

## COVID-19 SURVEY

PID 7859

Codebook ▾

## Data Dictionary Codebook

03/25/2021 4:46pm


[^ Collapse all instruments](#)

| #  | Variable / Field Name  | Field Label<br><i>Field Note</i>                         | Field Attributes (Field Type, Validation, Choices, Calculations, etc.)   |   |            |   |            |   |          |
|--|--|--|--|---|------------|---|------------|---|----------|
| Instrument: <b>Summary Explanation of Research</b> (summary_explanation_of_research)  Enabled as survey <a href="#">^ Collapse</a> |  |  |  |   |            |   |            |   |          |
| 1  | participant_id   | Participant ID   | text   |   |            |   |            |   |          |
| 2  | consent  | Do you want to complete the survey ?                     | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Stop actions on 0                                   | 1 | Yes        | 0 | No         |   |          |
| 1  | Yes  |  |  |   |            |   |            |   |          |
| 0  | No   |  |  |   |            |   |            |   |          |
| 3  | age_limit  | Are you 18 years old or above?                           | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Stop actions on 0                                   | 1 | Yes        | 0 | No         |   |          |
| 1  | Yes  |  |  |   |            |   |            |   |          |
| 0  | No   |  |  |   |            |   |            |   |          |
| 4  | exclusion_eu   | Are you from Europe or European Union (EU)?              | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Stop actions on 1                                   | 1 | Yes        | 0 | No         |   |          |
| 1  | Yes  |  |  |   |            |   |            |   |          |
| 0  | No   |  |  |   |            |   |            |   |          |
| 5  | summary_explanation_of_research_complete   | Section Header: <i>Form Status</i><br>Complete?          | dropdown<br><table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0  | Incomplete   |  |  |   |            |   |            |   |          |
| 1  | Unverified   |  |  |   |            |   |            |   |          |
| 2  | Complete   |  |  |   |            |   |            |   |          |
| Instrument: <b>Concern about COVID-19</b> (concern_about_covid19)  Enabled as survey <a href="#">^ Collapse</a>                    |  |  |  |   |            |   |            |   |          |
| 6  | healthcare_worker  | Are you a healthcare worker ?                            | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes        | 0 | No         |   |          |
| 1  | Yes  |  |  |   |            |   |            |   |          |
| 0  | No   |  |  |   |            |   |            |   |          |
| 7  | family_member_covid  | You or your family member had symptoms like COVID-19:    | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Custom alignment: LV                                | 1 | Yes        | 0 | No         |   |          |
| 1  | Yes  |  |  |   |            |   |            |   |          |
| 0  | No   |  |  |   |            |   |            |   |          |
| 8  | family_member_covid_test<br>Show the field ONLY if:<br>[family_member_covid] = '1' | You or your family member were tested for COVID-19 :     | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Custom alignment: LV                                | 1 | Yes        | 0 | No         |   |          |
| 1  | Yes  |  |  |   |            |   |            |   |          |
| 0  | No   |  |  |   |            |   |            |   |          |
| 9  | fam_mem_covid_dx<br>Show the field ONLY if:<br>[family_member_covid_test] = '1'    | You or your family member were diagnosed with COVID-19 : | yesno<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Custom alignment: LV                                | 1 | Yes        | 0 | No         |   |          |
| 1  | Yes  |  |  |   |            |   |            |   |          |
| 0  | No   |  |  |   |            |   |            |   |          |

