



**INSTRUCTIONS FOR COLLABORATIVE COHORT OF COHORTS
FOR COVID-19 RESEARCH (C4R)
COVID-19 QUESTIONNAIRE WAVE 2
COF, VERSION 1.0, QUESTION BY QUESTION (QxQ)**

I. GENERAL INSTRUCTIONS

The COVID-19 Questionnaire Wave 2 (COF) is to be completed by the coordinator while interviewing the participant either over the phone or in person.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

0c. C4R DBS ID: Record the C4R DBS ID

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please answer every question on this form.

Read the opening statement to the participant.

Item 0d. Select only one option among the two possible choices. If 'yes', **go to item 0e.**

Item 0d1. Record the date first re-infected in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. **Go to End** of the form and **Save and Close** the form.

Item 0e. Select only one option among the two possible choices.

COVID-19 TESTING

Item 1. Select only one option among the three possible choices. If 'yes', **go to item 2.**

Item 1a. If 'Unsure' to Item 1, please specify. **Go to item 7.**

Item 2. Record the reason(s) for the participant's COVID-19 test in items 2a-2l.

Item 2a-l. Select only one option among the two possible choices. If 'no' to item 2l, **go to item 3.**

Item 2l1. If 'Yes' to Item 2l, please specify.

Item 3. Select only one option among the three possible choices. If 'no', go to **item 7**. If 'yes', go to **item 4**.

Item 3a. If 'Unsure' to Item 3, please specify. **Go to item 7**.

Item 4. Record the date first re-infected in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 5. Record the type of test(s) used for the participant's first COVID-19 test in items 5a-5e.

Item 5a-e. Select only one option among the two possible choices. If 'no' to item 5e, **go to item 6**.

Item 5e1. If 'Yes' to Item 5e, please specify.

Item 6. Select only one option among the two possible choices. If 'no', go to **item 16**. If 'yes', go to **item 16**.

COVID-19 SELF-REPORT

Item 7. Select only one option among the four possible choices. If 'maybe', go to **item 13**. If 'no', go to **item 13**.

Item 8. Record the date first re-infected in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 9. Select only one option among the two possible choices. If 'no', go to **item 12**.

Item 10. Record the type of test(s) used for the participant's COVID-19 test in items 10a-10e.

Item 10a-e. Select only one option among the two possible choices.

Item 10e1. If 'Yes' to Item 10e, please specify.

Item 11. Select only one option among the two possible choices. If 'no', go to **item 13**. If 'yes', go to **item 13**.

Item 12. Record the reason why the participant didn't get tested at this time in items 12a-12g.

Item 12a-g. Select only one option among the two possible choices.

HEALTHCARE PROVIDER

Item 13. Select only one option among the three possible choices. If 'no', go to **item 16**.

Item 14. Did participant have any of the following when told by a healthcare provider they had COVID-19: Record the responses in in items 14a-14c.

Item 14a-c. Select only one option among the two possible choices.

Item 14c1. If 'Yes' to Item 14c, please specify.

Item 15. Record the healthcare provider information in in items 15a-15f.

Item 15a. Record the name of the doctor/clinic/hospital of the healthcare provider.

Item 15b. Record the street address of the doctor/clinic/hospital of the healthcare provider.

Item 15c. Record the city of the doctor/clinic/hospital of the healthcare provider.

Item 15d. Record the state of the doctor/clinic/hospital of the healthcare provider.

Item 15e. Record the zip code of the doctor/clinic/hospital of the healthcare provider.

Item 15f. Record the contact number of the doctor/clinic/hospital of the healthcare provider.

COVID-19 RE-INFECTION

Item 16. Select only one option among the two possible choices. If 'no', go to **item 21**.

Item 17. Select only one option among the five possible choices.

Item 18. Record the date first re-infected in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 19a-d. Select only one option among the two possible choices.

Item 19d1. If 'Yes' to Item 19d, please specify.

Item 20. Select only one option among the four possible choices.

COVID-19 HOSPITALIZATION

Item 21. Select only one option among the three possible choices. If 'no', go to **item 41**.

Item 21a. Specify other units if "Unsure" is selected in Item 21. **Go to item 41.**

Item 22. Record the number of time hospitalized.

Item 23. Record the date of the first hospitalization in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 24. Record the first admission hospital information.

Item 24a. Record the hospital name.

Item 24b. Record the hospital city.

Item 24c. Record the hospital state.

Item 25. Record how many nights spent in the hospital.

Item 26-30. Select only one option among the three possible choices.

Item 26a-30b. If 'Yes' to any of the main questions (26-30), record how many days the participant needed.

Item 30a. If 'Yes' to Item 30, please specify.

Item 31. Select only one option among the four possible choices.

Item 31a. Specify other units if “Other” is selected in Item 31.

Item 32. Record the date of the second hospitalization in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 33. Record the second admission hospital information.

Item 33a. Record the hospital name.

Item 33b. Record the hospital city.

Item 33c. Record the hospital state.

Item 34. Record how many nights spent in the hospital.

Item 35-39. Select only one option among the three possible choices.

Item 35a-39b. If ‘Yes’ to any of the main questions (35-39), record how many days the participant needed.

