**Supplemental Table 1. Adjusted odds ratios for participants with prevalent positive SARS-CoV-2, including specific pet species (owning at least one).**

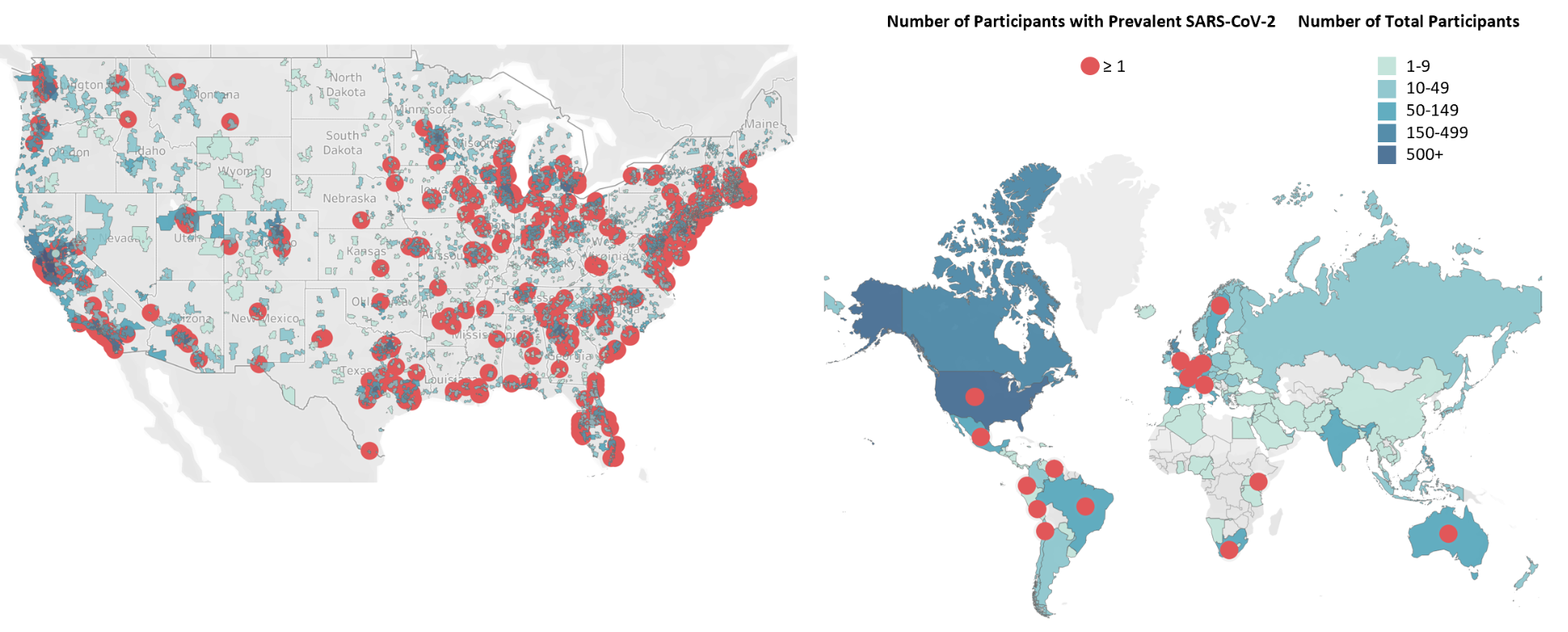
|  |  |  |
| --- | --- | --- |
|  | **OR (95%**  **Confidence Interval)** | **p-value** |
| Primary Residence in USA | 1.53 (0.94-2.47) | 0.09 |
| Age (Per 10 Years) | 0.95 (0.87-1.02) | 0.16 |
| Race/Ethnicity |  |  |
| White | Reference | Reference |
| Black | 1.39 (0.61-3.17) | 0.43 |
| Hispanic (any race) | 1.31 (0.95-1.81) | 0.10 |
| Asian or Pacific Islander | 0.40 (0.21-0.76) | 0.005 |
| Other (including multiracial) | 0.82 (0.40-1.65) | 0.57 |
| Female Sex | 1.28 (1.02-1.61) | 0.03 |
| Highest Level of Education | 0.90 (0.84-0.95) | <0.001 |
| Healthcare worker | 2.46 (2.01-3.01) | <0.001 |
| Children living with you | 1.25 (1.05-1.49) | 0.01 |
| Dog(s) | 1.41 (1.16-1.71) | <0.001 |
| Cats(s) | 0.94 (0.77-1.16) | 0.57 |
| Bird(s) | 0.71 (0.36-1.39) | 0.31 |
| Reptile(s) | 0.78 (0.41-1.48) | 0.45 |
| Received flu shot within the year | 0.82 (0.66-1.03) | 0.08 |
| Marijuana: any use in last 30 days | 0.82 (0.68-0.98) | 0.025 |
| Immunodeficiency | 2.27 (1.43-3.60) | <0.001 |

