

## Start of Block: COVID-19

text3 Now we are going to ask you some questions about how COVID-19 and changes in your community has affected your life and your health.

CV1 What are you doing/did you do during the COVID-19 pandemic? **Check all that apply.**

- No changes to my life or behavior (1)
  - Practicing social distancing (i.e., reducing your physical contact with other people in social, work, or school settings by avoiding large groups and staying 3-6 feet away from other people) (2)
  - Isolating or quarantining yourself (i.e., while you are sick or if you have been exposed, separating yourself from other people to prevent others from getting it) (3)
  - Caring for someone at home (4)
  - Working from home (5)
  - Not working (6)
  - Following media coverage related to COVID-19 (e.g., watching or reading the news, following social media coverage, etc.) (7)
  - Changing travel plans (8)
  - Increasing hand-washing and use of hand sanitizer (9)
  - Covering my nose and mouth in public (10)
  - Avoiding public transportation (11)
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CV2 How much is/did the COVID-19 pandemic impact your day-to-day life?

- Not at all (1)
  - A little (2)
  - Much (3)
  - Very much (4)
  - Extremely (5)
  - Decline to answer (99)
- 



CV3 Which of the following has had the biggest impact on your access to food in the past month?

- I have not had enough money to buy food (1)
  - I have had to ration my food so I do not run out (e.g., skipped meals, eaten less than I want to) (2)
  - I have not been able to find foods I need in the store (3)
  - My access to food has not been impacted (4)
  - Decline to answer (99)
- 



CV4 In the past month, because of the COVID-19 pandemic, I have:

**Check all that apply.**

- Stocked up on alcohol (1)
- Stocked up on illicit drugs (2)
- Stocked up on harm reduction supplies (clean needles) (3)
- Avoided sharing cigarettes, joints or e-cigarettes/vapes (more than usual) (4)
- Avoided sharing crack pipes, meth pipes or bongs (more than usual) (5)
- Avoid sharing drinks with others (more than usual) (6)
- Avoided shelters (7)
- Avoided supervised consumption/overdose prevention sites (8)
- Avoided needle distribution sites (9)
- Avoided picking up medications for opioid use disorder (MOUD) (10)
- Avoided picking up ART medications (11)
- Avoided healthcare (e.g., clinical care appointments, hospitals, health clinics) (12)
- Accessed a safe supply of legal opioids (13)
- Accessed a safe supply of legal stimulants (14)
- Accessed nicotine replacement therapy (15)
- Accessed treatments for alcohol use disorder (16)
- Accessed a legal supply of cannabis (17)
- Accessed a supply of legal benzodiazepines (18)
- Other: (19) \_\_\_\_\_

None of the above (20)

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CV5 Are you currently experiencing any of the following symptoms? **Check all that apply.**

Fever >100.4F (38C) (1)

Subjective fever (felt feverish, unconfirmed) (2)

Chills (3)

Repeated shaking with chills (4)

Muscle aches or pain (5)

Runny nose (6)

Sore throat (7)

Cough (new onset or worsening of chronic cough) (8)

Shortness of breath (9)

Nausea or vomiting (10)

Headache (11)

Abdominal pain (12)

Diarrhea (more than or equal to 3 loose/looser than normal stools/24 hr period) (13)

Sudden loss of smell (14)

Sudden loss of taste (15)

No, I haven't experienced any of the symptoms listed above (16)



CV6 Have you been tested for COVID-19? **Check all that apply.**

- Yes, I got a swab test to check for active infection (swab is usually in nose/mouth/throat) (1)
- Yes, I got an antibody test to check for previous infection (usually a blood test) (2)
- Yes, I got another test other than swab or antibody test (specify) (3)  
\_\_\_\_\_
- No, I have not been tested (4)
- I tried to get tested but couldn't (5)

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*Display This Question:*

*If Have you been tested for COVID-19? Check all that apply. = Yes, I got a swab test to check for active infection (swab is usually in nose/mouth/throat)*



CV7 Did you test positive for COVID-19 when you had a swab test?

- Yes, I tested positive (1)
- No, I tested negative (2)
- Tested but did not get result (3)
- Decline to answer (99)

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*Display This Question:*

*If Have you been tested for COVID-19? Check all that apply. = Yes, I got an antibody test to check for previous infection (usually a blood test)*



CV8 Did you test positive for COVID-19 when you had an antibody test?

- Yes, I tested positive (1)
- No, I tested negative (2)
- Tested but did not get result (3)
- Decline to answer (99)

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*Display This Question:*

*If Have you been tested for COVID-19? Check all that apply. = Yes, I got another test other than swab or antibody test (specify)*

X→

CV9 Did you test positive for COVID-19 when you had a test other than swab or antibody test?

- Yes, I tested positive (1)
- No, I tested negative (2)
- Tested but did not get result (3)
- Decline to answer (99)

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*Display This Question:*

*If Did you test positive for COVID-19 when you had a swab test? = Yes, I tested positive*

*Or Did you test positive for COVID-19 when you had a swab test? = Tested but did not get result*

*Or Did you test positive for COVID-19 when you had an antibody test? = Yes, I tested positive*

*Or Did you test positive for COVID-19 when you had an antibody test? = Tested but did not get result*

*Or Did you test positive for COVID-19 when you had a test other than swab or antibody test? = Yes, I tested positive*

*Or Did you test positive for COVID-19 when you had a test other than swab or antibody test? = Tested but did not get result*

X→

CV10 Have you been hospitalized due to COVID-19?

- Yes, I am hospitalized/I have been hospitalized (1)
- No (2)
- Decline to answer (99)

End of Block: COVID-19