COVID-19 Registry – Core Survey Questions

Symptoms & Accessing Health Care

We will now ask you questions about your health and experience with health care since January 1, 2020.

<table>
<tr><th>#</th><th>Condition</th><th>Question</th><th>Comments</th></tr>
<tr><td>S-010</td><td>Required</td><td>Have you had any of the following symptoms since January 1, 2020?
<table>
<tr><th>Symptom</th><th>Yes</th><th>No</th><th>Not sure</th></tr>
<tr><td>Temperature above 100.1F (38C)</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Older than 65 and temperature above 99.6F (37.5C)</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Felt feverish without taking temperature</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Chills</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Repeated shaking with chills</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Muscle aches</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Runny nose</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Sore throat</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>New or worsening dry cough</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>New or worsening wet cough (with phlegm)</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Shortness of breath</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Wheezing</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Nausea or vomiting</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Headache</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Abdominal pain</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>New loss of smell or taste</td><td>○</td><td>○</td><td>○</td></tr>
</table></td><td></td></tr>
<tr><td>S-020</td><td>If any response in S-010 is ‘Yes’ or ‘Not Sure’</td><td>When did you start to experience symptoms? Your best guess is fine.
MM/DD/YYYY</td><td>Validation for dates only after Jan 1, 2020</td></tr>
<tr><td>S-030</td><td>If any response in S-010 is ‘Yes’ or ‘Not Sure’</td><td>How long did your symptoms last?
○ 2-5 days
○ 5-10 days
○ 10-14 days
○ More than 14 days
○ I am currently sick.</td><td></td></tr>
</table>

<table>
<tr><td>S-040</td><td>If any response in S-010 is ‘Yes’ or ‘Not Sure’</td><td>Did you talk to a health professional about your symptoms?
○ Yes
○ No</td><td></td></tr>
<tr><td>S-050</td><td>If S-040 = Yes</td><td>Did a health professional tell you that you have:
<table>
<tr><th>Medical condition</th><th>Yes</th><th>No</th><th>Not sure</th></tr>
<tr><td>COVID-19 (coronavirus infection)</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Flu</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Pneumonia</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Acute respiratory distress syndrome</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>An abnormal chest X-ray</td><td>○</td><td>○</td><td>○</td></tr>
</table></td><td></td></tr>
<tr><td>S-061</td><td>Required</td><td>Have you ever had a viral test (e.g., nasal or saliva sample) to determine whether you had an active COVID-19 infection?
○ Yes
○ No, have not tried to get tested
○ No, have tried to get tested, but could not find a place that would test me</td><td></td></tr>
<tr><td>S-071</td><td>Required if S-061 = Yes</td><td>Have you ever had a positive viral test result?
○ Yes
○ No
○ Test result pending</td><td></td></tr>
<tr><td>S-072</td><td>Required if S-071 = Yes</td><td>When did you first have a positive viral test result? MM/DD/YYYY</td><td></td></tr>
<tr><td>S-075</td><td>Required</td><td>Have you ever had an antibody test (e.g., blood draw) to determine whether you had a past COVID-19 infection?
○ Yes
○ No, have not tried to get tested
○ No, have tried to get tested, but could not find a place that would test me</td><td></td></tr>
<tr><td>S-076</td><td>Required if S-075 = Yes</td><td>Have you ever had a positive antibody test result?
○ Yes
○ No
○ Test result pending</td><td></td></tr>
<tr><td>S-077</td><td>Required if S-076 = Yes</td><td>When did you first have a positive antibody test result? MM/DD/YYYY</td><td></td></tr>
</table>

