HCHS/SOL Visit 3 COVID19 Questionnaire
CVEB/CVSB QxQ
3/22/2022

General Information

The COVID19 Wave 2 Questionnaire is designed to collect data on the diagnosis and symptoms associated with COVID-19, caused by infection with the SARS-CoV-2 virus. This Wave 2 survey is to be implemented from June 2021 onwards, until all cohort members, or a designated respondent or next of kin, have had an opportunity to respond to this survey. Items from NIH's C4R questionnaire have been included. See additional details in MOP 3, Appendix 5.

The CVEB/SB Questionnaire should be completed right after the CPEB/SB. If the participant does not have time to complete CVEB/SB at the time of the call, schedule a convenient date and time to call them back. Enter the scheduled time information in the CVEB/SB Q0f and 0f1 (see details below).

If the participant agrees, the COVID forms can be administered at the conclusion of the AFU interview call for the year. They can also be administered as a separate, stand-alone telephone contact with the participant, or administered in-person if the opportunity arises during on site exams or ancillary study visits. This flexible strategy will help maximize the number of forms completed. Field centers will work with their staff to operationalize the administration of the forms with their AFU team and clinic staff.

CVEB/SB Consent

If participant agrees to answer the COVID19 Battery, they are consenting for both forms. For this reason, if the forms are administered in the same call, the interviewer does not have to ask for consent again for the CVEB/SB, so set CVEB/SB-Q0d=1 and continue with the CVEB/SB interview. If for any reason the CVEB/SB is administered on a separate phone call from CPEB/SB, then CVEB/SB-Q0d becomes a required consent question prior to form administration.

Alternate Respondent

If a participant cannot be contacted and a designated Alternate Respondent is available, collect as much information on the CVEB/SB form as the Respondent has knowledge of. An alternate respondent is defined as a well-informed, mature individual who can answer health related questions on behalf of an HCHS/SOL cohort member if the latter is not available (e.g., is hospitalized), or is unable to provide the information (e.g., cognitively impaired). A family member or other person who shares the participant's household or knows him/her well may qualify as an alternate respondent, if sufficiently well informed about the participant's health and use of health care.

If interview is completed with an alternate respondent, the CVEB/CVSB form should be completed as much as possible. Be sure to enter any COVID hospitalization in the AFU HOE/S form as appropriate. Items 19-24 (COVID-19 Symptoms) on this form may be particularly difficult for an alternate respondent to address and can be skipped unless the respondent feels comfortable in providing this information.

Question by Question Instructions

Administrative Information

Q0a-b Enter the date and Staff ID each time this form is updated.

0c This is a pre-filled field in CDART for whether the participant reported a positive or likely positive COVID-19 diagnosis or a hospitalization for suspected or diagnosed

COVID-19 on the Wave 1 CVE form. This field will display 1 (Yes) for any positive or likely positive report made by the participant, and 0 (No) if no COVID diagnosis was reported or if the Wave 1 CVE form was not completed. The field can be edited in case the pre-filled answer is not correct.

0d Start the questionnaire by confirming that the participant is willing to continue with the CVE(S)B form. If No, go to Q0e to get agreement to a call back.

If 0c=Yes and 0d=Yes, skip to Q1. If 0c=No and 0d=Yes, skip to Q2.

Q0e Request to call back at a convenient time. If No, END FORM. If Yes, go to 0f to enter a date and time for the call back.

Q0f-f1 Record date and time for the call back.

Q0g Enter any notes needed.

COVID19 SELF-REPORT

Q0h This is a CDART pre-filled date for the most recent COVID call. If participant did not complete the Wave 1 COVID Questionnaire, this date will 3/1/2020, the first date of the C4R study. Please make a note of the date in this field, as it will be used establish a time frame for several of the following questions.

Q1. This field is only enabled if a positive or likely positive COVID-19 diagnosis was reported by the participant on the Wave 1 CVE form. Record the date of the first COVID diagnosis/likely diagnosis during Wave 1. The purpose of this question is to confirm the date of diagnosis reported at Wave 1, which may not be clear from the Wave 1 CVE form.

If participant answers with a date that falls after the Wave 1 CVE was completed, restate the question, clarifying that we are looking for the date of the COVID-19 diagnosis that they reported at Wave 1.

Q2. This question is to determine if the participant has had any type of COVID-19 testing since Wave 1 CVE (or since 3/1/2020 if Wave 1 CVE was not completed). **Use the date from Q0h in the prompt.** Any HCHS COVID testing, like the Dried Blood Spot test, should not be included/considered to be Yes for this question. The staff member does not need to mention the Dried Blood Spot test to the participant unless it is needed to clarify whether a test mentioned by the participant was part of the study.

Q3. Note the type of COVID testing given to the participant. Select all that apply. Use Q3e1 to note any other kind of test they may have experienced (ex. anal swab).

Q4. Record whether or not the participant had a positive COVID-19 test result, then follow the skip pattern to the next set of questions for each answer chosen in Q4.

Q5. Enter the date of first positive COVID-19 test, then skip to Q12 to continue the questionnaire. **Use the date from Q0h in the prompt.**

Q6. Record whether the participant thought they may have had COVID-19 since Wave 1 CVE (or since 3/1/2020 if Wave 1 CVE was not completed)., <u>even though they had a negative result</u> on the COVID-19 test. **Use the date from Q0h in the prompt.**

If No, skip to Q25. If Yes or Maybe, continue to Q7.

