



# ANX COVID Impact Questionnaire

ID NUMBER:

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FORM CODE:

C	O	V	X
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DATE: 4/11/2022  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

0c. No longer used

0d. I would like to ask you a few questions to understand if the coronavirus pandemic, or COVID-19, has affected you. Would it be okay to ask you questions about the effects of COVID-19?

- 0 = No **Save and close form**  
 1 = Yes

**Instructions:** The COVX contains a subset of questions from the ACHIEVE COV questionnaire. The time window for answering the questions should be since the last time the COV or COVX form was collected.

1. Since the last time we asked, have you been diagnosed with COVID-19, meaning you 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 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. Since the last time we asked, were you 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 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. Since the last time we asked, have you received the COVID-19 vaccine or boosters?

- 0 = No
- 1 = Yes