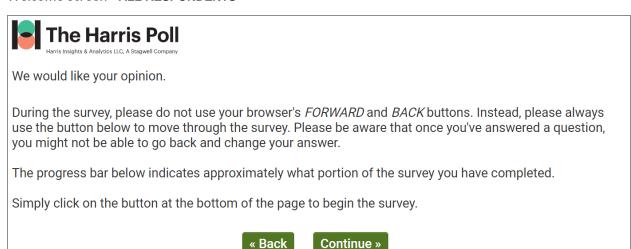
Welcome Screen - ALL RESPONDENTS



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.]

AVTestPlayer, audioTest, videoTest - ALL RESPONDENTS

Later in the survey, we may present a screen that requires you to view an audio/video clip. To confirm that your computer or device is properly set-up, please play the test audio/video clip below by clicking on the play button. Do check that the audio is turned on and the volume is turned up (you can use speakers or headphones). It may take a moment for the clip to play.

90039

Which sound did you hear?

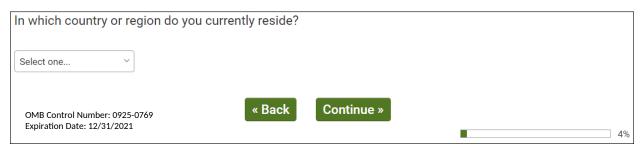
Select one...

Which set of numbers did you see?

Select one...

Continue >

dmCntry - ALL RESPONDENTS



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

[IF hCntry DOES NOT EQUAL dmCntry TERMINATE IMMEDIATELY.]

dmGen & dmSex & dmAge - ALL RESPONDENTS



[IF dmAge/18+ PROCEED TO dmHispUS.]

[IF NOT 18+ TERMINATE IMMEDIATELY.]

dmHispUS - ALL US RESPONDENTS



[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? |
| « Back Continue » |
| OMB Control Number: 0925-0769 Expiration Date: 12/31/2021 |

[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 |
| O Boston, MA |
| Chicago, IL |
| Cincinnati, OH |
| Cleveland, OH |
| O Dallas, TX |
| O Denver, CO |
| O Detroit, MI |
| O Houston, TX |
| Cansas City, MO |
| O 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: 0925-0769 |
| Expiration Date: 12/31/2021 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: 0925-0769 « Back Continue » | |
| Expiration Date: 12/31/2021 | 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? |
|--|
| O Advantation |
| 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: 0925-0769 |
| Expiration Date: 12/31/2021 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: 0925-0769 Expiration Date: 12/31/2021 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 healthca | re role? |
|---|------------|
| Administrative | |
| Clinical | |
| Technical | |
| Other (please specify): | |
| | |
| OMB Control Number: 0925-0769 « Back | Continue » |
| Expiration Date: 12/31/2021 | 30% |

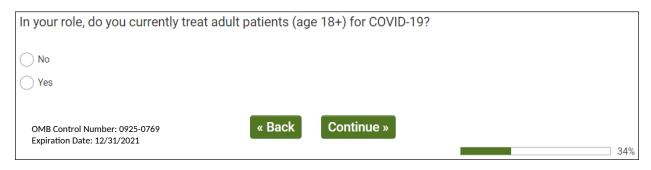
[IF HCP SAMPLE SOURCE (Q1/2) MUST SELECT 2/CLINICAL TO QUALIFY. PROCEED TO Q40. TERMINATE OTHERS]

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: 0925-0769 Expiration Date: 12/31/2021 | 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)



[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 |
| O Primary Care |
| Pulmonology |
| Other (please specify): |
| |
| OMB Control Number: 0925-0769 Expiration Date: 12/31/2021 |

QUALIFICATIONS

Consumers (Q1/1)

