



INSTRUCTIONS FOR COVID-19 QUESTIONNAIRE COV, VERSION 1.0, QUESTION BY QUESTION (QxQ)

I. GENERAL INSTRUCTIONS

The COVID-19 Questionnaire (COV) is to be completed while the coordinator is interviewing the participant either over the phone or in person.

This questionnaire is to be collected along with the FUQ during the follow-up phone calls completed every 4 months. After the first completion, participants should then be instructed to answer the questions in the context of “since your last SPIROMICS contact”.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form. For the Event field, record if this is happening at Visit 5 or another event.

0a. Date of Collection: Record the date the data was collected or abstracted. Select the date from the pop-up calendar in the data management system (DMS) or type the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

0b. Staff Code: Record the SPIROMICS staff code of the person who collected or abstracted the data. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

Please note that the numbering has changed from the original paper form. However, all questions are still in the same order. A few additional items have been added. If you are entering data collected on an original paper form, items that have been added or that have changed from the original paper form are presented in blue in this QxQ for clarification.

Please answer every question on this form.

Read the opening statement to the participant and review initial phone consent if the participant says they need it.

Item 0c. **Okay to ask questions today:** Select only one option among the two possible choices.

- Select No if the participant does not agree to complete questionnaire today.
- Select Yes if participant agrees to complete questionnaire today. [Go to 0d]

Item 0c1. Record date to call back [Go to END]

Item 0d. **Okay to call in future:** Select only one option among the two possible choices.

- Select No if the participant does not agree to future calls to complete this questionnaire again.
- Select Yes if the participant does agree to future calls to complete this questionnaire again.

Item 1. **COVID-19 illness:** Select only one option among the three possible choices.

- Select No if the participant says they have not had COVID-19.

- Select 'Yes, definitely' if the participant says they have definitely had COVID-19.
- Select 'Maybe' if the participant is unsure if they have had COVID-19.

Item 2. **Healthcare provider tells participant they have/had COVID-19:** Select only one option among the three possible choices.

- Select No if the participant has never been told by a healthcare provider that they have/had COVID-19. [Go to Q3]
- Select 'Yes, definitely' if the participant has been told by a healthcare provider that they definitely have/had COVID-19.
- Select 'Yes, probably or suspected' if the participant has been told by a healthcare provider that they have/had a probable or suspected case of COVID-19.

Item 2a. **Name of doctor/clinic/hospital:** Record the name of the doctor/clinic/hospital of the healthcare provider that told the participant they had COVID-19.

Item 2b. **Street address of doctor/clinic/hospital:** Record the address of the doctor/clinic/hospital of the healthcare provider that told the participant they had COVID-19.

Item 2c. **City of doctor/clinic/hospital:** Record the contact number of the doctor/clinic/hospital of the healthcare provider that told the participant they had COVID-19.

Item 2d. **State of doctor/clinic/hospital:** Record the contact number of the doctor/clinic/hospital of the healthcare provider that told the participant they had COVID-19.

Item 2e. **Zip code of doctor/clinic/hospital:** Record the contact number of the doctor/clinic/hospital of the healthcare provider that told the participant they had COVID-19.

Item 2f. **Contact number of doctor/clinic/hospital:** Record the contact number of the doctor/clinic/hospital of the healthcare provider that told the participant they had COVID-19.

Item 3. **Had symptoms of COVID-19:** Select only one option among the two possible choices.

- Select No if the participant did not have symptoms of COVID-19.
- Select Yes if the participant did have symptoms of COVID-19.

Item 4. **Had positive test for COVID-19:** Select only one option among the two possible choices.

- Select No if the participant did not have a positive test for COVID-19.
- Select Yes if the participant did have a positive test for COVID-19.

Item 5. **Had close contact with someone with COVID-19:** Select only one option among the three possible choices.

- Select No if the participant did not have close contact with someone who had COVID-19.
- Select Yes if the participant did have close contact with someone who had COVID-19.
- Select Unsure if the participant is unsure if they had close contact with someone who had COVID-10.

COVID-19 testing

Item 6. **Testing for COVID-19:** Select only one option among the three possible choices.

- Select No if the participant has not been tested for COVID-19. [Go to Q24]
- Select Yes if the participant has been tested for COVID-19.
- Select Unsure if the participant is unsure if they have been tested for COVID-19. [Go to Q24]

- Item 7. **Number of COVID-19 tests (for both infection and/or immunity):** Record the number of times the participant has been tested for COVID-19 infection and/or immunity.
- Item 8. **Testing for COVID-19 infection:** Select only one option among the three possible choices.
- Select No if the participant has not been tested specifically for COVID-19 infection. [Go to Q9]
 - Select Yes if the participant has been tested specifically for COVID-19 infection.
 - Select Unsure if the participant is unsure if they have been tested specifically for COVID-19 infection. [go to Q9]
- Item 8a. **COVID-19 infection test result:** Select only one option among the three possible choices.
- Select Positive if the infection test result was positive.
 - Select Negative if the infection test result was negative.
 - Select Unsure if the participant is unsure of the infection test result.
- Item 9. **Testing for COVID-19 immunity:** Select only one option among the three possible choices.
- Select No if the participant has not been tested specifically for COVID-19 immunity. [Go to Q10]
 - Select Yes if the participant has been tested specifically for COVID-19 immunity.
 - Select Unsure if the participant is unsure if they have been tested specifically for COVID-19 immunity. [Go to Q10]
- Item 9a. **COVID-19 immunity test result:** Select only one option among the three possible choices.
- Select Positive if the immunity test result was positive.
 - Select Negative if the immunity test result was negative.
 - Select Unsure if the participant is unsure of the immunity test result.

Details regarding first COVID-19 test

- Item 10. **Date of first COVID-19 test:** Record the date of the participant's first COVID-19 test.
- Item 11. **Reason for first COVID-19 test:** Record the reason(s) for the participant's first COVID-19 test in items 11a-11e.
- Item 11a. **Had Symptoms of COVID-19:** Select only one option among the two possible choices.
- Select No if the reason the participant was tested was not because they had symptoms of COVID-19.
 - Select Yes if the reason the participant was tested was because they had symptoms of COVID-19.
- Item 11b. **Someone I know had symptoms of COVID-19:** Select only one option among the two possible choices.
- Select No if the reason the participant was tested was not because someone they know had symptoms of COVID-19.
 - Select Yes if the reason the participant was tested was because someone they know had symptoms of COVID-19.
- Item 11c. **A doctor told me to be tested for COVID-19:** Select only one option among the two possible choices.
- Select No if the reason the participant was tested was not because a doctor told them to be tested for COVID-19.
 - Select Yes if the reason the participant was tested was because a doctor told them to be tested for COVID-19.

