#### Welcome Screen



We would like your opinion.

During the survey, please do not use your browser's *FORWARD* and *BACK* buttons. Instead, please always use the button below to move through the survey. Please be aware that once you've answered a question, you might not be able to go back and change your answer.

The progress bar below indicates approximately what portion of the survey you have completed.

Simply click on the button at the bottom of the page to begin the survey.

« Back

Continue »

**0**%

#### dmConsent

This survey will be conducted by The Harris Poll in accordance with our privacy policy and other privacy regulations. To give you the best survey experience, we and our third-party partners may use cookies, pixels and other similar technologies to analyze usage and optimize our sites and services, personalize content, tailor our questionnaires and to keep the site secure.

Our privacy policy can be viewed in its entirety at <a href="https://theharrispoll.com/privacy">https://theharrispoll.com/privacy</a>.
Our GDPR compliance statement can be viewed in its entirety at <a href="https://theharrispoll.com/gdpr">https://theharrispoll.com/gdpr</a>.

This survey is for market research purposes only and is not intended to sell you any products or services.

- Anything you see or read during this research should be treated as confidential.
- Information you provide will be treated in the strictest confidence; no answers will be linked to you as an individual.
- None of your details will be passed on to any 3rd party without your explicit permission.

If you qualify and complete this survey, you may be offered an incentive in the form of a gift card/code or panel points for your time and participation.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NIH, Project clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (XXXX-XXXX). Do not return the completed form to this address.

I agree to continue     I do not agree			
	« Back	Continue »	29

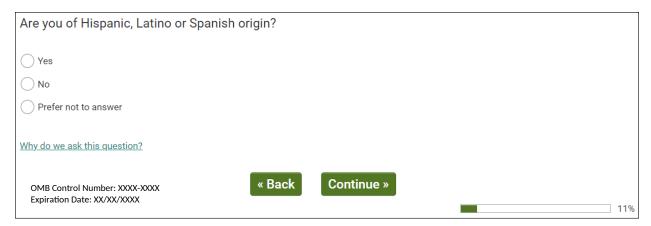
### dmCntry



### dmGen & dmAge



### dmHispUS



### dmRace MUS

What is your race?
Please select all that apply.
American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Prefer not to answer
Why do we ask this question?
« Back Continue »
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX  15%

Do you reside in any of the following metro areas (including the city and surrounding suburbs)?
○ Baltimore, MD
O Boston, MA
Chicago, IL
Cincinnati, OH
Cleveland, OH
Oallas, TX
Oenver, CO
Oetroit, MI
O Houston, TX
Cansas City, MO
Clos Angeles, CA
Miami, FL
Minneapolis, MN
Nashville, TN
New Orleans, LA
New York City, NY
San Diego, CA
San Francisco, CA
◯ Seattle, WA
◯ Tucson, AZ
None of the above
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXXX

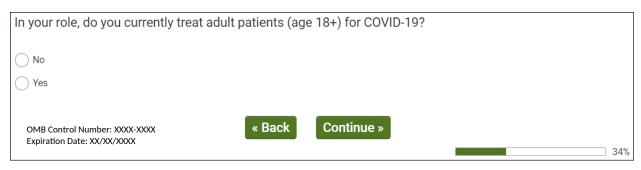
# dmEmploy

In which of the following industries are you currently employed?	
Advertising	
Agriculture	
Arts/Entertainment	
Business to business services	
Communications/Media	
Construction	
Consumer Services	
_ Education	
○ Energy	
Finance	
O Food Service	
Healthcare	
O Information Technology	
Manufacturing	
Nonprofit	
Other Technology	
Retail	
Transportation	
Other (please specify):	
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX	25%

