

## [SrvCov\_COVIDINTRO\_v1r0] COVID-19 Survey

We have some questions about whether you had COVID-19 and any symptoms, your experience during the pandemic, and if you have been vaccinated. If you have been vaccinated for COVID-19, it may be helpful to have your COVID-19 vaccine card with you while you complete this section of the survey.

1. [SrvCov\_COV1\_v1r0] Have you ever had COVID-19?

1        Yes  
0        No → GO TO SrvCov\_COV23\_v1r0  
77       Unsure → GO TO SrvCov\_COV23\_v1r0  
NO RESPONSE → GO TO SrvCov\_COV23\_v1r0

2. [SrvCov\_COV2\_v1r0] How many times have you had COVID-19?

|\_|\_| Times  
[RANGE CHECK min= 1]  
NO RESPONSE → GO TO COV3 AND SET LOOP ITERATION TO 1

[Fill “first”, “2nd”, “3rd”, etc. according to how many times [SrvCov\_COV3\_SRC\_v3r0] is displayed to the respondent]

3. [SrvCov\_COV3\_SRC\_v3r0] When was the [first/2nd/3rd/etc.] time that you had COVID-19? If you are not sure, please make your best guess. If you are using a phone or tablet, please tap the gray box to enter your response.

\_\_month       \_\_\_\_year [SrvCov\_COV3\_MY\_v3r1]  
[RANGE CHECK min= 1/2020 max= current month/year]

4. [SrvCov\_COV4\_v1r0] The [first/2nd/3rd/etc.] time you had COVID-19, did you test **positive**?

1        Yes → GO TO SrvCov\_COV6\_v1r0  
0        No → GO TO SrvCov\_COV5\_v1r0  
77       Unsure → GO TO SrvCov\_COV5\_v1r0  
NO RESPONSE → GO TO SrvCov\_COV5\_v1r0

[DISPLAY SrvCov\_COV5\_v1r0 IF (SrvCov\_COV4\_v1r0= 0, 77)  
ELSE, GO TO SrvCov\_COV6\_v1r0]

5. [SrvCov\_COV5\_v1r0] The [first/2nd/3rd/etc.] time you had COVID-19, did a healthcare provider ever tell you they thought you had COVID-19?

0        No  
1        Yes

6. [SrvCov\_COV6\_v1r0] The [first/2nd/3rd/etc.] time you had COVID-19, did you have any symptoms?
- 0 No → **GO TO SrvCov\_COVSUMMARY\_v1r0**  
 1 Yes
7. [SrvCov\_COV7\_v1r0] When you were experiencing your worst COVID-19 symptoms, the [first/2nd/3rd/etc.] time you had COVID-19, did they interfere with or stop you from doing your daily activities?
- 0 Not at all  
 1 A little bit  
 2 Somewhat  
 3 Quite a bit  
 4 Very much
8. [SrvCov\_COV8\_v1r0] Did you have any of the following symptoms, the [first/2nd/3rd/etc.] time you had COVID-19? Select all that apply.
- 0 [SrvCov\_COV8A\_v1r0] Fever  
 1 [SrvCov\_COV8B\_v1r0] Body chills (feeling cold, shivering)  
 2 [SrvCov\_COV8C\_v1r0] Body or muscle aches  
 3 [SrvCov\_COV8D\_v1r0] Weakness or fatigue (tiredness)  
 4 [SrvCov\_COV8E\_v1r0] Confusion  
 5 [SrvCov\_COV8F\_v1r0] Trouble sleeping  
 6 [SrvCov\_COV8G\_v1r0] New loss of taste or smell  
 7 [SrvCov\_COV8H\_v1r0] Stuffy nose (nasal congestion)  
 8 [SrvCov\_COV8I\_v1r0] Sore throat  
 9 [SrvCov\_COV8J\_v1r0] Cough  
 10 [SrvCov\_COV8K\_v1r0] Shortness of breath (trouble breathing)  
 11 [SrvCov\_COV8L\_v1r0] Chest tightness  
 12 [SrvCov\_COV8M\_v1r0] Stomach pain  
 13 [SrvCov\_COV8N\_v1r0] Diarrhea or watery stool (poop)  
 14 [SrvCov\_COV8O\_v1r0] Nausea (being sick to your stomach)  
 15 [SrvCov\_COV8P\_v1r0] Vomiting (throwing up)  
 16 [SrvCov\_COV8Q\_v1r0] Rashes or other skin changes  
 17 [SrvCov\_COV8R\_v1r0] Conjunctivitis (pink eye)  
 55 [SrvCov\_COV8S\_v1r0] Other [Free text box] [SrvCov\_COV8S\_OTH\_v1r0]

