




**INSTRUCTIONS FOR COLLABORATIVE COHORT OF COHORTS
FOR COVID-19 RESEARCH (C4R)
COVID-19 QUESTIONNAIRE WAVE 3
COW, VERSION 1.0, QUESTION BY QUESTION (QxQ)**

I. GENERAL INSTRUCTIONS

The COVID-19 Questionnaire Wave 3 (COW) is to be completed by the coordinator while interviewing the participant either over the phone or in person.

NOTE: All response options in the paper form may not appear in CDART (e.g., ‘Don’t know’, ‘Declines to answer’, etc.). Beside each item input is a small double bracket icon which looks like this: . Clicking this icon displays a field dialogue box in which the “Field Status” selection menu allows you to choose from the following options: ‘Refused’, ‘No response’, ‘Doesn’t know’, ‘Not applicable’, ‘Maximum value’, ‘Minimum value’, and ‘Missing’.

Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes (e.g., enter 0.25 rather than .25).

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

Item 0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the MM/DD/YYYY format.

Item 0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data, please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

Read the opening statement to the participant.

Item 0c. Select only one option among the two possible choices. If ‘yes’, **go to item 0d.**

Item 0c1. Record the date of when it is convenient to call back in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. State “Thank you. We will call again.” **Go to End** of the form and **Save and Close** the form.

Item 0d. Select only one option among the two possible choices.

Item 1. Select only one option among the two possible choices. If ‘no’, **go to item 15.**

Item 2. Select only one option among the five possible choices that best estimates the total number of times the participant thinks they have been infected with COVID-19 since March 2020. If the participant is unsure, please select ‘do not know’.

Item 2a. If the participant reports more than 3 infections in Item 2, please specify the number.

Item 3. Select only one option among the two possible choices. If 'no', go to **item 5**.

Item 4. Select only one option among the five possible choices that best describes the number of times the participant has been hospitalized for COVID-19. If the participant does not know, please select 'do not know'.

Item 4a. If the participant reports more than 3 COVID hospitalizations in Item 4, please specify the number.

Most Recent COVID-19 Infection:

Item 5. Record the date the participant last had COVID-19 in MM/YYYY format. Please estimate even if the participant is unsure. NOTE: In instances that only the approximate month and year are requested, the calendar icon cannot be used in CDART (i.e., the icon will be crossed out with an X).

Item 6. Select only one option among the two possible choices relating to the participant's most recent COVID-19 infection. Select 'yes' if the participant took a COVID-19 test when they last had COVID-19. If 'no', **go to item 8**.

Item 7. Select only one option among the three possible choices relating to the participant's most recent COVID-19 infection. If the participant had a positive test that indicated a COVID-19 infection, select 'yes'. If the participant is unsure, select 'do not know'.

Item 8. Select only one option among the two possible choices relating to the participant's most recent COVID-19 infection. If 'no', **go to item 11**.

Item 9. Select only one option among the five possible choices relating to the participant's most recent COVID-19 infection.

Item 10. Select only one option among the five possible choices relating to the participant's most recent COVID-19 infection.

Item 11. Select only one option among the three possible choices relating to the participant's most recent COVID-19 infection. Please only consider medications prescribed for the COVID-19 infection or symptoms. If 'no', **go to item 13**. If 'do not know' **go to item 13**.

Item 12. Select all the following answer options that apply to the participant.

Items 12a-c. Select any medications that a health care professional prescribed the participant for their most recent COVID-19 infection.

Item 12d. If another medication was prescribed that is not listed, please select 'other'.

Item 12d1. If 'other' was selected in item 12d, please specify the medication.

Item 12e. If the participant is unsure what medications they were prescribed, please select 'do not know'.

Recovery from COVID-19

Item 13. Select only one option among the two possible choices. If 'no', **go to item 15.**

Item 14. Record the number of days it took the participant to get over their most recent COVID-19 infection. The participant should estimate even if they are unsure. Please format as ### days.

Vaccination against COVID-19

Item 15. Select only one option among the three possible choices. If 'no', **go to item 19.** If 'do not know', **go to item 19.**

Item 16. Select the number of COVID-19 vaccine shots the participant has received. If the participant is unsure, please select 'do not know'.

Item 16a. If the participant has had more than 5 COVID-19 vaccine shots, please specify the number.

Item 17. Record the participant's most recent COVID vaccination in MM/YYYY format. The participant should estimate even if they are unsure. NOTE: In instances that only the approximate month and year are requested, the calendar icon cannot be used in CDART (i.e., the icon will be crossed out with an X).

Item 18. Select only one option among the six possible choices. If the participant had a different type of COVID vaccine than the options listed, please select 'other'. If the participant is unsure what type of COVID vaccine they received, please select 'do not know'.

