

Intake Survey

Congratulations! You are eligible for a lottery where you can win \$150 for your participation in the study. You will complete one survey when you sign-up and get a testing kit for COVID-19. You will use the test at-home. Next, we will send you 5 short surveys. We will send you one survey every week for 5 weeks.

ID

Randomization

- ☐ Arm 1 - Control
☐ Arm 2 - Intervention

Please specify other:

Date of Data Collection

(MM/DD/YYYY)

[CHW Instructions]

As a part of the project, we ask all residents to complete a survey. In the survey, we will ask basic information about you, your health, and COVID-19. I will read each question to you. Remember, your answers are confidential. The survey will take approximately 25 minutes to complete. Are you ready to begin?

Consent / Consentimiento

Is consent required for this study?

- ☐ Yes, consent is required for this study
☐ No, Consent is not required/is waived for this study

Date of Consent

(MM/DD/YYYY)

About You / Sobre usted

Date of Identity Collection

First Name

Last Name

Street Address

Apartment Number

Street Address 2

City	<div></div>
Zip Code	<div></div>
County	<div></div>

State or Territory

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia(DC)
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ American Samoa
- ☐ GUAM
- ☐ Northern Mariana Islands
- ☐ Puerto Rico
- ☐ US Virgin Islands

Mobile Phone

Home Phone

Other Phone

Personal Email

Other Email

Preferred Method of Contact

- ☐ Mobile phone
☐ Home phone
☐ Other phone
☐ Personal email
☐ Other email

Date of Birth

(MM/DD/YYYY)

Date of Sociodemographic Data Collection

RCR Awareness / Concienciación sobre la respuesta de los residentes a la COVID (Resident Covid Response, RCR)

1. Where did you hear about this project?

- ☐ From another resident
☐ From a tenant leader
☐ From NYCHA staff
☐ From a local community organization (e.g. Henry Street Settlement, HCCI, CAMBA)
☐ 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 / Características demográficas

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
 - ☐ Intersex
 - ☐ None of these describe me
 - ☐ Prefer not to answer

6. What terms best express how you describe your gender identity?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Transgender man/Female-to-male (FTM)
- ☐ Transgender woman/Male-to-female (MTF)
- ☐ Gender non-binary/Genderqueer/Gender nonconforming
- ☐ Agender
- ☐ Bigender
- ☐ None of these describe me
- ☐ Prefer not to answer

7. Are you currently pregnant?

- ☐ Pregnant
- ☐ Not Pregnant
- ☐ Don't know
- ☐ Prefer not to answer

8. Which of the following best represents how you think of yourself at this time?

- ☐ Gay
- ☐ Lesbian
- ☐ Straight; that is, not gay or lesbian, etc.
- ☐ Bisexual
- ☐ None of these describe me
- ☐ Prefer not to answer

9. What is the highest level of education you have achieved outside or in the United States? Grades roughly equivalent to years of school.

- ☐ Have never gone to school
- ☐ 5th grade or less
- ☐ 6th to 8th grade
- ☐ 9th to 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college level/ Technical / Vocational degree
- ☐ Bachelor's degree
- ☐ Other advanced degree (Master's, Doctoral degree)
- ☐ Prefer not to answer
- ☐ Don't know

10. In 2019, what was your total household income before taxes?

- ☐ Less than \$15,000
- ☐ \$15,000 - \$19,999
- ☐ \$20,000 - \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 and above
- ☐ Prefer not to answer

Spoken Language / Lenguaje hablado

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 / Vivienda

Date of Housing, Employment and Insurance Collection

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
- ☐ Homeless or in no consistent shelter
- ☐ Somewhere else

15a. Where do you stay/live?

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

Ahora le voy a hacer algunas preguntas sobre la COVID-19 en su comunidad.

16a. How many residents in NYCHA wear masks when they are outside of their apartments, but inside the building?

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

16b. Are youth and young adults (around the ages of 16-29) more or less likely to wear masks than other adults in NYCHA?

- ☐ More likely
- ☐ Less likely

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

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

Hardship as a result of COVID-19 / Dificultades debido a la COVID-19

I8. 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

I9. 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
☐ Don't know

I9a(ii). As a student, are you also working?

