# **[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 **à GO TO SrvCov\_COV23\_v1r0**

77 Unsure **à GO TO SrvCov\_COV23\_v1r0**

*NO RESPONSE* ***à GO TO SrvCov\_COV23\_v1r0***

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

|\_|\_| Times

*NO RESPONSE* ***à 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]**

1. [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]

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

1 Yes **à GO TO SrvCov\_COV6\_v1r0**

0 No **à GO TO SrvCov\_COV5\_v1r0**

77 Unsure **à GO TO SrvCov\_COV5\_v1r0**

NO RESPONSE **à GO TO SrvCov\_COV5\_v1r0**

**[DISPLAY SrvCov\_COV5\_v1r0 IF (SrvCov\_COV4\_v1r0= 0, 77)**

**ELSE, GO TO SrvCov\_COV6\_v1r0]**

1. [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

1. [SrvCov\_COV6\_v1r0] The [first/2nd/3rd/etc.] time you had COVID-19, did you have any symptoms?

0 No **à GO TO SrvCov\_COVSUMMARY\_v1r0**

1 Yes

1. [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

1. [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**

1. [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

1. [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

1. [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

1. [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 **à GO TO SrvCov\_COVSUMMARY\_v1r0**

77 Unsure **à GO TO SrvCov\_COVSUMMARY\_v1r0**

*NO RESPONSE* ***à GO TO SrvCov\_COVSUMMARY\_v1r0***

1. [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

1. [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* ***à GO TO SrvCov\_COV15A\_v1r0***

**[DISPLAY SrvCov\_COV14B\_v1r0 IF SrvCov\_COV14A\_v1r0= 1**

**ELSE, GO TO SrvCov\_COV15A\_v1r0]**

1. [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

1. [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* ***à GO TO SrvCov\_COV16A\_v1r0***

**[DISPLAY SrvCov\_COV15B\_v1r0 IF SrvCov\_COV15A\_v1r0= 1**

**ELSE, GO TO SrvCov\_COV16A\_v1r0]**

1. [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

1. [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* ***à GO TO SrvCov\_COV17A\_v1r0***

**[DISPLAY SrvCov\_COV16B\_v1r0 IF SrvCov\_COV16A\_v1r0= 1**

**ELSE, GO TO SrvCov\_COV17A\_v1r0]**

1. [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

1. [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* ***à GO TO SrvCov\_COVSUMMARY\_v1r0***

**[DISPLAY SrvCov\_COV17B\_v1r0 IF SrvCov\_COV17A\_v1r0= 1**

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

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

\_\_ Days

1. [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]**

1. [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?
2. [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] |  |  |  |

1. [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] |  |  |  |

1. [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] |  |  |  |

1. [SrvCov\_COV19C6A\_v1r0] Since your COVID-19 diagnosis, have you experienced any other symptoms?

0 No **à GO TO SrvCov\_COV20A\_v1r0**

1 Yes, [Free text box] [SrvCov\_COV19C6ADesc\_v1r0]

*NO RESPONSE* ***à 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”]**

1. [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]**

1. [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”]**

1. [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

1. [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 **à GO TO SrvCov\_COV25INTRO\_v1r0**

1. [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]

**à 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]**

1. [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?
2. [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] |  |  |  |

1. [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]**

1. [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.

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

1 Yes

0 No **à GO TO END**

77 Don’t know **à GO TO END**

*NO RESPONSE* ***à GO TO END***

1. [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...

1. [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]

1. [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

1. [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.”