



Participant ID #:

Acrostic:

Date:  /  /   
Month Day Year

### MESA Follow-up Phone Call 22: COVID-19 Questionnaire

These next questions ask about your exposure to the coronavirus or COVID-19 symptoms. Please tell us about any COVID-19 testing or illness that you have had since we last called you with questions about COVID-19. This survey is being used for research and not to make health care or mental health referrals or recommendations. If you have concerns about your health or if you are feeling anxious or depressed please contact your health care provider.

Since our last call, have you had COVID-19, or the illness caused by the novel coronavirus?

- Yes, definitely
- Yes, I think so
- Maybe
- No

Since our last call, have you been tested for coronavirus or COVID-19?

- Yes  $\longrightarrow$
- No
- Unsure

**Since our last call, have you ever had a test for:**

a. COVID-19 infection?  Yes  No  
 $\hookrightarrow$  Result:  Positive  Negative  Pending

b. COVID-19 immunity (antibodies)?  Yes  No  
 $\hookrightarrow$  Result:  Positive  Negative  Pending

c. How many times have you been tested? \_\_\_\_\_

d. Can you provide details regarding your first COVID-19 test since our last call?

i. Date: \_\_\_\_\_

ii. Reason for testing:

	Yes	No
1. I had symptoms of COVID-19	<input type="radio"/>	<input type="radio"/>
2. Someone I know had symptoms of COVID-19	<input type="radio"/>	<input type="radio"/>
3. A doctor told me to be tested for COVID-19	<input type="radio"/>	<input type="radio"/>
4. I was worried about COVID-19	<input type="radio"/>	<input type="radio"/>
5. Other	<input type="radio"/>	<input type="radio"/>

$\hookrightarrow$  Specify 'Other': \_\_\_\_\_ **(continued)**

## MESA Follow-up Phone Call 22: COVID-19 Questionnaire

*(continued)*

- iii. Type of test:
- |                        | Yes                   | No                    |
|------------------------|-----------------------|-----------------------|
| 1. Nasopharyngeal swab | <input type="radio"/> | <input type="radio"/> |
| 2. Blood test          | <input type="radio"/> | <input type="radio"/> |
| 3. Saliva test         | <input type="radio"/> | <input type="radio"/> |
| 4. Other               | <input type="radio"/> | <input type="radio"/> |
- ↳ Specify 'Other': \_\_\_\_\_

- iv. Result:
- Positive
  - Negative
  - Unsure/Pending

e. Can you provide details regarding your most recent COVID-19 test?

i. Date: \_\_\_\_\_

- ii. Reason for testing:
- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 1. I had symptoms of COVID-19                 | <input type="radio"/> | <input type="radio"/> |
| 2. Someone I know had symptoms of COVID-19    | <input type="radio"/> | <input type="radio"/> |
| 3. A doctor told me to be tested for COVID-19 | <input type="radio"/> | <input type="radio"/> |
| 4. I was worried about COVID-19               | <input type="radio"/> | <input type="radio"/> |
| 5. Other                                      | <input type="radio"/> | <input type="radio"/> |
- ↳ Specify 'Other': \_\_\_\_\_

- iii. Type of test:
- |                        | Yes                   | No                    |
|------------------------|-----------------------|-----------------------|
| 1. Nasopharyngeal swab | <input type="radio"/> | <input type="radio"/> |
| 2. Blood test          | <input type="radio"/> | <input type="radio"/> |
| 3. Saliva test         | <input type="radio"/> | <input type="radio"/> |
| 4. Other               | <input type="radio"/> | <input type="radio"/> |
- ↳ Specify 'Other': \_\_\_\_\_

- iv. Result:
- Positive
  - Negative
  - Unsure/Pending

*(continued)*

## MESA Follow-up Phone Call 22: COVID-19 Questionnaire

*(continued)*

f. Since our last call, if you did not experience a positive result on your first or most recent test, have you ever had a positive COVID-19 test?

- Yes
- No
- Unsure

i. If yes, can you provide details on your first positive COVID-19 test?