## Complications

9. [SrvCov\_COV9\_v2r0] During the [first/2nd/3rd/etc.] time you had COVID-19, did you have septic shock (a life-threatening condition with symptoms like difficulty breathing, chills, peeing less, and confusion) as a complication of COVID-19?

1 Yes  
0 No  
77 Unsure

10. [SrvCov\_COV10\_v1r0] During the [first/2nd/3rd/etc.] time you had COVID-19, were you diagnosed with pneumonia (a lung or respiratory infection) as a complication of COVID-19?

1 Yes  
0 No  
77 Unsure

11. [SrvCov\_COV11\_v1r0] During the [first/2nd/3rd/etc.] time you had COVID-19, were you diagnosed with blood clots as a complication of COVID-19?

1 Yes  
0 No  
77 Unsure

12. [SrvCov\_COV12\_v1r0] During the [first/2nd/3rd/etc.] time you had COVID-19, did you stay in a hospital overnight for any symptoms or illness related to COVID-19?

1 Yes  
0 No → **GO TO SrvCov\_COVSUMMARY\_v1r0**  
77 Unsure → **GO TO SrvCov\_COVSUMMARY\_v1r0**  
**NO RESPONSE → GO TO SrvCov\_COVSUMMARY\_v1r0**

13. [SrvCov\_COV13\_v2r0] How many nights did you stay in the hospital when you had COVID-19 for the [first/2nd/3rd/etc.] time? If you had multiple overnight hospital stays, please add up all of the nights from each of your stays.

\_\_\_\_\_ nights

*[RANGE CHECK min= 1]*

14. [SrvCov\_COV14A\_v1r0] While you were in the hospital the [first/2nd/3rd/etc.] time you had COVID-19, did you ever have **oxygen (by mask or nose)**? If you are not sure, please make your best guess.

1 Yes  
0 No  
77 Don't know  
**NO RESPONSE → GO TO SrvCov\_COV15A\_v1r0**

[DISPLAY SrvCov\_COV14B\_v1r0 IF SrvCov\_COV14A\_v1r0= 1  
ELSE, GO TO SrvCov\_COV15A\_v1r0]

15. [SrvCov\_COV14B\_v1r0] How many days were you treated with **oxygen (by mask or nose)** when you had COVID-19 for the [first/2nd/3rd/etc.] time?

\_\_ Days

[RANGE CHECK min= 0 max= COV13 response or 180 if COV13= null]

16. [SrvCov\_COV15A\_v1r0] While you were in the hospital the [first/2nd/3rd/etc.] time you had COVID-19, did you ever have a **breathing tube or ventilator**? If you are not sure, please make your best guess.

1 Yes

0 No

77 Don't know

NO RESPONSE → GO TO SrvCov\_COV16A\_v1r0

[DISPLAY SrvCov\_COV15B\_v1r0 IF SrvCov\_COV15A\_v1r0= 1  
ELSE, GO TO SrvCov\_COV16A\_v1r0]

17. [SrvCov\_COV15B\_v1r0] How many days were you treated with a **breathing tube or ventilator** when you had COVID-19 for the [first/2nd/3rd/etc.] time?

