

# COVID\_Real\_World\_July21

## Survey Flow

Block: R-W\_July\_2021 (36 Questions)

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RW1 What did you go out for in the last week? (check all that apply)

- ☐ Food (1)
  - ☐ Work (2)
  - ☐ Medical reason (3)
  - ☐ Exercise (4)
  - ☐ Other essential needs (please specify) (5)
- 

- ☐ Social gathering (6)
  - ☐ Other nonessential needs (please specify) (7)
- 

- ☐ I didn't go out at all. (8)
-

RW2 How many people did you speak to face-to-face (including even a short hello to the neighbors) in the last week?

- ☐ None (1)
  - ☐ 1- 3 people (2)
  - ☐ 4- 6 people (3)
  - ☐ 7-10 people (4)
  - ☐ More than 10 people (5)
- 

RW3 How many people did you speak to virtually (phone call or texting or video conference, but not email) in the last week?

- ☐ None (1)
  - ☐ 1-3 people (2)
  - ☐ 4-6 people (3)
  - ☐ 7-10 people (4)
  - ☐ 11-20 people (5)
  - ☐ 21-50 people (6)
  - ☐ more than 50 people (7)
- 

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RW4 Which of the following is your main source for news?

- ☐ Reading blogs (1)
  - ☐ Watching news on TV (or online) (2)
  - ☐ Using social media (3)
  - ☐ Listening to news on the radio (4)
  - ☐ Reading newspaper (paper or digital) (5)
-

RW5 Which of the following news outlets do you often watch or read? (check all that apply)

- ☐ ABC news (1)
  - ☐ Bloomberg (2)
  - ☐ Breitbart News (3)
  - ☐ CBS news (4)
  - ☐ CNN (5)
  - ☐ Fox News (6)
  - ☐ Los Angeles Times (7)
  - ☐ MSNBC (8)
  - ☐ NBC news (9)
  - ☐ NPR (10)
  - ☐ New York Times (11)
  - ☐ PBS (12)
  - ☐ USA Today (13)
  - ☐ The Wall Street Journal (14)
  - ☐ Washington Post (15)
  - ☐ if your main NATIONAL news source isn't listed above, please specify (16)
-

☐

if your main LOCAL news source isn't listed above, please specify (17)

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☐

Any INTERNATIONAL news sources, please specify (18)

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RW6 In the past week, how frequently have you read or watched news broadcasts about coronavirus / COVID-19?

- ☐ Multiple times a day (1)
  - ☐ Once a day (2)
  - ☐ 5-6 times in the past week (3)
  - ☐ 3-4 times in the past week (4)
  - ☐ 1-2 times in the past week (5)
  - ☐ Never (6)
- 

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RW6 How much do you trust the opinions of most people in these professions? (answers range from strongly trust to not sure)

	strongly trust (1)	somewhat trust (2)	neither trust nor distrust (3)	somewhat distrust (4)	strongly distrust (5)	unfamiliar with them (6)	not sure (7)
Politicians (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Doctors (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV / Newspaper Reporters (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloggers (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious Leaders (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professors / Academics (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scientists (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lawyers (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bankers / Financiers (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auto Mechanics (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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RW7 Please describe the top 3 news stories that really stood out to you in the last week.  
(Please describe each in complete sentences.)

☐ News story #1 (1) \_\_\_\_\_

☐ News story #2 (2) \_\_\_\_\_

☐ News story #3 (3) \_\_\_\_\_

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RW7.2 (Optional) Please describe 2 more news stories that really stood out to you in the last week. (Please describe each in complete sentences.)

☐ News story #4 (1) \_\_\_\_\_

☐ News story #5 (2) \_\_\_\_\_

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RW9 How concerned are you about contracting COVID-19 yourself right now?

- ☐ Not concerned at all (1)
  - ☐ A little concerned (2)
  - ☐ Somewhat concerned (3)
  - ☐ Very concerned (4)
  - ☐ Extremely concerned (5)
- 

RW10 How concerned are you about your family members and close friends contracting COVID-19 right now?

- ☐ Not concerned at all (1)
  - ☐ A little concerned (2)
  - ☐ Somewhat concerned (3)
  - ☐ Very concerned (4)
  - ☐ Extremely concerned (5)
-

RW11 How concerned are you about developing severe symptoms from COVID-19 yourself right now?

