COVID-19 Experiences (COVEX)

Suggested citation
Section 2: Vulnerability to COVID and Direct Exposure

1. Prior to the COVID-19 outbreak, did you have a medical condition that could cause you to get very sick if you were to get COVID-19? (e.g., asthma, a breathing or lung problem, suppressed immune system, diabetes, high blood pressure, obesity, or some other significant health problem)
   - No → GO TO 2
   - Yes

   *If yes, ask:*
   1.a. What was that? ________________________________

2. During or in the few months prior to the COVID-19 outbreak, were you a smoker or vaper? [check all that apply]
   - No → GO TO 3
   - Yes, smoker
   - Yes, vaper

   *If smoker, ask:*
   2a. How much [do/did] you smoke?
      - A pack or more a day (a pack is 20 cigarettes)
      - Daily, 10-19 cigarettes
      - Daily, 4-9 cigarettes
      - Daily 1-3 cigarettes
      - Less than one cigarette per day

   *If vaper, ask:*
   2b. How often did you vape?
      - More than once a day
      - Daily or almost every day
      - 3-4 days a week
      - 1-2 days a week
      - Less than that

3. During or after the COVID-19 outbreak started, were you pregnant?
   - No
   - Yes
4. During the COVID-19 outbreak, did you ever live with someone that was sick with COVID-19?

☐ No → GO TO 5
☐ Yes
☐ Not sure, I think someone I lived with might have had COVID-19

*If yes or not sure, ask:*

4a. Who was this? [check all that apply]

☐ Partner
☐ Parent
☐ Child
☐ Sibling
☐ Grandparent
☐ Other family members (e.g. aunt, uncle, cousin)
☐ Roommate
☐ Other: ___________________

4b. Were they (any of them) hospitalized for COVID-19?

☐ No
☐ Yes

4c. Did they (any of them) die because of COVID-19?

☐ No → GO TO 5
☐ Yes

*If yes, ask:*

4d. Who died? [check all that apply]

☐ Partner
☐ Parent
☐ Child
☐ Sibling
☐ Grandparent
☐ Other family members (e.g. aunt, uncle, cousin)
☐ Roommate
☐ Other

5. Has anyone in your family who you did not live with or any of your close friends been diagnosed or been sick with COVID-19?

☐ No → GO TO 6
☐ Yes
☐ Not sure, I think someone in my family or a close friend might have had COVID-19
If yes or not sure, ask:

5a. Who was this? [check all that apply]
- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Close friend
- Other

5b. Were you around (any of) them when they were sick or just before, in the 2 weeks before they got sick?
- No
- Yes

5c. Were they (any of them) hospitalized for COVID-19?
- No
- Yes

5d. Did they (any of them) die because of COVID-19?
- No
- Yes

If yes, ask:

5e. Who died? [check all that apply]
- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Close friend
- Other

6. Has anyone (else) that you interact with regularly, by this we mean at least twice a week, been diagnosed or been sick with COVID-19?
- No
- Yes
- Not sure, I think someone I interacted with might have had COVID-19

[COVEX (Version 1.0)]
If yes or not sure, ask:

6a. Were you around (any of) them when they were sick or just before, in the 2 weeks before they got sick?

☐ No
☐ Yes