played too much of a role in the vaccine development and recommendation process
- ☐ Already had COVID and the COVID-19 vaccine
- ☐ I had a reaction to my COVID-19 vaccine
- ☐ I do not think I am at risk of getting sick from COVID-19
- ☐ I think there are people who should get it before me so I will wait

Something else (specify)

[Page logic: jump to page 27]

Page 24

Page 24- Q44

Do you plan to get the COVID-19 vaccine?

- Yes
- No [Skip to page 26]
- Not sure [Skip to page 25]

Page 24- Q45

Which vaccine would you be willing to receive? (Select all that apply)

[Sorting: random]

- ``None of the above
- ``Moderna COVID Vaccine
- ``Pfizer/BioNTech COVID Vaccine
- ``Johnson & Johnson COVID Vaccine

Page 24- Q46

Where would you be willing to get a vaccine? (Please select all that apply)

[Sorting: random]

- ``Pharmacy
- ``Primary Health Care Sites
- ``Federally Qualified Health Centers
- ``Hospital / Health Systems
- ``Mass Vaccine Sites
- ``Mobile Vaccination Sites
- ``Retail Sites (i.e. Dollar Stores, Target, etc)
- ``Places of Worship

Other (please specify)

[Page logic: jump to page 27]

Page 25

Page 25- Q47

Why are you not sure about getting the COVID-19 vaccine? (select all that apply)

[Sorting: random]

- ``They are too new / not enough testing
- ``Concern about side effects

- “ COVID threat is exaggerated
 - “ Lack of trust in government
 - “ Lack of trust in scientists/healthcare system
 - “ Politics has played too much of a role in the vaccine development process
 - “ Already had COVID
 - “ Never get any vaccine
 - “ Vaccine is not recommended for someone with my health history
 - “ I am worried that I may get COVID-19 from the vaccine
 - “ I do not think I am at risk of getting sick from COVID-19
 - “ I think that the risk from the vaccine is greater than the risk of a COVID-19 infection
 - “ I am afraid of needles
 - “ It contradicts my religious beliefs
 - “ I would rather wait for herd immunity to protect me from infection
 - “ I think there are people who should get it before me so I will wait
- Something else (specify)

[Page logic: jump to page 27]

Page 26

Page 26- Q48

Why are you not planning to get the COVID-19 vaccine? (select all that apply)

[Sorting: random]

- “ They are too new / not enough testing
- “ Concern about side effects
- “ COVID threat is exaggerated
- “ Lack of trust in government
- “ Lack of trust in scientists/healthcare system
- “ Politics has played too much of a role in the vaccine development process
- “ Already had COVID
- “ Never get any vaccine
- “ Vaccine is not recommended for someone with my health history
- “ I am worried that I may get COVID-19 from the vaccine
- “ I do not think I am at risk of getting sick from COVID-19
- “ I think that the risk from the vaccine is greater than the risk of a COVID-19 infection
- “ I am afraid of needles
- “ It contradicts my religious beliefs

☐ I would rather wait for herd immunity to protect me from infection
☐ I think there are people who should get it before me so I will wait
☐ I already received the flu vaccine, which I believe is also effective against COVID-19
Something else (specify)

Page 27

Page 27- Q49

Do you have any children of any of the following ages? (Select all that apply)

- ☐ None of the above
- ☐ Under age 5
- ☐ Age 5-11
- ☐ Age 12-15
- ☐ Age 16-17

Page 28

Advanced Branching Logic

Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R1(Under age 5) = C1(Yes) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R2(Age 5-11) = C1(Yes) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R3(Age 12-15) = C1(Yes) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R4(Age 16-17) = C1(Yes)
=> SHOW PAGE P31

Advanced Branching Logic

Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R1(Under age 5) = C2(No) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R2(Age 5-11) = C2(No) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R3(Age

12-15) = C2(No) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R4(Age 16-17) = C2(No)
=> SHOW PAGE P29

Advanced Branching Logic

Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R1(Under age 5) = C3(Not sure) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R2(Age 5-11) = C3(Not sure) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R3(Age 12-15) = C3(Not sure) OR Q50(Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?).R4(Age 16-17) = C3(Not sure)
=> SHOW PAGE P30

Page 28- Q50

Would you be willing to get your child(ren) of the following ages vaccinated against COVID-19?

	Yes	No	Not sure
Under age 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 5-11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 12-15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 16-17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 29

Page 29- Q51

Why are you not planning to get the COVID-19 vaccine for your child? (select all that apply)

[Sorting: random]

- They are too new / not enough testing
- I think my child is too young to get the vaccine

- “ Let them decide when they are appropriate age
- “ Concern about side effects
- “ COVID threat is exaggerated
- “ Lack of trust in government
- “ Lack of trust in scientists/healthcare system
- “ Politics has played too much of a role in the vaccine development process
- “ Already had COVID
- “ Never get any vaccine
- “ Vaccine is not recommended for someone with their health history
- “ I am worried that they may get COVID-19 from the vaccine
- “ I do not think they are at risk of getting sick from COVID-19
- “ I think that the risk from the vaccine is greater than the risk of a COVID-19 infection
- “ They are afraid of needles
- “ It contradicts my religious beliefs
- “ I would rather wait for herd immunity to protect them from infection
- “ I think there are people who should get it before them so I will wait
- “ They have already received the flu vaccine, which I believe is also effective against COVID-19

Something else (specify)

Page 30

Page 30- Q52

Why are you not sure about getting the COVID-19 vaccine for your child? (select all that apply)

[Sorting: random]

- “ They are too new / not enough testing
- “ I think my child is too young to get the vaccine
- “ Let them decide when they are appropriate age
- “ Concern about side effects
- “ COVID threat is exaggerated
- “ Lack of trust in government
- “ Lack of trust in scientists/healthcare system
- “ Politics has played too much of a role in the vaccine development process
- “ Already had COVID
- “ Never get any vaccine

- “Vaccine is not recommended for someone with their health history
- “I am worried that they may get COVID-19 from the vaccine
- “I do not think they are at risk of getting sick from COVID-19
- “I think that the risk from the vaccine is greater than the risk of a COVID-19 infection
- “They are afraid of needles
- “It contradicts my religious beliefs
- “I would rather wait for herd immunity to protect them from infection
- “I think there are people who should get it before them so I will wait
- “They have already received the flu vaccine, which I believe is also effective against COVID-19

Something else (specify)

Page 31

Page 31- Q53

Where would you be willing to get your child(ren) vaccinated?