- ☐ Yes
☐ No

I9a(i). Current employment status, Other - specify

I9a. 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

- ☐ Yes
☐ No
☐ Prefer not to answer
☐ Unknown

I9b. Would any of these describe where you work? If you work multiple jobs, select the closest match to your main job.

- ☐ Nursing care facilities
☐ Visiting nurse or home health aide service
☐ Building cleaning services
☐ Public transportation
☐ Corrections facility
☐ EMT or paramedic services
☐ Meat packing farm facility
☐ Agriculture and food production facility
☐ Grocery store
☐ Construction
☐ No

I9c. If you were to test positive for COVID-19, would you be able to isolate without losing your job?

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

I9d. If you would be exposed to someone with COVID-19, would you be able to quarantine without losing your job?

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

Date of Work PPE and Distancing Collection

I9e. In your workplace, do you have access to necessary facilities to wash?

- ☐ Yes, all of the time
☐ Yes, most of the time
☐ Some of the time
☐ Rarely
☐ Not at all

19f. Does your work require you to be in close contact (i.e. within 6 ft) with others?

- ☐ Yes, all of the time
☐ Yes, most of the time
☐ Some of the time
☐ Rarely
☐ Not at all

19g. In your workplace, do you have access to necessary personal protective equipment (PPE)?

- ☐ Yes, all of the time
☐ Yes, most of the time
☐ Some of the time
☐ Rarely
☐ Not at all

20. What is the primary kind of health insurance or health care plan that you have now?

- ☐ I do NOT have health insurance
☐ Private (purchased directly or through Employment)
☐ Public (Medicare, Medicaid, Tricare)
☐ Don't know
☐ Prefer not to answer
 (Exclude plans that pay for only one type of Service (such as, nursing home care, accidents, family planning, or dental care) and plans that only provide extra cash when hospitalized.)

21. Did you lose health coverage because of the COVID-19 pandemic?

- ☐ Yes
☐ No
☐ Prefer not to answer
☐ 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)

- ☐ No, not a challenge
☐ Yes, a minor challenge
☐ Yes, this is a major challenge

23. Having a place to stay/live

- ☐ No, not a challenge
☐ Yes, a minor challenge
☐ Yes, this is a major challenge

24. Getting enough food to eat

- ☐ No, not a challenge
☐ Yes, a minor challenge
☐ Yes, this is a major challenge

25. Having clean water to drink

- ☐ No, not a challenge
☐ Yes, a minor challenge
☐ Yes, this is a major challenge

26. Getting the medicine I need

- ☐ No, not a challenge
☐ Yes, a minor challenge
☐ Yes, this is a major challenge

27. Getting to where I need to go

- ☐ No, not a challenge
☐ Yes, a minor challenge
☐ Yes, this is a major challenge

28. Having adequate social support

- ☐ No, not a challenge
☐ Yes, a minor challenge
☐ Yes, this is a major challenge

29. Maintaining mental and emotional health

- ☐ No, not a challenge
☐ Yes, a minor challenge
☐ 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/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."

- ☐ Often true
☐ Sometimes true
☐ Never true
☐ Don't know
☐ Prefer not to answer

31. "(I/we) couldn't afford to eat balanced meals."

- ☐ Often true
☐ Sometimes true
☐ Never true
☐ Don't know
☐ Prefer not to answer

Self-reported Health / Salud autonotificada

32. Would you say your health in general is excellent, very good, good, fair, or poor?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor
☐ Prefer not to answer
☐ 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.

- ☐ Yes
☐ No
☐ Prefer not to answer

34. Are you currently homebound? Meaning you are unable to leave your home or find it difficult to do so.

- ☐ Yes
☐ No

Date of Health Status Collection

35. How tall are you without shoes?

Please choose the units you would like to use for height.

- ☐ Feet and inches
☐ Meters and centimeters
☐ Don't know
☐ 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

- ☐ Kilograms
☐ 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 / Condiciones

Date of Medical History Collection

Do you have any of the following conditions? (Select all that apply)

