

COVID-19 Experiences (COVEX)

Suggested citation

Fisher, P.W., Desai, P., Klotz, J., Turner, J.B., Reyes-Portillo, J.A., Ghisolfi, I., Canino, G., and Duarte, C.S. (2020) COVID-19 Experiences (COVEX).

COVID-19 Experiences (COVEX)

These questions are about your experiences during the coronavirus pandemic, also known as the COVID-19 outbreak.

Section 1: COVID-19 Symptoms & Diagnoses

1. Since the start of the outbreak, did you have symptoms of COVID-19? That is, have you had a fever, shortness of breath, sore throat, body aches, fatigue, runny nose or congestion, diarrhea, chills, muscle pain, headache, or a loss of taste or smell?

- No
- Yes
- Not Sure

2. Which of the following symptoms have you experienced since the COVID-19 outbreak began in your area (that is, since [date])? [check all that apply]

- Fever (above 100 degrees Fahrenheit or above 37.8 degrees Celsius)
- Cough
- Runny nose
- Shortness of breath
- Repeated shaking with chills
- Chills (without shaking)
- Sore throat
- Headache
- Muscle or body aches
- Tingling or burning sensation
- Fatigue
- Excessive sleepiness
- Diarrhea
- Nausea or vomiting
- Loss of sense of smell
- Loss of sense of taste
- Itchy/red eyes
- Discoloration of toes or fingers (look “dusky”)
- Sores/rashes on feet or hands
- Stroke
- None of the above → **GO TO 3**

2a. How would you rate the severity of your illness?

- Mild illness (dry cough, headache, nausea/diarrhea, aches and pains, low-grade fever – no need to see a doctor or hospitalization)
- Moderate illness (coughing, high fever (above 100.0 degrees Fahrenheit or above 37.8 degrees Celsius), chills, feeling that you can't get out of bed, shortness of breath)
- Severe illness (breathlessness, complications leading to pneumonia)
- Critical illness (respiratory failure, septic shock, and/or organ dysfunction or failure)
- Don't Know

2b. Which of the following occurred as a result of your symptoms? [check all that apply]

- I was kept overnight in a hospital → **GO TO 2C**
- I saw a healthcare provider in person, such as in a clinic, doctor's office, urgent care, or Emergency Room (ER)/Emergency Department (ED)
- I spoke to a healthcare provider over the phone, by email, or online
- I self-isolated or quarantined at home
- None of the above

If kept overnight in a hospital; ask:

2c. How many nights were you kept in the hospital _____ [days]

3. Has a healthcare provider ever told you that you have, or likely [have/have had] COVID-19 (Coronavirus)?

- No
- Yes

4. Have you been tested for COVID-19?

- No
- Yes, tested positive
- Yes, but never tested positive
- Yes, but haven't got the results yet

If yes, ask:

4a. What type of test was this?

- Nasal swab
- Blood test for active infection
- Blood test for antibodies
- Saliva test
- Other: _____