

## 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.]

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...

« Back

Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

28%

dmCntry - **ALL RESPONDENTS**

In which country or region do you currently reside?

Select one...

« Back

Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

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

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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 (generally)

Never heard of

Have heard of, but not at all familiar

Slightly familiar

Somewhat familiar

Very familiar

▶ Clinical trials for COVID-19 treatments

▶ COVID-19 treatment options

▶ Monoclonal antibodies for COVID-19

▶ Antivirals for COVID-19

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

« Back

Continue »

27%

[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

« Back

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

**« Back**      **Continue »**

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)**

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

**« Back**      **Continue »**

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021


 39%

[ALL PROCEED TO Q110.]

**Q110 - QUALIFIED RESPONDENTS**

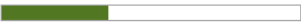
How could you describe your overall trust in clinical trials for COVID-19 treatment?

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.



**« Back**      **Continue »**

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021


 36%

[ALL PROCEED TO Q112.]

### Q112- ALL QUALIFIED RESPONDENTS

How would you describe your overall trust in **COVID-19 treatments**?

By trust we mean the trust you have that the treatments are effective in helping people fight COVID-19.




Would not trust these treatments at all Would definitely trust these treatments

*Don't know enough about COVID-19 treatments to rate my trust*

[« Back](#) [Continue »](#)

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021


 37%

[ALL PROCEED TO Q113.]

### Q113 - ALL QUALIFIED RESPONDENTS

How would you describe your overall trust in **monoclonal antibodies for COVID-19**?

By trust we mean the trust you have that the monoclonal antibodies for COVID-19 are as safe and effective as possible, are providing complete and accurate information, etc.




Would not trust monoclonal antibodies for COVID-19 at all Would definitely trust monoclonal antibodies for COVID-19

*Don't know enough about monoclonal antibodies for COVID-19 to rate my trust*

[« Back](#) [Continue »](#)

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

 37%

[ALL PROCEED TO Q114.]

### Q114 – ALL QUALIFIED RESPONDENTS

How would you describe your overall trust in **antivirals for COVID-19**?

By trust we mean the trust you have that antivirals for COVID-19 are as safe and effective as possible, are providing complete and accurate information, etc.

Would not trust these antivirals for COVID-19 at all

Don't know enough about antivirals for COVID-19 to rate my trust

Would definitely trust these antivirals for COVID-19

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

38%

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

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

### 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: 0925-0769  
Expiration Date: 12/31/2021

43%

[ALL PROCEED TO Q120.]

### Q120 - QUALIFIED CONSUMER 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: 0925-0769  
Expiration Date: 12/31/2021

45%

[ALL PROCEED TO Q123.]

### Q123 – QUALIFIED CONSUMER RESPONDENTS

How likely would you be to consider enrolling **yourself** or helping a **loved** one enroll in an at-home clinical trial for COVID-19 treatments?

Not at all likely | Very likely

« Back Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

44%

[ALL PROCEED TO Q125.]

### Q125 - QUALIFIED CONSUMER 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

« Back Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

47%

[ALL PROCEED TO Q128.]

### Q128 – QUALIFIED CONSUMER RESPONDENTS

How likely would you be to seek out **monoclonal antibodies** for COVID-19 for yourself or a loved one, if sick?

Not at all likely | Very likely

« Back Continue »


OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

49%

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

**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: 0925-0769  
Expiration Date: 12/31/2021

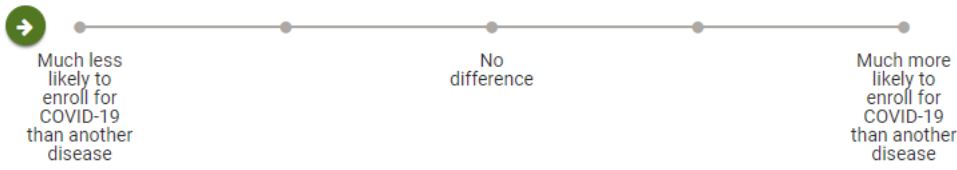
[« Back »](#) [Continue »](#)

 58%

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

**Q135 - QUALIFIED HCP (Q99/2)**


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

[« Back »](#) [Continue »](#)

 58%

[ALL PROCEED TO Q200.]

**Q200 - ALL RESPONDENTS**

Have you seen this logo prior to today?



No  
 Yes  
 I'm not sure

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« Back »](#) [Continue »](#)

 61%

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

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



Q200a, CONSUMERS ONLY

Have you seen this advertisement, or something similar, prior to today?



- Yes
- No
- I'm not sure
- The video did not play

« Back

Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

56%

Have you seen this advertisement, or something similar, prior to today?



- Yes
- No
- I'm not sure
- The image did not show

« Back

Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

Have you seen this advertisement, or something similar, prior to today?



- Yes
- No
- I'm not sure
- The video did not play

[« Back](#) [Continue »](#)

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021



Have you heard this advertisement, or something similar, prior to today?



