WHI COVID-19 Survey

OFFICE USE ONLY

1. Date received: ____/____/_____
MM DD YYYY

2. Reviewed by: 80-_ _ _ _ _

○ RCR ○ OU1 ○ OU2

Participant ID Label

Please use a pencil or blue or black pen only to complete this form.

Date completed: ____/____/_____
MM DD YYYY

Throughout this questionnaire, you will be asked about your experiences that relate to the current COVID-19 pandemic. We use the term COVID-19 to refer to the illness caused by the novel coronavirus that was first identified in 2019 and is also called SARS-CoV-2.

SECTION ONE:

1. Who is completing this form?
   - ○ 1 Self (WHI Study participant)
   - ○ 2 Other, on behalf of the WHI participant
     Name and relationship to participant: _____

2. What is your current Zip Code? _____

3. Please think about your current level of well-being. When you think about well-being, think about your physical health, your emotional health, any challenges you are experiencing, the people in your life, and the opportunities or resources you have available to you. How would you describe your current level of well-being?
   - ○ 1 Excellent
   - ○ 2 Very Good
   - ○ 3 Good
   - ○ 4 Fair
   - ○ 5 Poor
   - ○ 6 Very Poor

4. Has your living arrangement, including the place where you live and the people that live with you, changed since March 2020 due to the COVID-19 pandemic?
   - ○ 0 No → **Go to Question 5.**
   - ○ 1 Yes → **Go to Question 4.1.**

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4.1 What has changed? **Mark all that apply.**

- ○ 1 I moved to live with other family members or friends
- ○ 2 Other family or friends moved in with me
- ○ 3 Some household members moved away to limit the possibility of infection
- ○ 4 I moved out of shared housing to limit the possibility of infection
- ○ 5 A care provider/companion now comes to help me
- ○ 6 My care provider/companion no longer comes to help me
- ○ 7 I have moved into a care facility
- ○ 8 I have moved out of a care facility
- ○ 9 Other (Specify: _____)

5. Including yourself, how many people live in the same household with you?

○ 1 1 ○ 2 2 ○ 3 3 ○ 4 4 ○ 5 5 or more ○ 9 Not applicable

6. Are any of the services and/or restrictions below part of where you currently live as a result of the COVID-19 pandemic? **Mark all that apply.**

- ○ 0 Does not apply. I live in a private home.
- ○ 1 Residents are not allowed to leave their home/apartment/room
- ○ 2 Residents are not allowed to have visitors
- ○ 3 Residents are not allowed to leave the property except for emergencies
- ○ 4 Food is delivered to the home/apartment/room
- ○ 5 There are no restrictions on residents

7. Do you have any close family members living in an assisted living, skilled nursing, or nursing home?

- ○ 0 No → **Go to Question 8.**
- ○ 1 Yes

↳ **7.1** Are you able to visit them in their care facility?

○ 0 No ○ 1 Yes

SECTION TWO: The next set of questions ask about possible COVID-19 exposures, testing and medical care.

8. To your knowledge, have you EVER been exposed to another person who has been diagnosed with, or suspected of having, COVID-19 infection?

- ○ 1 Yes, someone living with me
- ○ 2 Yes, someone outside of my household that I interact with face-to-face
- ○ 3 No, not that I know of.

9. Has anyone in your family or a close friend died from COVID-19?

○ 0 No ○ 1 Yes

10. Below is a list of symptoms that may be related to COVID-19. Some of these may also occur with other conditions such as allergies, colds and flu or when taking certain medications. Please indicate if you have experienced any of these symptoms for longer than several hours or more than is usual for you, since March 2020. **Mark all that apply.**

- ○ 1 Fever
- ○ 2 Persistent cough
- ○ 3 Chills or sweats
- ○ 4 Headache
- ○ 5 Sore throat
- ○ 6 Unusually hoarse
- ○ 7 Loss of smell
- ○ 8 Loss of taste
- ○ 9 Chest pain/tightness
- ○ 10 Muscle aches
- ○ 11 Abdominal pain
- ○ 12 Diarrhea
- ○ 13 Confusion
- ○ 14 Malaise—a general feeling of illness, discomfort, uneasiness

How severe was this symptom?

	Mild	Moderate	Severe
○ 15 Unusual fatigue	○ 1	○ 2	○ 3
○ 16 Unusual shortness of breath or difficulty breathing	○ 1	○ 2	○ 3

11. Which of the following statements apply to you?

- ○ 1 I do not think I have had a COVID-19 infection and/or have had no symptoms
- ○ 2 I suspected that I had a COVID-19 infection but I never sought medical care
- ○ 3 I called my health care provider because I thought I might have a COVID-19 infection and I was told to stay home (quarantine)
- ○ 4 I went to a clinic, emergency room, or hospital because I had symptoms that might be from COVID-19

12. Have you been tested for COVID-19?

- ○ 1 Yes ↓
- ○ 0 No
- ○ 9 Unsure

→ **Go to Question 15.**

12.1 What kind of test(s) did you have? **Mark all that apply.**

- ○ 1 Nasal swab (testing for presence of the virus)
- ○ 2 Throat swab (testing for presence of the virus)
- ○ 3 Saliva test (testing for presence of the virus)
- ○ 4 Blood test (testing for antibodies/immune response)

12.2 How many times have you been tested?

- ○ 1 1 time
- ○ 2 2 times
- ○ 3 3 or more times
- ○ 9 Unsure

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12.3 Did any of these tests come back positive for a COVID-19 infection?

