

COVID-19 COMMUNITY RESPONSE SURVEY GUIDANCE

The goal of this toolkit is to provide a set of standardized quantitative and qualitative assessments to harmonize data collection efforts and facilitate comparisons of the impact of the novel coronavirus (COVID-19) and promote collaborations across research efforts. This is intended to be a dynamic resource that will evolve as the epidemic does.

Please note that these questions were developed rapidly with input from multiple sources. We have included sources of questions where appropriate. Because the questions were developed rapidly, there was no time for piloting and so we do not have estimates of time required for each module. In addition, we recognize that you might identify errors or inconsistencies after implementation. We would like to hear from you about the modules you are using, time spent per module, modifications you make and any additional feedback you have. We will make modifications as appropriate and share changes with other researchers who are also using this survey.

RECOMMENDED INTRODUCTION FOR SURVEYS

We are conducting a survey to help us better understand how the novel coronavirus (COVID-19) pandemic is affecting people's lives. To help us better understand how people's physical, emotional and mental health are being affected, we would like to ask you questions about your possible exposure to the virus, your experiences with testing and treatment and some questions about how your life has changed as a result of COVID-19 and the preventive measures that have been put in place.

The interview will take us approximately 20-30 minutes, depending on your experiences.

Would it be okay to ask you questions about your COVID-19 related experiences today?

Yes

No

May we call you again over for the next XX months, and possibly longer, to see how you're doing and ask you these questions again?

Yes

No

MODULES WITH RECOMMENDED ORDER

| Module | Title | Items | Estimated time for full module ³ | Core Items | Optional Items |
|--------|--|-------|---|------------|----------------|
| 1 | Demographics ¹ | 24 | | 1-24 | |
| 2 | Housing and Family Structure | 8 | | 1-8 | |
| 3 | Knowledge & Attitudes towards COVID-19 | 7 | | 1-7 | |
| 4 | COVID-19 Symptoms and Testing Experience | 18 | | 1-18 | |
| 5 | Comorbidities and Care Engagement | 4 | | 1-2 | 3-4 |
| 6 | Mental Health Impacts ² | 13 | | 1 | 2-13 |
| 7 | Coronavirus Impact and Pandemic Stress | 21 | | 21 | |
| 8 | Social Distancing Impacts ² | 16 | | 9-16 | 1-8 |
| 9 | Violence and Trauma ² | 11 | | 1-3, 7-11 | 4-6 |
| 10 | Substance Use | 12 | | 1-5, 11-12 | 6-10 |
| 11 | Sexual behavior | 14 | | 1-7 | 8-14 |

¹For existing studies, many items have already been collected and do not need to be asked again

²Some overlap with Coronavirus Impact and Pandemic Stress

³To be updated as information becomes available

COVID-19 COMMUNITY RESPONSE SURVEY
COVID-19 SYMPTOMS AND TESTING EXPERIENCE

SOURCE: Health care worker survey, CCS survey

READ: I would like to ask you about your own experiences with COVID-19. Please try and recall your experiences to the best of your ability.

1. Since February 1, 2020, have you or someone in your home experienced any symptoms of the novel coronavirus (COVID-19)?

- No 0 (SKIP TO Q3)
- Yes, someone in my home (not including you) 1
- Yes, multiple people in my home (not including you) 2
- Yes, I experienced such symptoms 3
- Yes, both I and someone in my home experienced symptoms 4
- I'm not sure/Don't know 5

2. In the past two weeks, have you or someone in your home experienced any symptoms of COVID-19?

- No 0
- Yes, someone in my home (not including you) 1
- Yes, multiple people in my home (not including you) 2
- Yes, I experienced such symptoms 3
- Yes, both I and someone in my home experienced symptoms 4
- I'm not sure/Don't know 5

3. In the past 2 weeks, have you experienced any of the following symptoms?

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Fever > 100.4°F or > 38°C | 1 | 0 |
| b. Fever, but do not know exact temperature (no thermometer) | 1 | 0 |
| c. Cough (new onset or worsening of chronic cough) | 1 | 0 |
| d. Sore throat | 1 | 0 |
| e. Runny nose | 1 | 0 |
| f. Shortness of breath | 1 | 0 |
| g. Chills | 1 | 0 |
| h. Fatigue | 1 | 0 |
| i. General lack of energy or malaise | 1 | 0 |
| j. Loss of appetite | 1 | 0 |
| k. Discomfort, tightness, or pressure in chest | 1 | 0 |
| l. Vomiting | 1 | 0 |
| m. Nausea | 1 | 0 |
| n. Diarrhea | 1 | 0 |
| o. Muscle aches | 1 | 0 |
| p. Joint aches | 1 | 0 |
| q. Headache | 1 | 0 |
| r. Seizure | 1 | 0 |
| s. Dizziness | 1 | 0 |
| t. Altered consciousness or feeling like it was difficult to stay awake | 1 | 0 |
| u. Loss of ability to smell | 1 | 0 |
| v. Loss of ability to taste | 1 | 0 |
| w. Abdominal pain | 1 | 0 |
| x. Other symptom (specify) | 1 | 0 |

3a. Specify: _____

[SKIP to Q12 if No to all]

