

Survey of COVID-Like Illness - Wave 12

Survey Flow

EmbeddedData

tokenValue will be set from Panel or URL.
Q_RecaptchaScoreValue will be set from Panel or URL.
SurveyIDValue will be set from Panel or URL.
Q_TerminateFlagValue will be set from Panel or URL.
Q_LanguageValue will be set from Panel or URL.
random_number_exp = $\${rand://float/0:1}$

Block: Screener (1 Question)

Branch: New Branch

If

If This voluntary survey is part of a research study led by the Delphi group at Carnegie Mellon Univ... No Is Selected

EndSurvey: Advanced

Standard: Section A: Symptoms (forecast) (5 Questions)

Standard: Section B: Symptoms (non-forecast) (3 Questions)

Branch: New Branch

If

If random_number_exp Is Greater Than or Equal to 0.6666

Block: Section D: Demographics (6 Questions)

Standard: Section G: Testing (4 Questions)

Standard: Section F: COVID Vaccines (14 Questions)

Branch: New Branch

If

If random_number_exp Is Less Than 0.6666
And random_number_exp Is Greater Than or Equal to 0.3333

Block: Section D: Demographics (6 Questions)

Standard: Section C: Behaviors (5 Questions)

BlockRandomizer: 1 -

Block: Module A (15 Questions)

Block: Module B (11 Questions)

Branch: New Branch

If

If random_number_exp Is Less Than 0.3333

Block: Section D: Demographics (6 Questions)

Standard: Section E: Occupation (20 Questions)

EmbeddedData

QState_A3Value will be set from Panel or URL.

QCity_A3Value will be set from Panel or URL.

Page Break

Start of Block: Screener

S1

This voluntary survey is part of a research study led by the Delphi group at Carnegie Mellon University. Even if you are healthy, your responses may contribute to a better public health understanding of the spread of the coronavirus pandemic and its effects on public health and well-being. This may help improve our local and national responses to the pandemic and our understanding of how it has affected society.

This survey is intended to take roughly 10 minutes to complete. We encourage you to complete the survey each time you are invited, even if you have participated before. Completing the survey again will help us understand how the situation is changing.

The survey questions do not request any personally identifiable information about you and your answers to all questions will remain confidential. This study is not conducted by Facebook and no individual responses will be shared back to Facebook. The only information we receive from Facebook is your language preference, a random ID number, and a statistical number to help ensure the results are representative for your area. Additionally, when asked to take the survey again, responses cannot be linked back to your previous survey responses.

The de-identified results of this survey may be used for our future studies or shared with other investigators for their research studies. Results published by us and other researchers will be in aggregate and will not identify individual participants or their responses. Participation poses no risk greater than those encountered during other online activities and no compensation is offered.

If you have any questions, contact: delphi-admin-survey-fb@lists.andrew.cmu.edu

You must be 18 years or older and currently located in the U.S. to take this survey. Are you 18 years or older and currently located in the U.S.?

Yes (1)

No (2)

End of Block: Screener

Start of Block: Section A: Symptoms (forecast)

A1 In the past 24 hours, have **you or anyone in your household** experienced any of the following:

	Yes (1)	No (2)
Fever (100°F/38°C or higher) (1)	<input type="radio"/>	<input type="radio"/>
Sore throat (2)	<input type="radio"/>	<input type="radio"/>
Cough (3)	<input type="radio"/>	<input type="radio"/>
Shortness of breath (4)	<input type="radio"/>	<input type="radio"/>
Difficulty breathing (5)	<input type="radio"/>	<input type="radio"/>



A2 How many people in your household, **including yourself**, are sick with **fever**, along with **at least one other symptom** from the above list?



A5 How many people, including you, are currently staying in your household?

Children under 18 years old (1)

Adults from 18 to 64 years old (2)

Adults 65 years old or older (3)



A4 How many **additional** people in your local community do you personally know who are sick with a **fever**, along with **at least one other symptom** from the above list?



A3 What is your current ZIP code?

End of Block: Section A: Symptoms (forecast)

Start of Block: Section B: Symptoms (non-forecast)



B2 *The rest of the survey will go into more detail about your personal experience.*

In the past 24 hours, have **you personally** experienced any of the following symptoms?

Please select all that apply.

