

Randomization	
	Arm 1 – Control Arm 2 – Intervention
Community Health Worker	
	Gail Cammock Jessica Boone Marazhane Pugh Natarsha Robinson Quintina Johnson Rebecca Mead Robyn Ransome Shamecca Shannon Other
Please specify other:	
Date of Data Collection	(MM/DD/YYYY)
Consent	
Is consent required for this study?	<input type="radio"/> Yes, consent is required for this study <input type="radio"/> No, Consent is not required/is waived for this study
Date of Consent	(MM/DD/YYYY)
About you	
Date of Identity Collection	MM/DD/YYYY
First Name	
Last Name	
Street Address	
Street Address 2	
Apartment Number	
City	
Zip Code	
County	
State or Territory	(Drop down menu of 50 states, DC, American Somoa, Guam, Northern Mariana Islands, Puerto Rico, US Virgin Islands)
Mobile Phone	
Home Phone	
Other Phone	
Personal Email	
Other Email	
Preferred Method of Contact	<input type="radio"/> Mobile phone <input type="radio"/> Home phone <input type="radio"/> Other phone <input type="radio"/> Personal email <input type="radio"/> Other Email
Date of birth	(MM/DD/YYYY)
Date of Sociodemographic Data Collection _____(MM/DD/YYYY)	
RCR Awareness	
1. Where did you hear about this project?	<input type="radio"/> From another resident <input type="radio"/> From a tenant leader <input type="radio"/> From NYCHA staff <input type="radio"/> From a local community organization (e.g. Henry Street Settlement, HCCI, CAMBA) <input type="radio"/> From a flyer

- ☐ From a NYCHA communication (email, letter, or text message)
- ☐ From a community health worker
- ☐ From a newspaper or radio
- ☐ From social media
- ☐ Other

1a. Please specify other

Demographics

2. What is your race?

Mark one or more boxes AND print origins.

- ☐ American Indian or Alaska Native
 - ☐ Black or African American
 - ☐ Asian
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Some other race
 - ☐ Prefer not to answer
- (Check all that apply)

2a.

- ☐ Japanese
- ☐ Filipino
- ☐ Chinese
- ☐ Korean
- ☐ Other Asian

(Check all that apply)

2b.

- ☐ Native Hawaiian
- ☐ Pacific Islander
- ☐ Samoan
- ☐ Tongan
- ☐ Maori
- ☐ Fijian
- ☐ Chamorro
- ☐ Chuukese
- ☐ Kosraen
- ☐ Marshallese
- ☐ Palauan
- ☐ Pohnpeian
- ☐ Yapese
- ☐ Other Pacific Islander

(Check all that apply)

2c. Specify other origin:

3. Are you of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, of Hispanic, Latino, or Spanish origin
- ☐ Prefer not to answer

3a. Please specify your origin:

- ☐ Mexican, Mexican Am., Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino, or Spanish origin

3b. Please specify other Hispanic, Latino, or Spanish origin. For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.:

4. Age (For babies less than 1 year old, do not write the age in months. Write 0 as the age.) (Years)

5. What was your sex assigned at birth?

- ☐ Female
- ☐ Male

	<input type="radio"/> Intersex <input type="radio"/> None of these describe me <input type="radio"/> Prefer not to answer
6. What terms best express how you describe your gender identity?	<input type="radio"/> Woman <input type="radio"/> Man <input type="radio"/> Non-binary <input type="radio"/> Transgender man/Female-to-male (FTM) <input type="radio"/> Transgender woman/Male-to-female (MTF) <input type="radio"/> Gender non-binary/Genderqueer/Gender nonconforming <input type="radio"/> Agender <input type="radio"/> Bigender <input type="radio"/> None of these describe me <input type="radio"/> Prefer not to answer
7. Are you currently pregnant?	<input type="radio"/> Pregnant <input type="radio"/> Not Pregnant <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
8. Which of the following best represents how you think of yourself at this time?	<input type="radio"/> Gay <input type="radio"/> Lesbian <input type="radio"/> Straight; that is, not gay or lesbian, etc. <input type="radio"/> Bisexual <input type="radio"/> None of these describe me <input type="radio"/> Prefer not to answer
9. What is the highest level of education you have achieved outside or in the United States?	<input type="radio"/> Have never gone to school <input type="radio"/> 5 th grade or less <input type="radio"/> 6 th to 8 th grade <input type="radio"/> 9 th to 12 th grade, no diploma <input type="radio"/> High school graduate or GED completed <input type="radio"/> Some college level/ Technical / Vocational degree <input type="radio"/> Bachelor's degree <input type="radio"/> Other advanced degree (Master's, Doctoral degree) <input type="radio"/> Prefer not to answer <input type="radio"/> Don't know
10. In 2019, what was your total household income before taxes?	<input type="radio"/> Less than \$15,000 <input type="radio"/> \$15,000 - \$19,999 <input type="radio"/> \$20,000 - \$24,999 <input type="radio"/> \$25,000 - \$34,999 <input type="radio"/> \$35,000 - \$49,999 <input type="radio"/> \$50,000 - \$74,999 <input type="radio"/> \$75,000 - \$99,999 <input type="radio"/> \$100,000 and above <input type="radio"/> Prefer not to answer

Spoken Language

11. Do you speak a language other than English at home?

- ☐ Yes
☐ No
☐ Prefer not to answer

12. What language(s)

- ☐ Spanish
☐ Vietnamese
☐ Mandarin
☐ Cantonese
☐ Tagalog
☐ Hawaiian
☐ Ilokano
☐ Navajo
☐ Other

12a. Specify other language(s)

Housing

Date of Housing, Employment and Insurance Collection (MM/DD/YYYY)

13. What best describes the people at your home:

- ☐ Just me
- ☐ Living with spouse, no kids
- ☐ Family including kids
- ☐ Family with 3 generations (parents, children, grandchildren)
- ☐ Family with 4 generations
- ☐ Living with roommates
- ☐ None of these

14. Are you currently living in transitional housing, staying in a shelter, or experiencing homelessness?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Don't know

15. Do you live in any of these?

- ☐ A group care setting
- ☐ Nursing home
- ☐ Residential care facility for people with intellectual and developmental disabilities
- ☐ A psychiatric treatment facility
- ☐ A group home
- ☐ A board and care home
- ☐ Prison or jail
- ☐ A halfway house
- ☐ Foster care
- ☐ Somewhere else

15a. Where do you stay/live? _____

Now I am going to ask you a few questions about COVID-19 in your community.

16. How many residents in NYCHA wear masks when they are outside of their apartments?

- ☐ All residents
- ☐ Most residents
- ☐ Less than half of residents
- ☐ Few residents
- ☐ None

17. How many residents in NYCHA maintain social distancing (separate more than 6 feet?)

- ☐ All residents
- ☐ Most residents
- ☐ Less than half of residents
- ☐ Few residents
- ☐ None

Hardship as a result of COVID-19

18. Have you, or has anyone in your household, experienced a loss of employment income since the start of the COVID-19 pandemic (March 2020)?

- ☐ Yes
- ☐ No

19. We would like to know about what you do -- are you working now, looking for work, retired, keeping house, a student, or something else?

- ☐ Working now
- ☐ Only temporarily laid off, sick leave or maternity leave
- ☐ Looking for work, unemployed
- ☐ Retired
- ☐ Disabled, permanently or temporarily
- ☐ Keeping house
- ☐ Student
- ☐ Other (Specify)
- ☐ Prefer not to answer