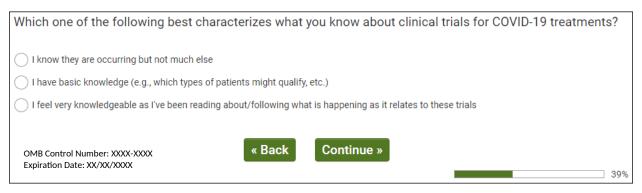
In which type of healthcare setting do you work?
Please select all that apply.
Ambulatany Health Care
Ambulatory Health Care
Assisted Living Community
Behavioral Health Care
Critical Access Hospital
Home Care
Hospital
Laboratory Services
Nursing Care Setting
Pharmacy
Outpatient Clinic (Private Practice, Public Health, etc.)
Other (please specify):
OMB Control Number: XXXX-XXXX
27%



Which title best describes your role?	
Licensed Practical Nurse (LPN)	
Nurse Anesthetist (CRNA)	
Nurse Practitioner (NP)	
Nursing Assistant (CAN)	
Patient Care Technician (PCT)	
Pharmacist (RPh)	
Physician (MD/D0)	
Physician Assistant (PA)	
Registered Nurse (RN)	
Surgical Assistant (CSA)	
Other (please specify):	
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX	
	32%

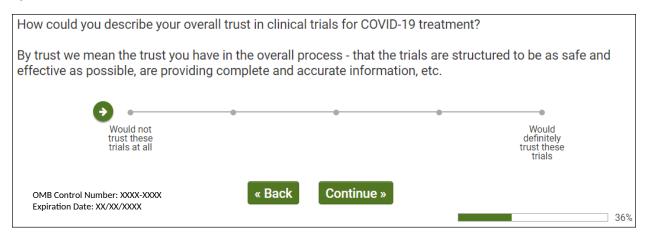


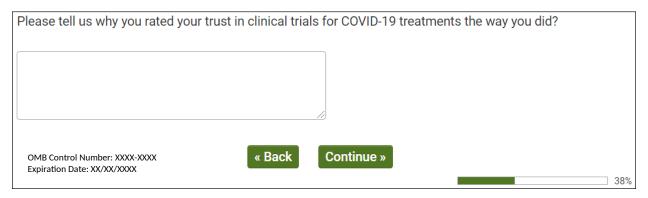
Which best describes your practice specialty?
Anesthesiology
Cardiology
Critical Care
Emergency Medicine
Hospitalist
○ Infectious Disease
○ Internal Medicine
Nephrology
Pharmacy
O Primary Care
Pulmonology
Other (please specify):
OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX  36%

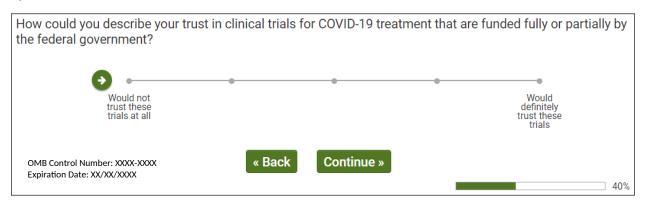


Prior to today, were you aware of any of the	following spe	ecific clinical t	rials for COV	ID-19 treatm	ent?
Select all that you have heard of prior to today.					
	Never heard of	Have heard of, but not at all familiar	Slightly familiar	Somewhat familiar	Very familiar
Rise Above COVID (ACTIV 2)		0	$\bigcirc$		
Pass It On II	0	0	$\bigcirc$	0	0
ACTIV		0	$\bigcirc$	0	
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX	Back	ontinue »			33%

