

COVID-19 – COQ

Target Group: SPs Birth +

ISIS INSTRUCTION: USE THE GENDER STATUS PASSED IN TO DISPLAY THE GENDER SPECIFIC TEXT IN THE QUESTION. DISPLAY PROXY FILLS FOR SPS <16 YEARS OLD.

CAPI DISPLAY INSTRUCTIONS FOR ALL QUESTIONS IN COQ MEC SECTION: DISPLAY DATE ENCODED IN **SIA.085** IN "MONTH, DD, YYYY" FORMAT FOR PRE-FILLS SPECIFIED AS "SP INTERVIEW DATE".

COQ.410 {Have you/Has SP} had COVID-19, or the illness caused by the Coronavirus Disease 2019 **since** we interviewed {you/him/her} at home **on {SP INTERVIEW DATE}**?

INTERVIEWER INSTRUCTIONS:

CODE 'MAYBE' IF THE SP THINKS S/HE MAY HAVE HAD COVID-19 DUE TO EXPERIENCING CERTAIN SYMPTOMS BUT DID NOT GET TESTED OR IS UNSURE OF THE RESULTS. CODE 'DON'T KNOW' IF THE SP DOES NOT KNOW IF S/HE HAS HAD COVID-19.

- YES..... 1
- NO..... 2 (COQ.430)
- MAYBE..... 3
- REFUSED..... 7 (COQ.430)
- DON'T KNOW..... 9 (COQ.430)

COQ.420 How would {you/SP} describe {your/his/her} symptoms when they were at their worst? Would you say...

- No symptoms..... 1
- Mild symptoms..... 2
- Moderate symptoms..... 3
- Severe symptoms..... 4
- REFUSED..... 7
- DON'T KNOW..... 9

COQ.430 Now I'm going to ask you about testing for active COVID infections, which is done through a nasal or throat swab or a saliva test. This does not include blood tests for COVID-19.

{Have you/Has SP} been tested for coronavirus or COVID-19 **since** we interviewed {you/him/her} at home **on {SP INTERVIEW DATE}**?

- YES..... 1
- NO..... 2 (COQ.460)
- REFUSED..... 7 (COQ.460)
- DON'T KNOW..... 9 (COQ.460)

COQ.440 Did the swab or saliva test find that {you/SP} had coronavirus or COVID-19?

INTERVIEWER INSTRUCTION: IF TESTED MULTIPLE TIMES, CODE **ANY** POSITIVE RESULT RECEIVED AS YES.

- YES..... 1
- NO..... 2 (COQ.460)
- DID NOT RECEIVE RESULTS..... 3 (COQ.460)
- REFUSED..... 7 (COQ.460)
- DON'T KNOW..... 9 (COQ.460)

COQ.450M/Y What was the date of {your/SP's} **positive** COVID-19 test? Please tell me the month and year of {your/his/her} most recent positive test since {SP INTERVIEW DATE}. This does not include the blood test.

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

ENTER MONTH

- REFUSED..... 77
- DON'T KNOW..... 99

ENTER YEAR

- REFUSED..... 7777
- DON'T KNOW.....9999

CAPI INSTRUCTIONS:

HARD EDIT VALUE FOR MONTH: 01-12

HARD EDIT VALUE FOR YEAR: YEAR MUST BE FOUR DIGITS

HARD EDIT: DATE MUST BE BETWEEN CURRENT MONTH AND YEAR AND MONTH AND YEAR OF THE SP INTERVIEW IN SIA085.

ERROR MESSAGE: "THE DATE THE VACCINE WAS RECEIVED MUST BE BETWEEN THE SP INTERVIEW DATE AND TODAY. PLEASE VERIFY."

COQ.460 **Since {SP INTERVIEW DATE}, {have you/has SP} had an antibody **blood** test to determine if {you/s/he} had coronavirus or COVID-19?**

- YES..... 1
- NO..... 2 (COQ.480)
- REFUSED..... 7 (COQ.480)
- DON'T KNOW..... 9 (COQ.480)

COQ.470 Did the blood test find that {you/SP} had antibodies for coronavirus or COVID-19?