|    |  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
|----|--|---|---|---|-----------------------------|-------------------------|------------------|-----------------------------|---------------------|---|-----------------------------|---|----------------------|-----------------------------|--|---|-----------------------------|----------|------------|-----------------------------|----------|---|-----------------------------|---------------------------------------|---|-----------------------------|--------------------------|---|-----------------------------|-------------------------------|----|------------------------------|--------------------|
| 10 | fm_mem_covid_hospitalized<br>Show the field ONLY if:<br>[fam_mem_covid_dx] = '1' | You or your family member were hospitalized with COVID-19 :   | yesno<br><table border="1" data-bbox="1042 111 1117 191"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV  | 1 | Yes                         | 0                       | No               |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 1  | Yes  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 0  | No   |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 11 | covid_follow   | When did you start following COVID-19 actively ?  | radio<br><table border="1" data-bbox="1042 285 1279 606"> <tr> <td>1</td> <td>December 2019</td> </tr> <tr> <td>2</td> <td>Mid-January 2020</td> </tr> <tr> <td>3</td> <td>End of January 2020</td> </tr> <tr> <td>4</td> <td>Mid-February 2020</td> </tr> <tr> <td>5</td> <td>End of February 2020</td> </tr> <tr> <td>6</td> <td>Mid-March 2020</td> </tr> <tr> <td>7</td> <td>End of March 2020</td> </tr> <tr> <td>8</td> <td>April 2020</td> </tr> </table> Custom alignment: LH   | 1 | December 2019               | 2                       | Mid-January 2020 | 3                           | End of January 2020 | 4 | Mid-February 2020           | 5                                       | End of February 2020 | 6                           | Mid-March 2020                           | 7 | End of March 2020           | 8        | April 2020 |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 1  | December 2019  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 2  | Mid-January 2020   |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 3  | End of January 2020  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 4  | Mid-February 2020  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 5  | End of February 2020   |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 6  | Mid-March 2020   |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 7  | End of March 2020  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 8  | April 2020   |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 12 | covid_information_source   | Which sources do you follow for COVID-19 updates ? (CHECK ALL THAT APPLY)   | checkbox<br><table border="1" data-bbox="1042 699 1523 1476"> <tr> <td>1</td> <td>covid_information_source__1</td> <td>Television news channel</td> </tr> <tr> <td>2</td> <td>covid_information_source__2</td> <td>Friends and family</td> </tr> <tr> <td>3</td> <td>covid_information_source__3</td> <td>World health organization (WHO) website</td> </tr> <tr> <td>4</td> <td>covid_information_source__4</td> <td>CDC (center for disease control) website</td> </tr> <tr> <td>5</td> <td>covid_information_source__5</td> <td>Facebook</td> </tr> <tr> <td>6</td> <td>covid_information_source__6</td> <td>WhatsApp</td> </tr> <tr> <td>7</td> <td>covid_information_source__7</td> <td>City, state or other official website</td> </tr> <tr> <td>8</td> <td>covid_information_source__8</td> <td>National health websites</td> </tr> <tr> <td>9</td> <td>covid_information_source__9</td> <td>Your doctor or local hospital</td> </tr> <tr> <td>10</td> <td>covid_information_source__10</td> <td>Scientific journal</td> </tr> </table> Custom alignment: LV | 1 | covid_information_source__1 | Television news channel | 2                | covid_information_source__2 | Friends and family  | 3 | covid_information_source__3 | World health organization (WHO) website | 4                    | covid_information_source__4 | CDC (center for disease control) website | 5 | covid_information_source__5 | Facebook | 6          | covid_information_source__6 | WhatsApp | 7 | covid_information_source__7 | City, state or other official website | 8 | covid_information_source__8 | National health websites | 9 | covid_information_source__9 | Your doctor or local hospital | 10 | covid_information_source__10 | Scientific journal |
| 1  | covid_information_source__1  | Television news channel   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 2  | covid_information_source__2  | Friends and family  |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 3  | covid_information_source__3  | World health organization (WHO) website   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 4  | covid_information_source__4  | CDC (center for disease control) website  |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 5  | covid_information_source__5  | Facebook  |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 6  | covid_information_source__6  | WhatsApp  |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 7  | covid_information_source__7  | City, state or other official website   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 8  | covid_information_source__8  | National health websites  |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 9  | covid_information_source__9  | Your doctor or local hospital   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 10 | covid_information_source__10   | Scientific journal  |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 13 | confine  | Section Header: <i>Stress Related to COVID-19 Pandemic</i><br>Being confined at home with minimal social interaction is | radio (Matrix)<br><table border="1" data-bbox="1042 1568 1269 1770"> <tr> <td>1</td> <td>Very stressful</td> </tr> <tr> <td>2</td> <td>Stressful</td> </tr> <tr> <td>3</td> <td>Sometimes stressful</td> </tr> <tr> <td>4</td> <td>Mostly handled well</td> </tr> <tr> <td>5</td> <td>Not stressful at all</td> </tr> </table> Field Annotation: confine  | 1 | Very stressful              | 2                       | Stressful        | 3                           | Sometimes stressful | 4 | Mostly handled well         | 5                                       | Not stressful at all |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 1  | Very stressful   |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 2  | Stressful  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 3  | Sometimes stressful  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 4  | Mostly handled well  |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |
| 5  | Not stressful at all   |   |   |   |                             |                         |                  |                             |                     |   |                             |   |                      |                             |  |   |                             |          |            |                             |          |   |                             |                                       |   |                             |                          |   |                             |                               |    |                              |                    |

