COVID Symptom Tracker

List of questions:

Q (text entry): Your email

Q (text entry): Your name

Q (text entry): Phone number

Q (multi-select): Are you already a participant in a research study at?
1. Mass General Brigham
   a. Nurses’ Health Studies
   b. COVID-19 Studies
2. Stanford
   a. Stanford Diabetes Registry
   b. Stanford WELL Registry
3. Other medical center or university: Please name the study, if you know it.

Q (select one): Are you a healthcare professional?
1. No
2. Yes, currently treat patients
3. Yes, do not currently treat patients

If "yes" show

Q (multi-select): Since the COVID-19 epidemic began, have you physically worked in? (check all that apply)
1. Hospital inpatient
2. Hospital outpatient
3. Clinic outside a hospital
4. Nursing home or group care facility
5. Home health
6. School clinic
7. Other health care facility

Q (select one): Have you EVER interacted in person with patients with documented or presumed COVID-19 infection? (check all that apply)
1. No
2. Yes, documented COVID-19 cases
3. Yes, presumed COVID-19 cases
4. Not that I know of
Q (select one): Since the COVID-19 epidemic began, have you used personal protective equipment (PPE) at work? *Depending on your specific work requirements, PPE might include gloves, masks, face shields, etc
1. Always
2. Sometimes
3. Never

If "always" show:

Q (chose one): Choose one of the option?
1. I have had all the PPE I need for work
2. I had to reuse PPE because of shortage

If "sometime" show:

Q (chose one): (Check all that apply)
1. I haven’t always needed to use PPE, but have had enough when I did
2. I would have used PPE all the time, but I haven’t had enough
3. I’ve had to reuse PPE because of shortage

If "never" show:

Q (chose one): Choose one of the options
1. I haven’t needed PPE
2. I needed PPE, but it was not available

Q (text entry): What year were you born?

Q (chose one): What sex were you assigned at birth?
1. Male
2. Female
3. Prefer not to say

Q (text entry): Your height?

Q (text entry): Your weight?

Q (text entry): Your zipcode?
Q (multi-select): Have you EVER been exposed to someone with documented or presumed COVID-19 infection (such as co-workers, family members, or others)? Please check all that apply.
1. Yes, documented COVID-19 case
2. Yes, presumed COVID-19 cases
3. Not that I know of

Q (select one): In general, do you have any health problems that require you to stay at home?
1. No
2. Yes

Q (select one): Do you need someone to help you on a regular basis?
1. No
2. Yes

Q (select one): If you need help, can you count on someone close to you?
1. No
2. Yes

Q (select one): Do you regularly use a cane, walker or wheelchair to get about?
1. No
2. Yes

Q (select one): In general, do you have any health problems that require you to limit your activities?
1. No
2. Yes

*If answered “female” previously show:

Q (select one): Are you pregnant?
1. No
2. Yes

Q (select one): Do you have heart disease?
1. No
2. Yes
Q (select one): Do you have diabetes?
1. No
2. Yes

Q (select one): Do you have lung disease or asthma?
1. No
2. Yes

Q (select one): Do you smoke?
1. Yes
2. Not currently, but in the past
3. Never

If "Not currently, but in the past" show:

Q (text entry): How many years since you last smoked?

Q (select one): Do you have kidney disease?
1. No
2. Yes

Q (select one): Are you living with cancer?
1. No
2. Yes

Q (select one): Are you on chemotherapy or immunotherapy for cancer?
1. No
2. Yes

Q (select one): Are you participating in a clinical trial?
1. No
2. Yes

Q (If yes) Where are you receiving treatment? Free text

Q (If yes) Do you know the NCT identifier for the trial?
1. No
   a. If no, provide name of the doctor you see for the trial.
2. Yes (Provide NCT number)
Q (select one): Do you regularly take immunosuppressant medications (including steroids, methotrexate, biologic agents)?
1. No
2. Yes

Q (select one): Do you regularly take aspirin (baby aspirin or standard dose)?
1. No
2. Yes

