COVID-19 Testing

Were you tested for COVID-19 using a Swab test? (This is not asking about antibody tests, which are covered in a separate section of the survey.) *

- Yes, I was tested at least once.
- No, I tried to get tested but was unable.
- No, I did not try to get tested.

How many times were you tested (Swab test) *

- 1
- 2
- 3
- Other

On what date did you first get tested? (if you don't remember the exact date, enter an estimate) *

Please Select: Month Day Year

Was this an estimated date?

☐ This was an estimate
What was the type of your **first** COVID-19 test?

- □ Nasal (nasal secretions from nostrils, without moving forward into the back of the nose and throat)
- □ Nasopharyngeal (nasal secretions from end of the nostrils, by moving to the cavity in back of the nose and throat)

- □ Throat
- □ Other

What was the status of your test? *

- □ Positive
- □ Negative
- □ Inconclusive/Awaiting results

On what date were you tested the **second** time? (if you don't remember the exact date, enter an estimate) *

Please Select:  

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<th>Month</th>
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Was this an estimated date?

☐ This was an estimate

What was the type of your second COVID-19 test?

☐ Nasal (nasal secretions from nostrils, without moving forward into the back of the nose and throat)

☐ Nasopharyngeal (nasal secretions from end of the nostrils, by moving to the cavity in back of the nose and throat)

☐ Throat

☐ Other

What was the status of your test? *

☐ Positive

☐ Negative

☐ Inconclusive/Awaiting results
On what date were you tested the third time? (if you don't remember the exact date, enter an estimate) *

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<td>2020</td>
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Was this an estimated date?

☐ This was an estimate

What was the type of your third COVID19 test?

☐ Nasal (nasal secretions from nostrils, without moving forward into the back of the nose and throat)

☐ Nasopharyngeal (nasal secretions from end of the nostrils, by moving to the cavity in back of the nose and throat)

☐ Throat

☐ Other

What was the status of your test? *
If you had any other tests, please list them here. Please put each test on a new line with the type, date, and status separated by a comma. For example: Nasopharyngeal, 4-1-20, Positive. If you do not remember the exact date, please enter the closest date possible.

- Positive
- Negative
- Inconclusive/Awaiting results