- Fever (1)
 - Cough (2)
 - Shortness of breath (3)
 - Difficulty breathing (4)
 - Tiredness or exhaustion (5)
 - Stuffy or runny nose (20)
 - Muscle or joint aches (8)
 - Sore throat (9)
 - Persistent pain or pressure in your chest (10)
 - Nausea or vomiting (11)
 - Diarrhea (12)
 - Loss of smell or taste (13)
 - Chills (17)
 - Headaches (18)
 - Other (Please specify): (14)
-



None of the above (15)

Page Break

Display This Question:

If The rest of the survey will go into more detail about your personal experience.In the past 24 hou...
!= None of the above

And And The rest of the survey will go into more detail about your personal experience.In the past 24
hours, have you personally experienced any of the following symptoms? Please select all that apply.
q://QID151/SelectedChoicesCount Is Greater Than 0

Carry Forward Selected Choices from "The rest of the survey will go into more detail about your personal
experience.In the past 24 hours, have you personally experienced any of the following symptoms? Please
select all that apply."



B2c Which symptoms are **new or unusual** for you? Please select all that apply.

- Fever (1)
 - Cough (2)
 - Shortness of breath (3)
 - Difficulty breathing (4)
 - Tiredness or exhaustion (5)
 - Stuffy or runny nose (20)
 - Muscle or joint aches (8)
 - Sore throat (9)
 - Persistent pain or pressure in your chest (10)
 - Nausea or vomiting (11)
 - Diarrhea (12)
 - Loss of smell or taste (13)
 - Chills (17)
 - Headaches (18)
 - Other (Please specify): (14)
-
- None of the above** (15)

Page Break

Display This Question:

If If Which symptoms are new or unusual for you? Please select all that apply.
q://QID215/SelectedChoicesCount Is Greater Than 0



B2b For **how many days** have you had at least one new or unusual symptom?

Page Break

End of Block: Section B: Symptoms (non-forecast)

Start of Block: Section D: Demographics



D1 What is your gender?

- Male (1)
- Female (2)
- Non-binary (3)
- Prefer to self-describe: (4) _____
- Prefer not to answer (5)

Page Break

D2 What is your age?

- 18-24 years (1)
- 25-34 years (2)
- 35-44 years (3)
- 45-54 years (4)
- 55-64 years (5)
- 65-74 years (6)
- 75 years or older (7)

Page Break

D6 Are you of Hispanic, Latino, or Spanish origin?

- Yes (1)
 - No, not of Hispanic, Latino, or Spanish origin (2)
-

D7 What is your race? Please select all that apply.

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Native Hawaiian or other Pacific Islander (4)
 - White (5)
 - Some other race (6)
-

Page Break

D8 What is the highest degree or level of school you have completed?

- Less than high school (1)
 - High school graduate or equivalent (GED) (2)
 - Some college (3)
 - 2 year degree (4)
 - 4 year degree (5)
 - Master's degree (8)
 - Professional degree (e.g. MD, JD, DVM) (6)
 - Doctorate (7)
-

D12 What language do you speak most often at home?

- English (1)
- Spanish (2)
- Chinese (3)
- Vietnamese (4)
- French (5)
- Portuguese (6)
- Other (specify) (7) _____

End of Block: Section D: Demographics

Start of Block: Section G: Testing

B13a Have you ever had coronavirus (COVID-19)?

Yes (1)

No (2)



B10 Have you been tested for COVID-19 in the past 14 days?

Yes (1)

No (3)

Page Break

Display This Question:

If Have you been tested for COVID-19 in the past 14 days? = Yes

B10c Did your most recent test find that you have COVID-19?

- Yes (1)
- No (2)
- I don't know (3)

Display This Question:

If Have you been tested for COVID-19 in the past 14 days? = Yes



B10b Do any of the following reasons describe why you were tested for COVID-19 in the past 14 days? Please select all that apply.

- I felt sick (1)
- I was in contact with someone who was sick or tested positive for COVID-19 (2)
- I was tested while receiving other medical care, such as surgery, or while donating blood (3)
- My employer or school required it (4)
- I wanted to visit friends or family and wanted to make sure I didn't have COVID-19 before visiting (7)
- It was required for domestic or international travel (9)
- None of the above (8)

End of Block: Section G: Testing

Start of Block: Section F: COVID Vaccines

Display This Question:

If `random_number_exp` \geq 0.3333

V1 Have you had a COVID-19 vaccination?

