

WOMEN'S INTERAGENCY HIV STUDY (WIHS)
 MULTICENTER AIDS COHORT STUDY (MACS)
BASELINE COVID-19 ABBREVIATED QUESTIONNAIRE (BLCOVID)

SECTION A: GENERAL INFORMATION

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE |__|_| - |__|_| - |__|_| - |__|_|
- A2. FORM VERSION: **04/06/20**
- A3. DATE OF INTERVIEW: |__|_|/|__|_|/|__|_|
M D Y
- A4. INTERVIEWER'S INITIALS: |__|_|
- A5. TIME MODULE BEGAN (24-hour time): |__|_| : |__|_|

SECTION B: CORONAVIRUS TESTING AND TREATMENT

INTRODUCTION: As we have at prior visits, I would like to ask you numerous questions about your health history. I will be asking you a series of questions about diseases and symptoms you may have had. I am going to use the words "health care provider" to mean any doctor, nurse practitioner, or physician assistant you may go to for medical care.

B1. Since January have you had any of the following symptoms...

		How many days did you have this symptom?	Do you have this symptom now?	How severe [IS/WAS] this symptom?
a. A fever > 100.4° F	NO..... 0 (b) YES 1	__ _ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
b. Felt feverish	NO..... 0 (c) YES 1	__ _ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
c. Chills	NO..... 0 (d) YES 1	__ _ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
d. Muscle aches	NO..... 0 (e) YES 1	__ _ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
e. Runny nose	NO..... 0 (f) YES 1	__ _ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
f. Sore throat	NO..... 0 (g) YES 1	__ _ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3

			How many days did you have this symptom?	Do you have this symptom now?	How severe [IS/WAS] this symptom?
g.	Cough (new onset or worsening of chronic cough)	NO..... 0 (h) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
h.	Shortness of breath (dyspnea)	NO..... 0 (i) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
i.	Nausea or vomiting	NO..... 0 (j) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
j.	Headache	NO..... 0 (k) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
k.	Abdominal pain	NO..... 0 (l) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
l.	Diarrhea (3 loose stools or looser than normal stools in a 24hr period)	NO..... 0 (m) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
m.	Loss of taste	NO..... 0 (n) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
n.	Loss of smell	NO..... 0 (o) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3
o.	Other	NO..... 0 (B2) YES 1	__ __ DAYS	NO 0 YES 1	MILD1 MODERATE.2 SEVERE3

SPECIFY: _____

B2. Did any of these symptoms happen at the same time?
 NO 0 **(B3 INTRODUCTION)**
 YES..... 1

a. Which ones? **[INTERVIEWER: RESTATE SYMPTOMS FROM B1 AND ASK PARTICIPANT TO SELECT ONLY THOSE THAT HAPPENED CONCURRENTLY. CIRCLE "YES" RESPONSE BELOW FOR THOSE SYMPTOMS THAT PARTICIPANT LISTS.]**

	<u>NO</u>	<u>YES</u>
i. A fever > 100.4° F	0	1
ii. Felt feverish	0	1
iii. Chills	0	1
iv. Muscle aches	0	1
v. Runny nose	0	1
vi. Sore throat	0	1
vii. Cough (new onset or worsening of chronic cough)	0	1
viii. Shortness of breath (dyspnea)	0	1
ix. Nausea or vomiting	0	1

	<u>NO</u>	<u>YES</u>
x. Headache.....	0	1
xi. Abdominal pain	0	1
xii. Diarrhea (3 loose stools or looser than normal stools in a 24-hour period)...	0	1
xiii. Loss of taste or loss of smell.....	0	1
xiv. Other	0	1

INTRODUCTION: The next few questions ask about a respiratory illness that has been affecting people called coronavirus. You may have also heard coronavirus called SARS-CoV-2 or COVID-19. We want to understand what people are doing to try and prevent the spread of this infection.

