

Additional file 1: National Survey of Covid Health Experiences

NATIONAL SURVEY OF COVID-19 HEALTH EXPERIENCES

Online Survey Consent Information

Purpose of Research.

You are being asked to participate in this web-based survey in order to increase our understanding of the health experiences people have had during the COVID-19 crisis period.

What You Will Do.

If you choose to participate in this research study, you will complete a 10-20 minute survey regarding your experiences during the COVID-19 crisis. You will only take this one survey.

Participation and Withdrawal.

Your participation in this research is voluntary. You have the right to refuse to participate in this survey. You may withdraw from the web-based survey in this research study at any time.

Confidentiality.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. When the results of the research are published or discussed at conferences, no information will be included that reveals your identity. Your privacy will be protected to the maximum extent allowable by law.

Potential Benefits.

The information that you provide in the surveys will help us better understand challenges people have faced during the crisis and will be used to improve pandemic responses in the future.

Potential Risks.

Remember that only the research project team will know what you have said. Results will be shared in aggregate form only without identifying who said what. The risks are therefore minimal.

Costs and Compensation for Being in the Study.

You will not incur any expenses for participating in the survey, beyond your time, assuming you have internet access. You are eligible to receive compensation for participating in the survey as defined by Survey Sampling International.

Contact Information for Questions or Concerns.

If you have concerns or questions about this study, such as scientific issues, how to do

any part of it, or to report an injury, please contact the lead researcher: Mark Skidmore, 91 Justin S. Morrill Hall of Agriculture, Michigan State University, East Lansing, MI 48824, email mskidmor@msu.edu, tel. 517-353-9172.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at: 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at 202 Olds Hall, MSU, East Lansing, MI 48824.

After reading the above, please indicate if you consent to participate. Selecting "I Consent" indicates you are willing to participate. Selecting "I Do Not Consent" indicates you are NOT willing to participate.

☐ I Consent. (1)

☐ I Do Not Consent. (2)

Skip To: Q2 If NATIONAL SURVEY OF COVID-19 HEALTH EXPERIENCES Online Survey Consent Information Purpose of Rese... = I Consent.

Skip To: End of Survey If NATIONAL SURVEY OF COVID-19 HEALTH EXPERIENCES Online Survey Consent Information Purpose of Rese... = I Do Not Consent.

In the following portion of the survey, you will be asked about your health experiences during the COVID-19 crisis.

Q1 Have you had COVID-19?

☐ No. (1)

☐ Yes. (2)

Skip To: Q2 If Have you had COVID-19? = Yes.

Skip To: Q10 If Have you had COVID-19? = No.

Q2 Please indicate how you were diagnosed. (check all that apply)

☐

PCR Test (1)

☐

Rapid Test (2)

☐

COVID-19 Symptoms (3)

Q3 About when were you sick.

Q4 About how long did it take for you to recover?

- ☐ Less than a week. (1)
 - ☐ Less than two weeks. (2)
 - ☐ Less than three weeks. (3)
 - ☐ Four weeks or more. (indicate the number of weeks) (4)
-

Q5 Do you have any lingering health issues in the wake of your COVID-19 infection?

- ☐ No. (1)
 - ☐ Yes. (please describe below) (2)
-

Q6 Did you use any medications as treatment for COVID-19?

- ☐ No (1)
 - ☐ Yes. (please list medications below) (2)
-

Q7 Did you use alternative medications such as ivermectin or hydroxychloroquine as treatment for COVID-19?

- ☐ No. (1)
- ☐ Yes. (2)

Skip To: Q10 If Did you use alternative medications such as ivermectin or hydroxychloroquine as treatment for COV... = No.
Skip To: Q8 If Did you use alternative medications such as ivermectin or hydroxychloroquine as treatment for COV... = Yes.

Q8 Which of the following alternative treatments did you use?

- ☐ Ivermectin (1)
 - ☐ Hydroxychloroquine (2)
 - ☐ Other (please describe below) (3)
-

Q9 In your assessment, did the alternative medication you took help you recover?

- ☐ No. (1)
- ☐ Yes. (2)

Q10 Which of the following statements best describes your view of alternative COVID-19 treatments such as ivermectin or hydroxychloroquine?

- ☐ Research has shown these treatments to be ineffective for COVID-19. (1)
- ☐ Research has shown these treatments to be effective for COVID-19. (2)
- ☐ I know little about the effectiveness of these treatments for COVID-19. (3)

In the following portion of the survey, you will be asked about your experiences with COVID-19 inoculation.

Q11 Have you been inoculated against COVID-19?

- ☐ No. (1)
- ☐ Yes. (2)

Skip To: Q18 If Have you been inoculated against COVID-19? = No.
Skip To: Q12 If Have you been inoculated against COVID-19? = Yes.

