III. COVID – Becoming Ill

1. What symptoms led you to seek medical attention? (check all that apply) [onset_symptoms]
   1. Fever
   2. Chills or Shaking
   3. Cough
   4. Difficulty Breathing
   5. Chest pressure
   6. Loss of Taste or Smell
   7. Sore Throat
   8. Runny Nose/Sinus Congestion
   9. Diarrhea
   10. Muscle Pain/Body Aches
   11. Headache
   12. Fatigue
   13. Nausea/Vomiting
   14. Seizure or Loss of Consciousness
   15. I Received Care Before Noticing Symptoms
   16. Other, please specify other: _____________________ [onset_symp_other]
   0 None of these apply

2. When you realized you were sick, where did you initially go for medical assistance? (check one) [onset_provider]
   1. Contacted medical provider by phone
   2. Contacted medical provider over the internet
   3. Was seen at a non-urgent medical office
   4. An urgent care facility
   5. A rapid testing location or drive-through
   6. A hospital Emergency Room (ER)
   7. Other
      Other, specify _____________________ [onset_provider_other]
   0 I did not seek help from a professional care provider about my COVID illness

3. Did you ever call 911 with concerns about your COVID illness? (check one) [onset_call_911]
   1. Yes
   0 No

   If yes, then:
   How many times? (check one) [calls_911]
   1 one time
   2 more than one time