- ☐ Not concerned at all (1)
  - ☐ A little concerned (2)
  - ☐ Somewhat concerned (3)
  - ☐ Very concerned (4)
  - ☐ Extremely concerned (5)
- 

RW12 How concerned are you about your family members and close friends developing severe symptoms from COVID-19 right now?

- ☐ Not concerned at all (1)
  - ☐ A little concerned (2)
  - ☐ Somewhat concerned (3)
  - ☐ Very concerned (4)
  - ☐ Extremely concerned (5)
- 

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RW13 Have you had symptoms that may be due to COVID-19?

- ☐ Definitely yes (1)
  - ☐ Probably yes (2)
  - ☐ Might or might not (3)
  - ☐ Probably not (4)
  - ☐ Definitely not (5)
- 



RW14 Have you been tested for COVID-19 since the last session you completed for this study?

- ☐ Yes, I have been tested. (1)
  - ☐ No, I don't need to be tested. (2)
  - ☐ No, but I need to be tested. (3)
- 

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*Display This Question:*

*If Have you been tested for COVID-19 since the last session you completed for this study? = No, but I need to be tested.*

RW16 Why have you not been tested for COVID-19? (check all that apply)

- ☐ Doctor did not think my symptoms fit the description of COVID-19 (1)
- ☐ Doctor thought I might have COVID-19 but was unable to access testing (2)
- ☐ Doctor thought I might have COVID-19 but my symptoms were mild so testing was not medically necessary (3)
- ☐ Doctor thought I might have COVID-19 and testing was available, but I did not meet all of the screening criteria for testing at that time (for example, I had not traveled in Asia) (4)
- ☐ Other (5) \_\_\_\_\_

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*Display This Question:*

*If Have you had symptoms that may be due to COVID-19? != Definitely not*

RW17 Have you seen a doctor for the symptoms that might be COVID-19?

- ☐ Yes (1)
- ☐ No (2)

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RW15.1 Have you ever tested positive for COVID-19?

- ☐ Yes (1)
  - ☐ No (2)
-

*Display This Question:*

*If Have you ever tested positive for COVID-19? = Yes*

RW15.2 When did you test positive for COVID-19? (if unsure of the date, please estimate)

	Month										
	January (1)	February (2)	March (3)	April (4)	May (5)	June (6)	July (7)	August (8)	September (9)	October (10)	November (11)
Date of COVID- 19 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Display This Question:*

*If Have you ever tested positive for COVID-19? = Yes*

RW15.3 Which choice best describes the length of time you experienced each of these phases of COVID-19?

	Never (1)	1 week or less (2)	2 weeks or less (3)	1 month or less (4)	1 - 2 months (5)	3 - 6 months (6)	6-9 months (7)	Up to 1 year (8)	Over 1 year (9)
Acutely ill (i.e. functioning below 50% of your typical level) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lingering illness (i.e. functioning at 50 - 90% of your typical level) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occasional or very mild symptoms (i.e. only mild or short-term episodes of limitations in daily functioning) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Have you ever tested positive for COVID-19? = Yes

RW15.4 When your COVID-19 symptoms were at their worst, what was your experience of each of these symptoms?

	None (1)	Mild (2)	Moderate (3)	Severe (4)	Very severe (5)
Fever (RW15.3_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal pain (RW15.3_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain (RW15.3_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache (RW15.3_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint pain (RW15.3_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle pain (RW15.3_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain (non-specific) (RW15.3_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough (RW15.3_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult or labored breathing (RW15.3_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue (RW15.3_10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impaired daily function and mobility (RW15.3_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worsening of symptoms following even minor physical or mental exertion and/or poor endurance and/or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



(RW15.3_12)					
“Brain fog,” or cognitive impairment (RW15.3_13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noticeably rapid, strong, or irregular heartbeat (RW15.3_14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burning or prickling sensations in arms, legs, or feet (or other part of body) (RW15.3_15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea (RW15.3_16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia and other sleep difficulties (RW15.3_17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lightheadedness (RW15.3_18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rash (RW15.3_19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood changes (RW15.3_20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of the sense of smell (either complete or partial) and/or altered sense of taste (RW15.3_21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual cycle irregularities (RW15.3_22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Display This Question:*

*If Which choice best describes the length of time you experienced each of these phases of COVID-19? != Lingered illness (i.e. functioning at 50 - 90% of your typical level) [ Never ]*

*And Which choice best describes the length of time you experienced each of these phases of COVID-19? != Occasional or very mild symptoms (i.e. only mild or short-term episodes of limitations in daily functioning) [ Never ]*

RW15.5 Which of these symptoms did you have during your period of lingering illness and/or occasional mild symptoms?

