Now we are going to ask you some questions about how COVID-19 and changes in your community have 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)
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) ________________________________________________
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)

---

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)

---

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)

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)

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)

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
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