**Supplemental Table 2. Adjusted odds ratios for participants with prevalent positive SARS-CoV-2, including specific pet species (owning only one type).**

|  |  |  |
| --- | --- | --- |
|  | **OR (95%**  **Confidence Interval)** | **p-value** |
| Primary Residence in USA | 1.56 (0.96-2.52) | 0.07 |
| Age (Per 10 Years) | 0.95 (0.87-1.02) | 0.17 |
| Race/Ethnicity |  |  |
| White | Reference | Reference |
| Black | 1.35 (0.59-3.06) | 0.48 |
| Hispanic (any race) | 1.31 (0.95-1.81) | 0.10 |
| Asian or Pacific Islander | 0.39 (0.21-0.73) | 0.004 |
| Other (including multiracial) | 0.81 (0.40-1.64) | 0.56 |
| Female Sex | 1.29 (1.03-1.62) | 0.024 |
| Highest Level of Education | 0.89 (0.84-0.95) | <0.001 |
| Healthcare worker | 2.49 (2.04-3.05) | <0.001 |
| Children living with you | 1.28 (1.08-1.52) | 0.004 |
| Dog(s) only | 1.36 (1.11-1.67) | 0.003 |
| Cats(s) only | 1.00 (0.76-1.31) | 0.98 |
| Bird(s) only | 1.61 (0.39-6.58) | 0.51 |
| Reptile(s) only | 1.24 (0.17-9.01) | 0.83 |
| Received flu shot within the year | 0.82 (0.65-1.02) | 0.07 |
| Marijuana: any use in last 30 days | 0.82 (0.69-0.98) | 0.025 |
| Immunodeficiency | 2.27 (1.43-3.59) | <0.001 |

**Supplemental Figure 1. Location of Study Participants.**

Blue shading represents gradations of the number of participants within the US by 3-digit zip codes (left) and in the world by nation (right). Circles with red shading depict 5-digit zip codes (left) and nations (right) with at least one participant with prevalent SARS-CoV-2.



**Supplementary Methods**

We attempted to call the first consecutive 106 Covid-19 Citizen Science Study participants with a prevalent SARS-CoV-2 infection to verify documentation of a positive test result. We were able to speak directly with 50 participants, received documentation from 11 participants after leaving a voicemail, and did not receive a response from 45 participants.

Of the 50 participants we spoke with, 49 verbally confirmed their diagnosis. One participant reported he was told by a physician that they had Covid-19 based on clinical presentation but had 2 sequential negative PCR tests. In a sensitivity analysis, we excluded this participant and retained all significant findings from our analyses.

Of the 49 participants who verbally confirmed their diagnosis, 29 provided documentation of a positive test result. Two participants did not want to send their results due to privacy concerns. Three participants were unable to send documentation because they received a phone call with their test result. One participant was unable to find the physical copy of their test result. Fourteen participants verbally agreed to send documentation but did not follow up.

Survey questions that participants answered at baseline and that were utilized in the analyses are highlighted below.

# Baseline Survey

**Baseline Data Collection**

In what country is your primary residence?

Sections

Baseline Data Collection

What is the ZIP code (if in the U.S.) or postal code of your primary residence?

Have you had any of the following symptoms since February 1, 2020 for more than 3 days in a row? CHECK ALL THAT APPLY

A scratchy throat A painful sore throat

A cough (worse than usual if you have a baseline cough)

A runny nose

Symptoms of fever or chills

A temperature greater than

100.4 °F or 38.0 °C

Muscle aches (worse than usual if you have baseline muscle aches)



Nausea, vomiting or diarrhea Shortness of breath

Unable to taste or smell Red or painful eyes

None of the above

Have you ever been tested for the novel coronavirus, the virus that causes COVID-19 (either a test to detect the virus for active infection or the antibody to detect past infection)?