|    |                      |   |  |   |                |   |           |   |                     |   |                     |   |                      |
|----|----------------------|---|--|---|----------------|---|-----------|---|---------------------|---|---------------------|---|----------------------|
| 14 | job                  | Job situation or possibility of financial instability is                      | radio (Matrix) <table border="1" data-bbox="1044 111 1271 312"> <tr><td>1</td><td>Very stressful</td></tr> <tr><td>2</td><td>Stressful</td></tr> <tr><td>3</td><td>Sometimes stressful</td></tr> <tr><td>4</td><td>Mostly handled well</td></tr> <tr><td>5</td><td>Not stressful at all</td></tr> </table> Field Annotation: job               | 1 | Very stressful | 2 | Stressful | 3 | Sometimes stressful | 4 | Mostly handled well | 5 | Not stressful at all |
| 1  | Very stressful       |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 2  | Stressful            |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 3  | Sometimes stressful  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 4  | Mostly handled well  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 5  | Not stressful at all |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 15 | infection            | The possibility of getting infected with COVID-19 is                          | radio (Matrix) <table border="1" data-bbox="1044 403 1271 604"> <tr><td>1</td><td>Very stressful</td></tr> <tr><td>2</td><td>Stressful</td></tr> <tr><td>3</td><td>Sometimes stressful</td></tr> <tr><td>4</td><td>Mostly handled well</td></tr> <tr><td>5</td><td>Not stressful at all</td></tr> </table> Field Annotation: infection         | 1 | Very stressful | 2 | Stressful | 3 | Sometimes stressful | 4 | Mostly handled well | 5 | Not stressful at all |
| 1  | Very stressful       |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 2  | Stressful            |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 3  | Sometimes stressful  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 4  | Mostly handled well  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 5  | Not stressful at all |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 16 | food                 | Possible shortage of food and other essentials in the coming months           | radio (Matrix) <table border="1" data-bbox="1044 699 1271 900"> <tr><td>1</td><td>Very stressful</td></tr> <tr><td>2</td><td>Stressful</td></tr> <tr><td>3</td><td>Sometimes stressful</td></tr> <tr><td>4</td><td>Mostly handled well</td></tr> <tr><td>5</td><td>Not stressful at all</td></tr> </table> Field Annotation: food              | 1 | Very stressful | 2 | Stressful | 3 | Sometimes stressful | 4 | Mostly handled well | 5 | Not stressful at all |
| 1  | Very stressful       |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 2  | Stressful            |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 3  | Sometimes stressful  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 4  | Mostly handled well  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 5  | Not stressful at all |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 17 | death                | One of your family members is at risk of serious complication due to COVID-19 | radio (Matrix) <table border="1" data-bbox="1044 995 1271 1197"> <tr><td>1</td><td>Very stressful</td></tr> <tr><td>2</td><td>Stressful</td></tr> <tr><td>3</td><td>Sometimes stressful</td></tr> <tr><td>4</td><td>Mostly handled well</td></tr> <tr><td>5</td><td>Not stressful at all</td></tr> </table> Field Annotation: death            | 1 | Very stressful | 2 | Stressful | 3 | Sometimes stressful | 4 | Mostly handled well | 5 | Not stressful at all |
| 1  | Very stressful       |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 2  | Stressful            |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 3  | Sometimes stressful  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 4  | Mostly handled well  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 5  | Not stressful at all |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 18 | hospital_access      | Lack of access to a good medical facility                                     | radio (Matrix) <table border="1" data-bbox="1044 1291 1271 1493"> <tr><td>1</td><td>Very stressful</td></tr> <tr><td>2</td><td>Stressful</td></tr> <tr><td>3</td><td>Sometimes stressful</td></tr> <tr><td>4</td><td>Mostly handled well</td></tr> <tr><td>5</td><td>Not stressful at all</td></tr> </table> Field Annotation: hospital_access | 1 | Very stressful | 2 | Stressful | 3 | Sometimes stressful | 4 | Mostly handled well | 5 | Not stressful at all |
| 1  | Very stressful       |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 2  | Stressful            |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 3  | Sometimes stressful  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 4  | Mostly handled well  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 5  | Not stressful at all |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 19 | covid_state          | Situation of COVID-19 at your state   | radio (Matrix) <table border="1" data-bbox="1044 1587 1271 1789"> <tr><td>1</td><td>Very stressful</td></tr> <tr><td>2</td><td>Stressful</td></tr> <tr><td>3</td><td>Sometimes stressful</td></tr> <tr><td>4</td><td>Mostly handled well</td></tr> <tr><td>5</td><td>Not stressful at all</td></tr> </table> Field Annotation: COVID_state     | 1 | Very stressful | 2 | Stressful | 3 | Sometimes stressful | 4 | Mostly handled well | 5 | Not stressful at all |
| 1  | Very stressful       |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 2  | Stressful            |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 3  | Sometimes stressful  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 4  | Mostly handled well  |   |  |   |                |   |           |   |                     |   |                     |   |                      |
| 5  | Not stressful at all |   |  |   |                |   |           |   |                     |   |                     |   |                      |

|    |                   |   |  |   |                |   |       |   |         |   |          |   |                   |
|----|-------------------|---|--|---|----------------|---|-------|---|---------|---|----------|---|-------------------|
| 20 | sd                | <p>Section Header: <i>Prevention of Disease Spread</i></p> <p>Social distancing helps</p> | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: SD</p>        | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree    |   |  |   |                |   |       |   |         |   |          |   |                   |
| 2  | Agree             |   |  |   |                |   |       |   |         |   |          |   |                   |
| 3  | Neutral           |   |  |   |                |   |       |   |         |   |          |   |                   |
| 4  | Disagree          |   |  |   |                |   |       |   |         |   |          |   |                   |
| 5  | Strongly disagree |   |  |   |                |   |       |   |         |   |          |   |                   |
| 21 | ld                | 'Lockdown' or 'stay at home' orders are justified   | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: LD</p>        | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree    |   |  |   |                |   |       |   |         |   |          |   |                   |
| 2  | Agree             |   |  |   |                |   |       |   |         |   |          |   |                   |
| 3  | Neutral           |   |  |   |                |   |       |   |         |   |          |   |                   |
| 4  | Disagree          |   |  |   |                |   |       |   |         |   |          |   |                   |
| 5  | Strongly disagree |   |  |   |                |   |       |   |         |   |          |   |                   |
| 22 | hw                | 'Handwash for 20 seconds' whenever needed, is useful                                      | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: HW</p>        | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree    |   |  |   |                |   |       |   |         |   |          |   |                   |
| 2  | Agree             |   |  |   |                |   |       |   |         |   |          |   |                   |
| 3  | Neutral           |   |  |   |                |   |       |   |         |   |          |   |                   |
| 4  | Disagree          |   |  |   |                |   |       |   |         |   |          |   |                   |
| 5  | Strongly disagree |   |  |   |                |   |       |   |         |   |          |   |                   |
| 23 | fm                | 'Face mask' in public should be mandatory   | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: FM</p>        | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree    |   |  |   |                |   |       |   |         |   |          |   |                   |
| 2  | Agree             |   |  |   |                |   |       |   |         |   |          |   |                   |
| 3  | Neutral           |   |  |   |                |   |       |   |         |   |          |   |                   |
| 4  | Disagree          |   |  |   |                |   |       |   |         |   |          |   |                   |
| 5  | Strongly disagree |   |  |   |                |   |       |   |         |   |          |   |                   |
| 24 | er                | One should go to Emergency/doctor immediately if he/she has symptoms like COVID-19        | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: ER</p>        | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree    |   |  |   |                |   |       |   |         |   |          |   |                   |
| 2  | Agree             |   |  |   |                |   |       |   |         |   |          |   |                   |
| 3  | Neutral           |   |  |   |                |   |       |   |         |   |          |   |                   |
| 4  | Disagree          |   |  |   |                |   |       |   |         |   |          |   |                   |
| 5  | Strongly disagree |   |  |   |                |   |       |   |         |   |          |   |                   |
| 25 | reopening         | Reopening of your state is a right decision   | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: reopening</p> | 1 | Strongly agree | 2 | Agree | 3 | Neutral | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree    |   |  |   |                |   |       |   |         |   |          |   |                   |
| 2  | Agree             |   |  |   |                |   |       |   |         |   |          |   |                   |
| 3  | Neutral           |   |  |   |                |   |       |   |         |   |          |   |                   |
| 4  | Disagree          |   |  |   |                |   |       |   |         |   |          |   |                   |
| 5  | Strongly disagree |   |  |   |                |   |       |   |         |   |          |   |                   |