- Item 11d. **I was worried about COVID-19:** Select only one option among the two possible choices.
- Select No if the if the reason the participant was tested was not because they were worried about COVID-19.
 - Select Yes if the if the reason the participant was tested was because they were worried about COVID-19.

- Item 11e. **Other reason:** Select only one option among the two possible choices.
- Select No if there was not another reason the participant got tested for COVID-19. [Go to Q12]
 - Select Yes if there was another reason the participant got tested for COVID-19.

Item 11e1. **Other:** Please specify the other reason for the participant's first COVID-19 test.

Item 12. **Type of first COVID-19 test:** Record the type of test(s) used for the participant's first COVID-19 test in items 12a-12d.

- Item 12a. **Nasopharyngeal swab:** Select only one option among the two possible choices.
- Select No if the participant was not tested with a nasopharyngeal swab test for their first COVID-19 test.
 - Select Yes if the participant was tested with a nasopharyngeal swab test for their first COVID-19 test.

- Item 12b. **Blood test:** Select only one option among the two possible choices.
- Select No if the participant was not tested with a blood test for their first COVID-19 test.
 - Select Yes if the participant was tested with a blood test for their first COVID-19 test.

- Item 12c. **Saliva test:** Select only one option among the two possible choices.
- Select No if the participant was not tested with a saliva test for their first COVID-19 test.
 - Select Yes if the participant was tested with a saliva test for their first COVID-19 test.

- Item 12d. **Other test:** Select only one option among the two possible choices.
- Select No if the participant was not tested with any other test for their first COVID-19 test. [Got to Q13]
 - Select Yes if the participant was tested with any other test for their first COVID-19 test.

Item 12d1. **Other:** Please specify the other type of test used for the participant's first COVID-19 test.

- Item 13. **Result of first COVID-19 test:** Select all that apply.
- Select Positive if the first COVID-19 test was positive. [go to Q24]
 - Select Negative if the first COVID-19 test was negative.
 - Select Unsure if the participant is unsure.

Details regarding most recent COVID-19 test

- Item 14. **Is most recent test different from first test:** Select only one option among the three possible choices.
- Select No if the participant's most recent test is also their first test. [Go to Q19]
 - Select Yes if the participant's most recent test is not their first test.
 - Select Unsure if the participant is unsure. [Go to Q19]

Item 15. **Date of most recent COVID-19 test:** Record the date of the participant's most recent COVID-19 test.

- Item 16. **Reason for most recent COVID-19 test:** Record the reason(s) for the participant's most recent COVID-19 test in items 16a-16e.
- Item 16a. **Had Symptoms of COVID-19:** Select only one option among the two possible choices.
- Select No if the reason the participant was tested was not because they had symptoms of COVID-19.
 - Select Yes if the reason the participant was tested was because they had symptoms of COVID-19.
- Item 16b. **Someone I know had symptoms of COVID-19:** Select only one option among the two possible choices.
- Select No if the reason the participant was tested was not because someone they know had symptoms of COVID-19.
 - Select Yes if the reason the participant was tested was because someone they know had symptoms of COVID-19.
- Item 16c. **A doctor told me to be tested for COVID-19:** Select only one option among the two possible choices.
- Select No if the reason the participant was tested was not because a doctor told them to be tested for COVID-19.
 - Select Yes if the reason the participant was tested was because a doctor told them to be tested for COVID-19.
- Item 16d. **I was worried about COVID-19:** Select only one option among the two possible choices.
- Select No if the if the reason the participant was tested was not because they were worried about COVID-19.
 - Select Yes if the if the reason the participant was tested was because they were worried about COVID-19.
- Item 16e. **Other reason:** Select only one option among the two possible choices.
- Select No if there was not another reason the participant got tested for COVID-19. [Go to Q17]
 - Select Yes if there was another reason the participant got tested for COVID-19.
- Item 16e1. **Other:** Please specify the other reason for the participant's most recent COVID-19 test.
- Item 17. **Type of most recent COVID-19 test:** Record the type of test(s) used for the participant's most recent COVID-19 test in items 17a-17d.
- Item 17a. **Nasopharyngeal swab:** Select only one option among the two possible choices.
- Select No if the participant was not tested with a nasopharyngeal swab test for their most recent COVID-19 test.
 - Select Yes if the participant was tested with a nasopharyngeal swab test for their most recent COVID-19 test.
- Item 17b. **Blood test:** Select only one option among the two possible choices.
- Select No if the participant was not tested with a blood test for their most recent COVID-19 test.
 - Select Yes if the participant was tested with a blood test for their most recent COVID-19 test.
- Item 17c. **Saliva test:** Select only one option among the two possible choices.
- Select No if the participant was not tested with a saliva test for their most recent COVID-19 test.

- Select Yes if the participant was tested with a saliva test for their most recent COVID-19 test.

Item 17d. **Other test:** Select only one option among the two possible choices.

- Select No if the participant was not tested with any other test for their most recent COVID-19 test. [Got to Q18]
- Select Yes if the participant was tested with any other test for their most recent COVID-19 test.

Item 17d1. **Other:** Please specify the other type of test used for the participant's most recent COVID-19 test.

Item 18. **Result of most recent COVID-19 test:** Select only one option among the three possible choices.

- Select Positive if the most recent COVID-19 test was positive. [go to Q24]
- Select Negative if the most recent COVID-19 test was negative.
- Select Unsure if the participant is unsure.

Item 19. **Other positive test result:** Select only one option among the three possible choices.

- Select No if the participant has never had a positive test for COVID-19. [Go to Q24]
- Select Yes if the participant has had a positive test for COVID-19 that was not their first test or most recent test.
- Select Unsure if the participant is unsure. [Go to Q24]

Details regarding first positive COVID-19 test

Item 20. **Date of first positive COVID-19 test:** Record the date of the participant's first positive COVID-19 test.

Item 21. **Reason for this COVID-19 test:** Record the reason(s) for the participant's COVID-19 test in items 21a-21e.

Item 21a. **Had Symptoms of COVID-19:** Select only one option among the two possible choices.

- Select No if the reason the participant was tested was not because they had symptoms of COVID-19.
- Select Yes if the reason the participant was tested was because they had symptoms of COVID-19.

