10. Has anyone in your household (or, the place you are residing) been tested for COVID-19?

- Yes
- No
- Unsure

**If yes:**

a. When was the first test conducted? __________

b. What was the result of the first test?

- Positive
- Negative
- Unsure

Was there a second test?

- Yes
- No

**If yes:**

a. When was the second test conducted? __________

b. What was the result of the second test?

- Positive
- Negative
- Unsure

Was there a third test?

- Yes
- No

**If yes:**

a. When was the third test conducted? __________

b. What was the result of the third test?

- Positive
- Negative
- Unsure

Was there a fourth test?

- Yes
- No

**If yes:**

a. When was the fourth test conducted? __________

b. What was the result of that test?

- Positive
- Negative
- Unsure

(continued)
11. What actions have you taken to reduce your risk of exposure to COVID-19?

- a. Washing hands and/or using sanitizer frequently
- b. Staying at least 6 feet away from others
- c. Avoiding large gatherings
- d. Not going out to restaurants or bars
- e. Cancelled planned travel
- f. Wearing a face mask
- g. Not shaking hands or touching people
- h. Staying home when I am sick
- i. Not going to work
- j. Wiping down surfaces with disinfectant
- k. Following government guidelines or rules to stay at home and limiting contacts with other people
- l. Placed under full quarantine by local authorities

12. Do you currently use any tobacco products?

- a. Cigarettes
  - Yes
  - No
  - Cigarettes per day: _________
- b. Pipes
  - Yes
  - No
- c. Cigars
  - Yes
  - No
- d. E-cigarettes
  - Yes
  - No
- e. Other
  - Yes
  - No

Specify ‘Other’: ___________________
13. Did you receive vaccination for influenza ("the flu shot") between September 2019 and March 2020?
   ○ Yes
   ○ No

14. Have you had a test for influenza since January 2020?
   ○ Yes
   ○ No
   
   If yes:
   
a. What was the result of the flu test?
      ○ Positive
      ○ Negative
   
b. Was this test performed at the same time as a COVID-19 test?
      ○ Yes
      ○ No