

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).

Section 2: Vulnerability to COVID and Direct Exposure

1. Prior to the COVID-19 outbreak, did you have a medical condition that could cause you to get very sick if you were to get COVID-19? (e.g., asthma, a breathing or lung problem, suppressed immune system, diabetes, high blood pressure, obesity, or some other significant health problem)

- No → GO TO 2
 Yes

If yes, ask:

1.a. What was that? _____

2. During or in the few months prior to the COVID-19 outbreak, were you a smoker or vaper?
[check all that apply]

- No → GO TO 3
 Yes, smoker
 Yes, vaper

If smoker, ask:

2a. How much [do/did] you smoke?

- A pack or more a day (a pack is 20 cigarettes)
 Daily, 10-19 cigarettes
 Daily, 4-9 cigarettes
 Daily 1-3 cigarettes
 Less than one cigarette per day

If vaper, ask:

2b. How often did you vape?

- More than once a day
 Daily or almost every day
 3-4 days a week
 1-2 days a week
 Less than that

3. During or after the COVID-19 outbreak started, were you pregnant?

- No
 Yes

4. During the COVID-19 outbreak, did you ever live with someone that was sick with COVID-19?

- No → **GO TO 5**
- Yes
- Not sure, I think someone I lived with might have had COVID-19

If yes or not sure, ask:

4a. Who was this? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Roommate
- Other: _____

4b. Were they (any of them) hospitalized for COVID-19?

- No
- Yes

4c. Did they (any of them) die because of COVID-19?

- No → **GO TO 5**
- Yes

If yes, ask:

4d. Who died? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Roommate
- Other

5. Has anyone in your family who you did not live with or any of your close friends been diagnosed or been sick with COVID-19?

- No → **GO TO 6**
- Yes
- Not sure, I think someone in my family or a close friend might have had COVID-19

If yes or not sure, ask:

5a. Who was this? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Close friend
- Other

5b. Were you around (any of) them when they were sick or just before, in the 2 weeks before they got sick?

- No
- Yes

5c. Were they (any of them) hospitalized for COVID-19?

- No
- Yes

5d. Did they (any of them) die because of COVID-19?

- No
- Yes

If yes, ask:

5e. Who died? [check all that apply]

- Partner
- Parent
- Child
- Sibling
- Grandparent
- Other family members (e.g. aunt, uncle, cousin)
- Close friend
- Other

6. Has anyone (else) that you interact with regularly, by this we mean at least twice a week, been diagnosed or been sick with COVID-19?

- No
- Yes
- Not sure, I think someone I interacted with might have had COVID-19

If yes or not sure, ask:

6a. Were you around (any of) them when they were sick or just before, in the 2 weeks before they got sick?

No

Yes