

Welcome Screen - ALL RESPONDENTS



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 - ALL RESPONDENTS

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 <https://theharrispoll.com/privacy>.

Our GDPR compliance statement can be viewed in its entirety at <https://theharrispoll.com/gdpr>.

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 »

2%

[IF dmConsent/1 PROCEED TO dmCntry.]

[IF dmConsent/2 NO TERMINATE IMMEDIATELY.]

dmCntry – ALL RESPONDENTS

In which country or region do you currently reside?

Select one... ▾

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

4%

[IF dmCntry/244 UNITED STATES OF AMERICA PROCEED TO dmGen & dmAge.]

[IF hCntry DOES NOT EQUAL dmCntry TERMINATE IMMEDIATELY.]

dmGen & dmSex & dmAge – ALL RESPONDENTS

Please select your sex:

Male

Female

Prefer not to answer

What is your age?

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

6%

[IF dmAge/18+ PROCEED TO dmHispUS.]

[IF NOT 18+ TERMINATE IMMEDIATELY.]

dmHispUS – ALL US RESPONDENTS

Are you of Hispanic, Latino or Spanish origin?

Yes


No

Prefer not to answer

[Why do we ask this question?](#)

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 11%

[PROCEED TO dmRaceMUS.]

dmRaceMUS – ALL US RESPONDENTS

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?](#)

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 15%

[PROCEED TO Q5.]


Q5 – ALL US RESPONDENTS

Do you reside in any of the following metro areas (including the city and surrounding suburbs)?

- Baltimore, MD
- Boston, MA
- Chicago, IL
- Cincinnati, OH
- Cleveland, OH
- Dallas, TX
- Denver, CO
- Detroit, MI
- Houston, TX
- Kansas City, MO
- Los 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/XXXX

[« Back](#) [Continue »](#)

 17%

[IF Q5/1-20, PROCEED TO dmEmploy.]

[MUST RESIDE IN TARGET DMA 1-20. TERMINATE IF Q5/96 – None of the above.]


dmEmploy - ALL US RESPONDENTS

Which of the following best describes your employment status?

- Employed full time
- Employed part time
- Self-employed full time
- Self-employed part time
- Not employed, but looking for work
- Not employed and not looking for work
- Not employed, unable to work due to a disability or illness
- Retired
- Student
- Stay-at-home spouse or partner

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 23%

[IF dmEmploy/1,2,3,4 PROCEED TO Q10.]

[IF dmEmploy/5-10 PROCEED TO Q100]


Q10 - EMPLOYED (netEmploy/1)

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
- Food Service
- Healthcare
- Information Technology
- Manufacturing
- Nonprofit
- Other Technology
- Retail
- Transportation
- Other (please specify):

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 25%

[IF Q10/12 HEALTHCARE PROCEED TO Q20.]

[IF Q10/1-11,13-20 PROCEED TO Q100.]

Q20 - EMPLOYED IN HEALTHCARE (Q10/12) AND HCP SAMPLE SOURCE (Q1/2)


In which type of healthcare setting do you work?

Please select all that apply.

- 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
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 27%

[IF HCP SAMPLE SOURCE Q1/2, MUST SELECT 1, 2, 4, 5, 6, 8, 9, 10 TO QUALIFY. PROCEED TO Q3.
TERMINATE OTHERS]


Q30 - HCP SAMPLE (Q1/2) AND WORK IN QUALIFYING SETTING (Q20/1,2,4,5,6 OR 8)

Which of the following best describes your healthcare role?