INTERVIEWER INSTRUCTION: IF TESTED MULTIPLE TIMES, CODE ANY POSITIVE RESULT RECEIVED AS YES.

- YES..... 1
- NO..... 2 (COQ.480)
- DID NOT RECEIVE RESULTS..... 3 (COQ.480)
- REFUSED..... 7 (COQ.480)
- DON'T KNOW..... 9 (COQ.480)

COQ.475M/Y What was the date of this blood test? Please tell me the month and year of the most recent date that the blood test found {you/SP} had antibodies for COVID-19 since {SP INTERVIEW DATE}?

INTERVIEWER INSTRUCTION: PROBE FOR ANY MISSING PORTIONS OF DATE.

ENTER MONTH

- REFUSED..... 77
- DON'T KNOW..... 99

ENTER YEAR

- REFUSED..... 7777
- DON'T KNOW.....9999

CAPI INSTRUCTIONS:

HARD EDIT VALUE FOR MONTH: 01-12

HARD EDIT VALUE FOR YEAR: YEAR MUST BE FOUR DIGITS

HARD EDIT: DATE MUST BE BETWEEN CURRENT MONTH AND YEAR AND MONTH AND YEAR OF THE SP INTERVIEW IN SIA085.

ERROR MESSAGE: "THE DATE THE VACCINE WAS RECEIVED MUST BE BETWEEN THE SP INTERVIEW DATE AND TODAY. PLEASE VERIFY."

COQ.480 {Our records show that {you/SP} received a vaccine for COVID-19 on . . . }

LIST OF VACCINE BRAND(S) AND VACCINATION DATE(S) REPORTED IN SP INTERVIEW, SORT BY DOSE.}

{Have you/Has SP} received {another dose of the/a} vaccine for COVID-19 {since {SP INTERVIEW DATE}}?

| | |
|-----------------|-------------|
| YES..... | 1 |
| NO..... | 2 (COQ.500) |
| REFUSED..... | 7 (COQ.500) |
| DON'T KNOW..... | 9 (COQ.500) |

CAPI INSTRUCTIONS:

IF COQ.080 = 1 IN THE SP COQ SECTION, DISPLAY THE FOLLOWING:

- "Our records show that {you/SP} received a vaccine for COVID-19 on . . ."
- "LIST OF VACCINE BRAND(S) AND VACCINATION DATE(S) REPORTED"
- "another dose of the", AND
- "since {SP INTERVIEW DATE}"

IF COQ.080 ≠ 1 IN THE SP COQ SECTION, DISPLAY "a"

COQ.486 How many doses of COVID-19 vaccine {have you/has he/has she} received since {SP INTERVIEW DATE}? Please include booster shots and any additional doses.

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.

ENTER THE NUMBER OF DOSES

| | |
|-----------------|----|
| REFUSED..... | 77 |
| DON'T KNOW..... | 99 |

CAPI INSTRUCTIONS:

HARD EDIT: 1-20.

IF NUMBER OF DOSES = 0, DISPLAY "PLEASE ENTER A VALUE GREATER THAN ZERO TO CONTINUE. IF NO DOSES WERE RECEIVED, GO TO COQ.480 AND UPDATE RESPONSE TO 'NO.'" INCLUDE GO TO OPTIONS FOR COQ.486 AND COQ.480.

SOFT EDIT: IF NUMBER OF DOSES > 9 DISPLAY, "CONFIRM NUMBER OF DOSES WITH RESPONDENT." IF NUMBER IS CORRECT, PRESS SUPPRESS TO CONTINUE. OTHERWISE, GO TO COQ.486 TO UPDATE VALUE." INCLUDE GO TO OPTION FOR COQ.486.

HARD EDIT: IF NUMBER OF VACCINE DOSES REPORTED IN THE SP INTERVIEW (COQ.086) PLUS NUMBER OF DOSES ENTERED FOR COQ.486 IS GREATER THAN 25, DISPLAY "THE TOTAL NUMBER OF VACCINE DOSES REPORTED IN THE HOME AND MEC TOGETHER CANNOT BE GREATER THAN 25. PLEASE PRESS CLOSE AND CHANGE THE RESPONSE TO CONTINUE. ENTER A NOTE IF NECESSARY."

