

# Risk Survey Aug

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Record ID

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Do you maintain a "social bubble", defined as a group of people with which you socialize without masks, physical separation (less than 6ft), or other controls? (Exclude household/family members)

☐ Yes

☐ No

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How many people would you estimate are in your social bubble?

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What are the age ranges of the people in your social bubble? (Mark all that apply)

☐ 18 years old and under

☐ 19-25

☐ 26-40

☐ 41-55

☐ 56+

☐ I am not sure

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What modes of transportation do you currently use to travel to campus? (Mark all the apply)

☐ I don't come to campus

☐ Walk

☐ Bike

☐ Drive in my own vehicle

☐ Carpool with 1-3 other people

☐ Carpool with more than 3 people

☐ Ride the bus

☐ Other (please specify below)

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Please specify the mode of transportation that you currently use to go to work/campus

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In the last seven days, have you done any of the following activities indoors for more than 15 minutes? (Mark all that apply)

☐ Been in a bar, club, or similar place

☐ Shopped in the grocery store or pharmacy

☐ Had an appointment in the hair salon or barber shop

☐ Visited in a friend, neighbor, or relative's residence that is not your own

☐ Had visitors such as friends, neighbors or relatives at your residence

☐ Attended a gathering with more than 10 people, such as a party, reunion, wedding, funeral, birthday party, concert, or religious service

☐ Sought care from a hospital or health care facility

☐ Attended class or lab in person

☐ Worked or studied in a public place (e.g., coffee shop, library)

☐ Picked up food to-go from a cafeteria or restaurant (not curbside pickup)

☐ Sat in a cafeteria or restaurant to eat

☐ Exercised inside a gym

☐ Played team sports inside (e.g., intramural, pick-up games)

☐ Went shopping (not curbside pickup)

☐ None of these

In the last seven days, have you done the following activities outdoors, within 6 feet of others for more than 15 minutes? (Mark all that apply)

- ☐ Been at a bar, club, or similar place
- ☐ Visited a friend, neighbor, or relative's residence that is not your own
- ☐ Had visitors such as friends, neighbors or relatives at your residence
- ☐ Attended a gathering with more than 10 people, such as a party, reunion, wedding, funeral, birthday party, concert, or religious service
- ☐ Picked up food to-go from a cafeteria or restaurant
- ☐ Sat outside a cafeteria or restaurant to eat
- ☐ Exercised outside
- ☐ Played team sports outside (e.g., intramural, pick-up games)
- ☐ Went shopping outside (e.g., farmers market)
- ☐ None of these

#### 5) How often, on average, do you do the following things while indoors?

	Never	Sometimes	Usually	Always	Don't know
Wear a mask/face shield while inside a building, other than your housing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a minimum of 6 feet from people, other than those you live with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash your hands with soap or use hand sanitizer several times per day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 6) How often, on average, do you do the following things while outdoors?

	Never	Sometimes	Usually	Always	Don't know
Wear a mask/face shield.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain a minimum of 6 feet from people, other than those you live with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use hand sanitizer several times per day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 7) How often, on average, do you do the following things?

	Never	Sometimes	Frequently	All the time	Don't know
Travel outside the place (e.g., town, city) where you live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive visits from people living outside the place (e.g., town, city) where you live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay home after a potential exposure (e.g. attending a crowded event)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**We are interested in knowing more about your housing situation and the people you live with.**

Which category best describes your housing?

- ☐ Dorm  
☐ Apartment  
☐ House  
☐ Other (please specify below)

Please specify the category of your housing

\_\_\_\_\_

Do you share your housing?

- ☐ Yes  
☐ No

With how many people do you share housing?

\_\_\_\_\_  
(Do not count yourself)

Do you share a bedroom?

- ☐ Yes  
☐ No

With how many people do you share a bedroom?

\_\_\_\_\_  
(Do not count yourself)

Does your housing have a forced-air heating and air conditioning system?

- ☐ Yes  
☐ No  
☐ I am not sure

Do any of the people you live with attend elementary school?

- ☐ Yes  
☐ No  
☐ I am not sure

How many of the people you live with attend elementary school?

\_\_\_\_\_

For the people attending elementary school, what is the format of the classes?

- ☐ Online  
☐ In person  
☐ Both  
☐ I am not sure

Do any of the people you live with attend middle or high school?

- ☐ Yes  
☐ No  
☐ I am not sure

How many of the people you live with attend middle or high school?

\_\_\_\_\_

For the people attending middle or high school, what is the format of the classes?

- ☐ Online  
☐ In person  
☐ Both  
☐ I am not sure

Do any of the people you live with attend day care?

- ☐ Yes  
☐ No  
☐ I am not sure

How many of the people you live with attend day care?

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Do any of the people you live with attend the University of Illinois at Urbana-Champaign (UIUC)?

- ☐ Yes  
☐ No  
☐ I am not sure

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How many of the people you live with attend UIUC?

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For the people attending UIUC, what is the format of the classes?

- ☐ Online  
☐ In person  
☐ Both  
☐ I am not sure

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Do any of the people you live with attend a college or university other than UIUC?

