COVID-19 C4R WAVE 3 INTERVIEW WITH PROXY OF LIVING PARTICIPANTS

ID NUMBER: | | | | | | | |

FORM CODE: | C | V | 3 | L |

DATE 06/01/2023
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
Month Day Year

0b. Staff ID: [ ][ ][ ]

0c. Contact Type:

- ☐ Annual Follow-Up A
- ☐ Semi-Annual Follow-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.*

If this form is administered as part of the AFU/sAFU: **"This last set of questions is about COVID-19 infections."**

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

0e. Is this a good time to talk?

- ☐ No 0
- ☐ Yes 1 → **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**

1. Has [name] ever had COVID-19?

   ☐ Yes$_1$
   ☐ No$_2$→ **GO TO QUESTION 13**
   ☐ Do not know$_3$→ **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 <u>think</u> [name] has had COVID-19? Please estimate even if you are not sure.

   ☐ 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 times$_4$
   ☐ Do not know$_5$→ **GO TO QUESTION 3**

   2a. Please enter number of times: ☐ ☐

3. Has [name] ever been hospitalized for COVID-19?

   ☐ Yes$_1$
   ☐ No$_2$

"The following questions refer to [name]'s <u>most recent</u> COVID-19 infection."

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

   ☐☐/☐☐☐☐
   Month Year

5. Did [name] take a COVID test at that time?

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

6. Did [name] have a positive test result? "Positive" means the test showed COVID-19.

   ☐ Yes$_1$
   ☐ No$_2$
   ☐ Do not know$_3$

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

   ☐ Yes$_1$
   ☐ No$_2$→ **GO TO QUESTION 10**

8. When [name]'s COVID-19 symptoms were at their worst, how much did they prevent [name] from going about his/her 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 [name] to take when he/she had the most recent COVID-19 infection?

   - ☐ Yes1
   - ☐ No2
   - ☐ Do not know3

Recovery from COVID-19

10. Would you say that [name] has now completely recovered from COVID-19?

   - ☐ Yes1
   - ☐ No2 → **GO TO QUESTION 13**

11. How many days did it take for [name] to recover from his/her most recent COVID-19 infection? Please estimate even if you are not sure.

   ☐ ☐ ☐ days

12. Do you think that [name] has 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. Has [name] 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 has [name] received?

- ☐ 1[1] → **GO TO QUESTION 15**
- ☐ 2[2] → **GO TO QUESTION 15**
- ☐ 3[3] → **GO TO QUESTION 15**
- ☐ 4[4] → **GO TO QUESTION 15**
- ☐ 5 or more[5]
- ☐ Do not know[6] → **GO TO QUESTION 15**

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

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

☐☐/☐☐☐☐

Month Year

Global Health

16. In the past 7 days, what has been [name]'s level of **fatigue**, on average?

- ☐ None[1]
- ☐ Mild[2]
- ☐ Moderate[3]
- ☐ Severe[4]
- ☐ Very severe[5]

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

☐ ☐

18. In general, how would you rate [name]'s **mental health**, including his/her mood and his/her ability to think clearly?

- ☐ Excellent[1]
- ☐ Very good[2]
- ☐ Good[3]
- ☐ Poor[4]
- ☐ Very poor[5]

Symptom Survey

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

- ☐ Yes$_1$
- ☐ No$_2$
- ☐ Do not know$_3$

20. During the past month, has [name] experienced any of the following symptoms: palpitations, racing heart, arrhythmia, or skipped beats?

- ☐ Yes$_1$
- ☐ No$_2$
- ☐ Do not know$_3$

CLOSURE SCRIPT:

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