



Block 2

The coronavirus disease (COVID-19) is a potentially lethal infection that is spread person-to-person.

According to the U.S. Department of Health and Human Services, emergency department visits in the U.S. DECREASED during coronavirus pandemic. New York, for example, saw visits decline by over 60%. Why this occurred is not completely understood, though is likely due to perceived risk of contracting COVID-19 from an emergency room.

The following questions are designed to ask how risky you think it is to go to the emergency room during the COVID-19 pandemic.

Participation in this survey is voluntary, and your anonymity will be protected. Click next if you agree to proceed.

The fear of contracting the virus has led to a decrease in the number of people coming into the emergency room during the coronavirus pandemic.

- True
- False

Prior to the beginning of the COVID-19 pandemic, I would go to the emergency room if thought I had an acute life-threatening medical problem (e.g. chest pain, shortness of breath, bleeding, fever, etc.)

- Yes, certainly
- Yes, likely
- Unsure
- No, unlikely
- No, certainly not

ConjointBlock

(1/3) You are experiencing chest pain. Under which of these two conditions are you MORE LIKELY to go to the emergency room? Choose One

	Condition 1	Condition 2
How bad is my chest pain?	\${e://Field/30c6d667-21b2-418a-8ce7-ac386cb125ca.1.1_CBCONJOINT}	\${e://Field/30c6d667-21b2-418a-8ce7-ac386cb125ca.1.2_CBCONJOINT}
What is the COVID census in the emergency room?	\${e://Field/1d38e6b9-87c1-475c-ac0e-d557b32b7aab.1.1_CBCONJOINT}	\${e://Field/1d38e6b9-87c1-475c-ac0e-d557b32b7aab.1.2_CBCONJOINT}
Your risk of becoming severely ill or dying from COVID-19	\${e://Field/9550c7c0-4faa-4a7d-af00-2d9d0832c0f9.1.1_CBCONJOINT}	\${e://Field/9550c7c0-4faa-4a7d-af00-2d9d0832c0f9.1.2_CBCONJOINT}
Do you live with people who are elderly or who have medical conditions that put them at	\${e://Field/7f803e85-419d-46f4-8632-fa704efd318b.1.1_CBCONJOINT}	\${e://Field/7f803e85-419d-46f4-8632-fa704efd318b.1.2_CBCONJOINT}

<p>higher than average risk of becoming severely ill or dying with COVID-19?</p>		



(2/3) You are experiencing chest pain. Under which of these two conditions are you MORE LIKELY to go to the emergency room? Choose One

	Condition 1	Condition 2
<p>How bad is my chest pain?</p>	<p>{e://Field/30c6d667-21b2-418a-8ce7-ac386cb125ca.2.1_CBCONJOINT}</p>	<p>{e://Field/30c6d667-21b2-418a-8ce7-ac386cb125ca.2.2_CBCONJOINT}</p>
<p>What is the COVID census in the emergency room?</p>	<p>{e://Field/1d38e6b9-87c1-475c-ac0e-d557b32b7aab.2.1_CBCONJOINT}</p>	<p>{e://Field/1d38e6b9-87c1-475c-ac0e-d557b32b7aab.2.2_CBCONJOINT}</p>
<p>Your risk of becoming severely ill or dying from COVID-19?</p>	<p>{e://Field/9550c7c0-4faa-4a7d-af00-2d9d0832c0f9.2.1_CBCONJOINT}</p>	<p>{e://Field/9550c7c0-4faa-4a7d-af00-2d9d0832c0f9.2.2_CBCONJOINT}</p>

COVID-19		
Do you live with people who are elderly or who have medical conditions that put them at higher than average risk of becoming severely ill or dying with COVID-19?	<p style="text-align: center;"> \${e://Field/7f803e85-419d-46f4-8632-fa704efd318b.2.1_CBCONJOINT} </p>	<p style="text-align: center;"> \${e://Field/7f803e85-419d-46f4-8632-fa704efd318b.2.2_CBCONJOINT} </p>



(3/3) You are experiencing chest pain. Under which of these two conditions are you MORE LIKELY to go to the emergency room? Choose One

