


^ Collapse all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: COVID-19 Testing Survey (covid19_testing_survey)  Enabled as survey ^ Collapse			
1	record_id	Record ID	text

2	elements_consent	<p>Understanding COVID-19 Testing and Vaccination in Rhode Island</p> <p>We would like to ask you to take part in a research study called, Understanding COVID-19 Testing and Vaccination in Rhode Island.</p> <p>The goals of this study are to determine:</p> <ol style="list-style-type: none"> 1) how individuals in Rhode Island feel about different COVID-19 testing options 2) the contributing factors that influence that decision, and 3) willingness to be vaccinated against COVID-19 if a vaccine were eventually developed <p>You are being asked to participate in this study because you reside in Rhode Island. Your responses will help us plan for COVID-19 testing in Rhode Island.</p> <p>We expect to conduct at least 1,000 online surveys.</p> <p>If you choose to participate in the study, you will be asked to complete an online survey. The survey is confidential. The survey asks you about your demographic information, how you feel about COVID-19 testing options, contributing factors that influence that decision, and willingness to be vaccinated against COVID-19 if a vaccine were eventually developed. The survey should take no longer than 10 minutes to complete.</p> <p>You will not be reimbursed for your participation in this research study.</p> <p>There are no costs to you for participating in this study.</p> <p>Your part in this research study consists of completing a survey. This study does not require you to have procedures or treatments. Therefore, being in this study does not involve any physical risks to you. However, there is a slight risk regarding the confidentiality of your participation in this study, if information about you becomes known to persons outside this study. The researchers are required to keep your study information confidential, however, so the risk of breach of confidentiality is very low.</p> <p>Study data will be shared only in a summary format. This ensures that none of the information you provide will be linked back to you.</p> <p>Your participation in this study may not benefit you personally. The indirect benefit is that the results of this study will help to inform the development of strategies for promoting COVID-19 testing. Therefore, the results of this study have the potential to inform public health strategies to contain COVID-19 including preferences for making testing (if it becomes available) vaccination accessible.</p> <p>Participation in this study is completely voluntary. You are not required to enroll or participate. If you decide to participate, you can always change your mind and quit at any time.</p> <p>If you have any questions about the research study, please feel free to contact Brooke G. Rogers, Ph.D., M.P.H., at 401-793-7077.</p> <p>If you have any questions about your rights as a research subject please feel free to call our Research Protections Office Director, Janice Muratori, at (401) 444-6246.</p>	descriptive
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3	agree_participate	If you decide to participate in the study, you are agreeing to the components of the informed consent process. You can print a copy of this document for your records.	radio, Required <table border="1"> <tr> <td>0</td> <td>No, I do not want to participate</td> </tr> <tr> <td>1</td> <td>Yes, I agree to participate</td> </tr> </table> Custom alignment: LV Stop actions on 0	0	No, I do not want to participate	1	Yes, I agree to participate																	
0	No, I do not want to participate																							
1	Yes, I agree to participate																							
4	covid_age	Section Header: <i>Survey Progress: 0% The purpose of this survey is to help plan for COVID-19 testing and vaccination in Rhode Island. This survey is anonymous and will not be linked to you personally. Please answer each question. Demographics We are interested in your characteristics to better understand who COVID-19 is affecting in Rhode Island.</i> How old are you?	text (integer), Required																					
5	covid_sex_birth	What was your sex assigned at birth?	radio, Required <table border="1"> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> <tr> <td>3</td> <td>Other:</td> </tr> </table>	1	Male	2	Female	3	Other:															
1	Male																							
2	Female																							
3	Other:																							
6	covid_sex_birth_other Show the field ONLY if: [covid_sex_birth] = '3'	Other (please specify):	text																					
7	covid_gender	What is your current gender identity?	radio, Required <table border="1"> <tr> <td>1</td> <td>Man</td> </tr> <tr> <td>2</td> <td>Woman</td> </tr> <tr> <td>3</td> <td>Transgender man</td> </tr> <tr> <td>4</td> <td>Transgender woman</td> </tr> <tr> <td>5</td> <td>Other:</td> </tr> <tr> <td>6</td> <td>Decline to answer</td> </tr> </table>	1	Man	2	Woman	3	Transgender man	4	Transgender woman	5	Other:	6	Decline to answer									
