COVID-19 Testing

Were you tested for COVID-19 using a Swab test? (This is not asking about antibody tests, which are covered in a separate section of the survey.) *

○ Yes, I was tested at least once.
○ No, I tried to get tested but was unable.
○ No, I did not try to get tested.

How many times were you tested (Swab test) *

○ 1
○ 2
○ 3
○ Other

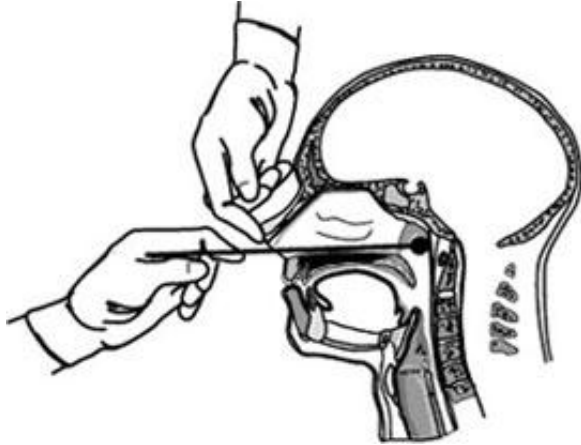On what date did you first get tested? (if you don't remember the exact date, enter an estimate) *

	Month	Day	Year
Please Select:	▢	▢	2020 ▢

Was this an estimated date?

☐ This was an estimate

What was the type of your first COVID-19 test?

☐ Nasal (nasal secretions from nostrils, without moving forward into the back of the nose and throat)

☐ Nasopharyngeal (nasal secretions from end of the nostrils, by moving to the cavity in back of the nose and throat)

☐ Throat

☐ Other

What was the status of your test? *

○ Positive

○ Negative

○ Inconclusive/Awaiting results

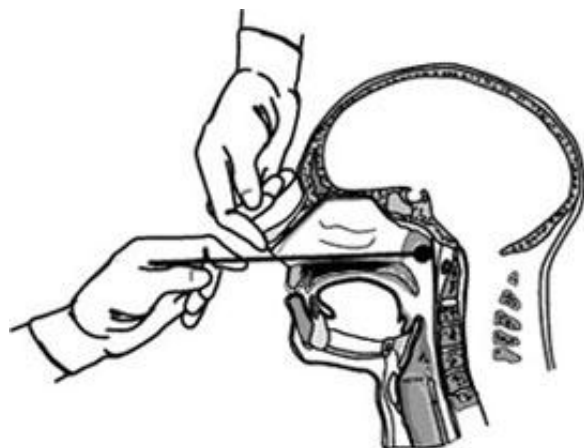## On what date were your tested the second time? (if you don't remember the exact date, enter an estimate) *

	Month	Day	Year
Please Select:	▲▼	▲▼	2020 ▲▼

Was this an estimated date?

☐ This was an estimate

What was the type of your second COVID-19 test?

☐ Nasal (nasal secretions from nostrils, without moving forward into the back of the nose and throat)

☐ Nasopharyngeal (nasal secretions from end of the nostrils, by moving to the cavity in back of the nose and throat)

☐ Throat
☐ Other

What was the status of your test? *

◯ Positive
◯ Negative
◯ Inconclusive/Awaiting results

# On what date were you tested the third time? (if you don't remember the exact date, enter an estimate) *

	Month	Day	Year
Please Select:	▲▼	▲▼	2020 ▲▼

Was this an estimated date?

☐ This was an estimate

What was the type of your third COVID19 test?

☐ Nasal (nasal secretions from nostrils, without moving forward into the back of the nose and throat)

☐ Nasopharyngeal (nasal secretions from end of the nostrils, by moving to the cavity in back of the nose and throat)
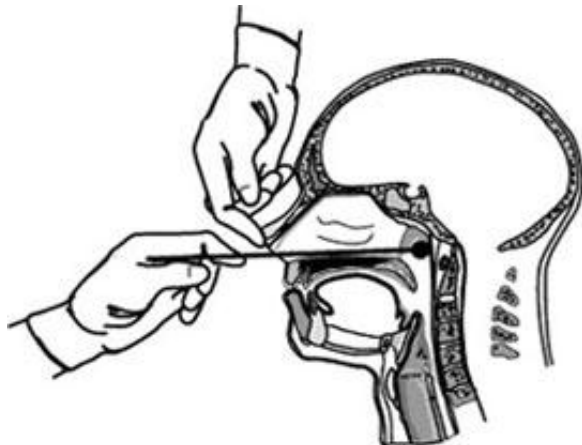
☐ Throat

☐ Other

What was the status of your test? *

○ Positive
○ Negative
○ Inconclusive/Awaiting results

If you had any other tests, please list them here. Please put each test on a new line with the type, date, and status separated by a comma. For example: Nasopharyngeal, 4-1-20, Positive. If you do not remember the exact date, please enter the closest date possible

Module was extracted from section COVID-19 Testing (pages 15-19) of the full document "Online Survey on Recovery from COVID-19"