Item 21b. **Someone I know had symptoms of COVID-19:** Select only one option among the two possible choices.

- Select No if the reason the participant was tested was not because someone they know had symptoms of COVID-19.
- Select Yes if the reason the participant was tested was because someone they know had symptoms of COVID-19.

Item 21c. **A doctor told me to be tested for COVID-19:** Select only one option among the two possible choices.

- Select No if the reason the participant was tested was not because a doctor told them to be tested for COVID-19.
- Select Yes if the reason the participant was tested was because a doctor told them to be tested for COVID-19.

Item 21d. **I was worried about COVID-19:** Select only one option among the two possible choices.

- Select No if the if the reason the participant was tested was not because they were worried about COVID-19.
- Select Yes if the if the reason the participant was tested was because they were worried about COVID-19.

Item 21e. **Other reason:** Select only one option among the two possible choices.

- Select No if there was not another reason the participant got tested for COVID-19. [Go to Q22]
- Select Yes if there was another reason the participant got tested for COVID-19.

Item 21e1. **Other:** Please specify the other reason for the participant's most recent COVID-19 test.

Item 22. **Type of first positive COVID-19 test:** Record the type of test(s) used for the participant's first positive COVID-19 test in items 22a-22d.

Item 22a. **Nasopharyngeal swab:** Select only one option among the two possible choices.

- Select No if the participant was not tested with a nasopharyngeal swab test for their first positive COVID-19 test.
- Select Yes if the participant was tested with a nasopharyngeal swab test for their first positive COVID-19 test.

Item 22b. **Blood test:** Select only one option among the two possible choices.

- Select No if the participant was not tested with a blood test for their first positive COVID-19 test.
- Select Yes if the participant was tested with a blood test for their first positive COVID-19 test.

Item 22c. **Saliva test:** Select only one option among the two possible choices.

- Select No if the participant was not tested with a saliva test for their first positive COVID-19 test.
- Select Yes if the participant was tested with a saliva test for their first positive COVID-19 test.

Item 22d. **Other test:** Select only one option among the two possible choices.

- Select No if the participant was not tested with any other test for their first positive COVID-19 test. [Got to Q23]
- Select Yes if the participant was tested with any other test for their first positive COVID-19 test.

Item 22d1. **Other:** Please specify the other type of test used for the participant's first positive COVID-19 test.

Item 23. **Willing to send copy of test result(s):** Select only one option among the two possible choices.

- Select No if the participant is not willing to send a copy of their COVID-19 result(s) to the study.
- Select Yes if the participant is willing to send a copy of their COVID-19 result(s) to the study.

Scans

Item 24. **X-ray or computed tomography (CAT):** Select only one option among the two possible choices.

- Select No if the participant has not had any x-ray or computed tomography (CAT) scans for suspected or diagnosed COVID-19. [Go to Q28]

- Select Yes if the participant has had any x-ray or computed tomography (CAT) scans for suspected or diagnosed COVID-19.

Item 25. **Chest X-ray:** Select only one option among the two possible choices.

- Select No if the participant did not have a chest x-ray.
- Select Yes if the participant did have a chest x-ray.

Item 26. **CT scan:** Select only one option among the two possible choices.

- Select No if the participant did not have a CT scan of their lungs.
- Select Yes if the participant did have a CT scan of their lungs.

Item 27. **Willing to share lung image(s):** Select only one option among the two possible choices.

- Select No if the participant is not willing to have their lung image(s) shared with the study.
- Select Yes if the participant is willing to have their lung image(s) shared with the study.

Details regarding overnight stays in hospital

Item 28. **Overnight stay in hospital:** Select only one option among the two possible choices.

- Select No if the participant has not had an overnight stay in a hospital for suspected or diagnosed COVID-19. [Go to Q41]
- Select Yes if the participant has had an overnight stay in a hospital for suspected or diagnosed COVID-19.

NOTE: If you are entering data from an original paper form and have answered 'Yes' to Q28, set the field for Q28a to permanently missing. Question 28a did not appear on the original paper form.

Item 28a. **Enrolled in COVID-19 clinical trial:** Select only one option among the three possible choices.

- Select No if the participant was not enrolled in a COVID-19 clinical trial while in the hospital.
- Select Yes if the participant was enrolled in a COVID-19 clinical trial while in the hospital.
- Select Unsure if the participant is unsure if they were enrolled in a COVID-19 clinical trial while in the hospital.

Item 29. **Number of nights in hospital:** Record the approximate number of nights the participant was in the hospital.

Item 30. **Date arrived:** Record the date the participant arrived to the hospital.

Item 31. **Date discharged:** Record the date the participant was discharged from the hospital.

Item 32. **Oxygen by nasal cannula (in your nose):** Select only one option among the two possible choices.

- Select No if the participant did not require oxygen by nasal cannula (in your nose) during their hospital stay. [Go to Q33]
- Select Yes if the participant did require oxygen by nasal cannula (in your nose) during their hospital stay.

Item 32a. **Number of days nasal cannula needed:** Record the number of days the participant required oxygen by nasal cannula (in your nose) during their hospital stay.

Item 33. **Oxygen by face mask:** Select only one option among the two possible choices.

- Select No if the participant did not require oxygen by face mask during their hospital stay. [Go to Q34]
 - Select Yes if the participant did require oxygen by face mask during their hospital stay.
- Item 33a. **Number of days oxygen by face mask needed:** Record the number of days the participant required oxygen by face mask during their hospital stay.
- Item 34. **Intensive Care Unit (ICU) monitoring:** Select only one option among the two possible choices.
- Select No if the participant did not require Intensive Care Unit or ICU monitoring during their hospital stay. [Go to Q35]
 - Select Yes if the participant did require Intensive Care Unit or ICU monitoring during their hospital stay.
- Item 34a. **Number of days Intensive Care Unit or ICU monitoring needed:** Record the number of days the participant required Intensive Care Unit or ICU monitoring during their hospital stay.
- Item 35. **Breathing tube or ventilator:** Select only one option among the two possible choices.
- Select No if the participant did not require a breathing tube or ventilator during their hospital stay. [Go to Q36]
 - Select Yes if the participant did require a breathing tube or ventilator during their hospital stay.
- Item 35a. **Number of days a breathing tube or ventilator needed:** Record the number of days the participant required a breathing tube or ventilator during their hospital stay.
- Item 36. **ECMO treatment:** Select only one option among the two possible choices.
- Select No if the participant did not require ECMO treatment during their hospital stay. [Go to Q37]
 - Select Yes if the participant did require ECMO treatment during their hospital stay.
- Item 36a. **Number of days ECMO treatment needed:** Record the number of days the participant required ECMO treatment during their hospital stay.
- Item 37. **Name of hospital:** Record the name of this hospital.
- Item 38. **Street address of hospital:** Record the address of this hospital.
- Item 38a. **City of hospital:** Record the address of this hospital.
- Item 38b. **State of hospital:** Record the address of this hospital.
- Item 38c. **Zip code of hospital:** Record the address of this hospital.
- Item 39. **Contact number of hospital:** Record the contact number of this hospital.
- Item 40. **Hospital Discharge:** Select only one option among the three possible choices.
- Select Home if the participant was discharged to home. [Go to Q41]
 - Select Nursing facility if the participant was discharged to a nursing facility. [Go to Q41]
 - Select Other if the participant was discharged to a place not listed.
- Item 40a. **Other:** Specify the other place to which the participant was discharged.