BOX 1

CHECK ITEM COQ.445:

LOOP 1:
ASK COQ.487 – COQ.495M/Y FOR EACH VACCINE.

COQ.487/488 Which COVID-19 vaccine did {you/SP} receive {for your/for his/for her} {first/second/third/fourth/... dose} since {SP INTERVIEW DATE}? Was it Johnson & Johnson, Moderna, Pfizer-BioNTech, or something else?

INTERVIEWER INSTRUCTION:
IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.

| VACCINE | BRAND | OTHER BRAND | MONTH | YEAR | ANY OTHERS? |
|----------------------|---------------------------|------------------|---------------|---------------|-------------|
| Orig. reported doses | | | | | |
| 1 st Dose | Brand reported in COQ.087 | Brand in COQ.088 | M in COQ.095M | Y in COQ.095Y | |
| 2 nd Dose | Brand reported in COQ.087 | Brand in COQ.088 | M in COQ.095M | Y in COQ.095Y | |
| 3 rd Dose | Brand reported in COQ.087 | Brand in COQ.088 | M in COQ.095M | Y in COQ.095Y | |
| Newly reported doses | | | | | |
| 1 st Dose | | | | | |
| 2 nd Dose | | | | | |
| ... | | | | | |

- JOHNSON & JOHNSON (JANSSEN).....1
- MODERNA..... 2
- PFIZER-BIONTECH.....3
- OTHER BRAND..... 4 (COQ.488)
- REFUSED.....7
- DON'T KNOW.....9

CAPI INSTRUCTION:

- DISPLAY A NONEDITABLE VACCINE ROSTER WITH VACCINES ORIGINALLY REPORTED IN SP INTERVIEW AND ADD ROW(S) PER NUMBER OF VACCINES INDICATED IN COQ.486 (SEE EXAMPLE GRID ABOVE).
 - o ALLOW UP TO 20 ADDITIONAL VACCINES TO BE ENTERED.
 - o ALLOW UP TO 25 VACCINES TOTAL TO BE ENTERED ON THE GRID WHEN INCLUDING BOTH THE SP AND MEC APPLICATIONS.
- DISPLAY “for your/for his/for her” “first/second/third/fourth/... dose” BASED ON THE DOSE NUMBER, IF 1 < COQ.486 AND COQ.486 ≠ (77 OR 99).
- FOR ITEMS COQ.487-COQ.495M/Y, DISPLAY A GRID WITH NUMBER OF ROWS EQUAL TO THE NUMBER OF VACCINES INDICATED IN COQ.486 (SEE EXAMPLE GRID ABOVE). IF COQ.486 = (77 OR 99), DISPLAY ONE ROW (1ST DOSE) FOR ‘VACCINE’ IN THE GRID. INCLUDE COLUMNS ‘VACCINE,’ ‘BRAND,’ ‘OTHER BRAND,’ ‘MONTH,’ ‘YEAR,’ AND ‘ANY OTHERS.’ EACH COLUMN WILL FUNCTION AS FOLLOWS:
 - o VACCINE: PREFILL WITH “1st Dose,” “2nd Dose,” “3rd Dose,” etc. FOR EACH ROW. NOT EDITABLE FIELD.
 - o BRAND: VALUE FOR COQ.487. ALLOW ENTRY OF VACCINE BRAND USING DROP-DOWN LIST FOR EACH DOSE.

