



# Exam 7 COVID-19 History

Participant ID #:

Acrostic:

Technician ID:

Date:  /  /   
Month Day Year

This form collects information about COVID-19 infections and vaccination history

1. In total, since the beginning of the pandemic in the US (January 2020), how many times do you think you have been infected with COVID-19?

- 0 infections (never) → **Skip to Question 12**
- 1 infection (only once)
- 2 infections (reinfected once)
- 3 infections (reinfected twice)
- More than 3 infections \_\_\_\_\_ (please enter number of infections)
- Unsure
- Decline to answer

2. Since your last MESA COVID-19 questionnaire, do you know or think that you have had COVID-19? If you haven't answered COVID-19 questions from MESA previously, have you ever had COVID-19?

- Yes
- No → **Skip to Question 12**
- Unsure
- Decline to answer

**The following questions refer to your most recent (new) COVID-19 infection** *If you know or think you had multiple infections since the last questionnaire, please answer the following questions based on your most recent infection.*

3. When do you know or think you had COVID-19? Please estimate even if you are unsure.

/   
Month Year

4. Did you take a COVID test at that time?

- Yes
- No → **Skip to Question 6**



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5. What were your test results? Check all that apply. “Positive” means the test showed COVID-19.

- Positive antigen (“rapid”) test at home
- Positive antigen (“rapid”) test at a clinic, tent, or other facility
- Positive PCR test
- Positive test, but unsure if antigen or PCR
- I did not have a positive test
- I don’t know
- Decline to answer

6. Did you have any symptoms?

- Yes
- No —————→ **Skip to Question 8**

7. When your symptoms were at their worst, did they prevent you from going about your daily activities?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

8. Did you take any of the following medications? Check all that apply.

- Antiviral pill, such as Paxlovid
- Monoclonal antibodies
- Oral steroids, such as dexamethasone, prednisone, or prednisolone
- Antibiotics, such as a “Z-pak”
- Other medications (please list): \_\_\_\_\_
- I took medications for COVID-19 but I don’t know what they were
- I did not take any medications for COVID-19
- Decline to answer



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### Recovery from COVID-19

9. Would you say that you are completely recovered from COVID-19 now?

- Yes
- No → **Skip to Question 11**
- Unsure
- Decline to answer

10. How long did it take for you to recover from your most recent infection?

Months      Days

11. Do you think that you are experiencing, or have ever experienced, what has been called “long COVID,” or symptoms that continue for at least a month after your infection?

- Yes
- No
- Unsure
- Decline to answer

### Vaccination against COVID-19

12. In total, how many COVID-19 vaccine shots have you received?

- 0 (none) → **Skip to Question 15**
- 1
- 2
- 3
- 4
- Other: \_\_\_\_\_
- Decline to answer



## Exam 7 COVID-19 History

13. When was your most recent COVID vaccine?

- |  |  |
|--|--|
|  |  |
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Month                      Year
- Unsure
- Decline to answer

14. Which type of COVID vaccine was your last shot?

- Pfizer
- Moderna
- J&J
- AstraZeneca
- Other: \_\_\_\_\_
- Unsure
- Decline to answer

15. Questionnaire completed by:

- Participant
- Proxy