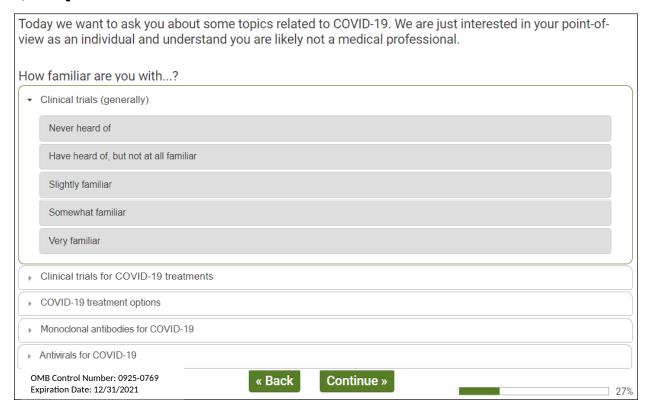
- Live in target DMA (Q5/1-20)
- Representative sample 18+

- 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



[IF QUALIFIED HCP (Q99/2) AND FAMILIAR (Q100 RATING 3-5) WITH TREATMENT TRIALS (Q100 CARD/2) PROCEED TO Q102.]

[IF QUALIFIED CONSUMER (Q99/1) AND FAMILIAR (Q100 RATING 3-5) WITH TREATMENT TRIALS (Q100 CARD/2) PROCEED TO Q110.]

Q102 - HCP ONLY

| Which of the following best characterizes what you know about monoclonal antibodies for COVID-19? |
|--|
| I am familiar with them, but I am not sure how to identify eligible patients |
| I am familiar with them, but I am not sure where they are available in my area for eligible patients |
| I know where they are available in my area, and how to identify and refer eligible patients |
| Continue » OMB Control Number: 0925-0769 Expiration Date: 12/31/2021 |
| 43% |

Q103 - **HCP ONLY**

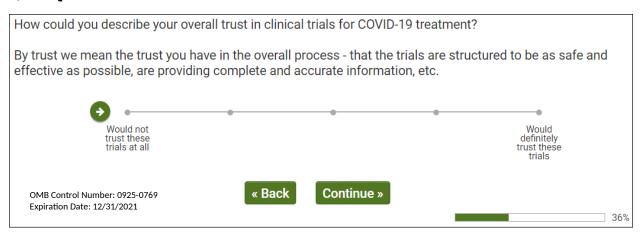
| Which of the following best characterizes what you know about antivirals for COVID-19? | |
|---|-------|
| I know they are being studied but not much else | |
| I have basic knowledge (e.g., which COVID-19 patients may benefit) | |
| I feel very knowledgeable as I've been reading about/following what is happening as it relates to antivirals for COVID-19 | |
| OMB Control Number: 0925-0769 Expiration Date: 12/31/2021 | √ 47% |

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



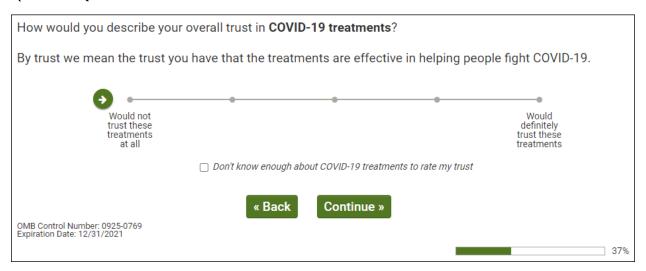
[ALL PROCEED TO Q110.]

Q110 - QUALIFIED RESPONDENTS



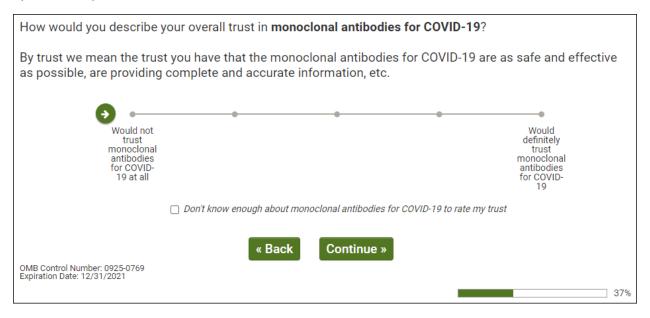
[ALL PROCEED TO Q112.]

