ALL RESPONDENTS

PART 2: COVID-19 EXPOSURES AND SYMPTOMS (SELF AND FAMILY)

We are interested in whether you and your family have been exposed to or are experiencing any symptoms like those seen in COVID-19.

Major symptoms: fever or chill, cough, shortness of breath.

Minor symptoms: sore throat, headache, muscle or body aches, runny nose, fatigue, diarrhea/nausea, vomiting, loss of smell or taste, itchy/red eyes.

1. For all of the following people, please indicate which has occurred. Check all that apply.

   Section i.

<table>
<thead>
<tr>
<th></th>
<th>No symptoms</th>
<th>Currently have symptoms</th>
<th>Symptoms in the past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
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<tr>
<td>Partner</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Newborn</td>
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<tr>
<td>Other children</td>
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<tr>
<td>Other living in home</td>
<td></td>
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</tbody>
</table>

   Section ii.

   If click (self) tested, conditional response: Date of test: ___________

<table>
<thead>
<tr>
<th></th>
<th>Never tested</th>
<th>Tested positive for COVID-19</th>
<th>Tested negative for COVID-19</th>
<th>Tested and waiting for results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
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<td></td>
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<tr>
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</tbody>
</table>
2. **Have any of the following individuals been in contact with someone who has tested positive for COVID-19? (within 14 days before or after a positive test date) (check all that apply)**

   (1) Self
   (2) Partner
   (3) Newborn
   (4) Other children
   (5) Other living in home
   (6) Your parents
   (7) Close friends/neighbors
   (8) Other
   (9) None known

   If other, please specify: (open field) ________

3. **Do any of the following individuals have higher risk of contracting COVID-19 due to existing medical condition(s) or advanced age? (check all that apply)**

   (1) Self
   (2) Partner
   (3) Newborn
   (4) Other children
   (5) Other living in home
   (6) Your parents
   (7) Close friends/neighbors
   (8) Other
   (9) None known

   If other, please describe: (open field) ________

4. **Would you like to be tested for COVID-19 but have not been able to get tested?**

   (1) Yes
   (0) No

5. **How many people do you know personally (have met in person) who have become ill with COVID19? (count individual people only once in fields below)**

   (1) Confirmed case number? ____________
   (2) Suspected case number? ____________
6. In general, how distressed are you about your own COVID-19 related symptoms or potential illness? 
   (Likert scale 1-7, 1 = No distress, 7 = Highly distressed)

7. In general, how distressed are you about COVID-19 related symptoms or potential illness in friends and family? 
   (Likert scale 1-7, 1 = No distress, 7 = Highly distressed)