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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 [\[Skip to page 5\]](#)

Page 2

Page 2

Glad you are okay!

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

Page 2- Q2

Have you been tested for COVID-19?

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

[\[Page logic: jump to page 4\]](#)

Page 3

Page 3- Q3

What were the results?

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

Page 4

Page 4- Q4

Have you received a flu vaccine in the last 12 months?

- ☐ Yes
- ☐ No

[\[Page logic: jump to page 13\]](#)

Page 5

Page 5- Q5

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

[Sorting: random]

- ☐ Fever [Skip to page 6]
- ☐ 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 7]

Page 6

Page 6- Q6

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 7

Page 7- Q7

What day did you start feeling ill?

Please select a date _____

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

Page 7- Q8

Have you seen a health professional for these symptoms?

- ☐ Yes [Skip to page 8]
- ☐ No

[Page logic: jump to page 9]

Page 8

Page 8- Q9

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

- ☐ Doctor
- ☐ Clinic
- ☐ Urgent care
- ☐ Emergency Room
- ☐ Hospitalized overnight
- ☐ Virtual visit
- ☐ COVID testing center

Page 9

Page 9- Q10

Have you been tested for COVID-19?

- ☐ Yes [Skip to page 10]
- ☐ No

[Page logic: jump to page 11]

Page 10

Page 10- Q11

What were the results?

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

Page 11

Page 11- Q12

Have you received a flu vaccine in the last 12 months?

- ☐ Yes
- ☐ No

Page 11- Q13

How many days have you been in quarantine or isolation?

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

Page 11- Q14

To the best of your knowledge, have you been in direct contact with anyone who has a confirmed case of COVID-19?

- ☐ Yes
- ☐ No

Page 11- Q15

Had you traveled outside the US in the 14 days prior to the onset of your symptoms?

- ☐ Yes [\[Skip to page 12\]](#)
- ☐ No

[\[Page logic: jump to page 13\]](#)

Page 12

Page 12- Q16

What is the last country you traveled to in the 14 days prior to the onset of your symptoms?

- ☐ Afghanistan
- ☐ Albania
- ☐ Algeria
- ☐ Andorra
- ☐ Angola
- ☐ Anguilla
- ☐ Antigua and Barbuda
- ☐ Argentina
- ☐ Armenia
- ☐ Australia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Bahamas
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Barbados
- ☐ Belarus
- ☐ Belgium
- ☐ Belize
- ☐ Benin

- Bhutan
- Bolivia (Plurinational State of)
- Bosnia and Herzegovina
- Botswana
- Brazil
- British Virgin Island
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cabo Verde
- Cambodia
- Cameroon
- Canada
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo
- Costa Rica
- Côte D'Ivoire
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Democratic People's Republic of Korea
- Democratic Republic of the Congo
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea

- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Greece
- Grenada
- Guatemala
- Guinea
- Guinea Bissau
- Guyana
- Haiti
- Holy See
- Honduras
- Hungary
- Iceland
- India
- Indonesia
- Iran (Islamic Republic of)
- Iraq
- Ireland
- Israel
- Italy
- Jamaica
- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lebanon

- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia (Federated States of)
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Norway
- Oman
- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay

- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Republic of Korea
- Republic of Moldova
- Romania
- Russian Federation
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Sudan
- Spain
- Sri Lanka
- State of Palestine
- Sudan
- Suriname
- Swaziland
- Sweden
- Switzerland
- Syrian Arab Republic
- Tajikistan
- Thailand

- The former Yugoslav Republic of Macedonia
- Timor-Leste
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom of Great Britain and Northern Ireland
- United Republic of Tanzania
- United States of America
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela (Bolivarian Republic of)
- Vietnam
- Yemen
- Zambia
- Zimbabwe

Other (please specify)

Page 13

Advanced Branching Logic

Q18(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 Q18(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 Q18(In the past 24 hours, have you left your home to do any of the following? (Select all that apply.))

Page 13- Q17

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

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

Page 13- Q18

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 13- Q19

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

- ☐
- ☐
- ☐
- ☐

Page 13- Q20

When you wear a mask, are you doing so more because it is...

[Sorting: random]

- ☐ A personal choice that you are making
- ☐ A requirement that is being made of you

Page 13- Q21

If a COVID-19 vaccine becomes available, how would you feel about receiving it?

- ☐ I would want it right away
- ☐ I would have some hesitancy but still receive it right away
- ☐ I would have hesitancy and wait some time before receiving the vaccine
- ☐ I would have hesitancy and not want to receive the vaccine anytime soon
- ☐ I would not want the vaccine at any point

Page 13- Q22

How likely are you to get a flu shot this fall?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not so likely
- ☐ Not likely at all

Page 14

Page 14- Q23

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

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

Page 14- Q24

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

- ☐ Republican [\[Skip to page 16\]](#)
- ☐ Democrat [\[Skip to page 16\]](#)
- ☐ Independent

Page 15

Page 15- Q25

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

- ☐ Republican
- ☐ Democrat
- ☐ Neither

Page 16

Page 16- Q26

Which gender best describes you?

[This question requires an answer.](#)

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

Page 16- Q27

What is your age?

[This question requires an answer.](#)

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

Page 16- Q28

Are you:

This question requires an answer.

- ☐ White
- ☐ Black
- ☐ Hispanic
- ☐ Asian
- ☐ Other

Page 16- Q29

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 16- Q30

Which of the following best describes you?

- ☐ Employed – working full time
- ☐ Employed – working part time
- ☐ Not employed – student
- ☐ Not employed – retired
- ☐ Not employed – looking for paid work
- ☐ Not employed – not looking for paid work

Page 17

Page 17- Q31

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

Page 17- Q32

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).]

Page 17- Q33

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)

Page 17- Q34

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

Page 17- Q35

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 .