S-080	*If S-071 = Yes*	Did you self-quarantine for 14 days following your first positive viral test result? ○ Yes, for 14 days ○ Yes, for fewer than 14 days ○ No	
S-090		Have you ever been hospitalized as a result of COVID-19? ○ Yes ○ No	
S-100	*If S-090 = Yes*	Were you admitted to an intensive care unit (ICU)? ○ Yes ○ No	
S-110	*If S-100 = Yes*	Were you intubated or connected to a ventilator? ○ Yes ○ No ○ Don't know	
S-120	*If S-100 = Yes*	Did you receive extracorporeal membrane oxygenation (ECMO)? ECMO is a machine that pumps and oxygenates blood outside the body. ○ Yes ○ No ○ Don't know	
S-130		Has a health professional ever told you that you had :	
S-140		If female, have you been pregnant at any time between January 1, 2020 and today? ○ Yes ○ No ○ Not Applicable	
S-150		Over the **last 2 weeks**, how often have you been bothered by the following problems?	Generalized Anxiety Disorder Order 7-item (GAD-7) screening tool

S-130 table:

Medical condition	Yes	No	Not sure
Liver disease	○	○	○
Immunocompromised condition	○	○	○
Neurologic/neurodevelopmental/intellectual disability	○	○	○

S-150 table:

	Not at all	Several days	More than half the days	Nearly every day

		<table><tr><td>Feeling nervous, anxious or on edge</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Not being able to stop or control worrying</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Worrying too much about different things</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Trouble relaxing</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Being so restless that it is hard to sit still</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Becoming easily annoyed or irritable</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Feeling afraid as if something awful might happen</td><td>○</td><td>○</td><td>○</td><td>○</td></tr></table>	
S-160	*If any response in S-150 is 'Several days' or more*	How difficult have these made it for you to do your work, take care of things at home, or get along with other people? ○ Not difficult at all ○ Somewhat difficult ○ Very difficult ○ Extremely difficult	
S-170		As a result of the COVID-19 pandemic, have you accessed mental health services? ○ Yes ○ No ○ No, I did not need mental health services	
S-180		Do you have health insurance? ○ No ○ Yes, through my job ○ Yes, through a policy I purchased privately ○ Yes, through a family member ○ Yes, through Medicaid or Medicare ○ Other (describe): ___________	
S-190		Have any of the following made it difficult for you to obtain health care services as a consequence of the COVID-19 pandemic? (check all that apply) ☐ Insurance problems ☐ Money/Cost ☐ Home health services disrupted ☐ No regular health care provider	

		☐ Faced discrimination or treated unfairly when accessing healthcare in the past ☐ Medical appointment delayed or canceled ☐ No transportation ☐ Lack of time ☐ Usual clinic/physician closed ☐ Not Applicable ☐ Other (describe): ______________________________	

Seasonal flu

The next questions are about seasonal flu and not COVID-19.

#	Condition	Question	Comments
F-010		Have you gotten a flu shot for the 2020-2021 flu season (starting September 1, 2020)? ○ Yes ○ No	
F-020		Since September 1, 2020, have you had a viral test (e.g., nasal or saliva sample) to determine whether you had an active **influenza (flu) infection**? ○ Yes ○ No	
F-030	*If F-020 = Yes*	Since September 1, 2020, have you had a positive flu test result? ○ Yes ○ No ○ Test result pending	

Exposures

We will now ask you about potential exposures to COVID-19.

#	Condition	Question	Comments
E-010	*Required*	Have you ever had in-person close contact with a person diagnosed with coronavirus disease (COVID-19)? ○ Yes ○ No ○ Not sure	
E-020	*If E-010 = Yes*	Where did this in-person close contact occur? ○ At home	

		O At work O In the community O In a healthcare setting O Other (describe): _________	
E-030		Are you a first responder or health care worker in the United States? O Yes O No	
E-040		Have you traveled more than 100 miles from your home since January 1, 2020? O Yes O No	
E-050		Have you traveled to a foreign country since January 1, 2020? O Yes O No	
E-060		Since January 1, 2020, have you attended any events with more than 50 people? O Yes O No	

Behaviors

We will now ask you about actions you took in response to COVID-19.