\_\_ Days

[RANGE CHECK min= 0 max= COV13 response or 180 if COV13= null]

18. [SrvCov\_COV16A\_v1r0] While you were in the hospital the [first/2nd/3rd/etc.] time you had COVID-19, were you treated in an **"intensive care unit" or with ICU monitoring**? If you are not sure, please make your best guess.

1 Yes

0 No

77 Don't know

NO RESPONSE → GO TO SrvCov\_COV17A\_v1r0

[DISPLAY SrvCov\_COV16B\_v1r0 IF SrvCov\_COV16A\_v1r0= 1  
ELSE, GO TO SrvCov\_COV17A\_v1r0]

19. [SrvCov\_COV16B\_v1r0] How many days were you treated in an **"intensive care unit" or with ICU monitoring** when you had COVID-19 for the [first/2nd/3rd/etc.] time?

\_\_ Days

[RANGE CHECK min= 0 max= COV13 response or 180 if COV13= null]

20. [SrvCov\_COV17A\_v1r0] While you were in the hospital the [first/2nd/3rd/etc.] time you had COVID-19, did you **receive dialysis treatment**? If you are not sure, please make your best guess.

1 Yes  
 0 No  
 77 Don't know  
 NO RESPONSE → GO TO SrvCov\_COVSUMMARY\_v1r0

[DISPLAY SrvCov\_COV17B\_v1r0 IF SrvCov\_COV17A\_v1r0= 1  
 ELSE, GO TO SrvCov\_COVSUMMARY\_v1r0]

21. [SrvCov\_COV17B\_v1r0] How many days did you **receive dialysis treatment** when you had COVID-19 for the [first/2nd/3rd/etc.] time?

\_\_ Days

[RANGE CHECK min= 0 max= COV13 response or 180 if COV13= null]

22. [SrvCov\_COVSUMMARY\_v1r0] Here is a summary of the information you shared about when you had COVID-19 for the [first/2nd/3rd/4th/etc.] time. If any of the information is incorrect, please select the “Back” button to update your response. If all of the information is correct, please select the “Next” button to move forward.

**\*DISPLAY IF COV3, COV4, COV6, COV8, COV12 WERE DISPLAYED TO THE RESPONDANT]**

Date: [response from [SrvCov\_COV3\_SRC\_v3r0]]\*  
 Positive Test: [response from [SrvCov\_COV4\_v1r0]]\*  
 Symptoms present: [response from [SrvCov\_COV6\_v1r0]]\*  
 Symptoms: [response(s) from [SrvCov\_COV8C\_v1r0]]\*  
 Overnight Hospitalization: [response from [SrvCov\_COV12\_v1r0]]\*

**LOOP OR END DEPENDING ON RESPONSES IN SrvCov\_COV2\_v1r0**

## Long COVID-19

[DISPLAY [SrvCov\_COV19\_v1r0] IF at least one of the [SrvCov\_COV6\_v1r0 = 1],  
 ELSE, GO TO SrvCov\_COV23\_v1r0]

23. [SrvCov\_COV19\_v1r0] Some people who have had COVID-19 reported long-term effects from their illness and from living through the COVID-19 pandemic.

24. [GRID\_SRVCOV\_COV19A\_V1R0] Since your COVID-19 diagnosis, have you experienced any of the following symptoms?

[Radio button grid, select one each row]	1 Yes, I have this symptom now.	2 Yes, I have had this in the past, but I do not have it now.	0 No, I never had this symptom.
Loss of taste or smell [SrvCov_COV19A1_v1r0]			
Appetite changes [SrvCov_COV19A2_v1r0]			
Feeling generally more tired than you used to feel [SrvCov_COV19A3_v1r0]			

Trouble remembering things [SrvCov_COV19A4_v1r0]			
Trouble paying attention [SrvCov_COV19A5_v1r0]			
Trouble thinking or making decisions [SrvCov_COV19A6_v1r0]			

25. [GRID\_SRVCOV\_COV19B\_V1R0] Since your COVID-19 diagnosis, have you experienced any of the following symptoms?