|  |                                |  |   |   |                |   |            |   |          |   |          |   |                   |
|--|--------------------------------|--|---|---|----------------|---|------------|---|----------|---|----------|---|-------------------|
| 26   | second_wave                    | Reopening would lead to a second spike of COVID-19 cases   | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: second spike</p> | 1 | Strongly agree | 2 | Agree      | 3 | Neutral  | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree                 |  |   |   |                |   |            |   |          |   |          |   |                   |
| 2  | Agree                          |  |   |   |                |   |            |   |          |   |          |   |                   |
| 3  | Neutral                        |  |   |   |                |   |            |   |          |   |          |   |                   |
| 4  | Disagree                       |  |   |   |                |   |            |   |          |   |          |   |                   |
| 5  | Strongly disagree              |  |   |   |                |   |            |   |          |   |          |   |                   |
| 27   | number                         | <p>Section Header: <i>COVID cases</i></p> <p>Actual number of COVID-19 cases are much higher than the number of reported cases</p> | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: number</p>       | 1 | Strongly agree | 2 | Agree      | 3 | Neutral  | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree                 |  |   |   |                |   |            |   |          |   |          |   |                   |
| 2  | Agree                          |  |   |   |                |   |            |   |          |   |          |   |                   |
| 3  | Neutral                        |  |   |   |                |   |            |   |          |   |          |   |                   |
| 4  | Disagree                       |  |   |   |                |   |            |   |          |   |          |   |                   |
| 5  | Strongly disagree              |  |   |   |                |   |            |   |          |   |          |   |                   |
| 28   | state                          | The situation of COVID-19 in your state is/was concerning  | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: state</p>        | 1 | Strongly agree | 2 | Agree      | 3 | Neutral  | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree                 |  |   |   |                |   |            |   |          |   |          |   |                   |
| 2  | Agree                          |  |   |   |                |   |            |   |          |   |          |   |                   |
| 3  | Neutral                        |  |   |   |                |   |            |   |          |   |          |   |                   |
| 4  | Disagree                       |  |   |   |                |   |            |   |          |   |          |   |                   |
| 5  | Strongly disagree              |  |   |   |                |   |            |   |          |   |          |   |                   |
| 29   | belief                         | COVID-19 can be controlled by the end of 2020  | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> <p>Field Annotation: belief</p>       | 1 | Strongly agree | 2 | Agree      | 3 | Neutral  | 4 | Disagree | 5 | Strongly disagree |
| 1  | Strongly agree                 |  |   |   |                |   |            |   |          |   |          |   |                   |
| 2  | Agree                          |  |   |   |                |   |            |   |          |   |          |   |                   |
| 3  | Neutral                        |  |   |   |                |   |            |   |          |   |          |   |                   |
| 4  | Disagree                       |  |   |   |                |   |            |   |          |   |          |   |                   |
| 5  | Strongly disagree              |  |   |   |                |   |            |   |          |   |          |   |                   |
| 30   | concern_about_covid19_complete | <p>Section Header: <i>Form Status</i></p> <p>Complete?</p>   | <p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>  | 0 | Incomplete     | 1 | Unverified | 2 | Complete |   |          |   |                   |
| 0  | Incomplete                     |  |   |   |                |   |            |   |          |   |          |   |                   |
| 1  | Unverified                     |  |   |   |                |   |            |   |          |   |          |   |                   |
| 2  | Complete                       |  |   |   |                |   |            |   |          |   |          |   |                   |
| Instrument: <b>Knowledge On Covid19</b> (knowledge_on_covid19)  Enabled as survey |                                |  | <a href="#">^ Collapse</a>  |   |                |   |            |   |          |   |          |   |                   |
| 31   | age                            | <p>Section Header: <i>Who are at high risk for serious coronavirus infection ?</i></p> <p>Elderly people (age &gt;60 years)</p>    | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: age</p>   | 1 | Yes            | 0 | No         |   |          |   |          |   |                   |
| 1  | Yes                            |  |   |   |                |   |            |   |          |   |          |   |                   |
| 0  | No                             |  |   |   |                |   |            |   |          |   |          |   |                   |
| 32   | child                          | Children (0-5 years)   | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: child</p>   | 1 | Yes            | 0 | No         |   |          |   |          |   |                   |
| 1  | Yes                            |  |   |   |                |   |            |   |          |   |          |   |                   |
| 0  | No                             |  |   |   |                |   |            |   |          |   |          |   |                   |
| 33   | smoke                          | Smokers  | <p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Field Annotation: smoke</p>   | 1 | Yes            | 0 | No         |   |          |   |          |   |                   |
| 1  | Yes                            |  |   |   |                |   |            |   |          |   |          |   |                   |
| 0  | No                             |  |   |   |                |   |            |   |          |   |          |   |                   |

