

COVID-19 Prevention

Coronavirus Disease 2019 (COVID-19) is a disease caused by the new coronavirus. The first set of questions asks what you think about COVID-19 and how to stay safe from COVID-19.

COVID-19 Prevention Behaviors

Q1. In the past 7 days, how often have you chosen to do each of the following when in public to keep yourself and others safe from COVID-19? (Do not include things you were required to do, such as wear a mask while visiting a store. Select one response for each row.)

	All of the time	Very often	Some of the time	Never
Wore a face covering or mask				
Washed my hands with soap or used hand sanitizer several times per day				
Stayed at least 6 feet away from other people who are not from my household				

Source: Adapted for CEAL Program from Center for Economic and Social Research Understanding America Study Coronavirus Tracking Survey.
<https://www.phenxtoolkit.org/covid19/source>.

Note: Modified for plain language, clarified “when in public,” reduced from 16 items to 2 items, added one item, “Stayed at least 6 feet away from other people who are not from my household,” and modified response options from yes/no.

COVID-19 Testing Behaviors

Q2. Have you ever been tested for COVID-19?

- ☐ Yes
☐ No

Source: Adapted for CEAL Program from John Hopkins University COVID-19 Community Response Survey. <https://www.phenxtoolkit.org/covid19/source>.

Intentions to Get a COVID-19 Vaccine

The next question asks about a COVID-19 vaccine. A vaccine is a substance that helps protect against certain diseases.

Q3. Have you received the COVID-19 vaccine?

- ☐ Yes
☐ No

Q4. How likely are you to get an approved COVID-19 vaccine when it becomes available?

Not at all likely						Very Likely
1	2	3	4	5	6	7

Source: Adapted for CEAL Program from DMACS COVID-19 Survey.

<https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/>.

Note: Modified from “government-approved” to “approved” and changed response options.

Trusted Sources of Information about COVID-19

Q5. How much do you trust each of these sources to provide correct information about COVID-19? (Select one response for each row.)

	Not at all	A little	A great deal	Don't Know
Your doctor or health care provider				
Your faith leader				
Your close friends and members of your family				
People you go to work or class with or other people you know				
News on the radio, TV, online, or in newspapers				
Your contacts on social media				
The U.S. government				
The U.S. Coronavirus Task Force				
Leaders in your community				
Local politicians				
Billboards				

Source: Adapted for CEAL Program from DMACS COVID-19 Survey.
<https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/>.

Note: Modified for plain language. Reduced from 10 items to 5 items. Added items for “your faith leader,” “The U.S. government,” and “The U.S. Coronavirus Task Force.” Added a “Don’t Know” response option.

COVID-19 Clinical Trials

Now we are going to ask you some questions about COVID-19 clinical trials.

A **clinical trial** is a kind of research study. Clinical trials study if treatments or vaccines are safe for people and if they work like they are supposed to.

Right now, clinical trials are being done across the U.S. to see if new treatments and vaccines for COVID-19 work to keep people healthy.

COVID-19 Clinical Trial Registration or Enrollment Behaviors

Q6. Have you ever signed up for a COVID-19 clinical trial?

[Programming Note: Can select both yes options, but if select no, cannot select yes options.]

- ☐ Yes, I signed up for a clinical trial for a COVID-19 vaccine. [\[GO TO Q10\]](#)
- ☐ Yes, I signed up for a clinical trial for a COVID-19 treatment. [\[GO TO Q10\]](#)
- ☐ No, I have never signed up for a COVID-19 clinical trial. [\[GO TO Q6\]](#)

Source: Developed for CEAL Program by TASC.

Self-Reported Awareness and Knowledge about COVID-19 Clinical Trials

Q7. Are you aware of COVID-19 clinical trials that are being done?

[Programming Note: Can select both yes options, but if select no or not sure, cannot select yes options.]

- ☐ Yes, clinical trials for COVID-19 vaccines [\[GO TO Q7\]](#)
- ☐ Yes, clinical trials for COVID-19 treatments [\[GO TO Q7\]](#)
- ☐ No [\[GO TO Q8\]](#)
- ☐ Not sure [\[GO TO Q8\]](#)

Q8. Do you know what to do to sign up for a COVID-19 clinical trial in your area?

- ☐ Yes
- ☐ No
- ☐ Not sure

Source: Developed for CEAL Program by TASC.

Willingness and Intentions to Register or Enroll in a COVID-19 Clinical Trial

We have a few more questions about COVID-19 clinical trials.

