COVID-19 C4R WAVE 2 INTERVIEW WITH PROXY OF LIVING PARTICIPANTS

ID NUMBER: | | | | | | | |

FORM CODE: | C | V | 2 | L |

DATE: 07/08/2021
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

0b. Staff ID: ☐☐☐

0c. Contact Type:

- ☐ Annual Follow-Up$_A$
- ☐ Semi-Annual Follow-Up$_S$
- ☐ Neither$_N$

Instructions: *The date is the day the interview was attempted or completed. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.*

0d. Has the participant ever reported a COVID-19 diagnosis on form COVP or COVL or is there a record of a COVID-19 hospitalization on the CEL form?

- ☐ No$_0$
- ☐ Yes$_1$

If this form is administered as part of the AFU/sAFU: **"Now I am going to ask a few questions about experiences [name] may have had with COVID-19."**

If this form is administered separately from the AFU/sAFU: **"We are calling to ask a few questions about experiences [name] may have had with COVID-19. Responses to this survey will contribute to a better understanding of the COVID-19 infection and the way it affects people."**

0e. Is this a good time to talk?

- ☐ No$_0$ → **GO TO QUESTION 0f**
- ☐ Yes$_1$ → **IF 0d= "Yes", GO TO QUESTION 11; OTHERWISE GO TO QUESTION 1**

0f. Can I call you back at a convenient time to ask these questions?

- ☐ No$_0$ → **SAVE AND CLOSE FORM**
- ☐ Yes$_1$

0g. When would it be convenient to call back?

☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

"Thank you. I will call again." → **SAVE AND CLOSE FORM**

COVID-19 SELF-REPORT

1. Since our last call on [mm/dd/yyyy], has [name] had any kind of test for COVID-19? Please include all types of tests that could show current or past infection (e.g., nose, saliva, blood, PCR, antigen, or antibody tests). Please do not report COVID-19 testing done by ARIC.

   ☐ Yes$_1$
   ☐ No$_2$ → **GO TO QUESTION 7**
   ☐ Unsure$_3$ → **GO TO QUESTION 7**

2. What type of test was it? (Check all that apply)

   2a. ☐ Nose ("nasal", "nasopharyngeal") swab
   2b. ☐ Throat swab
   2c. ☐ Saliva test
   2d. ☐ Blood test
   2e. ☐ Other

   2e1. If other, please specify: _____

3. Did [name] have a positive test that showed he/she had COVID-19? Please include all types of tests.

   ☐ Yes$_1$
   ☐ No$_2$ → **GO TO QUESTION 5**
   ☐ Unsure$_3$ → **GO TO QUESTION 5**

4. When was it that [name] first had a test that showed he/she had COVID-19?

   ☐☐/☐☐/☐☐☐☐ → **GO TO QUESTION 11**
   Month Day Year

5. Do you think that [name] may have had COVID-19 since our last call on [mm/dd/yyyy], even though he/she had had a negative COVID-19 test?

   ☐ Yes, definitely$_1$
   ☐ Yes, I think so$_2$
   ☐ Maybe$_3$
   ☐ No$_4$ → **GO TO QUESTION 30**

6. When was it that you think that [name] first had COVID-19?

   ☐☐/☐☐/☐☐☐☐ → **GO TO QUESTION 11**
   Month Day Year

7. Do you think that [name] may have had COVID-19 since our last call on [mm/dd/yyyy], even though he/she did not have a COVID-19 test?

