Precautions / Recommendations / Difficulty / Necessity

Thinking about the actions some people did or avoided, could you tell how difficult and necessary they were?*

<table>
<thead>
<tr>
<th>Difficult but necessary</th>
<th>Difficult but not really necessary</th>
<th>Easy but necessary</th>
<th>Easy but not really necessary</th>
<th>No Response</th>
</tr>
</thead>
</table>

Randomized Version 1 or 2

2 Wash your hands with soap
1 Use hand sanitizer
1 Pray or meditate
2 Take your temperature
1 Cough or sneeze into your elbow or tissue
2 Avoid touching your face with your hands
1 Disinfect spaces in your living area
2 Delay opening or disinfect mail / packages
1 Stay at least six feet away from other people
2 Work or study at home rather than going to work or school
1 Avoid having visitors at your own residence
2 Only exercise outside alone (or with people you live with)
2 Stay at home
2 Avoid close contact with people who are sick
1 Avoid close contact with people who could be high-risk
1 Avoid touching door knobs and surfaces outside your home
1 Avoid shaking hands
1 Avoid going to a friend, neighbor, or relative’s residence
2 Cancel or avoid going to a doctor, clinic, or hospital
1 Avoid going to restaurants/bars even when they were open
2 Avoid social gatherings
1 Avoid going out for shopping
2 Avoid religious services even when they were open
2 Wear gloves when you go out of your home
2 Cancel or postpone travel
1 Avoid letting your children play with other children
1 Avoid public transportation
1 Avoid close interactions with people you live with
2 Wear a facemask whenever I left the house
1 Wear a facemask when I was at work or school
2 Wear a facemask whenever I entered a store or restaurant
2 Wear a facemask whenever I was within 6 feet of another person
Personal Experience with Coronavirus

2) Have you been tested for the coronavirus and what was the result? *

( ) I have been tested and I tested positive (I had coronavirus)
( ) I have been tested and I tested negative (I did not have coronavirus)
( ) I have been tested but I do not know the result
( ) I have not been tested
( ) No Response

3) Whether or not you have had a test, has any healthcare professional diagnosed you as having or probably having the coronavirus? *

( ) Yes
( ) No
( ) No Response

4) Do you personally think you’ve been infected with the coronavirus? *

( ) Yes
( ) No
( ) No Response

5) Have you been tested for the coronavirus antibodies and what was the result? *

( ) I have been tested and I tested positive (I had antibodies against coronavirus)
( ) I have been tested and I tested negative (I did not have antibodies)
( ) I have been tested but I do not know the result
( ) I have not been tested
6) How serious were your symptoms compared to a common cold?*

( ) I did not experience symptoms
( ) Less than a common cold
( ) About the same as a common cold
( ) Worse than a common cold
( ) Much worse than a common cold
( ) Hospitalized
( ) No Response

7) Where did you seek medical care for coronavirus? *

( ) I did not seek care
( ) Hospital or emergency room
( ) Health clinic
( ) My primary care doctor or another doctor
( ) Other
( ) No Response

8) Do you know who you got it from?*

( ) fairly sure
( ) not exactly

9) Who most likely gave it to you?*

( ) Someone I lived with
( ) Family member I did not live with
( ) Friend or acquaintance I did not live with
10) Even if you don't know for sure, who most likely gave it to you? (may check more than one)*

[ ] Someone I lived with
[ ] Family member I did not live with
[ ] Friend or acquaintance I did not live with
[ ] Someone I worked with
[ ] A client or customer at my workplace
[ ] Stranger
[ ] Health care professional
[ ] Service worker (shopper, cashier, waiter)

11) Do you know where you got it?*

( ) fairly sure
( ) not exactly

12) Where did you most likely get it?*

( ) In my place of residence
( ) In the residence of another person
( ) Restaurant or bar
( ) Outdoor event such as concert, wedding
( ) Indoor event such as church, performance
( ) Work or school
13) Even if you don't know for sure, where did you most likely get it? (may check more than one)*

- In my place of residence
- In the residence of another person
- Restaurant or bar
- Outdoor event such as concert, wedding
- Indoor event such as church, performance
- Work or school
- Hospital, clinic, medical facility
- Shop or store

14) How likely is it that you were infected by the following?*

<table>
<thead>
<tr>
<th></th>
<th>Very likely</th>
<th>Somewhat likely</th>
<th>Somewhat unlikely</th>
<th>Very unlikely</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touching infected droplets on</td>
<td>( )</td>
<td>( )</td>
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<tr>
<td>surfaces such as doorknobs</td>
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<tr>
<td>Direct contact with an infected</td>
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<tr>
<td>person (handshake or hug)</td>
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<tr>
<td>Close prolonged contact with someone who had it</td>
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<td>-----------------------------------------------</td>
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<tr>
<td>Breathing particles from someone who was far away</td>
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<tr>
<td>Being around an infected person who showed no symptoms</td>
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<tr>
<td>Being around an infected person who had visible symptoms</td>
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<tr>
<td>Being in an empty room where an infected person had been</td>
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