Q112- ALL QUALIFIED RESPONDENTS



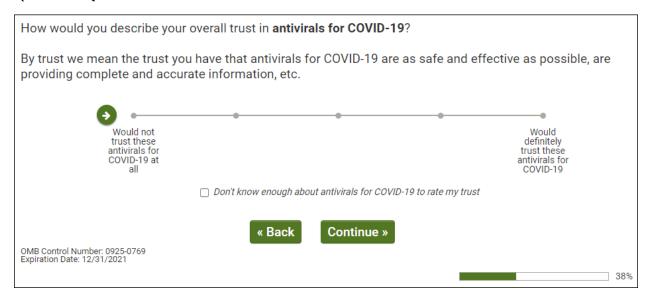
[ALL PROCEED TO Q113.]

Q113 - ALL QUALIFIED RESPONDENTS



[ALL PROCEED TO Q114.]

Q114 - ALL QUALIFIED RESPONDENTS



[QUALIFIED CONSUMERS (Q99/1) TO Q119.]

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

Q119 - QUALIFIED RESPONDENTS



[ALL PROCEED TO Q120.]

Q120 - QUALIFIED CONSUMER RESPONDENTS



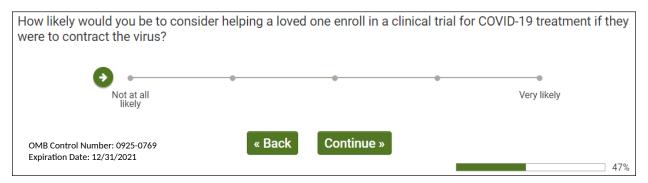
[ALL PROCEED TO Q123.]

Q123 - QUALIFIED CONSUMER RESPONDENTS



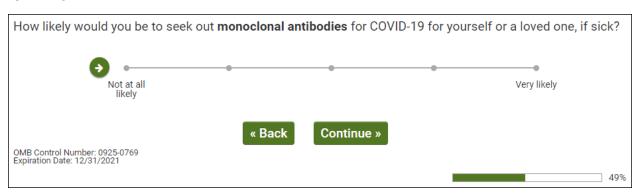
[ALL PROCEED TO Q125.]

Q125 - QUALIFIED CONSUMER RESPONDENTS



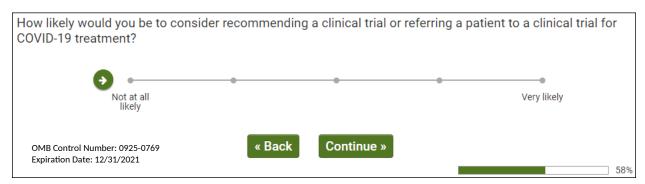
[ALL PROCEED TO Q128.]

Q128 - QUALIFIED CONSUMER RESPONDENTS



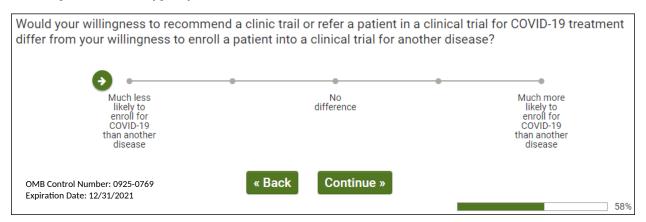
[QUALIFIED CONSUMERS (Q99/1) PROCEED TO Q200.]

Q130 - QUALIFIED HCP (Q99/2)



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

Q135 - QUALIFIED HCP (Q99/2)



[ALL PROCEED TO Q200.]