#	Condition	Question	Comments
B-010	*Required*	Currently**,** are you doing any of the following in response to the coronavirus? (Check all that apply) ☐ Washing hands more frequently ☐ Using hand sanitizer more frequently ☐ Avoiding large groups and gatherings ☐ Staying 6 feet away from other people ☐ Remaining home except for essential activities ☐ Avoiding touching your eyes, nose and mouth ☐ Wearing a facemask ☐ Covering your nose and mouth when you cough or sneeze ☐ Cleaning and disinfecting frequently touched surfaces ☐ None of the above ☐ Other (describe): ______________	

B-020		How often are you leaving your home? ○ Not at all ○ 1-2 times per month ○ 1-2 times per week ○ 3-4 times per week ○ 5-7 times per week	
B-030		How would you describe your current work situation? ○ My job provides an essential service, and I am still going into work ○ I cannot perform job duties from home, and I am still going into work ○ I cannot perform job duties from home, and I am not going into work ○ I am working from home ○ I am not currently employed	
B-040		What is the source of your information about coronavirus? (Check all that apply) ☐ Traditional news ☐ Social media ☐ Health Care providers ☐ Federal/state government ☐ Local health departments ☐ Internet or web searches ☐ Friends/family ☐ Other (describe): ____________	
B-050		What extra supplies, if any, did you prepare for your household in response to official or potential stay-at-home orders? (Check all that apply) ☐ Food ☐ Prescription and over-the-counter medicines ☐ Household cleaning items ☐ Other (describe): ____________	

Economic and Household Impacts

We will now ask you about impacts of the COVID-19 pandemic on your household.

#	Condition	Question	Comments
H-010		How would you describe your current living situation? ○ I live in a home that I own	

		○ I live in a home or apartment that I rent ○ I am living with family/friends ○ I live in a nursing home, senior living facility, or chronic care facility ○ I am living in a temporary shelter ○ I am homeless	
H-020	*Required If not homeless*	Where are you currently living? Address: ______________________________ Apt. or Suite: ________ City: ____________ State: ___Zip: _____________	
H-030		What is your current marital status? ○ Married ○ Widowed ○ Divorced ○ Separated ○ Never married	
H-040		How many people (including yourself) currently live in your household? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11-20 ○ 20+ (I live in group quarters like a college dormitory, nursing home, rehabilitation facility)	
H-050		Among people in your household, how many are seniors (ages 60+)? ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5+	
H-060		Among people in your household, how many are children (ages 0-17)?	

		○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5+	
H-070	*If H-060 > 0*	Have you experienced difficulties with any of the following due to school and childcare closures? (Check all that apply) ☐ Communicating with child’s school ☐ Communicating with child’s teacher ☐ Helping child complete schoolwork ☐ Accessing the internet ☐ Accessing a computer, tablet, or mobile device ☐ Finding alternative childcare ☐ Other (describe): ______________________________	
H-080	*Required*	Have you or any member of your household lost income as a consequence of the COVID-19 pandemic? ○ Yes, I have ○ Yes, a member of my household has ○ Yes, I have and a member of my household has ○ No	
H-090	*If H-080 is any Yes*	This was due to: (Check all that apply) ☐ Layoff or job loss ☐ Reduced work hours ☐ Pay cut(s) ☐ Business closure ☐ Caring for a child ☐ Caring for an elder ☐ Other (describe): ______________________________	
H-100		Have you experienced any of the following due to the COVID-19 pandemic? (Check all that apply) ☐ Difficulty paying rent ☐ Recently evicted, currently housing insecure, or currently homeless ☐ Difficulty paying bills ☐ Difficulty finding foods ☐ Difficulty getting prescriptions filled ☐ Increased household expenses ☐ Increased medical expenses	

		☐ No transportation ☐ Lost health insurance coverage ☐ Difficulty finding essential household supplies (for example, paper products, cleaning supplies, face masks) ☐ Other (describe): ______________________________	
H-110		Has the COVID-19 pandemic affected you or members of your household in other ways? Please let us know by writing in the box below.	