B3. Are you currently:	<u>NO</u>	<u>YES</u>
a. Staying home as much as you can?	0	1
b. Practicing social distancing by maintaining 6 feet from others when in a public space?	0	1
c. In self-quarantine (not leaving the house at all) because you have symptoms or tested positive for coronavirus?	0	1
d. In self-quarantine (not leaving the house at all) because you were in contact with someone who was infected with coronavirus?	0	1
e. In self-quarantine (not leaving the house at all) because you are unsure of your infection status?	0	1
f. Taking other steps?	0 (g)	1
SPECIFY: _____		
g. Not making any changes to your daily life and routine?	0	1

B4. Have you been tested for coronavirus?

NO	0 (B6)
YES	1 COLLECT MEDICAL RECORDS RELEASE

a. What was the date of that test? |__|__| / |__|__| / |__|__|__|__|

M D Y

b. **INTERVIEWER INSTRUCTIONS:** Collect all available information about coronavirus testing. [INTERVIEWER: ENTER “-9” FOR ANY MISSING DATA IN THIS QUESTION.]

PROVIDER NAME _____

PROVIDER INSTITUTION _____

PROVIDER ADDRESS _____

B5. What was the result of that test?	
NEGATIVE TEST	1
POSITIVE TEST	2
PENDING	3

B6. Did a healthcare provider give you any of the following medications to treat coronavirus?

	<u>NO</u>	<u>YES</u>	<u>DON'T KNOW</u>
a. lopinavir/ritonavir (Kaletra)	0	1	-8
b. hydroxychloroquine (Plaquenil)	0	1	-8
c. Hydroxychloroquine (Plaquenil) with azithromycin (Zithromax, Z-pak)	0	1	-8
d. Chloroquine	0	1	-8
e. Ribavirin, also known as Moderiba or Rebetol	0	1	-8
f. Remdesivir	0	1	-8
g. azithromycin (Zithromax, Z-Pak)	0	1	-8
h. Plasma transfusion/infusion	0	1	-8
i. Other	0 (j)	1	-8

SPECIFY: _____

j. **INTERVIEWER INSTRUCTIONS:** Collect medical records release and collect all available information for each reported medication. **[INTERVIEWER: ENTER “-9” FOR ANY MISSING DATA IN THIS QUESTION.]**

PROVIDER NAME _____

PROVIDER INSTITUTION _____

PROVIDER ADDRESS _____

B7. Since January, have you been hospitalized because you had coronavirus or because you had difficulty breathing or a respiratory infection?

NO 0 **IF B4=0 GO TO B9. IF B4=1 GO TO B10.**

YES 1 **COLLECT MEDICAL RECORDS RELEASE**

a. **INTERVIEWER INSTRUCTIONS:** Collect all available information for hospitalization. **[INTERVIEWER: ENTER “-9” FOR ANY MISSING DATA IN THIS QUESTION.]**

PROVIDER NAME _____

HOSPITAL NAME _____

HOSPITAL ADDRESS _____

b. On what date were you admitted into the hospital?

|_|_|/|_|_|/|_|_|_|_|
M D Y

c. On what date were you discharged from the hospital?

|_|_|/|_|_|/|_|_|_|_|
M D Y

B8. Would you say that....

- You have recovered and are symptom free 1 (B10)
- You are feeling better but not completely recovered 2 (B10)
- You are not feeling better 3 (B10)

B9. Why haven't you been tested for coronavirus, is it because...

	<u>NO</u>	<u>YES</u>
a. You haven't felt sick	0	1
b. Testing was not available	0	1
c. You haven't had transportation to or from a testing location	0	1
d. You were worried about not being able to pay	0	1
e. You didn't know where to go for testing	0	1
f. You didn't have someone to watch your children or other people in your care while you went for testing	0	1
g. You haven't been able to take time off from work	0	1
h. You were told by a healthcare provider to self-quarantine instead of getting tested	0	1
i. Other	0 (B10)	1
SPECIFY: _____		

B10. Do any of your medications have a generic name that ends in "-pril" or "-sartan"? These drugs are often taken by people with high blood pressure, diabetes, and heart disease.