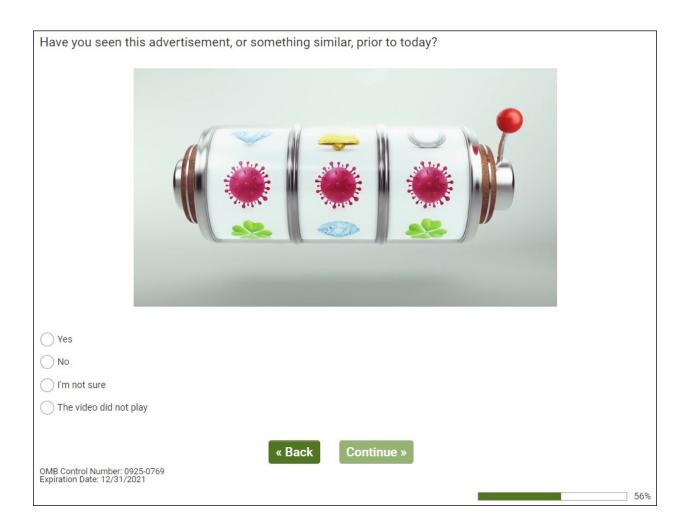
Q200 - ALL RESPONDENTS



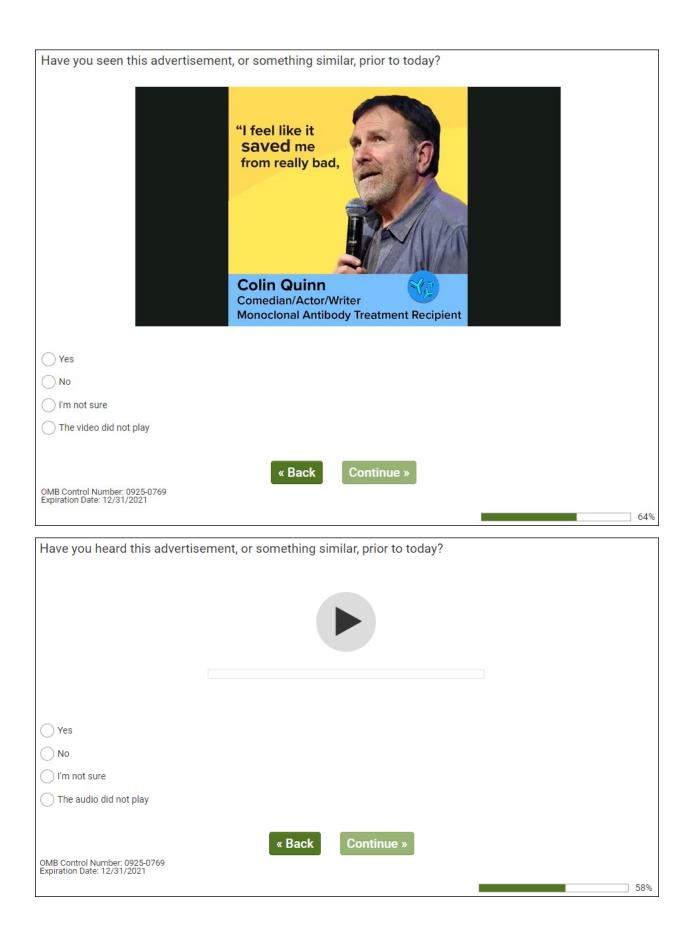
[QUALIFIED CONSUMERS (Q99/1) TO Q200a, CONSUMER ONLY.]

[QUALIFIED HCPS (Q99/2) PROCEED TO Q200a, HCPs ONLY.]