	<input type="radio"/> Don't know
19a(i). Current employment status, Other - specify	<input type="radio"/> _____
19a. Are you considered an essential worker? An essential worker is someone who was required to go to work even when stay at home orders were in place	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer <input type="radio"/> Don't know
19b. Would any of these describe where you work? If you work multiple jobs, select the closest match to your main job.	<input type="radio"/> Nursing care facilities <input type="radio"/> Visiting nurse or home health aide service <input type="radio"/> Building cleaning services <input type="radio"/> Public transportation <input type="radio"/> Corrections facility <input type="radio"/> EMT or paramedic services <input type="radio"/> Meat packing farm facility <input type="radio"/> Agriculture and food production facility <input type="radio"/> Grocery store <input type="radio"/> Construction <input type="radio"/> No
19c. If you were to test positive for COVID-19, would you be able to isolate without losing your job?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer <input type="radio"/> Don't know
19d. If you were to be exposed to someone with COVID-19, would you be able to quarantine without losing your job?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer <input type="radio"/> Don't know
Date of Work PPE and Distancing Collection	(MM/DD/YYYY)
19e. In your workplace, do you have access to necessary facilities to wash?	<input type="radio"/> Yes, all of the time facilities to wash? <input type="radio"/> Yes, most of the time <input type="radio"/> Some of the time Rarely <input type="radio"/> Not at all
19f. Does your work require you to be in close contact (i.e. within 6 ft) with others?	<input type="radio"/> Yes, all of the time facilities to wash? <input type="radio"/> Yes, most of the time <input type="radio"/> Some of the time Rarely <input type="radio"/> Not at all
19g. In your workplace, do you have access to necessary personal protective equipment (PPE)?	<input type="radio"/> Yes, all of the time facilities to wash? <input type="radio"/> Yes, most of the time <input type="radio"/> Some of the time Rarely <input type="radio"/> Not at all
20. What is the primary kind of health insurance or health care plan that you have now?	<input type="radio"/> I do NOT have health insurance <input type="radio"/> Private (purchased directly or through employment) <input type="radio"/> Public (Medicare, Medicaid, Tricare) <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
21. Did you lose health coverage because of the COVID-19 pandemic?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer <input type="radio"/> Don't know
The COVID-19 pandemic may cause challenges for some people, whether they get COVID-19 or not. In the past 6 months have you or your family experienced any of the below challenges?	
22. Getting the health care I need (including for mental health)	<input type="radio"/> No, not a challenge <input type="radio"/> Yes, a minor challenge <input type="radio"/> Yes, this is a major challenge

23. Having a place to stay/live	<input type="radio"/> No, not a challenge <input type="radio"/> Yes, a minor challenge <input type="radio"/> Yes, this is a major challenge
24. Getting enough food to eat	<input type="radio"/> No, not a challenge <input type="radio"/> Yes, a minor challenge <input type="radio"/> Yes, this is a major challenge
25. Having clean water to drink	<input type="radio"/> No, not a challenge <input type="radio"/> Yes, a minor challenge <input type="radio"/> Yes, this is a major challenge
26. Getting the medicine I need	<input type="radio"/> No, not a challenge <input type="radio"/> Yes, a minor challenge <input type="radio"/> Yes, this is a major challenge
27. Getting to where I need to go	<input type="radio"/> No, not a challenge <input type="radio"/> Yes, a minor challenge <input type="radio"/> Yes, this is a major challenge
28. Having adequate social support	<input type="radio"/> No, not a challenge <input type="radio"/> Yes, a minor challenge, <input type="radio"/> Yes, this is a major challenge
29. Maintaining mental and emotional health	<input type="radio"/> No, not a challenge <input type="radio"/> Yes, a minor challenge <input type="radio"/> Yes, this is a major challenge

Food Insecurity:

I'm going to read you two statements that people have made about their food situation

Please tell me whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for you or you and the other members of your household in the last 12 months:

30. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."	<input type="radio"/> Often true <input type="radio"/> Sometimes true <input type="radio"/> Never true <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
31. "(I/we) couldn't afford to eat balanced meals."	<input type="radio"/> Often true <input type="radio"/> Sometimes true <input type="radio"/> Never true <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer

Self-reported Health

32. Would you say your health in general is excellent, very good, good, fair, or poor?	<input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Prefer not to answer <input type="radio"/> Don't know
33. Do you have a disability that interferes with your ability to carry out daily activities? Examples of daily activities include walking, climbing stairs, shopping, balancing a checkbook, bathing or dressing.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
34. Are you currently homebound? Meaning you are unable to leave your home or find it difficult to do so.	<input type="radio"/> Yes <input type="radio"/> No
Date of Health Status Collection	MM/DD/YYYY
35. How tall are you without shoes?	<input type="radio"/> Feet and inches <input type="radio"/> Meters and centimeters

Please choose the units you would like to use for height.	<input type="radio"/> Don't know height <input type="radio"/> Prefer not to answer
35a. Feet	_____
35b. Inches	_____
35a(i). Meters	_____
35b(i). Centimeters	_____
36. Please choose the units you would like to use for weight	<input type="radio"/> Kilograms <input type="radio"/> Pounds
37a. How much do you weigh without clothes or shoes?	_____
If you are currently pregnant, how much did you weigh before your pregnancy?	