Yes No



Symptoms of fever or chills



Other

Was it a test for active infection (virus) or past infection (antibody to the virus)? (The test for active infection usually uses a swab or saliva; the test for past infection usually uses blood.)



Test for active infection (virus)



Test for past infection (antibody to the virus)



I had both kind of tests



I don’t know

Do you think you previously experienced symptomatic infection due to COVID-19?



Yes



No

When did your symptoms start?

What symptoms did you have? CHECK ALL THAT APPLY



A cough (worse than usual if you have a baseline cough)



A runny nose



A scratchy throat



A painful sore throat



A temperature greater than

100.4 °F or 38.0 °C



Muscle aches (worse than usual if you have baseline muscle aches)



Nausea, vomiting or diarrhea



Shortness of breath



Unable to taste or smell



Red or painful eyes



Other

If other, please explain.

During the illness that you believe was due to COVID-19, were you tested for the flu?



Yes



No

What was the result?



Positive for the flu



Negative for the flu



Other

Prior to the illness you believe was due to COVID-19, were you in physical

contact with someone else that tested positive for the disease?



Yes



No



Other

Prior to the illness you believe was due to COVID-19, were you in physical contact with someone else with symptoms suggestive of COVID-19?



Yes



No



Other

Prior to the illness you believe was due to COVID-19, had you traveled to a region known to have a high prevalence of COVID-19?



Yes



No



Other

During the illness you believe was due to COVID-19, did you seek to receive a test for active COVID-19 infection?



Yes



No



Other

What happened when you sought the coronavirus test?



I did receive a test, and it was positive.



I did receive a COVID-19 test for active infection, and it was negative.



I did receive a COVID-19 test for



I was evaluated by a healthcare

active infection, but do not know the results.

provider, but they did not believe the test was indicated.



I was evaluated by a healthcare provider and they wanted to order a test, but it was not available.



Other

Do you continue to have symptoms due to the illness you believe to be due to COVID-19?



Yes



No

On what date did you last experience symptoms?

Are there other reasons not covered by this survey that lead you to believe you have been infected with the novel coronavirus?



Yes



No



Other

Please explain.

About how many weeks ago was your test for active COVID-19 infection (virus)? Put 0 if this week.

weeks ago

About how many weeks ago was your test for past infection (antibody to the COVID-19 virus)? Put 0 if this week.

weeks ago

Do you know the result of your test for active COVID-19 infection (virus)?



Yes, I was positive (the novel coronavirus WAS detected)



Yes, I was negative (the novel coronavirus was NOT detected)



Yes, the test was inconclusive



No, not yet

Do you know the result of your test for past infection (antibody to the COVID- 19 virus)?



Yes, I was positive (antibody to COVID-19 WAS detected suggesting past exposure)



Yes, I was negative (antibody to COVID-19 was NOT detected suggesting NO past exposure)



Yes, the test was inconclusive



No, not yet

Why was the test for active COVID-19 infection (virus) performed? CHECK ALL THAT APPLY



I had symptoms concerning for COVID-19 infection (including hospitalization for COVID-19)



I was exposed to someone with suspected or confirmed COVID- 19



Prior to a medical procedure or hospitalization that was unrelated to COVID-19



It was offered through my healthcare provider as part of routine screening (not related to symptoms or pregnancy)



It was part of screening for my pregnancy



I am a healthcare worker and it is offered or mandated by my employer



As part of a research study



It was required by my work



Part of a public health effort



I obtained it on my own



Not sure or other

Why was the test for past infection (antibody to the COVID-19 virus) performed? CHECK ALL THAT APPLY



I had symptoms concerning for COVID-19 infection (including hospitalization for COVID-19)



I was exposed to someone with suspected or confirmed COVID- 19



Prior to a medical procedure or hospitalization that was unrelated to COVID-19



It was offered through my healthcare provider as part of routine screening (not related to symptoms or pregnancy)



It was part of screening for my pregnancy



I am a healthcare worker and it is offered or mandated by my employer



As part of a research study



It was required by my work



Part of a public health effort



I obtained it on my own



Not sure or other

Which of the following describes your primary area of employment?