- Item 41. **Know or believe you had COVID-19:** Select only one option among the three possible choices.
- Select No if the participant does not know or believe they had COVID-19. [Go to Q44]
 - Select Yes if the participant does know or believe they had COVID-19.
 - [Select Unsure if the participant is unsure. \[Go to Q44\]](#)
- Item 42. **Recovery to usual state of health:** Select only one option among the two possible choices.
- Select No if the participant has not recovered to their usual state of health. [Go to Q44]
 - Select Yes if the participant has recovered to their usual state of health.
 - [Select Unsure if the participant is unsure. \[Go to Q44\]](#)
- Item 43. **How long did it take to recover:** Record how many days it took for the participant to recover to their usual state of health.

Modified FLU-PRO Questionnaire (recording worsening of symptoms during COVID-19 illness OR worsening of symptoms since last SPIROMICS contact)

INSTRUCTIONS: For the next series of questions, choose the appropriate introduction based on the participant's answer to Q41.

For participants who answered 'No' to Q41 and do NOT know (or believe) they had a COVID-19 illness, read:

If you have not had diagnosed or suspected COVID-19 illness, have you had any of the following symptoms since our last [contact](#)? We would like to know: when the symptom was at its worst, how much did it bother you, on a scale of 1 to 5, where 1 means "not at all," 2 means "a little bit," 3 means "somewhat," 4 means "quite a bit," and 5 means "very much." And, how many days the symptoms lasted.

For clarification, these are symptoms above and beyond their normal, everyday COPD symptoms. We want to know if they have had a worsening of the following symptoms compared to their usual state of health.

For participants who answered 'Yes' to Q41 and have had diagnosed or suspected COVID-19 illness, read:

During your COVID-19 illness, please tell us if you have/had worsening of the following symptoms compared to your usual state of health. We would like to know: when the symptom was at its worst, how much did it bother you, on a scale of 1 to 5, where 1 means "not at all," 2 means "a little bit," 3 means "somewhat," 4 means "quite a bit," and 5 means "very much." And, how many days the symptoms lasted.

- Item 44. **Fever:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of fever. [Go to Q45]
 - Select Yes if the participant did have a worsening of fever.
- Item 44a. **Scale for fever at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the fever was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the fever was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the fever was at its worst.

- Select 'Quite a bit' if the participant was quite a bit bothered when the fever was at its worst.
- Select 'Very much' if the participant was very much bothered when the fever was at its worst.

Item 44b. **How long did fever last:** Record the number of days the fever lasted.

Item 45. **Trouble breathing:** Select only one option among the two possible choices.

- Select No if the participant did not have a worsening of trouble breathing. [Go to Q46]
- Select Yes if the participant did have a worsening of trouble breathing.

Item 45a. **Scale for trouble breathing at its worst:** Select only one option among the five possible choices.

- Select 'Not at all' if the participant was not at all bothered when the trouble breathing was at its worst.
- Select 'A little bit' if the participant was a little bit bothered when the trouble breathing was at its worst.
- Select 'Somewhat' if the participant was somewhat bothered when the trouble breathing was at its worst.
- Select 'Quite a bit' if the participant was quite a bit bothered when the trouble breathing was at its worst.
- Select 'Very much' if the participant was very much bothered when the trouble breathing was at its worst.

Item 45b. **How long did trouble breathing last:** Record the number of days the trouble breathing lasted.

Item 46. **Chest congestion:** Select only one option among the two possible choices.

- Select No if the participant did not have a worsening of chest congestion. [Go to Q47]
- Select Yes if the participant did have a worsening of chest congestion.

Item 46a. **Scale for chest congestion at its worst:** Select only one option among the five possible choices.

- Select 'Not at all' if the participant was not at all bothered when the chest congestion was at its worst.
- Select 'A little bit' if the participant was a little bit bothered when the chest congestion was at its worst.
- Select 'Somewhat' if the participant was somewhat bothered when the chest congestion was at its worst.
- Select 'Quite a bit' if the participant was quite a bit bothered when the chest congestion was at its worst.
- Select 'Very much' if the participant was very much bothered when the chest congestion was at its worst.

Item 46b. **How long did chest congestion last:** Record the number of days the chest congestion lasted.

Item 47. **Chest tightness:** Select only one option among the two possible choices.

- Select No if the participant did not have a worsening of chest tightness. [Go to Q48]
- Select Yes if the participant did have a worsening of chest tightness.

Item 47a. **Scale for chest tightness at its worst:** Select only one option among the five possible choices.

- Select 'Not at all' if the participant was not at all bothered when the chest tightness was at its worst.
- Select 'A little bit' if the participant was a little bit bothered when the chest tightness was at its worst.
- Select 'Somewhat' if the participant was somewhat bothered when the chest tightness was at its worst.
- Select 'Quite a bit' if the participant was quite a bit bothered when the chest tightness was at its worst.
- Select 'Very much' if the participant was very much bothered when the chest tightness was at its worst.

Item 47b. **How long did chest tightness last:** Record the number of days the chest tightness lasted.

Item 48. **Dry or hacking cough:** Select only one option among the two possible choices.

- Select No if the participant did not have a worsening of dry or hacking cough. [Go to Q49]
- Select Yes if the participant did have a worsening of dry or hacking cough.

Item 48a. **Scale for dry or hacking cough at its worst:** Select only one option among the five possible choices.