[Radio button grid, select one each row]	1 Yes, I have this symptom now.	2 Yes, I have had this in the past, but I do not have it now.	0 No, I never had this symptom.
Shortness of breath [SrvCov_COV19B1_v1r0]			
Not able to exercise at your usual level [SrvCov_COV19B2_v1r0]			
Not able to return to work or school [SrvCov_COV19B3_v1r0]			
Not able to return to your usual activities [SrvCov_COV19B4_v1r0]			
Feeling weak, tired and/or sick 24-48 hours after physical activity or exercise [SrvCov_COV19B5_v1r0]			

26. [GRID\_SRVCOV\_COV19C\_V1R0] Since your COVID-19 diagnosis, have you experienced any of the following symptoms?

[Radio button grid, select one each row]	1 Yes, I have this symptom now.	2 Yes, I have had this in the past, but I do not have it now.	0 No, I never had this symptom.
Feeling lightheaded or dizzy [SrvCov_COV19C1_v1r0]			
Periods of racing heart rate [SrvCov_COV19C2_v1r0]			
Trouble sleeping [SrvCov_COV19C3_v1r0]			
Changes in your mood and emotions (such as feeling sad, anxious, or annoyed more than usual) [SrvCov_COV19C4_v1r0]			
Muscle Aches [SrvCov_COV19C5_v1r0]			

27. [SrvCov\_COV19C6A\_SRC\_v2r0] Since your COVID-19 diagnosis, have you experienced any other symptoms?

- 0 No → **GO TO SrvCov\_COV20A\_v1r0**  
1 Yes, [Free text box] [SrvCov\_COV19C6ADesc\_v1r0]  
**NO RESPONSE → GO TO SrvCov\_COV20A\_v1r0**

**[DISPLAY SrvCov\_COV19C6B\_v1r0 IF SrvCov\_COV19C6A\_SRC\_v2r0= 1**

**ELSE, GO TO SrvCov\_COV20A\_v1r0]**

**[FILL RESPONSE FROM SrvCov\_COV19C6ADesc\_v1r0. IF NO TEXT PROVIDED AT SrvCov\_COV19C6ADesc\_v1r0, FILL “THESE OTHER SYMPTOMS”]**

28. [SrvCov\_COV19C6B\_v1r0] Are you still experiencing [piped response from SrvCov\_COV19C6ADesc\_v1r0/these other symptoms]?

- 1 Yes  
0 No

**[DISPLAY GRID\_SRVCOV\_COV20A\_V1R0 IF (COV19A1, COV19A2, COV19A3, COV19A4, COV19A5, COV19A6, COV19B1, COV19B2, COV19B3, COV19B4, COV19B5, COV19C1, COV19C2, COV19C3, COV19C4, OR COV19C5= 1, 2)  
ELSE, GO TO SrvCov\_COV20A17\_v1r0]**

29. [GRID\_SRVCOV\_COV20A\_V1R0] How long did you experience the following symptoms?

[Radio button grid, select one each row]	0 Less than 1 month	1 Between 1 and 3 months	2 More than 3 months
Loss of taste or smell [SrvCov_COV20A1_v1r0]			
Feeling generally more tired than you used to feel [SrvCov_COV20A2_v1r0]			
Trouble remembering things [SrvCov_COV20A3_v1r0]			
Trouble paying attention [SrvCov_COV20A4_v1r0]			
Trouble thinking or making decisions [SrvCov_COV20A5_v1r0]			
Appetite changes [SrvCov_COV20A6_v1r0]			
Feeling lightheaded or dizzy [SrvCov_COV20A7_v1r0]			
Periods of racing heart rate [SrvCov_COV20A8_v1r0]			
Shortness of breath [SrvCov_COV20A9_v1r0]			
Not able to exercise at your usual level [SrvCov_COV20A10_v1r0]			
Not able to return to work or school [SrvCov_COV20A11_v1r0]			
Not able to return to your usual activities [SrvCov_COV20A12_v1r0]			
Feeling weak, tired and/or sick 24-48 hours after physical activity or exercise [SrvCov_COV20A13_v1r0]			
Trouble sleeping [SrvCov_COV20A14_v1r0]			
Changes in your mood and emotions (such as feeling sad, anxious, or annoyed more than usual) [SrvCov_COV20A15_v1r0]			
Muscle Aches [SrvCov_COV20A16_v1r0]			