- HARD EDIT: IF COQ.487 IS EMPTY DISPLAY, "YOU MUST ENTER A BRAND TO CONTINUE. IF NO ADDITIONAL VACCINE DOSES RECEIVED, GO TO GRID AND SELECT 'NO' FOR 'ANY OTHERS' ON THE PREVIOUS ROW. IF NO DOSES WERE RECEIVED AT ALL, GO TO COQ.480 AND UPDATE RESPONSE TO 'NO.' IF RESPONDENT DOES NOT KNOW OR REFUSES TO GIVE THE NAME OF THE BRAND, GO TO COQ.487 (BRAND) AND UPDATE RESPONSE TO 'DON'T KNOW' OR 'REFUSED.'"
 - o OTHER BRAND: VALUE FOR COQ.488.
 - IF CODE 4 (OTHER) IS SELECTED FOR COQ.487, ACTIVATE A TEXT FIELD WITH OTHER VACCINE BRANDS IN A LOOKUP LIST. INCLUDE 'NOT LISTED' AS AN OPTION IN THE LIST.
 - FOR QUESTION TEXT DISPLAY, "PRESS BS TO START THE LOOKUP. ENTER NAME OF OTHER BRAND. SELECT OTHER BRAND FROM LIST. IF OTHER BRAND **NOT** ON LIST, PRESS BS TO DELETE ENTRY. TYPE '**' TO SELECT '**NOT LISTED.'
 - PRESS ENTER TO SELECT.
 - IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.
 - HARD EDIT: IF COQ.488 IS EMPTY DISPLAY, "YOU MUST ENTER A BRAND TO CONTINUE. IF NO ADDITIONAL VACCINE DOSES RECEIVED, GO TO GRID AND SELECT 'NO' FOR 'ANY OTHERS' ON THE PREVIOUS ROW. IF NO DOSES WERE RECEIVED AT ALL, GO TO COQ.480 AND UPDATE RESPONSE TO 'NO.' IF RESPONDENT DOES NOT KNOW OR REFUSES TO GIVE THE NAME OF THE BRAND, GO TO COQ.487 (BRAND) AND UPDATE RESPONSE TO 'DON'T KNOW' OR 'REFUSED.'"
 - o MONTH AND YEAR: VALUES FOR COQ.495M/Y. TEXT FIELD.
 - o ANY OTHERS: ALLOW INTERVIEWER TO ADD OR REMOVE ROW(S) IF ADDITIONAL OR LESS DOSE(S) REPORTED. DROPDOWN FIELD WILL DEFAULT TO 'YES' FOR ALL ROWS EXCEPT THE LAST ROW THAT WILL BE EMPTY. IF LAST ROW IS UPDATED TO YES, ANOTHER ROW IS CREATED. IF LAST ROW IS 'NO,' INSTRUMENT ADVANCES TO BOX 2. IF ROW COUNT IS CHANGED, STORED VALUE FOR COQ.486 WILL BE UPDATED ACCORDINGLY.
 - DISPLAY "ANY OTHERS?"
 - o FOR GRID:
 - HARD EDIT: 1-20.
 - IF NUMBER OF NEWLY REPORTED DOSES IS GREATER THAN 20, OR THE TOTAL NUMBER OF DOSES BETWEEN THE SP INTERVIEW AND MEC IS GREATER THAN 25, DISPLAY " YOU CANNOT ENTER MORE THAN 20 DOSES AT THE MEC, OR MORE THAN 25 DOSES IN TOTAL BETWEEN THE HOME INTERVIEW AND THE MEC. PLEASE PRESS CLOSE AND UPDATE THE LAST ANY OTHERS FIELD TO 'NO' TO CONTINUE. ENTER A NOTE IF NECESSARY."

COQ.495M/Y In what month and year did {you/he/she} receive the {first/second/third/fourth/... dose of the} vaccine since {SP INTERVIEW DATE} for COVID-19?

INTERVIEWER INSTRUCTION:

IF THE RESPONDENT HESITATES OR IS NOT SURE ABOUT THE ANSWER, ENCOURAGE THE RESPONDENT TO GET THE VACCINE CARD OR CHECK THE VACCINATION RECORD TO HELP ANSWER THE QUESTION.

PROBE FOR ANY MISSING PORTIONS OF DATE.

REVIEW THE ENTRIES WITH THE RESPONDENT ONCE THE ENTIRE GRID IS COMPLETED.

ENTER MONTH

REFUSED..... 77
DON'T KNOW..... 99

ENTER YEAR

REFUSED..... 7777
DON'T KNOW.....9999

CAPI INSTRUCTIONS:

HARD EDIT VALUE FOR MONTH: 01-12

HARD EDIT VALUE FOR YEAR: YEAR MUST BE FOUR DIGITS

HARD EDIT: DATE MUST BE BETWEEN CURRENT MONTH AND YEAR AND MONTH AND YEAR OF THE SP INTERVIEW IN SIA085.