Q7. Asks when the participant thinks they may have first had COVID-19 between Wave 1 CVE (or since 3/1/2020 if Wave 1 CVE was not completed) and present, despite the negative COVID-19 test. **Use the date from Q0h.**

Once answered, skip to Q12 to continue the questionnaire.

Q8. This question is for participants who did not receive COVID testing, were Unsure if they had COVID testing or were Unsure of the results of testing, to see if they think they may have had COVID-19, even though they did not know of or have a COVID test result. **Use the date from Q0h.**

If No, skip to Q25. If Yes or Maybe, continue to Q9.

Q9a-g The purpose of the question is to discover barriers to getting COVID-19 testing, even if the participant suspected they might have had COVID

Q10. Asks for the date the participant suspects or knows they first had COVID-19 in the time frame between Wave 1 CVE (or since 3/1/2020 if Wave 1 CVE was not completed) and present. This should be the date that they first noticed symptoms or first believed that they were infected with COVID-19. **Use the date from Q0h in the prompt.**

If participant cannot remember the specific date, try to at least record the month and year.

Q11a-c Record the answers to these exposure or symptom questions.

COVID-19 REINFECTION

Questions 11d-11j refer to 2 or more infections during this most recent collection period (Wave 1 CVE date to now). If participant did not complete Wave 1 CVE, then this time period is from 3/1/2020 to now. These questions are enabled only if participant answered “Yes” to question 4, 6, or 8.

Q11d Asks if a healthcare provider told participant that they were or may have been reinfected with COVID-19 after their first infection during this collection period. If Answer is “No”, go to Question 12.

Use date reported by participant in Q5, Q7, or Q10.

Q11e Asks when participant first knew or thought that they were re-infected with COVID-19 during this collection period.

Q11f1-f5: This question is to determine how the participant knew or why they thought they had been re-infected with COVID-19. Check “Yes” for all that apply.

Q11g This question asks how the participant’s symptoms during their second infection compared with their symptoms during their first infection. Select one.

Q11h This question asks whether participants have had or think they have had a third COVID-19 infection during this collection period. If the participant was also infected during the first collection period, this would represent a fourth infection overall.

Q11i This question asks when participant first knew or thought that they were reinfected for a second time during this collection period.

Q11j This question serves to confirm that the interviewer has collected the correct information on all COVID-19 infections the participant may have had. If participant confirms dates are correct, mark “Yes” and continue. If participant says no, review the

questions as needed to obtain the correct answers. Only fields on this form can be corrected. Once the fields on this form have been corrected, mark “Yes “and continue.

COVID-19 HOSPITALIZATION

Please refer to Q0h for the date of the Wave 1 CVE (or 3/1/2020 if no CVE present).

Read script: *“I now want to ask you about COVID-19 hospitalizations that you may have had recently.”*

Q12. This question is to determine if the participant was hospitalized overnight since Wave 1 CVE (or 3/1/2020 if no CVE present) for COVID or COVID-related illness. COVID-related illness could include usual symptoms, such as fever, shortness of breath, cough, etc. U**se date from Q0h.**

If No or Unsure, skip to Q19. If Yes, continue to Q13.

Q13. Asks how many times the participant was admitted to the hospital (overnight stay) for COVID or complications from COVID (long term fatigue, continued shortness of breath, etc. that are not related to other illness).

Q14. Record the date of the first hospitalization for COVID or COVID complications.

Q15a-c Record the name, city, and state/country in which the participant was first hospitalized.

Q16. Record the number of nights the participant spent in the hospital during their first hospitalization.

Q17a-d These items note some possible treatments or interventions the participant may have received during their first COVID-related hospitalization. Note the number of days they received each treatment. If exact number of days is not known, ask the participant to make their best estimate. If they cannot estimate the number of days a treatment was received at all, but did receive it, record 1.

Q18. Where the participant went after their first COVID hospitalization is asked here.

COVID-19 SYMPTOMS

Read script: *“Now I would like to ask you about symptoms you may have had when you had COVID-19 or thought you had COVID-19.”*

Q19-20 These questions are regarding the presence and severity of COVID symptoms when they first had/thought they had COVID-19.

COVID-19 RECOVERY

Q21-24 These questions regard the participant’s recovery from their most recent infection with COVID-19, if they are experiencing any lingering symptoms, and their level of concern for the long-term effects of COVID on their health.

Q21. “Recovered” is defined by the participant. If the participant asks the interviewer what it means to be recovered, the interviewer should explain that we are interested in the study participant’s opinion whether they are now completely recovered from COVID-19.

If Answer to Q21 is “No” or “Unsure,” Q22 and Q23 are skipped.

Q23h: Refers to inability to return to work/school due to lingering COVID-19-related health problems or symptoms, NOT due to COVID-19 restrictions/policies or school- or job-related status changes.

Q23i: Refers to inability to return to usual pre-COVID activities due to lingering COVID-19-related health problems or symptoms, NOT due to COVID-19 restrictions/policies or school-or job-related status changes.

COVID-19 VACCINE

Q25-27 These questions are regarding the participant’s current vaccination status and vaccine received.

Q28. Record the month and year of the most recent dose of vaccine received (this may be a booster dose.