37a(i). How much do you weigh without clothes or shoes?	_____
If you are currently pregnant, how much did you weigh before your pregnancy?	

Conditions		
Date of Medical History Collection	MM/DD/YYYY	
Do you have any of the following conditions? (Select all that apply)		
38. Immunocompromised condition	<input type="radio"/> Yes	<input type="radio"/> No
39. Autoimmune disease	<input type="radio"/> Yes	<input type="radio"/> No
40. Hypertension (HTN, high blood pressure)	<input type="radio"/> Yes	<input type="radio"/> No
41. Diabetes	<input type="radio"/> Yes	<input type="radio"/> No
42. Chronic kidney disease (CKD)	<input type="radio"/> Yes	<input type="radio"/> No
43. Cancer diagnosis and/or treatment within the past 44 months	<input type="radio"/> Yes	<input type="radio"/> No
45. Cardiovascular disease (CVD or heart disease)	<input type="radio"/> Yes	<input type="radio"/> No
46. Asthma	<input type="radio"/> Yes	<input type="radio"/> No
47. Chronic obstructive pulmonary disease (COPD)	<input type="radio"/> Yes	<input type="radio"/> No
48. Other chronic lung disease	<input type="radio"/> Yes	<input type="radio"/> No
49. Sickle Cell Anemia	<input type="radio"/> Yes	<input type="radio"/> No
50. Depression	<input type="radio"/> Yes	<input type="radio"/> No
51. Alcohol or substance use disorder		
52. Intravenous drug use		
53. Other mental health disorder		
54. Other chronic condition	<input type="radio"/> Yes	<input type="radio"/> No

Missed Medical Procedure	
55. Since the start of the COVID-19 pandemic (March 2020), have you needed to postpone any medical care?	<input type="radio"/> Yes <input type="radio"/> No

Alcohol, Tobacco and Marijuana use:	
Date of Alcohol/Tobacco Use Collection	MM/DD/YYYY
56. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer
57. How often do you have a drink containing alcohol?	<input type="radio"/> Never <input type="radio"/> Monthly or less <input type="radio"/> 2-4 times a month 2-3 times a week

	<input type="radio"/> 4 or more times a week <input type="radio"/> Don't know or refuse to answer
58. Do you now smoke cigarettes?	<input type="radio"/> Every Day <input type="radio"/> Some Days <input type="radio"/> Not at all <input type="radio"/> Prefer not to answer <input type="radio"/> Don't know
58a. How many years have you smoked?	<hr/>
58b. If you smoke every day, on average, how many cigarettes per day do you smoke?	
59. Do you now use electronic cigarettes every day, some days, rarely, or not at all?	<input type="radio"/> Every Day days, rarely, or not at all? <input type="radio"/> Some Days <input type="radio"/> Rarely Not at all <input type="radio"/> Prefer not to answer <input type="radio"/> Don't know
Date of Testing Collection	MM/DD/YYYY
Testing History - I just want to reiterate for this question that all of the information we collect is confidential, and that you may choose not to answer a question at any point.	
60.. Have you ever been tested for COVID-19?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
60a. How many times have you been tested?	
60b. What month did you have your most recent COVID-19 test?	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December
60c. What year did you have your most recent COVID-19 test?	<input type="radio"/> 2019 <input type="radio"/> 2020 <input type="radio"/> 2021
60d. How were you tested for your most recent test?	<input type="radio"/> Nasal Swab <input type="radio"/> Throat Swab <input type="radio"/> Blood Sample <input type="radio"/> Saliva
60e. What was the result of your most recent COVID-19 test?	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Never obtained results <input type="radio"/> Indeterminate <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
60f. Where have you gone to be tested? (Check all that apply)	<input type="radio"/> Health and hospitals (H+H) site <input type="radio"/> City MD <input type="radio"/> Pop-up site (temporary set up or tent) <input type="radio"/> Mobile van <input type="radio"/> At your regular doctor's office <input type="radio"/> At another doctor's office or health clinic

