



# COVID Impact Questionnaire

ID NUMBER:

FORM CODE:

DATE: 12/10/2020  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

0c. This form is being completed by:  
 1 = Participant  
 0 = Proxy

0d. I would like to ask you a few questions to understand if the coronavirus pandemic, or COVID-19, has affected you (the participant). Would it be okay to ask you questions about the effects of COVID-19 (on the participant)?  
 0 = No **Save and close form**  
 1 = Yes

**Instructions:** For the first administration of this form the time window for all items should be since the start of the pandemic, April 2020. For all follow-up administrations, the time window should be since the last time the form was collected.

1. Have you (Has the participant) been diagnosed with COVID-19, meaning you (they) either tested positive or were presumed to have COVID-19 by a healthcare provider?

- 0 = No **Go to Item 3**  
 1 = Yes  
 8 = Decline to answer **Go to Item 3**  
 9 = Unsure/unknown **Go to Item 3**

1a. If yes, how were you (they) diagnosed?

- 1 = Positive test for acute infection  
 2 = Presumed COVID-19 by healthcare provider but not tested  
 8 = Decline to answer  
 9 = Unsure/unknown

2. Were you (Was the participant) admitted to a hospital for treatment of COVID-19?

- 0 = No **Go to Item 3**  
 1 = Yes  
 8 = Decline to answer **Go to Item 3**  
 9 = Unsure/unknown **Go to Item 3**

2a. What part of the hospital were you (was the participant) admitted for treatment of COVID-19?

- 1 = Intensive care unit (ICU) and/or room with ventilator support (breathing tube in your throat)
- 2 = Regular room with no breathing support
- 3 = Both ICU/breathing support and regular room
- 8 = Decline to answer
- 9 = Unsure/unknown

3. Have you (Has the participant) received the COVID-19 vaccine?

- 0 = No
- 1 = Yes

4. How isolated or cut off from family and friends are you feeling (has the participant felt) due to COVID-19?

- 1 = Not at all
- 2 = A little
- 3 = Somewhat
- 4 = Very
- 5 = Extremely
- 8 = Decline to answer

5. How disruptive has the COVID-19 pandemic been to your (the participant's) everyday life?

- 1 = Not at all
- 2 = A little
- 3 = Somewhat
- 4 = Very
- 5 = Extremely
- 8 = Decline to answer

6. Since the start of COVID-19, how often have you (has the participant) felt that you (they) were unable to control the important things in your (their) life?

- 1 = Never
- 2 = Almost never
- 3 = Sometimes
- 4 = Fairly often
- 5 = Very often
- 8 = Decline to answer

**These next 3 items ask about any changes you (the participant) may have noticed since the COVID-19 pandemic began, due to need for social distancing, sheltering in place, worries about getting infected, or other causes.**

7. Have you (Has the participant) noticed any changes in your (their) memory?

1 = No changes

2 = Some changes, but nothing out of the ordinary

3 = A great deal of change

8 = Decline to answer

8. Have you (Has the participant) noticed any changes in your (their) depression?

1 = No changes

2 = Some changes, but nothing out of the ordinary

3 = A great deal of change

8 = Decline to answer

9. Have you (Has the participant) noticed any changes in your (their) anxiety?

1 = No changes

2 = Some changes, but nothing out of the ordinary

3 = A great deal of change

8 = Decline to answer