4. What date did your first symptom start?

___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

5. Of all of the symptoms you reported, which one symptom was the most bothersome (i.e. severe) to you?

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Fever > 100.4°F or > 38°C | 1 | 0 |
| b. Fever but do not know exact temperature (no thermometer) | 1 | 0 |
| c. Cough (new onset or worsening of chronic cough) | 1 | 0 |
| d. Sore throat | 1 | 0 |
| e. Runny nose | 1 | 0 |
| f. Shortness of breath | 1 | 0 |
| g. Chills | 1 | 0 |
| h. Fatigue | 1 | 0 |
| i. General lack of energy or malaise | 1 | 0 |
| j. Loss of appetite | 1 | 0 |
| k. Discomfort, tightness, or pressure in chest | 1 | 0 |
| l. Vomiting | 1 | 0 |
| m. Nausea | 1 | 0 |
| n. Diarrhea | 1 | 0 |
| o. Muscle aches | 1 | 0 |
| p. Joint aches | 1 | 0 |
| q. Headache | 1 | 0 |
| r. Seizure | 1 | 0 |
| s. Dizziness | 1 | 0 |
| t. Altered consciousness or feeling like it was difficult to stay awake | 1 | 0 |
| u. Loss of ability to smell | 1 | 0 |
| v. Loss of ability to taste | 1 | 0 |
| w. Abdominal pain | 1 | 0 |
| x. Other symptom (specify) | 1 | 0 |

5a. Specify: _____

6. How bothersome or distressful was that symptom?

| | |
|--------------|---|
| Not at all | 0 |
| A little bit | 1 |
| Somewhat | 2 |
| Quite a bit | 3 |
| Very much | 4 |

7. In the two weeks prior to developing symptoms, had you traveled outside of your state/country?

| | |
|--------------------------|---|
| No | 0 |
| Yes, outside the state | 1 |
| Yes, outside the country | 2 |

8. In the two weeks prior to developing symptoms, did you have contact with a known COVID-19 case?

| | |
|------------------------------|---|
| No | 0 |
| Yes, someone in my home | 1 |
| Yes, someone outside my home | 2 |

9. In the two weeks prior to developing symptoms, did you have contact with someone who had symptoms of COVID-19, but who had not yet tested positive or had not yet had a test?

| | |
|------------------------------|---|
| No | 0 |
| Yes, someone in my home | 1 |
| Yes, someone outside my home | 2 |

10. Did you consult with a healthcare provider or try to get a coronavirus test because of your symptoms?

- Yes 1
- No 0 (SKIP TO Q12)

11. At what point did you seek care?

- Immediately when my first symptom began 1
- When you developed a fever 2
- When you had trouble breathing 3
- Some other time 4

12. Have you ever been tested for coronavirus?

- No 0 (SKIP to Q15)
- Yes 1

12a. How easy or difficult was it for you to get a test for coronavirus?

- Very easy
- Easy
- Difficult
- Very difficult

13. How many times have you been tested for coronavirus?

13a. When were you first tested for coronavirus?

___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

13b. When were you last tested for coronavirus?

___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

14. Have you ever tested positive for coronavirus?

- No, I tested negative 1 (SKIP to Q16)
- Yes, I tested positive 2
- My results are pending 3

14a. When did you first test positive for coronavirus?

___ ___ / ___ ___ / ___ ___ ___ ___ (DD/MM/YYYY)

15. Did a healthcare provider give you any of the following medications to treat COVID-19?

| | Yes | No |
|---|-----|----|
| a. Lopinavir/Ritonavir (Kaletra) | 1 | 0 |
| b. Hydroxychloroquine (Plaquenil) | 1 | 0 |
| c. Hydroxychloroquine (Plaquenil) with azithromycin (Z-pak) | 1 | 0 |
| d. Chloroquine | 1 | 0 |
| e. Ribavirin, also known as Moderiba or Rebetol | 1 | 0 |
| f. Remdesivir | 1 | 0 |
| g. Azithromycin (Z-pak) | 1 | 0 |
| h. Oseltamivir (Tamiflu) | 1 | 0 |
| i. Blood from someone who was previously infected (convalescent plasma) | 1 | 0 |
| j. Vitamin C | 1 | 0 |
| k. Zinc | 1 | 0 |
| l. Other (specify) | 1 | 0 |

15a. Specify: _____

16. Since February 1, 2020, have you been hospitalized for COVID-19 or because you had difficulty breathing or a respiratory infection?

No 0

Yes 1

17. What is your status now?

You recovered and are symptom free 1

You are feeling better but not completely recovered (i.e., have symptoms that remain) 2

You are not feeling better 3

18. Why have you not been tested for coronavirus? (*Ask only if Q12 is No*)

You haven't felt sick 1

You have felt sick, but didn't feel sick enough to get tested 2

You were told by a healthcare provider to self-quarantine instead of getting tested 3

You were told or believed testing was not available 4

You haven't had transportation to or from a testing location 5

You were worried about not being able to pay 6

You didn't know where to go for testing 7

You didn't have someone to watch your children/other people in your care while you went 8

You haven't been able to take time off of work for testing 9

Other (specify) 10

17a. Specify: _____