



**COVID-19
Questionnaire**

10. Has anyone in your household (or, the place you are residing) been tested for COVID-19?

- Yes →
- No
- Unsure

If yes:

a. When was the first test conducted? _____

b. What was the result of the first test?

- Positive
- Negative
- Unsure

Was there a second test?

- Yes →
- No

If yes:

a. When was the second test conducted? _____

b. What was the result of the second test?

- Positive
- Negative
- Unsure

Was there a third test?

- Yes →
- No

If yes:

a. When was the third test conducted? _____

b. What was the result of the third test?

- Positive
- Negative
- Unsure

Was there a fourth test?

- Yes →
- No

If yes:

a. When was the fourth test conducted? _____

b. What was the result of that test?

- Positive
- Negative
- Unsure

(continued)



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(continued)

If any of the tests were positive:

Did you change your behavior at home?

- Yes →
- No

	Yes	No
Did you wear a mask at home?	<input type="radio"/>	<input type="radio"/>
Did the infected person(s) wear a mask at home?	<input type="radio"/>	<input type="radio"/>
Did the infected person(s) stay away from you?	<input type="radio"/>	<input type="radio"/>

11. What actions have you taken to reduce your risk of exposure to COVID-19?

- | | Yes | No | |
|---|-----------------------|-----------------------|---|
| a. Washing hands and/or using sanitizer frequently | <input type="radio"/> | <input type="radio"/> | |
| b. Staying at least 6 feet away from others | <input type="radio"/> | <input type="radio"/> | |
| c. Avoiding large gatherings | <input type="radio"/> | <input type="radio"/> | |
| d. Not going out to restaurants or bars | <input type="radio"/> | <input type="radio"/> | |
| e. Cancelled planned travel | <input type="radio"/> | <input type="radio"/> | |
| f. Wearing a face mask | <input type="radio"/> | <input type="radio"/> | |
| g. Not shaking hands or touching people | <input type="radio"/> | <input type="radio"/> | |
| h. Staying home when I am sick | <input type="radio"/> | <input type="radio"/> | |
| i. Not going to work | <input type="radio"/> | <input type="radio"/> | or <input type="radio"/> Not applicable |
| j. Wiping down surfaces with disinfectant | <input type="radio"/> | <input type="radio"/> | |
| k. Following government guidelines or rules to stay at home and limiting contacts with other people | <input type="radio"/> | <input type="radio"/> | |
| l. Placed under full quarantine by local authorities | <input type="radio"/> | <input type="radio"/> | |

12. Do you currently use any tobacco products?

- | | Yes | No |
|-----------------|-----------------------------|-----------------------|
| a. Cigarettes | <input type="radio"/> | <input type="radio"/> |
| | ↳ Cigarettes per day: _____ | |
| b. Pipes | <input type="radio"/> | <input type="radio"/> |
| c. Cigars | <input type="radio"/> | <input type="radio"/> |
| d. E-cigarettes | <input type="radio"/> | <input type="radio"/> |
| e. Other | <input type="radio"/> | <input type="radio"/> |
| | ↳ Specify 'Other': _____ | |



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13. Did you receive vaccination for influenza (“the flu shot”) between September 2019 and March 2020?

- Yes
- No

14. Have you had a test for influenza since January 2020?

- Yes →
- No

If yes:

a. What was the result of the flu test?

- Positive
- Negative

b. Was this test performed at the same time as a COVID-19 test?

- Yes
- No