



# COLLABORATIVE COHORT OF COHORTS FOR COVID-19 RESEARCH (C4R)

## COVID-19 QUESTIONNAIRE WAVE 2

Participant ID:

FORM CODE: COF  
VERSION: 1.0 10/21/2021

0a) Date of Collection   /   /

0b) Staff Code

0c) C4R DBS ID

**Instructions:** This form should be completed by the coordinator while interviewing the participant over the phone or in person.

**Interviewer: Greetings. Your responses to this survey will contribute to a better understanding of COVID-19 and the way it affects people like you. If you have not had COVID-19, we expect that the survey will take 5 to 10 minutes. If you have been diagnosed with COVID-19, we will have some additional questions, so the survey may take up to 30 minutes. Thank you so much for your participation in this important research.**

0d) Would it be okay to ask you questions about COVID-19 related experiences today?

- No<sub>0</sub>  
 Yes<sub>1</sub> → **Go to 0e**

0d1) If no, when would it be convenient to call back?   /   /

**Thank you. We will call again. → **End Form****

0e) May we also call you in the future to see how you are doing and ask you these questions again?

- No<sub>0</sub>  
 Yes<sub>1</sub>

### **COVID-19 TESTING**

The following questions will be about your experience **since you completed the last COVID-19 questionnaire.**

1) Since the last COVID-19 questionnaire, have you ever had any kind of test for COVID-19? Please include all types of tests you have had that could show current or past infection (e.g., nose, spit, blood, PCR, antigen, or antibody tests).

- No<sub>2</sub>  
 Yes<sub>1</sub> → **Go to Q2**  
 Unsure<sub>3</sub>

Participant ID:									
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1a) If No or Unsure, please specify: \_\_\_\_\_  
→ **Go to Q7**

**2) Why were you tested for COVID-19?**

**2a) I thought I might have had COVID-19**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2b) I had symptoms of COVID-19**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2c) Someone I spent time with had COVID-19**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2d) A doctor told me to be tested for COVID-19**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2e) A health department told me to be tested**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2f) I was worried about COVID-19**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2g) My employer or job required testing**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2h) My school required testing**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2i) I needed to be tested before a medical procedure**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2j) I needed to be tested before or after traveling**

- No<sub>0</sub>  
 Yes<sub>1</sub>

**2k) I needed to be tested to visit or provide care for a high risk person (e.g., older family member)**

- No<sub>0</sub>  
 Yes<sub>1</sub>

Participant ID:

2l) Other reason not listed

No<sub>0</sub> → **Go to Q3**

Yes<sub>1</sub>

2l1) If yes, please specify: \_\_\_\_\_

3) Since the last COVID-19 questionnaire, have you ever had any kind of test that showed you had COVID-19? Please include all types of tests.

No<sub>2</sub> → **Go to Q7**

Yes<sub>1</sub> → **Go to Q4**

Unsure<sub>3</sub>

3a) If Unsure, please specify if you would like to provide some information on why you are unsure:

\_\_\_\_\_ → **Go to Q7**

4) When was it that you **first** had a test that showed you had COVID-19? (Please estimate if you are not sure):   /     (mm/yyyy)

5) What type of test was your **first** COVID-19 test?

5a) Nose (“nasal”, “nasopharyngeal”) swab

No<sub>0</sub>

Yes<sub>1</sub>

5b) Throat swab

No<sub>0</sub>

Yes<sub>1</sub>

5c) Spit (“saliva”) test

No<sub>0</sub>

Yes<sub>1</sub>

5d) Blood test (including “blood draw,” “dried blood spot,” or “finger prick”)

No<sub>0</sub>

Yes<sub>1</sub>

5e) Other type of test

No<sub>0</sub> → **Go to Q6**

Yes<sub>1</sub>

5e1) If yes, please specify: \_\_\_\_\_

6) Would you be willing to send a copy of your COVID-19 results to the study?

No<sub>0</sub> → **Go to Q16**

Participant ID:

Yes<sub>1</sub> → **Go to Q16**

**COVID-19 SELF-REPORT**

Since we know that some people may have had COVID-19 without having had a positive test, we want to ask a few more questions.

7) Since the last COVID questionnaire, do you think that you have had COVID-19?

- Yes, definitely<sub>1</sub>
- Yes, I think so<sub>2</sub>
- Maybe<sub>3</sub> → **Go to Q13**
- No<sub>4</sub> → **Go to Q13**

8) When did you think you had COVID-19? (Please estimate if you are not sure):

/     mm/yyyy

9) Were you tested at that time?

- No<sub>0</sub> → **Go to Q12**
- Yes<sub>1</sub>

10) What type of test was it?

10a) Nose (“nasal”, “nasopharyngeal”) swab

- No<sub>0</sub>
- Yes<sub>1</sub>

10b) Throat swab

- No<sub>0</sub>
- Yes<sub>1</sub>

10c) Spit (“saliva”) test

- No<sub>0</sub>
- Yes<sub>1</sub>

10d) Blood test (including “blood draw,” “dried blood spot,” or “finger prick”)

- No<sub>0</sub>
- Yes<sub>1</sub>

10e) Other type of test

- No<sub>0</sub>
- Yes<sub>1</sub>

10e1) If yes, please specify: \_\_\_\_\_

11) Would you be willing to send a copy of your COVID-19 results to the study?

- No<sub>0</sub> → **Go to Q13**
- Yes<sub>1</sub> → **Go to Q13**

Participant ID:									
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12) Why didn't you get tested for COVID-19 at that time?