1. Date: \_\_\_\_\_

2. Reason for testing:

	Yes	No
a. I had symptoms of COVID-19	<input type="radio"/>	<input type="radio"/>
b. Someone I know had symptoms of COVID-19	<input type="radio"/>	<input type="radio"/>
c. A doctor told me to be tested for COVID-19	<input type="radio"/>	<input type="radio"/>
d. I was worried about COVID-19	<input type="radio"/>	<input type="radio"/>
e. Other	<input type="radio"/>	<input type="radio"/>

↳ Specify 'Other': \_\_\_\_\_

3. Type of test:

	Yes	No
a. Nasopharyngeal swab	<input type="radio"/>	<input type="radio"/>
b. Blood test	<input type="radio"/>	<input type="radio"/>
c. Saliva test	<input type="radio"/>	<input type="radio"/>
d. Other	<input type="radio"/>	<input type="radio"/>

↳ Specify 'Other': \_\_\_\_\_

g. Are you willing to share a copy of your COVID-19 results with the study?

- Yes
- No

**For ascertainment of medical records:**

Name of doctor/clinic/hospital: \_\_\_\_\_

Address of doctor/clinic/hospital: \_\_\_\_\_

Contact number: \_\_\_\_\_



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Since our last call, have you ever had an overnight stay in a hospital for suspected or diagnosed COVID-19?

- Yes →
- No

**If yes:**

a. How many nights were you in the hospital?

i. Date arrived at hospital: \_\_\_\_\_

ii. Date discharged from hospital: \_\_\_\_\_

b. Did you require any of the following treatments?

i. Oxygen by nasal canula (in your nose)

ii. Oxygen by face mask

iii. "Intensive care unit" or ICU monitoring

iv. A breathing tube or ventilator

v. "ECMO" treatment

Yes

No

# Days

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For ascertainment of medical records:**

Name of doctor/clinic/hospital: \_\_\_\_\_

Address of doctor/clinic/hospital: \_\_\_\_\_

Contact number: \_\_\_\_\_

The next section of questions ask about how the coronavirus pandemic has impacted your life.

Due to COVID-19, did you delay, postpone, or refuse a visit to an emergency room or hospital for a medical event or concern?

- Yes
- No
- Unsure

Due to COVID-19, did you have more trouble taking your medications regularly?

- Yes →
- No
- Unsure

*Why? Check all that apply.*

Unable to get medications from the pharmacy

Unable to afford medications

Increased forgetfulness or lack of motivation

Other: \_\_\_\_\_



## MESA Follow-up Phone Call 22: COVID-19 Questionnaire

Due to COVID-19, did you personally experience cancellation or postponement of any healthcare service?

- Yes →
- No

What type of healthcare services were canceled or postponed due to COVID-19?  
*Check all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Home care                                   | <input type="checkbox"/> Elective surgery |
| <input type="checkbox"/> Medical provider appointment                | <input type="checkbox"/> Imaging          |
| <input type="checkbox"/> Physical/occupational therapist appointment | <input type="checkbox"/> Biopsy           |
| <input type="checkbox"/> Chemotherapy or other infusion therapy      | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Psychiatrist/psychotherapist appointment    |   |

Has the coronavirus pandemic led to any of the following:

	No	Yes
a. You or a member of your household losing their job, having to stop working, or having to work fewer hours	<input type="radio"/>	<input type="radio"/>
↳ <i>If yes:</i>		
i. Have you or another household member requested or received unemployment benefits?	<input type="radio"/>	<input type="radio"/>
b. Losing childcare or having to spend more time taking care of children	<input type="radio"/>	<input type="radio"/>
c. Loss of other sources of financial support, like food stamps, by you or a member of your household	<input type="radio"/>	<input type="radio"/>
d. Loss of your housing, or becoming homeless	<input type="radio"/>	<input type="radio"/>
e. A change in your health insurance coverage	<input type="radio"/>	<input type="radio"/>
↳ <i>If yes:</i>		
i. Loss of your health insurance?	<input type="radio"/>	<input type="radio"/>
ii. Gaining insurance as part of emergency coverage or Medicaid expansion?	<input type="radio"/>	<input type="radio"/>
f. Difficulty paying for basic needs, including food, clothing, shelter and heat	<input type="radio"/>	<input type="radio"/>



## MESA Follow-up Phone Call 22: COVID-19 Questionnaire

How have you managed any household financial difficulties during the coronavirus pandemic? Did you:

	Yes	No
a. Cut back on spending	<input type="radio"/>	<input type="radio"/>
b. Use savings	<input type="radio"/>	<input type="radio"/>
c. Put off paying the rent or mortgage	<input type="radio"/>	<input type="radio"/>
d. Put off paying other bills	<input type="radio"/>	<input type="radio"/>
e. Use credit cards more than usual	<input type="radio"/>	<input type="radio"/>
f. Pay less than usual toward the credit card(s)	<input type="radio"/>	<input type="radio"/>
g. Use money from retirement savings	<input type="radio"/>	<input type="radio"/>
h. Get financial help from a family member	<input type="radio"/>	<input type="radio"/>
i. Sell any belongings	<input type="radio"/>	<input type="radio"/>
j. File for unemployment	<input type="radio"/>	<input type="radio"/>
k. Use a food bank or other emergency support program	<input type="radio"/>	<input type="radio"/>
l. Skip meals	<input type="radio"/>	<input type="radio"/>
m. Take out a loan or use an existing line of credit	<input type="radio"/>	<input type="radio"/>

What is your current living situation?

- Live alone
- Live with one other person who is a spouse or partner
- Live with one other person who is a relative or friend or roommate
- Live with a caregiver who is not my spouse/partner/relative/friend
- Live with a group or family in a private residence
- Live in a group home (assisted living, nursing home, convent)
- Don't know

How many people are sharing your home?

- a. \_\_\_\_ Children (<13 years old)
- b. \_\_\_\_ Teens (13-19 years old)
- c. \_\_\_\_ Young and middle-aged adults (20-64 years old)
- d. \_\_\_\_ Elderly adults (65+ years old)



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For each of the following questions, please tell me the response that describes your life. The response options are none of the time, a little of the time, some of the time, most of the time, or all of the time.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Is there someone available to you whom you can count on to listen to you when you need to talk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone available to give you good advice about a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone available to you who shows you love and affection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone available to help you with daily chores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each of the following questions, please tell me the response that describes your life. The response options are often, some of the time, or hardly ever.

	Often	Some of the time	Hardly ever
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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I am going to read a list of the ways you might have felt or behaved in the past week during this coronavirus pandemic. Please tell me how many days you have felt this way during the past week.

	<1 day	1-2 days	3-4 days	5-7 days
a. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. My worries overwhelmed me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I felt uneasy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way. The response options are never, almost never, sometimes, fairly often, or often.

	Never	Almost never	Sometimes	Fairly often	Often
In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident in your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(continued)





## MESA Follow-up Phone Call 22: COVID-19 Questionnaire

(continued)

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way. The response options are never, almost never, sometimes, fairly often, or often.

	Never	Almost never	Sometimes	Fairly often	Often
In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the COVID-19 outbreak (starting March 2020), how much have the following symptoms bothered you? The response options are not at all, rarely, sometimes, or most of the time.

	Not at all	Rarely	Sometimes	Most of the time
a. Recurrent thoughts about the virus and its effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Recurrent nightmares about the virus and its effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Avoiding activities that remind you of the virus and its effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Avoiding thoughts or feelings about the virus and its effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Feeling jumpy or easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Feeling on guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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During the COVID-19 outbreak (starting March 2020), have you spent more or less time on the following activities? The response options are more, less, the same, or you didn't do them.

	More	Less	Same amount	Didn't do before/during
a. Walking for exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vigorous activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Eating, including snacking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Watching programs or movies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*If 'More', 'Less', or 'Same amount':*

On average, how many alcoholic drinks per day over this period? \_\_\_\_\_

g. Smoking or vaping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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*If 'More', 'Less', or 'Same amount':*

On average, how many (e) cigarettes per day over this period? \_\_\_\_\_

h. Using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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*If 'More', 'Less', or 'Same amount':*

On average, how many times per week did you use marijuana products? \_\_\_\_\_



## MESA Follow-up Phone Call 22: COVID-19 Questionnaire

Now I would like to ask you a few questions about situations where you might have felt that you have been treated unfairly.

In your day-to-day life how often have any of the following things happened to you? The response options are almost every day, at least once a week, a few times a month, a few times a year, less than once a year, or never.

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
a. You are treated with less courtesy than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You are treated with less respect than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You receive poorer service than other people at restaurants or stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People act as if they think you are not smart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. People act as if they are afraid of you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. People act as if they think you are dishonest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. People act as if they're better than you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You are called names or insulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You are threatened or harassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>