

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 5, 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)"