- Select 'Not at all' if the participant was not at all bothered when the dry or hacking cough was at its worst.
- Select 'A little bit' if the participant was a little bit bothered when the dry or hacking cough was at its worst.
- Select 'Somewhat' if the participant was somewhat bothered when the dry or hacking cough was at its worst.
- Select 'Quite a bit' if the participant was quite a bit bothered when the dry or hacking cough was at its worst.
- Select 'Very much' if the participant was very much bothered when the dry or hacking cough was at its worst.

Item 48b. **How long did dry or hacking cough last:** Record the number of days the dry or hacking cough lasted.

Item 49. **Wet or loose cough:** Select only one option among the two possible choices.

- Select No if the participant did not have a worsening of wet or loose cough. [Go to Q50]
- Select Yes if the participant did have a worsening of wet or loose cough.

Item 49a. **Scale for wet or loose cough at its worst:** Select only one option among the five possible choices.

- Select 'Not at all' if the participant was not at all bothered when the wet or loose cough was at its worst.
- Select 'A little bit' if the participant was a little bit bothered when the wet or loose cough was at its worst.
- Select 'Somewhat' if the participant was somewhat bothered when the wet or loose cough was at its worst.
- Select 'Quite a bit' if the participant was quite a bit bothered when the wet or loose cough was at its worst.
- Select 'Very much' if the participant was very much bothered when the wet or loose cough was at its worst.

Item 49b. **How long did wet or loose cough last:** Record the number of days the wet or loose cough lasted.

- Item 50. **Body aches or pains:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of body aches or pains. [Go to Q51]
 - Select Yes if the participant did have a worsening of body aches or pains.
- Item 50a. **Scale for body aches or pains at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the body aches or pains was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the body aches or pains was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the body aches or pains was at its worst.
 - Select 'Quite a bit' if the participant was quite a bit bothered when the body aches or pains was at its worst.
 - Select 'Very much' if the participant was very much bothered when the body aches or pains was at its worst.
- Item 50b. **How long did body aches or pains last:** Record the number of days the body aches or pains lasted.
- Item 51. **Chills or shivering:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of chills or shivering. [Go to Q52]
 - Select Yes if the participant did have a worsening of chills or shivering.
- Item 51a. **Scale for chills or shivering at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the chills or shivering was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the chills or shivering was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the chills or shivering was at its worst.
 - Select 'Quite a bit' if the participant was quite a bit bothered when the chills or shivering was at its worst.
 - Select 'Very much' if the participant was very much bothered when the chills or shivering was at its worst.
- Item 51b. **How long did chills or shivering last:** Record the number of days the chills or shivering lasted.
- Item 52. **Sore or painful throat:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of sore or painful throat. [Go to Q53]
 - Select Yes if the participant did have a worsening of sore or painful throat.
- Item 52a. **Scale for sore or painful throat at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the sore or painful throat was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the sore or painful throat was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the sore or painful throat was at its worst.

- Select 'Quite a bit' if the participant was quite a bit bothered when the sore or painful throat was at its worst.
 - Select 'Very much' if the participant was very much bothered when the sore or painful throat was at its worst.
- Item 52b. **How long did sore or painful throat last:** Record the number of days the sore or painful throat lasted.
- Item 53. **Congested or stuffy nose:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of congested or stuffy nose. [Go to Q54]
 - Select Yes if the participant did have a worsening of congested or stuffy nose.
- Item 53a. **Scale for congested or stuffy nose at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the congested or stuffy nose was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the congested or stuffy nose was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the congested or stuffy nose was at its worst.
 - Select 'Quite a bit' if the participant was quite a bit bothered when the congested or stuffy nose was at its worst.
 - Select 'Very much' if the participant was very much bothered when the congested or stuffy nose was at its worst.
- Item 53b. **How long did congested or stuffy nose last:** Record the number of days the congested or stuffy nose lasted.
- Item 54. **Runny or dripping nose:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of runny or dripping nose. [Go to Q55]
 - Select Yes if the participant did have a worsening of runny or dripping nose.
- Item 54a. **Scale for runny or dripping nose at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the runny or dripping nose was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the runny or dripping nose was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the runny or dripping nose was at its worst.
 - Select 'Quite a bit' if the participant was quite a bit bothered when the runny or dripping nose was at its worst.
 - Select 'Very much' if the participant was very much bothered when the runny or dripping nose was at its worst.
- Item 54b. **How long did runny or dripping nose last:** Record the number of days the runny or dripping nose lasted.
- Item 55. **Diarrhea:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of diarrhea. [Go to Q56]
 - Select Yes if the participant did have a worsening of diarrhea.

- Item 55a. **Scale for diarrhea at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the diarrhea was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the diarrhea was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the diarrhea was at its worst.
 - Select 'Quite a bit' if the participant was quite a bit bothered when the diarrhea was at its worst.
 - Select 'Very much' if the participant was very much bothered when the diarrhea was at its worst.
- Item 55b. **How long did diarrhea last:** Record the number of days the diarrhea lasted.
- Item 56. **Weak or tired:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of weak or tired. [Go to Q57]
 - Select Yes if the participant did have a worsening of weak or tired.
- Item 56a. **Scale for weak or tired at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the weak or tired was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the weak or tired was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the weak or tired was at its worst.
 - Select 'Quite a bit' if the participant was quite a bit bothered when the weak or tired was at its worst.
 - Select 'Very much' if the participant was very much bothered when the weak or tired was at its worst.
- Item 56b. **How long did weak or tired last:** Record the number of days the weak or tired lasted.
- Item 57. **Loss of smell:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of loss of smell. [Go to Q58]
 - Select Yes if the participant did have a worsening of loss of smell.
- Item 57a. **Scale for loss of smell at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the loss of smell was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the loss of smell was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the loss of smell was at its worst.
 - Select 'Quite a bit' if the participant was quite a bit bothered when the loss of smell was at its worst.
 - Select 'Very much' if the participant was very much bothered when the loss of smell was at its worst.
- Item 57b. **How long did loss of smell last:** Record the number of days the loss of smell lasted.

