


Welcome Screen



Harris Insights & Analytics LLC, A Stagwell Company

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.

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 <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


dmCntry

In which country or region do you currently reside?

Select one... 

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

[« Back](#) [Continue »](#)

 4%

dmGen & dmAge

Are you...?

Male

Female


Non-binary or Gender Non-conforming

Prefer not to answer

What is your age?

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

[« Back](#) [Continue »](#)

 6%

dmHispUS

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%

dmRaceMUS

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%

Q5

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%

dmEmploy

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%

Q10

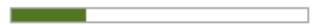
In which of the following industries are you currently employed?

- 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%

Q20


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%


Q30

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%


Q40

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%


Q50

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%

Q60

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%

Q100

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%

Q105

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%

Q108


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%

Q110


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%

Q111

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%

Q115

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%

Q119

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%

Q120

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%

Q125

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%

Q130


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

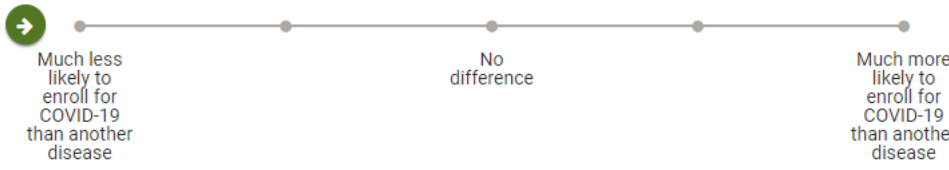
OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

[« Back](#) [Continue »](#)

 58%

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%

Q136

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%

Q137

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%

Q200

Have you seen this logo prior to today?

COMBATCOVID

- No
- Yes
- I'm not sure

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

« Back

Continue »

 61%

Q201

Were you aware of the following website prior today?

www.combatcovid.hhs.gov

COMBAT COVID



Search

- 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%

Q202

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%

Q205

What is this website trying to tell you?



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

« Back Continue »

56%

Q210

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%

Q215

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

COMBAT COVID



▼ 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%

Q220

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%

Q300

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%

Q305


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%

Q310

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%

Q315

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%

Q320


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%

Q335

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/XXXX

[« Back](#) [Continue »](#)

 71%

Q340


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

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

[« Back](#) [Continue »](#)

 73%


Q405

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%


Q410

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%


Q415

Do you practice in an academic medical setting?

- Yes
- No

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

[« Back](#) [Continue »](#)

 76%

Q420


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%

Q425


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/XXXX

[« Back](#) [Continue »](#)

 80%

Real Answer 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%

ISQ 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%

dmStateUS

In what state or territory do you currently reside?

Select one... ▾

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

« Back

Continue »

 82%

dmZipUS

What is your zip code?

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

« Back

Continue »

 82%


Q330

Do you most identify as a...?

- Democrat
- Republican
- Independent
- Something 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

[« Back](#) [Continue »](#)

 87%

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 »](#)


 88%

dmAdultHh

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%

dmChildHh

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%

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%