

June Covid19 Participant Experience Cope Survey

What should I know before participating?

The All of Us Research Program is interested in understanding the changes in your experiences and health during the time of the coronavirus disease 2019 (COVID-19) pandemic. Help us learn more by completing this survey. Participating in this survey may help researchers around the world better understand the impact of COVID-19 during this challenging time. The All of Us Research Program will repeat this survey throughout the pandemic.

The questions in this survey may be sensitive and may cause worry or anxiety. Remember, your privacy is very important to us. Your name and identity will be separated from your answers before information is shared with approved researchers.

No one will monitor your answers in real time. But, based on your answers, the system may suggest free phone and text resources to help you.

You can choose not to answer any question at any time. This survey will take approximately 20 to 30 minutes to complete.

Yes, I'm ready to take the survey now. Yes, I would like to take the survey at a later time. No, I do not want to take the survey.

Please answer each question as honestly as possible. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you must spend a long time on each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the options given.

Some questions also let you say if you don't know an answer or would rather not answer. Some of the questions may be sensitive. You can choose not to answer any question.

COVID-19 Related Symptoms

The next questions ask about your experience with COVID-19 or flu-like symptoms.

In the past month, have you been sick for more than one day with a new illness related to COVID-19 or flu-like symptoms?

Yes No

Approximate date of onset

Which of the following symptoms did you have? (select all that apply)

A fever/feverish Cough Sore or painful throat Runny or stuffy nose Difficulty breathing or shortness of breath Unusual fatigue Unusually strong muscle pains/aches Headache Dizziness or light-headedness Confusion, disorientation, or drowsiness Loss of smell or taste Unusual eye soreness or discomfort (e.g., light sensitivity, pink eye, or excessive tears) Unusually hoarse voice Unusual chest pain or tightness in your chest Unusual abdominal pain or stomachache Diarrhea Nausea Skipping meals Raised, red, itchy, welts on the skin or sudden swelling of the face or lips Red/purple sores or blisters on your feet, including your toes

Have you EVER been near someone that you know, or suspect, had COVID-19 (such as co-workers, family members, or others)? Select all that apply.

Yes, known COVID-19 Yes, suspected COVID-19 Not that I know of

Do you think you have had COVID-19?

Yes

No Maybe