**Tracking Number\_\_\_\_\_\_\_**

**Survey of Participant Perspectives on Resuming Clinical Research Date:\_\_\_\_\_\_\_\_\_\_**

1. How old are you? \_\_\_\_\_\_\_\_\_\_\_
2. Are you a Male or Female? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Which Race or Ethnicity do you identify with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you here for a visit for yourself? Yes No
5. If No, are you here as a parent or guardian Yes No
6. If No, are you here as a spouse/partner Yes No
7. Besides this current study, have you previously done a study here? Yes No
8. How have you personally been affected by COVID-19? (Please check one)
* Never had COVID-19 symptoms
* Had COVID-19 symptoms and never got tested
* Had COVID-19 symptoms and tested positive
* Had COVID-19 symptoms and tested negative
1. Do you know someone who became ill with COVID-19? (Please check all applicable)
* No one
* Family member
* Friend
* Co-worker
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Which of the following best describes the type of study you are participating in (please check one):
* Cancer
* Diabetes/Diabetes Prevention
* General Health and Wellbeing
* Healthy Aging/Alzheimer’s Disease
* Nutrition
* Pediatrics
* Weight Loss
* Women’s Health

PLEASE TURN OVER TO THE BACK

Please answer the following questions on a scale of 1 to 10 given your current feelings.

**(1=absolutely disagree to 10=absolutely agree)**

1. I consider myself low risk for severe illness related to COVID-19. \_\_\_\_\_
2. I felt safe coming to my study visit today. \_\_\_\_\_
3. I would prefer to do as many study visits over the phone or internet. \_\_\_\_\_
4. Clinical research is important to me because of the health benefits I receive. \_\_\_\_\_
5. Clinical research is important to me because it helps other people. \_\_\_\_\_
6. Clinical research is important to me because of the financial incentives I receive. \_\_\_\_\_

Clinical research is even more important to me than before COVID-19. \_\_\_\_