General Health questions:

1. How would you rate your general health?
   - ☐ Excellent
   - ☐ Good
   - ☐ Fair
   - ☐ Poor

2. Describe your usual level of social interactions with other people when not under stay at home and/or social distancing.
   - ☐ I go out a lot (4-7 times/week)
   - ☐ I go out sometimes (2-3 times/week)
   - ☐ I keep to myself mainly (1 or less times/week)

3. How would you rate your compliance on a scale of 1-5 about social distancing measures as recommended by CDC? (1 being not following guidelines to 5 being following all guidelines).
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5

4. Has your doctor or any medical provider ever told you that you have any of the following diseases? (check all that apply)
   - ☐ Lung disease
     a. Asthma
     b. Chronic obstructive pulmonary disorder
     c. Idiopathic pulmonary fibrosis
     d. Bronchiectasis
     e. Alpha-1 antitrypsin deficiency
     f. Other lung disorders
   - ☐ Heart disease
     a. Congenital Heart disease
     b. Coronary artery disease or history of heart attack
     c. Congestive heart failure
   - ☐ Hypertension/high blood pressure
   - ☐ Hyperlipidemia/ hypercholesterolemia/high cholesterol
   - ☐ Anemia
   - ☐ Liver disease
- Diabetes
- Obesity
- Joint diseases
  - a. Rheumatoid arthritis
  - b. Osteoarthritis or joint disease
- Inflammatory bowel disease
- Cancer
- Cystic Fibrosis
- Chronic Kidney Disease
- Neurological disorder (e.g., ALS, multiple sclerosis, Parkinson’s, Huntington’s)
- Dementia/Alzheimer’s disease
- Other, please specify _______________________
- None of the above

5. Have you ever had an organ transplant?
   - No
   - yes, which organ? ____________

6. Have you ever been diagnosed with an immune related condition?
   - Autoimmune condition (indicate all that apply)
     - thyroid, lupus, multiple sclerosis, cytopenia, colitis/inflammatory bowel disease, other: _______________________
   - Inflammatory condition - which one: ___________________
   - Periodic/Frequent fevers
   - Immune deficiency
   - Recurrent warts or viral skin infections
   - Season allergies/hay fever
   - Food allergies
   - Cold sores
   - Shingles
   - Eczema
   - Hives
   - None of the above

7. Are you currently taking any of the following daily, several times a week or at least once a week? (Check all that apply)
   - Aspirin, with or without a prescription.
   - Non-steroidal anti-inflammatory agents (NSAIDS) with or without a prescription: (eg. ibuprofen (Motrin, Advil), naproxen (Naprosyn, Aleve, Anaprox, Naprelan), diclofenac (Cambia, Cataflam, Voltaren, Zipsor), indomethacin (Indocin), diflunisal, etodolac, ketoprofen, ketorolac, nambumetone, oxaprozin (Daypro), piroxicam (Feldene), salsalate (Disalate), sulindac, tolmetin, celecoxib (Celebrex)
   - Acetaminophen (Tylenol and others)
☐ Oral corticosteroids (eg. Prednisone)
☐ Inhaled corticosteroids (eg. fluticasone (Flovent), beclomethasone (QVar), etc )
☐ Inhaled bronchodilators (eg. albuterol)
☐ Other Asthma Medications
☐ Nerve pain medication (eg. gabapentin)
☐ Diabetes medication
☐ Anti-TNF medications (infliximab, adalimumab, certolizumab, golimumab, etanercept, others)
☐ IL-6 pathway inhibitors (sarilumab,tocilizumab, siltuximab, others)
☐ Conventional disease-modifying anti-rheumatic drugs (DMARDs) (eg. cyclosporin, cyclophosphamide, hydroxychloroquine, leflunomide, methotrexate, mycophenolate, sulfasalazine)
☐ JAK Inhibitors (Baricitinib, ruxolitinib, fedratinib, tofacitinib)
☐ Blood thinning medication (eg. warfarin (Coumadin), heparin, enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), etc)
☐ Platelet inhibitors (eg. clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), etc.)
☐ Blood pressure medication: ACE inhibitors (eg. benazepril, captopril, enalapril, fosinopril, lisinopril, etc.)
☐ Blood pressure medication: Angiotensin Receptor Blockers (eg. losartan, valsartan, irbesartan, candesartan, telmisartan, Olmesartan, etc)
☐ Blood pressure medication: beta-blockers (eg. metoprolol, atenolol, carvedilol, etc.)
☐ Blood pressure medication: others
☐ Cholesterol medication: Statins (eg. atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, fluvastatin, pitavastatin)
☐ Cholesterol medication: others (ezetimibe, fenofibrate, etc)
☐ Thyroid medication (eg. levothyroxine, Synthroid)
☐ Other (prescribed/non-prescribed/vitamins or supplements)
☐ None of the above

8. Did you get a flu vaccine this season (last 6 months)?
   ☐ Yes, date (if remember) ____________
   ☐ No
   ☐ Do not remember

9. Do you remember last time you got flu or flu-like illness prior to COVID pandemic?
   ☐ Yes, When? _______
   ☐ No

Did you get hospitalized due to flu?
   ☐ Yes
   ☐ No
10. How often you get flu or flu-like illness?
   □ Never
   □ Rarely
   □ Once a year
   □ Twice a year or more

11. When were you on your last course of antibiotics?
   □ Currently
   □ This month
   □ Last month
   □ In past 2 months
   □ In past 6 months
   □ In last year
   □ Over a year
   □ Never/Do not remember

Contains questions 19-29 from full survey