- Item 58. **Loss of taste:** Select only one option among the two possible choices.
- Select No if the participant did not have a worsening of loss of taste. [Go to Q59]
 - Select Yes if the participant did have a worsening of loss of taste.
- Item 58a. **Scale for loss of taste at its worst:** Select only one option among the five possible choices.
- Select 'Not at all' if the participant was not at all bothered when the loss of taste was at its worst.
 - Select 'A little bit' if the participant was a little bit bothered when the loss of taste was at its worst.
 - Select 'Somewhat' if the participant was somewhat bothered when the loss of taste was at its worst.
 - Select 'Quite a bit' if the participant was quite a bit bothered when the loss of taste was at its worst.
 - Select 'Very much' if the participant was very much bothered when the loss of taste was at its worst.
- Item 58b. **How long did loss of taste last:** Record the number of days the loss of taste lasted.
- Item 59. **Did participant have one or more symptoms:** Select only one option among the two possible choices.
- Select No if the participant did not have one or more symptoms listed above. [Go to Q71]
 - Select Yes if the participant did have one or more symptoms listed above.
- Item 60. **How bad or bothersome were symptoms overall:** Select only one option among the four possible choices.
- Select 'Mild' if, overall, the participant's symptoms were mild when they were at their worst.
 - Select 'Moderate' if, overall, the participant's symptoms were moderate when they were at their worst.
 - Select 'Severe' if, overall, the participant's symptoms were severe when they were at their worst.
 - Select 'Very severe' if, overall, the participant's symptoms were very severe when they were at their worst.
- Item 61. **Interference with daily activities:** Select only one option among the five possible choices.
- Select 'Not at all' if, overall, when the symptoms were at their worst, they interfered with the participant's daily activities not at all.
 - Select 'A little bit' if, overall, when the symptoms were at their worst, they interfered with the participant's daily activities a little bit.
 - Select 'Somewhat' if, overall, when the symptoms were at their worst, they interfered with the participant's daily activities somewhat.
 - Select 'Quite a bit' if, overall, when the symptoms were at their worst, they interfered with the participant's daily activities quite a bit
 - Select 'Very much' if, overall, when the symptoms were at their worst, they interfered with the participant's daily activities very much.

Details regarding medications taken for any symptoms reported in Q44-Q58

- Item 62. **Medicines taken:** Select only one option among the two possible choices.
- Select No if the participant did not take any medicines for any of the symptoms in Q44-Q58. [Go to Q71]
 - Select Yes if the participant did take any medicines for any of the symptoms in Q44-Q58.
- Item 63. **Acetaminophen, Tylenol:** Select only one option among the two possible choices.

- Select No if the participant did not take Acetaminophen, Tylenol for any of the symptoms previously mentioned. [Go to Q64]
- Select Yes if the participant did take Acetaminophen, Tylenol for any of the symptoms previously mentioned.

Item 63a. **Prescribed by healthcare professional:** Select only one option among the two possible choices.

- Select No if the Acetaminophen, Tylenol was not prescribed by a healthcare professional.
- Select Yes if the Acetaminophen, Tylenol was prescribed by a healthcare professional.

Item 63b. **Date began taking Acetaminophen, Tylenol:** Record the date the participant began taking the Acetaminophen, Tylenol.

Item 63c. **Total number of days taking Acetaminophen, Tylenol:** Record the date the participant began taking the Acetaminophen, Tylenol.

Item 63d. **Specific name of medication:** Record the specific name of the medication.

Item 64. **Ibuprofen, Motrin, Advil, Aleve:** Select only one option among the two possible choices.

- Select No if the participant did not take Ibuprofen, Motrin, Advil, Aleve for any of the symptoms previously mentioned. [Go to Q65]
- Select Yes if the participant did take Ibuprofen, Motrin, Advil, Aleve for any of the symptoms previously mentioned.

Item 64a. **Prescribed by healthcare professional:** Select only one option among the two possible choices.

- Select No if the Ibuprofen, Motrin, Advil, Aleve was not prescribed by a healthcare professional.
- Select Yes if the Ibuprofen, Motrin, Advil, Aleve was prescribed by a healthcare professional.

Item 64b. **Date began taking Ibuprofen, Motrin, Advil, Aleve:** Record the date the participant began taking the Ibuprofen, Motrin, Advil, Aleve.

Item 64c. **Total number of days taking Ibuprofen, Motrin, Advil, Aleve:** Record the date the participant began taking the Ibuprofen, Motrin, Advil, Aleve.

Item 64d. **Specific name of medication:** Record the specific name of the medication.

Item 65. **Cough medicine, Robitussin:** Select only one option among the two possible choices.

- Select No if the participant did not take cough medicine, Robitussin for any of the symptoms previously mentioned. [Go to Q66]
- Select Yes if the participant did take cough medicine, Robitussin for any of the symptoms previously mentioned.

Item 65a. **Prescribed by healthcare professional:** Select only one option among the two possible choices.

- Select No if the cough medicine, Robitussin was not prescribed by a healthcare professional.
- Select Yes if the cough medicine, Robitussin was prescribed by a healthcare professional.

- Item 65b. **Date began taking cough medicine, Robitussin:** Record the date the participant began taking the cough medicine, Robitussin.
- Item 65c. **Total number of days taking cough medicine, Robitussin:** Record the date the participant began taking the cough medicine, Robitussin.
- Item 65d. **Specific name of medication:** Record the specific name of the medication.
- Item 66. **“Cold and flu” medicine:** Select only one option among the two possible choices.
- Select No if the participant did not take “cold and flu” medicine for any of the symptoms previously mentioned. [Go to Q67]
 - Select Yes if the participant did take “cold and flu” medicine for any of the symptoms previously mentioned.
- Item 66a. **Prescribed by healthcare professional:** Select only one option among the two possible choices.
- Select No if the “cold and flu” medicine was not prescribed by a healthcare professional.
 - Select Yes if the “cold and flu” medicine was prescribed by a healthcare professional.
- Item 66b. **Date began taking “cold and flu” medicine:** Record the date the participant began taking the “cold and flu” medicine.
- Item 66c. **Total number of days taking “cold and flu” medicine:** Record the date the participant began taking the “cold and flu” medicine.
- Item 66d. **Specific name of medication:** Record the specific name of the medication.
- Item 67. **Antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin):** Select only one option among the two possible choices.
- Select No if the participant did not take an antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin) for any of the symptoms previously mentioned. [Go to Q68]
 - Select Yes if the participant did take an antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin) for any of the symptoms previously mentioned.
- Item 67a. **Prescribed by healthcare professional:** Select only one option among the two possible choices.
- Select No if the antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin) was not prescribed by a healthcare professional.
 - Select Yes if the antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin) was prescribed by a healthcare professional.
- Item 67b. **Date began taking antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin):** Record the date the participant began taking the antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin).
- Item 67c. **Total number of days taking antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin):** Record the date the participant began taking the antibiotic (e.g. Azithromycin, Augmentin, Ciprofloxacin).
- Item 67d. **Specific name of medication:** Record the specific name of the medication.
- Item 68. **Oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone):** Select only one option among the two possible choices.

