

COVID-19 Rapid Assessment Form

Survey

1 . Email address (please use the email you used to register for the conference. If you are unsure, use the email where this survey was sent to): ●

We are asking for your email to avoid duplicate responses and to confirm registration. Your email will be kept confidential by Georgia Department of Public Health. DPH privacy policies can be accessed at dph.georgia.gov/notice-privacy-policies. Answers in this survey will be kept anonymous. If you did not attend the EIS conference in person, please do not fill out the survey.

2 . Age (years): ●

3 . Sex:

☐ Male

☐ Female

4 . Ethnicity:

☐ Hispanic or Latino

☐ Non-Hispanic or Latino

5 . Race (check all that apply):

☐ White

☐ Black

☐ Asian

☐ American Indian/Alaska Native

☐ Native Hawaiian/Other Pacific Islander

☐ Prefer not to say

6 . Which events or activities did you attend in-person on each day? Conference events include activities in the official conference program such as scientific presentations, lectures, EISAA meeting, International Night, etc. Recruitment activities include both activities at the conference hotel and offsite. Please select all that apply. **If you did not attend any events in-person, you do not need to fill out the rest of this survey.**

	In-person conference events	In-person recruitment activities	In-person external social activities
Monday, April 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, April 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday, April 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, April 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 . Did you wear a mask while attending EIS conference?

☐ Always

☐ Sometimes

☐ Rarely

☐ Never

8 . Have you ever received a COVID-19 vaccine dose?

☐ Yes

☐ No

9 . If you have ever received a COVID-19 vaccine, specify the date of your most recent dose to the best of your recollection:

10 . Prior to Monday April 24th, 2023 (the first day of EIS conference), when was your most recent positive COVID-19 test?

☐ No positive COVID-19 test ever

☐ COVID-19 since January 1, 2023

☐ COVID-19 between November 1, 2022 and January 1, 2023

☐ COVID-19 before November 1, 2022

☐ Do not know

11 . Since April 24th, 2023, did you test positive with a rapid antigen test?
If yes, select date of first positive test:

12 . Since April 24th, 2023, did you test positive with a PCR/NAAT test? If yes, select date of first positive test:

13 . Since April 24th, 2023, did you test negative with a rapid antigen test? If yes, select date of most recent negative test:

14 . Since April 24th, 2023, did you test negative with a PCR/NAAT test? If yes, select date of most recent negative test:

15 . Did you have [COVID-like Symptoms](#) (e.g., fever, cough, shortness of breath, etc.) with onset between April 24th and May 12th, 2023?

☐ Yes

☐ No

16 . If you had symptoms, specify symptom onset date:

Choose One



17 . If ill, did you seek treatment or medical care? Please select all that apply:

- ☐ Yes, I received an antiviral medication
- ☐ Yes, I had an outpatient or telehealth consultation
- ☐ Yes, I went to an ER
- ☐ Yes, I was hospitalized
- ☐ No, I was ill, but I did not seek care
- ☐ No, I was not ill

Please save your survey to record your responses. You may click Finish or close your window to exit the survey after saving.

