

# 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