

VII. Current Situation

1. In the last 10 days, have you: (check all that apply) [activity_01]

- 1 Gone out to a restaurant, bar, club or other place where people gather?
- 2 Visited with friends, relatives or neighbors that are older than 60 years old?
- 3 Gone to the grocery store, pharmacy, food market?
- 4 Visited a retail store to buy non-food items such as clothing, decorations, gifts, sporting goods?
- 5 Visited with a friend, neighbor or relative?
- 6 Had food delivered to your home or ordered take-out/take-away at a restaurant?
- 7 Had more than 4 friends, neighbors or relatives over to your house at one time?
- 8 Shared a car ride with individuals not living in your home?
- 9 Taken public transportation?
- 10 Gone to a gathering where there were more than 10 people, such as a sports game, performance, reunion, wedding, funeral, party?
- 11 Gone to a faith based gathering such as a church, synagogue, temple or mosque?
- 0 None of these apply

2. Do you have pets in your home? (check all that apply) [pet]

- 1 Dog(s)
- 2 Cat(s)
- 3 Bird(s)
- 4 Reptile(s)
- 5 Rodent(s)
- 6 Fish
- 7 Other
- 0 None of these apply

If 7, then:

2.1 Please specify other: (open field) [pet_other]

For all endorsed in list:

2.2 How many (*insert item*)? (open field) [pet_item_num]
(repeat for each animal endorsed)

3. At this time have you received a COVID-19 Vaccine? (check one) [vaccine_received]

- 1 Yes (1 or 2 doses)
- 2 No
- 999 Unsure

If yes, then:

3.1 When did you receive the COVID-19 vaccine? (check one) [vaccine_received_date]

1. Prior to Jan 2021
2. Jan 2021
3. Feb 2021
4. March 2021
5. April 2021
6. May 2021
7. June 2021

If yes, then:

3.2 Which vaccine did you receive (choose one)? (check one) [which_vaccine]

- 1 Pfizer vaccine – First dose only
- 2 Pfizer vaccine – First and second dose
- 3 Moderna vaccine – First dose only
- 4 Moderna vaccine – First and second dose
- 5 Other
- 6 I do not know

If 6, then:

3.2.1 Which other vaccine did you receive? (check one) [which_vaccine]

- 1 AstraZeneca vaccine
- 2 Janssen vaccine
- 3 Novavax COVID-19 vaccine
- 4 Johnson and Johnson vaccine
- 0 None of these

If yes, then:

3.3 Did you experience any side effects within 2 weeks after the FIRST vaccine? (check one)

[vaccine_had_side]

- 1 Yes
- 0 No
- 2 I do not know

If yes, then:

3.3.1 Which side effect did you experience (check all that apply) [vaccine_side_effects]

- 1 Pain where shot was given
- 2 Fever >100.4F
- 3 Fatigue/tiredness
- 4 Headache
- 5 Muscle pain in parts of your body beyond where shot was given immediate, severe allergic reaction (including difficulty breathing and feeling faint, and possibly also skin rash, nausea and/or vomiting)
- 6 Skin rash
- 7 Facial swelling
- 8 Other (please describe)_____ [vaccine_side_effects_other]

If both doses; [which_vaccine] = 2 or [which_vaccine] = 4, then:

3.4 Did you experience any side effects within 2 weeks after the SECOND vaccine? (check one)

[vaccine2_had_side]

- 1 Yes
- 0 No
- 2 I do not know

If yes, then:

3.4.1 Which side effect did you experience after your SECOND vaccine (check all that apply)
[vaccine2_side_effects]

- 1 Pain where shot was given
- 2 Fever >100.4F
- 3 Fatigue/tiredness
- 4 Headache
- 5 Muscle pain in parts of your body beyond where shot was given
- 6 Immediate, severe allergic reaction (including difficulty breathing and feeling faint, and possibly also skin rash, nausea and/or vomiting)
- 7 Skin rash
- 8 Facial swelling
- 9 Other (please describe)_____ [infant_side_effect_other]

If yes, then:

3.5 Have you relaxed your COVID-19 safety behaviors (e.g., social distancing, mask wearing, travel) now that you have received the COVID-19 vaccine? (check one) [vaccine_relaxed_behavior]

- 1 Yes
- 2 No

If no, then:

2.6 If you were offered the COVID vaccine tomorrow, what would you do? (check one)
[if_offered_vaccine]

- 1 I would definitely choose to get vaccinated
- 2 I would probably choose to get vaccinated
- 3 I would probably choose NOT to get vaccinated
- 4 I would definitely NOT choose to get vaccinated

If no, then:

2.4 Do you think you will relax your COVID-19 safety behaviors (e.g., social distancing, mask wearing, travel) once you receive the COVID-19 vaccine? (check one) [will_relax_behavior]

- 1 Yes
- 2 No

3. Do you have children? (indicate yes if pregnant now, partner of pregnant female, or are trying to conceive) (check one) [has_children]

- 1 Yes
- 0 No

If yes, then:

3.1 What are the ages of your children? (check all that apply) [ages_of_children]

- 0 Currently pregnant / or partner of pregnant female
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10

- 11 11
- 12 12
- 13 13
- 14 14
- 15 15
- 16 16
- 17 17
- 18 18
- 19 Older than 18
- 20 Currently trying to conceive
- 21 0-12 months

If female, and answered yes, and infant under 12 mo, then:

3.2 Are you currently breastfeeding an infant? (check one) [breastfeeding infant]

- 1 Yes
- 0 No
- 2 I do not know

If yes and received vaccination, then:

3.2.1 Did your breastfeeding baby experience any side effects following your vaccination?
(check one) [breastfeeding_baby_side_effects]

- 1 Yes
- 0 No
- 2 I do not know

If yes:

3.2.1.1 Which side effect did your infant experience? (check all that apply)
[infant_side_effects]

- 1 Fatigue/tiredness
- 2 Immediate allergic reaction
- 3 Skin rash
- 4 Facial swelling
- 5 Eczema or itchy, cracked, and rough skin
- 6 Other (please describe) _____

If female AND if has not had vaccine AND if pregnant OR breastfeeding:

3.3 Which of the following applies to your plans about the COVID vaccine? (check one)
[covid_vaccine_plans]

- 1 I plan on getting the COVID vaccine as soon as it is available to me
- 2 I plan on getting the COVID vaccine when I am no longer pregnant
- 3 I plan on getting the COVID vaccine later in my pregnancy
- 4 I plan on getting the COVID vaccine when I am no longer breastfeeding
- 5 I do not plan on getting the COVID vaccine

If has child, then:

3.4 Has your child (or children) been infected with COVID? (check one) [children_infected]

- 1 Yes, and tested positive or had antibodies
- 2 Yes, was ill but not confirmed with formal testing
- 3 No, my child (or children) have not been infected with COVID
- 999 I am unsure

If yes, then:

3.4.1: Ages of children infected with COVID: (open field) [children_infected_ages]

4. Which of the following applies to your plans about the COVID vaccine for your child(ren)? (check one)
[vaccine_children]

- 1 I plan on getting the COVID vaccine for my child(ren) as soon as it is available
- 2 I plan on getting the COVID vaccine for my child(ren) eventually
- 3 I do not plan on getting the COVID vaccine for my child(ren)
- 999 I am unsure