

This survey is to be administered to patients with symptoms consistent with COVID19 including chronic cough, who are diagnosed with COVID19 and may be at different stages of their treatment. The questions and answers of this section should reflect ALL costs related to care-seeking for their COVID19 related symptoms, for diagnosis of COVID19, and any costs related to treatment to date. Of cough and the costs related to attending the current clinic visit.

**1a.** When did you first experience symptoms (cough, fever, body aches, loss of smell) that prompted COVID19 testing?

MM-DD-YY

→ Months: \_\_\_\_

→ Days: \_\_\_\_

(REDCap automatically calculates weeks and days since symptom onset based on survey date and reported date of symptom onset)

**1b.** When did you test positive for Coronavirus/COVID-19?

MM-DD-YY

**2.** Up until now, how many total visits have you ever made to other health centers, including urgent care, emergency department visits, hospitalizations, to seek care or advice for COVID-19 and/or COVID-19 related symptoms?

Enter ##

**3.** Thinking about all the back-and-forth to health centers that you had to do, how much **TOTAL TRAVEL TIME** did you spend on seeking health care for COVID-19? Include going to and from health facilities, going to and from lab or testing facilities (hours), etc.

\_\_ hours

**4.** How much out-of-pocket money did you spend on **TRANSPORTATION** to get all health care for COVID-19?

\$ \_\_\_\_\_

**5.** How much **TOTAL TIME** did you spend getting health care for COVID19? Include waiting time, waiting for lab/testing results, multiple clinic/urgent care/emergency care, days in hospital, (days)?

\_\_ days

**6.** Did you spend any out-of-pocket money on medical expenses including clinical care and urgent care fees, co-payments, testing, xrays, medicines or other items like personal protective equipment (masks) for COVID19 care?

No, skip to question 9

Yes

Unsure/Don't Know

**7.** If yes or don't know, what did you spend out-of-pocket money on? (check all that apply)

Office visits/co-pays

Radiology Tests

Lab testing

Medicines

Personal protective equipment (this includes masks, gloves, etc)

Other, specify: \_\_\_\_\_

**8a.** How much total out-of-pocket money did you spend on all health care for COVID19 for OFFICE VISITS OR CO-PAYS? (complete for each checked answer for question 7):

\$ \_\_\_\_\_

**8b.** How much total out-of-pocket money did you spend on all health care for COVID19 for RADIOLOGY TESTS? (complete for each checked answer for question 7):

\$ \_\_\_\_\_

**8c.** How much total out-of-pocket money did you spend on all health care for COVID19 for LAB TESTING? (complete for each checked answer for question 7):

\$ \_\_\_\_\_

**8d.** How much total out-of-pocket money did you spend on all health care for COVID19 for MEDICINES? (complete for each checked answer for question 7):

\$ \_\_\_\_\_

**8e.** How much total out-of-pocket money did you spend on all health care for COVID19 for PERSONAL PROTECTIVE EQUIPMENT? (complete for each checked answer for question 7):

\$ \_\_\_\_\_

**8f.** How much total out-of-pocket money did you spend on all health care for COVID19 for ANY OTHER MEDICAL PAYMENTS? (complete for each checked answer for question 7):

\$ \_\_\_\_\_

**9.** Did your health insurance offset all of your costs of seeking care for COVID-19 (or related symptoms)?

No

Yes → skip to question 11

Unsure/Don't know

**10.** If your insurance did not cover all of your health care costs, how much did you end up paying out of pocket?

\$ \_\_\_\_\_

**11.** Did you have to spend additional money on housing or accommodations when you had COVID-19?

No → skip to next section

IF yes, how much additional money did you spend on housing or accommodations? \$ \_\_\_\_\_

Contains items 1-11 from part 1 "Costs associated with care-seeking for COVID19 related symptoms and COVID19 diagnosis" and was renumbered from full document "Determining Economic Burden related to COVID-19 and COVID-19-like symptoms"