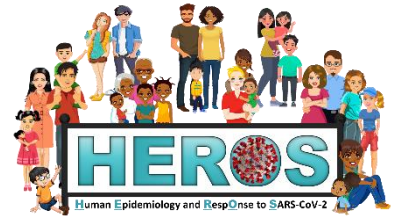


HEROS End of Study (EOS) Survey
In addition to the Bi-weekly Survey



Feelings and Concerns about Coronavirus Outbreak

We will now ask you some questions about the coronavirus outbreak in the U.S. and how it's affecting your family's everyday life right now.

1. How often do you worry about you or someone in your family getting sick with coronavirus (SARS-CoV-2, COVID-19)?
 - a. Never
 - b. Almost never
 - c. Sometimes
 - d. Frequently (multiple times per day)
 - e. Always or almost always (every day for much of the day)

2. How often are you concerned that your family will be in serious financial trouble **because of coronavirus** (SARS-CoV-2, COVID-19)?
 - a. Never
 - b. Almost never
 - c. Sometimes
 - d. Frequently (multiple times per day)
 - e. Always or almost always (every day for much of the day)

3. How often do you worry that it will be a long time before your family's life returns to normal **because of coronavirus** (SARS-CoV-2, COVID-19)?
 - a. Never
 - b. Almost never
 - c. Sometimes
 - d. Frequently (multiple times per day)
 - e. Always or almost always (every day for much of the day)

4. What precautions are you and your family taking to prevent the spread of the coronavirus? Select all that apply.
 - a. Frequent hand washing or sanitizer/disinfectant (e.g., Purell)
 - b. Keep social distance from others (other than the people we live with)
 - c. Cover our noses and mouths in public (with professional masks, homemade masks, scarves, etc.)
 - d. Avoid using public transport (buses, trains, subways)
 - e. Avoid leaving our home in general except for very important reasons (e.g., going to work, getting groceries or medication)
 - f. Work from home
 - g. When someone in our family is sick, we make sure that that person stays in a room by themselves (isolation)
 - h. Have groceries delivered to our house or pick them up outside the store instead of shopping inside the store
 - i. Have medications delivered to our house instead of going to the pharmacy (e.g., drug store)

- j. Delay/avoid routine preventative care and/or child wellness checks
 - k. Other (specify)
5. Where has your family been getting information and advice about coronavirus (SARS-CoV-2, COVID-19) since the coronavirus outbreak began? Select all that apply.
- a. Media (Newspaper, TV, radio, online)
 - b. Family doctor
 - c. Health authorities (e.g., CDC, WHO)
 - d. Social media (e.g., Facebook, Twitter, Instagram)
 - e. Family and friends
 - f. Other (specify)

COVID-19 Testing and Vaccine Exposure

6. Not including this study, have you or anyone in your family had any of the following tests for coronavirus, SARS-CoV-2, or COVID-19 (Check all that apply)?
- a. Nasal swab
 - b. Blood test
 - c. Saliva test

For each test, if yes:

- 1) Which family members were tested? Check all that apply
 - 2) For each NAME:
 - a) How many times has [NAME] had the test?
 - b) Why was [NAME] tested? (Check all that apply)
 - i. A doctor recommended it
 - ii. [Name] was having symptoms of coronavirus, SARS-CoV-2, or COVID-19
 - iii. A family member had coronavirus, SARS-CoV-2, or COVID-19
 - iv. [NAME] came into contact with a non-family member who had coronavirus, SARS-CoV-2, or COVID-19
 - v. The health department said [NAME] might have been exposed to someone with coronavirus, SARS-CoV-2, or COVID-19
 - vi. [NAME] was scared he/she might have coronavirus, SARS-CoV-2, or COVID-19
 - vii. [NAME] was curious he/she might have coronavirus, SARS-CoV-2, or COVID-19
 - c) Did the test come back positive [DID ANY OF THE TESTS COME BACK POSITIVE *if more than 1 test*], meaning [NAME] had [THE VIRUS *if nasal or saliva test* or ANTIBODIES TO THE VIRUS *if a blood test*]?
7. If a COVID-19 vaccine becomes available, would you or anyone in your family get the vaccine? (yes/no/maybe)
8. Did you or anyone in your household get a flu vaccine this season?
If 8=yes, 8a Click all that apply – boxes for every participant registered in this household, plus one for “other household member”
9. Did you or anyone in your household enroll in a COVID-19 vaccine clinical trial?

If 9=yes, 9a Click all that apply – boxes for every participant registered in this household, plus one for “other family member”

If 9=yes, 9b When did ___ (list family member that was checked) receive the vaccine (add calendar)

10. Was anyone in your household hospitalized for COVID-19? Click all that apply – boxes for every participant registered in this household, plus one for “other household member”

i. For each household member selected in q2d, Click all that occurred during [NAME]’s hospitalization:

- 1. Became critically ill or required care in the ICU**
- 2. Was placed on a ventilator**
- 3. Death**

Home Environment (same as Baseline questionnaire)

Now we will ask you a few questions about your family’s home and about going to school.