	<input type="radio"/> At a hospital <input type="radio"/> Other
60f(i). Specify other test site:	
60g. Did you experience any of the following challenges when getting tested?	<input type="radio"/> Difficulty finding test sites <input type="radio"/> Long wait times <input type="radio"/> Fear of catching COVID while at testing site <input type="radio"/> Pain/difficulty/discomfort from swabbing <input type="radio"/> Uncomfortable taking public transit or car service to and from testing site <input type="radio"/> Long turnaround for results or never received results <input type="radio"/> Treated badly by testing staff <input type="radio"/> Other <input type="radio"/> None (Check all that apply)
60g(i). Please specify other:	
60h. Did you have any of the following positive experiences when getting tested?	<input type="radio"/> Multiple places to test <input type="radio"/> Short wait times/fast lines <input type="radio"/> Helpful testing staff <input type="radio"/> Safe environment <input type="radio"/> No discomfort in testing <input type="radio"/> Convenient location <input type="radio"/> Other <input type="radio"/> None (Check all that apply)
60h(i). Please specify other:	
60i. Have you ever paid for COVID-19 tests?	<input type="radio"/> Yes <input type="radio"/> No
60j. Have you ever tested positive for COVID-19?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
60k. What month did you first test positive for COVID-19?	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December
60l. What year did you first test positive for COVID-19?	<input type="radio"/> 2019 <input type="radio"/> 2020 <input type="radio"/> 2021
61. Since September 1st 2020, has there been a time when you wanted to get a COVID test but did not get it?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer
61a. Why did you not get a test? (Check all that apply)	<input type="radio"/> Couldn't afford it <input type="radio"/> Heard there weren't enough tests so didn't try <input type="radio"/> Did not know where to go for test <input type="radio"/> Was too scared to get the test <input type="radio"/> Would have to miss work to get the test

	<input type="radio"/> Other (Check all that apply)
61a(i). Please specify other:	<input type="radio"/> _____
62. If you needed to be tested in the future, where would you go?	<input type="radio"/> Health and hospitals (H+H) site <input type="radio"/> City MD <input type="radio"/> Pop-up site (temporary set up or tent) <input type="radio"/> Mobile van <input type="radio"/> At your regular doctor's office <input type="radio"/> At another doctor's office or health clinic <input type="radio"/> At a hospital <input type="radio"/> Other
62a. Please specify other:	

Current Symptoms

63. Have you had any of these symptoms during the past week?

	Yes	No	Don't know
Fever or chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy or general tired feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle or body aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat, congestion or runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling sick to your stomach or vomiting, diarrhea			
Abdominal Pain			
Skin Rash			
Other			

Knowledge and opinions on testing

64. I know where I can get COVID-19 testing in my community	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neither disagree or agree <input type="radio"/> Agree <input type="radio"/> Strongly agree
65. It is easy to get tested for COVID-19	<input type="radio"/> Strongly disagree <input type="radio"/> Disagree <input type="radio"/> Neither disagree or agree <input type="radio"/> Agree <input type="radio"/> Strongly agree
66. If I get a negative test result, it means:	<input type="radio"/> I don't have to worry about getting COVID-19 <input type="radio"/> I don't have COVID-19 now <input type="radio"/> I can be around others without giving the virus to them <input type="radio"/> I can be around others without getting the virus from them (Check all that apply)
67. If I get a positive result, it means:	<input type="radio"/> I will need to be admitted to the hospital <input type="radio"/> I will need to isolate myself from others <input type="radio"/> I will need to take off work (Check all that apply)
68. How confident are you that a negative test result means that you do not have COVID-19?	<input type="radio"/> Not at all confident <input type="radio"/> Somewhat confident <input type="radio"/> Confident <input type="radio"/> Very confident
69. How confident are you that a positive test result means that you do have COVID-19?	<input type="radio"/> Not at all confident <input type="radio"/> Somewhat confident <input type="radio"/> Confident <input type="radio"/> Very confident