Again, a **clinical trial** is a kind of research study. Clinical trials study if treatments or vaccines are safe for people and if they work like they are supposed to.

Right now, clinical trials are being done across the U.S. to see if new treatments and vaccines for COVID-19 work to keep people healthy.

Q9. How willing are you to sign up for a clinical trial for a COVID-19 vaccine?

Not at all willing						Very willing
1	2	3	4	5	6	7

Source: Developed for CEAL Program by TASC.

Q10. How likely are you to sign up for a clinical trial for a COVID-19 vaccine?

Not at all likely						Very Likely
1	2	3	4	5	6	7

Source: Developed for CEAL Program by TASC.

Trust Regarding COVID-19 Clinical Trials

Q11. Below are sources of information of COVID-19 clinical trials. How much do you trust each of these sources to give correct information? (Select one response for each row.)

	A great deal	A fair amount	Not very much	None at all	No opinion
The U.S. government					
Your doctor or health care provider					

Your local health care clinic or hospital					
University hospitals					
Companies that make drugs for medical use					
People who do research					

Source: Developed for CEAL Program by TASC.

Social Determinants of Health and Demographics

The next set of questions asks about you and your household.

Access to Health Services

Q12. The COVID-19 pandemic may cause challenges for some people, whether they get COVID-19 or not. In the past month have you or your family experienced any of the below challenges? (Select one response for each row.)

	No, this is not a challenge	Yes, this is a minor challenge	Yes, this is a major challenge
Getting the health care I need (including for mental health)			
Having a place to live			
Getting enough food to eat			
Having clean water to drink			
Getting the medicine I need			
Getting to where I need to go			
Getting to work			
Getting childcare			
Participating in religious activities			
Socializing			
Celebrating			
Feeling safe in my relationship			
Keeping my job			
Having access to remote learning			

Source: Adapted for CEAL Program from DMACS COVID-19 Survey.
<https://detroitssurvey.umich.edu/COVID-19-survey-and-resources/>.

Note: Modified for plain language and reduced from 7 to 5 items. Modified to ask about “getting enough food to eat” and “having clean water to drink” separately (vs. “Getting food, water, and other household supplies”).

Demographics

Q13. What month and year were you born?

Month: _____

Year: _____

Source: Provided by CEAL Assessment and Evaluation Work Group.

Q14. What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Transgender female or trans woman
- ☐ Transgender male or trans man
- ☐ Nonbinary, genderqueer, or genderfluid
- ☐ I would describe my gender as: _____
- ☐ Prefer not to answer

Source: PhenX Toolkit; Harvard T.H. Chan School of Public Health Social Risk Factors for COVID-19 Exposure Questionnaire.
<https://mfr.osf.io/render?url=https://osf.io/bves6/?direct%26mode=render%26action=download%26mode=render>.

Q15. Which of the following best describes how you think of yourself?

- ☐ Gay
- ☐ Lesbian
- ☐ Straight (that is, not gay or lesbian)
- ☐ Bisexual
- ☐ Other
- ☐ Prefer not to answer

Source: PhenX Toolkit; All of Us Research Program Participant Provided Information (PPI) Version December 17, 2018. <https://www.phenxtoolkit.org/protocols/view/11701>.

Q16. How many people live or stay in your household right now? Include yourself, any other adults, and any children.

_____ people

Source: Modified for CEAL from Pulse Survey. <https://www.census.gov/data/experimental-data-products/household-pulse-survey.html>.

Note: Modified for plain language.

Q17. Which of the below describes your situation right now? (Select all that apply.)

- ☐ Working for pay—part time (less than 40 hours a week)
- ☐ Working for pay—full time (40 hours a week or more)
- ☐ Working without pay (for example, as an intern)

- ☐ On leave from work
- ☐ Unemployed and looking for a job
- ☐ Unemployed and NOT looking for a job
- ☐ Retired from work
- ☐ Staying at home, taking care of the home or of others
- ☐ Not able to work because of a disability
- ☐ Going to school
- ☐ Other: _____

Source: PhenX Toolkit; The Coronavirus Health Impact Survey (CRISIS) v3 Adult Self-Report Baseline Current.

https://www.phenxtoolkit.org/toolkit_content/PDF/CRISIS_Baseline_Adult.pdf.

Note: Modified for plain language, removed “laid off or lost job,” added “unemployed and NOT looking for a job,” “working without pay (for example , as an intern),” and differentiated between “part time” and “full time” work.