



# HCHS/SOL- COVID-19 Psychosocial Check-In Wave 2 (CPEB)

ID NUMBER:

FORM CODE: CPEB  
VERSION: 1, 12/15/2021

Contact Occasion  0  3 Occurrence  0  1

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /

0b. Staff ID:

**Instructions:** This survey should be administered to all HCHS/SOL eligible participants. Data collection can occur as part of an AFU call (immediately after) or as a separate call. Refer to QXQ for information on how to administer this questionnaire on a separate call or with AFU call. Enter the answer given by the participant for each response. Use the CDART field status to code 'Don't know/refused, Missing, etc.' for those questions that do not list these as an option.

### AFU Call Introduction Script:

Thank you for completing the Annual Follow-up Call. To help us understand how the COVID-19 pandemic is affecting participants and their families, we would like to ask you a few additional questions. These will take about 15 minutes.

### Separate Call Introduction Script:

Hello, my name is (interviewer name), and I am calling to talk to (participant name) about the Hispanic Community Health Study / Study of Latinos (SOL), a health study in which s/he is currently enrolled. Is s/he available?

**No** When would it be convenient to call back? ..... Thank you. I will call back.

**Yes** Hello, (participant name), this is (interviewer name) with the Hispanic Community Health / Study of Latinos.

We are calling to check in with you and find out how you are doing. To help us understand how the COVID-19 pandemic is affecting SOL participants and their families, we would like to ask you a few questions. The interview will take about 15 minutes.

This information will be handled the same way as the other data we have collected by phone. Your participation continues to be voluntary. You may refuse to participate or may withdraw your consent to participate at any time, and for any reason, without jeopardizing your future care at this institution or your relationship with the study principal investigator.

0c. Would you like to participate now?

No 0  [Go to Q0c1]

Yes 1  [Go to Q0d]

Reported deceased 2  [If well informed respondent, ask to complete the CVE/ CVS form] [Complete AFU GHE form]

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0c1. If No, may we call back at another time to ask these questions?

No 0  **[Read script below and Go to 0d.]**

**If No, closing script:**

*Thank you. We understand that this may be a difficult time for many HCHS/SOL participants. Do you have any questions about COVID19 or where you can go to get resources and support? [use FAQs]*

*Okay. If you need any additional information, please give us a call. Thank you for your participation.*

Yes 1

0c2. If Yes, what day and time would you be available?

i. Date: / /

ii. Time: :  **[24-hr format]**

0d. **[INTERVIEWER]** This questionnaire was administered: After AFU interview 1  **[Go to Q2h]**  
As a separate call 2

**A. Contact Information**

*Before we begin, can I update your phone number, address, and email?*

1. We have in our records the following phone numbers; can you please confirm if they are correct?

a. -- as your main phone number

b. -- as your secondary phone number.

*[If secondary number not available, ask the participant if they can provide one.]*

2. We have in our records the following address, can you please confirm if it is correct?

Current home street address 1 (Street Number, Name, Prefix, Suffix, Street Type)

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2a. Current home street address 2 (Unit Subtype, PO Box, Route or Rural zone)

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2a.1 Country/Territory (Select code from list)

**If Other country, Go to Question 2a2**

2a.2 If other, specify: \_\_\_\_\_

2b. City: \_\_\_\_\_

2c. County: \_\_\_\_\_

2d. US State/Territory State: \_\_\_\_\_

**[If US State, Go to Question 2f]**

2e. Out of Country State: \_\_\_\_\_

2f. Zip Code: -

**We have in our records the following email address, can you please confirm if it is correct?**

**[Interviewer:** If an email is not available, say: *We don't currently have an email address for you. Do you have an email address that we can use to contact you?***]**

2g. Email:

2h. Do you have plans to move? No  0 **[Go to Question 3]**  
Yes  1

2h1. When do you plan to move? Weeks  **[Enter 0 if no weeks provided]**

2h2. Months  **[Enter 0 if no months provided]**

**B. COVID-19 PANDEMIC IMPACT ON BEHAVIOR**

**SCRIPT: "The following questions ask about how your activities may have changed since the start of the COVID-19 pandemic in March 2020."**

3. Do you now walk for exercise? 0  No **[Go to Q4]**  
1  Yes

a. Compared to the time before the pandemic, do you now walk for exercise more frequently, less frequently, or about the same amount?

- 1  More frequently
- 2  Less frequently
- 3  Same amount

4. Do you now do any vigorous activities?

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- 0  No **[Go to Q5]**  
1  Yes

a. Compared to the time before the pandemic, do you now engage in vigorous activities more frequently, less frequently, or about the same amount?

- 1  More frequently  
2  Less frequently  
3  Same amount

5. Do you drink alcohol?

- 0  No **[Go to Q6]**  
1  Yes

a. Compared to the time before the pandemic, do you now drink alcohol more frequently, less frequently, or about the same amount?

- 1  More frequently  
2  Less frequently  
3  Same amount

6. Do you smoke cigarettes or a pipe?

- 0  No **[Go to Question 7]**  
1  Yes

a. Compared to the time before the pandemic, do you now smoke more frequently, less frequently, or about the same amount?

