VII. Current Situation

1. In the last 10 days, have you: (check all that apply) [activity_01]
   1. Gone out to a restaurant, bar, club or other place where people gather?
   2. Visited with friends, relatives or neighbors that are older than 60 years old?
   3. Gone to the grocery store, pharmacy, food market?
   4. Visited a retail store to buy non-food items such as clothing, decorations, gifts, sporting goods?
   5. Visited with a friend, neighbor or relative?
   6. Had food delivered to your home or ordered take-out/take-away at a restaurant?
   7. Had more than 4 friends, neighbors or relatives over to your house at one time?
   8. Shared a car ride with individuals not living in your home?
   9. Taken public transportation?
   10. Gone to a gathering where there were more than 10 people, such as a sports game, performance, reunion, wedding, funeral, party?
   11. Gone to a faith based gathering such as a church, synagogue, temple or mosque?
   0 None of these apply

2. Do you have pets in your home? (check all that apply) [pet]
   1. Dog(s)
   2. Cat(s)
   3. Bird(s)
   4. Reptile(s)
   5. Rodent(s)
   6. Fish
   7. Other
   0 None of these apply

   If 7, then:
   2.1 Please specify other: (open field) [pet_other]

   For all endorsed in list:
   2.2 How many (insert item)? (open field) [pet_item_num]
   (repeat for each animal endorsed)

3. At this time have you received a COVID-19 Vaccine? (check one) [vaccine_received]
   1. Yes (1 or 2 doses)
   2. No
   999 Unsure

   If yes, then:
3.1 When did you receive the COVID-19 vaccine? (check one) [vaccine_received_date]
   1. Prior to Jan 2021
   2. Jan 2021
   3. Feb 2021
   4. March 2021
   5. April 2021
   6. May 2021
   7. June 2021

If yes, then:
3.2 Which vaccine did you receive (choose one)? (check one) [which_vaccine]
   1 Pfizer vaccine – First dose only
   2 Pfizer vaccine – First and second dose
   3 Moderna vaccine – First dose only
   4 Moderna vaccine – First and second dose
   5 Other
   6 I do not know

If 6, then:
3.2.1 Which other vaccine did you receive? (check one) [which_vaccine]
   1 AstraZeneca vaccine
   2 Janssen vaccine
   3 Novavax COVID-19 vaccine
   4 Johnson and Johnson vaccine
   0 None of these

If yes, then:
3.3 Did you experience any side effects within 2 weeks after the FIRST vaccine? (check one) [vaccine_had_side]
   1 Yes
   0 No
   2 I do not know

If yes, then:
3.3.1 Which side effect did you experience (check all that apply) [vaccine_side_effects]
   1 Pain where shot was given
   2 Fever >100.4F
   3 Fatigue/tiredness
   4 Headache
   5 Muscle pain in parts of your body beyond where shot was given immediate, severe allergic reaction
      (including difficulty breathing and feeling faint, and possibly also skin rash, nausea and/or vomiting)
   6 Skin rash
   7 Facial swelling
   8 Other (please describe)__________________ [vaccine_side_effects_other]

If both doses; [which_vaccine] = 2 or [which_vaccine] = 4, then:
3.4 Did you experience any side effects within 2 weeks after the SECOND vaccine? (check one) [vaccine2_had_side]
   1 Yes
   0 No
   2 I do not know
If yes, then:

3.4.1 Which side effect did you experience after your SECOND vaccine (check all that apply) [vaccine2_side_effects]
1 Pain where shot was given
2 Fever >100.4F
3 Fatigue/tiredness
4 Headache
5 Muscle pain in parts of your body beyond where shot was given
6 Immediate, severe allergic reaction (including difficulty breathing and feeling faint, and possibly also skin rash, nausea and/or vomiting)
7 Skin rash
8 Facial swelling
9 Other (please describe)__________________ [infant_side_effect_other]

If yes, then:

3.5 Have you relaxed your COVID-19 safety behaviors (e.g., social distancing, mask wearing, travel) now that you have received the COVID-19 vaccine? (check one) [vaccine_relaxed_behavior]
1 Yes
2 No

If no, then:

2.6 If you were offered the COVID vaccine tomorrow, what would you do? (check one) [if_offered_vaccine]
1 I would definitely choose to get vaccinated
2 I would probably choose to get vaccinated
3 I would probably choose NOT to get vaccinated
4 I would definitely NOT choose to get vaccinated

If no, then:

2.4 Do you think you will relax your COVID-19 safety behaviors (e.g., social distancing, mask wearing, travel) once you receive the COVID-19 vaccine? (check one) [will_relax_behavior]
1 Yes
2 No

3. Do you have children? (indicate yes if pregnant now, partner of pregnant female, or are trying to conceive) (check one) [has_children]
1 Yes
0 No

If yes, then:

3.1 What are the ages of your children? (check all that apply) [ages_of_children]
0 Currently pregnant / or partner of pregnant female
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9
10 10
If female, and answered yes, and infant under 12 mo, then:
3.2 Are you currently breastfeeding an infant? (check one) [breastfeeding infant]
1 Yes
0 No
2 I do not know

If yes and received vaccination, then:
3.2.1 Did your breastfeeding baby experience any side effects following your vaccination? (check one) [breastfeeding_baby_side_effects]
1 Yes
0 No
2 I do not know

If yes:
3.2.1.1 Which side effect did your infant experience? (check all that apply) [infant_side_effects]
1 Fatigue/tiredness
2 Immediate allergic reaction
3 Skin rash
4 Facial swelling
5 Eczema or itchy, cracked, and rough skin
6 Other (please describe)__________________

If female AND if has not had vaccine AND if pregnant OR breastfeeding:
3.3 Which of the following applies to your plans about the COVID vaccine? (check one) [covid_vaccine_plans]
1 I plan on getting the COVID vaccine as soon as it is available to me
2 I plan on getting the COVID vaccine when I am no longer pregnant
3 I plan on getting the COVID vaccine later in my pregnancy
4 I plan on getting the COVID vaccine when I am no longer breastfeeding
5 I do not plan on getting the COVID vaccine

If has child, then:
3.4 Has your child (or children) been infected with COVID? (check one) [children_infected]
1 Yes, and tested positive or had antibodies
2 Yes, was ill but not confirmed with formal testing
3 No, my child (or children) have not been infected with COVID
999 I am unsure
3.4.1: Ages of children infected with COVID: (open field) [children_infected_ages]

4. Which of the following applies to your plans about the COVID vaccine for your child(ren)? (check one) [vaccine_children]
   1 I plan on getting the COVID vaccine for my child(ren) as soon as it is available
   2 I plan on getting the COVID vaccine for my child(ren) eventually
   3 I do not plan on getting the COVID vaccine for my child(ren)
   999 I am unsure