

WOMEN'S INTERAGENCY HIV STUDY (WIHS)  
 MULTICENTER AIDS COHORT STUDY (MACS)  
**BASELINE COVID-19 ABBREVIATED QUESTIONNAIRE (BLCOVID)**

**SECTION B: CORONAVIRUS TESTING AND TREATMENT**

INTRODUCTION: As we have at prior visits, I would like to ask you numerous questions about your health history. I will be asking you a series of questions about diseases and symptoms you may have had. I am going to use the words "health care provider" to mean any doctor, nurse practitioner, or physician assistant you may go to for medical care.

B1. Since January have you had any of the following symptoms...

		How many days did you have this symptom?	Do you have this symptom now?	How severe [IS/WAS] this symptom?
a. A fever > 100.4° F	NO..... 0 <b>(b)</b> YES ..... 1	__ __  DAYS	NO..... 0 YES ..... 1	MILD.....1 MODERATE.2 SEVERE .....3
b. Felt feverish	NO..... 0 <b>(c)</b> YES ..... 1	__ __  DAYS	NO..... 0 YES ..... 1	MILD.....1 MODERATE.2 SEVERE .....3
c. Chills	NO..... 0 <b>(d)</b> YES ..... 1	__ __  DAYS	NO..... 0 YES ..... 1	MILD.....1 MODERATE.2 SEVERE .....3
d. Muscle aches	NO..... 0 <b>(e)</b> YES ..... 1	__ __  DAYS	NO..... 0 YES ..... 1	MILD.....1 MODERATE.2 SEVERE .....3
e. Runny nose	NO..... 0 <b>(f)</b> YES ..... 1	__ __  DAYS	NO..... 0 YES ..... 1	MILD.....1 MODERATE.2 SEVERE .....3
f. Sore throat	NO..... 0 <b>(g)</b> YES ..... 1	__ __  DAYS	NO..... 0 YES ..... 1	MILD.....1 MODERATE.2 SEVERE .....3

			How many days did you have this symptom?	Do you have this symptom now?	How severe [IS/WAS] this symptom?
g.	Cough (new onset or worsening of chronic cough)	NO..... 0 <b>(h)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3
h.	Shortness of breath (dyspnea)	NO..... 0 <b>(i)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3
i.	Nausea or vomiting	NO..... 0 <b>(j)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3
j.	Headache	NO..... 0 <b>(k)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3
k.	Abdominal pain	NO..... 0 <b>(l)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3
l.	Diarrhea (3 loose stools or looser than normal stools in a 24hr period)	NO..... 0 <b>(m)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3
m.	Loss of taste	NO..... 0 <b>(n)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3
n.	Loss of smell	NO..... 0 <b>(o)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3
o.	Other	NO..... 0 <b>(B2)</b> YES ..... 1	__ __  DAYS	NO ..... 0 YES ..... 1	MILD .....1 MODERATE.2 SEVERE .....3

SPECIFY: \_\_\_\_\_

B2. Did any of these symptoms happen at the same time?  
 NO ..... 0 **(B3 INTRODUCTION)**  
 YES..... 1

a. Which ones? **[INTERVIEWER: RESTATE SYMPTOMS FROM B1 AND ASK PARTICIPANT TO SELECT ONLY THOSE THAT HAPPENED CONCURRENTLY. CIRCLE "YES" RESPONSE BELOW FOR THOSE SYMPTOMS THAT PARTICIPANT LISTS.]**

	<u>NO</u>	<u>YES</u>
i. A fever > 100.4° F .....	0	1
ii. Felt feverish .....	0	1
iii. Chills .....	0	1
iv. Muscle aches .....	0	1
v. Runny nose .....	0	1
vi. Sore throat .....	0	1
vii. Cough (new onset or worsening of chronic cough) .....	0	1
viii. Shortness of breath (dyspnea) .....	0	1
ix. Nausea or vomiting .....	0	1



B6. Did a healthcare provider give you any of the following medications to treat coronavirus?

	<u>NO</u>	<u>YES</u>	<u>DON'T KNOW</u>
a. lopinavir/ritonavir (Kaletra)	0	1	-8
b. hydroxychloroquine (Plaquenil)	0	1	-8
c. Hydroxychloroquine (Plaquenil) with azithromycin (Zithromax, Z-pak)	0	1	-8
d. Chloroquine	0	1	-8
e. Ribavirin, also known as Moderiba or Rebetol	0	1	-8
f. Remdesivir	0	1	-8
g. azithromycin (Zithromax, Z-Pak)	0	1	-8
h. Plasma transfusion/infusion	0	1	-8
i. Other	0 (j)	1	-8

SPECIFY: \_\_\_\_\_

j. **INTERVIEWER INSTRUCTIONS:** Collect medical records release and collect all available information for each reported medication. **[INTERVIEWER: ENTER "-9" FOR ANY MISSING DATA IN THIS QUESTION.]**

PROVIDER NAME \_\_\_\_\_

PROVIDER INSTITUTION \_\_\_\_\_

PROVIDER ADDRESS \_\_\_\_\_

B7. Since January, have you been hospitalized because you had coronavirus or because you had difficulty breathing or a respiratory infection?

