

sFigure 2

1. Sex? 1, Male / 2, Female / 3, Other
2. Race? (pick ONE): 1, White / 2, Black or African American / 3, American Indian or Alaska Native / 4, Asian / 5, Native Hawaiian or Other Pacific Islander/ 6, Multiple races
3. Ethnicity? 1, Hispanic or Latino / 2, Not Hispanic or Latino
4. Do you have any of the following ongoing health problems? 1, Diabetes / 2, High blood pressure / 3, Elevated cholesterol / 4, Heart disease / 5, Kidney disease / 7, COPD / 8, History of Cancer / 9, HIV / 10, History of organ transplant / 11, Other weakened immune system / 12, History of tuberculosis / 13, None of the above / 14, Other
5. What is the total number of people living in your household? _____
6. Marital status: 1, Single / 2, Married/Cohabiting / 3, Divorced / 4, Widowed
7. Do you think you have had Covid-19, even if you weren't tested? YES / NO
8. Have any members of your family/household tested positive for COVID-19? YES / NO
9. Have you experienced any unusual symptoms since early March? YES / NO
10. How many days ago did you last have symptoms? 1, Having symptoms now / 2, 1-3 days ago / 3, 4-8 days ago / 4, 9-13 days ago / 5, 14 or more days ago / 6, I haven't had symptoms
11. What symptoms have you had? 1, none / 2, fever / 3, tiredness / 4, dry cough / 5, aches and pains / 6, nasal congestion / 7, runny nose / 8, sore throat / 9, diarrhea / 10, Loss of smell or taste / 11, Chills / 12, headache / 13, Shortness of breath / 14, Other