

**Q:** New COVID studies and how you can help. Are you interested in being contacted to learn about additional studies related to COVID-19 or use of this app?

**Q (select one):** Have you felt unwell in the month before you started reporting on this app?

1. No
2. Yes

*If "Yes" show:*

**Q (multi-select):** Did you have any of the following symptoms?

- k. Loss of smell/taste
- l. Unusual shortness of breath
- m. Unusual fatigue
- n. Fever
- o. Skipped meals
- p. Persistent cough
- q. Diarrhea
- r. Unusual chest pain or tightness in your chest
- s. Hoarse voice
- t. Abdominal pain
- u. Confusion, disorientation, drowsiness

**Q (text entry):** How many days ago did your symptoms start?

**Q (select one):** Are you still experiencing symptoms?

1. No
2. Yes

*If "Yes" show:*

**Q (select one):** How have your symptoms changed over the last few days?

1. Much better
2. A little better
3. The same
4. A little worse
5. Much worse

**Q (select one):** Do you think you have already had COVID-19, but were not tested?

1. No
2. Yes

*If "Yes" show:*

**Q (select one):** Did you have the classic symptoms (high fever and persistent cough) for several days?

1. No
2. Yes