

# Risk Survey Sept

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Record ID \_\_\_\_\_

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1. Which of the following best describes how you currently socialize with others?

- ☐ Isolate and do not socialize with anyone other than household/family members
  - ☐ Maintain a "COVID-19 social bubble," that is, socialize with a few people (other than people in your household/family members), without masks, physical separation (less than 6 feet), or other controls
  - ☐ Socialize with others, either indoors or outdoors, but only with masks and social distancing
  - ☐ Socialize with others, either indoors or outdoors, without masks or social distancing
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1a. How many people would you estimate are in your social bubble? (Count all individuals, including adults, children, and infants) \_\_\_\_\_

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1b. What are the age ranges of the people in your social bubble? (Select all that apply)

- ☐ 18 years old and under
  - ☐ 19-25
  - ☐ 26-40
  - ☐ 41-55
  - ☐ 56+
  - ☐ I am not sure
- 

2. These days, how often are you on campus for work or other reasons?

- ☐ Everyday
  - ☐ Every week but not every day
  - ☐ Only occasionally when needed
  - ☐ Never
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2a. When you come to campus either every day or less frequently, what modes of transportation do you use to travel to campus? (Select all that apply)

- ☐ 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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2b. Please specify the mode of transportation that you currently use to go to work/campus: \_\_\_\_\_

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3. In the last seven days, have you spent fifteen or more minutes indoors:

- ☐ At a bar, club, or similar place
- ☐ At the grocery store or pharmacy
- ☐ At a hair salon or barber shop
- ☐ At a friend, neighbor, or relative's residence that is not your own
- ☐ With friends, neighbors, or relatives visiting you at your residence
- ☐ At a gathering with more than 10 people, such as a party, reunion, wedding, funeral, birthday party, concert, or religious service
- ☐ At a hospital or health care facility to seek medical care
- ☐ Attending class or lab in person
- ☐ Working or studying in a public place (e.g., coffee shop, library)
- ☐ Picking up food to-go from a cafeteria or restaurant (not curbside pickup)
- ☐ Eating at a cafeteria or restaurant to eat
- ☐ Exercising inside a gym
- ☐ Playing team sports inside (e.g., intramural, pick-up games)
- ☐ Shopping indoors at mall stores or similar (not curbside pickup)
- ☐ None of these

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4. In the last seven days, have you spent fifteen or more minutes outdoors within 6 feet of others:

- ☐ At a bar, club, or similar place
- ☐ At a friend, neighbor, or relative's residence that is not your own
- ☐ With friends, neighbors, or relatives visiting at your residence
- ☐ Attending a gathering with more than 10 people, such as a party, reunion, wedding, funeral, birthday party, concert, or religious service
- ☐ Picking up food to-go from a cafeteria or restaurant
- ☐ Sitting outside a cafeteria or restaurant to eat
- ☐ Exercising outside (e.g. outdoor fitness classes)
- ☐ Playing team sports outside (e.g., intramural, pick-up games)
- ☐ Shopping outdoors (e.g., farmers market)
- ☐ None of these

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**5. In the past month, how often, in general, did you do the following things while indoors?**

5a. Wear a mask/face shield while indoors, other than your residence.

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Very often
- ☐ Always
- ☐ Not sure

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5b. Maintain a minimum distance of 6 feet from people, other than those you live with.

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Very often
- ☐ Always
- ☐ Not sure

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5c. Wash your hands with soap or use hand sanitizer several times per day, while somewhere other than your residence.

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Very often
- ☐ Always
- ☐ Not sure

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**6. In the past month, how often, in general, did you do the following things while outdoors?**

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6a. Wear a mask/face shield.

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Very often
- ☐ Always
- ☐ Not sure

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6b. Maintain a minimum distance of 6 feet from people, other than those you live with.

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Very often
- ☐ Always
- ☐ Not sure

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6c. Use hand sanitizer several times per day

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Very often
- ☐ Always
- ☐ Not sure

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**7. In the past month, how often, in general, did you do the following things?**

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7a. Travel outside the village, town, or city where you currently live.

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Very often
- ☐ All the time
- ☐ Not sure

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7b. Receive visits from people living outside the village, town, or city where you live.