### Q110





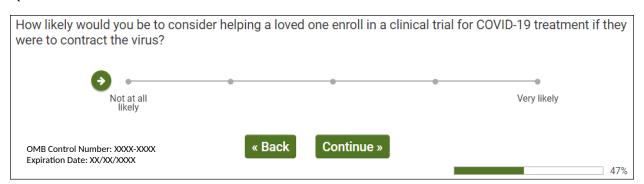


#### Q119



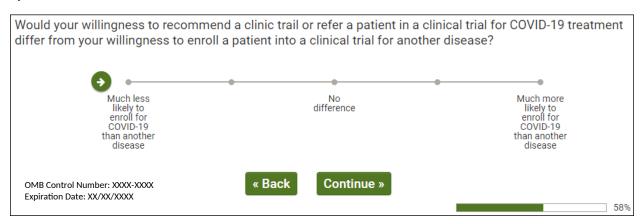
#### Q120

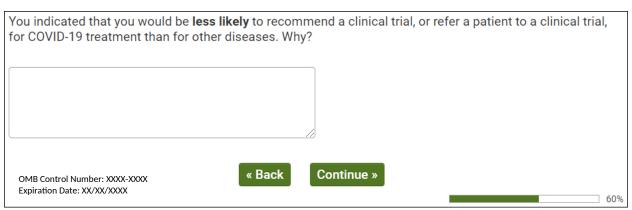


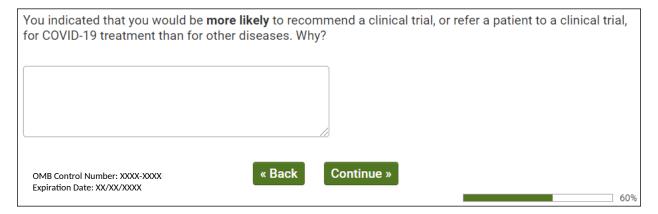




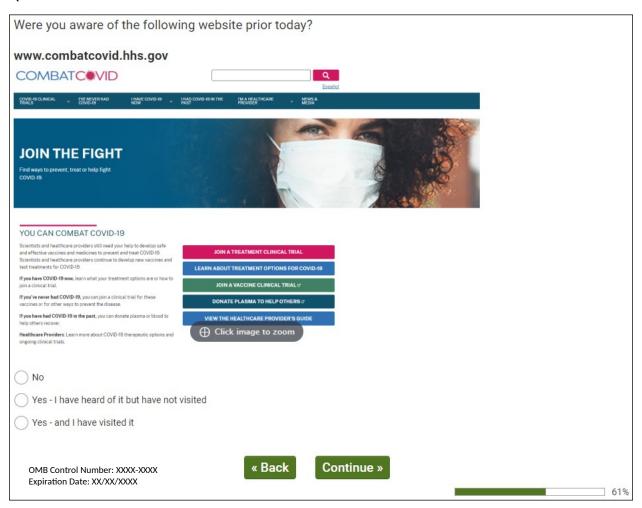
#### Q135

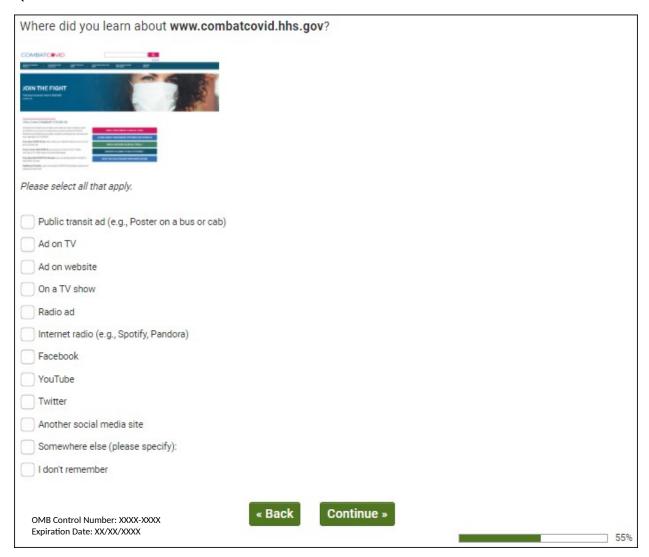


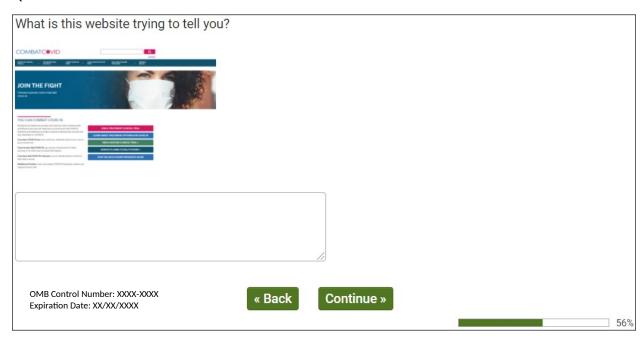




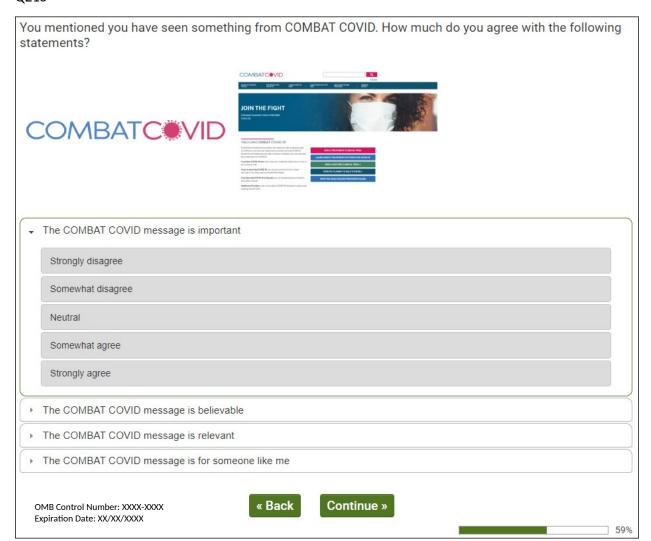


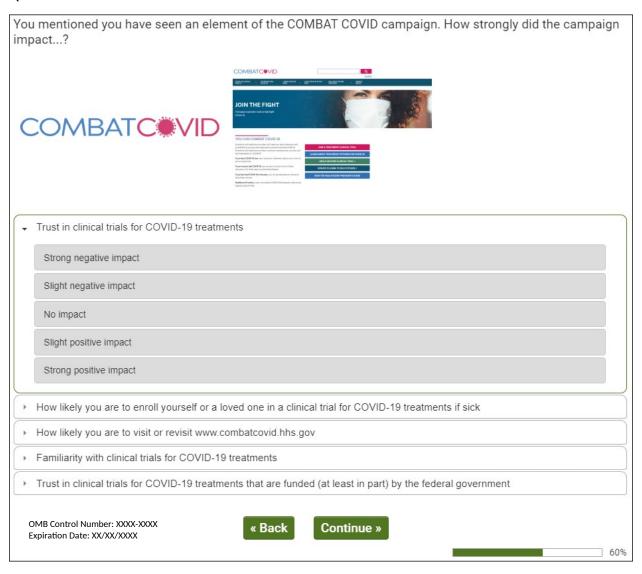














Have you been a caregiver for someo	ne with COVID	-19?	
○ No			
Yes			
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX	« Back	Continue »	
			63%

#### Q310





Which is most true for you?	
I fear I could die as a result of contracting COVID-19	
I am not fearful that I could die as a result of contracting COVID	-19
OMB Control Number: XXXX-XXXX	Continue »
Expiration Date: XX/XX/XXXX	69%

When it comes to COVID-19 information, which are your most trusted media sources?
Please select up to 3.
□ NPR
Washington Post
USA Today
Fox News
MSNBC
ABC News
HuffPost
Wall Street Journal
NBC News
Forbes
CNN
People
NY Times
Local news outlets
Something else (please specify):
None of the above
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXXX   Continue »
71%

When it comes to COVID-19 information, which are your most trusted social media sources?
Please select up to 3.
Twitter
Facebook Messenger
WhatsApp
LinkedIn
☐ Instagram
Facebook
Reddit
Snapchat
Tumblr
Something else (please specify):
None of the above
OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX 73%

