

UCSF COVID19 Questionnaire v1 3.25.2020

Demographics. Once verbal consent is obtained, participant demographic data should be recorded.

Demographics	
To be read to the participant: WE WANT TO GATHER SOME BASIC INFORMATION ABOUT YOU AND YOUR HEALTH	
Question	Instructions/Response
1. What is your date of birth?	Record the patient's date of birth MM-DD-YY ➔ Age in years calculated by REDCap (numeric)
2. How do you identify? (gender)	Record the patient's gender ('Male' or 'Female' or Transgender Male to Female' or 'Transgender Female to Male' or 'Other.')
3. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected. Mark all that apply.	No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino/a, or Spanish origin Unsure/Don't Know
4. What is your race? One or more categories may be selected. Mark all that apply.	White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian Other Pacific Islander Something else _____
5. Where were you born? (country of origin)	Record the patient's nativity status ('Not born in the US' or 'Born in the US')
IF BORN IN U.S., SKIP TO QUESTION 7	
6. In what year did you first arrive/immigrate in the U.S.? (time of arrival)	Record year of arrival, if less than 12 months, record total months of arrival
7. What was the first language you learned to speak? (ESL status)	Record first language spoken
IF FIRST LANGUAGE IS ENGLISH, SKIP TO QUESTION 11	
8. At what age did you learn English? (age learned English)	Enter age (numeric)
9. How comfortable do you feel communicating in English? (comfort with English)	Record level of comfort ("Very comfortable", "Somewhat comfortable", "Somewhat uncomfortable", and "Very uncomfortable")

10. What is your preferred language for receiving health information?	Select the preferred language for receiving health information from the provided dropdown menu.
11. What type of health insurance do you currently have? Medicare, private insurance, or some other health plan for your own health care, or are you uninsured? (current insurance)	<ul style="list-style-type: none"> <input type="radio"/> Insurance through a current or former employer or union <input type="radio"/> Insurance purchased directly from an insurance company <input type="radio"/> Medicare, for people 65 and older, or people with certain disabilities <input type="radio"/> Medicaid (Medi-Cal), Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability TRICARE or other military health care <input type="radio"/> VA (enrolled for VA health care) <input type="radio"/> Indian Health Services <input type="radio"/> OTHER (PLEASE TELL US _____) <input type="radio"/> I AM UNINSURED
12. Has your health insurance changed since the coronavirus pandemic?	No, skip to next section Yes
13. What was your health insurance prior to the coronavirus pandemic?	<ul style="list-style-type: none"> <input type="radio"/> Insurance through a current or former employer or union <input type="radio"/> Insurance purchased directly from an insurance company <input type="radio"/> Medicare, for people 65 and older, or people with certain disabilities <input type="radio"/> Medicaid (Medi-Cal), Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability TRICARE or other military health care <input type="radio"/> VA (enrolled for VA health care) <input type="radio"/> Indian Health Services <input type="radio"/> OTHER (PLEASE TELL US _____) <input type="radio"/> I AM UNINSURED

Contains Section 2, # 1 – 13 from the full survey” Questionnaire on Impact of and Barriers to Stay at Home, Self-isolation, and Quarantine for Vulnerable Populations