

Survey of COVID-Like Illness - TODEPLOY- US Expansion - With Translations

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 where the coronavirus pandemic is moving, to improve our local and national responses.

The data captured does not include any personally identifiable information about you and your answers to all questions will remain confidential. Published results will be in aggregate and will not identify individual participants or their responses. 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 us weigh participation properly. Your responses may be shared with other public health researchers, including those at the University of Maryland. There are no foreseeable risks in participating 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)?



A2b How many people are there in your household **in total (including yourself)**?



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)
 - Other (Please specify): (14)
-
- None of the above (15)



Eye pain (16)



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...
q://QID39/SelectedChoicesCount Is Greater Than 0

And The rest of the survey will go into more detail to get a better understanding of your personal ex...
!= None of the above



B2b How long, in days, have you been experiencing these symptoms?

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... =
Fever



B3 You mentioned that you had a fever **in the past 24 hours**. Have you taken your temperature?

Yes (1)

No (2)

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... =
Fever



Q40

What was your highest temperature, in °F?

Display This Question:

If The rest of the survey will go into more detail to get a better understanding of your personal ex... =
Cough

B4 You mentioned that you experienced a cough **in the past 24 hours**. Did you cough up mucus?

- Yes, I had a lot of mucus (1)
- Yes, I had a little mucus (2)
- No, I had a dry cough (3)

Display This Question:

*If If 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*

*And The rest of the survey will go into more detail to get a better understanding of your personal ex...
!= None of the above*

B5 Have you been tested for COVID-19 (coronavirus) for your current illness?

- Yes, I was tested, and received a positive diagnosis for COVID-19 (1)
- Yes, I was tested, but it was negative for COVID-19 (2)
- Yes, I was tested, but have not received the result (3)
- No, I tried to get tested but could not get a test (4)
- No, I have not tried to get tested (5)

Display This Question:

*If If 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*

*And The rest of the survey will go into more detail to get a better understanding of your personal ex...
!= None of the above*

B6 In the past 24 hours, have you been to the hospital to seek care for your current illness?

- Yes (1)
- No (2)
- I have tried, but been unable to receive care (3)

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

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)

- Diabetes (1)
- Cancer (other than skin cancer) (2)
- Heart disease (3)
- High blood pressure (4)
- Asthma (5)
- Chronic lung disease such as COPD or emphysema (6)
- Kidney disease (7)
- Autoimmune disorder such as rheumatoid arthritis or Crohn's disease (8)
- None of the above (9)

Page Break

C2 Have you had a flu shot in the last 12 months?

Yes (1)

No (2)

C3 **In the past 5 days**, have you gone to work outside of your home?

Yes (1)

No (2)

Page Break

C5 In the past 5 days, have you worked at or visited a long-term care facility or nursing home?

Yes (1)

No (2)

C4 In the past 5 days, have you worked or volunteered in a hospital, medical office, ambulance service, first responder services, or any other health care setting?

Yes (1)

No (2)

Page Break

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

Yes (1)

No (2)

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

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"/>

Page Break

C9 How do you feel about the possibility that you or someone in your immediate family might become seriously ill from COVID-19 (coronavirus disease)?

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



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)	

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)

End of Block: Section C: Contacts and risk factors

Start of Block: Demographics

A3b In which state are you currently staying?

- Alabama (1)
- Alaska (2)
- Arizona (3)
- Arkansas (4)
- California (5)
- Colorado (6)
- Connecticut (7)
- Delaware (8)
- District of Columbia (9)
- Florida (10)
- Georgia (11)
- Hawaii (12)
- Idaho (13)
- Illinois (14)
- Indiana (15)
- Iowa (16)
- Kansas (17)
- Kentucky (18)
- Louisiana (19)
- Maine (20)
- Maryland (21)

- Massachusetts (22)
- Michigan (23)
- Minnesota (24)
- Mississippi (25)
- Missouri (26)
- Montana (27)
- Nebraska (28)
- Nevada (29)
- New Hampshire (30)
- New Jersey (31)
- New Mexico (32)
- New York (33)
- North Carolina (34)
- North Dakota (35)
- Ohio (36)
- Oklahoma (37)
- Oregon (38)
- Pennsylvania (39)
- Puerto Rico (40)
- Rhode Island (41)
- South Carolina (42)

- South Dakota (43)
 - Tennessee (44)
 - Texas (45)
 - Utah (46)
 - Vermont (47)
 - Virginia (48)
 - Washington (49)
 - West Virginia (50)
 - Wisconsin (51)
 - Wyoming (52)
 - 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)
-

Page Break



D3 How many children **under 18 years old** currently stay in your household?



D4 How many adults **between 18 and 64 years old** currently stay in your household (not including yourself)?

Page Break



D5 How many adults 65 years old or older currently stay in your household (not including yourself)?

Q36 How much of a threat would you say the coronavirus outbreak is to your household's finances?

- A substantial threat (1)
- A moderate threat (2)
- Not much of a threat (3)
- Not a threat at all (4)

End of Block: Demographics
