

Objective: estimate point prevalence (past 7 days) of COVID-19. Specifically want to capture people who didn't test and may have had COVID. And people with positive rapid tests, at home, that would not be reported.

Introductory text. We are conducting a brief survey to assess testing behaviors and infection during the Omicron wave.

The next five questions will ask about COVID-19 symptoms and/or testing in the **past 10 days**.

1. **In the past 10 days (since ADD Qualtrics DD/Mon/YY), did you experience any COVID-19 symptoms?**

COVID-19 symptoms include: fever of 100 degrees or greater, cough, runny nose and/or nasal congestion, shortness of breath, sore throat, fatigue, muscle/body aches, headache, loss of taste/smell, nausea, vomiting, diarrhea

- a. Yes
 - b. No
 - c. Don't know / not sure
2. **In the past 10 days (since ADD Qualtrics DD/Mon/YY), did anyone in your household, other than yourself, experience any COVID-19 symptoms?**

COVID-19 symptoms include: fever of 100 degrees or greater, cough, runny nose and/or nasal congestion, shortness of breath, sore throat, fatigue, muscle/body aches, headache, loss of taste/smell, nausea, vomiting, diarrhea

- a. Yes
 - b. No
 - c. Don't know / not sure
3. **In the past 10 days (since ADD Qualtrics DD/Mon/YY), did anyone in your household, other than yourself, test positive for COVID-19? This includes viral tests conducted at home or at a healthcare or testing provider.**

Viral tests (PCR or rapid tests) identify virus in samples from your respiratory system, such as from swabs of the inside of your nose

- a. Yes
 - b. No
 - c. Don't know / not sure
4. **In the past 10 days (since ADD Qualtrics DD/Mon/YY), did you have close contact with any persons outside of your household who had COVID-19 symptoms?**

Close contact with someone who has COVID-19 is defined as being within approximately 6 feet for more than 10 minutes with or without a mask, indoors or outdoors.

COVID-19 symptoms include: fever of 100 degrees or greater, cough, runny nose and/or nasal congestion, shortness of breath, sore throat, fatigue, muscle/body aches, headache, loss of taste/smell, nausea, vomiting, diarrhea

- a. Yes
 - b. No
 - c. Don't know / not sure
5. **In the past 10 days (since ADD Qualtrics DD/Mon/YY)**, did you have close contact with any persons outside of your household who tested positive? This includes viral tests conducted at home or at a healthcare or testing provider.

Viral tests (PCR or rapid tests) identify virus in samples from your respiratory system, such as from swabs of the inside of your nose

Close contact with someone who has COVID-19 is defined as being within approximately 6 feet for more than 10 minutes with or without a mask, indoors or outdoors.

- a. Yes
 - b. No
 - c. Don't know / not sure
- Now we are going to ask you a few questions about COVID-19 infection and testing in the **past 7 days**.

6. **In the past 7 days (since ADD Qualtrics DD/Mon/YY)**, do you think you had a COVID-19 infection?
- a. Yes
 - b. No
 - c. Don't know / not sure

7. **In the past 7 days (since ADD Qualtrics DD/Mon/YY)**, did you get a viral COVID-19 test (either a rapid or a PCR test)? This includes viral tests conducted at home or at a healthcare or testing provider.

Viral tests (PCR or rapid tests) identify virus in samples from your respiratory system, such as from swabs of the inside of your nose.

- a. Yes
- b. No
- c. Don't know / not sure

8. *If tested for COVID-19. In the past 7 days (since ADD Qualtrics DD/Mon/YY), which tests were positive? Please check all that apply. Option E is exclusive.*
- At-home, over the counter rapid tests that you or a family member/friend administers. At-home tests allow you to collect your own sample and get results in 10-15 minutes at home.
 - Rapid test from a healthcare or testing provider
 - PCR test from a healthcare or testing provider
 - Other (please specify)
 - None
9. *If tested for COVID-19. In the past 7 days (since ADD Qualtrics DD/Mon/YY), which tests were negative? Please check all that apply. Option E is exclusive.*
- At-home rapid tests
 - Rapid test from a healthcare or testing provider
 - PCR test from a healthcare or testing provider
 - Other (please specify)
 - None
10. *If tested for COVID-19. On a scale of 1 to 5 with 1 being the easiest and 5 being the most difficult, how difficult was it to get a viral COVID-19 test (either a rapid or a PCR test)?*

| | | | | | |
|---------|---|---|---|----------------|---------------------|
| easiest | | | | most difficult | |
| 1 | 2 | 3 | 4 | 5 | Don't know/not sure |

11. *If selected for the enhanced incentive: Would you like to receive the \$5 gift card incentive for your time participating in the survey?*
- Yes
 - No
12. *All respondents: Would you like to enter a drawing for your time participating in the survey?*
- Yes
 - No

End of Survey Message

Thank you for taking the time to complete this follow-up survey. You will hear from us soon with the next follow-up survey. A confirmation email with the details has also been sent to

you. For resources related to mental health, substance use, violence, and food banks in your area, please visit our website, <https://cunyisph.org/cunycovidfacts/>.

For up to date and accurate information about the coronavirus, please visit our website <https://cunyisph.org/cunycovidfacts/> or visit [CDC.gov](https://www.cdc.gov/).

If you have any questions, reach us here: covid@sph.cuny.edu.