☐ Yes, definitely$_1$
☐ Yes, I think so$_2$
☐ Maybe$_3$
☐ No$_4$ → **GO TO QUESTION 30**

8. What were the reason/reasons why [name] was not tested at that time?

	No	Yes
8a. He/she didn't know how/where to get tested	☐$_0$	☐$_1$
8b. It was hard to get tested (e.g., long lines)	☐$_0$	☐$_1$
8c. He/she was afraid to get tested	☐$_0$	☐$_1$
8d. [Name] didn't think that he/she needed to be tested	☐$_0$	☐$_1$
8e. [Name] was worried about the cost	☐$_0$	☐$_1$
8f. [Name] was worried about the consequences of being diagnosed with COVID-19	☐$_0$	☐$_1$
8g. A healthcare provider told [name] that a test was not necessary	☐$_0$	☐$_1$
8h. Other	☐$_0$	☐$_1$

8h1. If other, please specify:_____

9. When was it that you <u>think that [name] first had</u> COVID-19?

☐☐/☐☐/☐☐☐☐
Month Day Year

10. At that time, did [name] have any of the following?

	No	Yes
10a. Symptoms of COVID-19 (such as fever, cough, trouble breathing)	☐$_0$	☐$_1$
10b. Contact with someone who had COVID-19?	☐$_0$	☐$_1$
10c. Other	☐$_0$	☐$_1$

10c1. If other, please specify:_____

COVID-19 RE-INFECTION

"You have reported that you know or think that [name] has had the COVID-19 infection. The following questions ask about possible re-infections [name] may have had since that first COVID-19 infection."

11. Has a healthcare provider ever told [name] that he/she may have gotten COVID-19 a second time, or that [name] has been "re-infected" with COVID-19?

☐ No$_0$ → **GO TO QUESTION 16**
☐ Yes$_1$

12. When do you know or think that [name] was first **re-infected** with COVID-19?

☐☐/☐☐/☐☐☐☐
Month Day Year

13. At that time, did [name] have any of the following?

	No	Yes
13a. He/she had another test that showed that he/she had COVID-19	☐0	☐1
13b. He/she had symptoms of COVID-19 (fever, cough, trouble breathing)	☐0	☐1
13c. He/she had close contact with someone who had COVID-19	☐0	☐1
13d. Other	☐0	☐1

13d1. If other, please specify:_____

14. This time, when [name] was re-infected, how did his/her symptoms compare to the first infection with COVID-19?

☐ Worse than the first infection1
☐ About the same as the first infection2
☐ Better than the first infection3
☐ He/she had no symptoms4

15. Has [name] had a third COVID-19 infection?

☐ No0
☐ Yes1
☐ Do not know2

COVID-19 HOSPITALIZATION

"I now want to ask you about COVID-19 hospitalizations that [name] may have had recently."

16. Since our last call on [mm/dd/yyyy], has [name] had an overnight stay in a hospital for any illness related to COVID-19?

☐ Yes1→ **GO TO QUESTION 17**
☐ No2→ **GO TO QUESTION 23**
☐ Unsure3→ **GO TO QUESTION 23**

17. How many times has [name] been admitted to the hospital for COVID-19 or complications resulting from COVID-19? ☐☐ times

18. When was the first time that [name] was hospitalized for COVID-19 or complications resulting from COVID-19?

☐☐/☐☐/☐☐☐☐
Month Day Year

19. Which hospital was [name] admitted to?

19a. Hospital Name, City, State: ☐▼

19a1. Specify hospital name, city, and state if not in drop down list:

_____

20. How many nights did [name] spend in the hospital during the first COVID-19 related hospitalization? ☐☐☐ nights

21. While in the hospital, did [name] have any of the following:

21a. Oxygen (by mask or nose)

☐ Yes$_1$
☐ No$_2$→ **GO TO QUESTION 21b**
☐ Do not know$_3$→ **GO TO QUESTION 21b**

21a1. For how many days? ☐☐☐ days

21b. A breathing tube or ventilator

☐ Yes$_1$
☐ No$_2$→ **GO TO QUESTION 21c**
☐ Do not know$_3$ → **GO TO QUESTION 21c**

21b1. For how many days? ☐☐☐ days

21c. “Intensive care unit” or ICU monitoring

☐ Yes$_1$
☐ No$_2$→ **GO TO QUESTION 21d**
☐ Do not know$_3$→ **GO TO QUESTION 21d**

21c1. For how many days? ☐☐☐ days

21d. Dialysis

☐ Yes$_1$
☐ No$_2$→ **GO TO QUESTION 22**
☐ Do not know$_3$→ **GO TO QUESTION 22**

