



COVID-19 C4R WAVE 3 INTERVIEW WITH PARTICIPANTS

ID NUMBER:

FORM CODE:

DATE 11/27/2023
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Contact Type:

- Annual Follow-Up_A
- Semi-Annual Follow-Ups_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.

If this form is administered as part of the AFU/sAFU: **"This next set of questions will help us learn more about your health during the COVID-19 pandemic. Your response is voluntary."**

If this form is administered separately from the AFU/sAFU: **"We are calling to ask about your health during the COVID-19 pandemic. Your response to these questions is voluntary."**

0e. Is this a good time to talk?

- No₀
- Yes₁ → **GO TO QUESTION 1**

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

- No₀ → **SAVE AND CLOSE FORM**
- Yes₁

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

/ /
Month Day Year

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

1. Have you ever had COVID-19?

- Yes₁
- No₂ → **GO TO QUESTION 13**
- Do not know₃ → **GO TO QUESTION 13**

2. In total, since the beginning of the COVID-19 pandemic in the US (March 2020), how many times do you think you have had COVID-19?

- Once (1 infection)₁ → **GO TO QUESTION 3**
- Twice (2 infections)₂ → **GO TO QUESTION 3**
- Three times (3 infections)₃ → **GO TO QUESTION 3**
- More than three times₄
- Do not know₅ → **GO TO QUESTION 3**

2a. Please enter number of times:

3. Have you ever been hospitalized for COVID-19?

- Yes₁
- No₂

“The following questions refer to your most recent COVID-19 infection.”

4. In which year and month did you have the most recent COVID-19 infection? Please estimate the date you think your symptoms started or when you first tested positive, even if you are not sure.

/

Month Year

5. Did you take a COVID test at that time?

- Yes₁
- No₂ → **GO TO QUESTION 7**

6. Did you have a positive test result? “Positive” means the test showed COVID-19.

- Yes₁
- No₂
- Do not know₃

7. At that time, did you have any COVID-19 symptoms, such as fever, cough, sore throat, or other symptoms?

- Yes₁
- No₂ → **GO TO QUESTION 10**

8. When your COVID-19 symptoms were at their worst, how much did they prevent you from going about your daily activities?

- Not at all₁
- A little bit₂
- Somewhat₃
- Quite a bit₄
- Very much₅

9. Did a doctor or other health care professional prescribe any medications for you to take when you had the most recent COVID-19 infection?

- Yes₁
- No₂
- Do not know₃

Recovery from COVID-19

10. Would you say that you have now completely recovered from COVID-19?

- Yes₁
- No₂ → **GO TO QUESTION 13**

11. How many days did it take for you to recover from your most recent COVID-19 infection? Please estimate even if you are not sure.

days

12. Do you think that you have ever experienced what has been called “**long COVID**”, or symptoms related to COVID-19 lasting for at least a month after an infection?

- Yes₁
- No₂
- Do not know₃

Vaccination against COVID-19

13. Have you ever been vaccinated against COVID-19?

- Yes₁
- No₂ → **GO TO QUESTION 16**
- Do not know₃ → **GO TO QUESTION 16**

14. In total, how many COVID-19 vaccine shots have you received?

- 1₁ → **GO TO QUESTION 15**
- 2₂ → **GO TO QUESTION 15**
- 3₃ → **GO TO QUESTION 15**
- 4₄ → **GO TO QUESTION 15**
- 5 or more₅
- Do not know₆ → **GO TO QUESTION 15**

14a. Please specify number of COVID-19 vaccine shots received:

15. In which year and month did you have the most recent COVID-19 vaccine? Please estimate even if you are not sure.

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Year			

Global Health

16. In the past 7 days, what has been your level of **fatigue**, on average?

- None₁
- Mild₂
- Moderate₃
- Severe₄
- Very severe₅

17. During the past 7 days, how would you rate your pain on average? Please provide a number from 1 (no pain) to 10 (worst imaginable pain).

18. In general, how would you rate your **mental health**, including your mood and your ability to think clearly?

- Excellent₁
- Very good₂
- Good₃
- Poor₄
- Very poor₅

Symptom Survey

19. During the past month, have you felt faint or dizzy? Another way of saying this is that you had difficulty thinking soon after standing up from a sitting or lying position.

- Yes₁
- No₂
- Do not know₃

20. During the past month, have you experienced any of the following symptoms: palpitations, racing heart, arrhythmia, or skipped beats?

- Yes₁
- No₂
- Do not know₃

CLOSURE SCRIPT:

“Thank you very much for contributing for the past 30 years to the ARIC study and its mission of ‘Research with Heart’!”