

## COVID-19 COMMUNITY RESPONSE SURVEY GUIDANCE

The goal of this toolkit is to provide a set of standardized quantitative and qualitative assessments to harmonize data collection efforts and facilitate comparisons of the impact of the novel coronavirus (COVID-19) and promote collaborations across research efforts. This is intended to be a dynamic resource that will evolve as the epidemic does.

Please note that these questions were developed rapidly with input from multiple sources. We have included sources of questions where appropriate. Because the questions were developed rapidly, there was no time for piloting and so we do not have estimates of time required for each module. In addition, we recognize that you might identify errors or inconsistencies after implementation. We would like to hear from you about the modules you are using, time spent per module, modifications you make and any additional feedback you have. We will make modifications as appropriate and share changes with other researchers who are also using this survey.

### **RECOMMENDED INTRODUCTION FOR SURVEYS**

We are conducting a survey to help us better understand how the novel coronavirus (COVID-19) pandemic is affecting people's lives. To help us better understand how people's physical, emotional and mental health are being affected, we would like to ask you questions about your possible exposure to the virus, your experiences with testing and treatment and some questions about how your life has changed as a result of COVID-19 and the preventive measures that have been put in place.

The interview will take us approximately 20-30 minutes, depending on your experiences.

Would it be okay to ask you questions about your COVID-19 related experiences today?

Yes  
No

May we call you again over for the next XX months, and possibly longer, to see how you're doing and ask you these questions again?

Yes  
No

### **MODULES WITH RECOMMENDED ORDER**

Module	Title	Items	Estimated time for full module <sup>3</sup>	Core Items	Optional Items
1	Demographics <sup>1</sup>	24		1-24	
2	Housing and Family Structure	8		1-8	
3	Knowledge & Attitudes towards COVID-19	7		1-7	
4	COVID-19 Symptoms and Testing Experience	18		1-18	
5	Comorbidities and Care Engagement	4		1-2	3-4
6	Mental Health Impacts <sup>2</sup>	13		1	2-13
7	Coronavirus Impact and Pandemic Stress	21		21	
8	Social Distancing Impacts <sup>2</sup>	16		9-16	1-8
9	Violence and Trauma <sup>2</sup>	11		1-3, 7-11	4-6
10	Substance Use	12		1-5, 11-12	6-10
11	Sexual behavior	14		1-7	8-14

<sup>1</sup>For existing studies, many items have already been collected and do not need to be asked again

<sup>2</sup>Some overlap with Coronavirus Impact and Pandemic Stress

<sup>3</sup>To be updated as information becomes available

**COVID-19 COMMUNITY RESPONSE SURVEY  
COMORBIDITIES AND CARE ENGAGEMENT**

**SOURCE:** C3PNO consortium

*READ: I would like to ask you about your other health conditions and how your health care has been impacted by the COVID-19 pandemic.*

1. Do you have any of the following conditions? (*Select all that apply*)

	Yes	No
HIV	1	0
Hepatitis B virus (HBV)	1	0
Hepatitis C virus (HCV)	1	0
Tuberculosis (TB)	1	0
Hypertension	1	0
Diabetes	1	0
Chronic kidney disease	1	0
Cancer	1	0
Cardiovascular disease	1	0
Asthma	1	0
Chronic obstructive pulmonary disease	1	0
Depression	1	0
Alcohol or substance use disorder	1	0
Other mental health condition	1	0
Other chronic condition (specify)	1	0

(*SKIP to Q2 if all No*)

1a. Specify: \_\_\_\_\_

1b. Are you currently taking any medications for any of these conditions?

Yes 1  
No 0

1c. Are you currently taking any medications for any other health or mental health conditions?

Yes 1  
No 0

(*SKIP to Q2 if 1b and 1c are both No*)

1d. How many days' worth of medication do you currently have at home? If you take more than one medication, choose the medication you have the lowest supply of.

\_\_\_ \_\_\_ days (*If >30 days, skip to Q2*)

1e. Have you made arrangements to get your medication refill/s?

No 0  
You have been able to arrange for some medication refills but not all 1  
You are waiting to hear from your physician on how to refill medications 2  
Yes, home delivery 3  
Yes, you will be picking up from the pharmacy 4  
Yes, someone will be picking up your medications for you 5

2. Since the COVID-19 pandemic (March 1, 2020), have you needed to postpone any medical procedures?

Yes 1  
No 0

3. In the past month, have you missed any scheduled appointments with any health care provider?
- |                   |                 |
|-------------------|-----------------|
| Yes               | 1               |
| No                | 0 (SKIP to Q4)  |
| Don't Know        | 97 (SKIP to Q4) |
| Refused to answer | 98 (SKIP to Q4) |

- 3a. What is the MAIN reason you missed appointments with any healthcare provider in the past month?
- |  |    |
|--|----|
| Your clinic cancelled your appointment because of COVID-19                           | 1  |
| Your clinic is closed because of the COVID-19  | 2  |
| You had symptoms of COVID-19, so you stayed home                                     | 3  |
| You cancelled the appointment to avoid being around others                           | 4  |
| You cancelled the appointment because you did not want to be in a healthcare setting | 5  |
| You felt okay or good enough   | 6  |
| You didn't have money or insurance   | 7  |
| You didn't want to take public transportation and had no other way to get there      | 8  |
| You forgot to go/just missed your appointment  | 9  |
| You felt disrespected by the office or medical staff                                 | 10 |
| You were drinking/using drugs  | 11 |
| Other (specify)  | 12 |
| Don't know   | 97 |
| Refused to answer  | 98 |

3a1. Specify: \_\_\_\_\_

4. In the past month, have you missed taking any medications?
- |                   |                  |
|-------------------|------------------|
| Yes               | 1                |
| No                | 0 (SKIP to END)  |
| Don't Know        | 97 (SKIP to END) |
| Refused to answer | 98 (SKIP to END) |

- 4a. What is the MAIN reason you missed taking medications in the past month?
- |   |    |
|---|----|
| You couldn't get your medications because the pharmacy closed   | 1  |
| You couldn't get to the pharmacy because of COVID-19 shutdowns  | 2  |
| You couldn't get to the pharmacy because you wanted to avoid being around others                        | 3  |
| You felt good, didn't need your medications   | 4  |
| Your doctor advised you to delay treatment  | 5  |
| You were worried about side effects   | 6  |
| You didn't have money or insurance to get medicine  | 7  |
| You didn't want to take public transport to pick up your prescription and had no other way to get there | 8  |
| You were drinking or using drugs  | 9  |
| You forgot to take your medications   | 10 |
| Other, specify  | 11 |
| Don't know  | 97 |
| Refused to answer   | 98 |

4a1. Specify: \_\_\_\_\_