COVID Symptom Study App Questionnaire v.7

Q (single-select): I am in an existing research study or trial, and I want my data to be shared with investigators on that study.

1. Yes, I am
2. No, I am not

Q (text entry): Your email

Q (text entry): Your name

Q (text entry): Phone number

If "Yes, I am" show:

Q (multi-select): Is your study one of the following?

a. Harvard Nurses’ Health Studies
b. Harvard Growing Up Today Study
c. Harvard Health Professionals Follow-Up Study
d. Mass General/ Brigham
e. Stanford Nutrition Studies Group
f. Multiethnic Cohort Study
g. PREDICT 2
h. American Cancer Society Cancer Prevention Study-3
i. UCSD/COH California Teachers Study
j. The Sister Study
k. The Agricultural Health Study (AHS)
l. The GuLF Study
m. ASPREE-XT
n. Black Women’s Health Study
o. ColoCare study
p. PROMISE/PCROWD study
q. PREDETERMINE study
r. NIEHS Environmental Polymorphisms Study
s. Chasing COVID-CUNY ISPH
t. CovidNearYou/FluNearYou
u. Partners Biobank
v. Mass Eye and Ear Infirmary
w. MD Anderson D3CODE Study
x. Hispanic Colorectal Cancer Study
y. Colon Cancer Family Registry
z. Louisiana State University
aa. COVID SIREN
bb. NorthShore Genomic Health Initiative
cc. C19 Human Genomics Study
dd. ORIGINS
e. School reopening

Q (text entry): If not, add the names of your studies.

Q (text entry): If you know it, what is the name of your contact at the study (investigator, physician, study coordinator, etc.)?
Q (text entry): If you know it, what university or hospital runs this study?

Q (text entry): What is the NCT number (if you know it)?