- 1  More frequently  
2  Less frequently  
3  Same amount

b. On average, how many cigarettes per day do you now smoke?

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7. Do you smoke medical or recreational marijuana/cannabis?

- 0  No **[Go to Question 8]**  
1  Yes

a. Compared to the time before the pandemic, do you now smoke medical or recreational marijuana/cannabis more frequently, less frequently, or about the same amount?

- 1  More frequently  
2  Less frequently  
3  Same amount

b. On average, how many times per month do you now smoke medical or recreational marijuana/cannabis? 

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8. Do you smoke e-cigarettes?

- 0  No **[Go to Question 9]**  
1  Yes

a. Compared to the time before the pandemic, do you now smoke e-cigarettes more frequently, less frequently, or about the same amount?

- 1  More frequently  
2  Less frequently  
3  Same amount

b. On average, how many times per day do you now smoke e-cigarettes?

9. During the pandemic, as compared to the time before it, are you generally eating and snacking more, less or the same amount?

- 1  More  
2  Less  
3  Same amount

10. During the pandemic, as compared to the time before it, are you generally sleeping more, less or the same amount?

- 1  More  
2  Less  
3  Same amount

11. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 0  No  
1  Yes

**C. COVID-19 PANDEMIC IMPACT ON MOOD**

12. **Over the last 2 weeks**, how often have you been bothered with any of the following problems?

Please answer with:

*Not at all, Several days, More than half the days, or Nearly every day.*

	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
a. Feeling nervous, anxious, or on edge?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Not being able to stop or control worrying?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Little interest or pleasure in doing things?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Feeling down, depressed, or hopeless?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Feeling isolated from others?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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**13. SCRIPT: “For the following list, please consider your feelings during the past week. The response options are: Not at all, A little bit, Somewhat, Quite a bit, or Very much.”**

PROMIS Items (Fatigue)	Not at all	A little bit	Somewhat	Quite a bit	Very much
a. I felt fatigued	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I had trouble starting things because I was tired	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. How run down did you feel on average?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. How fatigued were you on average?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**14. SCRIPT: “Here is a statement about how you respond to stressful events. You can: Strongly disagree, Disagree, Neutral, Agree, or Strongly agree.”**

Brief Resilience Scale	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**D. COVID-19 PANDEMIC IMPACT ON HEALTHCARE AND FINANCES**

The next section of questions asks about how the coronavirus pandemic has impacted your life since March 2020, when the COVID-19 pandemic became widespread in the United States.

15. Since March 2020, did you have to delay or miss out on any healthcare services? Please include any appointments or treatments that you avoided, or that were postponed or canceled, due to COVID-19.

- 0  No **[Go to Question 16]**  
1  Yes

If Yes, what type of healthcare services did you have to delay or miss out on due to COVID-19? (Select all that apply)

	No	Yes
a. Home care by a skilled person	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Medical provider appointment	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Physical/occupational therapist appointment	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Chemotherapy or other infusion therapy	0 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Psychiatrist/therapist appointment	0 <input type="checkbox"/>	1 <input type="checkbox"/>
f. Elective surgery	0 <input type="checkbox"/>	1 <input type="checkbox"/>

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**No** **Yes**

- g. Imaging tests such as x-ray, computed tomography (“CAT” or “CT”) scan, MRI, PET scan, ultrasound 0  1
- h. Biopsy 0  1
- i. Cancer surgery (e.g., resection, lumpectomy) 0  1
- j. Heart disease evaluation (e.g., “stress test,” cardiac catheterization) 0  1
- k. Other 0  1

k.1. Other, specify: \_\_\_\_\_

16. Was there ever a time during the pandemic when you didn’t go to the emergency room (ER) or urgent care when you should have gone?

- 0  No
- 1  Yes

17. Are you prescribed any medications?

- 0  No **[Go to Question 20]**
- 1  Yes

18. During this period, did you have trouble taking your medications regularly?

- 0  No **[Go to Question 20]**
- 1  Yes

If Yes, why? (Select all that apply)

- a. Difficulties getting medications from the pharmacy 0  1
- b. Difficulties getting in touch with my doctor/provider 0  1
- c. Difficulty paying for medications 0  1
- d. Other 0  1

d.1. Other, specify: \_\_\_\_\_

19. Date of most recent COVID call or C4R start date: / / -- **[pre-filled by CDART]**

20. Since \_\_\_\_\_, was there a time when you or your household:
- a. Were without phone or internet service because you did not have enough money? 0  1

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20. Since \_\_\_\_\_, was there a time when you or your household:
- |  | No                         | Yes                        |
|--|----------------------------|----------------------------|
| b. Did not pay the full amount of rent or mortgage because you did not have enough money?                                      | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| c. Were evicted from your house or apartment for not paying the rent or mortgage?  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| d. Did not pay the full amount of a gas, electricity or oil bill because you did not have enough money?                        | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| e. Had service turned off by the gas or electric company, or the oil company would not deliver because payments were not made? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| f. Worried whether food would run out before you would get money to buy more?  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |

**[Note to Interviewer: Please continue to the CVEB form.]**