○ 1 Yes
○ 0 No
○ 9 Unsure → **Go to Question 15.**

12.4 Which test(s) came back positive? **Mark all that apply.**

○ 1 Nasal swab ○ 2 Saliva test ○ 3 Throat swab ○ 4 Blood test

13. Were you ever hospitalized for COVID-19?

○ 1 Yes
○ 0 No
○ 9 Unsure → **Go to Question 15.**

13.1 How many nights did you stay in the hospital?

○ 1 1 night ○ 3 4-6 nights ○ 5 14 or more nights
○ 2 2-3 nights ○ 4 7-13 nights ○ 9 Unsure

13.2 What treatments did you receive? **Mark all that apply.**

○ 1 Intravenous fluids
○ 2 Oxygen through nasal (nose) prongs or facial mask, but not requiring a ventilator
○ 3 Invasive ventilation or ventilator (Breathing support through an inserted tube. People are usually asleep for this procedure.)
○ 4 Kidney dialysis
○ 5 Cardiac or heart procedure, such as a coronary artery stent
○ 6 Other (Specify: _____)

13.3. Did you require treatment in an Intensive Care Unit (ICU)?

○ 0 No → **Go to Question 14.**
○ 1 Yes

13.3.1 How many days?

○ 1 1 ○ 2 2-3 ○ 3 4-6 ○ 4 7 or more ○ 9 Not sure

14. Were you given any of the following medications to treat COVID-19? **Mark all that apply.**

○ 1 Remdesivir
○ 2 Hydroxychloroquine or chloroquine
○ 3 Azithromycin

SECTION THREE: In this section we ask about your current access to your usual medications, health conditions, and the impact of the COVID-19 pandemic on your health care.

15. Are you currently taking any prescription medications not related to COVID-19?

○ 0 No → **Go to Question 16.**
○ 1 Yes → **Go to Question 15.1.**

15.1 Are you taking prescription medications for any of the following conditions? **Mark all that apply.**

- ○ 1 High blood pressure
  - **15.1.1** Are you currently taking any of the following?
    - ○ 1 ACE-Inhibitors (Examples: Lisinopril, Enalapril, Ramipril, Captopril, Benazepril)
    - ○ 2 Angiotensin receptor blockers (Examples: valsartan, irbesartan, Entresto, losartan, candesartan, olmesartan)
    - ○ 3 Aldosterone Receptor Blockers (Examples: Spironolactone, Eplerenone)
    - ○ 4 Other high blood pressure medications (Specify: _____)
- ○ 2 Diabetes
- ○ 3 Cancer
- ○ 4 Autoimmune diseases (lupus, rheumatoid arthritis, Crohn's disease)
- ○ 5 Other conditions (Specify: _____)

15.2 How do you get your prescription medications now?

- ○ 1 I get them myself at a local pharmacy
- ○ 2 I have my medications delivered
- ○ 3 I rely on another person I know to get my medications
- ○ 4 I live in a facility that provides my medications
- ○ 8 Other conditions (Specify: _____)

15.3 Has the way you get your prescription medications changed since March 2020?

○ 0 No ○ 1 Yes

16. Do you take any over-the-counter pain/anti-inflammatory medications on a routine basis (at least 3 days per week)?

○ 1 Yes ↓

○ 0 No
○ 9 Unsure → **Go to Question 17.**

16.1 Which of the following do you take regularly?

- ○ 1 Aspirin (Examples: Bayer, Bufferin)
- ○ 2 Ibuprofen (Examples: Motrin, Advil)
- ○ 3 Acetaminophen (Example: Tylenol)
- ○ 4 Naproxen (Example: Aleve)
- ○ 8 Other (Specify: _____ _____)

17. Are you experiencing any new difficulties in taking medication(s) since the COVID-19 pandemic started? **Mark all that apply.**

- ○ 1 Delays in getting prescriptions filled/refilled
- ○ 2 Delaying or not taking medication
- ○ 3 No longer having someone to help me take my medications.
- ○ 4 Paying for medications
- ○ 8 Other (Specify: _____ _____)

18. From March 2020 until now, did you have any health care appointments scheduled?

○ 1 Yes ○ 0 No ○ 9 Unsure → **Go to Question 19.**

↓

18.1 Did your health care provider cancel, reschedule or convert your appointment to a telephone or online/video visit (telehealth)? **Mark all that apply.**

- ○ 1 Yes, at least one was cancelled
- ○ 2 Yes, at least one was rescheduled
- ○ 3 Yes, at least one was converted to telephone or online/video visit
- ○ 0 None of them changed

19. Have you decided not to go to the doctor or hospital when you normally would have gone, to avoid the potential of being exposed to COVID-19?