- Yes
- No
- I'm not sure
- The audio did not play

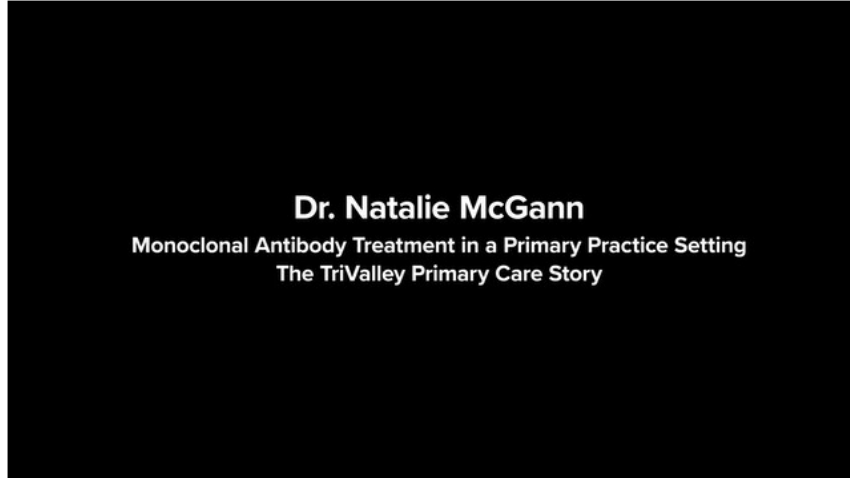
[« Back](#) [Continue »](#)

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021



Q200a – HCPs ONLY

Have you seen this advertisement, or something similar, prior to today?



- Yes
- No
- I'm not sure
- The video did not play

« Back

Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

 58%

Have you seen this advertisement, or something similar, prior to today?

a communication from **WebMD Professional**

Developed under the direction and sponsorship of HHS.

**COMBATCOVID**

### 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

You can contribute to this ACTIV public-private partnership and play an important role in ending COVID-19. Start by visiting [CombatCOVID.hhs.gov](https://www.combatcovid.hhs.gov), where you'll find descriptions of the ACTIV clinical trials.

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:

- PREVENT clotting events and improve outcomes with COVID-19 infection
- PREVENT extrapulmonary complications and respiratory dysfunction
- REDUCE the duration of COVID-19 symptoms
- REDUCE life-threatening cardiovascular or pulmonary complications

#### Trials for inpatients and outpatients

**Click here to learn which clinical trials may benefit your patients.**

There are ACTIV trials for outpatients with mild to moderate symptoms and hospitalized patients with severe symptoms. These trials are testing potential treatment options including monoclonal antibodies, antivirals, anticoagulants, and immunomodulators.

Visit [CombatCOVID.hhs.gov](https://www.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 symptoms and circumstances.

Help  
Password Assistance  
Privacy Policy

Unsubscribe from WebMD Professional Clinical Update  
Unsubscribe from all WebMD Professional emails

WebMD Professional Services  
825 Eighth Avenue  
New York, NY 10019

This promotional communication is provided by WebMD Professional Services.

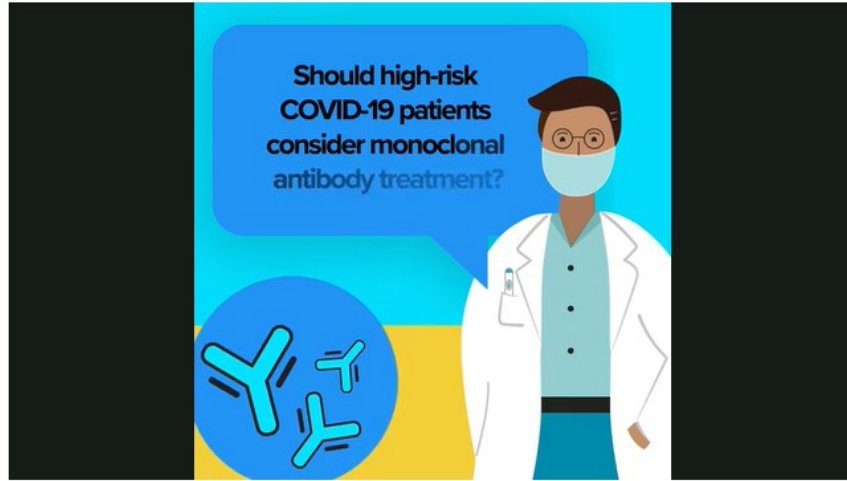
- Yes
- No
- I'm not sure
- The image did not show

« Back

Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

Have you seen this advertisement, or something similar, prior to today?