38. Immunocompromised condition

- ☐ Yes ☐ No

39. Autoimmune disease

- ☐ Yes ☐ No

40. Hypertension (HTN, high blood pressure)

- ☐ Yes ☐ No

41. Diabetes

- ☐ Yes ☐ No

42. Chronic kidney disease (CKD)

- ☐ Yes ☐ No

43. Cancer diagnosis and/or treatment within the past 12 months

- ☐ Yes ☐ No

44. Cardiovascular disease (CVD or heart disease)

- ☐ Yes ☐ No

45. Asthma

- ☐ Yes ☐ No

46. Chronic obstructive pulmonary disease (COPD)

- ☐ Yes ☐ No

47. Other chronic lung disease

- ☐ Yes ☐ No

48. Sickle Cell Anemia

- ☐ Yes ☐ No

49. Depression

- ☐ Yes ☐ No

50. Alcohol or substance use disorder

- ☐ Yes ☐ No

51. Intravenous drug use

- ☐ Yes ☐ No

52. Other mental health disorder ☐ Yes ☐ No

53. Other chronic condition ☐ Yes ☐ No

Missed medical procedure / Procedimiento médico no realizado

54. Since the start of the COVID-19 pandemic (March 2020), have you needed to postpone any medical care? ☐ Yes ☐ No

Tobacco and Marijuana use / Consumo de tabaco y marihuana

Date of Alcohol/Tobacco Use Collection _____

55. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips? ☐ Yes ☐ No ☐ Prefer not to answer

56. How often do you have a drink containing alcohol? ☐ Never ☐ Monthly or less ☐ 2-4 times a month ☐ 2-3 times a week ☐ 4 or more times a week ☐ Don't know or refuse to answer

57. Do you now smoke cigarettes? ☐ Every Day ☐ Some Days ☐ Not at all ☐ Prefer not to answer ☐ Don't know

57a. How many years have you smoked? _____

57b. If you smoke every day, on average, how many cigarettes per day do you smoke? _____

58. Do you now use electronic cigarettes every day, some days, rarely, or not at all? ☐ Every Day ☐ Some Days ☐ Rarely ☐ Not at all ☐ Prefer not to answer ☐ Don't know

Date of Testing Collection _____

Testing History - I just want to reiterate for these questions that all of the information we collect is confidential, and that you may choose not to answer a question at any point.

59. Have you ever been tested for COVID-19? ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

59a. How many times have you been tested? _____

59b. What month did you have your most recent COVID-19 test?

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

59c. What year did you have your most recent COVID-19 test?

- ☐ 2019
- ☐ 2020
- ☐ 2021
- ☐ 2022
- ☐ 2023

59d. How were you tested for your most recent test?

- ☐ Nasal Swab
- ☐ Throat Swab
- ☐ Blood Sample
- ☐ Saliva

59e. What was the result of your most recent COVID-19 test?

- ☐ Negative
- ☐ Positive
- ☐ Never obtained results
- ☐ Indeterminate
- ☐ Don't know
- ☐ Prefer not to answer

59f. Where have you gone to be tested? (Check all that apply)

- ☐ Health and hospitals (H+H) site
- ☐ City MD
- ☐ Pop-up site (temporary set up or tent)
- ☐ Mobile van
- ☐ At your regular doctor's office
- ☐ At another doctor's office or health clinic
- ☐ At a hospital
- ☐ Other

59f(i). Please specify other:

59g. Did you experience any of the following challenges when getting tested? (Check all that apply)

- ☐ Difficulty finding test sites
- ☐ Long wait times
- ☐ Fear of catching COVID while at testing site
- ☐ Pain/difficulty/discomfort from swabbing
- ☐ Uncomfortable taking public transit or car service to and from testing site
- ☐ Long turnaround for results or never received results
- ☐ Treated badly by testing staff
- ☐ Other
- ☐ None

59g(i). Please specify other:

59h. Did you have any of the following positive experiences when getting tested? (Check all that apply)

- ☐ Multiple places to test
- ☐ Short wait times/fast lines
- ☐ Helpful testing staff
- ☐ Safe environment
- ☐ No discomfort in testing
- ☐ Convenient location
- ☐ Other
- ☐ None

59h(i). Please specify other:

59i. Have you ever paid for COVID-19 tests?

- ☐ Yes
- ☐ No

59j. Have you ever tested positive for COVID-19?

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

59k. What month did you first test positive for COVID-19?

- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

59l. What year did you first test positive for COVID-19?