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2	Woman																							
3	Transgender man																							
4	Transgender woman																							
5	Other:																							
6	Decline to answer																							
8	covid_gender_other Show the field ONLY if: [covid_gender] = '5'	Other (please specify):	text																					
9	covid_sexual_orientation	What is your sexual orientation?	radio, Required <table border="1"> <tr> <td>1</td> <td>Heterosexual</td> </tr> <tr> <td>2</td> <td>Bisexual</td> </tr> <tr> <td>3</td> <td>Lesbian/Gay</td> </tr> <tr> <td>4</td> <td>Pansexual</td> </tr> <tr> <td>5</td> <td>Asexual</td> </tr> <tr> <td>6</td> <td>Other:</td> </tr> <tr> <td>7</td> <td>Decline to answer</td> </tr> </table>	1	Heterosexual	2	Bisexual	3	Lesbian/Gay	4	Pansexual	5	Asexual	6	Other:	7	Decline to answer							
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6	Other:																							
7	Decline to answer																							
10	covid_sexual_orientation_other Show the field ONLY if: [covid_sexual_orientation] = '6'	Other (please specify):	text																					
11	covid_race	What is your race?	checkbox, Required <table border="1"> <tr> <td>1</td> <td>covid_race__1</td> <td>White</td> </tr> <tr> <td>2</td> <td>covid_race__2</td> <td>Black or African American</td> </tr> <tr> <td>3</td> <td>covid_race__3</td> <td>American Indian or Alaska Native</td> </tr> <tr> <td>4</td> <td>covid_race__4</td> <td>Asian</td> </tr> <tr> <td>5</td> <td>covid_race__5</td> <td>Native Hawaiian or other Pacific Islander</td> </tr> <tr> <td>6</td> <td>covid_race__6</td> <td>Other:</td> </tr> <tr> <td>7</td> <td>covid_race__7</td> <td>Decline to answer</td> </tr> </table>	1	covid_race__1	White	2	covid_race__2	Black or African American	3	covid_race__3	American Indian or Alaska Native	4	covid_race__4	Asian	5	covid_race__5	Native Hawaiian or other Pacific Islander	6	covid_race__6	Other:	7	covid_race__7	Decline to answer
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6	covid_race__6	Other:																						
7	covid_race__7	Decline to answer																						
12	covid_race_other_2 Show the field ONLY if: [covid_race(6)] = '1'	Other (please specify):	text																					

13	covid_ethnicity	Are you Hispanic/Latino?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>Decline to answer</td></tr> </table>	0	No	1	Yes	2	Decline to answer																										
0	No																																		
1	Yes																																		
2	Decline to answer																																		
14	covid_zip	What ZIP Code do you live in?	text (zipcode), Required																																
15	covid_household	How many people including you live in your household?	text (integer), Required																																
16	covid_employment_status	What is your current employment status?	radio, Required <table border="1"> <tr><td>1</td><td>Full-time (30 or more hours per week)</td></tr> <tr><td>2</td><td>Part-time (fewer than 30 hours per week)</td></tr> <tr><td>3</td><td>Unemployed</td></tr> <tr><td>4</td><td>Retired</td></tr> <tr><td>5</td><td>Disabled, not able to work</td></tr> <tr><td>6</td><td>Student</td></tr> <tr><td>7</td><td>Other:</td></tr> </table>	1	Full-time (30 or more hours per week)	2	Part-time (fewer than 30 hours per week)	3	Unemployed	4	Retired	5	Disabled, not able to work	6	Student	7	Other:																		
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17	covid_employment_status_other Show the field ONLY if: [covid_employment_status] = '7'	Other (please specify):	text																																
18	covid_loss_employment	Was there a period of time you were not working due to COVID-19? <i>Since March 1, 2020</i>	radio, Required <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes, but I am now back at the job I had previously</td></tr> <tr><td>3</td><td>Yes, but I am now back at a different job</td></tr> <tr><td>4</td><td>Yes, I lost my previous job and now looking for work</td></tr> <tr><td>5</td><td>Yes, I was laid off my previous job, but plan to start back work at the same job in the future</td></tr> </table>	1	No	2	Yes, but I am now back at the job I had previously	3	Yes, but I am now back at a different job	4	Yes, I lost my previous job and now looking for work	5	Yes, I was laid off my previous job, but plan to start back work at the same job in the future																						
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19	covid_loss_employment_length Show the field ONLY if: [covid_loss_employment] = '2' or [covid_loss_employment] = '3' or [covid_loss_employment] = '4' or [covid_loss_employment] = '5'	If yes, how long have you or had you been out of work due to COVID-19? Number of weeks: <i>By out of work we mean not working. This does not include if you have been working remotely from home and getting paid.</i>	text (integer)																																
