

HEALTH RISK BELIEF

To be read to the participant: *THE NEXT SET OF QUESTIONS ASKS WHAT YOU CURRENTLY THINK OR FEEL ABOUT YOUR RISK OR CHANCES OF DEVELOPING HEALTH PROBLEMS, LIKE HEART DISEASE OR CANCER, AND MORE SPECIFICALLY GETTING CORONAVIRUS/COVID19. PLEASE INDICATE WHETHER YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE WITH EACH OF THE FOLLOWING STATEMENTS. THERE ARE NO RIGHT OR WRONG ANSWERS.*

Question	Instructions/Response				
<i>These first statements are about your overall health views.</i>	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
I feel that I have little control over risks to my health					
Compared to other people of my same age, I am less likely than they are to get a serious disease					
Compared to other people of my same age, I have the skills and resources I would need to protect my health					
<i>These next statements are about Coronavirus/COVID19</i>					
If I am going to get COVID19 , there is not much I can do about it					
I think that my personal efforts will help control my risks of getting infected with COVID19 or experience other health problems					
People who make a good effort to control the risks of getting COVID19 are much less likely to get infected					
What do you think your risk or chance is for getting coronavirus/COVID19 over the next 1 year?	<input type="radio"/> ALMOST NO CHANCE <input type="radio"/> SLIGHT CHANCE <input type="radio"/> MODERATE CHANCE <input type="radio"/> HIGH CHANCE				
In general, would you say your health is: (PROMIS Scale v 1.2, Q1)	Excellent, Very Good, Good, Fair, Poor				

Contains Section 5 from full survey “ COVID-19 Questionnaire on Impact of and Barriers to Stay at Home, Self-Isolation, and Quarantine for Vulnerable Populations