- Administrative
- Clinical
- Technical
- Other (please specify):

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 30%

[IF HCP SAMPLE SOURCE (Q1/2) MUST SELECT 2/CLINICAL TO QUALIFY. PROCEED TO Q40.
TERMINATE OTHERS]


Q40 - HCP SAMPLE (Q1/2) AND CLINICAL HEALTHCARE WORKER (Q30/2)

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/DO)
- Physician Assistant (PA)
- Registered Nurse (RN)
- Surgical Assistant (CSA)
- Other (please specify):

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 32%

[IF HCP SAMPLE SOURCE (Q1/2) MUST SELECT 1, 2, 3, 6, 7, 8 OR 9 TO QUALIFY. PROCEED TO Q50. TERMINATE OTHERS]


Q50 - HCP SAMPLE (Q1/2) AND TARGET ROLE (Q40/3,6-7)

In your role, do you currently treat adult patients (age 18+) for COVID-19?

- No
- Yes

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 34%

[IF HCP SAMPLE SOURCE (Q1/2) MUST SELECT 2/YES TO QUALIFY. PROCEED TO Q60 TERMINATE OTHERS]


Q60 - HCP SAMPLE (Q1/2) AND TREAT COVID PATIENTS (Q50/2)

Which best describes your practice specialty?

- Anesthesiology
- Cardiology
- Critical Care
- Emergency Medicine
- Hospitalist
- Infectious Disease
- Internal Medicine
- Nephrology
- Pharmacy
- Primary Care
- Pulmonology
- Other (please specify):

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 36%

QUALIFICATIONS

Consumers (Q1/1)

- Live in target DMA (Q5/1-20)
- Representative sample 18+

Healthcare Providers (Q1/2)

- Live in target DMA (Q100/1-20)
- Qualifying Setting (Q20/1, 2, 4, 5, 6, 8, 9, 10)
- In Clinical Role (Q30/2)
- Qualifying Specific Role (Q40/1,2,3,6,7,8,9)
- Treat patients with COVID-19 (Q50/2)

Q100 – QUALIFIED CONSUMER RESPONDENTS

Today we want to ask you about some topics related to COVID-19. We are just interested in your point-of-view as an individual and understand you are likely not a medical professional.

How familiar are you with...?

▼ Clinical trials for COVID-19 vaccines

Never heard of

Have heard of, but not at all familiar

Slightly familiar

Somewhat familiar

Very familiar

▶ Clinical trials (generally)

▶ Clinical trials for COVID-19 treatments

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

27%

[IF QUALIFIED HCP (Q99/2) AND FAMILIAR (Q100 RATING 3-5) WITH TREATMENT TRIALS (Q100 CARD/2) PROCEED TO Q105.]

[IF QUALIFIED CONSUMER (Q99/1) AND FAMILIAR (Q100 RATING 3-5) WITH TREATMENT TRIALS (Q100 CARD/2) PROCEED TO Q108.]

Q105 - QUALIFIED HCP (Q99/2) AND FAMILIAR (Q100 RATING 3-5) WITH TREATMENT TRIALS (Q100 CARD/2)

Which one of the following best characterizes what you know about clinical trials for COVID-19 treatments?

- I know they are occurring but not much else
- I have basic knowledge (e.g., which types of patients might qualify, etc.)
- I feel very knowledgeable as I've been reading about/following what is happening as it relates to these trials

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

39%

[ALL QUALIFIED HCP PROCEED TO Q108.]

Q108 - AWARE OF CLINICAL TRIALS (Q100/2-5)

Prior to today, were you aware of any of the following specific clinical trials for COVID-19 treatment?

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pass It On II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACTIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

33%

[ALL PROCEED TO Q110.]

Q110 - QUALIFIED RESPONDENTS

How could you describe your overall trust in clinical trials for COVID-19 treatment?

By trust we mean the trust you have in the overall process - that the trials are structured to be as safe and effective as possible, are providing complete and accurate information, etc.



OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

36%

[ALL PROCEED TO Q111.]

Q111 - QUALIFIED RESPONDENTS

Please tell us why you rated your trust in clinical trials for COVID-19 treatments the way you did?

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

38%

[ALL PROCEED TO Q115.]