20	covid_income	This past year, what was your total personal income before taxes?	radio, Required <table border="1"> <tr><td>1</td><td>< \$10,000</td></tr> <tr><td>2</td><td>\$10,001-\$20,000</td></tr> <tr><td>3</td><td>\$20,001-\$30,000</td></tr> <tr><td>4</td><td>\$30,001-\$40,000</td></tr> <tr><td>5</td><td>\$40,001-\$50,000</td></tr> <tr><td>6</td><td>\$50,001-\$60,000</td></tr> <tr><td>7</td><td>\$60,001-\$70,000</td></tr> <tr><td>8</td><td>\$70,001-\$80,000</td></tr> <tr><td>9</td><td>\$80,001-\$90,000</td></tr> <tr><td>10</td><td>\$90,001-\$100,000</td></tr> <tr><td>11</td><td>\$100,001-\$110,000</td></tr> <tr><td>12</td><td>\$110,001-\$120,000</td></tr> <tr><td>13</td><td>\$120,001-\$130,000</td></tr> <tr><td>14</td><td>\$130,001-\$140,000</td></tr> <tr><td>15</td><td>\$140,001-\$150,000</td></tr> <tr><td>16</td><td>\$150,001+</td></tr> </table>	1	< \$10,000	2	\$10,001-\$20,000	3	\$20,001-\$30,000	4	\$30,001-\$40,000	5	\$40,001-\$50,000	6	\$50,001-\$60,000	7	\$60,001-\$70,000	8	\$70,001-\$80,000	9	\$80,001-\$90,000	10	\$90,001-\$100,000	11	\$100,001-\$110,000	12	\$110,001-\$120,000	13	\$120,001-\$130,000	14	\$130,001-\$140,000	15	\$140,001-\$150,000	16	\$150,001+
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21	covid_job_setting	What type of setting do/did you work in (select one)?	<table border="1"> <tr><td colspan="2">radio, Required</td></tr> <tr><td>1</td><td>Healthcare</td></tr> <tr><td>2</td><td>Dental</td></tr> <tr><td>3</td><td>Childcare</td></tr> <tr><td>4</td><td>Congregate living (Nursing home, Assisted living, Group home)</td></tr> <tr><td>5</td><td>Faith-based organization</td></tr> <tr><td>6</td><td>Gym</td></tr> <tr><td>7</td><td>Hair</td></tr> <tr><td>8</td><td>Personal services (Nail / Massage / Tattoo / Facialist / Other)</td></tr> <tr><td>9</td><td>Physical therapy</td></tr> <tr><td>10</td><td>Restaurant or Bar</td></tr> <tr><td>11</td><td>Grocery store</td></tr> <tr><td>12</td><td>Retail</td></tr> <tr><td>13</td><td>Manufacturing</td></tr> <tr><td>14</td><td>Education</td></tr> <tr><td>15</td><td>Government (Inspectors, DMV, others)</td></tr> <tr><td>16</td><td>Public transportation</td></tr> <tr><td>17</td><td>First responder (Fire/EMS/Police)</td></tr> <tr><td>18</td><td>Corrections</td></tr> <tr><td>19</td><td>Other:</td></tr> </table>	radio, Required		1	Healthcare	2	Dental	3	Childcare	4	Congregate living (Nursing home, Assisted living, Group home)	5	Faith-based organization	6	Gym	7	Hair	8	Personal services (Nail / Massage / Tattoo / Facialist / Other)	9	Physical therapy	10	Restaurant or Bar	11	Grocery store	12	Retail	13	Manufacturing	14	Education	15	Government (Inspectors, DMV, others)	16	Public transportation	17	First responder (Fire/EMS/Police)	18	Corrections	19	Other:
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22	covid_job_setting_other Show the field ONLY if: [covid_job_setting] = '19'	Other (please specify):	text																																								
23	covid_work_zip Show the field ONLY if: [covid_employment_status] = '1' or [covid_employment_status] = '2' or [covid_employment_status] = '7'	What ZIP Code do you work in?	text (zipcode)																																								
24	covid_transportation	What modes of transportation do you use during a typical week (check all that apply)?	<table border="1"> <tr><td colspan="2">checkbox, Required</td></tr> <tr><td>1</td><td>covid_transportation__1 Personal vehicle</td></tr> <tr><td>2</td><td>covid_transportation__2 Carpool</td></tr> <tr><td>3</td><td>covid_transportation__3 Rideshare</td></tr> <tr><td>4</td><td>covid_transportation__4 Bus</td></tr> <tr><td>5</td><td>covid_transportation__5 Train</td></tr> <tr><td>6</td><td>covid_transportation__6 Bicycle</td></tr> <tr><td>7</td><td>covid_transportation__7 Walking</td></tr> <tr><td>8</td><td>covid_transportation__8 Other:</td></tr> </table>	checkbox, Required		1	covid_transportation__1 Personal vehicle	2	covid_transportation__2 Carpool	3	covid_transportation__3 Rideshare	4	covid_transportation__4 Bus	5	covid_transportation__5 Train	6	covid_transportation__6 Bicycle	7	covid_transportation__7 Walking	8	covid_transportation__8 Other:																						
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8	covid_transportation__8 Other:																																										
25	covid_transportation_other Show the field ONLY if: [covid_transportation(8)] = '1'	Other (please specify):	text																																								
