Thank you for agreeing to participate in our ongoing survey which focuses on the impact of the novel coronavirus (COVID-19). We will send you a reminder to check in once every fourteen days, on [day of the week], to let us know how the coronavirus epidemic is affecting you.

COVID-19 Symptoms, Status, and Healthcare

cr001_intro, (cr001a – cr001r)
Have you experienced any of the following symptoms in the past 7 days? [Randomize the order of items in the list]

<p>| | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Fever or chills</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Runny or stuffy nose</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Chest congestion</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Cough</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Sore throat</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Sneezing</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Muscle or body aches</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Headaches</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Fatigue or tiredness</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Shortness of breath</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Abdominal Discomfort</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Vomiting</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Hair Loss</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Dry skin</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Body temperature higher than 100.4 F or 38.0 C</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Lost sense of smell</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
<td>Skin rash</td>
</tr>
</tbody>
</table>

cr002
Have you been tested for the coronavirus? If so, what was the result?
1. I have been tested and I tested positive (I had coronavirus)
2. I have been tested and I tested negative (I did not have coronavirus)
3. I have been tested and I do not know the result
4. I have not been tested

cr005
Whether or not you have had a coronavirus test, has a doctor or another healthcare professional diagnosed you as having or probably having the coronavirus?
1. Yes
2. No
3. Unsure

cr007
[if cr002 <>1 & cr005 <>1] Do you think you’ve been infected with the coronavirus?
1. Yes
2. No
3. Unsure

`cr011`

[if `cr002 <> 1` & `cr005 >= 1` & `cr007 = 1`] How much do you think it would cost for you to get tested?

[if `cr011 = 1`] Have you contacted anyone, (other than the medical professionals that tested, or diagnosed, or treated you), to inform them you have coronavirus?

1. Yes
2. No

`cr012_intro, (cr012a – cr012h)` [Randomize the order items in the list]

Who have you contacted to let them know that you think you have coronavirus? Please check all that apply.

- yes no A local health departments or hotline
- yes no Hospital or emergency room
- yes no My primary care doctor or another doctor
- yes no My employer, supervisor or school
- yes no Community or religious leaders
- yes no Family or friends
- yes no Online social contacts such as people on Facebook or Twitter

`cr004`

Whether or not you have been tested, or diagnosed, have you sought medical care for coronavirus?

1. Yes
2. No

`cr009`

[if `cr004 = 1`] Where did you first seek medical care for coronavirus?

1. Hospital or emergency room
2. Urgent care
3. My primary care doctor or another doctor
4. A local health department
5. Other: please specify
6. I did not seek care

`cr010a`

[if `cr006 = 1 to 5`] When you sought care from [insert `cr009`] did you obtain care?

1. Yes, in person
2. Yes, phone or video care
3. Did not obtain care

`cr010b`

[if `cr010a = 1`] Did you call ahead before seeking care in person?

1. Yes
2. No
cr013
Do you currently have health insurance?
1. Yes
2. No
3. Unsure