|    |            |   |  |   |     |   |    |
|----|------------|---|--|---|-----|---|----|
| 34 | dm         | Diabetic patients   | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: DM         | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 35 | immune     | People without ability to fight infection   | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: Immune     | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 36 | pregnant   | Pregnant women  | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: pregnant   | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 37 | hosp_rate  | Section Header: <i>Knowledge on COVID-19</i><br>Most COVID-19 patients need hospitalization | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: most       | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 38 | death_rate | One in five COVID-19 patients die   | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: Die        | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 39 | incubation | It takes 2-3 weeks to have disease symptoms after getting coronavirus                       | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: incubation | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 40 | corona     | Before COVID-19, we did not know that coronavirus can affect human                          | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: corona     | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 41 | animal     | We can get COVID-19 from animals  | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: Animal     | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 42 | screening  | Every person in the community should be tested for COVID-19                                 | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: test       | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 43 | hand_wash  | Section Header: <i>Which of the following helps to prevent COVID-19 ?</i><br>Hand washing   | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: prevent    | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |
| 44 | climate    | Hot and humid climate   | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table><br>Field Annotation: climate    | 1 | Yes | 0 | No |
| 1  | Yes        |   |  |   |     |   |    |
| 0  | No         |   |  |   |     |   |    |

|    |   |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
|----|---|--|---|---|---|---|--|-------------------|--|---|------------------------|---------------------|---|-------------------|-----------|---|-------------------|-------------|
| 45 | sunlight  | Exposure to bright sunlight  | <p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: sunlight</p>  | 1 | Yes   | 0   | No   |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 1  | Yes   |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 0  | No  |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 46 | nasal_spray   | Saline nasal spray   | <p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: nasal spray</p>   | 1 | Yes   | 0   | No   |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 1  | Yes   |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 0  | No  |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 47 | hot_beverages   | Drinking hot beverages or alcohol                                    | <p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: hot beverages</p>   | 1 | Yes   | 0   | No   |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 1  | Yes   |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 0  | No  |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 48 | hand_sanitize   | Hand sanitizer containing alcohol                                    | <p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: Hand sanitize</p>   | 1 | Yes   | 0   | No   |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 1  | Yes   |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 0  | No  |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 49 | baby_wipes  | Baby wipes   | <p>radio (Matrix)</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Field Annotation: Baby wipes</p>  | 1 | Yes   | 0   | No   |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 1  | Yes   |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 0  | No  |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 50 | covid_symptoms  | COVID-19 symptoms include (CHECK ALL THAT APPLY) :                   | <p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>covid_symptoms__1</td> <td>Fever</td> </tr> <tr> <td>2</td> <td>covid_symptoms__2</td> <td>Cough</td> </tr> <tr> <td>3</td> <td>covid_symptoms__3</td> <td>Shortness of breath</td> </tr> <tr> <td>4</td> <td>covid_symptoms__4</td> <td>Body ache</td> </tr> <tr> <td>5</td> <td>covid_symptoms__5</td> <td>Sore throat</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | covid_symptoms__1   | Fever                                     | 2  | covid_symptoms__2 | Cough  | 3 | covid_symptoms__3      | Shortness of breath | 4 | covid_symptoms__4 | Body ache | 5 | covid_symptoms__5 | Sore throat |
| 1  | covid_symptoms__1   | Fever  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 2  | covid_symptoms__2   | Cough  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 3  | covid_symptoms__3   | Shortness of breath  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 4  | covid_symptoms__4   | Body ache  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 5  | covid_symptoms__5   | Sore throat  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 51 | vaccine_pcv_flu   | Vaccines :   | <p>radio</p> <table border="1"> <tr> <td>1</td> <td>Pneumonia vaccine offers some protection against COVID-19</td> </tr> <tr> <td>2</td> <td>Flu shot offers some protection against COVID-19</td> </tr> <tr> <td>3</td> <td>Both 1 and 2 are true</td> </tr> <tr> <td>4</td> <td>Both 1 and 2 are false</td> </tr> </table> <p>Custom alignment: LV</p>  | 1 | Pneumonia vaccine offers some protection against COVID-19 | 2   | Flu shot offers some protection against COVID-19 | 3                 | Both 1 and 2 are true  | 4 | Both 1 and 2 are false |                     |   |                   |           |   |                   |             |
| 1  | Pneumonia vaccine offers some protection against COVID-19 |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 2  | Flu shot offers some protection against COVID-19          |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 3  | Both 1 and 2 are true                                     |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 4  | Both 1 and 2 are false                                    |  |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 52 | mask_gloves   | Protective measures (CHECK ALL THAT APPLY) :                         | <p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>mask_gloves__1</td> <td>Face-mask prevents the spread of COVID-19</td> </tr> <tr> <td>2</td> <td>mask_gloves__2</td> <td>Rubber gloves should be used while going outside (such as groceries)</td> </tr> </table> <p>Custom alignment: LV</p>  | 1 | mask_gloves__1  | Face-mask prevents the spread of COVID-19 | 2  | mask_gloves__2    | Rubber gloves should be used while going outside (such as groceries) |   |                        |                     |   |                   |           |   |                   |             |
| 1  | mask_gloves__1  | Face-mask prevents the spread of COVID-19                            |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |
| 2  | mask_gloves__2  | Rubber gloves should be used while going outside (such as groceries) |   |   |   |   |  |                   |  |   |                        |                     |   |                   |           |   |                   |             |

