



# COVID-19 INTERVIEW WITH PROXY OF DECEASED PARTICIPANTS

ID NUMBER:

FORM CODE:

DATE 05/18/2020  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

0b1. Contact Type:

- Annual Follow-Up <sup>A</sup>
- Semi-Annual Follow-Up <sup>S</sup>

**Instructions:** This form is completed during Annual and Semi-Annual Follow-up for all interviews about a deceased study participant. The date is the day the contact is made, or is the date the status determination is made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.

0c. Next I would like to ask you about any experience [name] had with the new coronavirus and the disease it causes, called COVID-19. Is that okay?

- No<sub>0</sub>
- Yes<sub>1</sub> → **GO TO QUESTION 1**

0c1. Can I call you back at a convenient time to ask these questions?

- No<sub>0</sub> → **SAVE AND CLOSE FORM**
- Yes<sub>1</sub>

0c2. When would it be convenient to call back?  /  /

**"Thank you. I will call again." → SAVE AND CLOSE FORM**

1. Did [name] have COVID-19, the illness caused by the novel coronavirus?

- No<sub>0</sub>
- Yes, definitely<sub>1</sub>
- Yes, I think so<sub>2</sub>
- Maybe<sub>3</sub>

2. Has a healthcare provider ever told [name] that he/she had COVID-19?

- No<sub>0</sub> → **GO TO QUESTION 3**
- Yes, definitely<sub>1</sub>
- Yes, probably or suspected<sub>2</sub>

**“Please provide the contact information of the doctor who told [name] that he/she had COVID-19.”**

2a. Doctor’s name: \_\_\_\_\_

2b. Clinic or Institution Name: \_\_\_\_\_

2c. Address: \_\_\_\_\_

2d. City: \_\_\_\_\_

2e. State:

*[Ask Q2f only if Q1 OR Q2 is recorded as ‘Yes, definitely’]*

2f. Did [name] recover to his/her usual state of health from the COVID-19 illness?

- No<sub>0</sub> → **GO TO QUESTION 3**
- Yes<sub>1</sub>

2g. How long did it take for him/her to recover?    days

3. Since our last contact on [mm/dd/yyyy], did [name] have a cold or flu-like illness?

- No<sub>0</sub> → **GO TO QUESTION 4**
- Yes<sub>1</sub>

3a. What was the approximate date of this illness?

/   /

3b. Approximately how many days did the symptoms last?    days

4. Had [name] been tested for coronavirus or COVID-19?

- No<sub>0</sub> → **GO TO QUESTION 5**
- Yes<sub>1</sub>
- Unsure<sub>2</sub> → **GO TO QUESTION 5**

4a. How many times had he/she been tested?   times

**“Can you provide details regarding his/her first COVID-19 test?”**

4b. What was the date of his/her first COVID-19 test?

/   /

4c. Reasons for first COVID-19 test:

	No	Yes
4c1. [name] had symptoms of COVID-19	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
4c2. Someone [name] knew had symptoms of COVID-19	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
4c3. A doctor told [name] to be tested for COVID-19	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
4c4. [name] was worried about COVID-19	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
4c5. Other	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

4c5a. If other, please specify: \_\_\_\_\_

4d. Type of test for first COVID-19 test:

- Nasopharyngeal swab<sub>1</sub>
- Blood test<sub>2</sub>
- Saliva test<sub>3</sub>
- Other<sub>4</sub>

4d1. If other, please specify: \_\_\_\_\_

4e. Did [name]’s first COVID-19 test result show that he/she had the virus?

- No<sub>0</sub>
- Yes<sub>1</sub> → **GO TO QUESTION 5**
- Unsure<sub>2</sub>

*[Ask Q4f only if participant had more than one test done (if Q4a > ‘1’)]*

4f. Did [name] ever have a COVID-19 test result showing that he/she had the virus?

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

5. Did [name] ever have an overnight stay in a hospital for suspected or diagnosed COVID-19?

- No<sub>0</sub> → **GO TO QUESTION 6**
- Yes<sub>1</sub>

5a. How many nights was he/she in the hospital?         nights

5a1. Date arrived at hospital:                        /   /

5a2. Date discharged from hospital:                /   /

**For ascertainment of medical records:**

5b. Hospital Name, City, State:  ▼

5b1. Specify hospital name, city, and state if not in drop down list:

\_\_\_\_\_

**“Next, I have some questions about others who might have lived with [name].”**

6. How many people live in [name]’s household (or the place he/she was residing)?

- Lived alone<sub>1</sub> → **GO TO QUESTION 7**
- Two people<sub>2</sub>
- Three people<sub>3</sub>
- More than three people<sub>4</sub>

6a. How many people in [name]’s household (or the place he/she resided) **other than [name]** have been tested for COVID-19?

- None<sub>0</sub> → **GO TO QUESTION 7**
- One person<sub>1</sub>
- Two people<sub>2</sub>
- Three people<sub>3</sub>
- More than three people<sub>4</sub>

6b. How many of their test results showed that they had the virus?

- None<sub>0</sub> → **GO TO QUESTION 7**
- One<sub>1</sub>
- Two<sub>2</sub>
- Three<sub>3</sub>
- More than three<sub>4</sub>

6c. Did [name] change his/her behavior at home because of COVID-19?

No<sub>0</sub> → **GO TO QUESTION 7**

Yes<sub>1</sub>

6c1. Did [name] wear a mask at home?

No<sub>0</sub>

Yes<sub>1</sub>

6c2. Did the infected person(s) wear a mask at home?

No<sub>0</sub>

Yes<sub>1</sub>

6c3. Did the infected person(s) stay away from [name]?

No<sub>0</sub>

Yes<sub>1</sub>

7. In [name]'s home, was there anyone who regularly goes outside (e.g., for work)?

No<sub>0</sub> → **READ CLOSURE SCRIPT; SAVE AND CLOSE FORM**

Yes<sub>1</sub>

7a. Was [name] able to stay 6 feet away?

No<sub>0</sub>

Yes<sub>1</sub>

**“Thank you for sharing this information with us.”**