	During lingering illness (i.e. functioning at 50 - 90% of your typical level) (1)	Occasionally / mild for long-term (i.e. only mild or short-term episodes of limitations in daily functioning) (2)
Fever (RW15.3_1)	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain (RW15.3_2)	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain (RW15.3_3)	<input type="checkbox"/>	<input type="checkbox"/>
Headache (RW15.3_4)	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain (RW15.3_5)	<input type="checkbox"/>	<input type="checkbox"/>
Muscle pain (RW15.3_6)	<input type="checkbox"/>	<input type="checkbox"/>
Pain (non-specific) (RW15.3_7)	<input type="checkbox"/>	<input type="checkbox"/>
Cough (RW15.3_8)	<input type="checkbox"/>	<input type="checkbox"/>
Difficult or labored breathing (RW15.3_9)	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue (RW15.3_10)	<input type="checkbox"/>	<input type="checkbox"/>
Impaired daily function and mobility (RW15.3_11)	<input type="checkbox"/>	<input type="checkbox"/>
Worsening of symptoms following even minor physical or mental exertion and/or poor	<input type="checkbox"/>	<input type="checkbox"/>

endurance and/or (RW15.3_12)		
"Brain fog," or cognitive impairment (RW15.3_13)	<input type="checkbox"/>	<input type="checkbox"/>
Noticeably rapid, strong, or irregular heartbeat (RW15.3_14)	<input type="checkbox"/>	<input type="checkbox"/>
Burning or prickling sensations in arms, legs, or feet (or other part of body) (RW15.3_15)	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea (RW15.3_16)	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia and other sleep difficulties (RW15.3_17)	<input type="checkbox"/>	<input type="checkbox"/>
Lightheadedness (RW15.3_18)	<input type="checkbox"/>	<input type="checkbox"/>
Rash (RW15.3_19)	<input type="checkbox"/>	<input type="checkbox"/>
Mood changes (RW15.3_20)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of the sense of smell (either complete or partial) and/or altered sense of taste (RW15.3_21)	<input type="checkbox"/>	<input type="checkbox"/>
Menstrual cycle irregularities (RW15.3_22)	<input type="checkbox"/>	<input type="checkbox"/>

*Display This Question:*

*If Have you had symptoms that may be due to COVID-19? != Definitely not*

RW18 Have you had any of the following treatments for the symptoms that might be related to COVID-19? (check all that apply)

☐

Supplemental Oxygen Therapy (2)

☐

Out-patient treatment in a hospital (no overnight stays) (3)

☐

In-patient treatment in a hospital (stayed overnight) (4)

☐

Other (5) \_\_\_\_\_

☐

None of these (6)

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RW19 Have you had any of the following forms of isolation? (check all that apply)

☐

forced quarantine (1)

☐

self quarantine (2)

☐

Other (please specify) (3)

☐

None (4)

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*Display This Question:*

*If Have you had any of the following forms of isolation? (check all that apply) = self quarantine*



RW19\_2.1 What is the total number of days have you been under self-quarantine (not required by government regulations)?

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*Display This Question:*

*If Have you had any of the following forms of isolation? (check all that apply) = forced quarantine*



RW19\_1.1 What is the total number of days have you been adhering to forced quarantine (government mandated quarantine)?

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*Display This Question:*

*If Have you had any of the following forms of isolation? (check all that apply) = Other (please specify)*



RW19\_3.1 What is the total number of days have you been under the other form of isolation you described above (i.e. not including self-quarantine or forced quarantine)?

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RW20 Do you personally know anyone who has tested positive for COVID-19? (not including yourself)

☐ Yes (1)

☐ No (2)

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RW21v2 For anyone who has been impacted by COVID-19 and fits in the relationship-categories listed below, select all the descriptions that applied during the time when that person was dealing with COVID symptoms. (Select "doesn't apply if you do not have anyone in that category or no one in that category has been impacted by COVID-19.)

	lives / lived with me (1)	likely has / had COVID-19 (2)	tested positive (3)	hospitalized (4)	deceased (5)	doesn't apply (6)
my spouse / partner (RW21v2_1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my parent (RW21v2_2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my grandparent (RW21v2_3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my aunt, uncle or cousin (RW21v2_4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my child / children (RW21v2_5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my friend or roommate (RW21v2_6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my work colleague (RW21v2_7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my sibling(s) (RW21v2_9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe) (RW21v2_10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



