

CDC COVID-19 Community Survey Question Bank (DRAFT)

The CDC COVID-19 Community Survey Question Bank contains potential questions for community surveys and is offered by the CDC to interested researchers. It is not an official CDC form or data collection instrument.

Epidemiology Questions

7. In the past 30 days, have you been sick for more than one day with an illness that included any of the following: fever, cough, sore throat, or runny or stuffy nose?

Yes

Approximate date of onset

mm/dd/yyyy

Which of the following symptoms did you have?

A fever/feverish

Cough

Sore throat

Runny or stuffy nose

Difficulty breathing

No

8. For this illness did you seek advice from a healthcare professional?

Yes

Where did you seek care?

Doctor's office

Telemedicine/telephone triage

Retail clinic/Pharmacy

Urgent care

Emergency Department

Health department/public health clinic

Other

How long after your symptoms started did you seek care?

Less than 2 days

2-7 days

Greater than 1 week

No

9. For this illness, were you tested for novel coronavirus (COVID-19)?

Yes

Was the test for novel coronavirus positive?

Yes

No

Unknown

For this illness, were you tested for influenza?

Yes

No

Unknown

No

Unknown