12a) I didn't know how/where to get tested

- No<sub>0</sub>  
 Yes<sub>1</sub>

12b) It was hard to get tested (e.g., long lines)

- No<sub>0</sub>  
 Yes<sub>1</sub>

12c) I was afraid to get tested

- No<sub>0</sub>  
 Yes<sub>1</sub>

12d) I didn't think I needed to be tested

- No<sub>0</sub>  
 Yes<sub>1</sub>

12e) I was worried about the cost

- No<sub>0</sub>  
 Yes<sub>1</sub>

12f) I was worried about the consequences of being diagnosed with COVID-19

- No<sub>0</sub>  
 Yes<sub>1</sub>

12g) A healthcare provider told me that a test was not necessary

- No<sub>0</sub>  
 Yes<sub>1</sub>

### **HEALTHCARE PROVIDER**

13) Since the last COVID questionnaire, has a healthcare provider ever told you that you had COVID-19?

- Yes, definitely<sub>1</sub>  
 Yes, probably or suspected<sub>2</sub>  
 No<sub>3</sub> → **Go to 16**

14) When a healthcare provider told you that you had COVID-19, did you have any of the following?

14a) Symptoms of COVID-19 (e.g., fever, cough, trouble breathing)

- No<sub>0</sub>  
 Yes<sub>1</sub>

14b) Close contact with someone who had COVID-19

- No<sub>0</sub>  
 Yes<sub>1</sub>

14c) Other

Participant ID:

FORM CODE: COF  
VERSION: 1.0 10/21/2021

- No<sub>0</sub>
- Yes<sub>1</sub>

14c1) If yes, please specify: \_\_\_\_\_

15) For ascertainment of medical records from healthcare provider:

15a) Name of doctor/clinic/hospital: \_\_\_\_\_

15b) Street address of doctor/clinic/hospital: \_\_\_\_\_

15c) City of doctor/clinic/hospital: \_\_\_\_\_

15d) State of doctor/clinic/hospital: \_\_\_\_\_

15e) Zip code of doctor/clinic/hospital: \_\_\_\_\_

15f) Contact number of doctor/clinic/hospital:    -    -

**COVID-19 RE-INFECTION**

16) Has a healthcare provider ever told you that you may have gotten COVID-19 a SECOND time, or that you have been “re-infected” with COVID-19?

- No<sub>0</sub> → **Go to Q21**
- Yes<sub>1</sub>

17) Not counting your original infection, how many more times do you think you have been re-infected with COVID-19?

- One<sub>1</sub>
- Two<sub>2</sub>
- Three<sub>3</sub>
- Four<sub>4</sub>
- Five<sub>5</sub>

18) When do you know or think you were first re-infected with COVID-19? (Please estimate if you are not sure):   /     mm/yyyy

19) At that time, what made you think you had been re-infected?

19a) I had another test that showed that I had COVID-19

- No<sub>0</sub>
- Yes<sub>1</sub>

19b) I had symptoms of COVID-19 (fever, cough, trouble breathing)

- No<sub>0</sub>
- Yes<sub>1</sub>

19c) I had close contact with someone who had COVID-19

- No<sub>0</sub>

Participant ID:

Yes<sub>1</sub>

19d) Other

No<sub>0</sub>

Yes<sub>1</sub>

19d1) If yes, please specify: \_\_\_\_\_

20) The first time you were re-infected, how did your symptoms compare to your first infection with COVID-19?

Worse than the first infection<sub>1</sub>

About the same as the first infection<sub>2</sub>

Better than the first infection<sub>3</sub>

I had no symptoms<sub>4</sub>

### **COVID-19 HOSPITALIZATION**

21) Since the last COVID-19 questionnaire, have you had an overnight stay in a hospital for any illness related to COVID-19?

No<sub>2</sub> → **Go to Q41**

Yes<sub>1</sub>

Unsure<sub>3</sub>

21a) If Unsure, we will not ask you any more questions about COVID-19 hospitalization but please specify why you are unsure: \_\_\_\_\_ → **Go to Q41**

22) Since the last COVID questionnaire, how many times have you been admitted to the hospital for COVID-19 or COVID-19 complications?   times

23) Over this period, when was the first time you were hospitalized for COVID-19 or complications thereof?

/     mm/yyyy

24) Which hospital were you admitted to?

24a) Hospital name: \_\_\_\_\_

24b) Hospital city: \_\_\_\_\_

24c) Hospital state: \_\_\_\_\_

25) How many nights did you spend in the hospital?    nights

26) While in the hospital, did you receive oxygen (by mask or nose)?

No<sub>2</sub>

Yes<sub>1</sub>

Participant ID:

FORM CODE: COF  
VERSION: 1.0 10/21/2021

Don't know<sub>3</sub>

26a) If Yes, number of days needed:

27) While in the hospital, did you have a breathing tube or ventilator?

No<sub>2</sub>

Yes<sub>1</sub>

Don't know<sub>3</sub>

27a) If Yes, number of days needed:

28) While in the hospital, were you in the intensive care unit or did you have ICU monitoring?

No<sub>2</sub>

Yes<sub>1</sub>

Don't know<sub>3</sub>

28a) If Yes, number of days needed:

29) While in the hospital, did you receive dialysis?

No<sub>2</sub>

Yes<sub>1</sub>

Don't know<sub>3</sub>

29a) If Yes, number of days needed:

30) While in the hospital, did you receive any other treatments?