11. How many people live in your home including yourself?
12. How many bedrooms are in your home?
13. Does your family live in an apartment or townhome? Yes/No

If 12=yes, 12a How many units would you estimate are in your building?

14. Does your family have any pets living in the home? Yes/No

If 13=yes, 13a Select all that apply.

- a. One or more dogs
- b. One or more cats
- c. One or more other furry animal like a hamster
- d. Other

14. Has a member of the household attended school outside the home in July?

- a. Yes
- b. No

15. Has a member of the household attended school outside the home in August?

- a. Yes
- b. No

16. Has a member of the household attended school outside the home in September?

- a. Yes
- b. No

Medical History

Now we will ask you a few questions about your family's health and medications.

17. Has a doctor or health care provider ever told [Name] that he/she has...? Select all that apply.

- a. Allergies (hay fever, allergic rhinitis)
- b. Allergies to food
- c. Asthma
- d. Eczema (atopic dermatitis)
- e. None of these

18. In the last 6 months, did you or anyone in your family use steroids by mouth, such as prednisone tablets/prednisolone syrup/dexamethasone, for asthma symptoms? (yes/no)

- a. If 15=yes, Which family member? Check all that apply. (list registered study participants)

19. Is [NAME] currently taking any of the following medications? Select all that apply.

- a. Allergy medicine nasal steroids (e.g., Flonase (Fluticasone), Nasacort (Triamcinolone), Rhinocort (Budesonide)

i. If 16 = b, 16b Please select the medication(s) he/she is taking.

- 1. Beclomethasone (Beconase AQ or QNas)
- 2. Budesonide(Rhinocort)
- 3. Ciclesonide (Omnaris or Zetonna)
- 4. Flunisolide (Nasarel)
- 5. Fluticasone (ClariSpray, Dymista (fluticasone/azelastine), Flonase/Flonase Sensimist, or Veramyst)
- 6. Mometasone (Nasonex)
- 7. Triamcinolone (Nasacort)
- 8. Other

- b. Asthma medicine (e.g., steroid inhalers like Pulmicort Flexhaler, Asmanex)

If 16=e, 16c Please select the medication(s) he/she is taking.

- 1. Advair Diskus

a. Please select the prescribed dose.

- i. 100/50 (1p twice a day)
- ii. 100/50 (1p once a day)
- iii. 250/50 (1p twice a day)
- iv. 500/50 (1p once a day)
- v. Other

- 2. Advair HFA

a. Please select the prescribed dose.

- i. 115/21 (2p twice a day)
- ii. 230/21 (1p once a day)
- iii. 230/21 (2p twice a day)
- iv. 45/21 (1p twice a day)

- v. 45/21 (2p twice a day)
 - vi. Other
3. Aerospan
- a. Please select the prescribed dose.
 - i. 80 mcg/inh (4p twice a day)
 - ii. 160 mcg/inh (1p twice a day)
 - iii. 160 mcg/inh (1p once a day)
 - iv. Other
4. Aerospan
- a. Please select the prescribed dose.
 - i. 160 mcg/inh (2p twice a day)
 - ii. 80 mcg/inh (1p twice a day)
 - iii. 80 mcg/inh (2p twice a day)
 - iv. Other
5. AirDuo Respiclick
- a. Please select the prescribed dose.
 - i. 113/14 (1p twice a day)
 - ii. 232/14 (1p twice a day)
 - iii. Other
6. Alvesco
- a. Please select the prescribed dose.
 - i. 160 mcg/inh (1p twice a day)
 - ii. 160 mcg/inh (1p once a day)
 - iii. 80 mcg/inh (1p twice a day or 2p once a day)
 - iv. 80 mcg/inh (1p once a day)
 - v. 80 mcg/inh (2p twice a day)
 - vi. Other
7. Armon Air Respiclick
- a. Please select the prescribed dose.
 - i. 232 mcg/inh (1p twice a day)
 - ii. 113mcg/inh (1p twice a day)
 - iii. 55mcg/inh (1p twice a day)
 - iv. Other
8. Arnuity Ellipta
- a. Please select the prescribed dose.
 - i. 100 mcg/inh (1p once a day)
 - ii. 200 mcg/inh (1p once a day)
 - iii. Other
9. Asmanex
- a. Please select the prescribed dose.
 - i. 110 mcg/inh (1p once a day)
 - ii. 220 mcg/inh (1p twice a day)