Q12 Did your COVID-19 infection occur before or after inoculation?

- ☐ Before. (1)
- ☐ After. (2)
- ☐ I have not had COVID-19. (3)

Q13 Which of the three authorized vaccines did you use? (check all that apply)

	1st Dose (1)	2nd Dose (2)	3rd Dose (3)
Pfizer. (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderna. (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnson & Johnson. (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not remember. (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Have you experienced any health problems since you were vaccinated?

- ☐ No. (1)
- ☐ Yes. (Please describe below) (2)
-

Skip To: Q18 If Have you experienced any health problems since you were vaccinated? = No.
Skip To: Q15 If Have you experienced any health problems since you were vaccinated? = Yes.
(Please describe below)

Q15 What is the timeframe of your post vaccination health problems? (check all that apply)

	0-3 Days (1)	4-30 Days (2)	30+ Days (3)
Dose 1 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose 2 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose 3 (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16 Was the health condition reported to a doctor?

- ☐ No. (1)
- ☐ Yes. (2)

Skip To: Q18 If Was the health condition reported to a doctor? = No.
Skip To: Q17 If Was the health condition reported to a doctor? = Yes.

Q17 Was the health event reported by your doctor to the CDC Adverse Event Reporting System as a possible adverse event from vaccination?

- ☐ No. (1)
- ☐ Yes. (2)
- ☐ I do not know. (3)

In the following portion of the survey, you will be asked about the health experiences of those in your social circles.

Q18 Has anyone in your social circles (family, friends, church, work colleagues, social networks, etc.) experienced a significant health problem after they had been ill from COVID-19 (but not from the vaccine)?

- ☐ No. (1)

☐ Yes. (2)

Skip To: Q22 If Has anyone in your social circles (family, friends, church, work colleagues, social networks, etc... = No.

Skip To: Q19 If Has anyone in your social circles (family, friends, church, work colleagues, social networks, etc... = Yes.

Q19 Did just one person have this problem or more than one?

☐ One. (1)

☐ Two. (2)

☐ Three. (3)

☐ More than three (please indicate how many below) (4)

Q20 Of the people you know who experienced a health problem after being sick from COVID-19 (but not from the vaccine), think about the one you know BEST. Please describe the health condition experienced by that person.

Q21 About how old is the person who experienced this health condition?

☐ Under 18 years. (1)

☐ 18 to 24 years. (2)

☐ 25 to 29 years. (3)

☐ 30 to 34 years. (4)

☐ 35 to 39 years. (5)

☐ 40 to 44 years. (6)

☐ 45 to 49 years. (7)

☐ 50 to 54 years. (8)

☐ 55 to 59 years. (9)

☐ 60 to 64 years. (10)

☐ 65 to 69 years. (11)

- ☐ 70 to 74 years. (12)
- ☐ 75 to 79 years. (13)
- ☐ 80 to 84 years. (14)
- ☐ 85 to 89 years. (15)
- ☐ 90 years or over. (16)

Q22 Has anyone in your social circles (family, friends, church, work colleagues, social networks, etc.) experienced a significant health problem after they received the COVID-19 vaccination?

- ☐ No. (1)
- ☐ Yes. (2)

Skip To: Q26 If Has anyone in your social circles (family, friends, church, work colleagues, social networks, etc...) = No.
Skip To: Q23 If Has anyone in your social circles (family, friends, church, work colleagues, social networks, etc...) = Yes.

Q23 Did just one person have this problem or more than one?

- ☐ One. (1)
- ☐ Two. (2)
- ☐ Three. (3)
- ☐ More than three. (please indicate how many below) (4)

Q24 Of the people you know who experienced a health problem after being vaccinated, think about the one you know BEST. Please describe the health condition experienced by that person.

Q25 About how old is the person who experienced this health condition?

- ☐ Under 18 years. (1)
- ☐ 18 to 24 years. (2)

- ☐ 25 to 29 years. (3)
- ☐ 30 to 34 years. (4)
- ☐ 35 to 39 years. (5)
- ☐ 40 to 44 years. (6)
- ☐ 45 to 49 years. (7)
- ☐ 50 to 54 years. (8)
- ☐ 55 to 59 years. (9)
- ☐ 60 to 64 years. (10)
- ☐ 65 to 69 years. (11)
- ☐ 70 to 74 years. (12)
- ☐ 75 to 79 years. (13)
- ☐ 80 to 84 years. (14)
- ☐ 85 to 89 years. (15)
- ☐ 90 years or over. (16)

In this last portion of the survey, you will be asked for demographic information and your opinion on several COVID-19 policies.

Q26 What is your age?