No<sub>2</sub>

Yes<sub>1</sub>

Don't know<sub>3</sub>

30a) If Yes, please specify: \_\_\_\_\_

30b) If Yes, number of days needed:

31) After this hospitalization, did you:

Return home?<sub>1</sub>

Go to a nursing or rehabilitation facility?<sub>2</sub>

Go to live in the home of family or friend?<sub>3</sub>

Other?<sub>4</sub>

31a) If Other, please specify: \_\_\_\_\_



Participant ID:

32) Over this period, when was the second time you were hospitalized for COVID-19 or complications thereof?

/     mm/yyyy

33) Which hospital were you admitted to?

33a) Hospital name: \_\_\_\_\_

33b) Hospital city: \_\_\_\_\_

33c) Hospital state: \_\_\_\_\_

34) How many nights did you spend in the hospital?    nights

35) While in the hospital, did you receive oxygen (by mask or nose)?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Don't know<sub>3</sub>

35a) If Yes, number of days needed:

36) While in the hospital, did you have a breathing tube or ventilator?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Don't know<sub>3</sub>

36a) If Yes, number of days needed:

37) While in the hospital, were you in the intensive care unit or did you have ICU monitoring?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Don't know<sub>3</sub>

37a) If Yes, number of days needed:

38) While in the hospital, did you receive dialysis?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Don't know<sub>3</sub>

38a) If Yes, number of days needed:

39) While in the hospital, did you receive any other treatments?

- No<sub>2</sub>

Participant ID:

FORM CODE: COF  
VERSION: 1.0 10/21/2021

Yes<sub>1</sub>

Don't know<sub>3</sub>

39a) If Yes, please specify: \_\_\_\_\_

39b) If Yes, number of days needed:

40) After this hospitalization, did you:

Return home?<sub>1</sub>

Go to a nursing or rehabilitation facility?<sub>2</sub>

Go to live in the home of family or friend?<sub>3</sub>

Other?<sub>4</sub>

40a) If Other, please specify: \_\_\_\_\_

### **COVID-19 SYMPTOMS**

41) When you knew or thought that you had COVID-19 did you have any symptoms?

No<sub>0</sub> → **Go to Q65**

Yes<sub>1</sub>

42) Overall, when your COVID-19 symptoms were at their worst, did they interfere with (prevent you from going about) your daily activities?

Not at all<sub>1</sub>

A little bit<sub>2</sub>

Somewhat<sub>3</sub>

Quite a bit<sub>4</sub>

Very much<sub>5</sub>

43) If you reported COVID infection the last time we asked you these questions, how did your symptoms compare to that first infection with COVID-19?

Worse than the first infection<sub>1</sub>

About the same as the first infection<sub>2</sub>

Better than the first infection<sub>3</sub>

I had no symptoms<sub>4</sub>

44) When you had COVID-19, did you have a fever that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

44a) If Yes, how many days did you have this symptom?

44b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

45) When you had COVID-19, did you have shortness of breath that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

45a) If Yes, how many days did you have this symptom?

45b) If Yes, do you still have this symptom?

- No<sub>0</sub>  
 Yes<sub>1</sub>

46) When you had COVID-19, did you have a cough that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

46a) If Yes, how many days did you have this symptom?

46b) If Yes, do you still have this symptom?

- No<sub>0</sub>  
 Yes<sub>1</sub>

47) When you had COVID-19, did you have chest pain that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

47a) If Yes, how many days did you have this symptom?

47b) If Yes, do you still have this symptom?

- No<sub>0</sub>  
 Yes<sub>1</sub>

48) When you had COVID-19, did you have abdominal pain that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

48a) If Yes, how many days did you have this symptom?

48b) If Yes, do you still have this symptom?

- No<sub>0</sub>  
 Yes<sub>1</sub>

49) When you had COVID-19, did you have nausea that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>

Participant ID:

Yes<sub>1</sub>

49a) If Yes, how many days did you have this symptom?

49b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

50) When you had COVID-19, did you have vomiting that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

50a) If Yes, how many days did you have this symptom?

50b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

51) When you had COVID-19, did you have diarrhea that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

51a) If Yes, how many days did you have this symptom?

51b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

52) When you had COVID-19, did you have body or muscle aches that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

52a) If Yes, how many days did you have this symptom?

52b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

53) When you had COVID-19, did you have weakness or fatigue that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

53a) If Yes, how many days did you have this symptom?

53b) If Yes, do you still have this symptom?

No<sub>0</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

Yes<sub>1</sub>

54) When you had COVID-19, did you have runny or dripping nose that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

54a) If Yes, how many days did you have this symptom?

54b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

55) When you had COVID-19, did you have chills that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

55a) If Yes, how many days did you have this symptom?

55b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

56) When you had COVID-19, did you have a headache that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

56a) If Yes, how many days did you have this symptom?

56b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

57) When you had COVID-19, did you have a sore throat that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

57a) If Yes, how many days did you have this symptom?

57b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

58) When you had COVID-19, did you have a stuffy nose (nasal congestion) that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

58a) If Yes, how many days did you have this symptom?

58b) If Yes, do you still have this symptom?

- No<sub>0</sub>  
 Yes<sub>1</sub>

59) When you had COVID-19, did you have new loss of taste or smell that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

59a) If Yes, how many days did you have this symptom?

59b) If Yes, do you still have this symptom?

- No<sub>0</sub>  
 Yes<sub>1</sub>

60) When you had COVID-19, did you have confusion that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

60a) If Yes, how many days did you have this symptom?

60b) If Yes, do you still have this symptom?