26	covid_country_travel	<p>Section Header: <i>Survey Progress: 0% Contact with COVID-19. We would like to know if you suspect you have had or had contact with someone who has been infected with SARS-CoV-2, the virus that causes COVID-19.</i></p> <p>Have you traveled out of the country since January 1, 2020?</p>	<table border="1"> <tr><td colspan="2">yesno, Required</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	yesno, Required		1	Yes	0	No																																		
yesno, Required																																											
1	Yes																																										
0	No																																										
27	covid_country_travel_yes Show the field ONLY if: [covid_country_travel] = '1'	If yes, location and date(s):	notes																																								
28	covid_state_travel	Have you traveled outside of the state since January 1, 2020?	<table border="1"> <tr><td colspan="2">yesno, Required</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	yesno, Required		1	Yes	0	No																																		
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1	Yes																																										
0	No																																										

41	covid_likelihood	How likely do you think it is that you've had COVID-19 in the past?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all likely</td></tr> <tr><td>2</td><td>Not likely</td></tr> <tr><td>3</td><td>Somewhat likely</td></tr> <tr><td>4</td><td>Likely</td></tr> <tr><td>5</td><td>Very likely</td></tr> </table>	1	Not at all likely	2	Not likely	3	Somewhat likely	4	Likely	5	Very likely														
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42	covid_offered_pcr	Section Header: <i>Survey Progress: 0% COVID-19 Testing We would like to know what you think about testing for SARS-CoV-2, the virus that causes COVID-19.</i> Have you previously had a swab test of the nose for SARS-CoV-2?(i.e. either a nasal or nasopharyngeal swab)?	yesno, Required <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																										
43	if_yes_how_many_times Show the field ONLY if: [covid_offered_pcr] = '1'	IF YES, How many times?	text																								
44	where_were_you_tested Show the field ONLY if: [covid_offered_pcr] = '1'	Where were you tested?	radio <table border="1"> <tr><td>1</td><td>Primary care provider or community clinic</td></tr> <tr><td>2</td><td>Urgent care center</td></tr> <tr><td>3</td><td>Emergency Department</td></tr> <tr><td>4</td><td>State-site through portal.ri.gov</td></tr> <tr><td>5</td><td>My place of work</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	1	Primary care provider or community clinic	2	Urgent care center	3	Emergency Department	4	State-site through portal.ri.gov	5	My place of work	6	Other												
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45	where_were_you_tested_other Show the field ONLY if: [where_were_you_tested] = '6'	Please specify:	text																								
46	covid_pcr_results Show the field ONLY if: [covid_offered_pcr] = '1'	Have you every had a positive test?	radio <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> </table>	0	No	1	Yes																				
0	No																										
1	Yes																										
47	covid_pcr_likelihood	If you were offered a swab test of your nose for SARS-CoV-2 today, how likely would you be to get one?	radio, Required <table border="1"> <tr><td>1</td><td>Not at all likely</td></tr> <tr><td>2</td><td>Not likely</td></tr> <tr><td>3</td><td>Somewhat likely</td></tr> <tr><td>4</td><td>Likely</td></tr> <tr><td>5</td><td>Very likely</td></tr> </table>	1	Not at all likely	2	Not likely	3	Somewhat likely	4	Likely	5	Very likely														
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48	covid_pcr_reasons_yes	What are some reasons you WOULD be willing to get tested? (check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>covid_pcr_reasons_yes__1</td><td>I would want to know for my own health</td></tr> <tr><td>2</td><td>covid_pcr_reasons_yes__2</td><td>I would want to know so I don't transmit to others</td></tr> <tr><td>3</td><td>covid_pcr_reasons_yes__3</td><td>It is free</td></tr> <tr><td>4</td><td>covid_pcr_reasons_yes__4</td><td>It does not take much effort</td></tr> <tr><td>5</td><td>covid_pcr_reasons_yes__5</td><td>It could inform public health measures</td></tr> <tr><td>6</td><td>covid_pcr_reasons_yes__6</td><td>It is required to travel</td></tr> <tr><td>7</td><td>covid_pcr_reasons_yes__7</td><td>It is required for work</td></tr> <tr><td>8</td><td>covid_pcr_reasons_yes__8</td><td>Other:</td></tr> </table>	1	covid_pcr_reasons_yes__1	I would want to know for my own health	2	covid_pcr_reasons_yes__2	I would want to know so I don't transmit to others	3	covid_pcr_reasons_yes__3	It is free	4	covid_pcr_reasons_yes__4	It does not take much effort	5	covid_pcr_reasons_yes__5	It could inform public health measures	6	covid_pcr_reasons_yes__6	It is required to travel	7	covid_pcr_reasons_yes__7	It is required for work	8	covid_pcr_reasons_yes__8	Other:
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49	covid_pcr_reasons_yes_other Show the field ONLY if: [covid_pcr_reasons_yes(8)] = '1'	Other (please specify):	text																								

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52	covid_offered_ab	Have you previously had a blood test to see if you have the antibodies to SARS-CoV-2?	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																												
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53	covid_ab_results Show the field ONLY if: [covid_offered_ab] = '1'	What were the results of this test?	radio <table border="1"> <tr> <td>1</td> <td>Negative</td> </tr> <tr> <td>2</td> <td>Positive</td> </tr> <tr> <td>3</td> <td>Inconclusive</td> </tr> <tr> <td>4</td> <td>Don't know</td> </tr> </table>	1	Negative	2	Positive	3	Inconclusive	4	Don't know																																								
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54	covid_ab_likelihood	If you were offered a blood test to see if you have antibodies to SARS-CoV-2 today, how likely would you be to get one?	<p>radio, Required</p> <table border="1"> <tr> <td data-bbox="1044 111 1068 142">1</td> <td data-bbox="1068 111 1230 142">Not at all likely</td> </tr> <tr> <td data-bbox="1044 153 1068 184">2</td> <td data-bbox="1068 153 1230 184">Not likely</td> </tr> <tr> <td data-bbox="1044 195 1068 226">3</td> <td data-bbox="1068 195 1230 226">Somewhat likely</td> </tr> <tr> <td data-bbox="1044 237 1068 268">4</td> <td data-bbox="1068 237 1230 268">Likely</td> </tr> <tr> <td data-bbox="1044 279 1068 310">5</td> <td data-bbox="1068 279 1230 310">Very likely</td> </tr> </table>	1	Not at all likely	2	Not likely	3	Somewhat likely	4	Likely	5	Very likely								
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55	covid_ab_reasons_yes	What are some reasons you WOULD be willing to get tested? (check all that apply)	<p>checkbox, Required</p> <table border="1"> <tr> <td data-bbox="1044 352 1068 384">1</td> <td data-bbox="1068 352 1312 384">covid_ab_reasons_yes__1</td> <td data-bbox="1312 352 1524 384">I would want to know for my own health</td> </tr> <tr> <td data-bbox="1044 415 1068 447">2</td> <td data-bbox="1068 415 1312 447">covid_ab_reasons_yes__2</td> <td data-bbox="1312 415 1524 447">I would want to know so I don't transmit to others</td> </tr> <tr> <td data-bbox="1044 478 1068 510">3</td> <td data-bbox="1068 478 1312 510">covid_ab_reasons_yes__3</td> <td data-bbox="1312 478 1524 510">It is free</td> </tr> <tr> <td data-bbox="1044 541 1068 573">5</td> <td data-bbox="1068 541 1312 573">covid_ab_reasons_yes__5</td> <td data-bbox="1312 541 1524 573">It does not take much effort</td> </tr> <tr> <td data-bbox="1044 604 1068 636">6</td> <td data-bbox="1068 604 1312 636">covid_ab_reasons_yes__6</td> <td data-bbox="1312 604 1524 636">It could inform public health measures</td> </tr> <tr> <td data-bbox="1044 667 1068 699">7</td> <td data-bbox="1068 667 1312 699">covid_ab_reasons_yes__7</td> <td data-bbox="1312 667 1524 699">Other:</td> </tr> </table>	1	covid_ab_reasons_yes__1	I would want to know for my own health	2	covid_ab_reasons_yes__2	I would want to know so I don't transmit to others	3	covid_ab_reasons_yes__3	It is free	5	covid_ab_reasons_yes__5	It does not take much effort	6	covid_ab_reasons_yes__6	It could inform public health measures	7	covid_ab_reasons_yes__7	Other:
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57	covid_ab_reasons_no	What are some reasons you WOULD NOT be willing to get tested? (check all that apply)	checkbox, Required <table border="1" data-bbox="1044 111 1523 1304"> <tr> <td>1</td> <td>covid_ab_reasons_no__1</td> <td>I am concerned the test will be painful</td> </tr> <tr> <td>2</td> <td>covid_ab_reasons_no__2</td> <td>I am concerned about the costs of the test</td> </tr> <tr> <td>3</td> <td>covid_ab_reasons_no__3</td> <td>I do not want to know</td> </tr> <tr> <td>4</td> <td>covid_ab_reasons_no__4</td> <td>I do not think I have been exposed</td> </tr> <tr> <td>5</td> <td>covid_ab_reasons_no__5</td> <td>I do not and have not had symptoms</td> </tr> <tr> <td>6</td> <td>covid_ab_reasons_no__6</td> <td>I do not trust the accuracy of the tests</td> </tr> <tr> <td>7</td> <td>covid_ab_reasons_no__7</td> <td>I already had COVID-19</td> </tr> <tr> <td>8</td> <td>covid_ab_reasons_no__8</td> <td>I am not concerned about COVID-19</td> </tr> <tr> <td>9</td> <td>covid_ab_reasons_no__9</td> <td>I do not have access to transportation</td> </tr> <tr> <td>10</td> <td>covid_ab_reasons_no__10</td> <td>I do not have access to childcare</td> </tr> <tr> <td>11</td> <td>covid_ab_reasons_no__11</td> <td>I have to work and I am unable to get off of work</td> </tr> <tr> <td>12</td> <td>covid_ab_reasons_no__12</td> <td>I am concerned about the possibility of becoming infected when I go for a test</td> </tr> <tr> <td>13</td> <td>covid_ab_reasons_no__13</td> <td>If