ERROR MESSAGE: "THE DATE THE VACCINE WAS RECEIVED MUST BE BETWEEN THE SP INTERVIEW DATE AND TODAY. PLEASE VERIFY."

IF DATE FOR 2ND DOSE OR LATER IS EARLIER THAN THE DATE OF THE PREVIOUS DOSE ENTERED DISPLAY, "DATE OF VACCINE MUST BE LATER THAN THE DATE OF THE PREVIOUS VACCINE. GO TO THE CORRECT FIELD TO UPDATE THE DATE.

DISPLAY "first/second/third/fourth/... dose of the" IF MORE THAN 1 ROW ENTERED IN COQ.487.

BOX 2

CHECK ITEM COQ.455:

END LOOP 1:

ASK COQ.487 - COQ.495M/Y FOR THE NEXT VACCINE.

IF INFORMATION COLLECTED FOR ALL VACCINES, CONTINUE TO COQ.500.

COQ.500 {Have you/Has SP} had an overnight stay in a hospital for suspected or confirmed COVID-19 **since {SP INTERVIEW DATE}**?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

BOX 3

CHECK ITEM COQ.550:

IF COQ.160 = 1, GO TO COQ.580.
 ELSE IF COQ.160 = (2 OR 7 OR 9), CONTINUE TO COQ.560.
 ELSE IF [THE SP INTERVIEW DATE IS 4 WEEKS OR EARLIER THAN MEC VISIT DATE] AND [COQ.410 = (1 OR 3) OR COQ.440 = (1 OR 3)], CONTINUE TO COQ.560.
 ELSE GO TO COQ.510.

COQ.560 Did {you/SP} experience any new, recurring, or ongoing symptoms **four weeks or later** after being infected with COVID-19 or suspecting to have been infected with COVID-19? These symptoms can sometimes appear after recovering from the initial infection. Please look at card COQ1 for some examples of commonly reported post-COVID symptoms.

HAND CARD COQ1

INTERVIEWER INSTRUCTION:

IF INFECTED WITH COVID-19 MULTIPLE TIMES, CODE ANY EXPERIENCE OF POST-COVID SYMPTOMS AS YES.

DAY 1 OF A COVID-19 INFECTION IS THE FIRST FULL DAY AFTER THE SP STARTED EXPERIENCING SYMPTOMS. IF THE SP DID NOT HAVE ANY INITIAL SYMPTOMS, IT IS THE FIRST FULL DAY AFTER THE SAMPLE WAS COLLECTED FOR THE POSTIVE COVID-19 TEST.

- YES..... 1
- NO..... 2 (COQ.510)
- REFUSED..... 7 (COQ.510)
- DON'T KNOW..... 9 (COQ.510)

COQ.570/ 570O {}Among all of the post-COVID symptoms that {you have/SP has} experienced, which ones bothered {you/him/her} **the most**? You can tell me up to three different symptoms. You can refer again to card COQ1 for some examples of commonly reported post-COVID symptoms.{}

What is the {first/second/third} symptom that bothered {you/SP} the most?

HAND CARD COQ1

| | SYMPTOM | OTHER SYMPTOM | ANY OTHERS? |
|--|---------|---------------|-------------|
| | | | |
| | | | |
| | | | |

| | |
|---|----------------|
| CHANGE OR LOSS OF SMELL OR TASTE..... | 10 |
| CHANGES IN MENSTRUAL CYCLES..... | 11 |
| CHEST PAIN..... | 12 |
| COUGH..... | 13 |
| DEPRESSION OR ANXIETY..... | 14 |
| DIARRHEA..... | 15 |
| DIFFICULTY BREATHING OR SHORTNESS OF BREATH..... | 16 |
| DIFFICULTY THINKING OR CONCENTRATING (SOMETIMES REFERRED TO AS "BRAIN FOG")..... | 17 |
| DIFFICULTY WITH MEMORY..... | 18 |
| DIZZINESS WHEN YOU STAND UP (LIGHTHEADEDNESS)..... | 19 |
| FAST-BEATING OR POUNDING HEART (ALSO KNOWN AS HEART PALPITATIONS)..... | 20 |
| FEVER..... | 21 |
| HEADACHE..... | 22 |
| JOINT OR MUSCLE PAIN..... | 23 |
| PINS-AND-NEEDLES FEELINGS..... | 24 |
| RASH..... | 25 |
| SLEEP PROBLEMS..... | 26 |
| STOMACH PAIN..... | 27 |
| SYMPTOMS THAT GET WORSE AFTER PHYSICAL OR MENTAL EFFORT (ALSO KNOWN AS "POST-EXERTIONAL MALAISE")..... | 28 |
| TIREDNESS OR FATIGUE THAT INTERFERES WITH DAILY LIFE..... | 29 |
| OTHER SYMPTOM..... | 666 (COQ.5700) |
| REFUSED..... | 777 |
| DON'T KNOW..... | 999 |