21d1. For how many days? ☐☐☐ days

22. After this hospitalization, did [name]?

- ☐ Return home$_{1}$
- ☐ Go to a nursing rehabilitation facility$_{2}$
- ☐ Go to live with a family member or a friend$_{3}$
- ☐ Other$_{4}$

22a. If other, please specify:_____

COVID-19 SYMPTOMS

23. When you knew or thought that [name] had COVID-19, did he/she have any symptoms?

- ☐ No$_{0}$→ **GO TO QUESTION 25**
- ☐ Yes$_{1}$
- ☐ I do not remember$_{2}$→ **GO TO QUESTION 25**

24. Overall, when [name]'s COVID-19 symptoms were at their worst, how much did they interfere with (prevent him/her from going about) his/her daily activities?

- ☐ Not at all$_{1}$
- ☐ A little bit$_{2}$
- ☐ Somewhat$_{3}$
- ☐ Quite a bit$_{4}$
- ☐ Very much$_{5}$
- ☐ I do not remember$_{6}$

COVID-19 RECOVERY

25. Following [name]'s COVID-19 infection, would you say that he/she is now completely recovered from COVID-19?

- ☐ No$_{0}$→ **GO TO QUESTION 27a**
- ☐ Yes$_{1}$
- ☐ Unsure$_{2}$→ **GO TO QUESTION 27a**

26. How long did it take for him/her to recover? ☐☐☐ days

27. Did [name] experience after the COVID-19 infection any of the following problems?

	No	Yes
27a. Problems with memory	☐$_{0}$	☐$_{1}$
27b. Problems with paying attention	☐$_{0}$	☐$_{1}$
27c. Problems with appetite	☐$_{0}$	☐$_{1}$
27d. Problems with feeling lightheaded	☐$_{0}$	☐$_{1}$
27e. Trouble sleeping	☐$_{0}$	☐$_{1}$
27f. Periods of racing heart rate	☐$_{0}$	☐$_{1}$

	No	Yes
27g. Inability to exercise at his/her level before COVID	☐0	☐1
27h. Inability to return to his/her usual activities before COVID	☐0	☐1
27i. Feeling weak, tired and/or sick 24-48 hours after physical activity	☐0	☐1
27j. Other	☐0	☐1

27j1. If other, please specify:_____

28. How worried are you that the COVID-19 infection is going to have a long-term effect on [name]'s health?

☐ Not at all worried1
☐ A little worried2
☐ Very worried3

29. Is there anything else you'd like to share about [name]'s COVID-19 recovery experience?

☐ No0→ **GO TO QUESTION 30**
☐ Yes1

29a. If yes, please specify:_____

COVID-19 VACCINE

30. Has [name] received a vaccine for COVID-19?

☐ Yes1
☐ No2→ **GO TO QUESTION 34**
☐ Unsure3→ **GO TO QUESTION 34**

31. When was [name] last vaccinated?

☐☐/☐☐/☐☐☐☐
Month Day Year

32. Which vaccine did he/she receive?

☐ Moderna1→ **GO TO QUESTION 33**
☐ Pfizer2→ **GO TO QUESTION 33**
☐ AstraZeneca3→ **GO TO QUESTION 33**
☐ Janssen (Johnson and Johnson)4→ **GO TO QUESTION 33**
☐ Other5
☐ Do not know6→ **GO TO QUESTION 33**

32a. If other, please specify:_____

33. How many doses did he/she receive?

- ☐ One[1]
- ☐ One, but plan to get a second one[3]
- ☐ Two[2]

34. Has [name] received the influenza ("flu") vaccine at any time since August 2020?

- ☐ Yes[1]
- ☐ No[2]
- ☐ Unsure[3]

35. Has [name] received the pneumonia vaccine?

- ☐ Yes[1]
- ☐ No[2]
- ☐ Unsure[3]

36. Has [name] received the shingles vaccine?

- ☐ Yes[1]
- ☐ No[2]
- ☐ Unsure[3]

37. Does [name] now live alone?

- ☐ No[0]
- ☐ Yes[1]
- ☐ Prefer not to respond[2]

[Do NOT read the following script and do not ask Question 38a through Question 38c if Q0c= "Semi-Annual Follow-Up"]

"In the next part, there will be some questions that we may have already asked during a previous interview. We would like to ask them again here."