- Yes (1)
- No (2)
- I don't know (3)

Page Break

Display This Question:

If `random_number_exp < 0.3333`

V1alt Do you personally know anyone who has already received the COVID-19 vaccine? Please select all that apply.

- Yes, I have received the vaccine (1)
- Yes, a member of my household (2)
- Yes, someone else (3)
- No (4)

Page Break

Display This Question:

If Have you had a COVID-19 vaccination? = Yes

Or Do you personally know anyone who has already received the COVID-19 vaccine? Please select all th... = Yes, I have received the vaccine

V2 How many COVID-19 vaccinations have you received?

1 vaccination or dose (1)

2 vaccinations or doses (2)

I don't know (3)

Page Break

Display This Question:

If Have you had a COVID-19 vaccination? != Yes

And Do you personally know anyone who has already received the COVID-19 vaccine? Please select all th... != Yes, I have received the vaccine

V11a Do you have an appointment to receive a COVID-19 vaccine?

Yes (1)

No (2)

Page Break

Display This Question:

If Have you had a COVID-19 vaccination? != Yes

And Do you personally know anyone who has already received the COVID-19 vaccine? Please select all th... != Yes, I have received the vaccine

And Do you have an appointment to receive a COVID-19 vaccine? != Yes



V3a If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?

- Yes, definitely (1)
- Yes, probably (2)
- No, probably not (3)
- No, definitely not (4)

Page Break

Display This Question:

If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?
= Yes, probably



V5a Which of the following, if any, are reasons that you only probably would choose to get a COVID-19 vaccine? Please select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine. (1)
- I don't know if a COVID-19 vaccine will work. (3)
- I don't believe I need a COVID-19 vaccine. (4)
- I don't like vaccines generally. (16)
- I plan to wait and see if it is safe and may get it later. (7)
- I think other people need it more than I do right now. (8)
- I am concerned about the cost of a COVID-19 vaccine. (9)
- I don't trust the government. (11)
- It is against my religious beliefs. (15)
- I don't trust COVID-19 vaccines (10)
- Other (13)

Display This Question:

If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?
= No, probably not



V5b Which of the following, if any, are reasons that you probably wouldn't choose to get a COVID-19 vaccine? Please select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine. (1)
- I don't know if a COVID-19 vaccine will work. (3)
- I don't believe I need a COVID-19 vaccine. (4)
- I don't like vaccines generally. (16)
- I plan to wait and see if it is safe and may get it later. (7)
- I think other people need it more than I do right now. (8)
- I am concerned about the cost of a COVID-19 vaccine. (9)
- I don't trust the government. (11)
- It is against my religious beliefs. (15)
- I don't trust COVID-19 vaccines. (10)
- Other (13)

Display This Question:

*If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?
= No, definitely not*



V5c Which of the following, if any, are reasons that you definitely wouldn't choose to get a COVID-19 vaccine? Please select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine. (1)
- I don't know if a COVID-19 vaccine will work. (3)
- I don't believe I need a COVID-19 vaccine. (4)
- I don't like vaccines generally. (16)
- I plan to wait and see if it is safe and may get it later. (7)
- I think other people need it more than I do right now. (8)
- I am concerned about the cost of a COVID-19 vaccine. (9)
- I don't trust the government. (11)
- It is against my religious beliefs. (15)
- I don't trust COVID-19 vaccines. (10)
- Other (13)

Page Break

Display This Question:

If Which of the following, if any, are reasons that you only probably would choose to get a COVID-19... = I don't believe I need a COVID-19 vaccine.

Or Which of the following, if any, are reasons that you probably wouldn't choose to get a COVID-19 v... = I don't believe I need a COVID-19 vaccine.

Or Which of the following, if any, are reasons that you definitely wouldn't choose to get a COVID-19... = I don't believe I need a COVID-19 vaccine.



V6 Why don't you believe that you need a COVID-19 vaccine? Please select all that apply.

- I already had COVID-19 (1)
- I do not spend time with any high-risk people (2)
- I am not a member of a high-risk group (3)
- I plan to use masks or other precautions instead (4)
- I don't believe COVID-19 is a serious illness (5)
- I don't think vaccines are beneficial (7)
- Other (8)

Page Break

Display This Question:

If Have you had a COVID-19 vaccination? != Yes

And Do you personally know anyone who has already received the COVID-19 vaccine? Please select all th... != Yes, I have received the vaccine

And If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? != No, definitely not

And Do you have an appointment to receive a COVID-19 vaccine? != Yes

V12a Have you tried to get a COVID-19 vaccine?