- No<sub>0</sub>  
 Yes<sub>1</sub>

61) When you had COVID-19, did you have trouble sleeping that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

61a) If Yes, how many days did you have this symptom?

61b) If Yes, do you still have this symptom?

- No<sub>0</sub>  
 Yes<sub>1</sub>

62) When you had COVID-19, did you have conjunctivitis that started or got worse during the period that you had COVID-19?

- No<sub>0</sub>  
 Yes<sub>1</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

62a) If Yes, how many days did you have this symptom?

62b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

63) When you had COVID-19, did you have skin changes that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

63a) If Yes, how many days did you have this symptom?

63b) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

64) When you had COVID-19, did you have any other symptom that started or got worse during the period that you had COVID-19?

No<sub>0</sub>

Yes<sub>1</sub>

64a) If Yes, please specify: \_\_\_\_\_

64b) If Yes, how many days did you have this symptom?

64c) If Yes, do you still have this symptom?

No<sub>0</sub>

Yes<sub>1</sub>

## **COVID-19 RECOVERY**

65) Following your COVID-19 infection would you say you are completely recovered from COVID-19 now?

No<sub>0</sub>

Yes<sub>1</sub>

65a) If Yes, how long did it take for you to recover?   months   days

66) At this time, do you have problems with your memory?

No<sub>0</sub>

Yes<sub>1</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

67) At this time, do you have problems with paying attention?

- No<sub>0</sub>  
 Yes<sub>1</sub>

68) At this time, do you have problems with your appetite?

- No<sub>0</sub>  
 Yes<sub>1</sub>

69) At this time, do you have problems with feeling lightheaded?

- No<sub>0</sub>  
 Yes<sub>1</sub>

70) At this time, do you have trouble sleeping?

- No<sub>0</sub>  
 Yes<sub>1</sub>

71) At this time, do you have periods of racing heart?

- No<sub>0</sub>  
 Yes<sub>1</sub>

72) At this time, do you have inability to exercise at a pre-COVID level?

- No<sub>0</sub>  
 Yes<sub>1</sub>

73) At this time, do you have inability to return to work or school (if you were working or in school pre-COVID)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

74) At this time, do you have inability to return to your usual pre-COVID activities?

- No<sub>0</sub>  
 Yes<sub>1</sub>

75) At this time, do you feel weak, tired and/or sick 24-48 hours after physical activity?

- No<sub>0</sub>  
 Yes<sub>1</sub>

76) At this time, do you have other symptoms?

- No<sub>0</sub>  
 Yes<sub>1</sub>

76a) If Yes, please specify: \_\_\_\_\_



Participant ID:

- 77) How worried are you that COVID-19 infection is going to have a long-term effect on your health?
- Not at all worried<sub>1</sub>
  - A little worried<sub>2</sub>
  - Very worried<sub>3</sub>

- 78) If there is anything else that you would like to share about your COVID-19 recovery experience?
- No<sub>0</sub>
  - Yes<sub>1</sub>

78a) If Yes, please specify: \_\_\_\_\_

### **COVID-19 IN YOUR COMMUNITY AND SOCIAL NETWORK**

- 79) Other than yourself, do you know anyone personally (for example, friend, family, or co-worker) who has had COVID-19?
- No<sub>0</sub>
  - Yes<sub>1</sub>

79a) If Yes, how many?    (may be approximate)

- 80) Other than yourself, do you know anyone personally who has been hospitalized for COVID-19?
- No<sub>0</sub>
  - Yes<sub>1</sub>

80a) If Yes, how many?    (may be approximate)

- 81) Do you know anyone personally who has died from COVID-19?
- No<sub>0</sub>
  - Yes<sub>1</sub>

81a) If Yes, how many?    (may be approximate)

### **COVID-19 VACCINE ATTITUDES AND BELIEFS**

- 82) Have you received a vaccine for COVID-19?
- No<sub>2</sub> → **Go to Q83**
  - Yes<sub>1</sub>
  - Unsure<sub>3</sub> → **Go to Q83**

- 82a) If Yes, which vaccine did you receive?
- Moderna<sub>1</sub>
  - Pfizer<sub>2</sub>
  - AstraZeneca<sub>3</sub>
  - Johnson & Johnson<sub>6</sub>
  - Don't know<sub>4</sub>
  - Other<sub>5</sub>

82a1) If other, please specify: \_\_\_\_\_

Participant ID:

82b) If Yes, how many vaccine doses did you receive?  
 One<sub>1</sub>  
 Two<sub>2</sub>

82b1) When was the first dose?   /     (mm/yyyy)

82b2) When was the second dose?   /     (mm/yyyy)

→ **Go to Q84**

83) Do you intend to receive a coronavirus (COVID-19) vaccine?

- I intend to get it as soon as possible<sub>1</sub>
- I intend to wait to see how it affects others in the community before I get it<sub>2</sub>
- I do not intend on getting it soon, but might sometime in the future<sub>3</sub>
- I do not intend to ever get the vaccine<sub>4</sub>

84) For these questions, we are asking what factors contribute to your attitudes about a COVID-19 vaccine.

For each option, would you agree or disagree that this factor affects your opinion about a vaccine?

Agree<sub>1</sub> Disagree<sub>2</sub>

- 84a) The current politics
- 84b) The rushed/fast-tracked research and development timeline
- 84c) The frequently changing science of COVID-19
- 84d) Actions and opinions of my friends and family regarding the vaccine
- 84e) My trust in scientists
- 84f) My own reading and research on coronavirus (COVID-19) vaccines
- 84g) The country in which a vaccine is manufactured
- 84h) The potential cost of a coronavirus (COVID-19) vaccine

85) When considering your willingness to vaccinate yourself in general, has the global Coronavirus (COVID-19) pandemic changed how likely you are to vaccinate yourself compared with one year ago?