|   |                               |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
|---|-------------------------------|--|--|---|----------------|--------------------|---------------------|-----------|--------------------------|---|------------|--------------------------------|-------------------|-----------|----------|
| 53  | social_distance_feet          | Social distancing means keeping ____feet gap between two persons :                             | radio<br><table border="1"> <tr><td>1</td><td>3 feet</td></tr> <tr><td>2</td><td>6 feet</td></tr> <tr><td>3</td><td>10 feet</td></tr> <tr><td>4</td><td>15 feet</td></tr> </table> Custom alignment: LV  | 1 | 3 feet         | 2                  | 6 feet              | 3         | 10 feet                  | 4 | 15 feet    |                                |                   |           |          |
| 1   | 3 feet                        |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 2   | 6 feet                        |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 3   | 10 feet                       |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 4   | 15 feet                       |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 54  | isolation                     | If you had contact with a COVID-19 patient, you should be isolated for :                       | radio<br><table border="1"> <tr><td>1</td><td>One week</td></tr> <tr><td>2</td><td>Two weeks</td></tr> <tr><td>3</td><td>Three weeks</td></tr> <tr><td>4</td><td>Four weeks</td></tr> </table> Custom alignment: LV  | 1 | One week       | 2                  | Two weeks           | 3         | Three weeks              | 4 | Four weeks |                                |                   |           |          |
| 1   | One week                      |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 2   | Two weeks                     |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 3   | Three weeks                   |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 4   | Four weeks                    |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 55  | corona_live                   | Coronavirus can live on a surface for :  | radio<br><table border="1"> <tr><td>1</td><td>Up to 6 hours</td></tr> <tr><td>2</td><td>Few hours to 3 days</td></tr> <tr><td>3</td><td>Up to 14 days</td></tr> </table> Custom alignment: LV  | 1 | Up to 6 hours  | 2                  | Few hours to 3 days | 3         | Up to 14 days            |   |            |                                |                   |           |          |
| 1   | Up to 6 hours                 |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 2   | Few hours to 3 days           |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 3   | Up to 14 days                 |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 56  | spread                        | COVID-19 usually spreads via (CHECK ALL THAT APPLY) :  | checkbox<br><table border="1"> <tr><td>1</td><td>spread__1</td><td>Contact (by touch)</td></tr> <tr><td>2</td><td>spread__2</td><td>Droplet (such as sneeze)</td></tr> <tr><td>3</td><td>spread__3</td><td>Water (drinking water, shower)</td></tr> <tr><td>4</td><td>spread__4</td><td>Wind/air</td></tr> </table> Custom alignment: LV | 1 | spread__1      | Contact (by touch) | 2                   | spread__2 | Droplet (such as sneeze) | 3 | spread__3  | Water (drinking water, shower) | 4                 | spread__4 | Wind/air |
| 1   | spread__1                     | Contact (by touch)   |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 2   | spread__2                     | Droplet (such as sneeze)   |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 3   | spread__3                     | Water (drinking water, shower)   |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 4   | spread__4                     | Wind/air   |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 57  | knowledge_on_covid19_complete | Section Header: <i>Form Status</i><br>Complete?  | dropdown<br><table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>   | 0 | Incomplete     | 1                  | Unverified          | 2         | Complete                 |   |            |                                |                   |           |          |
| 0   | Incomplete                    |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 1   | Unverified                    |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 2   | Complete                      |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| Instrument: <b>Treatment of COVID-19</b> (treatment_of_covid19)  Enabled as survey <span style="float: right;"><a href="#">^ Collapse</a></span> |                               |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 58  | chloroquin                    | Section Header: <i>Treatment</i><br>Hydroxychloroquine (Plaquenil) is useful to treat COVID-19 | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> Field Annotation: chloroquin   | 1 | Strongly agree | 2                  | Agree               | 3         | Neutral                  | 4 | Disagree   | 5                              | Strongly disagree |           |          |
| 1   | Strongly agree                |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 2   | Agree                         |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 3   | Neutral                       |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 4   | Disagree                      |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 5   | Strongly disagree             |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 59  | drug_trial                    | I am willing to participate in future drug trials for COVID-19                                 | radio (Matrix)<br><table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> Field Annotation: drug trial   | 1 | Strongly agree | 2                  | Agree               | 3         | Neutral                  | 4 | Disagree   | 5                              | Strongly disagree |           |          |
| 1   | Strongly agree                |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 2   | Agree                         |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 3   | Neutral                       |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 4   | Disagree                      |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |
| 5   | Strongly disagree             |  |  |   |                |                    |                     |           |                          |   |            |                                |                   |           |          |



