

Survey of COVID-Like Illness - Wave 8

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 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 (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 between 18 and 64 years old (2)

Adults 65 years old or older (3)



A3 What is your current ZIP code?



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

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 to get a better understanding of your personal experience.*

In the past 24 hours, have you personally experienced any of the following symptoms? (Select all that apply.)

- Fever (1)
- Cough (2)
- Shortness of breath (3)
- Difficulty breathing (4)
- Tiredness or exhaustion (5)
- Nasal congestion (6)
- Runny nose (7)
- 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)
- Eye pain (16)
- Chills (17)
- Headaches (18)

Changes in sleep (19)

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 to get a better understanding of your personal ex... !=
None of the above

And And The rest of the survey will go into more detail to get a better understanding of your personal
ex... q://QID39/SelectedChoicesCount Is Greater Than 0

Carry Forward Selected Choices from "The rest of the survey will go into more detail to get a better
understanding of your personal experience.In the past 24 hours, have you personally experienced any of
the following symptoms? (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)
- Nasal congestion (6)
- Runny nose (7)
- 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)
- Eye pain (16)
- Chills (17)
- Headaches (18)

Changes in sleep (19)

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://QID48/SelectedChoicesCount Is Greater Than 0



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

Display This Question:

If If Which symptoms are new or unusual for you? Please select all that apply.
q://QID48/SelectedChoicesCount Is Greater Than 0

B7 Have you sought medical care for your recent unusual symptoms? Please select all that apply.

- I called my doctor's office for advice (1)
- I had a telemedicine visit with my doctor (2)
- I visited a doctor's office, or made an appointment (3)
- I visited an urgent care clinic (4)
- I went to the emergency room (5)
- I was admitted to a hospital (6)
- I tried, but have been unable to receive care (7)
- None of the above (8)

Page Break

B8 Have you **ever** been tested for coronavirus (COVID-19)?

Yes (1)

No (2)

Display This Question:

If Have you ever been tested for coronavirus (COVID-19)? = Yes

B10 Have you been tested for coronavirus (COVID-19) in **the last 14 days?**

Yes (1)

No (3)

Display This Question:

If Have you been tested for coronavirus (COVID-19) in the last 14 days? = Yes

B10a Did this test find that you had coronavirus (COVID-19)?

Yes (1)

No (2)

I don't know (3)

Display This Question:

If Have you been tested for coronavirus (COVID-19) in the last 14 days? = Yes

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

- I felt sick (1)
- I was in contact with someone who was sick or tested positive for coronavirus (COVID-19) (2)
- I was tested while receiving other medical care, such as surgery (3)
- My employer or school required it (4)
- I attended a large outdoor event or gathering (5)
- I was in a crowded indoor environment (6)
- I wanted to visit friends or family and wanted to make sure I didn't have coronavirus (COVID-19) before visiting (7)

Display This Question:

If Have you been tested for coronavirus (COVID-19) in the last 14 days? = No

Or Have you ever been tested for coronavirus (COVID-19)? = No

B12 Have you wanted to be tested for coronavirus (COVID-19) at any time in **the last 14 days**?

- Yes (1)
- No (2)

Display This Question:

If Have you wanted to be tested for coronavirus (COVID-19) at any time in the last 14 days? = Yes



B12a Do any of the following reasons describe why you haven't been tested for coronavirus (COVID-19) in **the last 14 days**? Please select all that apply.

- I tried to get a test but was not able to get one (1)
- I am waiting for an appointment to be tested (2)
- I don't know where to go (3)
- I can't afford the cost of the test (4)
- I don't have time to get tested (5)
- I am unable to travel to a testing location (6)
- I am worried about bad things happening to me or my family (including discrimination, government policies, or social stigma) (7)
- None of the above (8)

Display This Question:

If Have you ever been tested for coronavirus (COVID-19)? = Yes

And Did this test find that you had coronavirus (COVID-19)? != Yes

B11 Have you **ever** tested positive for coronavirus (COVID-19)?

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

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

Start of Block: Section F: COVID Vaccination V3

V1 Have you had a COVID-19 vaccination?

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

Display This Question:

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

V2 How many COVID-19 vaccinations have you received?

- 1 vaccination or dose (1)
- 2 vaccinations or doses (2)
- I don't know (3)

Display This Question:

If How many COVID-19 vaccinations have you received? != 2 vaccinations or doses

And How many COVID-19 vaccinations have you received? , 2 vaccinations or doses Is Displayed

V2a Did you receive (or do you plan to receive) all required doses?