- Much less likely<sub>1</sub>
- Somewhat less likely<sub>2</sub>
- Somewhat more likely<sub>3</sub>
- A lot more likely<sub>4</sub>
- No change<sub>5</sub>

86) Did you receive the influenza (“flu”) vaccine this year (August 2020 or later)?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Unsure<sub>3</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

87) Over the past five years, how often did you get the seasonal flu vaccine?

- Never<sub>1</sub>
- 1-2 years<sub>2</sub>
- 3-4 years<sub>3</sub>
- Every year<sub>4</sub>
- Unsure<sub>5</sub>

88) Have you received the pneumonia vaccine ("Pneumovax" or "Prevnar")?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Unsure<sub>3</sub>

89) Have you received the shingles vaccine?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Unsure<sub>3</sub>

90) How strongly do you agree or disagree with each of the following statements about vaccines in general?

Agree<sub>1</sub> Disagree<sub>2</sub>

90a) Vaccines are important for my health

90b) Overall, vaccines are safe

90c) Overall, vaccines are effective

90d) The information I receive about vaccines from public health authorities/my healthcare provider is reliable and trustworthy

90e) I am concerned about serious adverse (bad) effects of vaccines

## **FLU VACCINE ATTITUDES AND BELIEFS**

Please answer the following questions about your beliefs and attitudes regarding the seasonal influenza vaccine.

91) The flu vaccine is important.

- Strongly agree<sub>1</sub>
- Agree<sub>2</sub>
- Disagree<sub>3</sub>
- Strongly disagree<sub>4</sub>

92) The flu vaccine is safe.

- Strongly agree<sub>1</sub>
- Agree<sub>2</sub>

Participant ID:

FORM CODE: COF  
VERSION: 1.0 10/21/2021

- Disagree<sub>3</sub>
- Strongly disagree<sub>4</sub>

93) The flu vaccine is effective.

- Strongly agree<sub>1</sub>
- Agree<sub>2</sub>
- Disagree<sub>3</sub>
- Strongly disagree<sub>4</sub>

94) The flu vaccine is convenient.

- Strongly agree<sub>1</sub>
- Agree<sub>2</sub>
- Disagree<sub>3</sub>
- Strongly disagree<sub>4</sub>

95) The flu vaccine is affordable.

- Strongly agree<sub>1</sub>
- Agree<sub>2</sub>
- Disagree<sub>3</sub>
- Strongly disagree<sub>4</sub>

96) I am required to get a flu vaccine for my job.

- Strongly agree<sub>1</sub>
- Agree<sub>2</sub>
- Disagree<sub>3</sub>
- Strongly disagree<sub>4</sub>

### **COVID-19 PANDEMIC IMPACT ON HEALTHCARE AND FINANCES**

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

97) 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.

- No<sub>0</sub> → **Go to 110**
- Yes<sub>1</sub>

98) Did you have to delay or miss out on home care by a skilled person?

- No<sub>0</sub>
- Yes<sub>1</sub>

99) Did you have to delay or miss out on a medical provider appointment?

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

- No<sub>0</sub>
- Yes<sub>1</sub>

100) Did you have to delay or miss out on a physical/occupational therapist appointment?

- No<sub>0</sub>
- Yes<sub>1</sub>

101) Did you have to delay or miss out on chemotherapy or other infusion therapy?

- No<sub>0</sub>
- Yes<sub>1</sub>

102) Did you have to delay or miss out on psychiatrist/therapist appointment?

- No<sub>0</sub>
- Yes<sub>1</sub>

103) Did you have to delay or miss out on elective surgery?

- No<sub>0</sub>
- Yes<sub>1</sub>

104) Did you have to delay or miss out on imaging tests such as x-ray, computed tomography ("cat" or "CT") scan, MRI, PET scan, ultrasound?

- No<sub>0</sub>
- Yes<sub>1</sub>

105) Did you have to delay or miss out on a biopsy?

- No<sub>0</sub>
- Yes<sub>1</sub>

106) Did you have to delay or miss out on cancer surgery (e.g., resection, lumpectomy)?

- No<sub>0</sub>
- Yes<sub>1</sub>

107) Did you have to delay or miss out on heart disease evaluation (e.g., "stress test," cardiac catheterization)?

- No<sub>0</sub>
- Yes<sub>1</sub>

108) Did you have to delay or miss out on any other healthcare services?

- No<sub>0</sub>
- Yes<sub>1</sub>

108a) If Yes, please specify: \_\_\_\_\_

Participant ID:									
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109) 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?

- No<sub>0</sub>
- Yes<sub>1</sub>

110) Are you prescribed any medications?

- No<sub>0</sub> → **Go to Q111**
- Yes<sub>1</sub>

110a) If Yes, during this period, did you have trouble taking your medications regularly?

- No<sub>0</sub> → **Go to Q111**
- Yes<sub>1</sub>

110b) If Yes, was it because you had trouble getting medications from the pharmacy?

- No<sub>0</sub>
- Yes<sub>1</sub>

110c) If Yes, was it because you had trouble getting in touch with your doctor/provider?

- No<sub>0</sub>
- Yes<sub>1</sub>

110d) If Yes, was it because you had trouble paying for medications?

- No<sub>0</sub>
- Yes<sub>1</sub>

110e) If Yes, was it because of increased forgetfulness or lack of motivation?

