I. COVID Testing
1. Have you been tested for COVID (antibodies or active illness)? (check one) [test_any]
   1 Yes
   0 No
   999 Unsure

   If yes, then:
   1.1 Have you had a positive COVID PCR test (throat or nose swab)? (check one) [test_pos_pcr]
      1 Yes
      0 No
If yes, then:

1.1.2 Number of times you have had a positive COVID PCR test (check one) [test_frequency_pcr]
   0 0
   1 1
   2 2
   3 3
   4 4
   5 5
   6 More than 5

if test_frequency_pcr > 1, then 3.1.3-3.1.5 repeat up to 3 times with “date of first test”; “date of second test”; etc

1.1.3 When did you get your first test? (check one) [test_pcr_date]
   1 February 2020
   2 March 2020
   3 April 2020
   4 May 2020
   5 June 2020
   6 July 2020
   7 August 2020
   8 September 2020
   9 October 2020
   10 November 2020
   11 December 2020
   12 January 2021
   13 February 2021
   14 March 2021
   15 April 2021
   16 May 2021
   0 None of these

1.1.4 Where did you receive your throat/nose swab COVID test? (check one) [test_pcr_locat]
   1 Urgent care
   2 Drive-through testing site
   3 Pharmacy
   4 Outpatient office
   5 Hospital or Emergency Department
   6 Other________________ [test_pcrlocat_other]

1.1.5 Did you have symptoms when you received your throat/nose swab? (check one) [test_pcr_symp]
   1 Yes
   0 No

1.2 Have you had a blood test for COVID antibodies? (check one) [test_antib]
   1 Yes
   0 No

if yes, then:

1.2.1 Have you tested positive for COVID antibodies? (check one) [test_antib_pos] 1 Yes, I have tested positive for antibodies (at least once)
   0 No, I completed a blood test, but I was negative for antibodies
1.2.2 Date of most recent test(s) (date field) [test_antib_date]

1.2.3 Where did you receive your blood antibody COVID test(s)? (check one) [test_antib_locat]
   1 Urgent care
   2 Drive-through testing site
   3 Pharmacy
   4 Outpatient office
   5 Hospital or Emergency Department
   6 Other________________ [test_antiblocat_other]

1.2.4 Did you have symptoms when you were tested for antibodies? (check one) [test_antib_symp]
   1 Yes
   0 No

1.3 Why were you tested? (check one) [test_reason]
   1 Pre-existing health condition (self, including pregnancy)
   2 Susceptible family member at home
   3 I had symptoms
   4 Reasons related to my job
   5 Curiosity
   6 Other________________ [test_reason_other]

   If 1, then:
   1.3.1 Which pre-existing health conditions apply to you? (check all that apply) [test_reason_health]
      1 Pregnancy
      2 Immune system health concerns
      3 Respiratory health concerns (e.g., asthma, COPD)
      4 Cardiac health concerns
      5 Cancer
      6 Sickle cell disease
      7 Diabetes
      8 High blood pressure
      9 Cystic fibrosis
      0 None of these

   If 4, then:
   1.3.2 Did your employer make testing mandatory? (check one) [test_job_mandatory]
      1 Yes
      0 No
      999 Unsure

   If 4, then:
   1.3.3 Why was it helpful for your job to be tested? (check one) [test_job_reason]
      1 Healthcare worker
      2 First responder
      3 Essential worker
      4 Work with susceptible populations
      5 Other
If $S$, then:

**Please specify other:** (open field) [testjobreason_other]

Contains item 5 (section I "COVID Testing") and was renumbered from the full document "Novel Coronavirus (COVID) Illness – Patient Report (NCI-PR)"