Q115 - QUALIFIED RESPONDENTS

How could you describe your trust in clinical trials for COVID-19 treatment that are funded fully or partially by the federal government?

Would not trust these trials at all

Would definitely trust these trials

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

40%

[ALL PROCEED TO Q119.]

Q119 - QUALIFIED RESPONDENTS

For the next few questions we are going to ask you about your views on clinical trials for COVID-19 treatments. For the purpose of these questions, please do not consider your current vaccination status.

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

43%

[ALL PROCEED TO Q120.]

Q120 - QUALIFIED RESPONDENTS

How likely would you be to consider enrolling **yourself** in a clinical trial for COVID-19 treatment if you were exposed to or contracted the virus?

Not at all likely

Very likely

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

45%

[ALL PROCEED TO Q125.]

Q125 - QUALIFIED RESPONDENTS

How likely would you be to consider helping a loved one enroll in a clinical trial for COVID-19 treatment if they were to contract the virus?

Not at all likely Very likely

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

47%

[QUALIFIED CONSUMERS (Q99/1) PROCEED TO Q200.]

[QUALIFIED HCPS (Q99/2) PROCEED TO Q130.]

Q130 - QUALIFIED HCP (Q99/2)

How likely would you be to consider recommending a clinical trial or referring a patient to a clinical trial for COVID-19 treatment?

Not at all likely Very likely

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

58%

[QUALIFIED HCPS (Q99/2) PROCEED TO Q135.]

Q135

Would your willingness to recommend a clinic trail or refer a patient in a clinical trial for COVID-19 treatment differ from your willingness to enroll a patient into a clinical trial for another disease?

Much less likely to enroll for COVID-19 than another disease No difference Much more likely to enroll for COVID-19 than another disease

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

58%

[QUALIFIED HCPS (Q99/2) AND Q135/1-2 PROCEED TO Q136.]

[QUALIFIED HCPS (Q99/2) AND Q135/3-5 PROCEED TO Q137.]

Q136 - QUALIFIED HCP (Q99/2) AND Q135/1-2

You indicated that you would be **less likely** to recommend a clinical trial, or refer a patient to a clinical trial, for COVID-19 treatment than for other diseases. Why?

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

 60%

[ALL PROCEED TO Q200.]

Q137 - QUALIFIED HCP (Q99/2) AND Q135/4-5

You indicated that you would be **more likely** to recommend a clinical trial, or refer a patient to a clinical trial, for COVID-19 treatment than for other diseases. Why?

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

 60%

[ALL PROCEED TO Q200.]

Q200 - ALL RESPONDENTS

Have you seen this logo prior to today?



No
 Yes
 I'm not sure

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX


[« Back](#) [Continue »](#)

61%

[ALL PROCEED TO Q201.]

Q201 - ALL RESPONDENTS

Were you aware of the following website prior today?



www.combatcovid.hhs.gov

COMBAT COVID

COVID-19 CLINICAL TRIALS | I'VE NEVER HAD COVID-19 | I HAVE COVID-19 NOW | I HAD COVID-19 IN THE PAST | I'M A HEALTHCARE PROVIDER | NEWS & MEDIA

JOIN THE FIGHT
Find ways to prevent, treat or help fight COVID-19.

YOU CAN COMBAT COVID-19
Scientists and healthcare providers still need your help to develop safe and effective vaccines and medicines to prevent and treat COVID-19. Scientists and healthcare providers continue to develop new vaccines and test treatments for COVID-19.

- If you have COVID-19 now, learn what your treatment options are or how to join a clinical trial.
- If you've never had COVID-19, you can join a clinical trial for these vaccines or for other ways to prevent the disease.
- If you have had COVID-19 in the past, you can donate plasma or blood to help others recover.

Healthcare Providers: Learn more about COVID-19 therapeutic options and ongoing clinical trials.