Have you ever referred a patient to	a clinical trial for	treatment of a	ny disease	other than CO	VID-19?	
○ No						
Yes - but very rarely						
Yes - many times						
OMB Control Number: XXXX-XXXX	Dook	Continue				
Expiration Date: XX/XX/XXXX	« Back	Continue »				
						76%

How many years have you been practic	ing medicine?	?		
Fewer than 5 years				
5 to less than 10 years				
10 to less than 20 years				
20+ years				
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX	« Back	Continue »		
			7	6%

## Q415



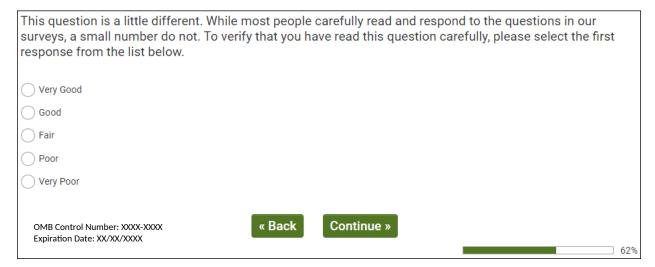
When it comes to COVID-19 information, which are your most trusted professional information sources?
Please select all that apply.
Journal of American Medical Association (JAMA)
New England Journal of Medicine
Society of Infectious Disease
Other Academic Journals
The Lancet
□ cdc
☐ Medscape
Industry Conferences
Something else (please specify):
OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX 78%

When it comes to COVID-19 information, which are your most trusted media sources?
Please select up to 3.
Washington Post
□ NPR
HuffPost
Forbes
NY Times
Wall Street Journal
NBC News
USA Today
ABC News
☐ MSNBC
CNN
Fox News
People
Local news outlets
Something else (please specify):
None of the above
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXXX
80%

### **Real Answer Check**

Changing topics	
What is a specific goal that you would like to meet o	over the next 3 years?
Please be as descriptive as possible.	
OMB Control Number: XXXX-XXXX Expiration Date: XXXX/XXXX  (* Back	Continue »
Expiration Date: XX/XX/XXXX	99%

### ISQ Check



#### dmStateUS



### dmZipUS



Do you most identify as a?			
Democrat			
Republican			
Independent			
Osomething else			
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX	« Back	Continue »	
			84%

## dmEduUS

What is the highest level of education you have completed?
Less than high school
Completed some high school
High school graduate
Job-specific training program(s) after high school
Some college, but no degree
Associate degree
Bachelor's degree (such as B.A., B.S.)
Some graduate school, but no degree
Graduate degree (such as MBA, MS, M.D., Ph.D.)
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX

### dmMarStat

What is your current marital status?				
Never married				
Married or civil union				
Divorced				
Separated				
Widowed				
Living with partner				
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX	« Back	Continue »		
Expiration bate. AV AV ANA				88%

### dm A dult Hh



## dmChildHh

How many people under the age of	of 18 live in your household?	
OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX	« Back Continue »	97%

## dmHhIncUS

How much total combined income did all members of your household earn before taxes last year?	
This includes money from jobs; net income from business, farm, or rent; pensions; dividends; interest; social security payments; and any other money income received by members of your household who are eighteen (18) years of age or older.	
Less than \$15,000	
\$15,000 to \$24,999	
\$25,000 to \$34,999	
\$35,000 to \$49,999	
\$50,000 to \$74,999	
\$75,000 to \$99,999	
\$100,000 to \$124,999	
\$125,000 to \$149,999	
\$150,000 to \$199,999	
\$200,000 to \$249,999	
\$250,000 or more	
O Prefer not to answer	
Why do we ask this question?	
OMR Control Number: YYYY-YYYY	
OMB Control Number: XXXX-XXXX  Expiration Date: XX/XX/XXXX	
	99%