|    |                   |  |   |   |                |   |          |   |          |   |                   |   |                   |
|----|-------------------|--|---|---|----------------|---|----------|---|----------|---|-------------------|---|-------------------|
| 60 | vaccine           | I am willing to participate in future vaccine trials for COVID-19  | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> Field Annotation: vaccine        | 1 | Strongly agree | 2 | Agree    | 3 | Neutral  | 4 | Disagree          | 5 | Strongly disagree |
| 1  | Strongly agree    |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 2  | Agree             |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 3  | Neutral           |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 4  | Disagree          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 5  | Strongly disagree |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 61 | hospital          | Section Header: <i>Thoughts about your local hospital</i><br>Your local hospital can treat very sick COVID-19 patients | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> Field Annotation: hospital       | 1 | Strongly agree | 2 | Agree    | 3 | Neutral  | 4 | Disagree          | 5 | Strongly disagree |
| 1  | Strongly agree    |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 2  | Agree             |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 3  | Neutral           |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 4  | Disagree          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 5  | Strongly disagree |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 62 | vent              | Your local hospital has enough ventilators   | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> Field Annotation: vent           | 1 | Strongly agree | 2 | Agree    | 3 | Neutral  | 4 | Disagree          | 5 | Strongly disagree |
| 1  | Strongly agree    |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 2  | Agree             |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 3  | Neutral           |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 4  | Disagree          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 5  | Strongly disagree |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 63 | administration    | The government of your state/country acted promptly to prevent COVID-19  | radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Neutral</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly disagree</td></tr> </table> Field Annotation: administration | 1 | Strongly agree | 2 | Agree    | 3 | Neutral  | 4 | Disagree          | 5 | Strongly disagree |
| 1  | Strongly agree    |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 2  | Agree             |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 3  | Neutral           |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 4  | Disagree          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 5  | Strongly disagree |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 64 | new_vaccine       | Section Header: <i>Future hope</i><br>How soon do you think that a vaccine against COVID-19 will be available?         | radio (Matrix) <table border="1"> <tr><td>1</td><td>3 months</td></tr> <tr><td>2</td><td>6 months</td></tr> <tr><td>3</td><td>one year</td></tr> <tr><td>4</td><td>Two years or more</td></tr> </table> Field Annotation: new vaccine   | 1 | 3 months       | 2 | 6 months | 3 | one year | 4 | Two years or more |   |                   |
| 1  | 3 months          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 2  | 6 months          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 3  | one year          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 4  | Two years or more |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 65 | new_medication    | How soon do you think that a medication to cure COVID-19 will be available?  | radio (Matrix) <table border="1"> <tr><td>1</td><td>3 months</td></tr> <tr><td>2</td><td>6 months</td></tr> <tr><td>3</td><td>one year</td></tr> <tr><td>4</td><td>Two years or more</td></tr> </table> Field Annotation: new_medication  | 1 | 3 months       | 2 | 6 months | 3 | one year | 4 | Two years or more |   |                   |
| 1  | 3 months          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 2  | 6 months          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 3  | one year          |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 4  | Two years or more |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 66 | covid_vaccine     | Would you like to get COVID-19 vaccine, If available?  | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>  | 1 | Yes            | 0 | No       |   |          |   |                   |   |                   |
| 1  | Yes               |  |   |   |                |   |          |   |          |   |                   |   |                   |
| 0  | No                |  |   |   |                |   |          |   |          |   |                   |   |                   |

|    |                        |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
|----|------------------------|--|--|---|------------------------|-----------------------|-------------|------------------------|---------------------------------------|---|------------------------|---------------------|-----------|------------------------|---------------------------------|---|------------------------|---------------------------|---|---|---|---|---|----|----|
| 67 | covid_vaccine_cause    | What is your biggest concern on COVID-19 vaccine (even if you will take it)?                   | checkbox<br><table border="1"> <tr> <td>1</td> <td>covid_vaccine_cause__1</td> <td>Possible side effects</td> </tr> <tr> <td>2</td> <td>covid_vaccine_cause__2</td> <td>Doubt about the benefits or necessity</td> </tr> <tr> <td>3</td> <td>covid_vaccine_cause__3</td> <td>Cost of the vaccine</td> </tr> <tr> <td>4</td> <td>covid_vaccine_cause__4</td> <td>Not at risk for serious disease</td> </tr> <tr> <td>5</td> <td>covid_vaccine_cause__5</td> <td>No specific cause/concern</td> </tr> </table> | 1 | covid_vaccine_cause__1 | Possible side effects | 2           | covid_vaccine_cause__2 | Doubt about the benefits or necessity | 3 | covid_vaccine_cause__3 | Cost of the vaccine | 4         | covid_vaccine_cause__4 | Not at risk for serious disease | 5 | covid_vaccine_cause__5 | No specific cause/concern |   |   |   |   |   |    |    |
| 1  | covid_vaccine_cause__1 | Possible side effects  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 2  | covid_vaccine_cause__2 | Doubt about the benefits or necessity  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 3  | covid_vaccine_cause__3 | Cost of the vaccine  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 4  | covid_vaccine_cause__4 | Not at risk for serious disease  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 5  | covid_vaccine_cause__5 | No specific cause/concern  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 68 | flu_shot_y_n           | Did you get a flu shot within last three years?  | yesno<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV   | 1 | Yes                    | 0                     | No          |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 1  | Yes                    |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 0  | No                     |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 69 | section_5_8            | Since we now know how bad a viral infection can be, would you like to get Flu shot?            | radio<br><table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not sure</td> </tr> </table> Custom alignment: LV   | 1 | Yes                    | 0                     | No          | 2                      | Not sure                              |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 1  | Yes                    |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 0  | No                     |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 2  | Not sure               |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 70 | confidence_level       | How confident you are about your answers: (0 is not confident at all and 10 is very confident) | radio<br><table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table> Custom alignment: LH  | 0 | 0                      | 1                     | 1           | 2                      | 2                                     | 3 | 3                      | 4                   | 4         | 5                      | 5                               | 6 | 6                      | 7                         | 7 | 8 | 8 | 9 | 9 | 10 | 10 |
| 0  | 0                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 1  | 1                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 2  | 2                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 3  | 3                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 4  | 4                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 5  | 5                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 6  | 6                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 7  | 7                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 8  | 8                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 9  | 9                      |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 10 | 10                     |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 71 | m_f                    | You are  | radio<br><table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> <tr> <td>3</td> <td>Prefer not to answer</td> </tr> </table> Custom alignment: LV<br>Field Annotation: We would like to know a little about you (and those will not identify you)  | 1 | Male                   | 2                     | Female      | 3                      | Prefer not to answer                  |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 1  | Male                   |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 2  | Female                 |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 3  | Prefer not to answer   |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 72 | your_age               | Your age   | radio<br><table border="1"> <tr> <td>1</td> <td>18-24 years</td> </tr> <tr> <td>2</td> <td>25-44 years</td> </tr> <tr> <td>3</td> <td>45-60 years</td> </tr> <tr> <td>4</td> <td>61-70 years</td> </tr> <tr> <td>5</td> <td>&gt;70 years</td> </tr> <tr> <td>6</td> <td>Prefer not to answer</td> </tr> </table> Custom alignment: LV  | 1 | 18-24 years            | 2                     | 25-44 years | 3                      | 45-60 years                           | 4 | 61-70 years            | 5                   | >70 years | 6                      | Prefer not to answer            |   |                        |                           |   |   |   |   |   |    |    |
| 1  | 18-24 years            |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 2  | 25-44 years            |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 3  | 45-60 years            |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 4  | 61-70 years            |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 5  | >70 years              |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |
| 6  | Prefer not to answer   |  |  |   |                        |                       |             |                        |                                       |   |                        |                     |           |                        |                                 |   |                        |                           |   |   |   |   |   |    |    |