- JOIN A TREATMENT CLINICAL TRIAL
- LEARN ABOUT TREATMENT OPTIONS FOR COVID-19
- JOIN A VACCINE CLINICAL TRIAL
- DONATE PLASMA TO HELP OTHERS
- VIEW THE HEALTHCARE PROVIDER'S GUIDE

Click image to zoom

No
 Yes - I have heard of it but have not visited
 Yes - and I have visited it

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)


61%

[IF Q201/1 PROCEED TO Q300.]

[IF Q201/2,3 PROCEED TO Q202.]

Q202 - AWARE OF WEBSITE (Q201/2,3)

Where did you learn about **www.combatcovid.hhs.gov**?



Please select all that apply.

- Public transit ad (e.g., Poster on a bus or cab)
- Ad on TV
- Ad on website
- On a TV show
- Radio ad
- Internet radio (e.g., Spotify, Pandora)
- Facebook
- YouTube
- Twitter
- Another social media site
- Somewhere else (please specify):
- I don't remember

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)


55%

[IF Q201/2 PROCEED TO Q215.]

[IF Q201/3 PROCEED TO Q205.]

Q205 - HAVE VISITED WEBSITE (Q201/3)

What is this website trying to tell you?



OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

56%

[PROCEED TO Q210.]

Q210 - HAVE VISITED SITE (Q201/3)

You mentioned you had visited **www.combatcovid.hhs.gov**. Which of the following did you do as a result of visiting this site?

Please select all that apply.

- Talked to a friend or family member about the information
- Looked for treatment centers near me or a loved one (for monoclonal antibody treatment)
- Looked into donating plasma (for myself or someone else)
- Looked for a trial to enroll myself or a loved one in
- Called one of the numbers on the website for more information
- None of the above

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back Continue »

57%

[PROCEED TO Q215.]

Q215- EXPOSED TO CAMPAIGN (Q200/2 OR Q201/2,3 OR Q203/2,3 OR Q204/2)

You mentioned you have seen something from COMBAT COVID. How much do you agree with the following statements?



▼ The COMBAT COVID message is important

Strongly disagree

Somewhat disagree

Neutral

Somewhat agree

Strongly agree

▶ The COMBAT COVID message is believable

▶ The COMBAT COVID message is relevant

▶ The COMBAT COVID message is for someone like me

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

59%

[PROCEED TO Q220.]

Q220 - EXPOSED TO CAMPAIGN (Q200/2 OR Q201/2,3 OR Q203/2,3 OR Q204/2)

You mentioned you have seen an element of the COMBAT COVID campaign. How strongly did the campaign impact...?



Trust in clinical trials for COVID-19 treatments

Strong negative impact

Slight negative impact

No impact

Slight positive impact

Strong positive impact

How likely you are to enroll yourself or a loved one in a clinical trial for COVID-19 treatments if sick

How likely you are to visit or revisit www.combatcovid.hhs.gov

Familiarity with clinical trials for COVID-19 treatments

Trust in clinical trials for COVID-19 treatments that are funded (at least in part) by the federal government

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

60%

[IF CONSUMER (Q99/1) PROCEED TO Q300.]

[IF HCP (Q99/2) PROCEED TO Q405.]


Q300 – CONSUMER SAMPLE (Q99/1)

Which of the following describe you?

- I have never been tested for COVID-19
- I have been tested for COVID-19 but always had a negative result
- I have been tested for COVID-19 and received at least one positive result

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 63%

[ALL PROCEED TO Q305.]


Q305 – CONSUMER SAMPLE (Q99/1)

Have you been a caregiver for someone with COVID-19?

- No
- Yes

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 63%

[ALL PROCEED TO Q310.]

Q310 – CONSUMER SAMPLE (Q99/1)


Do you know anyone who has been hospitalized with COVID-19?

Please select all that apply.

- I have been hospitalized for COVID-19
- A member of my household has been hospitalized for COVID-19
- A family member (not in my household) has been hospitalized for COVID-19
- A friend, co-worker or acquaintance has been hospitalized for COVID-19
- I do not know anyone who has been hospitalized for COVID-19

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 64%

[ALL PROCEED TO Q315.]