COVID-19 LONELINESS AND STRESS

"For each of the following questions, please provide the response that describes [name]'s life. The response options are often, sometimes, or hardly ever."

38a. How often does [name] feel that he/she lacks companionship?

- ☐ Often[1]
- ☐ Sometimes[2]
- ☐ Hardly ever[3]

38b. How often does [name] feel left out?

- ☐ Often$_1$
- ☐ Sometimes$_2$
- ☐ Hardly ever$_3$

38c. How often does [name] feel isolated from others?

- ☐ Often$_1$
- ☐ Sometimes$_2$
- ☐ Hardly ever$_3$

39. Here is a statement about how [name] responds to stressful events. "[Name] tends to bounce back quickly after hard times." Please tell me your level of agreement with that statement.

- ☐ Strongly disagree$_1$
- ☐ Disagree$_2$
- ☐ Neutral$_3$
- ☐ Agree$_4$
- ☐ Strongly agree$_5$

COVID-19 PANDEMIC IMPACT ON BEHAVIOR

"The following questions ask about how [name]'s activities may have changed since the start of the COVID-19 pandemic in March 2020."

40. Does [name] now walk for exercise?

- ☐ No$_0$→ **GO TO QUESTION 41**
- ☐ Yes$_1$

40a. Does [name] now walk for exercise more frequently, less frequently, or about the same amount?

- ☐ More$_1$
- ☐ Less$_2$
- ☐ The same$_3$

41. Does [name] now do any vigorous activities, such as washing windows or scrubbing floors?

- ☐ No$_0$→ **GO TO QUESTION 42**
- ☐ Yes$_1$

41a. Does [name] now engage in vigorous activities more frequently, less frequently, or about the same amount?

- ☐ More$_1$
- ☐ Less$_2$
- ☐ The same$_3$

42. Does [name] watch shows or movies?

☐ No$_0$→ **GO TO QUESTION 43**

☐ Yes$_1$

42a. Does [name] now watch shows or movies more frequently, less frequently, or about the same amount?

☐ More$_1$

☐ Less$_2$

☐ The same$_3$

43. Does [name] drink alcohol?

☐ No$_0$→ **GO TO QUESTION 44**

☐ Yes$_1$

43a. Does [name] now drink alcohol more frequently, less frequently, or about the same amount?

☐ More$_1$

☐ Less$_2$

☐ The same$_3$

43b. On average, how many drinks per week does [name] now have? ☐☐

44. Is [name] now generally eating and snacking more, less or the same amount?

☐ More$_1$

☐ Less$_2$

☐ The same$_3$

[Do NOT ask Question 45 and Question 46 if Question 0c= "Semi-Annual Follow-Up"]

45. Has [name]'s weight changed since March 2020?

☐ Gained weight$_1$

☐ Lost weight$_2$

☐ No change in weight$_3$

☐ Do not know$_4$

46. Was [name] trying to change weight since March 2020?

☐ No$_0$

☐ Yes$_1$

47. How does [name]'s general health compare to before the pandemic?

☐ It is better$_1$

☐ It is worse$_2$

☐ It is about the same$_3$

48. During the pandemic, as compared to the time before it, is [name] generally sleeping more, less or about the same amount?

☐ More$_1$
☐ Less$_2$
☐ The same$_3$

49. During the past 12 months, has [name] experienced confusion or memory loss?

☐ No$_0$→ **SAVE AND CLOSE FORM**
☐ Yes$_1$

50. Is that happening now more often or is getting worse compared to before March 2020?

☐ No$_0$
☐ Yes$_1$

CLOSURE SCRIPT:

"Thank you very much for contributing for the past 30 years to the ARIC study and its mission of 'Research with Heart'!"