- ☐ Never
- ☐ Not very often
- ☐ Sometimes
- ☐ Very often
- ☐ All the time
- ☐ Not sure

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

8. Which category best describes your housing?

- ☐ Dorm  
☐ Apartment  
☐ Shared Dwelling/House (such as fraternity, sorority, multi-family residence)  
☐ Single family housing  
☐ Other

8a. Please specify the category of your housing:

\_\_\_\_\_

9. Not including yourself, how many people use/share your kitchen or living space?

\_\_\_\_\_

10. Do you share a bedroom?

- ☐ Yes  
☐ No

10a. Not including yourself, with how many people do you share a bedroom?

\_\_\_\_\_

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

- ☐ Yes  
☐ No  
☐ I am not sure

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

- ☐ Yes  
☐ No  
☐ I am not sure

12a. How many of the people you live with attend elementary school?

\_\_\_\_\_

12b. For the people attending elementary school, what is the format of the classes?

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

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

- ☐ Yes  
☐ No  
☐ I am not sure

13a. How many of the people you live with attend middle or high school?

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13b. For the people attending middle or high school, what is the format of the classes?

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

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

- ☐ Yes  
☐ No  
☐ I am not sure

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14a. How many of the people you live with attend day care? \_\_\_\_\_

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15. 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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15a. How many of the people you live with attend UIUC? \_\_\_\_\_

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15b. For the people attending UIUC, what is the format of the classes?

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

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16. 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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16a. How many of the people you live with attend a college or university other than UIUC? \_\_\_\_\_

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16b. 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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17. Do any of the people you currently live with participate in activities involving groups of more than 10 people, less than 6 feet apart (e.g. social gatherings, religious services, sports activities)?

- ☐ Yes  
☐ No  
☐ I am not sure

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17a. 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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☐ I don't know

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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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18. Please describe your current employment status:

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

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18a. What days of the week do you usually work in person (excluding working from home)? (Select all that apply)

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

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18b. Does your job require you come into close contact (within 6 feet 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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18c. How many people (including co-workers, customers, and /or clients) do you come into close contact (within 6 feet for greater than 15-minute periods) with on a given day during your time at work? \_\_\_\_\_

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19. Are any of the people you live with working full or part time?

- ☐ Yes  
☐ No

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19a. How many of the people you live with are working full or part time? \_\_\_\_\_

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19b. Do any of the people you live with have a job that requires them to come in close contact (within 6 feet 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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19c. How many of the people you live with have such a job? \_\_\_\_\_

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☐ I don't know

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

20. Have you ever tested positive for coronavirus?

- ☐ Yes, I have tested positive for coronavirus  
☐ No, I have not tested positive for coronavirus  
☐ I am not sure

21. Have you ever received an inconclusive test result?

- ☐ Yes, I have received an inconclusive test result  
☐ No, I have not received an inconclusive test result  
☐ I am not sure

22. In general, how concerned do you feel about COVID-19?

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

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

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

24. Have you heard about the Safer Illinois app?

- ☐ Yes, I have heard about the Safer Illinois app  
☐ No, I have not heard about the Safer Illinois app

25. Are you using the Safer Illinois app?

- ☐ Yes, am using the Safer Illinois app  
☐ No, I am not using the Safer Illinois app  
☐ I am not sure

25a. How likely are you to use the Safer Illinois app?

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

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

- ☐ Yes, I live in Champaign-Urbana or vicinity  
☐ No, I do not live in Champaign-Urbana or vicinity

26a. Are you planning on living in Champaign-Urbana or the vicinity of Champaign-Urbana during the next month?

- ☐ Yes, I plan to live in Champaign-Urbana next month  
☐ Yes, I plan to live in the vicinity of Champaign-Urbana next month  
☐ No, I do not plan to live in Champaign-Urbana or the vicinity next month

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26b. Where would you be moving from? (City, state, etc.)

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

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26b. Where are you planning to live? (City, state, etc.)

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

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Month

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

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Year

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28. What gender do you most identify with?

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

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28a. Please self-describe your gender:

\_\_\_\_\_

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29. Please describe with which racial group(s) you identify: (Select all that 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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29a. Please self-describe your racial group(s):

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30. What is your role at the university? (Select all that apply)

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

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30a. Please specify "Other" above:

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31. What is your college, department, or unit?

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