○ 0 No ○ 1 Yes

20. In general, how much difficulty have you had getting routine medical care since March 2020?

○ 1 None ○ 2 Some ○ 3 Much ○ 4 Unable or very difficult

SECTION FOUR: In this section, we ask about the impact of the COVID-19 pandemic on your health and general well-being and the changes in your life related to the pandemic.

21. In general, how concerned are you about the COVID-19 pandemic?

○ 1 Not at all concerned ○ 2 Somewhat concerned ○ 3 Very concerned

22. Is the COVID-19 pandemic causing you concerns about any of the following? **Mark all that apply.**

- ○ 1 My risk of getting a COVID-19 infection
- ○ 2 The risk of family members or friends getting a COVID-19 infection
- ○ 3 Getting the health care that I need
- ○ 4 Getting adequate food
- ○ 5 Getting enough exercise/physical activity
- ○ 6 Getting the sleep/rest I need
- ○ 7 Having adequate housing
- ○ 8 Having enough money to cover my needs
- ○ 9 My personal safety
- ○ 10 The health and safety of my family and friends
- ○ 11 My financial security
- ○ 12 The financial security of my family
- ○ 13 My ability to be with friends and family
- ○ 14 The nation and the economy more generally

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How often would the following statements apply to you in the past 7 days…	Never	Rarely	Sometimes	Often	Always
23. I felt fearful	○1	○2	○3	○4	○5
24. I found it hard to focus on anything other than my anxiety	○1	○2	○3	○4	○5
25. My worries overwhelmed me	○1	○2	○3	○4	○5
26. I felt uneasy	○1	○2	○3	○4	○5

In the past 4 weeks how often have you felt…	Never	Almost never	Sometimes	Fairly often	Very often
27. That you were unable to control the important things in your life?	○1	○2	○3	○4	○5
28. Confident about your ability to handle your personal problems?	○1	○2	○3	○4	○5
29. That things were going your way?	○1	○2	○3	○4	○5
30. That difficulties were piling up so high that you could not overcome them?	○1	○2	○3	○4	○5

31. Since March 2020, what steps have you taken to reduce your risk of being infected by COVID-19? **Mark all that apply.**

- ○1 Washing hands frequently
- ○2 Trying not to touch my face
- ○3 Disinfecting surfaces frequently
- ○4 Maintaining a physical distance from people outside my household
- ○5 Wearing a face mask in public
- ○6 Wearing gloves in public
- ○7 Avoiding in-person social or religious activities
- ○8 Avoiding or limiting in-person shopping
- ○9 Avoiding shaking hands
- ○10 Staying home

32. How often do you communicate with others who live outside your home?

- ○1 Every day
- ○2 Several times per week
- ○3 1-2 times per week
- ○4 Once per week
- ○5 Rarely or never

33. Compared to the months before the outbreak began, would you say this is…

- ○1 More often than before
- ○2 About the same as before
- ○3 Less often than before

34. How are you staying in touch with others who do not live with you? **Mark all that apply.**

- ○1 Speaking in person
- ○2 By telephone
- ○3 With video calls
- ○4 By email
- ○5 By social media (Examples: Facebook, Instagram)
- ○6 By postal mail
- ○8 Other (Specify: _____)

35. In the past 3 months, how many drinks containing alcohol have you had on average?

- ○ 1 None
- ○ 2 At most one drink each week
- ○ 3 2-4 drinks per week
- ○ 4 5-7 drinks per week
- ○ 5 More than 7 drinks per week

36. Do you smoke regular or electronic cigarettes now?

- ○ 0 No
- ○ 1 Yes

37. Over the past month, how would you describe your level of physical activity or exercise, compared to your average physical activity level before the COVID-19 pandemic began?

- ○ 1 Much less
- ○ 2 Somewhat less
- ○ 3 About the same
- ○ 4 Somewhat more
- ○ 5 Much more

38. Think about the walking you do outside the home. In the past month, how often have you walked outside the home (or done indoor activity equivalent to walking outside, to accumulate steps) for at least 5 minutes without stopping. **Mark only one.**

- ○ 1 Rarely or Never
- ○ 2 1 time each week
- ○ 3 2 to 3 times each week
- ○ 4 4 to 6 times per week
- ○ 5 7 or more times per week

39. Which of the following new actions are you taking to help your family, friends or your community during this COVID-19 pandemic? **Mark all that apply.**

- ○ 1 Getting food or medicine for others
- ○ 2 Providing childcare
- ○ 3 Donating blood
- ○ 4 Donating money
- ○ 5 Making masks for others
- ○ 6 Contacting friends or family to keep in touch
- ○ 8 Other (Specify: _____)
- ○ 0 I have not taken any new action

40. Thank you for completing this questionnaire. We know this is a challenging time and we appreciate your willingness to continue to help us understand the impact of COVID-19. If there are other aspects that you would like to share, please describe here:

_____

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