**[DISPLAY SrvCov\_COV20A17\_v1r0 IF (SrvCov\_COV19C6A\_SRC\_v2r0 = 1)  
ELSE, GO TO SrvCov\_COV25INTRO\_v1r0]**

**[FILL RESPONSE FROM SrvCov\_COV19C6ADesc\_v1r0. IF NO TEXT PROVIDED AT SrvCov\_COV19C6ADesc\_v1r0, FILL “THESE OTHER SYMPTOMS”]**

30. [SrvCov\_COV20A17\_v1r0] How long did you experience [piped response from SrvCov\_COV19C6ADesc\_v1r0/ these other symptoms]?

- 0 Less than 1 month
- 1 Between 1 and 3 months
- 2 More than 3 months

31. [SrvCov\_COV21\_v1r0] Following your COVID-19 infection in [FILL IN DATES FROM SrvCov\_COV3\_SRC\_v3r0], do you feel that you have fully recovered to your usual state of health?

- 1 Yes
- 2 Yes, mostly
- 0 No → **GO TO SrvCov\_COV25INTRO\_v1r0**

32. [SrvCov\_COV22\_v1r0] How long did it take you to recover to your usual state of health from the date you first realized you had COVID-19? NOTE TO PROGRAMMERS: There is no range check for months or days

\_\_\_\_\_ months [SrvCov\_COV22\_MONTHS\_v1r0] \_\_\_\_\_ days [SrvCov\_COV22\_DAYS\_v1r0]

→ **GO TO SrvCov\_COV25INTRO\_v1r0**

## **Pandemic Effects on Health**

**[DISPLAY SrvCov\_COV23\_v1r0 IF ((SrvCov\_COV1\_v1r0 =0, 77, non-response) OR (SrvCov\_COV5\_v1r0 =0) OR (SrvCov\_COV6\_v1r0= 0)) ELSE, GO TO SrvCov\_COV25INTRO\_v1r0]**

33. [SrvCov\_COV23\_v1r0] Many people have reported challenges related to living during the COVID-19 pandemic that have affected their health.

34. [GRID\_SRVCOV\_COV23A\_V1R0] Since the beginning of 2020, have you experienced any of the following symptoms?

[Radio button grid, select one each row]	1 Yes, I am experiencing this now.	2 Yes, I experienced this, but I am not experiencing it now.	0 No, I never experienced this.
Loss of taste or smell [SrvCov_COV23A1_v1r0]			
Appetite changes [SrvCov_COV23A2_v1r0]			
Feeling generally more tired than you used to feel [SrvCov_COV23A3_v1r0]			
Trouble remembering things [SrvCov_COV23A4_v1r0]			



Trouble paying attention [SrvCov_COV23A5_v1r0]			
Trouble thinking or making decisions [SrvCov_COV23A6_v1r0]			

35. [GRID\_SRVCOV\_COV23B\_V1R0] Since the beginning of 2020, have you experienced any of the following symptoms?