Yes (1)

No (2)

Page Break

Display This Question:

If Have you had a COVID-19 vaccination? = Yes

Or Do you personally know anyone who has already received the COVID-19 vaccine? Please select all th... = Yes, I have received the vaccine



V15c Did you ever experience any of the following barriers to getting the COVID-19 vaccine?
Please select all that apply.

- I did not meet the eligibility requirements (1)
 - There were no vaccines or vaccine appointments available (2)
 - The available appointment times did not work for me (3)
 - There were technical difficulties with the website or phone line (4)
 - I was unable to provide a required document (5)
 - Limited access to internet or phone to schedule an appointment (6)
 - Difficulty traveling to a vaccination site (7)
 - Information not available in my native language (8)
 - There is no one to provide childcare while getting the vaccine (9)
 - It was difficult to get time away from work or school (10)
 - I could not get the type of vaccine I wanted (12)
 - The available appointment locations did not work for me (14)
 - Other (15)
 - None of the above (11)
-

Display This Question:

If Have you had a COVID-19 vaccination? != Yes

And Do you personally know anyone who has already received the COVID-19 vaccine? Please select all th... != Yes, I have received the vaccine

And If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? != No, definitely not

And Have you tried to get a COVID-19 vaccine? != No



V15b Have you experienced any of the following barriers to getting the COVID-19 vaccine?
Please select all that apply.

- I did not meet the eligibility requirements (1)
 - There were no vaccines or vaccine appointments available (2)
 - The available appointment times did not work for me (3)
 - There were technical difficulties with the website or phone line (4)
 - I was unable to provide a required document (5)
 - Limited access to internet or phone to schedule an appointment (6)
 - Difficulty traveling to a vaccination site (7)
 - Information not available in my native language (8)
 - There is no one to provide childcare while getting the vaccine (9)
 - It was difficult to get time away from work or school (10)
 - I could not get the type of vaccine I wanted (12)
 - The available appointment locations did not work for me. (14)
 - Other (15)
 - None of the above (11)
 - I have not tried to get the vaccine (13)
-

Display This Question:

If Have you had a COVID-19 vaccination? != Yes

And Do you personally know anyone who has already received the COVID-19 vaccine? Please select all th... != Yes, I have received the vaccine

And Do you have an appointment to receive a COVID-19 vaccine? != Yes

And If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? != Yes, definitely

And If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? != No, definitely not

V16 When do you think you will try to get the COVID-19 vaccine?

- Within a week or two (1)
- Within a month (2)
- Within three months (3)
- Within six months (4)
- More than six months (5)
- I don't know (6)
- I would not get the vaccine (7)

Display This Question:

If Have you had a COVID-19 vaccination? != Yes

And Do you personally know anyone who has already received the COVID-19 vaccine? Please select all th... != Yes, I have received the vaccine



V9 How concerned are you that you would experience a side effect from a COVID-19 vaccination?

- Very concerned (1)
- Moderately concerned (2)
- Slightly concerned (3)
- Not at all concerned (4)

End of Block: Section F: COVID Vaccines

Start of Block: Section C: Behaviors

C6a In the past 7 days, have you traveled outside of your state?

- Yes (1)
- No (2)



C7a In the past 7 days, how often did you intentionally avoid contact with other people?

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

Page Break



C14a In the past 7 days, how often did you wear a mask when in public?

- All the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)
- I have not been in public during the past 7 days (6)

Page Break



C13b In the past 24 hours, have you done any of the following? Please select all that apply.

- Gone to work or school indoors, outside the place where you are currently staying (1)
- Gone to an indoor market, grocery store, or pharmacy (2)
- Had a drink or meal indoors at a bar, restaurant, or cafe (3)
- Spent time indoors with someone who isn't currently staying with you (4)
- Attended an indoor event with more than 10 people (5)
- Used public transit (6)
- None of the above (8)

Page Break

Display This Question:

If In the past 24 hours, have you done any of the following? Please select all that apply. != None of the above

And And In the past 24 hours, have you done any of the following? Please select all that apply. q://QID158/SelectedChoicesCount Is Greater Than 0

Carry Forward Selected Choices from "In the past 24 hours, have you done any of the following? Please select all that apply."