NO ..... 0 **IF B4=0 GO TO B9. IF B4=1 GO TO B10.**

YES ..... 1 **COLLECT MEDICAL RECORDS RELEASE**

a. **INTERVIEWER INSTRUCTIONS:** Collect all available information for hospitalization. **[INTERVIEWER: ENTER "-9" FOR ANY MISSING DATA IN THIS QUESTION.]**

PROVIDER NAME \_\_\_\_\_

HOSPITAL NAME \_\_\_\_\_

HOSPITAL ADDRESS \_\_\_\_\_

b. On what date were you admitted into the hospital?

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
M D Y

c. On what date were you discharged from the hospital?

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
M D Y

B8. Would you say that....

- You have recovered and are symptom free ..... 1 (B10)
- You are feeling better but not completely recovered ..... 2 (B10)
- You are not feeling better ..... 3 (B10)

B9. Why haven't you been tested for coronavirus, is it because...

	<u>NO</u>	<u>YES</u>
a. You haven't felt sick	0	1
b. Testing was not available	0	1
c. You haven't had transportation to or from a testing location	0	1
d. You were worried about not being able to pay	0	1
e. You didn't know where to go for testing	0	1
f. You didn't have someone to watch your children or other people in your care while you went for testing	0	1
g. You haven't been able to take time off from work	0	1
h. You were told by a healthcare provider to self-quarantine instead of getting tested	0	1
i. Other	0 (B10)	1
SPECIFY: _____		

B10. Do any of your medications have a generic name that ends in "-pril" or "-sartan"? These drugs are often taken by people with high blood pressure, diabetes, and heart disease.

- NO ..... 0 (B12)
- YES ..... 1
- DON'T KNOW ..... -8

B11. Which one?

<b>Name of Medication</b>	<u>NO</u>	<u>YES</u>	<u>DONT KNOW</u>
a. benazepril (Lotensin)	0	1	-8
b. Captopril	0	1	-8
c. enalapril (Vasotec, Epaned)	0	1	-8
d. Fosinopril	0	1	-8
e. lisinopril (Prinivil, Zestril, Qbrelis)	0	1	-8
f. Moexipril	0	1	-8
g. perindopril (Aceon)	0	1	-8
h. quinapril (Accupril)	0	1	-8
i. ramipril (Altace)	0	1	-8

<b>Name of Medication</b>		<u>NO</u>	<u>YES</u>	<u>DONT KNOW</u>
j.	trandolapril (Mavik)	0	1	-8
k.	azilsartan (Edarbi)	0	1	-8
l.	candesartan (Atacand)	0	1	-8
m.	eprosartan (Teveten)	0	1	-8
n.	irbesartan (Avapro)	0	1	-8
o.	telmisartan (Micardis)	0	1	-8
p.	valsartan (Diovan, Prexxartan)	0	1	-8
q.	losartan (Cozaar)	0	1	-8
r.	olmesartan (Benicar)	0	1	-8
s.	sacubitril/valsartan (Entresto)	0	1	-8
t.	nebivolol/valsartan (Byvalson)	0	1	-8

u. **INTERVIEWER INSTRUCTIONS:** Collect medical records release and collect all available information for each reported medication. **[INTERVIEWER: ENTER “-9” FOR ANY MISSING DATA IN THIS QUESTION.]**

PROVIDER NAME \_\_\_\_\_

PROVIDER INSTITUTION \_\_\_\_\_

PROVIDER ADDRESS \_\_\_\_\_

B12. Since January has your provider told you that you tested positive for influenza commonly referred to as the flu?

NO ..... 0

YES..... 1

B13. PARTICIPANT’S HIV STATUS:

LIVING WITH HIV ..... 1

HIV-NEGATIVE ..... 2 (SECTION C)

B14. Now I’m going to ask about any antiretroviral medications you are currently taking. In addition to all your prescribed medications, please include any antiretroviral medications you have taken as part of a research study, including those in which you may have been blinded to the study medication.

a. Are you currently taking any antiretroviral medications?

NO ..... 0 (SECTION C)

YES..... 1 COLLECT MEDICAL RECORDS RELEASE

**START SUBFORM BLCOVIDS1**

b. DOES PARTICIPANT KNOW ACTUAL NAME OF DRUG?

NO ..... 0 (d)

YES..... 1

c. **CAPTURED VIA RX NORM:** <https://mor.nlm.nih.gov/download/rxnav/RxNavDoc.html>

d. OR, DESCRIBE IF ACTUAL NAME NOT KNOWN: \_\_\_\_\_  
(ENTER "-1" IF NAME CAPTURED IN RXNORM)

e. What was the date you began taking (DRUG)? I just need the month and year. If this is a medication that you are re-using, please give me the most recent date that you began taking or re-using this medication.

|\_|\_|\_| / |\_|\_|\_|\_|\_|  
M M Y Y Y Y

f. **INTERVIEWER INSTRUCTIONS:** Collect all available information for medications. **[INTERVIEWER: ENTER "-9" FOR ANY MISSING DATA IN THIS QUESTION.]**

PROVIDER NAME \_\_\_\_\_

PROVIDER INSTITUTION \_\_\_\_\_

PROVIDER ADDRESS \_\_\_\_\_

**END SUBFORM BLCOVIDS1**