

[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

NO RESPONSE → GO TO COV3 AND SET LOOP ITERATION TO 1

[Fill “first”, “2nd”, “3rd”, etc. according to how many times [SrvCov_COV3_v1r0] is displayed to the respondent]

3. [SrvCov_COV3_v1r0] When was the [first/2nd/3rd/etc.] time that you had COVID-19? If you are not sure, please make your best guess.

__month __year [SrvCov_COV3_MY_v2r0]

[Month picker- cannot be before 2020 or past 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_v1r0] How many nights did you stay in the hospital when you had COVID-19 for the [first/2nd/3rd/etc.] time you had COVID-19? If you had multiple overnight hospital stays, please add up all of the nights from each of your stays.

_____ nights

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

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

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

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

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_v1r0]*

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. Since your COVID-19 diagnosis, have you experienced any of the following symptoms?

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]			
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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_v1r0] 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_v1r0= 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 (SrvCov_COV19A_v1r0=1, 2), (SrvCov_COV19B_v1r0=1, 2), (SrvCov_COV19C_v1r0=1, 2)]

ELSE, GO TO SrvCov_COV25INTRO_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_v1r0 = 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_v1r0], 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. Since the beginning of 2020, have you experienced any of the following symptoms?

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 (SrvCov_COV23A_v1r0= 1, 2), (SrvCov_COV23B_v1r0= 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)]

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_v1r0] When did you get vaccinated?

__ month __ year [SrvCov_COV27_MY_v2r0]

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

40. [SrvCov_COV28_v1r1] 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.

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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."