Novel Coronavirus (COVID) Illness – Patient Report (NCI-PR)

Today's Date ___________________ [date]

1. What is your gender? (check all that apply) [gender]
   1 Male
   2 Female
   3 Option to self-describe: ______________________
   999 Prefer not to answer

   If 3, then:
   Option to self-describe: (open field) [gender_selfdescribe]

2. Do you believe that you have been personally infected with COVID? This includes presumed positive regardless of whether you had testing done. (check one) [infected_covid]
   1 Yes
   0 No
   (if No then jump to final 2 questions about current situation and then end measure)

3. How do you think you caught COVID? (check one) [infected_caught_covid]
   1 Person-to-person contact (droplets from cough, sneeze or breath)
   2 Contaminated foods or surfaces
   3 Both, person-to-person contact and contaminated objects
   999 Unsure

   If 1 or 3, then:
   3.1 What led to person-to-person contact? (check one) [infected_inperson_covid]
      1 Infected individual in home
      2 Spending time in public spaces
      3 While fulfilling my job duties
      4 While receiving medical care
      5 While helping or supporting others with illness

4. Are you currently COVID positive? (check one) [current_covid_status]
   1 Yes
   0 No