I tested positive, people might judge me</td> </tr> <tr> <td>14</td> <td>covid_ab_reasons_no__14</td> <td>If I tested positive, I would have to isolate/self-quarantine</td> </tr> <tr> <td>15</td> <td>covid_ab_reasons_no__15</td> <td>I was already tested</td> </tr> <tr> <td>16</td> <td>covid_ab_reasons_no__16</td> <td>Other:</td> </tr> </table>	1	covid_ab_reasons_no__1	I am concerned the test will be painful	2	covid_ab_reasons_no__2	I am concerned about the costs of the test	3	covid_ab_reasons_no__3	I do not want to know	4	covid_ab_reasons_no__4	I do not think I have been exposed	5	covid_ab_reasons_no__5	I do not and have not had symptoms	6	covid_ab_reasons_no__6	I do not trust the accuracy of the tests	7	covid_ab_reasons_no__7	I already had COVID-19	8	covid_ab_reasons_no__8	I am not concerned about COVID-19	9	covid_ab_reasons_no__9	I do not have access to transportation	10	covid_ab_reasons_no__10	I do not have access to childcare	11	covid_ab_reasons_no__11	I have to work and I am unable to get off of work	12	covid_ab_reasons_no__12	I am concerned about the possibility of becoming infected when I go for a test	13	covid_ab_reasons_no__13	If I tested positive, people might judge me	14	covid_ab_reasons_no__14	If I tested positive, I would have to isolate/self-quarantine	15	covid_ab_reasons_no__15	I was already tested	16	covid_ab_reasons_no__16	Other:
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59	covid_concern	How concerned are you about becoming infected with SARS-CoV-2? If you've previously tested positive, how concerned are you about becoming re-infected with SARS-CoV-2?	radio, Required <table border="1" data-bbox="1044 1478 1279 1675"> <tr> <td>1</td> <td>Not at all concerned</td> </tr> <tr> <td>2</td> <td>A little concerned</td> </tr> <tr> <td>3</td> <td>Somewhat concerned</td> </tr> <tr> <td>4</td> <td>Concerned</td> </tr> <tr> <td>5</td> <td>Very much concerned</td> </tr> </table>	1	Not at all concerned	2	A little concerned	3	Somewhat concerned	4	Concerned	5	Very much concerned																																						
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64	covid_vaccine	If there was a vaccine that could prevent COVID-19 in the future, how likely would YOU be to get the vaccine?	<table border="1"> <tr> <td colspan="2">radio</td> </tr> <tr> <td>1</td> <td>Not at all likely</td> </tr> <tr> <td>2</td> <td>Not likely</td> </tr> <tr> <td>3</td> <td>Somewhat likely</td> </tr> <tr> <td>4</td> <td>Likely</td> </tr> <tr> <td>5</td> <td>Very likely</td> </tr> </table>	radio		1	Not at all likely	2	Not likely	3	Somewhat likely	4	Likely	5	Very likely						
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66	covid_vaccine_reasons_other Show the field ONLY if: [covid_vaccine_reasons(9)] = '1'	Other (please specify):	text																				
67	what_is_the_probability_th	What is the probability that you receive the flu vaccine this year?	<table border="1"> <thead> <tr> <th colspan="2">radio</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not at all likely</td> </tr> <tr> <td>2</td> <td>A little likely</td> </tr> <tr> <td>3</td> <td>Somewhat likely</td> </tr> <tr> <td>4</td> <td>Likely</td> </tr> <tr> <td>5</td> <td>Very likely</td> </tr> <tr> <td>6</td> <td>I already received the flu vaccine this year.</td> </tr> </tbody> </table>	radio		1	Not at all likely	2	A little likely	3	Somewhat likely	4	Likely	5	Very likely	6	I already received the flu vaccine this year.						
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68	covid_caregiver	Section Header: <i>Survey Progress: 0% These next questions are about the child(ren) in your care. If there are no children in your care, no questions will appear.</i> Are you a primary caregiver of children under the age of 18?	<table border="1"> <thead> <tr> <th colspan="2">yesno, Required</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </tbody> </table>	yesno, Required		1	Yes	0	No														
yesno, Required																							
1	Yes																						
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69	covid_children_pcr Show the field ONLY if: [covid_caregiver] = '1'	If you were offered a swab test of the nose for SARS-CoV-2 today FOR THE CHILD(REN) IN YOUR CARE, how likely would you be to have them tested?	<table border="1"> <thead> <tr> <th colspan="2">radio</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Not at all likely</td> </tr> <tr> <td>2</td> <td>Not likely</td> </tr> <tr> <td>3</td> <td>Somewhat likely</td> </tr> <tr> <td>4</td> <td>Likely</td> </tr> <tr> <td>5</td> <td>Very likely</td> </tr> </tbody> </table>	radio		1	Not at all likely	2	Not likely	3	Somewhat likely	4	Likely	5	Very likely								
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5	Very likely																						