- ☐ 18 to 24 years. (1)
- ☐ 25 to 29 years. (2)
- ☐ 30 to 34 years. (3)
- ☐ 35 to 39 years. (4)
- ☐ 40 to 44 years. (5)
- ☐ 45 to 49 years. (6)
- ☐ 50 to 54 years. (7)
- ☐ 55 to 59 years. (8)
- ☐ 60 to 64 years. (9)

- ☐ 65 to 69 years. (10)
- ☐ 70 to 74 years. (11)
- ☐ 75 to 79 years. (12)
- ☐ 80 to 84 years. (13)
- ☐ 85 to 89 years. (14)
- ☐ 90 years or over. (15)

Q27 What is the highest level of education you have completed?

- ☐ Less than High School. (1)
- ☐ High School / GED. (2)
- ☐ Some College. (3)
- ☐ 2-year College Degree. (4)
- ☐ 4-year College Degree. (5)
- ☐ Master's Degree. (6)
- ☐ Doctoral Degree. (7)
- ☐ Professional Degree. (JD, MD) (8)

Q28 What is your race?

- ☐ White/Caucasian. (1)
 - ☐ African American. (2)
 - ☐ Hispanic. (3)
 - ☐ Asian. (4)
 - ☐ Native American. (5)
 - ☐ Pacific Islander. (6)
 - ☐ Other/more than one. (7)
-

Q29 Please indicate your gender below.

Q30 Which type of community do you live in?

- ☐ Urban. (1)
- ☐ Suburban. (2)
- ☐ Rural. (3)

Q31 What is your combined annual household income?

- ☐ Less than \$10,000. (1)
- ☐ \$10,000 - \$14,999. (2)
- ☐ \$15,000 - \$19,999. (3)
- ☐ \$20,000 - \$24,999. (4)
- ☐ \$25,000 - \$34,999. (5)
- ☐ \$35,000 - \$49,999. (6)
- ☐ \$50,000 - \$74,999. (7)
- ☐ \$75,000 - \$99,999. (8)
- ☐ \$100,000 - \$149,999. (9)
- ☐ \$150,000 - \$199,999. (10)
- ☐ \$200,000 or more. (11)

Q32 Think about your social circles (family, friends, church, work colleagues, social networks, etc.). About how many people in your circles do you know well enough that you would typically learn about a significant emerging health condition? (numerical answer only please)

Q33 Please indicate your level of agreement/disagreement with the following statement:
Vaccine mandates should be implemented across the nation.

- ☐ Strongly Agree. (1)
- ☐ Agree. (2)
- ☐ Neutral. (3)
- ☐ Disagree. (4)
- ☐ Strongly Disagree. (5)

Q34 Please indicate your level of agreement/disagreement with the following statement:
Digital health/vaccine passports should be used to track COVID-19 vaccine status and enforce vaccine mandates.

- ☐ Strongly Agree. (1)
- ☐ Agree. (2)
- ☐ Neutral. (3)
- ☐ Disagree. (4)
- ☐ Strongly Disagree. (5)

Q35 Please indicate the reason(s) many policymakers may want to implement a digital vaccine passport system. (check all that apply)

- ☐ Systematically Monitor Vaccine Status. (1)
- ☐ Enforce Vaccine Mandates. (6)
- ☐ Facilitate the Adoption of a Digital Currency. (2)
- ☐ Control Purchases. (3)
- ☐ Control Assets. (4)
- ☐ Control Movement. (5)

Q36 Please indicate your level of agreement/disagreement with the following statement:
Lockdowns are an effective policy tool for reducing COVID-19 transmission.

- ☐ Strongly Agree. (1)
- ☐ Agree. (2)
- ☐ Neutral. (3)
- ☐ Disagree. (4)
- ☐ Strongly Disagree. (5)

Q37 Please indicate your level of agreement/disagreement with the following statement:
Mask mandates are an effective policy tool for reducing COVID-19 transmission.

- ☐ Strongly Agree. (1)

- ☐ Agree. (2)
- ☐ Neutral. (3)
- ☐ Disagree. (4)
- ☐ Strongly Disagree. (5)

Q38 Please indicate where you obtain news and information about COVID-19. (check all that apply)

- ☐ Mainstream News Sources. (1)
 - ☐ Alternative News Sources. (2)
 - ☐ Peer Reviewed Scientific Literature. (3)
 - ☐ Official Gov't Sources Such as the U.S. Center for Disease Control (CDC). (4)
 - ☐ Other (please provide information below). (5)
-

Q39 Please indicate your political affiliation.

- ☐ Democrat. (1)
 - ☐ Republican. (2)
 - ☐ Independent. (3)
 - ☐ Other. (please indicate affiliation below) (4)
-

Q40 Please provide your five-digit zip code.