- No<sub>0</sub>
- Yes<sub>1</sub>

110f) If Yes, were there any other reasons you had trouble taking your medications regularly?

- No<sub>0</sub>
- Yes<sub>1</sub>

110f1) If Yes, please specify: \_\_\_\_\_

111) Did you or a member of your household lose their job, have to stop working, or have to work fewer hours?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Not applicable<sub>3</sub>

111a) If Yes, have you or another household member requested or received unemployment benefits?

- No<sub>0</sub>
- Yes<sub>1</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

112) Did you lose childcare or need to spend more time caring for your or other people's children?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Not applicable<sub>3</sub>

113) Did you or any other member of your household lose other sources of financial support, like food stamps?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Not applicable<sub>3</sub>

114) Did you lose your housing, or become homeless?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Not applicable<sub>3</sub>

115) Did you have a change in your health insurance coverage?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Not applicable<sub>3</sub>

115a) If Yes, did you lose your health insurance?

- No<sub>0</sub>
- Yes<sub>1</sub>

115b) If Yes, did you gain insurance as part of emergency coverage or Medicaid expansion?

- No<sub>0</sub>
- Yes<sub>1</sub>

115c) If Yes, did you gain coverage due to a new job?

- No<sub>0</sub>
- Yes<sub>1</sub>

116) Did you have difficulty paying for basic needs, including food, clothing, shelter, or heat during this time?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Not applicable<sub>3</sub>

## **COVID-19 PANDEMIC IMPACT ON BEHAVIOR**

117) This is a list of potential actions we want to know if you have taken to reduce your risk of exposure to COVID-19. You can say "most or all of the time," "sometimes," or "rarely or never."

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

Most/all Times <sub>1</sub>	Sometimes <sub>2</sub>	Rarely/ Never <sub>3</sub>
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- 117a) Stay at home
- 117b) Avoid contact with people outside my home
- 117c) Wash hands and/or use sanitizer frequently
- 117d) Stay at least 6 feet away from others
- 117e) Avoid large gatherings
- 117f) Avoid eating indoors at restaurants/bars
- 117g) Cancel planned travel
- 117h) Wear a face mask
- 117i) Not shaking hands or touching people
- 117j) Not going to work
- 117k) Wipe down surfaces with disinfectant

118) In the 3 months prior to the pandemic (January to March 2020), did you regularly walk for exercise?

- No<sub>0</sub>
- Yes<sub>1</sub>

118a) Are you doing this activity now?

- No<sub>0</sub>
- Yes<sub>1</sub>

118b) Compared to before the pandemic, are you doing this more, less, or the same amount?

- More<sub>1</sub>
- Less<sub>2</sub>
- Same amount<sub>3</sub>

119) In the 3 months prior to the pandemic (January to March 2020), did you regularly do vigorous activities (like running) for exercise?

- No<sub>0</sub>
- Yes<sub>1</sub>

119a) Are you doing this activity now?

- No<sub>0</sub>
- Yes<sub>1</sub>

119b) Compared to before the pandemic, are you doing this more, less, or the same amount?

- More<sub>1</sub>



Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

- Less<sub>2</sub>
- Same amount<sub>3</sub>

120) In the 3 months prior to the pandemic (January to March 2020), did you regularly watch shows or movies?

- No<sub>0</sub>
- Yes<sub>1</sub>

120a) Are you doing this activity now?

- No<sub>0</sub>
- Yes<sub>1</sub>

120b) Compared to before the pandemic, are you doing this more, less, or the same amount?

- More<sub>1</sub>
- Less<sub>2</sub>
- Same amount<sub>3</sub>

121) In the 3 months prior to the pandemic (January to March 2020), did you regularly drink alcoholic beverages?

- No<sub>0</sub>
- Yes<sub>1</sub>

121a) Are you doing this activity now?

- No<sub>0</sub>
- Yes<sub>1</sub>

121b) Compared to before the pandemic, are you doing this more, less, or the same amount?

- More<sub>1</sub>
- Less<sub>2</sub>
- Same amount<sub>3</sub>

121c) How many alcoholic drinks per week?    (drinks/week)

122) In the 3 months prior to the pandemic (January to March 2020), did you regularly smoke cigarettes?

- No<sub>0</sub>
- Yes<sub>1</sub>

122a) Are you doing this activity now?

- No<sub>0</sub>
- Yes<sub>1</sub>

122b) Compared to before the pandemic, are you doing this more, less, or the same amount?

- More<sub>1</sub>
- Less<sub>2</sub>
- Same amount<sub>3</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

122c) How many cigarettes per day?    (cigarettes/day)

123) In the 3 months prior to the pandemic (January to March 2020), did you regularly use e-cigarettes (vaping)?

- No<sub>0</sub>  
 Yes<sub>1</sub>

123a) Are you doing this activity now?

- No<sub>0</sub>  
 Yes<sub>1</sub>

123b) Compared to before the pandemic, are you doing this more, less, or the same amount?

- More<sub>1</sub>  
 Less<sub>2</sub>  
 Same amount<sub>3</sub>

123c) How many e-cigarettes per day?    (e-cigarettes/day)

124) In the 3 months prior to the pandemic (January to March 2020), did you regularly use medical or recreational marijuana/cannabis?

- No<sub>0</sub>  
 Yes<sub>1</sub>

124a) Are you doing this activity now?

- No<sub>0</sub>  
 Yes<sub>1</sub>

124b) Compared to before the pandemic, are you doing this more, less, or the same amount?