[Sorting: random]

- “Pharmacy
- “Primary Health Care Sites
- “Federally Qualified Health Centers
- “Hospital / Health Systems
- “Mass Vaccine Sites
- “Mobile Vaccination Sites
- “Retail Sites (i.e. Dollar Stores, Target, etc)
- “Places of Worship

Other (please specify)

Page 32

Page 32- Q54

In general, how would you describe your views on most political issues? Are you:

- Very conservative

- ☐ Conservative
- ☐ Moderate
- ☐ Liberal
- ☐ Very liberal

Page 32- Q55

In politics today, do you consider yourself a Republican, Democrat, or Independent?

- ☐ Republican [\[Skip to page 34\]](#)
- ☐ Democrat [\[Skip to page 34\]](#)
- ☐ Independent

Page 33

Page 33- Q56

As of today, do you lean more to the Republican Party or more to the Democratic Party?

- ☐ Republican
- ☐ Democrat
- ☐ Neither

Page 34

Page 34- Q57

Which gender best describes you?

[This question requires an answer.](#)

- ☐ Male
- ☐ Female
- ☐ Not listed/non-conforming

Page 34- Q58

What is your age?

This question requires an answer.

[Validation: type=integer, Please enter a whole number between 13 and 100.]

Page 34- Q59

What is the last grade of school you completed?

This question requires an answer.

- ☐ Did not complete high school
- ☐ High school or G.E.D.
- ☐ Associate's degree
- ☐ Some college
- ☐ College graduate
- ☐ Post graduate degree

Page 34- Q60

Which race or ethnicity best describes you? (Select all that apply)

This question requires an answer.

- ☐ White
- ☐ Hispanic or Latino/a [\[Skip to page 36\]](#)
- ☐ Black or African-American
- ☐ Asian or Asian-American
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ Native American or American Indian

Other (please specify)

[Page logic: jump to page 35]

Page 35

Page 35- Q61

Are you of Hispanic or Latino/a origin?

This question requires an answer.

- ☐ Yes
- ☐ No

Page 36

Page 36- Q62

Which of the following best describes you?

- ☐ Employed – working full time [\[Skip to page 37\]](#)
- ☐ Employed – working part time [\[Skip to page 37\]](#)
- ☐ Not employed – student
- ☐ Not employed – retired
- ☐ Not employed – looking for paid work
- ☐ Not employed – not looking for paid work

[\[Page logic: jump to page 38\]](#)

Page 37

Page 37- Q63

Which of the following best describes the principal industry of your organization?

- ☐ Advertising & Marketing
- ☐ Agriculture
- ☐ Airlines & Aerospace
- ☐ Automotive
- ☐ Business Support & Logistics
- ☐ Construction
- ☐ Consulting & Research
- ☐ Education
- ☐ Entertainment & Leisure

- Finance & Financial Services
- Food & Beverages
- Government
- Hospitality & Tourism
- Healthcare
- Pharmaceuticals
- Insurance
- Legal
- Manufacturing
- Nonprofit
- Personal Services
- Retail & Consumer Goods
- Real Estate
- Technology
- Transportation & Delivery
- Utilities & Energy

Page 37- Q64

Have you been deemed an essential worker, meaning you are still required to work outside your home during the coronavirus outbreak?

- Yes
- No

Page 37- Q65

Would you prefer your employer to offer the vaccine at your workplace?

- Yes
- No
- No preference

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What state do you reside in?

This question requires an answer.

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia (DC)
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio

- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

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In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

This question requires an answer.

[Validation: type=integer, Please enter a 5-digit ZIP code between 00500 and 99999 (for example, 00544 or 94305).]

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Which of the following is your MAIN source of health insurance coverage?

- ☐ Plan through your, your spouse's, or your parents' employer
- ☐ Plan you purchased yourself
- ☐ Medicare
- ☐ Medicaid or Medi-Cal
- ☐ TRICARE
- ☐ Not covered by health insurance
- ☐ Other (please specify) [hidden]

Other (please specify)

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What is your current religion, if any?

- ☐ Christian/Protestant/Methodist/Lutheran/Baptist
- ☐ Catholic
- ☐ Church of Jesus Christ of Latter Day Saints (Mormon)
- ☐ Greek or Russian Orthodox
- ☐ Jewish
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Atheist or agnostic
- ☐ Nothing in particular
- ☐ Other

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My total family income last year was:

- ☐ Under \$15,000
- ☐ Between \$15,000 and \$29,999
- ☐ Between \$30,000 and \$49,999
- ☐ Between \$50,000 and \$74,999
- ☐ Between \$75,000 and \$99,999
- ☐ Between \$100,000 and \$150,000
- ☐ Over \$150,000

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Optional: would you like to hear more from COVID Near You? Submit your phone number to receive text message reminders to update your health status, get information on testing facilities, or learn about important news in your community. Message and data rates may apply, reply HELP for help or STOP to cancel. Message frequency may vary, but expect 4/month. Read our Terms & Conditions and Privacy Policy .