C13c During which activities in the past 24 hours did you wear a mask? Please select all that apply.

- None of the above (9)
- Gone to work or school indoors, outside the place where you are currently staying (1)
- Gone to an indoor market, grocery store, or pharmacy (2)
- Had a drink or meal indoors at a bar, restaurant, or cafe (3)
- Spent time indoors with someone who isn't currently staying with you (4)
- Attended an indoor event with more than 10 people (5)
- Used public transit (6)
- None of the above (8)

End of Block: Section C: Behaviors

Start of Block: Module A



G1 How much do you worry about catching COVID-19?

- A great deal (1)
 - A moderate amount (2)
 - A little (3)
 - Not at all (4)
-



G2 How effective is social distancing for preventing the spread of COVID-19?

- Very effective (1)
 - Moderately effective (2)
 - Slightly effective (3)
 - Not effective at all (4)
-



G3 How effective is wearing a face mask for preventing the spread of COVID-19?

- Very effective (1)
 - Moderately effective (2)
 - Slightly effective (3)
 - Not effective at all (4)
-

Page Break



H1 When out in public in the past 7 days, how many people maintained a distance of at least 6 feet from others?

- None of the people (1)
 - A few people (2)
 - Some people (3)
 - Most people (4)
 - All of the people (5)
 - I have not been in public in the past 7 days (6)
-



H2 When out in public in the past 7 days, how many people would you estimate wore masks?

- None of the people (1)
 - A few people (2)
 - Some people (3)
 - Most people (4)
 - All of the people (5)
 - I have not been in public in the past 7 days (6)
-



H3 Thinking about your friends and family, how many have gotten a COVID-19 vaccine?

None of the people (1)

A few people (2)

Some people (3)

Most people (4)

All of the people (6)

Page Break



I1 Please indicate whether the following statement is true or false: "Getting the COVID-19 vaccine means that you can stop wearing a mask around people outside your household."

- Definitely false (1)
 - Probably false (2)
 - I really have no idea (3)
 - Probably true (4)
 - Definitely true (5)
-



I2 Please indicate whether the following statement is true or false: "Children cannot get COVID-19."

- Definitely false (1)
 - Probably false (2)
 - I really have no idea (3)
 - Probably true (4)
 - Definitely true (5)
-



I3 Please indicate whether the following statement is true or false: "COVID-19 was deliberately created by a small group of people who secretly manipulate world events."

- Definitely false (1)
 - Probably false (2)
 - I really have no idea (3)
 - Probably true (4)
 - Definitely true (5)
-



I4 Please indicate whether the following statement is true or false: "The COVID-19 pandemic is being exploited by the government to control people."

- Definitely false (1)
 - Probably false (2)
 - I really have no idea (3)
 - Probably true (4)
 - Definitely true (5)
-

Page Break



I7 What COVID-19 topics do you want more information about? Please select all that apply.

- Treatment of COVID-19 (1)
- How to get a COVID-19 vaccine (2)
- Different type of COVID-19 vaccines (3)
- Variants of COVID-19 (also known as coronavirus mutations) (6)
- How to support my children's education (7)
- How to maintain my mental health (8)
- How to maintain my social relationships despite physical distancing (9)
- Employment or other economic and financial issues (10)
- None of the above (11)

Page Break



15 In the past 7 days, from which of the following sources have you received news and information about COVID-19? Please select all that apply.

- Doctors and other health professionals you go to for medical care (1)
- Scientists and other health experts (2)
- Centers for Disease Control (CDC) (3)
- Government health authorities or officials (4)
- Politicians (5)
- Journalists (6)
- Friends and family (7)
- Religious leaders (8)
- None of the above (9)



I6 How much do you trust the following sources to provide accurate news and information about COVID-19?

	Do not trust (1)	Somewhat trust (2)	Trust (3)
Doctors or other health professionals you go to for medical care (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scientists and other health experts (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centers for Disease Control (CDC) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government health authorities or officials (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Politicians (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journalists (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends and family (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious leaders (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

K1 In the past year, have you ever delayed or not sought medical care because of cost?

Yes (1)

No (2)



K2 Please indicate how much you agree or disagree with the following statement: "People of my race are treated fairly in a healthcare setting."