Q (select one): Do you regularly take NSAIDs like ibuprofen, nurofen, diclofenac, naproxen?
1. No
2. Yes

Q (select one): Are you regularly taking blood pressure medications ending in -pril, such as enalapril, lisinopril, captopril, ramipril?
1. No
2. Yes

Q (select one): Are you regularly taking blood pressure medications ending in -sartan, such as losartan, valsartan, irbesartan?
1. No
2. Yes

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

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

Q (select one): Have you had a test for COVID-19?
1. No
2. Yes
If "Yes" show:

Q (select one): Did you test positive for COVID-19?
1. No
2. Yes
3. Waiting for results

Q (select one): How do you feel physically right now?
1. I feel physically normal
2. I’m not feeling quite right

Q (select one): Do you have a fever?
1. No
2. Yes

Q (number entry): If you are able to measure it, what is your temperature?

Q (select one): Do you have a persistent cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)?
1. No
2. Yes

Q (select one): Are you experiencing unusual fatigue?
1. No
2. Mild fatigue
3. Severe fatigue - I struggle to get out of bed

Q (select one): Do you have a headache?
1. No
2. Yes

Q (select one): Are you experiencing unusual shortness of breath?
1. No
2. Yes. Mild symptoms - slight shortness of breath during ordinary activity.
3. Yes. Significant symptoms - breathing is comfortable only at rest.
4. Yes. Severe symptoms - breathing is difficult even at rest.

Q (select one): Do you have a sore throat?
1. No
2. Yes

Q (select one): Do you have loss of smell/taste?
1. No
2. Yes

Q (select one): Do you have an unusually hoarse voice?
1. No
2. Yes

Q (select one): Are you feeling unusual chest pain or tightness in your chest?
1. No
2. Yes

Q (select one): Do you have unusual abdominal pain?
1. No
2. Yes

Q (select one): Are you experiencing diarrhea?
1. No
2. Yes

Q (select one): Are you experiencing nausea?
1. No
2. Yes

Q (select one): Have you been skipping meals?
1. No
2. Yes

Q (long text entry): Any there other important symptoms you want to share with us?

Q (select one): Where are you right now?
1. I’m at home. I have not been to the clinic or hospital for suspected COVID symptoms
2. I am in the clinic or hospital with suspected COVID symptoms
3. I am back from the clinic or hospital, I’d like to tell you about my treatment
4. I am back from the clinic or hospital, I’ve already told you about my treatment

If "I am in the hospital with suspected COVID symptoms" OR "I am back from the hospital, I’d like to tell you about my treatment" show:

Q (select one): What treatment are you (did you) receiving right now?
1. None
2. Oxygen and fluids* (*Breathing support through an oxygen mask, no pressure applied)
3. Non-invasive ventilation* (*Breathing support through an oxygen mask, which pushes oxygen into your lungs)
4. Invasive ventilation* (*Breathing support through an inserted tube. People are usually asleep for this procedure)
5. Other

Additional daily questions for healthcare workers, who currently treats patients shown on repeat use.

Q (select one): In the last day, did you treat patients in person with documented or presumed COVID-19 infection? Please check all that apply.

1. Yes, documented COVID-19 cases
2. Yes, presumed COVID-19 cases
3. Not that I know of

Q (select one): In the last day, did you use personal protective equipment (PPE) at work? *Depending on your specific work requirements, PPE might include gloves, masks, face shields, etc.

1. All the time
2. Some of the time
3. None of the time

If "All of the time" show:

**Q (select one):** Choose one of the options:

1. I had all the PPE I need for work
2. I had to reuse PPE because of a shortage

If "Some of the time" show:

**Q (select one):** Choose one of the options:

1. I didn’t need to use PPE all the time, but had enough when I did
2. I would have used PPE all the time, but I didn’t have enough
3. I had to reuse PPE because of a shortage

If "None of the time" show:

**Q (select one):** Choose one of the options:

1. I didn’t need PPE
2. I needed PPE, but it was not available