

[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_v1r0] is displayed to the respondent]

3. [SrvCov_COV3_v2r0] 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]
[RANGE CHECK min= 3/2020 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_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

[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_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.

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_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 (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_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.

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_v2r0] 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.

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."