1. Have you been diagnosed with covid-19 by a doctor or other health care provider?
   - O Yes
   - O No
   - O I’m not sure

   a. Were you hospitalized?
      - O Yes
      - O No
      - O I’m not sure

   i. How many days were you in the hospital? _____________

   b. What symptoms did you have?
      (mark all that apply)
      - O fever
      - O cough
      - O shortness of breath
      - O diarrhea
      - O vomiting
      - O temporary loss of smell

   c. Have you had any of the following symptoms since the beginning of 2020?
      (Mark all that apply)
      - O fever
      - O cough
      - O shortness of breath
      - O diarrhea
      - O vomiting
      - O temporary loss of smell
      - O I had none of these symptoms

   d. Were any of the above symptoms due to a condition or disease other than covid-19?
      - O Yes
      - O No
      - O I’m not sure
      - O I didn’t have any symptoms

2. Has a close friend or family member been diagnosed with covid-19?
   - O Yes
   - O No
   - O I’m not sure