- NO 0 (B12)
- YES 1
- DON'T KNOW -8

B11. Which one?

Name of Medication	<u>NO</u>	<u>YES</u>	<u>DONT KNOW</u>
a. benazepril (Lotensin)	0	1	-8
b. Captopril	0	1	-8
c. enalapril (Vasotec, Epaned)	0	1	-8
d. Fosinopril	0	1	-8
e. lisinopril (Prinivil, Zestril, Qbrelis)	0	1	-8
f. Moexipril	0	1	-8
g. perindopril (Aceon)	0	1	-8
h. quinapril (Accupril)	0	1	-8
i. ramipril (Altace)	0	1	-8

Name of Medication		<u>NO</u>	<u>YES</u>	<u>DONT KNOW</u>
j.	trandolapril (Mavik)	0	1	-8
k.	azilsartan (Edarbi)	0	1	-8
l.	candesartan (Atacand)	0	1	-8
m.	eprosartan (Teveten)	0	1	-8
n.	irbesartan (Avapro)	0	1	-8
o.	telmisartan (Micardis)	0	1	-8
p.	valsartan (Diovan, Prexxartan)	0	1	-8
q.	losartan (Cozaar)	0	1	-8
r.	olmesartan (Benicar)	0	1	-8
s.	sacubitril/valsartan (Entresto)	0	1	-8
t.	nebivolol/valsartan (Byvalson)	0	1	-8

u. **INTERVIEWER INSTRUCTIONS:** Collect medical records release and collect all available information for each reported medication. **[INTERVIEWER: ENTER “-9” FOR ANY MISSING DATA IN THIS QUESTION.]**

PROVIDER NAME _____

PROVIDER INSTITUTION _____

PROVIDER ADDRESS _____

B12. Since January has your provider told you that you tested positive for influenza commonly referred to as the flu?

NO 0

YES..... 1

B13. PARTICIPANT’S HIV STATUS:

LIVING WITH HIV 1

HIV-NEGATIVE 2 (SECTION C)

B14. Now I’m going to ask about any antiretroviral medications you are currently taking. In addition to all your prescribed medications, please include any antiretroviral medications you have taken as part of a research study, including those in which you may have been blinded to the study medication.

a. Are you currently taking any antiretroviral medications?

NO 0 (SECTION C)

YES..... 1 COLLECT MEDICAL RECORDS RELEASE

START SUBFORM BLCOVIDS1

b. DOES PARTICIPANT KNOW ACTUAL NAME OF DRUG?

NO 0 (d)

YES..... 1

c. **CAPTURED VIA RX NORM:** <https://mor.nlm.nih.gov/download/rxnav/RxNavDoc.html>

d. OR, DESCRIBE IF ACTUAL NAME NOT KNOWN: _____
(ENTER "-1" IF NAME CAPTURED IN RXNORM)

e. What was the date you began taking (DRUG)? I just need the month and year. If this is a medication that you are re-using, please give me the most recent date that you began taking or re-using this medication.

|__|__| / |__|__|__|__|
M M Y Y Y Y

f. **INTERVIEWER INSTRUCTIONS:** Collect all available information for medications. [INTERVIEWER: ENTER "-9" FOR ANY MISSING DATA IN THIS QUESTION.]

PROVIDER NAME _____

PROVIDER INSTITUTION _____

PROVIDER ADDRESS _____

END SUBFORM BLCOVIDS1

SECTION C. HOUSEHOLD TOBACCO USE

INTRODUCTION: Now I have some questions about where you have been living.

- C1. Where are you living now?
- In your own house/ apartment 1
 - At your parent's house 2
 - Someone else's house/ apartment 3
 - In a rooming, boarding, or halfway house 4
 - In a shelter/ welfare hotel 5
 - On the street(s) 6
 - Jail/ other correctional facility 7
 - Residential drug, alcohol treatment facility 8
 - Other place 9

C2. Not including yourself, how many people currently live with you?