Vaccination

Date of Vaccine Acceptance Collection	MM/DD/YYYY
70. Have you ever received a flu vaccination?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
70a. Have you received a flu vaccine in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know
71. Have you received a COVID-19 vaccine?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer <input type="radio"/> Do not remember
71a(i).Have you completed the COVID-19 vaccination course? Most COVID-19 vaccines require two shots.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to answer

	<input type="radio"/> Don't know <input type="radio"/> Very likely <input type="radio"/> Fairly likely <input type="radio"/> Not too likely <input type="radio"/> Not at all likely <input type="radio"/> Definitely not <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer <input type="radio"/> Not applicable
71a. How likely are you to get an approved COVID-19 vaccine when it becomes available?	<input type="radio"/> Very likely <input type="radio"/> Fairly likely <input type="radio"/> Not too likely <input type="radio"/> Not at all likely <input type="radio"/> Definitely not <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer <input type="radio"/> Not applicable
71b. Why would you get a COVID-19 vaccine?	<input type="radio"/> I want to keep my family safe <input type="radio"/> I want to keep my community safe <input type="radio"/> I want to keep myself safe <input type="radio"/> I have a chronic health problem, like asthma or diabetes <input type="radio"/> My doctor told me to get a COVID-19 vaccine <input type="radio"/> I don't want to get really sick from COVID-19 <input type="radio"/> I want to feel safe around other people <input type="radio"/> I believe life won't go back to normal until most people get a COVID-19 vaccine <input type="radio"/> Other <input type="radio"/> (Check all that apply)
71b(i). Please specify other:	<input type="radio"/> _____
71c. Why would you NOT get a COVID-19 vaccine?	<input type="radio"/> I'm allergic to vaccines <input type="radio"/> I don't like needles <input type="radio"/> I'm not concerned about getting really sick from COVID-19 <input type="radio"/> I'm concerned about side effects from the vaccine <input type="radio"/> I don't think vaccines work very well <input type="radio"/> I don't trust that the vaccine will be safe <input type="radio"/> I don't believe the COVID-19 pandemic is as bad as some people say it is <input type="radio"/> I don't want to pay for it <input type="radio"/> I don't know enough about how well a COVID-19 vaccine works <input type="radio"/> Other <input type="radio"/> (Check all that apply)
71c(i). Please specify other:	<input type="radio"/> _____
72. How likely are your friends and family to want an approved vaccine when it becomes available to them?	<input type="radio"/> Very likely <input type="radio"/> Fairly likely <input type="radio"/> Not too likely <input type="radio"/> Not at all likely <input type="radio"/> Definitely not <input type="radio"/> Don't know <input type="radio"/> Prefer not to answer <input type="radio"/> Not applicable

How much do you trust these sources to provide correct information about COVID-19?

(Select one response for each row)

73. Your doctor or healthcare provider ☐ Not at all

	<input type="radio"/> A little <input type="radio"/> Somewhat <input type="radio"/> A great deal <input type="radio"/> Don't know
74. Your faith leader	<input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Somewhat <input type="radio"/> A great deal <input type="radio"/> Don't know
75. Your close friends and members of your family	<input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Somewhat <input type="radio"/> A great deal <input type="radio"/> Don't know
76. People you go to work or class with or other people you know	<input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Somewhat <input type="radio"/> A great deal <input type="radio"/> Don't know
77. News on the radio, TV, online, or in the newspapers	<input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Somewhat <input type="radio"/> A great deal <input type="radio"/> Don't know
78. Your contacts on social media	<input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Somewhat <input type="radio"/> A great deal <input type="radio"/> Don't know
79. The U.S. government	<input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Somewhat <input type="radio"/> A great deal <input type="radio"/> Don't know
80.The U.S. Coronavirus Task force	<input type="radio"/> Not at all <input type="radio"/> A little <input type="radio"/> Somewhat <input type="radio"/> A great deal <input type="radio"/> Don't know