

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), sulidnac, 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. gabapetin)
- 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