

COVID-19 – COQ
Target Group: SPs Birth +

COQ.010 {Have you/Has SP} **ever** had COVID-19, or the illness caused by the Coronavirus Disease 2019?

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.030)
MAYBE.....	3
REFUSED.....	7 (COQ.030)
DON'T KNOW.....	9 (COQ.030)

COQ.020 How would {you/SP} describe {your/his/her/SP's} 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.030 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} **ever** been tested for coronavirus or COVID-19?

YES.....	1
NO.....	2 (COQ.060)
REFUSED.....	7 (COQ.060)
DON'T KNOW.....	9 (COQ.060)

COQ.040 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.060)
DID NOT RECEIVE RESULTS.....	3 (COQ.060)
REFUSED.....	7 (COQ.060)
DON'T KNOW.....	9 (COQ.060)

COQ.050m/y What was the date of {your/SP's} **positive** COVID-19 test? Please tell me the month and year of {your/his/her/SP's} most recent positive test. 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: DATE MUST BE CURRENT MONTH AND YEAR OR PRIOR.

HARD EDIT: YEAR MUST BE 2020 OR LATER.

COQ.060 {Have you/Has SP} ever had an antibody **blood** test to determine if {you/s/he/SP} had coronavirus or COVID-19 in the past?

YES..... 1
 NO..... 2 (COQ.080)
 REFUSED..... 7 (COQ.080)
 DON'T KNOW..... 9 (COQ.080)

COQ.070 Did the blood test find that {you/SP} had antibodies for coronavirus or COVID-19?

YES..... 1
 NO..... 2 (COQ.080)
 DID NOT RECEIVE RESULTS..... 3 (COQ.080)
 REFUSED..... 7 (COQ.080)
 DON'T KNOW..... 9 (COQ.080)

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

COQ.075m/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?

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: DATE MUST BE CURRENT MONTH AND YEAR OR PRIOR.

HARD EDIT: YEAR MUST BE 2020 OR LATER.

COQ.080 {Have you/Has SP} **ever** received a vaccine for COVID-19?

YES..... 1
NO..... 2 (COQ.100)
REFUSED..... 7 (COQ.100)
DON'T KNOW..... 9 (COQ.100)

COQ.086 How many doses of COVID-19 vaccine {have you/has he/has she/has SP} received? 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.080 AND UPDATE RESPONSE TO 'NO.'" INCLUDE GO TO OPTIONS FOR COQ.086 and COQ.080.

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.086 TO UPDATE VALUE." INCLUDE GO TO OPTION FOR COQ.086.

BOX 1

CHECK ITEM COQ.145:

LOOP 1: ASK COQ.087-COQ.095M/Y FOR EACH VACCINE.

COQ.087/088 Which COVID-19 vaccine did {you/SP} receive {for your/for his/for her/for SP's} {first/second/third/fourth/... dose}? 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?
1 st Dose					
2 nd Dose					
3 rd Dose					
...					

JOHNSON & JOHNSON	
(JANSSEN).....	1
MODERNA.....	2
PFIZER-BIONTECH.....	3
OTHER.....	4 (COQ.088)
REFUSED.....	7
DON'T KNOW.....	9

CAPI INSTRUCTION:

- IF COQ.086 > 1 AND COQ.086 ≠ (77 OR 99), FOR THE QUESTION TEXT DISPLAY “for your/for his/for her/for SP’s” “first/second/third/fourth/... dose” BASED ON THE DOSE NUMBER.
- FOR ITEMS COQ.087-COQ.095M/Y, DISPLAY A GRID WITH NUMBER OF ROWS EQUAL TO THE NUMBER OF VACCINES INDICATED IN COQ.086 (SEE EXAMPLE GRID ABOVE). IF COQ.086 = (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. NON- EDITABLE FIELD.
 - o BRAND: VALUE FOR COQ.087. ALLOW ENTRY OF VACCINE BRAND USING DROP-DOWN LIST FOR EACH DOSE.
 - HARD EDIT: IF COQ.087 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 COQ080 AND UPDATE RESPONSE TO ‘NO.’ IF RESPONDENT DOES NOT KNOW OR REFUSES TO GIVE THE NAME OF THE BRAND, GO TO COQ087 (BRAND) AND UPDATE RESPONSE TO ‘DON’T KNOW’ OR ‘REFUSED.’”
 - o OTHER BRAND: VALUE FOR COQ.088.
 - IF CODE 4 (OTHER) IS SELECTED FOR COQ.087, 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.088 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 COQ080 AND UPDATE RESPONSE TO ‘NO.’ IF RESPONDENT DOES NOT KNOW OR REFUSES TO GIVE THE NAME OF THE BRAND, GO TO COQ087 (BRAND) AND UPDATE RESPONSE TO ‘DON’T KNOW’ OR ‘REFUSED.’”
 - o MONTH AND YEAR: VALUES FOR COQ.095M/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.086 WILL BE UPDATED ACCORDINGLY.
- o FOR GRID:
HARD EDIT: 1-20.
IF NUMBER OF ROWS > 20 DISPLAY, "YOU CANNOT ENTER MORE THAN 20 DOSES. PLEASE PRESS SUPPRESS AND UPDATE THE LAST ANY OTHERS FIELD TO 'NO' TO CONTINUE."

