

# COVID-19

Please complete the survey below.

Thank you!

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## COVID-19

We will be asking about

- your COVID-19 infection
- COVID-19 symptoms you may have experienced
- COVID-19 vaccination history
- the current state of your health.

A number of questions are about events that could have occurred two or more years ago and may be difficult to recall in detail. In these cases, please answer to the best of your ability, and provide 'best estimates' if you can.

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Have you ever been infected with COVID-19?

- Yes  
 No

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a. In total, since the beginning of the COVID-19 pandemic in the US (March 2020), how many times do you think you have been infected with COVID-19? (please estimate even if you are not sure)

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b. Have you ever been hospitalized for COVID-19?

- Yes  
 No

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c. How many times have you been hospitalized for COVID-19?

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### The following questions refer to your most recent COVID-19 infection.

1. When do you know or think you last had COVID-19?

Month Year

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2. Did you take a COVID test at that time?

- Yes  
 No

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3. Did you have a positive test result? "Positive" means the test showed COVID-19.

- Yes  
 No

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4. Did you have any COVID-19 symptoms, such as fever, cough, sore throat, or other symptoms?

- Yes  
 No

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5. When your COVID-19 symptoms were at their worst, did they prevent you from going about your daily activities?

- Yes  
 No

**The following questions relate to your recovery from COVID-19.**

1. Do you think that you are completely recovered from COVID-19 now?

- Yes
- No

2. How long did it take for you to recover from your most recent infection?

- 2 weeks or less
- 3-6 weeks
- 7-12 weeks
- 3-6 months
- More than 6 months \_\_\_\_\_

**The following questions relate to vaccination against COVID-19.**

1. Have you ever been vaccinated against COVID-19?

- Yes
- No

2. In total, how many COVID-19 vaccine shots (original shots and boosters) have you received?

- 1
- 2
- 3
- 4
- 5
- 6 or more