

CDC COVID-19 Community Survey Question Bank (DRAFT)

The CDC COVID-19 Community Survey Question Bank contains potential questions for community surveys and is offered by the CDC to interested researchers. It is not an official CDC form or data collection instrument.

Useful Demographic Covariates

1. Age

2. Race

- American Indian or Alaska Native
 White
 Asian
 Unknown
 Black or African American
 Native Hawaiian or Other Pacific Islander

3. Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

4. Employment Status

- Employed
 Student
 Unemployed
 Retired
 Unable to work
 Homemaker

5. Type of health insurance

- Medicaid
 National Health Insurance
 Other, specify
 Medicare
 Veterans Affairs/Military
 Employer-sponsored disability insurance
 No Insurance/Self-pay
 Private or group health insurance
 Unknown

6. Presence of underlying conditions

- Asthma
 Chronic kidney disease
 Chronic lung disease
 Cancer in the past year
 Chronic heart disease
 Immunosuppressive condition
 Diabetes

Epidemiology Questions

7. In the past 30 days, have you been sick for more than one day with an illness that included any of the following: fever, cough, sore throat, or runny or stuffy nose?

- Yes

Approximate date of onset

Which of the following symptoms did you have?

- A fever/feverish
 Difficulty breathing
 Cough
 Sore throat
 Runny or stuffy nose

- No

8. For this illness did you seek advice from a healthcare professional?

- Yes

Where did you seek care?

- Doctor's office
 Emergency Department
 Telemedicine/telephone triage
 Health department/public health clinic
 Retail clinic/Pharmacy
 Other
 Urgent care

How long after your symptoms started did you seek care?

- Less than 2 days
 2-7 days
 Greater than 1 week

- No

9. For this illness, were you tested for novel coronavirus (COVID-19)? Yes**Was the test for novel coronavirus positive?** Yes No Unknown**For this illness, were you tested for influenza?** Yes No Unknown No Unknown**Community Interventions Questions****10. In the last 7 days, have you:** Gone out to a restaurant, bar, club or other place where people gather? Visited with older friends, relatives or neighbors? Older =60 years old or older Gone to the grocery store or pharmacy? Gone to a friend, neighbor or relative's house (that is not your own)? Had more than 10 friends, neighbors or relatives over to your house? Gone to a family gathering where there were more than 10 people such as a reunion, wedding, funeral, birthday party? Gone to a gathering of friends where there were more than 10 people such as a party, wedding, or concert? Gone to a faith based gathering such as a church, synagogue, temple or mosque?**Starting today, for how long would you be willing to engage in the following behaviors?**

	Less than a month	1 month	2-3 months	4 months or more
11. Avoid going out to a restaurant, bar or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Avoid visiting with older (60 years +) family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Avoid visiting with other older (60 years +) adults such as friends or neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Avoid going to a family gathering like a birthday party or wedding or funeral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Avoid going to a social gathering with friends, peer or coworkers (not including relatives)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Avoid going to a faith based gathering such as a church, synagogue, temple or mosque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the past seven days, have you? Cleaned high touch surfaces in the home like door handles, faucets, and remote controls? Cleaned high touch electronics like your smart phone, computer, tablet or laptop? Increased handwashing frequency after being in public? Increased your use of alcohol-based hand sanitizer? Been able to find cleaning wipes Been able to find cleaning supplies like Clorox Been able to find soap Been able to find alcohol-based hand sanitizer**18. [For employed persons] How has the COVID-19 outbreak affected you in the past two weeks** Worked remotely or from home more than you usually do Worked more hours than usual Worked reduced hours Was not able to work Had difficulty arranging for childcare Incurred increased costs for childcare expenses Income or pay has been reduced Not paid at all Had serious financial problems**19. I believe I can protect myself from COVID-19** Yes No Unsure (or don't know)**20. I believe I can protect others from COVID-19** Yes No Unsure (or don't know)

At-Risk Populations questions

	A lot	Somewhat	A little	Not at all
21. Have recommendations for socially distancing caused stress for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Have recommendations for socially distancing caused stress for your families and loved ones?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. In the past two weeks have you experienced the following as a result of covid-19?				
<input type="checkbox"/> Not enough money to pay rent	<input type="checkbox"/> Not enough money to pay for gas	<input type="checkbox"/> Not enough money to pay for food	<input type="checkbox"/> Did not have a regular place to sleep or stay	
24. In the past two weeks has your family experienced the following as a result of covid-19?				
<input type="checkbox"/> Not enough money to pay rent	<input type="checkbox"/> Not enough money to pay for gas	<input type="checkbox"/> Not enough money to pay for food	<input type="checkbox"/> Did not have a regular place to sleep or stay	
25. To cope with social distancing and isolation, are you doing any of the following?				
<input type="checkbox"/> Taking breaks from watching, reading, or listening to news stories, including social media.	<input type="checkbox"/> Taking care of your body, such as taking deep breaths, stretching, or meditating.	<input type="checkbox"/> Engaging in healthy behaviors like trying to eat healthy, well-balanced meals, exercising regularly, getting plenty of sleep, or avoiding alcohol and drugs.	<input type="checkbox"/> Making time to relax.	
<input type="checkbox"/> Connecting with others, including talking with people you trust about your concerns and how you are feeling.	<input type="checkbox"/> Contacting a healthcare provider	<input type="checkbox"/> Smoking more cigarettes or vaping more	<input type="checkbox"/> Drinking alcohol	
<input type="checkbox"/> Using prescription drugs (like valium, etc.)	<input type="checkbox"/> Using non-prescription drugs	<input type="checkbox"/> Using cannabis or marijuana	<input type="checkbox"/> Eating high fat or sugary foods	
<input type="checkbox"/> Cutting or self-injury	<input type="checkbox"/> Over exercise	<input type="checkbox"/> Eating more food than usual	<input type="checkbox"/> Eating less food than usual	
26. In the past week have the following behaviors increased in your household:				
<input type="checkbox"/> Interpersonal conflict with family members or loved ones	<input type="checkbox"/> Snapping at or yelling at family members	<input type="checkbox"/> Corporeal punishment of children	<input type="checkbox"/> Corporeal punishment of pets	
<input type="checkbox"/> Interpersonal conflict with friends or coworkers				

Questions that are useful but are lower priority

	Yes	No	Unsure (or don't know)	
27. If I get sick, I believe I can stay home for 7 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. If I get sick, I believe I can stay home for 14 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29. I believe that COVID-19 is a serious disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. I believe that I am at risk of being infected with COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is there community spread of COVID where you are living?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure	
32. How much information do you feel you know about COVID-19?	<input type="radio"/> A lot	<input type="radio"/> Some	<input type="radio"/> A little	<input type="radio"/> Nothing

33. To the best of your knowledge, which of the following can protect someone from COVID-19?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Washing hands for 20 seconds with soap and water | <input type="checkbox"/> Using alcohol-based hand sanitizer | <input type="checkbox"/> Only drinking bottled water | <input type="checkbox"/> Avoiding gatherings of more than 10 people |
| <input type="checkbox"/> Standing 6 feet from another person | <input type="checkbox"/> Covering coughs and sneezes with a tissue or my elbow | <input type="checkbox"/> Staying home | <input type="checkbox"/> Wearing a face mask when well |
| <input type="checkbox"/> Working from home | <input type="checkbox"/> Distance learning (or taking school classes over the computer or remotely) | <input type="checkbox"/> Cleaning high touch surfaces like door handles, counters, faucets, and remote controls | <input type="checkbox"/> Avoid gatherings of more than 50 people |