RW22 Which of the following measures have you been taking in response to the COVID-19 pandemic? (Check all that apply)

- ☐ Stopped going to supermarkets (started ordering groceries online) (1)
- ☐ Stopped going to the gym (2)
- ☐ Stopped going to restaurants (3)
- ☐ Stopped going to cinemas and other places of public entertainment (4)
- ☐ Stopped taking public transportation (5)
- ☐ Stopped leaving the house except for essential needs (6)
- ☐ Started wearing gloves when leaving the house (7)
- ☐ Started wearing masks when leaving the house (8)
- ☐ Increased attention to maintaining personal hygiene (for example washing hands frequently) (9)
- ☐ None of the above (10)

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RW22.2 During the past week, which of the following measures have you been taking in response to the COVID-19 pandemic? (Check all that apply)

- ☐ Not going to supermarkets (ordering groceries online) (1)
  - ☐ Not going to the gym (2)
  - ☐ Not going to restaurants (3)
  - ☐ Not going to cinemas and other places of public entertainment (4)
  - ☐ Not taking public transportation (5)
  - ☐ Not leaving the house except for essential needs (6)
  - ☐ Wearing gloves when leaving the house (7)
  - ☐ Wearing masks when leaving the house (8)
  - ☐ Increased attention to maintaining personal hygiene (for example washing hands frequently) (9)
  - ☐ None of the above (10)
-

RW23 If you are reading this question, then select the 'somewhat agree' option below.

- ☐ strongly agree (1)
- ☐ somewhat agree (2)
- ☐ neither agree nor disagree (3)
- ☐ somewhat disagree (4)
- ☐ strongly disagree (5)

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RW24 Have you experienced any of the following due to the COVID-19 pandemic? (check all that apply)

- ☐ My child / children's school is closed (1)
  - ☐ I have to work from home (2)
  - ☐ My work hours have been cut (3)
  - ☐ My spouse / partner / roommate has to work from home (4)
  - ☐ My spouse / partner / roommate's work hours have been cut (5)
  - ☐ I stocked-up on groceries and household items (6)
  - ☐ I am choosing not to do some of my regular activities in order to reduce social contact (7)
  - ☐ One or more of my regular activities is restricted (e.g. gym closed, non-work meeting canceled) (8)
  - ☐ My routine medical or dental appointments were cancelled (e.g. annual exams) (10)
  - ☐ Important medical / dental appointments or procedures were cancelled or delayed (12)
  - ☐ I have not gone to the doctor or hospital to treat a serious medical condition (13)
  - ☐ The pandemic hasn't impacted my life. (14)
  - ☐ Other (please describe) (15)
-

RW25 Do you approve of the way each is doing their job now in response to the COVID-19 pandemic? (answers range from strongly approve to not sure)

	strongly approve (1)	somewhat approve (2)	neither approve nor disapprove (3)	somewhat disapprove (4)	strongly disapprove (5)	unfamiliar with this person/entity (6)	not sure (7)
President Biden (RW25_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
House of Representatives (RW25_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
US Senate (RW25_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kamala Harris (RW25_10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your state government (RW25_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your local government (RW25_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDC (RW25_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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RW26 For each item below, indicate how important you think it is for preventing spread of COVID-19.

	Necessary (1)	Not necessary, but probably helpful (2)	Probably not helpful (3)	A major over- reaction (4)
Restricting gatherings to fewer than 10 people (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closing schools (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closing restaurants / bars (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoiding contact with people who are sick (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying home when you are sick (except to get medical care) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Covering coughs and sneezes (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing hands often (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfecting frequently touched surfaces at home (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disinfecting frequently touched surfaces in public places (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancelling church services and other meetings (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying home, except to fulfill essential needs,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

like buying food  
and medicine.  
(11)

Closing non-  
essential  
businesses (12)

Closing parks  
and other public  
outdoor places  
(13)

Wearing masks  
when in public  
(14)

Restricting  
gatherings to  
fewer than 250  
people (15)

Restricting  
gatherings to  
fewer than 50  
people (16)

Restricting  
gatherings to  
fewer than 5  
people (17)

Restricting  
gatherings to no  
more than 2  
people (18)





RW27 How are you feeling right now?

☐ Image:1 (1)

☐ Image:2 (4)

☐ Image:3 (5)

☐ Image:4 (6)

☐ Image:5 (7)

☐ Image:6 (8)

End of Block: R-W\_July\_2021

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