CAPI INSTRUCTION:

FOR ITEMS COQ.570 AND COQ.5700, DISPLAY A GRID THAT CAN ACCOMMODATE UP TO THREE ROWS (SEE EXAMPLE ABOVE).

- DO NOT ALLOW DUPLICATE ENTRIES. ALLOW DUPLICATE OF DK/RF/"OTHER SYMPTOM"
- INCLUDE COLUMNS "SYMPTOM," "OTHER SYMPTOM," AND "ANY OTHERS." EACH COLUMN WILL FUNCTION AS FOLLOWS:
 - SYMPTOM:
 - o ENTER SYMPTOM WITH A LOOKUP LIST. INCLUDE 'OTHER SYMPTOM' AS AN OPTION IN THE LIST.
 - o FOR BASE QUESTION TEXT, FILL "first" FOR LINE 1, "second" FOR LINE 2, AND "third" FOR LINE 3. INCLUDE BRACKETS IN QUESTION TEXT FOR SECOND AND THIRD LINE.
 - o BELOW BASE QUESTION TEXT DISPLAY,
 - "PRESS BS TO START THE LOOKUP.
 - ENTER SYMPTOM REPORTED.
 - SELECT SYMPTOM FROM LIST.
 - IF REPORTED SYMPTOM **NOT** ON LIST, PRESS BS TO DELETE ENTRY.
 - TYPE '**' TO SELECT 'OTHER SYMPTOM.'
 - PRESS ENTER TO SELECT."

- OTHER SYMPTOM:
 - o IF "NOT LISTED" IS SELECTED FOR COQ.570, ACTIVATE "OTHER SYMPTOM" FIELD (COQ.5700). REQUIRE ENTRY TO CONTINUE. DO NOT ALLOW DK/RF.
 - o BELOW BASE QUESTION TEXT DISPLAY, "ENTER OTHER SYMPTOM"
- ANY OTHERS?
 - o DISPLAY QUESTION TEXT AS, "Are there any other symptoms?"
 - o ALLOW INTERVIEWER TO ADD OR REMOVE ROW(S) IF ADDITIONAL OR LESS SYMPTOM(S) REPORTED. DROPDOWN FIELD WILL DEFAULT TO 'YES' FOR ALL ROWS EXCEPT THE LAST ROW THAT WILL BE EMPTY. IF LAST ROW IS UPDATED TO 'YES,' ANOTHER ROW IS CREATED (UP TO THREE ROWS). IF LAST ROW IS 'NO,' INSTRUMENT ADVANCES TO COQ.580.

COQ.580 {Post-COVID symptoms are new, recurring, or ongoing symptoms you experienced **four weeks or later** after first being infected with COVID-19 or suspecting to have been infected with COVID-19.}

The next few questions refer to **all** of the post-COVID symptoms that {you have/SP has} experienced.

In the last 30 days, have **any** of these symptoms reduced {your/SP's} ability to carry out day-to-day activities compared with the time before {you/he/she} had COVID-19? Would you say...

INTERVIEWER INSTRUCTIONS:

DAY 1 OF A COVID-19 INFECTION IS THE FIRST FULL DAY AFTER THE SP STARTED EXPERIENCING SYMPTOMS. IF THE SP DID NOT HAVE ANY INITIAL SYMPTOMS, IT IS THE FIRST FULL DAY AFTER THE SAMPLE WAS COLLECTED FOR THE POSTIVE COVID-19 TEST.