- Yes, received all required doses (1)
- Yes, plan to receive all required doses (2)
- No, don't plan to receive all required doses (3)

Display This Question:

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



V3 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)

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 will get a COVID-19 vaccine? Please select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine. (1)
- I am concerned about having an allergic reaction to a COVID-19 vaccine. (2)
- 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. (5)
- My doctor has not recommended it. (6)
- 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 COVID-19 vaccines. (10)
- I don't trust the government. (11)
- It is against my religious beliefs. (15)
- I have a health condition and am concerned about the safety of the vaccine for people with my condition. (12)
- I am currently/planning to be pregnant and/or breastfeeding and do not want to get vaccinated at this time. (14)
- 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 won't get a COVID-19 vaccine? Please select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine. (1)
- I am concerned about having an allergic reaction to a COVID-19 vaccine. (2)
- 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. (5)
- My doctor has not recommended it. (6)
- 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 COVID-19 vaccines. (10)
- I don't trust the government. (11)
- It is against my religious beliefs. (15)
- I have a health condition and am concerned about the safety of the vaccine for people with my condition. (12)
- I am currently/planning to be pregnant and/or breastfeeding and do not want to get vaccinated at this time. (14)
- 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 won't get a COVID-19 vaccine? Please select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine. (1)
- I am concerned about having an allergic reaction to a COVID-19 vaccine. (2)
- 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. (5)
- My doctor has not recommended it. (6)
- 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 COVID-19 vaccines. (10)
- I don't trust the government. (11)
- It is against my religious beliefs. (15)
- I have a health condition and am concerned about the safety of the vaccine for people with my condition. (12)
- I am currently/planning to be pregnant and/or breastfeeding and do not want to get vaccinated at this time. (14)
- Other (13)

Display This Question:

If Did you receive (or do you plan to receive) all required doses? = No, don't plan to receive all required doses



V5d Which of the following, if any, are reasons that you don't plan to receive all required doses of a COVID-19 vaccine? Please select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine. (1)
- I am concerned about having an allergic reaction to a COVID-19 vaccine. (2)
- 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. (5)
- My doctor has not recommended it. (6)
- 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 COVID-19 vaccines. (10)
- I don't trust the government. (11)
- It is against my religious beliefs. (15)
- I have a health condition and am concerned about the safety of the vaccine for people with my condition. (12)
- I am currently/planning to be pregnant and/or breastfeeding and do not want to get vaccinated at this time. (14)
- Other (13)

Display This Question:

If Which of the following, if any, are reasons that you only probably will get a COVID-19 vaccine? Please select all that apply. (1) = I don't believe I need a COVID-19 vaccine.

Or Which of the following, if any, are reasons that you probably won't get a COVID-19 vaccine? Please select all that apply. (2) = I don't believe I need a COVID-19 vaccine.

Or Which of the following, if any, are reasons that you definitely won't get a COVID-19 vaccine? Please select all that apply. (3) = I don't believe I need a COVID-19 vaccine.

Or Which of the following, if any, are reasons that you don't plan to receive all required doses of a COVID-19 vaccine? Please select all that apply. (4) = 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)

Display This Question:

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



V4a Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following:

	More likely (1)	About the same (2)	Less likely (3)
Friends and family (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors and other health professionals you go to for medical care (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
World Health Organization (WHO) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government health officials (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Politicians (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Page Break

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 Vaccination V3

Start of Block: Section C: Contacts and risk factors



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)
- Autoimmune disorder such as rheumatoid arthritis or Crohn's disease (8)
- Type 1 diabetes (12)
- Type 2 diabetes (10)
- Weakened or compromised immune system (11)
- Obesity (13)
- None of these (9)

Page Break

C13

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

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

Display This Question:

*If In the last 24 hours, have you done any of the following? Please select all that apply.
q://QID57/SelectedChoicesCount Is Greater Than 0*

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

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



C13a During which activities **in the past 24 hours** did you wear a mask? Please select all that apply.

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

Q93 Click to write the question text

- Click to write Choice 1 (1)
 - Click to write Choice 2 (2)
 - Click to write Choice 3 (3)
-

Page Break



C10 In the past 24 hours, with how many people have you had direct contact, **outside of your household**? Your best estimate is fine. *["Direct contact" means: a conversation lasting more than 5 minutes with a person who is closer than 6 feet away from you, or physical contact like hand-shaking, hugging, or kissing.]*

	Number (1)
At work (1)	
Shopping for groceries and other essentials (2)	
In social gatherings (3)	
Other (4)	

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)
-

C16 In the past 7 days, when out in public places where social distancing is not possible, about how many people would you estimate wore masks?

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

C7 To what extent are you intentionally avoiding contact with other people?