70	covid_kids_ab_reasons_yes Show the field ONLY if: [covid_caregiver] = '1'	What are some reasons you WOULD be willing to get THE CHILD(REN) IN YOUR CARE tested? (check all that apply)	<table border="1"> <tr> <td colspan="3" data-bbox="1044 88 1537 109">checkbox</td> </tr> <tr> <td data-bbox="1044 109 1076 201">1</td> <td data-bbox="1076 109 1369 201">covid_kids_ab_reasons_yes__1</td> <td data-bbox="1369 109 1537 201">I would want to know for their health</td> </tr> <tr> <td data-bbox="1044 201 1076 317">2</td> <td data-bbox="1076 201 1369 317">covid_kids_ab_reasons_yes__2</td> <td data-bbox="1369 201 1537 317">I would want to know so they don't transmit to others</td> </tr> <tr> <td data-bbox="1044 317 1076 359">3</td> <td data-bbox="1076 317 1369 359">covid_kids_ab_reasons_yes__3</td> <td data-bbox="1369 317 1537 359">It is free</td> </tr> <tr> <td data-bbox="1044 359 1076 422">4</td> <td data-bbox="1076 359 1369 422">covid_kids_ab_reasons_yes__4</td> <td data-bbox="1369 359 1537 422">It does not take much effort</td> </tr> <tr> <td data-bbox="1044 422 1076 485">5</td> <td data-bbox="1076 422 1369 485">covid_kids_ab_reasons_yes__5</td> <td data-bbox="1369 422 1537 485">It is required for school</td> </tr> <tr> <td data-bbox="1044 485 1076 527">6</td> <td data-bbox="1076 485 1369 527">covid_kids_ab_reasons_yes__6</td> <td data-bbox="1369 485 1537 527">Other:</td> </tr> </table>	checkbox			1	covid_kids_ab_reasons_yes__1	I would want to know for their health	2	covid_kids_ab_reasons_yes__2	I would want to know so they don't transmit to others	3	covid_kids_ab_reasons_yes__3	It is free	4	covid_kids_ab_reasons_yes__4	It does not take much effort	5	covid_kids_ab_reasons_yes__5	It is required for school	6	covid_kids_ab_reasons_yes__6	Other:																											
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71	covid_kids_ab_reasons_yes_other Show the field ONLY if: [covid_kids_ab_reasons_yes(6)] = '1'	Other (please specify):	text																																																
72	covid_kids_ab_reasons_no Show the field ONLY if: [covid_caregiver] = '1'	What are some reasons you WOULD NOT be willing to get THE CHILD(REN) IN YOUR CARE tested? (check all that apply)	<table border="1"> <tr> <td colspan="3" data-bbox="1044 699 1537 720">checkbox</td> </tr> <tr> <td data-bbox="1044 720 1076 793">1</td> <td data-bbox="1076 720 1369 793">covid_kids_ab_reasons_no__1</td> <td data-bbox="1369 720 1537 793">I am concerned the test will be painful</td> </tr> <tr> <td data-bbox="1044 793 1076 877">2</td> <td data-bbox="1076 793 1369 877">covid_kids_ab_reasons_no__2</td> <td data-bbox="1369 793 1537 877">I am concerned about the costs of the test</td> </tr> <tr> <td data-bbox="1044 877 1076 951">3</td> <td data-bbox="1076 877 1369 951">covid_kids_ab_reasons_no__3</td> <td data-bbox="1369 877 1537 951">I do not want to know</td> </tr> <tr> <td data-bbox="1044 951 1076 1014">4</td> <td data-bbox="1076 951 1369 1014">covid_kids_ab_reasons_no__4</td> <td data-bbox="1369 951 1537 1014">I do not think they have been exposed</td> </tr> <tr> <td data-bbox="1044 1014 1076 1077">5</td> <td data-bbox="1076 1014 1369 1077">covid_kids_ab_reasons_no__5</td> <td data-bbox="1369 1014 1537 1077">I do not think they have had symptoms</td> </tr> <tr> <td data-bbox="1044 1077 1076 1140">6</td> <td data-bbox="1076 1077 1369 1140">covid_kids_ab_reasons_no__6</td> <td data-bbox="1369 1077 1537 1140">I do not trust the accuracy of the test</td> </tr> <tr> <td data-bbox="1044 1140 1076 1203">7</td> <td data-bbox="1076 1140 1369 1203">covid_kids_ab_reasons_no__7</td> <td data-bbox="1369 1140 1537 1203">They already had COVID-19</td> </tr> <tr> <td data-bbox="1044 1203 1076 1266">8</td> <td data-bbox="1076 1203 1369 1266">covid_kids_ab_reasons_no__8</td> <td data-bbox="1369 1203 1537 1266">I am not concerned about COVID-19</td> </tr> <tr> <td data-bbox="1044 1266 1076 1329">9</td> <td data-bbox="1076 1266 1369 1329">covid_kids_ab_reasons_no__9</td> <td data-bbox="1369 1266 1537 1329">I do not have access to transportation</td> </tr> <tr> <td data-bbox="1044 1329 1076 1392">15</td> <td data-bbox="1076 1329 1369 1392">covid_kids_ab_reasons_no__15</td> <td data-bbox="1369 1329 1537 1392">I do not have access to childcare</td> </tr> <tr> <td data-bbox="1044 1392 1076 1486">10</td> <td data-bbox="1076 1392 1369 1486">covid_kids_ab_reasons_no__10</td> <td data-bbox="1369 1392 1537 1486">I have to work, and am unable to get off of work</td> </tr> <tr> <td data-bbox="1044 1486 1076 1602">11</td> <td data-bbox="1076 1486 1369 1602">covid_kids_ab_reasons_no__11</td> <td data-bbox="1369 1486 1537 1602">I am concerned about the possibility of becoming infected when going for a test</td> </tr> <tr> <td data-bbox="1044 1602 1076 1696">12</td> <td data-bbox="1076 1602 1369 1696">covid_kids_ab_reasons_no__12</td> <td data-bbox="1369 1602 1537 1696">If they tested positive, people might judge me</td> </tr> <tr> <td data-bbox="1044 1696 