- Select No if the participant did not take oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone) for any of the symptoms previously mentioned. [Go to Q69]
 - Select Yes if the participant did take oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone) for any of the symptoms previously mentioned.
- Item 68a. **Prescribed by healthcare professional:** Select only one option among the two possible choices.
- Select No if the oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone) was not prescribed by a healthcare professional.
 - Select Yes if the oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone) was prescribed by a healthcare professional.
- Item 68b. **Date began taking oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone):** Record the date the participant began taking the oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone).
- Item 68c. **Total number of days taking oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone):** Record the date the participant began taking the oral corticosteroids (e.g. Prednisone, Prednisolone, Methylprednisone).
- Item 68d. **Specific name of medication:** Record the specific name of the medication.
- Item 69. **Inhaled corticosteroids (e.g. Flovent, Symbicort, Advair):** Select only one option among the two possible choices.
- Select No if the participant did not take inhaled corticosteroids (e.g. Flovent, Symbicort, Advair) for any of the symptoms previously mentioned. [Go to Q70]
 - Select Yes if the participant did take inhaled corticosteroids (e.g. Flovent, Symbicort, Advair) for any of the symptoms previously mentioned.
- Item 69a. **Prescribed by healthcare professional:** Select only one option among the two possible choices.
- Select No if the inhaled corticosteroids (e.g. Flovent, Symbicort, Advair) was not prescribed by a healthcare professional.
 - Select Yes if the inhaled corticosteroids (e.g. Flovent, Symbicort, Advair) was prescribed by a healthcare professional.
- Item 69b. **Date began taking inhaled corticosteroids (e.g. Flovent, Symbicort, Advair):** Record the date the participant began taking the inhaled corticosteroids (e.g. Flovent, Symbicort, Advair).
- Item 69c. **Total number of days taking inhaled corticosteroids (e.g. Flovent, Symbicort, Advair):** Record the date the participant began taking the inhaled corticosteroids (e.g. Flovent, Symbicort, Advair).
- Item 69d. **Specific name of medication:** Record the specific name of the medication.
- Item 70. **Other medication:** Select only one option among the two possible choices.
- Select No if the participant did not take other medication for any of the symptoms previously mentioned. [Go to Q71]
 - Select Yes if the participant did take other medication for any of the symptoms previously mentioned.
- Item 70a. **Prescribed by healthcare professional:** Select only one option among the two possible choices.

- Select No if the other medication was not prescribed by a healthcare professional.
- Select Yes if the other medication was prescribed by a healthcare professional.

Item 70b. **Date began taking other medication:** Record the date the participant began taking the other medication.

Item 70c. **Total number of days taking other medication:** Record the date the participant began taking the other medication.

Item 70d. **Specific name of medication(s):** Record the specific name(s) of the other medication(s) in [Q70d1-Q70d4](#).

Details regarding testing of other household members

Item 71. **Number of people in household (or place residing) tested:** Select only one option among the five possible choices.

- Select 'None or live alone' if the participant lives alone or no other people in household have been tested for COVID-19. [Go to Q90]
- Select 'One person' if one person in the household, not including the participant, has been tested for COVID-19.
- Select 'Two people' if two people in the household, not including the participant, have been tested for COVID-19.
- Select 'Three people' if three people in the household, not including the participant, have been tested for COVID-19.
- Select 'More than three people' if more than three people in the household, not including the participant, have been tested for COVID-19.

Household Member 1

Item 72. **Date when test conducted:** Record the date the COVID-19 test was conducted.

Item 73. **Test result:** Select only one option among the three possible choices.

- Select Positive if the test was positive.
- Select Negative if the test was negative.
- Select Unsure if the participant is unsure of the test result.

Item 74. **Change in behavior at home:** Select only one option among the two possible choices.

- Select No if the participant did not change their behavior at home.
- Select Yes if the participant did change their behavior at home.

Item 75. **Did you wear a mask at home:** Select only one option among the two possible choices.

- Select No if the participant did not wear a mask at home.
- Select Yes if the participant did wear a mask at home.

Item 76. **Did the infected person wear a mask at home:** Select only one option among the two possible choices.

- Select No if the infected person did not wear a mask at home.
- Select Yes if the infected person did wear a mask at home.

Item 77. **Did infected person stay away:** Select only one option among the two possible choices.

- Select No if the infected person did not stay away from the participant.
- Select Yes if the infected person did stay away from the participant.

Household Member 2

- Item 78. **Date when test conducted:** Record the date the COVID-19 test was conducted.
- Item 79. **Test result:** Select only one option among the three possible choices.
- Select Positive if the test was positive.
 - Select Negative if the test was negative.
 - Select Unsure if the participant is unsure of the test result.
- Item 80. **Change in behavior at home:** Select only one option among the two possible choices.
- Select No if the participant did not change their behavior at home.
 - Select Yes if the participant did change their behavior at home.
- Item 81. **Did you wear a mask at home:** Select only one option among the two possible choices.
- Select No if the participant did not wear a mask at home.
 - Select Yes if the participant did wear a mask at home.
- Item 82. **Did the infected person wear a mask at home:** Select only one option among the two possible choices.
- Select No if the infected person did not wear a mask at home.
 - Select Yes if the infected person did wear a mask at home.
- Item 83. **Did infected person stay away:** Select only one option among the two possible choices.
- Select No if the infected person did not stay away from the participant.
 - Select Yes if the infected person did stay away from the participant.

Household Member 3

- Item 84. **Date when test conducted:** Record the date the COVID-19 test was conducted.
- Item 85. **Test result:** Select only one option among the three possible choices.
- Select Positive if the test was positive.
 - Select Negative if the test was negative.
 - Select Unsure if the participant is unsure of the test result.
- Item 86. **Change in behavior at home:** Select only one option among the two possible choices.
- Select No if the participant did not change their behavior at home.
 - Select Yes if the participant did change their behavior at home.
- Item 87. **Did you wear a mask at home:** Select only one option among the two possible choices.
- Select No if the participant did not wear a mask at home.
 - Select Yes if the participant did wear a mask at home.
- Item 88. **Did the infected person wear a mask at home:** Select only one option among the two possible choices.
- Select No if the infected person did not wear a mask at home.
 - Select Yes if the infected person did wear a mask at home.
- Item 89. **Did infected person stay away:** Select only one option among the two possible choices.
- Select No if the infected person did not stay away from the participant.
 - Select Yes if the infected person did stay away from the participant.