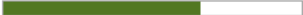
Q315 – CONSUMER SAMPLE (Q99/1)

Which best describes you...?

- I have not been vaccinated for COVID-19 and do not plan to be
- I have not been vaccinated for COVID-19 but plan to be once I am able
- I have an upcoming appointment for vaccination
- I have been partially or fully vaccinated for COVID-19

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 66%

[ALL PROCEED TO Q320.]


Q320 – CONSUMER SAMPLE (Q99/1)

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
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 69%

[ALL PROCEED TO Q335.]

Q335 – CONSUMER SAMPLE (Q99/1)

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
- Do not have a trusted source

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »



[ALL PROCEED TO Q340.]

Q340 – CONSUMER SAMPLE (Q99/1)

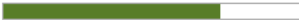
When it comes to COVID-19 information, which are your most trusted social media sources?

Please select up to 3.

- Twitter
- Facebook Messenger
- WhatsApp
- LinkedIn
- TikTok
- Instagram
- Facebook
- Reddit
- Snapchat
- Tumblr
- Something else (please specify):
- None of the above
- Do not have a trusted source

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 73%

[ALL PROCEED TO dmStateUS.]


Q405 – HCP SAMPLE (Q99/2)

Have you ever referred a patient to a clinical trial for treatment of any disease other than COVID-19?

- No
- Yes - but very rarely
- Yes - many times

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 76%

[ALL PROCEED TO Q410.]

Q410 – HCP SAMPLE (Q99/2)

How many years have you been practicing 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 »](#)

 76%

[ALL PROCEED TO Q415.]

Q415 – HCP SAMPLE (Q99/2)


Do you practice in an academic medical setting?

Yes

No

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 76%

[ALL PROCEED TO Q420.]

Q420 – HCP SAMPLE (Q99/2)

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

« Back

Continue »

 78%

[ALL PROCEEDT Q420.]

Q425 - - HCP SAMPLE (Q99/2)


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
- Do not have a trusted source

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 80%

[ALL PROCEED TO dmStateUS.]

Real Answer Check - **QUALITY CHECK**


Changing topics...

What is a specific goal that you would like to meet over the next 3 years?

Please be as descriptive as possible.

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 99%

[REAL ANSWER CHECK INSERTED ACCORDING TO QUALITY CHECK LOGIC.]

ISQ Check – QUALITY CHECK

This question is a little different. While most people carefully read and respond to the questions in our surveys, a small number do not. To verify that you have read this question carefully, please select the first response from the list below.

- Very Good
- Good
- Fair
- Poor
- Very Poor

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

 62%

[ISQ CHECK INSERTED ACCORDING TO QUALITY CHECK LOGIC.]

dmStateUS – ALL RESPONDENTS

In what state or territory do you currently reside?

Select one... ▾

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

 82%

[PROCEED TO dmZipUS.]

dmZipUS – ALL RESPONDENTS

What is your zip code?

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

 82%

[PROCEED TO dmEduUS.]


dmEduUS – ALL RESPONDENTS

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

[« Back](#) [Continue »](#)

 87%

[PROCEED TO dmMarStat.]


dmMarStat – ALL RESPONDENTS

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 »](#)

 88%


[PROCEED TO dmAdultHh.]

dmAdultHh - ALL RESPONDENTS

Including yourself, how many people age 18 or older live in your household?

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 97%


[PROCEED TO dmChildHh.]

dmChildHh - ALL RESPONDENTS

How many people under the age of 18 live in your household?

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 97%

[PROCEED TO dmHhIncUS.]

dmHhIncUS – ALL RESPONDENTS

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
- Prefer not to answer

[Why do we ask this question?](#)

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

« Back

Continue »

 99%

[PROCEED TO THANK YOU AND TERMINATE.]