Healthcare



Education



Retail



Transportation



Arts, entertainment, and recreation



Hospitality and food services



Finance and insurance



Scientific and technical services



Utilities



Construction



Manufacturing



Other

Are you aware of any novel coronavirus (the virus causing COVID-19) infected individuals in your COUNTY (or local area equivalent if your area does not have counties)?



Yes



No

How worried are you that the health of you or your loved ones will be affected by the novel coronavirus (the virus causing COVID-19)?



Extremely worried



Very worried



Somewhat worried



A little worried



Not worried at all

Has your local government issued or continued any of the following restrictions? CHECK ALL THAT APPLY



School closures



Restricted gatherings at (or closed) bars, restaurants, and/ or theaters



Restricted gatherings of a certain number of individuals



Recommended working from home or not working



Shelter in place (required to stay home except for essential activities)



Other restrictions

How have your hand hygiene practices (washing hands and/or using hand sanitizer) changed since learning about the novel coronavirus (the virus causing COVID-19)?



I wash or sanitize my hands MUCH MORE frequently than before



I wash or sanitize my hands SOMEWHAT MORE frequently than before



I wash or sanitize my hands A LITTLE MORE frequently than before



I have not made any changes



I wash or sanitize my hands SOMEWHAT LESS frequently than before



I wash or sanitize my hands MUCH LESS frequently than before

Have you sanitized your mobile phone (such as by using sanitizing wipes or hand sanitizer) since learning of the novel coronavirus (the virus causing COVID-19)?



I wash or sanitize my hands A LITTLE LESS frequently than before



Yes



No



Other

Do any school-aged (K-12 or equivalent) children live with you?



Yes



No



Other

Do you have a college-aged child (under the age of 25) who usually does not live in your home but who has returned home and is living in your house because of the coronavirus pandemic?



Yes



No

What date did they return? (Your best guess is fine.)

MM/DD/YYYY

What school were they attending?

School

Where is the school located?

Do you live with or have continued regular in-person contact with an elderly person (over 65 years of age) or someone susceptible to illness (being immunocompromised or having a pre-existing medical condition)?



Yes



No



Other

Do you have any pets at home?



Yes



No



Other

What pets live with you (CHECK ALL THAT APPLY):



Dog(s)



Cat(s)



Bird(s)



Reptile(s)



Other

Did you have a flu shot (influenza vaccine) in the past year?



Yes



No



Other

Have you had cold or flu symptoms (enough that you would say that you had a cold or the flu) in the past year?



Yes



No

How many cold or flu illnesses in the past year were associated with a fever (Temperature > 101.3 F or > 38.5 C)?



None



1-3



4-6



More than 6

When was the last one?

weeks ago

How many cold or flu illnesses in the past year were NOT associated with a fever (Temperature > 101.3 F or > 38.5 C)?



None



1-3

4-6 More than 6

When was the last one?

weeks ago

On average, how often have you exercised (enough to breathe heavily and/or sweat) over the past year?

Never or rarely Less than once a month

More than once a month but less than once a week

About once a week



More than once a week but less than 4 times a week

4 or more times a week Other

IN THE PAST WEEK: How many drinks of alcohol (one drink = one standard glass of wine, can of beer, or shot of hard liquor) did you consume?

drinks

Click here to finish

# Demographics Survey

**Baseline Data Collection**

Sections

Baseline Data Collection

Think of this ladder as representing where people stand in your country. At the top of the ladder are the people who are the best off -- those who have the most money, the most education and the most respectful jobs. At the bottom are the people who are the worst off -- who have the least money, least education, and least respectful jobs or no job. The higher up you are on the ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

What is the highest level of education you have achieved?

No formal schooling Some school, but did not graduate high school

High school diploma or equivalency (e.g., GED)

Associate degree (e.g., junior college)

Some college, but did not graduate college

Bachelor's degree



Master's degree

Doctorate (PhD) Professional doctorate (MD, JD, DDS, etc.)

Other Don't know

Prefer not to state



Transgender Woman (Male-to- Female)



Transgender Man (Female-to-Male)



Genderqueer

What sex were you assigned at birth?



Male



Female



Prefer not to disclose

How would you describe your current gender identity?