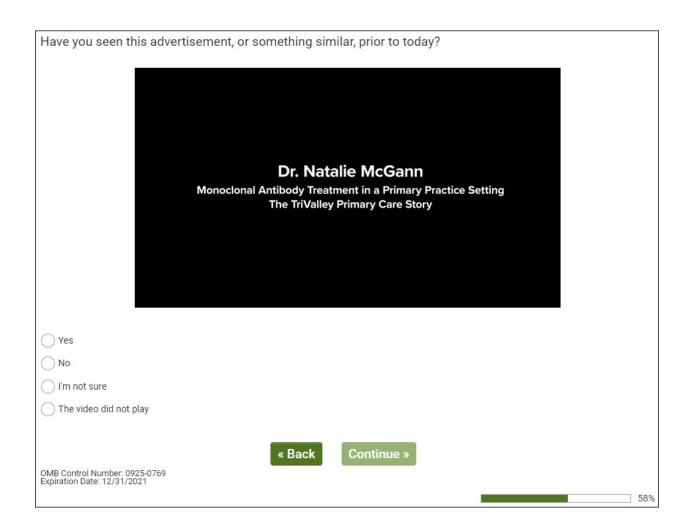
Q200a, **CONSUMERS ONLY**





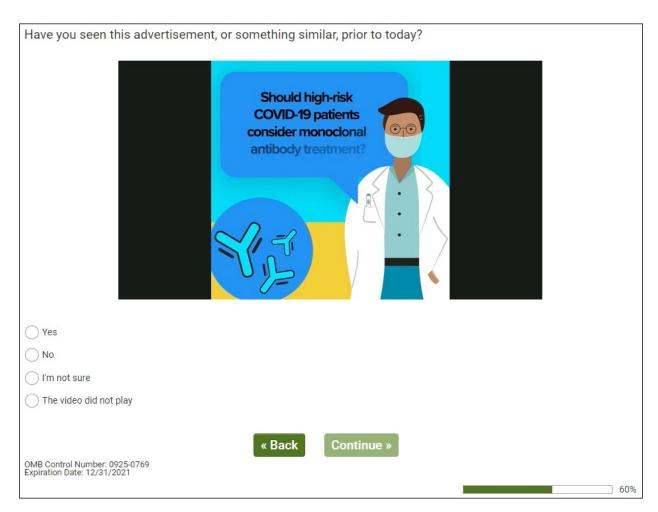


Q200a - HCPs ONLY



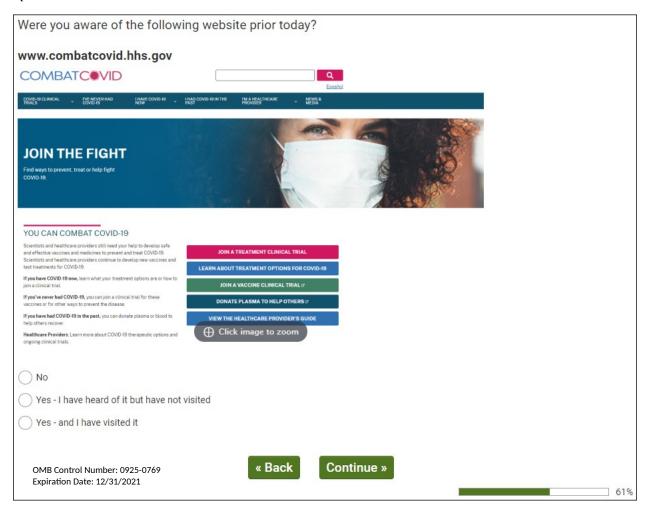
Have you seen this advertisement, or something similar, prior to today? a communication from WebMD Professional Trials for inpatients and outpatients Click here to learn COMBATC#VID which clinical trials may benefit your patients. ACTIV clinical trials give your COVID-19 patients new options COVID-19 cases are resurging; effective treatments are essential to change the outcomes for your patients who test positive for COVID-19. The public-private partnership between the National Institutes of Health and leaders in the pharmaceutical industry, Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV), is recruiting participants to explore new potential treatment options for your COVID-19 patients. A safe, efficient trial design There are ACTIV trials for outpatients with mild to moderate symptoms and hospitalized patients with severe symptoms. These trials are testing potential treatment options You can contribute to this ACTIV public-private partnership and play an important role in including monoclonal antibodies, antivirals, anticoagulants, and immunomodulators. ending COVID-19. Start by visiting CombatCOVID.hhs.gov, where you'll find descriptions of the ACTIV clinical trials. Visit CombatCOVID.hhs.gov to review information about the ACTIV trials with your patients and determine if a clinical trial may be appropriate to consider given their These trials use a platform design, consisting of a single master protocol for each trial arm. This design evaluates multiple therapeutic interventions simultaneously. The design allows for new treatments to be considered quickly and for less effective treatments to be removed from a trial arm, while meeting the U.S. Food and Drug Administration's (FDA) standards for research design and conduct. ACTIV trials are currently examining ways to: Unsubscribe from WebMD Professional Clinical Update PREVENT clotting events and improve outcomes with COVID-19 infection Unsubscribe from all WebMD Professional emails PREVENT extrapulmonary complications and respiratory dysfunction WebMD Professional Services 825 Eighth Avenue New York, NY 10019 REDUCE the duration of COVID-19 symptoms · REDUCE life-threatening cardiovascular or pulmonary complications O Yes O No I'm not sure The image did not show « Back Continue » OMB Control Number: 0925-0769 Expiration Date: 12/31/2021

62%



[ALL PROCEED TO Q201.]