Strongly agree (1)

Somewhat agree (2)

Somewhat disagree (3)

Strongly disagree (4)

End of Block: Module A

Start of Block: Module B



C18a In the past 7 days, how often have you felt nervous, anxious, or on edge?

None of the time (1)

Some of the time (2)

Most of the time (3)

All of the time (4)



C18b In the past 7 days, how often have you felt depressed?

- None of the time (1)
- Some of the time (2)
- Most of the time (3)
- All of the time (4)

Page Break



C15 How worried are you about your household's finances for the next month?

- Very worried (1)
- Somewhat worried (2)
- Not too worried (3)
- Not worried at all (4)

Page Break



C1 Have you ever been told by a doctor, nurse, or other health professional that you have any of the following medical conditions? Please select all that apply.

- Cancer (other than skin cancer) (2)
- Heart attack, heart disease, or other heart condition (3)
- High blood pressure (4)
- Asthma (5)
- Chronic lung disease such as COPD, chronic bronchitis, or emphysema (6)
- Kidney disease (7)
- Type 1 diabetes (12)
- Type 2 diabetes (10)
- Weakened or compromised immune system (11)
- Obesity (13)
- None of these (9)

Display This Question:

If In the past 7 days, how often have you felt nervous, anxious, or on edge? , None of the time Is Displayed

D11 Do you smoke cigarettes?

Yes (1)

No (2)

Page Break

P1 Are you the parent or legal guardian of any children under age 18?

Yes (1)

No (2)

Page Break

Display This Question:

If Are you the parent or legal guardian of any children under age 18? = Yes

P2

Thinking about your oldest child under age 18, how old are they?

- Under 5 years old (1)
- 5 to 11 years old (2)
- 12 to 15 years old (3)
- 16 to 17 years old (4)

Page Break

Display This Question:

If Are you the parent or legal guardian of any children under age 18? = Yes



P3 Thinking about your oldest child under age 18, will you choose to get them vaccinated against COVID-19 when they are eligible?

- They are already vaccinated for COVID-19 (5)
- Yes, definitely (1)
- Yes, probably (2)
- No, probably not (3)
- No, definitely not (4)

Page Break

Display This Question:

If Are you the parent or legal guardian of any children under age 18? = Yes



P4 Thinking about your oldest child under age 18, which of the following best describes the type of school in which they are enrolled?

- Public school, including charter schools (1)
- Private school, including religious schools (2)
- Homeschooling (3)
- Not in school (4)
- Other (5)

Page Break

Display This Question:

If Are you the parent or legal guardian of any children under age 18? = Yes

And Thinking about your oldest child under age 18, which of the following best describes the type of... != Homeschooling

And Thinking about your oldest child under age 18, which of the following best describes the type of... != Not in school

P5 Thinking about your oldest child under age 18, which of the following best describes their current schooling?

- Going to in person classes (1)
- Online, remote, or distance learning (2)
- Mix of in-person and online, remote, or distance learning (3)

Page Break

Display This Question:

If Are you the parent or legal guardian of any children under age 18? = Yes

And If

Thinking about your oldest child under age 18, which of the following best describes their curren... =
Going to in person classes

Or Thinking about your oldest child under age 18, which of the following best describes their curren...
= Mix of in-person and online, remote, or distance learning



P6 Thinking about your oldest child under age 18, do any of the following measures apply when they attend in-person classes? Please select all that apply.

- Mandatory mask-wearing for students (1)
- Mandatory mask-wearing for teachers (2)
- Restricted entry into school (e.g. no parents or caregivers) (6)
- Use of separators or "desk" shields in classrooms (10)
- No school-based extracurricular activities (e.g. sports, clubs, after school care) (12)
- Daily symptom screening for those going onto campus (15)
- Ventilation improvements (17)
- Regular testing of teachers and staff (18)
- Regular testing of students (19)
- Vaccine requirement of teachers and staff (20)
- Vaccine requirement of students in the eligible age range (21)
- Modified cafeteria usage (e.g. spacing or eating outdoors) (22)
- I don't know (16)

End of Block: Module B

Start of Block: Section E: Occupation

Display This Question:

If In the past 7 days, how often have you felt nervous, anxious, or on edge? , None of the time Is Displayed

And What is your gender? != Male

D1b Are you currently pregnant?

