

******TGS Updated Digital Collection + Double Collection Questionnaire**

Form approved
OMB Number: 0920-1406
Expiration Date: 6/30/2026

Travel Information

1. What was your flight number and what country did that flight depart from? You can find these on your boarding pass. Look for a code starting with 2 letters followed by 1-4 numbers.
 - a. Airline Code text entry
 - b. Flight Number text entry
 - c. Flight Country of Origin dropdown
2. Did you travel on any connecting flights in order to get to the United States? *(Single select)*
 - a. Yes
 - b. No
3. What country did your travel itinerary to the United States originate from? (Optional)
 - a. Drop down options for countries excluding 'United States'
4. List all countries you were in during the last 10 days. Select as many as you like. *(Multiple select)*
 - a. Drop down options
5. What state(s) are you traveling to in the United States? Select as many as you like. *(Multiple Select)*
 - a. Drop down options
6. Do you live in the United States? *(Single select)*
 - a. Yes
 - b. No
 - c. I don't know/Prefer not to answer
7. How long have you been outside the country on this trip? *(Single select)*
 - a. 1-3 days
 - b. 4-7 days
 - c. 8-14 days
 - d. 15-30 days
 - e. 1-6 months
 - f. 7-12 months
 - g. More than 12 months
 - h. I don't know/Prefer not to answer
8. What is or was the main reason for your trip? *(Single select)*
 - a. Tourism/vacation
 - b. Business/occupational
 - c. Visiting friends/relatives
 - d. Migration
 - e. Student
 - f. Other (please specify)
 - g. I don't know/Prefer not to answer
 - h.

Background Information

1. Why are you interested in participating today? Select as many as you like. *(Multiple select)*

- a. I want a free at-home test to take later
 - b. It was recommended to me at the airport by testing staff
 - c. I want to help the CDC monitor disease entering the United States
 - d. I want to support public health work
 - e. I thought this was required
 - f. I don't know/Prefer not to answer
 - g. Other (Please specify)
2. What is your age? (*Single select*)
- a. 18-49 years old
 - b. 50-64 years old
 - c. 65+
 - d. I don't know/Prefer not to answer
3. Sex: (*Single select*)
- a. Male
 - b. Female
 - c. Skip Question
4. What is your race and/or ethnicity? Select all that apply.
- i. American Indian or Alaska Native
 - ii. Asian
 - iii. Black or African American
 - iv. Hispanic or Latino
 - v. Middle Eastern or North African
 - vi. Native Hawaiian or Other Pacific Islander
 - vii. White
 - viii. I don't know/Prefer not to answer

Health Information

1. Please check any symptoms you have experienced in the past 2 days. Check all that apply, check 'none of the above' if you have not experienced any of the symptoms listed.
 - a. Cough, shortness of breath, or difficulty breathing
 - b. Congestion or sore throat
 - c. Fever or chills
 - d. Nausea, vomiting, or diarrhea
 - e. New loss of taste or smell
 - f. None of the above
 - g. I don't know/prefer not to answer
2. Have you ever tested positive for COVID-19? (*Single select*)
 - a. Yes
 - b. No
 - c. I don't know/Prefer not to answer
3. If yes, what was the approximate date of your most recent positive test? (*Single select*)
 - a. Month, Year
 - b. I don't know/Prefer not to answer
4. Have you received at least one COVID-19 vaccine? (*Single select*)

- a. Yes
 - b. No
 - c. I don't know/Prefer not to answer
- 5. If yes, when did you receive your most recent vaccination? *(Single select)*
 - a. Month, Year
 - b. I don't know/Prefer not to answer
- 6. Have you received a flu vaccine in the last 12 months? *(Single select)*
 - a. Yes
 - b. No
 - c. I don't know/Prefer not to answer
- 7. If yes, what was the date of your last flu vaccine?
 - a. Month, Year
 - b. I don't know/Prefer not to answer
- 8. Have you ever received an RSV vaccine? *(Single select)*
 - a. Yes
 - b. No
 - c. I don't know/Prefer not to answer

Public reporting burden of this collection of information is estimated to average 5 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 currently 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 CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1071