[Radio button grid, select one each row]	1 Yes, I am experiencing this now.	2 Yes, I experienced this, but I am not experiencing it now.	0 No, I never experienced this.
Feeling lightheaded or dizzy [SrvCov_COV23B1_v1r0]			
Periods of racing heart rate [SrvCov_COV23B2_v1r0]			
Shortness of breath [SrvCov_COV23B3_v1r0]			
Feeling weak, tired and/or sick 24-48 hours after physical activity or exercise [SrvCov_COV23B4_v1r0]			
Trouble sleeping [SrvCov_COV23B5_v1r0]			
Changes in your mood and emotions (such as feeling sad, anxious, or annoyed more than usual) [SrvCov_COV23B6_v1r0]			
Muscle aches [SrvCov_COV23B7_v1r0]			

**[DISPLAY GRID\_SRVCOV\_COV24A\_V1R0 IF (COV23A1, COV23A2, COV23A3, COV23A4, COV23A5, COV23A6, COV23B1, COV23B2, COV23B3, COV23B4, COV23B5, COV23B6, OR COV23B7= 1, 2) ELSE, GO TO SrvCov\_COV25INTRO\_v1r0]**

36. [GRID\_SRVCOV\_COV24A\_V1R0] How long did you experience the following symptoms?

[Radio button grid, select one each row]	0 Less than 1 month	1 Between 1 and 3 months	2 More than 3 months
Loss of taste or smell [SrvCov_COV24A1_v1r0]			
Appetite changes [SrvCov_COV24A2_v1r0]			
Feeling generally more tired than you used to feel [SrvCov_COV24A3_v1r0]			
Trouble remembering things [SrvCov_COV24A4_v1r0]			
Trouble paying attention [SrvCov_COV24A5_v1r0]			
Trouble thinking or making decisions [SrvCov_COV24A6_v1r0]			
Feeling lightheaded or dizzy [SrvCov_COV24A7_v1r0]			
Periods of racing heart rate [SrvCov_COV24A8_v1r0]			
Shortness of breath [SrvCov_COV24A9_v1r0]			
Feeling weak, tired and/or sick 24-48 hours after physical activity or exercise [SrvCov_COV24A10_v1r0]			

Trouble sleeping [SrvCov_COV24A11_v1r0]			
Changes in your mood and emotions (such as feeling sad, anxious, or annoyed more than usual) [SrvCov_COV24A12_v1r0]			
Muscle aches [SrvCov_COV24A13_v1r0]			

## Vaccination

[SrvCov\_COV25INTRO\_v1r0] The following section asks about COVID-19 vaccination and boosters. If you have been vaccinated for COVID-19, it may be helpful to have your COVID-19 vaccine card with you while you complete this section of the survey.

37. [SrvCov\_COV25\_v2r0] Did you get vaccinated against COVID-19?

- 1 Yes  
0 No → **GO TO END**  
77 Don't know → **GO TO END**  
**NO RESPONSE → GO TO END**

38. [SrvCov\_COV26\_v2r0] How many shots of the COVID-19 vaccine did you get? Please include your initial vaccination and any booster shots.

\_\_ [please have drop down (numeric)]

[*RANGE CHECK min= 1 max=10*]

For each vaccination based on [SrvCov\_COV26\_v2r0], [can we include an indicator of which shot?] i.e., with your first shot, with your second shot, with your third shot...

39. [SrvCov\_COV27\_SRC\_v3r0] When did you get vaccinated? If you are using a phone or tablet, please tap the gray box to enter your response.

\_\_\_\_ month \_\_\_\_ year [SrvCov\_COV27\_MY\_v3r0]

[Month picker- cannot be before 2020 or past current month/year]

40. [SrvCov\_COV28\_SRC\_v2r1] Which COVID-19 vaccine shot did you get?

- 0 Moderna  
1 Pfizer  
2 Johnson & Johnson  
3 AstraZeneca  
4 Novavax  
55 Other \_\_\_\_\_ [SrvCov\_COV28Desc\_v1r0]  
77 Don't know

41. [SrvCov\_COV29\_v1r0] Here's a summary of the information you shared about your COVID-19 vaccination. If any of the information is incorrect, please select the "Back" button to update your responses. If all the information is correct, please select the "Next" button to move forward.

**Repeat up to total number of vaccinations reported above.**

Closing remark on submit survey screen: "You have answered all of the questions in this survey. To submit your answers, select the "Submit Survey" button."