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