|    |   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
|----|---|---|---|---|--------------------------|---|-----------------|---|--------------------|---|---|---|--------------|---|------------------------------|---|---|---|--------|---|----------------------|
| 73 | your_education  | Your highest level of education                     | <p>radio</p> <table border="1"> <tr><td>1</td><td>Middle school or less</td></tr> <tr><td>2</td><td>High School</td></tr> <tr><td>3</td><td>Under graduate</td></tr> <tr><td>4</td><td>Graduate</td></tr> <tr><td>5</td><td>Masters</td></tr> <tr><td>6</td><td>Doctorate</td></tr> <tr><td>7</td><td>Professional degree (MD, MBA, LAWYER etc..)</td></tr> <tr><td>8</td><td>Other</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p>           | 1 | Middle school or less    | 2 | High School     | 3 | Under graduate     | 4 | Graduate                                    | 5 | Masters      | 6 | Doctorate                    | 7 | Professional degree (MD, MBA, LAWYER etc..) | 8 | Other  | 9 | Prefer not to answer |
| 1  | Middle school or less   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 2  | High School   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 3  | Under graduate  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 4  | Graduate  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 5  | Masters   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 6  | Doctorate   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 7  | Professional degree (MD, MBA, LAWYER etc..)                   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 8  | Other   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 9  | Prefer not to answer  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 74 | your_race   | You would like to identify yourself as              | <p>radio</p> <table border="1"> <tr><td>1</td><td>Black</td></tr> <tr><td>2</td><td>Hispanic/Latino</td></tr> <tr><td>3</td><td>White</td></tr> <tr><td>4</td><td>Asian (Chinese, Japanese, Korean, Filipino)</td></tr> <tr><td>5</td><td>Asian Indian</td></tr> <tr><td>6</td><td>Belongs to two or more races</td></tr> <tr><td>7</td><td>Middle Eastern</td></tr> <tr><td>8</td><td>Others</td></tr> <tr><td>9</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Black                    | 2 | Hispanic/Latino | 3 | White              | 4 | Asian (Chinese, Japanese, Korean, Filipino) | 5 | Asian Indian | 6 | Belongs to two or more races | 7 | Middle Eastern                              | 8 | Others | 9 | Prefer not to answer |
| 1  | Black   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 2  | Hispanic/Latino   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 3  | White   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 4  | Asian (Chinese, Japanese, Korean, Filipino)                   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 5  | Asian Indian  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 6  | Belongs to two or more races                                  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 7  | Middle Eastern  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 8  | Others  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 9  | Prefer not to answer  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 75 | financial_status  | You consider the financial status of your family as | <p>radio</p> <table border="1"> <tr><td>1</td><td>Lower middle class/ poor</td></tr> <tr><td>2</td><td>Middle class</td></tr> <tr><td>3</td><td>Upper middle class</td></tr> <tr><td>4</td><td>Wealthy</td></tr> </table> <p>Custom alignment: LV</p>   | 1 | Lower middle class/ poor | 2 | Middle class    | 3 | Upper middle class | 4 | Wealthy                                     |   |              |   |                              |   |   |   |        |   |                      |
| 1  | Lower middle class/ poor                                      |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 2  | Middle class  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 3  | Upper middle class  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 4  | Wealthy   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 76 | country   | Do you live in the USA?                             | <p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>   | 1 | Yes                      | 0 | No              |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 1  | Yes   |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 0  | No  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 77 | country_not_usa<br>Show the field ONLY if:<br>[country] = '0' | Name of your country                                | text  |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 78 | state_usa<br>Show the field ONLY if:<br>[country] = '1'       | Name of your State                                  | text  |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 79 | treatment_of_covid19_complete                                 | Section Header: <i>Form Status</i><br>Complete?     | <p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>  | 0 | Incomplete               | 1 | Unverified      | 2 | Complete           |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 0  | Incomplete  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 1  | Unverified  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |
| 2  | Complete  |   |   |   |                          |   |                 |   |                    |   |   |   |              |   |                              |   |   |   |        |   |                      |