- Yes (1)
- No (2)
- Prefer not to answer (3)
- Not applicable (4)

Page Break

D9 In the past 4 weeks, did you do any kind of work for pay?

Yes (1)

No (2)

Page Break

Display This Question:

If In the past 4 weeks, did you do any kind of work for pay? = Yes

D10 In the past 4 weeks, was any of your work for pay outside your home?

Yes (1)

No (2)

Display This Question:

If In the past 4 weeks, did you do any kind of work for pay? = Yes

Q64 Please select the occupational group that best fits the main kind of work you were doing in the past 4 weeks.

- Community and social service (including counselor, school counselor, mental health worker, social worker, or religious worker) (1)
- Education, training, and library (2)
- Arts, design, entertainment, sports, and media (3)
- Healthcare practitioners and technicians (4)
- Healthcare support (5)
- Protective service (6)
- Food preparation and serving related (including grocery store workers) (7)
- Building and grounds cleaning and maintenance (8)
- Personal care and service (not healthcare) (9)
- Sales and related (10)
- Office and administrative support (including postal workers) (11)
- Construction and extraction (oil, gas, mining, or quarrying) (12)
- Installation, maintenance, and repair (13)
- Production (including food processing, meat packing, laundry, and dry cleaning workers) (14)
- Transportation and material moving (including delivery services) (15)
- Other occupation (16)

Display This Question:

If Please select the occupational group that best fits the main kind of work you were doing in the p... = Community and social service (including counselor, school counselor, mental health worker, social worker, or religious worker)

Q65 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- Counselor (1)
- Social worker (2)
- Social or human service assistant (3)
- Probation officer or correctional treatment specialist (4)
- Clergy or other religious worker (5)
- Any other community or social service specialist (6)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Education, training, and library*

Q66 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- Preschool or kindergarten teacher (1)
- Elementary or middle school teacher (2)
- Secondary school teacher (3)
- Postsecondary teacher (4)
- Other teacher or instructor, including special education (5)
- Teacher assistant (6)
- Librarian, library technician, archivist, curator, or museum technician (7)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Arts, design, entertainment, sports, and media*

Q67 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- Art worker (fine, craft, multimedia) (1)
 - Design worker (fashion, floral, graphic, interior, set and exhibit) (2)
 - Entertainer or performer (actor, producer, director, dancer, choreographer, singer, musician) (3)
 - Sports and related worker (athlete, coach, scout, umpire, referee) (4)
 - Media and communication worker (announcer, analyst, reporter, editor, translator) (5)
 - Media and communication equipment worker (audio or video technician) (6)
 - Any other arts, design, entertainment, sports, or media worker (7)
-

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Healthcare practitioners and technicians*

Q68 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- Physician or surgeon (1)
- Registered nurse (including nurse practitioner) (2)
- Licensed practical or licensed vocational nurse (3)
- Physician assistant (4)
- Dentist (5)
- Any other treating practitioner (chiropractor, dietitian or nutritionist, optometrist, podiatrist, audiologist, acupuncturist, dental hygienist) (6)
- Pharmacist (7)
- Any therapist (occupational, physical, respiratory, speech) (8)
- Any health technologist or technician (including hospital laboratory scientist and pharmacy technician) (9)
- Veterinarian (10)
- Emergency medical technicians and paramedics (11)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Healthcare support*

Q69 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- Nursing assistant or psychiatric aide (1)
- Home health or personal care aide (including in-home caregivers) (2)
- Occupational therapy or physical therapist assistant or aide (3)
- Massage therapist (4)
- Dental assistant (5)
- Medical assistant (6)
- Medical transcriptionist (7)
- Pharmacy aide (8)
- Phlebotomist (9)
- Veterinary assistant or laboratory animal caretaker (10)
- Any other healthcare support worker, including medical equipment preparer (11)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Protective service*

Q70 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- First-line supervisor (firefighter, police, correctional, or security) (1)
- Firefighter, fire inspector, or fire investigator (2)
- Police or sheriff officer (3)
- Detective or criminal investigator (4)
- Bailiff, correctional officer, or jailer (5)
- Security guard or gaming surveillance officer (6)
- Lifeguard, ski patrol, or other recreational protective service worker (7)
- Any other protective service worker (8)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Food preparation and serving related (including grocery store workers)*