Male



Female



Another Gender Identity



Decline to state

What gender identity do you identify with? (Optional)

What is your racial background? CHECK ALL THAT APPLY.



Black or African American



White



Asian (including South Asian and Asian Indian)



Native Hawaiian or Pacific Islander

What is your Asian background?



American Indian or Alaska Native



Some other race



Don't know



Chinese



Filipino



Asian Indian



Japanese



Korean



Vietnamese



Other Asian or Mix

What is your Pacific Island background?



Native Hawaiian



Samoan



Guamanian or Chamorro



Other Pacific Islander or Mix

This is a question about ethnicity, rather than race, as used in the US Census. For example, someone may be of white race and Hispanic ethnicity or black race and Hispanic ethnicity. Tap next to continue.



Are you of Hispanic, Latino or Spanish origin or ancestry?

No

Yes: Mexican, Mexican American or

Chicano

Yes: Puerto Rican

Yes: Cuban

Yes: Other or Mixed Hispanic,

Latino or Spanish origin

Don't know

Prefer not to state

Click here to finish

# Your Medical Conditions

**Baseline Data Collection**

Sections

Baseline Data Collection



Have you ever been told by a doctor or nurse that you have, or have been treated for, any of the following conditions (in the past or currently)? Tap next to continue.

High blood pressure or hypertension (except that occurred during pregnancy and did not last after pregnancy)?

Yes No

Don't know

Diabetes? Do not include pre-diabetes.

Yes No

Don't know

Coronary artery disease (blockages in your heart vessels) or angina (chest pain)?

Yes No

Don't know

A heart attack (myocardial infarction)?

Yes No

Don't know

Congestive Heart failure (CHF, Heart Failure)?



Yes



No



Don't know

Stroke or TIA (Transient Ischemic Attack or Mini-Stroke)?



Yes



No



Don't know

Atrial fibrillation (Afib, AF)?



Yes



No



Don't know

Sleep apnea (obstructive sleep apnea, OSA)?



Yes



No



Don't know

COPD (emphysema, chronic bronchitis, obstructive pulmonary disease)?



Yes



No



Don't know

Asthma, to the point that you use inhalers daily or have been to the hospital for your asthma?



Yes



No



Don't know

Cancer (including leukemia or lymphoma) undergoing active treatment?



Yes



No



Don't know

Immunodeficiency (NOT including HIV)?



Yes



No



Don't know

Chronic HIV infection?



Yes



No



Don't know

Anemia or other blood disorder (do not include leukemia or lymphoma)?



Yes



No



Don't know

Are you currently pregnant?



Yes



No



Don't know

Click here to finish

# Your Smoking History

**Baseline Data Collection**

Sections

Baseline Data Collection

Have you ever smoked a cigarette, even one or two puffs?



Yes No

Don't know Refuse to answer

Have you smoked cigarettes in the past 30 days?

Yes No

Refuse to answer

About how many days have you smoked a cigarette in the past 30 days?

On average, how many cigarettes per day have you smoked in the past 30 days (use 1 if less than one)

cigarettes per day

Have you ever smoked a cigar, cigarillo, or tobacco product other than cigarette, even one or two puffs?

Yes No

Don't know Refuse to answer

Have you smoked a cigar, cigarillo, or tobacco product other than a cigarette in the past 30 days?

Yes

No



Don't know



Refuse to answer

About how many days have you smoked a cigar, cigarillo, or tobacco product other than cigarette in the past 30 days?

days

On average, how many cigar, cigarillo, or tobacco product (other than cigarettes) per day have you smoked in the past 30 days (use 1 if less than one)?

Have you ever used an electronic nicotine product (e-cigarette, vape nicotine), even one or two puffs?



Yes



No



Don't know



Refuse to answer

Have you used an electronic nicotine product in the past 30 days?



Yes



No



Don't know



Refuse to answer

About how many days did you use it in the past 30 days?

days

How many puffs from an e-cigarette do you typically take over the past 30



days?

How much did you spend on electronic delivery products in the past 30 days?

Dollars

Have you smoked or vaped marijuana, even one or two puffs?

Yes No

Don't know Refuse to answer

Have you smoked or vaped marijuana in the past 30 days?

Yes No

Don't know Refuse to answer

How many days did you smoke or vape marijuana in the past 30 days?

Days

Click here to finish