

## Page 1

### 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.**

**SurveyMonkey is acting solely as a service provider to COVID Near You with respect to this survey. The COVID Near You privacy policy is available [here](#) . For additional information regarding how SurveyMonkey treats personal information and data, please visit our [privacy policy here](#) .**

**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 3- Q4

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

- ☐ I didn't feel well
- ☐ I had some COVID-19 symptoms
- ☐ My doctor suggested it
- ☐ I was having a surgery that required it
- ☐ I had to get a test for work or school
- ☐ 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
- “ Other

## Page 4

### Page 4- Q5

**Have you received a flu vaccine since June 2020?**

- ☐ Yes
- ☐ No

[Page logic: jump to page 12]

## Page 5

### Page 5- Q6

**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- Q7

**What was your highest recorded temperature, in degrees Fahrenheit?**

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

## Page 7

### Page 7- Q8

**What day did you start feeling ill?**

Please select a date \_\_\_\_\_

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

### Page 7- Q9

**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- Q10

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

- ☐ 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 8- Q11

**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 9

### Page 9- Q12

**Have you been tested for COVID-19?**

- ☐ Yes [\[Skip to page 10\]](#)
- ☐ No

[\[Page logic: jump to page 11\]](#)

## Page 10

### Page 10- Q13

**What were the results?**

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

### Page 10- Q14

**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
- ☐ Other

### Page 10- Q15

**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 10- Q16

**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 11

### Page 11- Q17

**Have you received a flu vaccine since June 2020?**

- ☐ Yes
- ☐ No

## Page 12

### Advanced Branching Logic

Q19(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 Q19(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 Q19(In the past 24 hours, have you left your home to do any of the following? (Select all that apply.))

### Advanced Branching Logic

Q21(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 Q21(Do you have any of the following underlying conditions? (Please select all that apply.)) = C8(None of the above)

=> INVALIDATE Q21(Do you have any of the following underlying conditions? (Please select all that apply.))

### Page 12- Q18

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

- ☐ Excellent

- Very good
- Good
- Fair
- Poor

#### Page 12- Q19

**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 12- Q20

**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		○	○	○	○
While grocery shopping		○	○	○	○
While visiting with friends or family in their homes		○	○	○	○
While working at your office or workplace		○	○	○	○

#### Page 12- Q21

**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
- ☐ None of the above

### Page 12- Q22

**Have recommendations for social distancing caused stress for you?**

- ☐ A lot
- ☐ Somewhat
- ☐ A little
- ☐ Not at all

## Page 13

### Page 13- Q23

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

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

### Page 13- Q24

**How confident are you that the vaccine roll-out is going smoothly in your area?**

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

### Page 13- Q25

**What's the most time you would be willing to travel to receive a COVID-19 vaccine?**  
(please enter a time in minutes)

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[Validation: type=integer, Please enter a number between 0 and 90.]

### Page 13- Q26

**What's the most time you would be willing to travel for a routine medical appointment?**  
(please enter a time in minutes)

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[Validation: type=integer, Please enter a number between 0 and 90.]

### Page 13- Q27

**Did you get the COVID-19 vaccine?**

- ☐ Yes [Skip to page 14]
- ☐ No [Skip to page 15]

[Page logic: jump to page 17]

## Page 14

### Page 14- Q28

**Have you received all required doses?**

- ☐ Yes
- ☐ No

### Page 14- Q29

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

- ☐ None of the above
- ☐ Pain in the arm where I received the shot
- ☐ Swelling in the arm where I received the shot

- `` Fever
- `` Chills
- `` Tiredness
- `` Headache
- Something else (please specify)

#### Page 14- Q30

**How eager or hesitant were you to receive the COVID-19 vaccine?**

- ☐ Very eager
- ☐ Somewhat eager
- ☐ Somewhat hesitant
- ☐ Very hesitant

#### Page 14- Q31

**How likely are you to recommend that others get the COVID-19 vaccine?**

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

[Page logic: jump to page 17]

### Page 15

#### Page 15- Q32

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

- ☐ Yes
- ☐ No [Skip to page 16]
- ☐ Not sure

#### Page 15- Q33

**When do you expect a COVID-19 vaccine to become available to you, personally?**

- It is already available to me
- Within a month
- Within 2-3 months
- Within 4-6 months
- More than six months from now
- I don't know

### Page 15- Q34

**How eager or hesitant are you to receive the COVID-19 vaccine?**

- Very eager
- Somewhat eager
- Somewhat hesitant
- Very hesitant

[Page logic: jump to page 17]

## Page 16

### Page 16- Q35

**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

Something else (specify)

## Page 17

### Page 17- Q36

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

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

### Page 17- Q37

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

- ☐ Republican [\[Skip to page 19\]](#)
- ☐ Democrat [\[Skip to page 19\]](#)
- ☐ Independent

## Page 18

### Page 18- Q38

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

- ☐ Republican
- ☐ Democrat
- ☐ Neither

## Page 19

### Page 19- Q39

**Which gender best describes you?**

This question requires an answer.

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

### Page 19- Q40

**What is your age?**

This question requires an answer.

---

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

### Page 19- Q41

**Are you:**

This question requires an answer.

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

### Page 19- Q42

**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 19- Q43

**Which of the following best describes you?**

- ☐ Employed – working full time [\[Skip to page 20\]](#)
- ☐ Employed – working part time [\[Skip to page 20\]](#)
- ☐ Not employed – student
- ☐ Not employed – retired
- ☐ Not employed – looking for paid work
- ☐ Not employed – not looking for paid work

[\[Page logic: jump to page 21\]](#)

## **Page 20**

### **Page 20- Q44**

**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 20- Q45

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

- Yes
- No

#### Page 21

#### Page 21- Q46

**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

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

This question requires an answer.

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

### Page 21- Q48

**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)

### Page 21- Q49

**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 21- Q50

**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 .**

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