Item 39a. If ‘Yes’ to Item 39, please specify.

Item 40. Select only one option among the three possible choices.

Item 40a. Specify other units if “Other” is selected in Item 40.

COVID-19 SYMPTOMS

Item 41. Select only one option among the two possible choices. If ‘no’, go to **item 65**. If they have never had or thought they had COVID-19, they should change the field status to “Not applicable.”

Item 42. Select only one option among the five possible choices.

Item 43. Select only one option among the four possible choices.

Item 44-64. Select only one option among the two possible choices.

Item 44a-64b. If ‘Yes’ to any of the main questions (44-64), record how many days the participant had symptoms.

Item 44b-64c. If ‘Yes’ to any of the main questions (44-64), record if participant still has the symptom.

Item 64a. If ‘Yes’ to Item 64, please specify.

COVID-19 RECOVERY

Item 65. Select only one option among the two possible choices. If they have never had or thought they had COVID-19, they should change the field status to “Not applicable.”

Item 65a. If ‘Yes’ to Item 65, please record the number of months and days it took the participant to recover.

For items 66-78, if the participant has not had a COVID-19 infection, prompt them to compare their current health to their health before the pandemic.

Item 66-76. Select only one option among the two possible choices.

Item 76a. If 'Yes' to Item 76, please specify.

Item 77. Select only one option among the three possible choices.

Item 78. Select only one option among the two possible choices.

Item 78a. If 'Yes' to Item 78, please specify.

COVID-19 IN YOUR COMMUNITY AND SOCIAL NETWORK

Item 79-81. Select only one option among the two possible choices.

Item 79-81a. If 'Yes' to any of the main questions (79-81), record how many.

COVID-19 VACCINE ATTITUDES AND BELIEFS

Item 82. Select only one option among the two possible choices. If 'no' or 'unsure', go to **item 83**.

Item 82a. If 'Yes' to Item 82, please select only one option among the six possible choices.

Item 82a1. If 'Other' to Item 82a, please specify.

Item 82b. Select only one option among the two possible choices.

Item 82b1. Record the date of the first dose in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided.

Item 82b2. Record the date of the second dose in the MM/DD/YYYY format either by selecting the pop-up calendar in CDART or entering the date in the space provided. Go to **item 84**.

Item 83. Select only one option among the four possible choices.

Item 84. Record the participants attitude about the COVID-19 vaccine in items 84a-84h.

Item 84a-h. Select either agree or disagree.

Item 85. Select only one option among the five possible choices.

Item 86. Select only one option among the three possible choices.

Item 87. Select only one option among the five possible choices.

Item 88. Select only one option among the three possible choices.

Item 89. Select only one option among the three possible choices.

Item 90. Record the participants feelings about vaccines in 90a-90e.

Item 90a-e. Select only one option among the two possible choices.

FLU VACCINE ATTITUDES AND BELIEFS

Item 91- 96. Select only one option among the four possible choices.

COVID-19 PANDEMIC IMPACT ON HEALTHCARE AND FINANCES

Item 97. Select only one option among the two possible choices. If 'no', go to **item 110**.

Item 98- 109. Select only one option among the two possible choices.

Item 108a. If 'Yes' to Item 78, please specify.

Item 110. Select only one option among the two possible choices. If 'no', go to **item 111**.

Item 110a-f. If 'Yes' to Item 110, please select only one option among the two possible choices. If 'no' to item 110a, go to **item 111**.

Item 110f1. If 'Yes' to Item 110f, please specify.

Item 111. Select only one option among the three possible choices.

Item 111a. If 'Yes' to Item 111, please select only one option among the two possible choices.

Item 112-114. Select only one option among the three possible choices.

Item 115. Select only one option among the three possible choices.

Item 115a-c. If 'Yes' to Item 115, please select only one option among the two possible choices.

Item 116. Select only one option among the three possible choices.

COVID-19 PANDEMIC IMPACT ON BEHAVIOR

Item 117. Record the participants actions to reduce risk in items 117a-117k.

Item 117a-k. Select only one option among the three possible choices.

Item 118-124. Select only one option among the two possible choices.

Item 118-124a. Please select only one option among the two possible choices.

Item 118-124b. Please select only one option among the three possible choices.

Item 121-124c. Please record how many.

Item 125-126. Select only one option among the three possible choices.

Item 127. Select only one option among the two possible choices.

Item 128-129. Select only one option among the three possible choices.

Item 130- 134. Select only one option among the five possible choices.

Item 135. Select only one option among the two possible choices.

COVID-19 PANDEMIC IMPACT ON SOCIAL INTERACTIONS

Item 136. Select only one option among the two possible choices.

Item 136a-k. If 'No' to Item 136, enter how many for each age group.

Item 137-138. Select only one option among the three possible choices.

COVID-19 PANDEMIC IMPACT ON MOOD

Item 139- 146. Select only one option among the five possible choices.

Item 147-149. Select only one option among the three possible choices.

Item 150-153. Select only one option among the five possible choices.

Item 154. Record anything the participant would like to share.

COVID-19 BELIEFS AND ATTITUDES

Item 155- 161. Select only one option among the five possible choices.