**Table 3. COVID Near You tool questions used in this study.**

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| **Tool Question**  | **Response options**  |
| How are you feeling?  | - Great thanks - Not feeling well  |
| What are your symptoms? Select all that apply. | fever, fatigue, runny nose, cough, sneezing, aches and pains, chills/night sweats, sore throat, diarrhea, headache, shortness of breath, nausea, rash, loss of smell/taste, stomach pain/cramps, loss of appetite, other (free text option)  |
| What day did you start feeling ill?  | Day, month, year  |
| Did you see a health professional for these symptoms?  | Yes/No  |
| Where did you see the health professional? Select all that apply.  | Options are: doctor’s office, urgent care centre, in-store clinic, emergency room, hospitalized overnight, virtual visit  |
| Have you been tested for COVID-19?  | Yes/No  |
| What were the results?  | - positive – negative - waiting for results  |
| Have you traveled outside USA within the 14 days before symptoms onset? | Yes/No |
| To the best of your knowledge, have you been in direct contact with anyone who has a confirmed case of COVID-19? | Yes/No |
| Age  | Enter years  |
| Gender  | - Male – Female - Non-binary/third gender - Other - Prefer not to say  |
| Postal code (first three characters)  | 3 characters  |