- a. TOTAL NUMBER OF ADULTS: |__|__|
- b. TOTAL NUMBER OF CHILDREN: |__|__|

C3. Do you currently ...

	<u>NO</u>	<u>YES</u>
a. Smoke tobacco products?	0	1
b. Vape tobacco products?	0	1
c. Smoke cannabis/marijuana in pipe, joint, bong?	0	1
d. Vape cannabis/marijuana?	0	1
e. Dab cannabis/marijuana?	0	1

INTERVIEWER: IF C2a = 0 AND C2b = 0 SKIP TO QUESTION D1.

C4.	Does anyone in your shared living space use any of the following products (either indoors or outdoors)?	<u>NO</u>	<u>YES</u>
a.	Smoke tobacco products	0	1
b.	Vape tobacco products	0	1
c.	Smoke cannabis/marijuana in pipe, joint, bong	0	1
d.	Vape cannabis/marijuana	0	1
e.	Dab cannabis/marijuana	0	1

SECTION D. RESOURCE CHANGES & DISRUPTIONS

INTRODUCTION: Now I have some questions about how coronavirus may be affecting your daily life and how it impacts your access to things like food, housing and medical care.

D1.	Has the coronavirus pandemic led to any of the following:	<u>NO</u>	<u>YES</u>
a.	You or a member of your household losing their job, having to stop working, or having to work fewer hours	0 (b)	1
i.	Have you or the household member requested or received unemployment benefits?	0	1
b.	Losing childcare or having to spend more time taking care of children	0	1
c.	Loss of other sources of financial support, like food stamps, by you or a member of your household	0	1
d.	Loss of your housing, or becoming homeless	0	1
e.	A change in your health insurance coverage	0 (f)	1
i.	Loss of your health insurance?	0	1
ii.	Gaining insurance as part of emergency coverage or Medicaid expansion?	0	1
f.	Difficulty paying for basic needs, including food, clothing, shelter and heat	0	1

D2.	Has the coronavirus pandemic led to any of the following problems accessing medical care?	<u>NO</u>	<u>YES</u>
a.	Unable to attend a healthcare providers appointment	0 (b)	1
	<i>Was it because...</i>		
i.	The healthcare facility was closed because of the coronavirus pandemic	0	1
ii.	You had no transportation to get to the healthcare provider's office	0	1

	<u>NO</u>	<u>YES</u>
iii. Your healthcare provider was seeing patients over the internet or by phone and you do not have internet access or a cellphone	0	1
b. Unable to obtain medications that you normally take	0 (c)	1
i. Were these your HIV medications?	0	1
c. Unable to afford medical care	0 (D3)	1
i. Was this because you lost your insurance?	0	1
D3. How much has the coronavirus pandemic interrupted the care you receive for mental health? (e.g., counselor, therapist, support groups)?		

[INTERVIEWER: IF PARTICIPANT DOES NOT RECEIVE MENTAL HEALTH CARE, ANSWER “1” AND SKIP TO NEXT QUESTION, OTHERWISE READ ALL RESPONSE OPTIONS.]

- I don't receive mental health care 1 (D4)
- Not at all 2
- Somewhat 3
- A lot..... 4

D4. How much has the coronavirus pandemic interrupted the care you receive for substance use addiction?

[INTERVIEWER: IF PARTICIPANT DOES NOT RECEIVE SUBSTANCE ABUSE/ADDICTION CARE, ANSWER “1” AND SKIP TO NEXT QUESTION, OTHERWISE READ ALL RESPONSE OPTIONS.]

- I don't receive substance use addiction care 1 (E1)
- Not at all 2
- Somewhat 3
- A lot..... 4

SECTION E. ABUSE

INTRODUCTION: At times we may be in difficult situations or things may happen to us that we cannot control. We realize recalling such experiences can be difficult.