- ☐ Yes  
☐ No  
☐ I am not sure

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How many of the people you live with attend a college or university other than UIUC?

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For the people attending a college or university other than UIUC, what is the format of the classes?

- ☐ Online  
☐ In person  
☐ Both  
☐ I am not sure

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Do any of the people you live with participate in activities involving groups of more than 10 people, less than 6ft apart (e.g. social gatherings, religious services, sports activities)?

- ☐ Yes  
☐ No  
☐ I am not sure

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How many of the people you live with participate in activities involving groups of more than 10 people, less than 6ft apart (e.g. social gatherings, religious services, sports activities)?

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**We are interested in learning more about your employment situation and the employment situation of the people you live with.**

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Please describe your current employment status: (Mark all that apply)

- ☐ Working full time  
☐ Working part-time  
☐ Unemployed but looking for work  
☐ Unemployed but not looking for work  
☐ Student  
☐ Retired

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What days of the week do you usually work? (Mark all that apply)

- ☐ Monday  
☐ Tuesday  
☐ Wednesday  
☐ Thursday  
☐ Friday  
☐ Saturday  
☐ Sunday

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Does your job require you come into close contact (within 6ft for greater than 15-minute periods) with others on a given day including co-workers, customers, and/or clients?

- ☐ Yes  
☐ No  
☐ I am not sure

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How many people (including co-workers, customers, and /or clients) do you interact with on a given day during your time at work?

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Are any of your housemates or roommates working full or part time ?

- ☐ Yes  
☐ No

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How many of your housemates or roommates are working full or part time?

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Do any of your housemates or roommates have a job that requires them to come in close contact (within 6ft for greater than 15-minute periods) with others on a given day including co-workers, customers, and/or clients?

- ☐ Yes  
☐ No  
☐ I am not sure

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How many of your housemates or roommates have such a job?

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**We would like to know more about your perceptions of and experience with COVID-19.**

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Have you been tested for COVID-19?

- ☐ I have been tested and tested positive (I had COVID-19)  
☐ I have been tested and tested negative (I did not have COVID-19)  
☐ I have been tested and I do not know the result  
☐ I have not been tested  
☐ I do not know

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How concerned do you feel about COVID-19?

- ☐ Not at all concerned  
☐ A little concerned  
☐ Moderately concerned  
☐ Very concerned  
☐ Extremely concerned

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How likely are you to get vaccinated for COVID-19 once a vaccine is publicly available to the public?

- ☐ Very unlikely  
☐ Somewhat unlikely  
☐ Somewhat likely  
☐ Very likely  
☐ Unsure

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**Researchers at the University of Illinois have developed technological solutions for COVID-19 test reporting, exposure notification, and documentation. In particular, the smartphone app Safer Illinois records COVID-19 status, as well as automatically alerting users to possible exposure to COVID-19 in the campus community.**

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Are you using the Safer Illinois app for documenting your COVID-19 status and for exposure notification?

- ☐ Yes  
☐ No, although I have heard about this app  
☐ No, I have never heard about this app  
☐ Other

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Please specify "Other" above.

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How likely are you to use the Safer Illinois app for documenting your COVID-19 status and for exposure notification?

- ☐ Very unlikely  
☐ Somewhat unlikely  
☐ Somewhat likely  
☐ Very likely  
☐ Unsure

**We would like to know more about your background. (If your demographic information has not changed since you last took this survey, please feel free to skip.)**

Are you currently living in Champaign-Urbana or the vicinity (within commuting distance) of Champaign-Urbana?

- ☐ Yes  
☐ No

Are you planning on living in Champaign-Urbana or the vicinity of Champaign-Urbana during the next month?

- ☐ Yes, in Champaign-Urbana  
☐ Yes, in the vicinity of Champaign-Urbana  
☐ No

Where will you be moving from?

\_\_\_\_\_  
(City, State, Etc. )

Where are you planning to live?

\_\_\_\_\_  
(City, State, Etc. )

Month

- ☐ January  
☐ February  
☐ March  
☐ April  
☐ May  
☐ June  
☐ July  
☐ August  
☐ September  
☐ October  
☐ November  
☐ December

Year

\_\_\_\_\_

What gender do you most identify with?

- ☐ Female/Woman  
☐ Male/Man  
☐ Nonbinary  
☐ Prefer to self-describe  
☐ Prefer not to answer

Please self-describe your gender:

\_\_\_\_\_

Please describe with which racial group(s) you identify: (Mark all the apply)

- ☐ White/European American  
☐ Black/African American  
☐ Latino/Latina  
☐ Asian  
☐ Pacific Islander/Native Hawaiian  
☐ Native American/Alaskan Native  
☐ Prefer to self-describe  
☐ Prefer not to answer

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Please self-describe your racial group(s):

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What is your role at the university? (Mark all that apply)

- ☐ Faculty
- ☐ Staff
- ☐ Graduate/professional student
- ☐ Undergraduate student
- ☐ Other

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Please specify "Other" above.

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What is your college, department, division, or unit?

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