COQ.095m/y In what month and year did {you/he/she/SP} receive the {first/second/third/fourth/... dose of the} vaccine 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: DATE MUST BE CURRENT MONTH AND YEAR OR PRIOR.

HARD EDIT: YEAR MUST BE 2020 OR LATER.

HARD EDIT: 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."

SOFT EDIT: IF DATE ENTERED IS BEFORE NOVEMBER 2020, DISPLAY, "THE DATE THE VACCINE WAS REPORTED TO HAVE BEEN RECEIVED IS UNLIKELY. PLEASE VERIFY DATE WITH THE RESPONDENT."

DISPLAY "first/second/third/fourth/... dose of" IF MORE THAN 1 ROW ENTERED IN COQ.087.

BOX 2

CHECK ITEM COQ.155:

END LOOP 1:

ASK COQ.087 - COQ.095M/Y FOR THE NEXT VACCINE.

IF INFORMATION COLLECTED FOR ALL VACCINES, CONTINUE TO COQ.100.

COQ.100 {Have you/Has SP} **ever** had an overnight stay in a hospital for suspected or confirmed COVID-19?

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

BOX 3

CHECK ITEM COQ.150:

IF COQ.010 = (1 OR 3) OR COQ.040 = (1 OR 3), CONTINUE TO COQ.160.
ELSE GO TO COQ110.

COQ.160 Turn to card COQ1. 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.110)
- REFUSED..... 7 (COQ.110)
- DON'T KNOW..... 9 (COQ.110)

COQ.170/170O {}Among all of the post-COVID symptoms that {you have/SP has} experienced, which ones bothered {you/him/her/SP} **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.1700)
REFUSED.....	777
DON'T KNOW.....	999

CAPI INSTRUCTION:

FOR ITEMS COQ.170 AND COQ.1700, 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 "OTHER SYMPTOM" IS SELECTED FOR COQ.170, ACTIVATE "OTHER SYMPTOM" FIELD (COQ.1700). 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.180.

COQ.180 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/SP} had COVID-19? Would you say...

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.

COQ.190 {Do you/Does SP} still experience **any** of these symptoms **now**?

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

COQ.200 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

CAP I INSTRUCTIONS:

DISPLAY "did" AND "last" AND "Was it" IF COQ.190 = 2. ELSE, DISPLAY "have" AND "lasted" AND
"Has it been".

COQ.110 Has anyone else in {your/SP's} household **ever** tested positive for coronavirus or COVID-19?

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.120 {Do you/Does SP} **currently** have a health condition that a doctor or other health professional told {you/him/her/SP} weakens the immune system, making it easier for {you/him/her/SP} 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, chiropractors, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

COQ.130 **In the past 12 months**, {have you/has SP} taken prescription medication or had any medical treatments that a doctor or other health professional told {you/him/her/SP} would weaken {your/his/her/SP} 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, chiropractists, podiatrists, naturopaths, Christian Science healers, opticians, optometrists, and psychologists or social workers.

COQ.140 There are two types of flu vaccinations. One is a shot and the other is a spray, mist, or drop in the nose. **During the past 12 months**, {have you/has SP} had a flu vaccination?

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

COQ1

Commonly reported post-COVID symptoms:

General symptoms

- Tiredness or fatigue that interferes with daily life
- Symptoms that get worse after physical or mental effort (also known as “post-exertional malaise”)
- Fever

Respiratory and heart symptoms

- Difficulty breathing or shortness of breath
- Cough
- Chest pain
- Fast-beating or pounding heart (also known as heart palpitations)

Neurological symptoms

- Difficulty thinking or concentrating (sometimes referred to as “brain fog”)
- Difficulty with memory
- Headache
- Sleep problems
- Dizziness when you stand up (lightheadedness)
- Pins-and-needles feelings
- Change or loss of smell or taste
- Depression or anxiety

Digestive symptoms

- Diarrhea
- Stomach pain

Other symptoms

- Joint or muscle pain
- Rash
- Changes in menstrual cycles