- yes, a lot;..... 1
- yes, a little; or 2
- no, not at all?..... 3
- REFUSED..... 7
- DON'T KNOW..... 9

HELP SCREEN:

Post-COVID symptoms: These refer to any new, recurring, or ongoing symptoms you experienced **four weeks or later** after being infected with COVID-19 or suspecting to have been infected with COVID-19. These symptoms can sometimes appear after recovering from the initial infection.

CAP I INSTRUCTIONS:

IF COQ.160 = 1 IN THE SP COQ SECTION, DISPLAY "Post-COVID symptoms are new, recurring, or ongoing symptoms you experienced **four weeks or later** after first being infected with COVID-19 or suspecting to have been infected with COVID-19."

COQ.590 {Do you/Does SP} still experience **any** of these symptoms **now**?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

BOX 4

CHECK ITEM COQ.595:

IF COQ.190 = 2 AND COQ.580 = 3 AND COQ.590 = 2, GO TO COQ.510.
ELSE CONTINUE.

COQ.600 How long {did/have} these symptoms {last/lasted}? {Was it/Has it been}...

INTERVIEWER INSTRUCTION: WHEN DETERMINING HOW LONG SYMPTOMS LASTED, CONSIDER THE TOTAL AMOUNT OF TIME BETWEEN THE START OF THE FIRST SYMPTOM AND THE END OF THE LAST SYMPTOM (OR UNTIL NOW, IF STILL EXPERIENCING SYMPTOMS).

- 1 month to less than 2 months,..... 1
- 2 months to less than 3 months,..... 2
- 3 months to less than 6 months,..... 3
- 6 months to less than 9 months,..... 4
- 9 months to less than 12 months, or..... 5
- 12 months or more?..... 6
- REFUSED..... 77
- DON'T KNOW..... 99

CAPI INSTRUCTIONS:
DISPLAY "did" AND "last" AND "Was it" IF COQ.590 = 2. ELSE, DISPLAY "have" AND "lasted" AND "Has it been".

COQ.510 Has anyone else in {your/SP's} household tested positive for coronavirus or COVID-19 **since {SP INTERVIEW DATE}**?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

HELP SCREEN:
Household: The entire group of persons who live in one dwelling unit. It may be several persons living together or one person living alone. It includes the household reference person and any of their relatives, as well as roomers, employees, and other non-related persons.

COQ.520 {Do you/Does SP} currently have a health condition that a doctor or other health professional told {you/him/her} weakens the immune system, making it easier for {you/him/her} to get sick?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

HELP SCREEN:

Immunocompromised: While chronic diseases like heart disease and obesity put people at higher risk of having a tougher course of COVID, these are different from illnesses that directly impact the immune system. Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. Primary immunodeficiency is caused by genetic defects that can be inherited. Prolonged use of corticosteroids (steroids) or other immune weakening medicines can lead to secondary or acquired immunodeficiency.

People are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Doctor: The term refers to both doctors of medicine (M.D.s) and doctors of osteopathic medicine (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, but other doctoral degrees such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Health Care Professionals (Health Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, pharmacists, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

COQ.530 **Since {SP INTERVIEW DATE}, {have you/has SP} taken prescription medication or had any medical treatments that a doctor or other health professional told {you/him/her} would weaken {your/his/her} immune system?**

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9

HELP SCREEN:

Doctor: The term refers to both doctors of medicine (M.D.s) and doctors of osteopathic medicine (D.O.s). It includes general practitioners as well as specialists. It does not include persons who do not have an M.D. or D.O. degree, but other doctoral degrees such as dentists, oral surgeons, chiropractors, podiatrists, Christian Science healers, opticians, optometrists, psychologists, etc.

Health Care Professionals (Health Professional): A person entitled by training and experience and possibly licensure to assist a doctor and who works with one or more medical doctors. Examples include: doctor's assistants, nurse practitioners, nurses, pharmacists, lab technicians, and technicians who administer shots (e.g., allergy shots). Also include paramedics, medics and physical therapists working with or in a doctor's office. Do not include: dentists, oral surgeons, chiropractors, chiropodists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

COQ.540 **There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. Since {SP INTERVIEW DATE}, {have you/has SP} had a flu vaccination?**

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 9