



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

I. GENERAL INSTRUCTIONS

The COVID-19 Questionnaire - Proxy (COP) is a shortened version of the COVID-19 Questionnaire (COV) and is to be completed by the coordinator while interviewing the participant's spouse or caretaker over the phone if the participant is unable to complete the interview due to illness or hospitalization.

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 answer every question on this form.

Read the opening statement to the proxy.

Item 1. **Okay to ask questions today:** Select only one option among the two possible choices.

- Select No if the proxy does not agree to complete questionnaire today.
- Select Yes if proxy agrees to complete questionnaire today. [Go to Q2]

Item 1a. Record date to call back [Go to END]

Item 2. **Okay to call in future:** Select only one option among the two possible choices.

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

Item 3. **Has healthcare provider told participant they 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 had COVID-19. [Go to Q4]
- Select 'Yes, definitely' if the participant has been told by a healthcare provider that they definitely had COVID-19.
- Select "Yes, probably or suspected" if the participant has been told by a healthcare provider that they had a probable or suspected case of COVID-19.

Item 3a. **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 3b. **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 3c. **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 3d. **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 3e. **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 3f. **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 4. **Had symptoms of COVID-19:** Select only one option among the three 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.
 - Select Unsure if the proxy is unsure if the participant had symptoms of COVID-19.
- Item 5. **Had positive test for COVID-19:** Select only one option among the three 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.
 - Select Unsure if the proxy is unsure if the participant had a positive test for COVID-19.
- Item 6. **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 proxy is unsure if the participant had close contact with someone who had COVID-19.
- Item 7. **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.
 - Select Yes if the participant has been tested for COVID-19.
 - Select Unsure if the proxy is unsure if the participant has been tested for COVID-19.
- Item 8. **Overnight stay in hospital:** Select only one option among the three possible choices.
- Select No if the participant has not had an overnight stay in a hospital for suspected or diagnosed COVID-19. [Go to END]
 - Select Yes if the participant has had an overnight stay in a hospital for suspected or diagnosed COVID-19.
 - Select Unsure if the proxy is unsure if the participant has had an overnight stay in a hospital for suspected or diagnosed COVID-19. [Go to END]
- Item 9. **Number of nights in hospital:** Record the approximate number of nights the participant was or has been in the hospital.
- Item 9a. **Date arrived:** Record the date the participant arrived to the hospital.
- Item 9b. **Still in hospital:** Select only one option among the two possible choices.
- Select No if the participant is not still in the hospital.
 - Select Yes if the participant is still in the hospital. [Go to Q10]

- Item 9c. **Date discharged:** Record the date the participant was discharged from the hospital.
- Item 10. **Oxygen by nasal cannula (in the nose):** Select only one option among the three possible choices.
- Select No if the participant did not require oxygen by nasal cannula (in the nose) during their hospital stay.
 - Select Yes if the participant did require oxygen by nasal cannula (in the nose) during their hospital stay.
 - Select Unsure if the proxy is unsure if the participant required oxygen by nasal cannula (in the nose) during their hospital stay.
- Item 11. **Oxygen by face mask:** Select only one option among the three possible choices.
- Select No if the participant did not require oxygen by face mask during their hospital stay.
 - Select Yes if the participant did require oxygen by face mask during their hospital stay.
 - Select Unsure if the proxy is unsure if the participant required oxygen by face mask during their hospital stay.
- Item 12. **Intensive Care Unit (ICU) monitoring:** Select only one option among the three possible choices.
- Select No if the participant did not require Intensive Care Unit or ICU monitoring during their hospital stay.
 - Select Yes if the participant did require Intensive Care Unit or ICU monitoring during their hospital stay.
 - Select Unsure if the proxy is unsure if the participant required Intensive Care Unit or ICU monitoring during their hospital stay.
- Item 13. **Breathing tube or ventilator:** Select only one option among the three 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.
 - Select Unsure if the proxy is unsure if the participant required a breathing tube or ventilator during their hospital stay.
- Item 14. **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.
 - Select Unsure if the proxy is unsure if the participant required ECMO treatment during their hospital stay.
- Item 15a. **Name of hospital:** Record the name of this hospital.
- Item 15b. **Street address of hospital:** Record the address of this hospital.
- Item 15c. **City of hospital:** Record the address of this hospital.
- Item 15d. **State of hospital:** Record the address of this hospital.
- Item 15e. **Zip code of hospital:** Record the address of this hospital.
- Item 15f. **Contact number of hospital:** Record the contact number of this hospital.

- Item 16. **Hospital Discharge:** Select only one option among the four possible choices.
- Select Home if the participant was discharged to home. [Go to END]
 - Select Nursing facility if the participant was discharged to a nursing facility. [Go to END]
 - Select Other if the participant was discharged to a place not listed.
 - Select 'Still in hospital' if the participant is still in the hospital. [Go to END]

Item 16a. **Other:** Specify the other place to which the participant was discharged.

Save and close the form.