

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