- iii. Other

10. Asmanex HFA

- a. Please select the prescribed dose.
 - i. 100 mcg (1p once a day)
 - ii. 100 mcg (2p twice a day)
 - iii. 200 mcg (1p twice a day)
 - iv. 200 mcg (2p once a day)
 - v. Other

11. Breo Ellipta

- a. Please select the prescribed dose.
 - i. 100/25 (1p once a day)
 - ii. 200/25 (1p once a day)
 - iii. Other

12. Dulera HFA

- a. Please select the prescribed dose.
 - i. 100/5 (1p twice a day)
 - ii. 100/5 (2p twice a day)
 - iii. 200/5 (2p twice a day)
 - iv. Other

13. Flovent Diskus

- a. Please select the prescribed dose.
 - i. 100 mcg/inh (1p twice a day)
 - ii. 100 mcg/inh (1p once a day)
 - iii. 250 mcg/inh (1p twice a day)
 - iv. 50 mcg/inh (1p twice a day)
 - v. Other

14. Flovent HFA

- a. Please select the prescribed dose.
 - i. 110 mcg/inh (1p twice a day)
 - ii. 110 mcg/inh (1p once a day)
 - iii. 110 mcg/inh (2p twice a day)
 - iv. 220 mcg/inh (1p twice a day)
 - v. 220 mcg/inh (1p once a day)
 - vi. 220 mcg/inh (2p twice a day)
 - vii. 44 mcg/inh (1p twice a day)
 - viii. 44 mcg/inh (2p twice a day)
 - ix. Other

15. Pulmicort Flexhaler

- a. Please select the prescribed dose.
 - i. 180 mcg/inh (1p twice a day)
 - ii. 180 mcg/inh (1p once a day)
 - iii. 90 mcg/inh (1p twice a day)

iv. Other

16. QVAR

- a. Please select the prescribed dose.
 - i. 40 mcg/inh (1p twice a day)
 - ii. 40 mcg/inh (2p twice a day)
 - iii. 40 mcg/inh (3p twice a day)
 - iv. 80 mcg/inh (1p twice a day)
 - v. 80 mcg/inh (2p twice a day)
 - vi. 80 mcg/inh (3p twice a day)
 - vii. Other

17. Singulair (Montelukast)

18. Symbicort HFA

- a. Please select the prescribed dose.
 - i. 160/4.5 (2p twice a day)
 - ii. 80/4.5 (2p twice a day)
 - iii. Other

19. Wixela Inhub

- a. Please select the prescribed dose.
 - i. 100/50 (1p twice a day)
 - ii. 250/50 (1p twice a day)
 - iii. 500/50 (1p twice a day)
 - iv. Other

20. Other (specify)

- c. Asthma medication (biologics and other asthma medications). Please select the medication(s) he/she is taking

If 16=f, 16d Please select the medication(s) he/she is taking.

- 1. Omalizumab (Xolair)
- 2. Dupilumab (Dupixent)
- 3. Mepolizumab (Nucala)
- 4. Reslizumab (Cinqair)
- 5. Montelukast
- 6. Other (specify)

Participant Engagement in Clinical Trials

Now we will ask you a few questions about participating in the HEROS study.

- 20. How did you first learn about the HEROS study?
 - a. Someone sent me a text about the study
 - b. Someone telephoned me and invited me to participate
 - c. I received an email about the study
 - d. Someone sent me a letter about the study

21. The written instructions and brochures included in the sample collection kits were helpful
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

22. The video demonstrating the sample collections was helpful
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
 - f. I did not watch the video

23. The video about unboxing the sample kits was helpful
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
 - f. I did not watch the video

24. I was confident to do the nose samples at home after reading the instructions and/or watching the videos
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

25. What was most helpful for you to be successful with the nose samples?
 - a. Reading the instructions included in the sample kits
 - b. Watching the video of the sample collections
 - c. Zoom/Facetime/Web calls with staff at the medical center
 - d. Phone calls with staff at the medical center

26. I was confident to use the Tasso device for our blood samples after reading the instructions and/or watching the videos
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

27. If I need to give a blood sample in the future, I would choose to use the Tasso device.
 - a. Strongly agree

- b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
28. I am willing to use the Tasso device again to give a blood sample.
- a. Yes
 - b. No
29. Would you volunteer for another research study where you have to collect samples at home?
(yes/no/maybe)
- a. If no or maybe; Why would you not agree to volunteer for a similar study? (check all that apply)
 - i. Too many samples to do each month
 - ii. Too many samples to do overall
 - iii. Sample kits were too confusing
 - iv. Do not like doing the nose swabs for myself
 - v. Do not like doing the nose swabs for my family members
 - vi. Do not like doing the toilet paper swabs
 - vii. Do not like using the blood sample device
 - viii. Too much work for me
 - ix. Surveys and swabs took too much time
 - x. Payment was not enough