- All of the time (1)
- Most of the time; I only leave my home to buy food and other essentials (2)
- Some of the time; I have reduced the amount of times I am in public spaces, social gatherings, or at work (3)
- None of the time (4)

Page Break

C6 **In the past 5 days**, have you traveled outside of your state?

Yes (1)

No (2)

C11 **In the past 24 hours**, have you had direct contact with anyone who recently tested positive for COVID-19 (coronavirus)?*["Direct contact" means: a conversation lasting more than 5 minutes with a person who is closer than 6 feet away from you or physical contact like hand-shaking, hugging, or kissing.]*

Yes (1)

Not to my knowledge (2)

Display This Question:

*If In the past 24 hours, have you had direct contact with anyone who recently tested positive for CO...
= Yes*

C12 Was this person a member of your household?

Yes (1)

No (2)

Page Break

C8 In the past 5 days, how often have you ...

	None of the time (1)	Some of the time (2)	Most of the time (3)	All the time (4)
felt nervous, anxious, or on edge? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt depressed? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
felt isolated from others? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

C9 How worried do you feel that you or someone in your immediate family might become seriously ill from COVID-19?

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

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)
-

C17a Have you had a seasonal flu vaccination since July 1, 2020?

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

Page Break

Display This Question:

If How many people, including you, are currently staying in your household? Children under 18 years old Is Greater Than or Equal to 1

E1 Are there any children in your household in any of the following grades?

	Yes (1)	No (2)	I don't know (5)
Pre-kindergarten/kindergarten (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grades 1 - 5 (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grades 6-8 (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grades 9-12 (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Are there any children in your household in any of the following grades? = Pre-kindergarten/kindergarten [Yes]

Or Are there any children in your household in any of the following grades? = Grades 1 - 5 [Yes]

Or Are there any children in your household in any of the following grades? = Grades 6-8 [Yes]

Or Are there any children in your household in any of the following grades? = Grades 9-12 [Yes]

E2 Do any of the following apply to any children in your household (pre-K–grade 12)?

	Yes (2)	No (3)	I don't know (4)
Going to in-person classes full-time (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Going to in-person classes part-time (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If Do any of the following apply to any children in your household (pre-K–grade 12)? = Going to in-person classes full-time [Yes]

Or Do any of the following apply to any children in your household (pre-K–grade 12)? = Going to in-person classes part-time [Yes]



E3 Do any of the following measures apply to children in your household when they attend in-person classes (pre-K–grade 12)? Please select all that apply.

- Mandatory mask-wearing for students (1)
- Mandatory mask-wearing for teachers (2)
- Student is with the same teacher all day (3)
- Student is with the same students all day (4)
- Some or all outdoor instruction (5)
- Restricted entry into school (e.g. no parents or caregivers) (6)
- Reduced class sizes (7)
- Closed cafeteria (8)
- Closed playground (9)
- Use of separators or "desk shields" in classrooms (10)
- Extra space between desks in classroom (11)
- No school-based extracurricular activities (e.g. sports, clubs, after school care) (12)
- No sharing of books and/or supplies (e.g. each student has their own set at their desk) (14)
- Daily symptom screening for those going onto campus (15)
- I don't know (16)

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A3b In which state are you currently staying?

▼ Alabama (1) ... I do not reside in the United States (53)



D1 What is your gender?

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

Display This Question:

If What is your gender? != Male

D1b Are you currently pregnant?

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

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)
-

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?

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)

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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)
-

D11 Do you smoke cigarettes?

- Yes (1)
 - No (2)
-

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

- Yes (1)
 - No (2)
-

Display This Question:

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

D10 Was any of your work for pay in the last four weeks 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 last four 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 l... = 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 last four 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 I... = Education, training, and library

Q66 Please select the job type that best fits the main kind of work you were doing in the last four 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 I... = 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 last four 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, report, 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 I... =
Healthcare practitioners and technicians*

Q68 Please select the job type that best fits the main kind of work you were doing in the last four 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 I... = Healthcare support

Q69 Please select the job type that best fits the main kind of work you were doing in the last four 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 l... =
Protective service*

Q70 Please select the job type that best fits the main kind of work you were doing in the last four 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 l... = 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 last four 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 l... = 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 last four 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 last four weeks = 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 last four 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 l... = Sales and related

Q74 Please select the job type that best fits the main kind of work you were doing in the last four 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 l... = 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 last four 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 l... = 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 last four 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 l... = Installation, maintenance, and repair

Q77 Please select the job type that best fits the main kind of work you were doing in the last four 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 I... = 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 last four weeks.

- First-line supervisor of production and operating workders (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 l... = 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 last four 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 l... = Other occupation

Q80 Please select the occupational group that best fits the main kind of work you were doing in the last four 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)