Item 18a. If the participant reported 'other' vaccine in item 18, please specify the vaccination type.

Global Health (PROMIS-10 + Symptom Survey)

Item 19. Select only one option among the five possible choices.

Item 20. Select only one option among the five possible choices.

Item 21. Select only one option among the five possible choices.

Item 22. Select only one option among the five possible choices that describes the participant's fatigue on average over the past 7 days.

Item 23. Record the participant's pain on average in the past 7 days using a scale from 1 to 10 with 1 being no pain and 10 being the worst pain imaginable. Only integers are accepted.

Symptom Survey

Items 24-53. Select only one option among the two possible 'yes' or 'no' choices for each item. Please only report symptoms occurring within the past 2 weeks.

Item 54. Select only one option among the five possible choices.

Item 55. Select only one option among the five possible choices.

Item 56. Select only one option among the five possible choices.

Item 57. Select only one option among the five possible choices.

Item 58. Select only one option among the five possible choices. Please only report emotional problems occurring within the past 7 days.

Patient Health Questionnaire-9 (PHQ-9)

Items 59-67. Select only one option among the four possible choices that best expresses how often the participant has been bothered by the problem listed in each item. Please only report problems occurring over the past 2 weeks.

Changes in Medical Conditions Since the Beginning of 2020

Item 68. Select all the following answer options that apply to the participant since the beginning of 2020.

Item 68a. If the participant has no new diagnoses since the beginning of 2020, please only select this checkbox.

Item 68b-o. If the participant has received a new diagnosis since the beginning of 2020 for any medical condition listed in items 68b through 68o, please select the respective checkbox.

Item 68p. If the participant has received a new diagnosis for a medical condition not listed in items 68b through 68o, please select 'other'.

Item 68p1. If the participant reported a new diagnosis for a medical condition not listed in items 68b through 68o, please specify the condition in the text box.

Item 68q. If the participant is unsure whether they received a new diagnosis for a medical condition since the beginning of 2020, please select 'not sure'.

Item 69. Select only one option among the three possible choices. If the participant is unsure, select 'do not know'.

Social Determinants of Health

Item 70. Select only one option among the two possible choices.

Item 71. Select only one option among the five possible choices. If the participant is unsure, please select 'do not know'. If the participant is not inclined to answer, please select 'prefer not to answer'.

Item 72. Select one option of the twelve possible choices that best describes the participant's current work situation. If the participant is unsure, please select 'do not know'. If the participant is not inclined to answer, please select 'prefer not to answer'.

Health Related Behaviors

Item 73. Select only one option among the two possible choices that indicates whether the participant has smoked cigarettes within the past month. If 'no', **go to item 75.**

Item 74. Record the number of cigarettes the participant smokes per day on average in the past month. Please format as ### cigarettes/day.

Item 75. Select only one option among the two possible choices that indicates whether the participant has used an e-cigarette within the past month. If 'no', **go to item 77.**

Item 76. Record the number of times per day the participant uses an e-cigarette on average in the past month. Please format as ### cigarettes/day.

Item 77. Select all the following answer options that apply to the participant over the past month.

Items 77a-d. Select the option(s) that describe(s) the participant's cannabis product usage over the past month. If the participant has not used cannabis products within the past month, select 'none'.

Item 78. Select only one option among the two possible choices that indicates whether participant drank alcoholic beverages within the past month. If 'no', **go to item 80.**

Item 79. Record the number of alcoholic beverages the participant consumed on average per week within the past month. Please format as ## drinks/week.

Item 80. Select all the following answer options that apply to the participant over the past month.

Items 80a-k. Select the option(s) that describe(s) the type(s) of physical exercise the participant engaged in over the past month.

Item 81. Record the weight of the participant in pounds. The participant should estimate even if they are unsure. Please format as ### pounds.

Item 82. Record the height of the participant in feet and inches. The participant should estimate even if they are unsure. Please format as # feet ## inches.

Neighborhood Survey

Item 83. Record the number on a scale of 1 to 10 (with 1 being no change and 10 being the most change) that best represents how much change has happened in the participant's neighborhood since March 2020. A neighborhood is considered a 20-minute walk or about a mile surrounding the participant's home. The participant should estimate even if they are unsure.

Items 84-93. Select only one option among the five possible choices for each item that best describes the changes in the participant's neighborhood since March 2020. If the participant is unsure, please select 'do not know'.

Item 94. Select only one of the three possible choices: 'The COVID-19 pandemic and related disruptions', 'Factors other than the COVID-19 pandemic' or 'My neighborhood has not changed'. If the participant does not answer or struggles to answer, select 'do not know'. Otherwise, the 'do not know' option should not be read to the participant.

Select **Save and Close** at the bottom of the page/screen.