

## IV. COVID Treatments

**1. Which of the following at home treatments did you use? (check all that apply) [treat\_home]**

- 1 Rest
- 2 Fluids/Hydration
- 3 Acetaminophen
- 4 Ibuprofen
- 5 Cold and Flu medicine
- 6 Sleep aids
- 7 Other,
- 0 None of these apply

*If 7, then:*

**1.1 Please specify other:** (open field) [treat\_home\_other]

**2. Were you admitted to the hospital as a result of your COVID illness? (check one) [treat\_hospital]**

- 1 Yes
- 0 No

*If yes, then:*

**2.1 How long were you hospitalized (days)? (number) [treat\_hospital\_days]**

*If yes, then:*

**2.2 Which medical treatments did you receive? (check all that apply) [treat\_med\_therapy]**

- 1 Transfer into a prone position (lying face down on your stomach) for extended periods of time
- 2 Admission to ICU or High Dependency Unit
- 3 Oxygen Therapy
- 4 Non-invasive Ventilation (such as continuous positive airway pressure/CPAP/BiPAP)
- 5 Invasive ventilation (Tracheostomy, Intubation)

- 6 Prolonged cardiac and respiratory support (Extracorporeal support)
- 7 IV fluids
- 8 Convalescent plasma (blood plasma taken from people who have recovered from COVID-19 and may have antibodies)
- 9 Renal replacement therapy (RRT) or dialysis?
- 10 Chest X-ray
- 11 Other kind of imaging such as Ultrasound, MRI, CT-Scan
- 12 Other
- 0 None of these apply

*For items 1-7 list:*

**2.2.1 For how many days: (insert item from treat\_med\_therapy)?** (check one)

[treat\_med\_therapy\_item]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 or more
- 999 Unsure

*For items 8-10 list:*

**2.2.2 How many times: (insert item)?** (check one) [treat\_med\_therapy\_item]

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 or more
- 999 Unsure

*for item 12:*

**2.2.3 Please specify other:** (open field) [treat\_med\_ther\_other]

*If 10, then:*

**2.2.4 Were infiltrates present?** (check one) [treat\_med\_therapy\_10\_infil]

- 1 Yes
- 2 No
- 999 Unsure

**3. Which medications have you been prescribed to treat your COVID-related illness?** (check all that apply)

[treat\_prescriptions]

- 1 Hydroxychloroquine (Plaquenil)
- 2 Antibiotic (such as Azithromycin)
- 3 Remdesivir or other anti-viral
- 4 Immunosuppressive medication (such as Tocilizumab, Azathioprine)
- 5 Anti-inflammatory corticosteroid (such as Dexamethesone, Prednisone, Hydrocortisone, Interferon beta-1a)
- 6 Cardiovascular drug (such as Inotropes/vasopressors)
- 7 Antifungal
- 8 Other
- 0 None of these apply

*If 8, then:*

**3.1 Please specify other:** (open field) [treat\_med\_ther\_other]

Contains items 21-23 (section IV "COVID Treatments") and was renumbered from the full document "Novel Coronavirus (COVID) Illness – Patient Report (NCI-PR)"