



COVID-19 INTERVIEW WITH 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 ^A
 Semi-Annual Follow-Up ^S

Instructions: This form is completed during Annual and Semi-Annual Follow-up for all interviews with participants. 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 you had with the new coronavirus and the disease it causes, called COVID-19. Is that okay?

- No₀
 Yes₁ → **GO TO QUESTION 1**

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

- No₀ → **SAVE AND CLOSE FORM**
 Yes₁

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

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

1. Have you had COVID-19, the illness caused by the novel coronavirus?

- No₀
 Yes, definitely₁
 Yes, I think so₂
 Maybe₃

2. Has a healthcare provider ever told you that you had COVID-19?

- No₀ → **GO TO QUESTION 3**
- Yes, definitely₁
- Yes, probably or suspected₂

“Please provide the contact information of the doctor who told you that you 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. Have you recovered to your usual state of health from your COVID-19 illness?

- No₀ → **GO TO QUESTION 3**
- Yes₁

2g. How long did it take for you to recover? days

3. Since our last call on [mm/dd/yyyy], have you had a cold or flu-like illness?

- No₀ → **GO TO QUESTION 4**
- Yes₁

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

/ /

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

4. Have you been tested for coronavirus or COVID-19?

- No₀ → **GO TO QUESTION 5**
- Yes₁
- Unsure₂ → **GO TO QUESTION 5**

4a. How many times have you been tested? times

“Can you provide details regarding your first COVID-19 test?”

4b. What was the date of your first COVID-19 test?

/ /

4c. Reasons for first COVID-19 test:

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

4c5a. If other, please specify: _____

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

- Nasopharyngeal swab₁
- Blood test₂
- Saliva test₃
- Other₄

4d1. If other, please specify: _____

4e. Did your first COVID-19 test result show that you had the virus?

- No₀
- Yes₁ → **GO TO QUESTION 5**
- Unsure₂

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

4f. Did you ever have a COVID-19 test result showing that you had the virus?

- No₀
- Yes₁

5. Have you ever had an overnight stay in a hospital for suspected or diagnosed COVID-19?

No₀ → **GO TO QUESTION 6**

Yes₁

5a. How many nights were you 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 live with you.”

6. How many people live in your household (or the place you are residing)?

Live alone₁ → **GO TO QUESTION 7**

Two people₂

Three people₃

More than three people₄

6a. How many people in your household (or the place you are residing) **other than yourself** have been tested for COVID-19?

None₀ → **GO TO QUESTION 7**

One person₁

Two people₂

Three people₃

More than three people₄

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

- None₀ **GO TO QUESTION 7**
- One₁
- Two₂
- Three₃
- More than three₄

6c. Did you change your behavior at home because of COVID-19?

- No₀ → **GO TO QUESTION 7**
- Yes₁

6c1. Did you wear a mask at home?

- No₀
- Yes₁

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

- No₀
- Yes₁

6c3. Did the infected person(s) stay away from you?

- No₀
- Yes₁

7. In your home, is there anyone who regularly goes outside (e.g., for work)?

- No₀ → **GO TO QUESTION 8**
- Yes₁

7a. Are you able to stay 6 feet away?

- No₀
- Yes₁

*[Q8 will be asked **ONLY** of study participants who agreed to be contacted once a year.]*

8. May we call you in the future to see how you are doing and ask you these questions again?

- No₀
- Yes₁