- Yes
- No
- I'm not sure
- The video did not play

« Back

Continue »

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

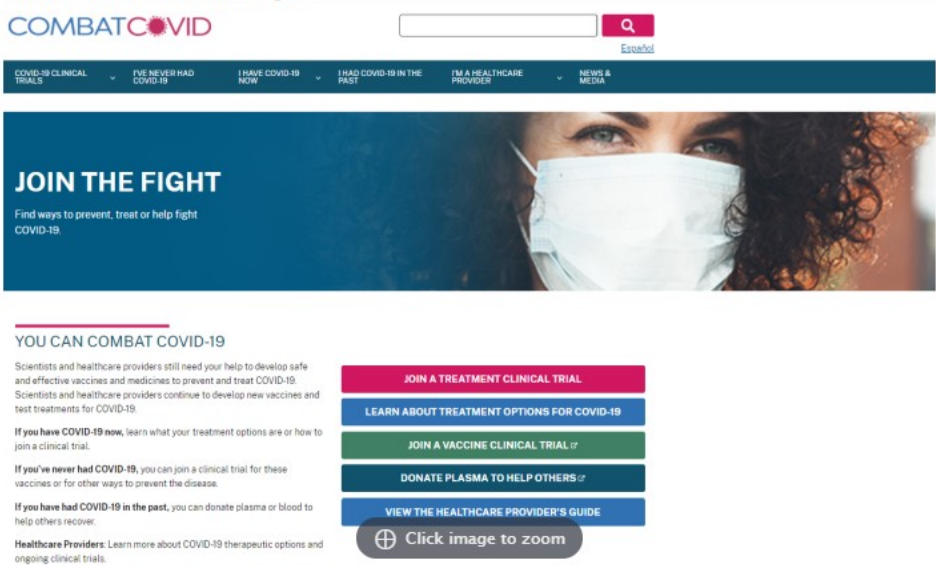
60%

[ALL PROCEED TO Q201.]

## Q201 - ALL RESPONDENTS

Were you aware of the following website prior today?

**www.combatcovid.hhs.gov**



No

Yes - I have heard of it but have not visited

Yes - and I have visited it

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« 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](http://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: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 55%

[PROCEED TO Q210.]



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

You mentioned you had visited [www.combatcovid.hhs.gov](http://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: 0925-0769  
Expiration Date: 12/31/2021

« Back

Continue »

 57%

[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: 0925-0769  
Expiration Date: 12/31/2021

« 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 had COVID-19

I have not had COVID-19

Prefer not to answer

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 63%

[IF Q300/1, PROCEED TO Q302.]

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

### Q302 – CONSUMERS ONLY


Was your COVID-19 diagnosis...?

Confirmed with a positive test result

Not confirmed with a positive test result

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 72%

[ALL PROCEED TO Q303.]

### Q303 – CONSUMERS ONLY

Which best describes you?

I was not aware of monoclonal antibodies when I had COVID-19

I was aware of monoclonal antibodies when I had COVID-19, but I was not interested

I looked for monoclonal antibodies, but was told I was not eligible


I looked for monoclonal antibodies, but did not receive them for some other reason (for example, infusion sites were too far away, appointment times were not convenient)

I looked for monoclonal antibodies, and I have received them

Prefer not to answer

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 73%

[ALL PROCEED TO Q315.]

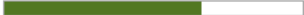
**Q315 – CONSUMER SAMPLE (Q99/1)**

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

[« Back](#) [Continue »](#)

 66%

[ALL PROCEED TO Q322.]


**Q322 – CONSUMER SAMPLE (Q99/1)**

What best describes your thinking?

- COVID-19 is no longer something to be concerned about
- 
- 
- 
- COVID-19 is still something to be concerned about

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 77%

[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: 0925-0769  
Expiration Date: 12/31/2021

« Back

Continue »

 80%

[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

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 76%

[ALL PROCEED TO Q407.]

**Q407 – HCP SAMPLE (Q99/2)**


Have you referred any patients to receive monoclonal antibodies?

Yes

No

[« Back](#) [Continue »](#)

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

 76%

[ALL PROCEED TO Q407.]

**Q408 - HCP SAMPLE (Q99/2)**


Have you talked with any patients about receiving the COVID-19 vaccination or booster (if eligible) after receiving monoclonal antibodies?

Yes

No

[« Back](#) [Continue »](#)

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

 77%

[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

[« Back](#) [Continue »](#)

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

 76%

[ALL PROCEED TO Q415.]

**Q415 – HCP SAMPLE (Q99/2)**


Do you practice in an academic medical setting?

Yes

No

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 78%

[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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

82%


[PROCEED TO dmZipUS.]

dmZipUS – ALL RESPONDENTS

What is your zip code?

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 82%

[PROCEED TO dmEduUS.]

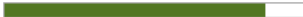
dmEduUS – ALL RESPONDENTS

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

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

[« Back](#) [Continue »](#)

 97%


[PROCEED TO dmChildHh.]

**dmChildHh - ALL RESPONDENTS**

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

OMB Control Number: 0925-0769  
Expiration Date: 12/31/2021

[« 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: 0925-0769  
Expiration Date: 12/31/2021

« Back

Continue »

 99%

[PROCEED TO THANK YOU AND TERMINATE.]