

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
- ee. 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)?