

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]

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

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

Center for Economic and Social Research – Understanding America Study
Coronavirus Tracking Survey - Long Form - Wave 2: April 1-14, 2020

cr013

Do you currently have health insurance?

1. Yes
2. No
3. Unsure