



HCHS/SOL Visit 3 COVID19 Questionnaire

CVEC/CVSC QxQ

1/22/2024

General Information

The COVID-19 Wave 3 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 3 survey is to be implemented from May 2023 onwards, until all cohort members, or their designated respondents, have had an opportunity to respond. Items from NIH's C4R questionnaire have been included. See additional details in HCHS Visit 3 MOP 3, Appendix 5.

If the participant agrees, the COVID form can be administered at the conclusion of the AFU interview call for the year. It can also be administered as a separate, stand-alone telephone contact with the participant, or administered 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 AFU and clinic staff to operationalize the form administration.

Please note that only the English (CVEC) or Spanish (CVSC) version should be completed.

Alternate Respondent

If a participant cannot be contacted and a designated Alternate Respondent is available, collect as much information on the CVEC/SC 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.

Items 8-13 (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.

Hospitalizations

Be sure to enter any COVID hospitalizations in the AFU HOE/S form as appropriate.

Question by Question Instructions

Administrative Information

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

0c Answer 'No' or 'Yes' to indicate participation in C4R Wave 3. If 0c=No, **save and close the form.**

0d 'Participant's sex assigned at birth' is pre-filled from DEM1 in CDART.

Instructions: Read these instructions to the participant before proceeding. *Thank you for your participation in C4R! In this questionnaire, we will be asking about your COVID-19 infection and vaccination history, symptoms you may have experienced, and the current state of your health. A number of questions are about events that could have occurred two or more years ago and may be difficult to recall in detail. In these cases, please answer to the best of your ability, and provide 'best estimates' if you can. Your responses, together with those of thousands of others who have generously volunteered to participate in C4R research, will help us better understand*

the pandemic, and to improve the readiness of our nation's public health system to deal with future challenges.

COVID19 SELF-REPORT

- Q1.** Record whether the participant has ever been infected with COVID-19. If 'No', **skip to Q14.**
- Q2.** This question is to determine how many times the participant **thinks** they have been infected with COVID-19. Ask the participant to estimate if they are not sure of the number, otherwise record 'Don't know'.
- Q2a.** Record the number of infections if the participant thinks they have had more than 3.
- Q3.** Record whether the participant has ever been to the ER or been hospitalized overnight for COVID-19. If 'No', **skip to Q5.**
- Q4.** Record the participant's number of ER visits/hospitalizations for COVID-19 or select 'Don't know'.
- Q4a.** Record the number of ER visits/hospitalizations if the participant has had more than 3.

Please use the Hospitalizations Form (HOE/S) to enter any COVID-19 ER visits and hospitalizations with one occurrence per ER visit/hospitalization if not already entered.

Instructions: Read these instructions to the participant before proceeding. *The following seven questions refer to your most recent COVID-19 infection.*

- Q5.** Ask the participant when they **think** they last had COVID-19 or to estimate if unsure.
- Q5a.** Record the Month in MM form.
- Q5b.** Select year in dropdown menu.
- Q6.** Record whether the participant tested for COVID-19 when they think they were last infected. The COVID-19 test can be at home test, PCR test, or other test done to determine if infected. If 'No', **skip to Q8.**
- Q7.** Record whether the participant tested **positive** for COVID-19 when they last tested, or select 'Don't know' if the participant is unsure of their result.
- Q8.** Record whether the participant had any COVID-19 symptoms with their last suspected infection. If 'No', **skip to Q10.**
- Q9.** Ask the participant how much their symptoms prevented them from going about their daily activities **when their COVID-19 symptoms were at their worst.** Read the answer choices provided.
- Q10.** Ask the participant if they were prescribed any medications when they last had COVID-19. If 'No' or 'Don't know', **skip to Q12.**
- Q11a-d.** Record 'No', 'Yes', or 'Don't know' to each of the COVID-19 medications listed. For 11d, specify what other medication was prescribed if not included in items 11a-c.

Recovery from COVID-19

- Q12.** Record whether the participant thinks they are now completely recovered from COVID-19. If 'No', **skip to Q14.**

Q13. Ask the participant to estimate how many days it took them to recover from their most recent COVID-19 infection and record the number in days.

Vaccination against COVID-19

Q14. Record whether the participant has ever been vaccinated against COVID-19 or select 'Don't know' if they are unsure. If 'No', **skip to Q18.**

Q15. Record the number of COVID-19 vaccine shots received or select 'Don't know'.

Q15a. If more than 5, specify the number.

Q16. Ask the participant when their last COVID-19 vaccine was or to estimate if unsure.

Q16a. Record the Month in MM form.

Q16b. Record the year using dropdown menu.

Q17. Record the manufacturer of the participant's last COVID vaccine or select 'Don't know'.

Q17a. Specify the manufacturer or vaccine name if 'Other' was selected.

Global Health

Q18. Ask the participant to rate their **general physical health** by reading the answer choices provided.

Q19. Ask the participant to rate to what extent they are able to carry out **everyday physical activities** by reading the answer choices provided.

Q20. Ask the participant to rate their **average** level of fatigue over the past 7 days by reading the answer choices provided.

Q21. Ask the participant to rate their **average** level of pain over the past 7 days on a scale of 1 to 10 where 1=no pain and 10=the worst imaginable pain.

Symptom Survey (22 questions)

Q.22-43. Instructions: Ask the participant if they have had each of the symptoms listed for Q22-43 over the past 2 weeks. Record 'No' or 'Yes' for each item.

Q43. Only ask this question for participants assigned female sex at birth. For participants assigned male sex at birth, **skip to Q44.**

Q44. Ask the participant to rate their **general mental health** by reading the answer choices provided.

Q45. Ask the participant to rate their general satisfaction with **social activities and relationships** by reading the answer choices provided.

Patient Health Questionnaire-9 (PHQ-8)

Q46. Ask the participant to rate if they have been bothered by having little interest or pleasure in doing things over the past two weeks by reading the answer choices provided.

Q47. Ask the participant to rate if they have been bothered by feeling down, depressed, or hopeless over the past two weeks by reading the answer choices provided.

Changes in medical conditions since the beginning of 2020

Q48a-48p1 Instructions: Ask the participant if since the beginning of 2020, a health care provider has given them a **new diagnosis** of each of the below conditions. Record 'No', 'Yes', or 'Not sure' for items **48a-48p**. Specify the diagnosis if the participant replies 'Yes' to 'Other' in the space provided for 48p1.

Q49. Record 'No', 'Yes', or 'Don't know' to whether the participant thinks they are experiencing or have ever experienced "long COVID", or symptoms related to COVID at least a month after infection.

Social Determinants of Health

Q50. Record whether the participant currently has some form of **health insurance** to help pay for medical bills.

Q51. Ask the participant to rate **how difficult has it been to pay** for the things they or they and their family have needed in the past month by reading the answer choices provided.

Q52. Instructions: Ask the participant if each of the work situations listed in Q52a-52l apply to them currently. Record 'No' or 'Yes' for each item. If the participant responds 'Don't know' then record Q52k as 'Yes' and record Q52a-52j and Q52l as 'No'. If the participant responds 'Prefer not to answer' then record Q52l as 'Yes' and record Q52a-52k as 'No'. If the participant responds 'Yes' to any of the items in Q52a-52j then record both Q52k and Q52l as 'No'.

END FORM

Please save the form and run the Missing Field Report to check for any missing items.