E1. Since January, have you experienced any physical, emotional, or sexual abuse?

- NO 0 (F1)
- YES..... 1

E2. Since January, have you experienced a change (increase or decrease) in physical, emotional, or sexual abuse?

i. Was this an increase?

- | | | |
|-------------------|---------------|-----------|
| a. Physical Abuse | NO0 (b) | NO0 |
| | YES.....1 | YES.....1 |

i. Was this an increase?

b. Emotional Abuse NO0 (c) NO0
 YES.....1 YES.....1

c. Sexual Abuse NO0 (F1) NO0
 YES.....1 YES.....1

SECTION F. PSYCHOSOCIAL IMPACTS OF CORONAVIRUS

INTRODUCTION: Now I am going to ask you about your thoughts and feelings during the coronavirus pandemic.

CES-D Depression Screen- Short Form

F1. I am going to read a list of the ways you might have felt or behaved in the past week during this coronavirus pandemic. Please tell me how many days you have felt this way during the past week.

	<1 day	1 –2 days	3 –4 days	5 –7 days
CESD-D Items				
a. I was bothered by things that usually don't bother me.	1	2	3	4
b. I had trouble keeping my mind on what I was doing.	1	2	3	4
c. I felt depressed.	1	2	3	4
d. I felt that everything I did was an effort.	1	2	3	4
e. I felt hopeful about the future.	1	2	3	4
f. I felt fearful.	1	2	3	4
g. My sleep was restless.	1	2	3	4
h. I was happy.	1	2	3	4
i. I felt lonely.	1	2	3	4
j. I could not "get going."	1	2	3	4
PROMIS Item Bank: Emotional Distress-Anxiety				
k. My worries overwhelmed me.	1	2	3	4
l. I felt uneasy.	1	2	3	4

Social Support

F2. In the past month, has there been someone you can talk to about things that are important to you – someone you can count on for understanding or support?

- No one 1
- One person..... 2
- 2-3 people 3
- 4-5 people 4
- 6 or more people 5

Social Support Satisfaction

F3. In the past month, how satisfied are you with the social support that you have received from others?

- Very satisfied 1
- Satisfied..... 2
- Neither satisfied nor dissatisfied 3
- Dissatisfied 4
- Very dissatisfied 5

Perceived Stress Scale (PSS-4)

F4. I am going to read a list of the ways you might have felt in the past month. The responses for these questions are: never, almost never, sometimes, fairly often, and very often.

<i>In the last month, how often have you felt..</i>	Never	Almost Never	Sometimes	Fairly Often	Very Often
a. That you were unable to control the important things in your life?	1	2	3	4	5
b. Confident about your ability to handle your personal problems?	1	2	3	4	5
c. That things were going your way?	1	2	3	4	5
d. Difficulties were piling up so high that you could not overcome them?	1	2	3	4	5

Loneliness Brief Form (3 questions)

F5. The next questions ask about your feelings during the coronavirus pandemic. Please tell me how often you feel the way described in each of the following statements.

	Hardly ever	Some of the time	Often
a. How often do you feel that you lack companionship?	1	2	3
b. How often do you feel left out?	1	2	3
c. How often do you feel isolated from others?	1	2	3

Brief Resilient Coping Scale

F6. These items deal with ways you've been coping with the stress in your life since the onset of the coronavirus pandemic. Consider how well the following statements describe your behavior and actions.

	Does not describe me at all	Does not describe me	Neutral	Describes me	Describes me very well
a. I look for creative ways to alter difficult situations.	1	2	3	4	5

	Does not describe me at all	Does not describe me	Neutral	Describes me	Describes me very well
b. Regardless of what happens to me, I believe I can control my reaction to it.	1	2	3	4	5
c. I believe I can grow in positive ways by dealing with difficult situations.	1	2	3	4	5

F7. TIME MODULE ENDED (24-hour): |__|__|:|__|__|