- ☐ 2019
- ☐ 2020
- ☐ 2021
- ☐ 2022
- ☐ 2023

60. Since September 1st 2020, has there been a time when you wanted to get a COVID test but did not get it?

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

60a. Why did you not get a test? (Check all that apply)

- ☐ Couldn't afford it
- ☐ Heard there weren't enough tests so didn't try
- ☐ Did not know where to go for test
- ☐ Was too scared to get the test
- ☐ Would have to miss work to get the test
- ☐ Other

60a(i). Please specify other:

61. If you needed to be tested in the future, where would you go?

- ☐ Health and hospitals (H+H) site
- ☐ City MD
- ☐ Pop-up site (temporary set up or tent)
- ☐ Mobile van
- ☐ At your regular doctor's office
- ☐ At another doctor's office or health clinic
- ☐ At a hospital
- ☐ Other

Knowledge and opinions on testing / Conocimientos y opiniones sobre las pruebas

62. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Rash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. I know where I can get COVID-19 testing in my community.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly agree

63a. Please specify other:

64. It is easy to get tested for COVID-19.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither disagree or agree
- ☐ Agree
- ☐ Strongly agree

65. If I get a negative test result, it means

[check all that apply]:

- ☐ I don't have to worry about getting COVID-19
 - ☐ I don't have COVID-19 now
 - ☐ I can be around others without giving the virus to them
 - ☐ I can be around others without getting the virus from them
- (Check all that apply)

66. If I get a positive result, it means:

[check all that apply]

- ☐ I will need to be admitted to the hospital
 - ☐ I will need to isolate myself from others
 - ☐ I will need to take off work
- (Check all that apply)

67. How confident are you that a negative test result means that you do not have COVID-19?

- ☐ Not at all confident
- ☐ Somewhat confident
- ☐ Confident
- ☐ Very confident

68. How confident are you that a positive test result means that you do have COVID-19?

- ☐ Not at all confident
- ☐ Somewhat confident
- ☐ Confident
- ☐ Very confident

Vaccination / Vacunación

Date of Vaccine Acceptance Collection

69. Have you ever received a flu vaccination?

- ☐ Yes
- ☐ No
- ☐ Don't know

69a. Have you received a flu vaccine in the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Don't know

70. Have you received a COVID-19 vaccine?

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

70a(i). Have you completed the COVID-19 vaccination course? Most COVID-19 vaccines require two shots.

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

70a. How likely are you to get an approved COVID-19 vaccine when it becomes available?

- ☐ Very likely
- ☐ Fairly likely
- ☐ Not too likely
- ☐ Not at all likely
- ☐ Definitely not
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ Not applicable

70b. Why would you get a COVID-19 vaccine?

- ☐ I want to keep my family safe
 - ☐ I want to keep my community safe
 - ☐ I want to keep myself safe
 - ☐ I have a chronic health problem, like asthma or diabetes
 - ☐ My doctor told me to get a COVID-19 vaccine
 - ☐ I don't want to get really sick from COVID-19
 - ☐ I want to feel safe around other people
 - ☐ I believe life won't go back to normal until most people get a COVID-19 vaccine
 - ☐ Other
- (Check all that apply)

70b(i). Please specify other:

70c. Why would you NOT get a COVID-19 vaccine?

- ☐ I'm allergic to vaccines
 - ☐ I don't like needles
 - ☐ I'm not concerned about getting really sick from COVID-19
 - ☐ I'm concerned about side effects from the vaccine
 - ☐ I don't think vaccines work very well
 - ☐ I don't trust that the vaccine will be safe
 - ☐ I don't believe the COVID-19 pandemic is as bad as some people say it is
 - ☐ I don't want to pay for it
 - ☐ I don't know enough about how well a COVID-19 vaccine works
 - ☐ Other
- (Check all that apply)

70c(i). Please specify other:

71. How likely are your friends and family to want an approved vaccine when it becomes available to them?

- ☐ Very likely
- ☐ Fairly likely
- ☐ Not too likely
- ☐ Not at all likely
- ☐ Definitely not
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ Not applicable

72. How much do you trust each of these sources to provide correct information about COVID 19? (Select one response for each row.)

¿Cuánto confía usted en cada una de estas fuentes para proporcionar información correcta sobre la COVID 19? (Seleccione una respuesta para cada fila)

	Not at all	A little	Somewhat	A great deal	Don't know
Your doctor or health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Your faith leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your close friends and members ○ of your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
People you go to work or class ○ with or other people you know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
News on the radio, TV, online, or ○ in newspapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Your contacts on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The U.S. government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The U.S. Coronavirus Task Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>