Details regarding actions taken to reduce risk of exposure to COVID-19

- Item 90. **Actions taken to reduce risk of exposure to COVID-19 (After the first completion, participants should be instructed to answer the questions in the context of “since your last SPIROMICS contact”):**
- Item 90a. **Washing Hands and/or using sanitizer frequently:** Select only one option among the three possible choices.
- Select No if the participant has not taken the action of washing hands and/or using sanitizer frequently.
 - Select Yes if the participant has taken the action of washing hands and/or using sanitizer frequently.
 - [Select N/A if not applicable.](#)
- Item 90b. **Staying at least 6 feet away from others:** Select only one option among the three possible choices.
- Select No if the participant has not taken the action of staying at least 6 feet away from others.
 - Select Yes if the participant has taken the action of staying at least 6 feet away from others.
 - [Select N/A if not applicable.](#)
- Item 90c. **Avoiding large gatherings:** Select only one option among the three possible choices.
- Select No if the participant has not taken the action of avoiding large gatherings.
 - Select Yes if the participant has taken the action of avoiding large gatherings.
 - [Select N/A if not applicable.](#)
- Item 90d. **Not going out to restaurants or bars:** Select only one option among the three possible choices.
- Select No if the participant has not taken the action of not going out to restaurants or bars.
 - Select Yes if the participant has taken the action of not going out to restaurants or bars.
 - [Select N/A if not applicable.](#)
- Item 90e. **Cancelled planned travel:** Select only one option among the three possible choices.
- Select No if the participant has not taken the action of cancelling planned travel.
 - Select Yes if the participant has taken the action of cancelling planned travel.
 - [Select N/A if not applicable.](#)
- Item 90f. **Wearing a face mask:** Select only one option among the three possible choices.
- Select No if the participant has not taken the action of wearing a face mask.
 - Select Yes if the participant has taken the action of wearing a face mask.
 - [Select N/A if not applicable.](#)
- Item 90g. **Not shaking hands or touching people:** Select only one option among the three possible choices.
- Select No if the participant has not taken the action of not shaking hands or touching people.
 - Select Yes if the participant has taken the action of not shaking hands or touching people.
 - [Select N/A if not applicable.](#)
- Item 90h. **Staying home when sick:** Select only one option among the three possible choices.
- Select No if the participant has not taken the action of staying home when they are sick.

- Select Yes if the participant has taken the action of staying home when they are sick.
- [Select N/A if not applicable.](#)

Item 90i. **Not going to work:** Select only one option among the three possible choices.

- Select No if the participant has not taken the action of not going to work.
- Select Yes if the participant has taken the action of not going to work.
- [Select N/A if not applicable.](#)

Item 90j. **Wiping down surfaces with disinfectant:** Select only one option among the three possible choices.

- Select No if the participant has not taken the action of wiping down surfaces with disinfectant.
- Select Yes if the participant has taken the action of wiping down surfaces with disinfectant.
- [Select N/A if not applicable.](#)

Item 90k. **Following government guidelines or rules to stay at home and limiting contacts with other people:** Select only one option among the three possible choices.

- Select No if the participant has not taken the action of following government guidelines or rules to stay at home and limiting contacts with other people.
- Select Yes if the participant has taken the action of following government guidelines or rules to stay at home and limiting contacts with other people.
- [Select N/A if not applicable.](#)

Item 90l. **Place under full quarantine by local authorities:** Select only one option among the three possible choices.

- Select No if the participant has not been placed under full quarantine by local authorities.
- Select Yes if the participant has been placed under full quarantine by local authorities.
- [Select N/A if not applicable.](#)

Details regarding current use of tobacco products

Item 91. **Current use of tobacco products:**

Item 91a. **Cigarettes:** Select only one option among the two possible choices.

- Select No if the participant does not currently use cigarettes. [Go to Q91b]
- Select Yes if the participant currently uses cigarettes.

Item 91a1. **Number of cigarettes per day:** Record the number of cigarettes the participant uses per day.

Item 91b. **Pipes:** Select only one option among the two possible choices.

- Select No if the participant does not currently use pipes.
- Select Yes if the participant currently uses pipes.

Item 91c. **Cigars:** Select only one option among the two possible choices.

- Select No if the participant does not currently use cigars.
- Select Yes if the participant currently uses cigars.

Item 91d. **E-cigarettes:** Select only one option among the two possible choices.

- Select No if the participant does not currently use e-cigarettes.
- Select Yes if the participant currently uses e-cigarettes.

- Item 91e. **Other:** Select only one option among the two possible choices.
- Select No if the participant does not currently use tobacco products not already listed. [Go to Q92]
 - Select Yes if the participant currently uses tobacco products not already listed.

Item 91e1. **Specify other:** Specify the other tobacco products used.

Details regarding flu vaccinations and tests

- Item 92. **Flu vaccinations:** Select only one option among the three possible choices.
- Select No if the participant did not receive vaccinations for influenza (“the flu shot”) between September 2019 and March 2020.
 - Select Yes if the participant did receive vaccinations for influenza (“the flu shot”) between September 2019 and March 2020.
 - Select ‘Don’t know’ if the participant does not know if they received vaccinations for influenza (“the flu shot”) between September 2019 and March 2020.
- Item 93. **Test for influenza:** Select only one option among the three possible choices.
- Select No if the participant has not had a test for influenza since January 2020. [Go to END]
 - Select Yes if the participant has had a test for influenza since January 2020.
 - Select ‘Don’t know’ if the participant does not know if they have had a test for influenza since January 2020. [Go to END]
- Item 93a. **Flu test result:** Select only one option among the three possible choices.
- Select Positive if the participant’s flu test result was positive.
 - Select Negative if the participant’s flu test result was negative.
 - Select ‘Don’t know’ if the participant does not know their flu test result.
- Item 93b. **Flu test at same time as COVID-19 test:** Select only one option among the three possible choices.
- Select No if the participant’s flu test was not at the same time as a COVID-19 test.
 - Select Yes if the participant’s flu test was at the same time as a COVID-19 test.
 - Select ‘Don’t know’ if the participant does not know if their flu test was at the same time as a COVID-19 test.

Save and close the form.