	Condition 1	Condition 2
How bad is my chest pain?	<p style="text-align: center;"> \${e://Field/30c6d667-21b2-418a-8ce7-ac386cb125ca.3.1_CBCONJOINT} </p>	<p style="text-align: center;"> \${e://Field/30c6d667-21b2-418a-8ce7-ac386cb125ca.3.2_CBCONJOINT} </p>
What is the COVID		

<p>the COVID census in the emergency room?</p>	<p>{e://Field/1d38e6b9-87c1-475c- ac0e- d557b32b7aab.3.1_CBCONJOINT}</p>	<p>{e://Field/1d38e6b9-87c1-475c- ac0e- d557b32b7aab.3.2_CBCONJOIN</p>
<p>Your risk of becoming severely ill or dying from COVID-19</p>	<p>{e://Field/9550c7c0-4faa-4a7d- af00- 2d9d0832c0f9.3.1_CBCONJOINT}</p>	<p>{e://Field/9550c7c0-4faa-4a7d- af00- 2d9d0832c0f9.3.2_CBCONJOIN</p>
<p>Do you live with people who are elderly or who have medical conditions that put them at higher than average risk of becoming severely ill or dying with COVID- 19?</p>	<p>{e://Field/7f803e85-419d-46f4- 8632- fa704efd318b.3.1_CBCONJOINT}</p>	<p>{e://Field/7f803e85-419d-46f4- 8632- fa704efd318b.3.2_CBCONJOIN</p>

Block 2

Based on your current knowledge, please rank these locations by the degree of risk of COVID-19 transmission (high to low)

Outdoor Park

Grocery Store

Emergency Room

Indoor Bar and Restaurant

Intensive Care Unit ("ICU")

School

Gatherings inside People's Home

During COVID-19, if you experienced the following symptoms, what would you do?

	Wait at home unless it is or becomes too severe	Go to the Emergency Room right away
Severe Chest pain	<input type="radio"/>	<input type="radio"/>
Chest Discomfort	<input type="radio"/>	<input type="radio"/>
Abdominal pain	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>
Fainting	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>
Slurred speech	<input type="radio"/>	<input type="radio"/>
Nausea or vomiting	<input type="radio"/>	<input type="radio"/>

During COVID-19, which of the following reasons may contribute to your delay in going to the emergency room?

A great deal A lot A moderate amount A little None at all

	A great deal	A lot	A moderate amount	A little	None at all
I fear being close to people in the emergency room who have COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fear I will become severely ill with COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fear spreading the virus to family or loved ones who are "high risk" for becoming severely ill with COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fear receiving suboptimal care due to the hospital being focused on COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I fear that healthcare staff may be accidentally spreading the virus from room to room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you want to know the current number of patients at the hospital or in the emergency room with COVID-19 prior to going in?

Certainly Not unsure Certainly

0 1 2 3 4 5 6 7 8 9 10

What is your age range?

- 18 or younger
- 18 to 29
- 30 to 49
- 50 to 64
- 65 and above

Please specify your ethnicity

- White
- Hispanic or Latino

- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other
- Prefer not to answer

What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*

- No schooling completed
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's, Professional, or Doctorate degree

What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

Are you currently...?

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- Military
- Retired
- Unable to work

May I ask, what is your annual household income?

- Under \$40,000
- \$40,000-99,000
- \$100,000-149,999
- \$150,000-250,000
- \$250,000 or more
- No Response

I consider myself a religious person.

- Strongly agree
- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Strongly disagree

Have you been admitted to the hospital in the last 5 years?

- Yes
- No

Do you have a friend or a family member who was admitted to the hospital from COVID-19?

- Yes
- No

Do you have a friend or a family member who passed away from COVID-19?

- Yes
- No

Do you currently work in a healthcare setting (e.g. nurse, doctor, therapist, etc.)?

- Yes
- No

Do you have any conditions (cancer, heart/kidney/lung disease, weakened immune system, obesity, pregnancy, diabetes) that predispose you to higher risk of dying from COVID-19?

- Yes
- No

Block 3

This is your completion ID `#{e://Field/Random%20ID}`

Copy this value to paste into MTURK

When you have copied this ID, please click the next button to submit your survey.

Powered by Qualtrics