1076 1812">13</td> <td data-bbox="1076 1696 1369 1812">covid_kids_ab_reasons_no__13</td> <td data-bbox="1369 1696 1537 1812">If they tested positive, I would have to keep them isolated/quarantined</td> </tr> <tr> <td data-bbox="1044 1812 1076 1854">14</td> <td data-bbox="1076 1812 1369 1854">covid_kids_ab_reasons_no__14</td> <td data-bbox="1369 1812 1537 1854">Other:</td> </tr> </table>	checkbox			1	covid_kids_ab_reasons_no__1	I am concerned the test will be painful	2	covid_kids_ab_reasons_no__2	I am concerned about the costs of the test	3	covid_kids_ab_reasons_no__3	I do not want to know	4	covid_kids_ab_reasons_no__4	I do not think they have been exposed	5	covid_kids_ab_reasons_no__5	I do not think they have had symptoms	6	covid_kids_ab_reasons_no__6	I do not trust the accuracy of the test	7	covid_kids_ab_reasons_no__7	They already had COVID-19	8	covid_kids_ab_reasons_no__8	I am not concerned about COVID-19	9	covid_kids_ab_reasons_no__9	I do not have access to transportation	15	covid_kids_ab_reasons_no__15	I do not have access to childcare	10	covid_kids_ab_reasons_no__10	I have to work, and am unable to get off of work	11	covid_kids_ab_reasons_no__11	I am concerned about the possibility of becoming infected when going for a test	12	covid_kids_ab_reasons_no__12	If they tested positive, people might judge me	13	covid_kids_ab_reasons_no__13	If they tested positive, I would have to keep them isolated/quarantined	14	covid_kids_ab_reasons_no__14	Other:
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73	covid_kids_ab_reasons_no_other Show the field ONLY if: [covid_kids_ab_reasons_no(14)] = '1'	Other (please specify):	text																																																

74	covid_vaccine_kids_likely Show the field ONLY if: [covid_caregiver] = '1'	If there was a vaccine that could prevent COVID-19 in the future, how likely would you be to get the vaccine FOR THE CHILD(REN) IN YOUR CARE?	radio <table border="1"> <tr><td>1</td><td>Not at all likely</td></tr> <tr><td>2</td><td>A little likely</td></tr> <tr><td>3</td><td>Somewhat likely</td></tr> <tr><td>4</td><td>Likely</td></tr> <tr><td>5</td><td>Very likely</td></tr> <tr><td>6</td><td>There are no children in my care</td></tr> </table>	1	Not at all likely	2	A little likely	3	Somewhat likely	4	Likely	5	Very likely	6	There are no children in my care															
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75	covid_vaccine_kids_not Show the field ONLY if: [covid_caregiver] = '1'	What are some reason(s) you may NOT want the vaccine FOR THE CHILD(REN) IN YOUR CARE? (check all that apply)	checkbox <table border="1"> <tr> <td>1</td> <td>covid_vaccine_kids_not__1</td> <td>I am not worried about the child(ren) in my care getting COVID-19</td> </tr> <tr> <td>2</td> <td>covid_vaccine_kids_not__2</td> <td>Vaccines are still questionably safe</td> </tr> <tr> <td>3</td> <td>covid_vaccine_kids_not__3</td> <td>Vaccines are expensive</td> </tr> <tr> <td>4</td> <td>covid_vaccine_kids_not__4</td> <td>There is not enough information about the vaccine for COVID-19</td> </tr> <tr> <td>5</td> <td>covid_vaccine_kids_not__5</td> <td>Already received too many vaccines</td> </tr> <tr> <td>6</td> <td>covid_vaccine_kids_not__6</td> <td>Vaccines can have negative side effects</td> </tr> <tr> <td>7</td> <td>covid_vaccine_kids_not__7</td> <td>Vaccines have needles, which can be painful and/or scary</td> </tr> <tr> <td>8</td> <td>covid_vaccine_kids_not__8</td> <td>Vaccines are part of a government program, and I am suspicious of the government agenda</td> </tr> <tr> <td>9</td> <td>covid_vaccine_kids_not__9</td> <td>Other:</td> </tr> </table>	1	covid_vaccine_kids_not__1	I am not worried about the child(ren) in my care getting COVID-19	2	covid_vaccine_kids_not__2	Vaccines are still questionably safe	3	covid_vaccine_kids_not__3	Vaccines are expensive	4	covid_vaccine_kids_not__4	There is not enough information about the vaccine for COVID-19	5	covid_vaccine_kids_not__5	Already received too many vaccines	6	covid_vaccine_kids_not__6	Vaccines can have negative side effects	7	covid_vaccine_kids_not__7	Vaccines have needles, which can be painful and/or scary	8	covid_vaccine_kids_not__8	Vaccines are part of a government program, and I am suspicious of the government agenda	9	covid_vaccine_kids_not__9	Other:
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77	covid_comments	Thank you for completing our survey. We hope that this information can be used to improve the health of Rhode Island. If you have additional other thoughts related to COVID-19, your health, and the health of your community, please share them here.	notes Custom alignment: LV																											
78	covid19_testing_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown <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																					
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