Q201 - ALL RESPONDENTS



[IF Q201/1 PROCEED TO Q300.]

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

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

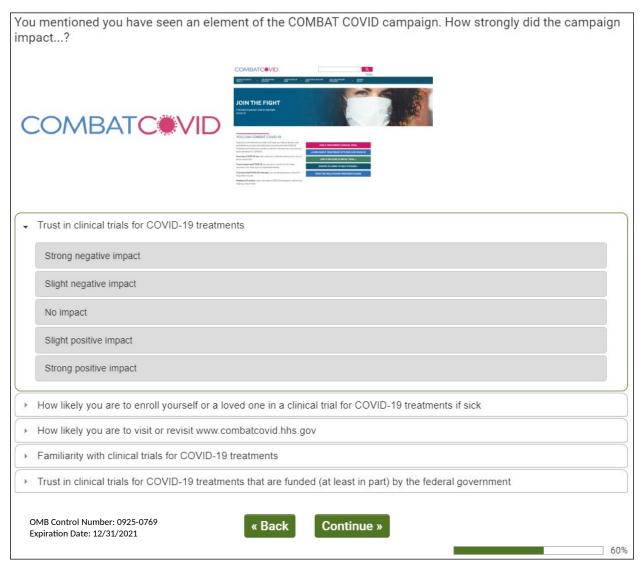
[PROCEED TO Q210.]

Q210 - **HAVE VISITED SITE (Q201/3)**

| You mentioned you had visited visiting this site? | ww.combatcovid.hhs.gov. Which of the following did you do as a result of | |
|--|--|---|
| Please select all that apply. | | |
| Talked to a friend or family member ab | ut the information | |
| Looked for treatment centers near me | r a loved one (for monoclonal antibody treatment) | |
| Looked into donating plasma (for myse | f of someone else) | |
| Looked for a trial to enroll myself or a I | ved one in | |
| Called one of the numbers on the webs | te for more information | |
| None of the above | | |
| OMB Control Number: 0925-0769 Expiration Date: 12/31/2021 | « Back Continue » | % |

[PROCEED TO Q220.]

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



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

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

Q300 - CONSUMER SAMPLE (Q99/1)



[IF Q300/1, PROCEED TO Q302.]

[IF Q300/2 OR Q300/3, PROCEED TO Q315.]

Q302 - CONSUMERS ONLY



[ALL PROCEED TO Q303.]

Q303 - CONSUMERS ONLY



[ALL PROCEED TO Q315.]

Q315 - CONSUMER SAMPLE (Q99/1)



[ALL PROCEED TO Q322.]

Q322 - CONSUMER SAMPLE (Q99/1)



[ALL PRCOEED 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. |
| O Washington Bank |
| 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: 0925-0769 Expiration Date: 12/31/2021 |

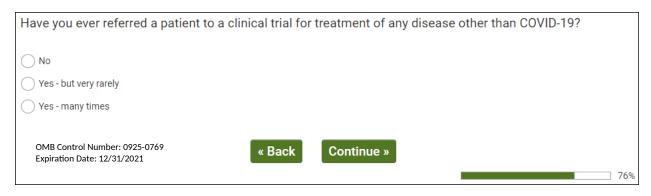
[ALL PROCEED TO Q340.]

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: 0925-0769 |
| Expiration Date: 12/31/2021 73% |

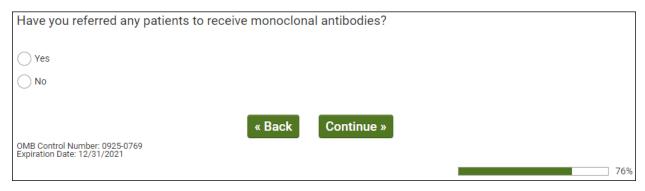
[ALL PROCEED TO dmStateUS.]

Q405 - HCP SAMPLE (Q99/2)



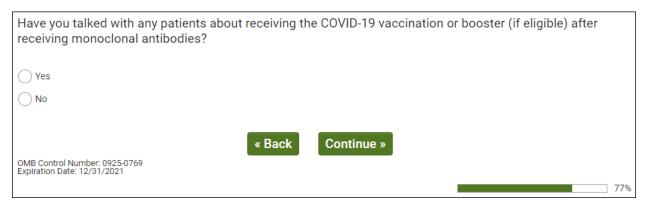
[ALL PROCEED TO Q407.]