Q71 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- Chef, head cook, or first-line supervisor of food preparation and serving workers (1)
- Cook (2)
- Food preparation worker (3)
- Bartender (4)
- Fast food or counter worker (5)
- Waiter or waitress (6)
- Food server, non-restaurant (7)
- Dining room or cafeteria attendant or bartender helper (8)
- Dishwasher (9)
- Host or hostess at a restaurant, lounge, or coffee shop (10)
- Any other food preparation and serving related worker (11)
- Grocery store worker (12)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Building and grounds cleaning and maintenance*

Q72 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- First-line supervisor of housekeeping or janitorial workers (1)
- First-line supervisor of landscaping, lawn service, or groundskeeping workers (2)
- Janitor or building cleaner (3)
- Maid or housekeeping cleaner (4)
- Pest control worker (5)
- Grounds maintenance worker (6)
- Any other building and grounds cleaning or maintenance worker (7)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Personal care and service (not healthcare)*

Q73 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- Hairdresser, hairstylist, cosmetologist, or barber (1)
- Any other personal appearance worker (2)
- Childcare worker (3)
- Animal care or training worker (4)
- Gambling service worker (5)
- Miscellaneous entertainment attendant (6)
- Funeral service worker (7)
- Recreation or fitness worker (8)
- Any other personal care or service worker (9)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Sales and related*

Q74 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- First-line supervisor of sales workers (1)
- Cashier (2)
- Retail salesperson (including counter or rental clerk or parts salesperson) (3)
- Sales representative in services, wholesale, or manufacturing (4)
- Real estate broker or sales agent (5)
- Telemarketer (6)
- Any other sales or related worker (7)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Office and administrative support (including postal workers)*

Q75 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- First-line supervisor of office or administrative support workers (1)
- Financial clerk including bookkeeping, accounting, auditing, or billing (2)
- Customer service representative (3)
- Receptionist or information clerk (4)
- Postal service worker or mail carrier (5)
- Shipping, receiving, or inventory clerk (6)
- Secretary or administrative assistant (7)
- Any other office or administrative support worker (8)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Construction and extraction (oil, gas, mining, or quarrying)*

Q76 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- First-line supervisor of construction trades or extraction workers (1)
- Any construction trades worker (carpenter, electrician, plumber, roofer, helper) (2)
- Any other construction worker, including inspector and highway worker (3)
- Any extraction worker in oil, gas, mining, or quarrying (4)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Installation, maintenance, and repair*

Q77 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- First-line supervisor of mechanics, installers, or repairers (1)
- Electrical or electronic equipment mechanic, installer, or repairer (2)
- Vehicle or mobile equipment mechanic, installer, or repairer (aircraft, automotive, bus, truck, heavy vehicles) (3)
- Heating, air conditioning, and refrigeration mechanic or installer (4)
- Line installer or repairer (electrical or telecommunications) (5)
- Any other installation, maintenance, or repair worker (6)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Production (including food processing, meat packing, laundry, and dry cleaning workers)*

Q78 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- First-line supervisor of production and operating workers (1)
- Any assembler or fabricator (2)
- Food processing worker (3)
- Metal or plastic worker (machinist, welder, soldering) (4)
- Printing worker (5)
- Laundry or dry-cleaning worker (6)
- Any other textile, apparel, or furnishings worker (7)
- Woodworker (8)
- Plant and system operator (power, water, wastewater, chemical) (9)
- Any other production worker (10)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Transportation and material moving (including delivery services)*

Q79 Please select the job type that best fits the main kind of work you were doing in the past 4 weeks.

- First-line supervisor of transportation or material moving workers (1)
- Air transportation worker (pilot, flight engineer, air traffic controller, flight attendant) (2)
- Motor vehicle operator (3)
- Rail transportation worker (including railway, subway, and streetcar operator) (4)
- Water transportation worker (5)
- Any other transportation worker (6)
- Any material moving worker (7)

Display This Question:

*If Please select the occupational group that best fits the main kind of work you were doing in the p...
= Other occupation*

Q80 Please select the occupational group that best fits the main kind of work you were doing in the past 4 weeks.

- Management (1)
- Business and financial operations (2)
- Computer and mathematical (3)
- Architecture and engineering (4)
- Life, physical, and social science (5)
- Legal (6)
- Farming, fishing, and forestry (7)
- Military (8)
- Any other occupational group (9)

End of Block: Section E: Occupation