- More<sub>1</sub>  
 Less<sub>2</sub>  
 Same amount<sub>3</sub>

124c) How many uses per week?    (uses/week)

125) During the pandemic, are you generally eating and snacking more, less, or the same?

- More<sub>1</sub>  
 Less<sub>2</sub>  
 Same amount<sub>3</sub>

126) Has your weight changed since March 2020?

- Gained weight<sub>1</sub>  
 Lost weight<sub>2</sub>  
 No change in weight<sub>3</sub>

127) Were you trying to change your weight since March 2020?

- No<sub>0</sub>  
 Yes<sub>1</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

128) How does your general health compare to before the pandemic?

- Better<sub>1</sub>
- Worse<sub>2</sub>
- About the same<sub>3</sub>

129) During the pandemic, are you generally sleeping more, less or the same?

- More<sub>1</sub>
- Less<sub>2</sub>
- Same amount<sub>3</sub>

These questions ask about your sleep habits. Pick the answer that best describes how often you experienced the situation over the past 4 weeks.

130) Did you have trouble falling asleep?

- No, not in past 4 weeks<sub>1</sub>
- Yes, less than once a week<sub>2</sub>
- Yes, 1 or 2 times a week<sub>3</sub>
- Yes, 3 or 4 times a week<sub>4</sub>
- Yes, 5 or more times a week<sub>5</sub>

131) Did you wake up several times at night?

- No, not in past 4 weeks<sub>1</sub>
- Yes, less than once a week<sub>2</sub>
- Yes, 1 or 2 times a week<sub>3</sub>
- Yes, 3 or 4 times a week<sub>4</sub>
- Yes, 5 or more times a week<sub>5</sub>

132) Did you wake up earlier than you planned to?

- No, not in past 4 weeks<sub>1</sub>
- Yes, less than once a week<sub>2</sub>
- Yes, 1 or 2 times a week<sub>3</sub>
- Yes, 3 or 4 times a week<sub>4</sub>
- Yes, 5 or more times a week<sub>5</sub>

133) Did you have trouble falling back to sleep after you woke up too early?

- No, not in past 4 weeks<sub>1</sub>
- Yes, less than once a week<sub>2</sub>
- Yes, 1 or 2 times a week<sub>3</sub>
- Yes, 3 or 4 times a week<sub>4</sub>
- Yes, 5 or more times a week<sub>5</sub>

134) Overall, was your typical night's sleep over the past 4 weeks:

- Very sound or restful<sub>1</sub>
- Sound or restful<sub>2</sub>
- Average quality<sub>3</sub>

Participant ID:

- Restless<sub>4</sub>
- Very restless<sub>5</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>

**COVID-19 PANDEMIC IMPACT ON SOCIAL INTERACTIONS**

136) Do you live alone?

- No<sub>0</sub>
- Yes<sub>1</sub>

If No, other than yourself, how many people are currently sharing your home, and what are their ages?

136a) How many people 0-1 years old?	<input type="text"/>	<input type="text"/>
136b) How many people 2-4 years old?	<input type="text"/>	<input type="text"/>
136c) How many people 5-11 years old?	<input type="text"/>	<input type="text"/>
136d) How many people 12-18 years old?	<input type="text"/>	<input type="text"/>
136e) How many people 19-29 years old?	<input type="text"/>	<input type="text"/>
136f) How many people 30-39 years old?	<input type="text"/>	<input type="text"/>
136g) How many people 40-49 years old?	<input type="text"/>	<input type="text"/>
136h) How many people 50-64 years old?	<input type="text"/>	<input type="text"/>
136i) How many people 65-74 years old?	<input type="text"/>	<input type="text"/>
136j) How many people 75-84 years old?	<input type="text"/>	<input type="text"/>
136k) How many people 85+ years old?	<input type="text"/>	<input type="text"/>

137) Can you count on anyone to help you when you need to make difficult decisions or talk over problems?

- No<sub>2</sub>
- Yes<sub>1</sub>
- Do not know<sub>3</sub>

138) Can you count on anyone to help you with daily tasks like grocery shopping, house cleaning, cooking, telephoning, or giving you a ride?

- No<sub>2</sub>
- Yes<sub>1</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

Do not know<sub>3</sub>

### **COVID-19 PANDEMIC IMPACT ON MOOD**

For the following questions, please consider your feelings during the past week.

139) My worries overwhelmed me:

- Not at all<sub>1</sub>
- A little bit<sub>2</sub>
- Somewhat<sub>3</sub>
- Quite a bit<sub>4</sub>
- Very much<sub>5</sub>

140) I felt uneasy:

- Not at all<sub>1</sub>
- A little bit<sub>2</sub>
- Somewhat<sub>3</sub>
- Quite a bit<sub>4</sub>
- Very much<sub>5</sub>

141) I found it hard to focus on anything other than my anxiety:

- Not at all<sub>1</sub>
- A little bit<sub>2</sub>
- Somewhat<sub>3</sub>
- Quite a bit<sub>4</sub>
- Very much<sub>5</sub>

142) I felt fatigued:

- Not at all<sub>1</sub>
- A little bit<sub>2</sub>
- Somewhat<sub>3</sub>
- Quite a bit<sub>4</sub>
- Very much<sub>5</sub>

143) I had trouble starting things because I was tired:

- Not at all<sub>1</sub>
- A little bit<sub>2</sub>
- Somewhat<sub>3</sub>
- Quite a bit<sub>4</sub>
- Very much<sub>5</sub>

144) How run down did you feel on average?