Q407 - HCP SAMPLE (Q99/2)



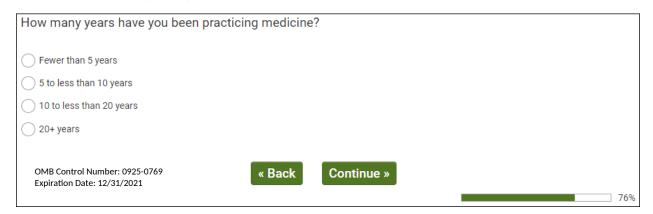
[ALL PROCEED TO Q407.]

Q408 - HCP SAMPLE (Q99/2)



[ALL PROCEED TO Q410.]

Q410 - HCP SAMPLE (Q99/2)



[ALL PROCEED TO Q415.]

Q415 - **HCP SAMPLE (Q99/2)**



[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: 0925-0769 Expiration Date: 12/31/2021 |
| 78% |

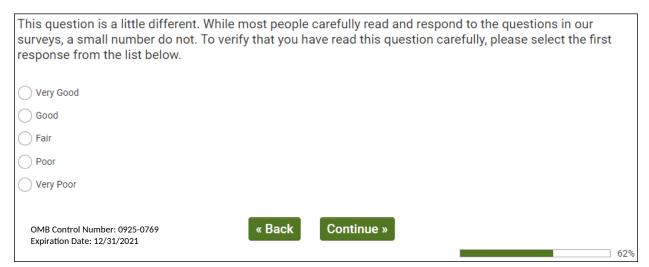
[ALL PROCEED TO dmStateUS.]

Real Answer Check - QUALITY CHECK



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

ISQ Check - QUALITY CHECK



[ISQ CHECK INSERTED ACCORDING TO QUALITY CHECK LOGIC.]

dmStateUS - ALL RESPONDENTS



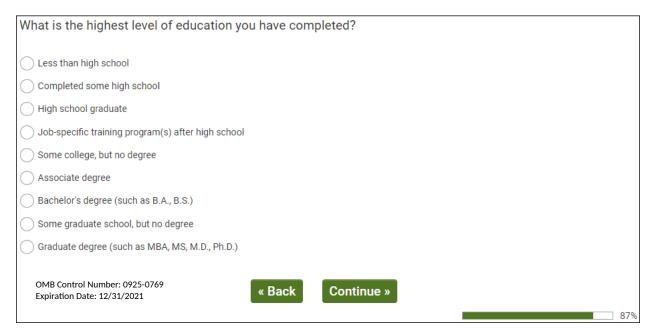
[PROCEED TO dmZipUS.]

dmZipUS - ALL RESPONDENTS



[PROCEED TO dmEduUS.]

dmEduUS - ALL RESPONDENTS



[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: 0925-0769 Expiration Date: 12/31/2021 | « Back | Continue » | |
| · | | | 88% |

[PROCEED TO dmAdultHh.]

dmAdultHh - **ALL RESPONDENTS**

| Including yourself, how many peo | ple age 18 or olde | r live in your househo | old? | |
|--|--------------------|------------------------|------|-------|
| | | | | |
| OMB Control Number: 0925-0769 Expiration Date: 12/31/2021 | « Back | Continue » | | □ 97% |

[PROCEED TO dmChildHh.]

dmChildHh - **ALL RESPONDENTS**

| How many people under the age of 1 | 8 live in your ho | ousehold? | |
|------------------------------------|-------------------|------------|-----|
| OMB Control Number: 0925-0769 | « Back | Continue » | |
| Expiration Date: 12/31/2021 | | | 97% |

[PROCEED TO dmHhIncUS.]

dmHhlncUS - **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 | |
| O Prefer not to answer | |
| Why do we ask this question? | |
| OMB Control Number: 0925-0769 Expiration Date: 12/31/2021 | 9% |

[PROCEED TO THANK YOU AND TERMINATE.]