- Not at all<sub>1</sub>
- A little bit<sub>2</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

- Somewhat<sub>3</sub>
- Quite a bit<sub>4</sub>
- Very much<sub>5</sub>

145) How fatigued were you on average?

- Not at all<sub>1</sub>
- A little bit<sub>2</sub>
- Somewhat<sub>3</sub>
- Quite a bit<sub>4</sub>
- Very much<sub>5</sub>

Here is a statement about how you respond to stressful events.

146) I tend to bounce back quickly after hard times:

- Strongly disagree<sub>1</sub>
- Disagree<sub>2</sub>
- Neutral<sub>3</sub>
- Agree<sub>4</sub>
- Strongly agree<sub>5</sub>

For each of the following items, please provide the response that describes your life.

147) How often do you feel that you lack companionship?

- Often<sub>1</sub>
- Some of the time<sub>2</sub>
- Hardly ever<sub>3</sub>

148) How often do you feel left out?

- Often<sub>1</sub>
- Some of the time<sub>2</sub>
- Hardly ever<sub>3</sub>

149) How often do you feel isolated from others?

- Often<sub>1</sub>
- Some of the time<sub>2</sub>
- Hardly ever<sub>3</sub>

These questions ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way.

150) In the last month, how often have you felt that you were unable to control the important things in your life?

- Never<sub>1</sub>
- Almost never<sub>2</sub>
- Sometimes<sub>3</sub>
- Fairly often<sub>4</sub>

Participant ID:

Often<sub>5</sub>

151) In the last month, how often have you felt confident in your ability to handle your personal problems?

Never<sub>1</sub>

Almost never<sub>2</sub>

Sometimes<sub>3</sub>

Fairly often<sub>4</sub>

Often<sub>5</sub>

152) In the last month, how often have you felt that things were going your way?

Never<sub>1</sub>

Almost never<sub>2</sub>

Sometimes<sub>3</sub>

Fairly often<sub>4</sub>

Often<sub>5</sub>

153) In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never<sub>1</sub>

Almost never<sub>2</sub>

Sometimes<sub>3</sub>

Fairly often<sub>4</sub>

Often<sub>5</sub>

154) Is there anything else you would like to share about how the COVID-19 pandemic has affected your mood or mindset? \_\_\_\_\_

### **COVID-19 BELIEFS AND ATTITUDES**

Please indicate how much you agree or disagree with the following statements.

155) I am worried that our family will experience racism or discrimination in relation to coronavirus:

Strongly disagree<sub>1</sub>

Disagree<sub>2</sub>

Neither disagree nor agree<sub>3</sub>

Agree<sub>4</sub>

Strongly agree<sub>5</sub>

156) I have noticed increased conflict in our family since our area started worrying about coronavirus:

Strongly disagree<sub>1</sub>

Disagree<sub>2</sub>

Neither disagree nor agree<sub>3</sub>

Agree<sub>4</sub>

Strongly agree<sub>5</sub>

Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

157) I think all of this worry about coronavirus is blown out of proportion:

- Strongly disagree<sub>1</sub>
- Disagree<sub>2</sub>
- Neither disagree nor agree<sub>3</sub>
- Agree<sub>4</sub>
- Strongly agree<sub>5</sub>

158) I think it is likely that I will get coronavirus:

- Strongly disagree<sub>1</sub>
- Disagree<sub>2</sub>
- Neither disagree nor agree<sub>3</sub>
- Agree<sub>4</sub>
- Strongly agree<sub>5</sub>

159) I think it is likely I will be hospitalized or die from the coronavirus:

- Strongly disagree<sub>1</sub>
- Disagree<sub>2</sub>
- Neither disagree nor agree<sub>3</sub>
- Agree<sub>4</sub>
- Strongly agree<sub>5</sub>

160) I think it is likely that someone very close to me will get coronavirus:

- Strongly disagree<sub>1</sub>
- Disagree<sub>2</sub>
- Neither disagree nor agree<sub>3</sub>
- Agree<sub>4</sub>
- Strongly agree<sub>5</sub>

161) I think it is likely that someone very close to me will be hospitalized or die from the coronavirus:

- Strongly disagree<sub>1</sub>
- Disagree<sub>2</sub>
- Neither disagree nor agree<sub>3</sub>
- Agree<sub>4</sub>
- Strongly agree<sub>5</sub>

Since we are interested in understanding the health effects of COVID-19, we would appreciate it if you would notify us if you are diagnosed again with COVID-19. You are welcome to contact us. You are also welcome to send any COVID-19 test results to us.



Participant ID:									
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FORM CODE: COF  
VERSION: 1.0 10/21/2021

## **Citations**

The C4R Questionnaire Subcommittee adapted items from the following survey instruments:

MESA COVID-19 Questionnaire

([https://www.phenxtoolkit.org/toolkit\\_content/PDF/MESA\\_Questionnaire\\_Annotated.pdf](https://www.phenxtoolkit.org/toolkit_content/PDF/MESA_Questionnaire_Annotated.pdf))

Multicenter AIDS Cohort Study/ Women's Interagency HIV Study Combined Cohort

Study (MACS/WIHS-CSS) ([https://www.phenxtoolkit.org/toolkit\\_content/PDF/MACS-WIHS.pdf](https://www.phenxtoolkit.org/toolkit_content/PDF/MACS-WIHS.pdf))

Health and Retirement Survey (HRS).

(<https://hrs.isr.umich.edu/sites/default/files/meta/2020/core/qnaire/online/05hr20COVID.pdf>)

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