

# COPDGene COVID-19 Survey

Please complete the survey below.

Thank you!

**Covid-19 or novel corona virus is the name for a new viral infection that is spreading around the world. It can cause illness that ranges from mild symptoms to severe breathing problems and pneumonia.**

**We would like to contact you every 4 weeks over the next 6-12 months to ask questions about any illnesses that you have had related to COVID-19.**

**At each contact we will ask if you have had any illness that was diagnosed related to the COVID virus since our previous contact. We would like to get more details about that illness including medical records and test results**

During the past month or since we last contacted you have you had an illness that you think might have been COVID-19, the novel corona virus?

- Yes  
 No

Start of illness:  
Month

- January  
 February  
 March  
 April  
 May  
 June  
 July  
 August  
 September  
 October  
 November  
 December

Year

- 2020  
 2021

Are you currently sick with an illness that might be related to COVID-19, the novel corona virus?

- Yes  
 No

Have you been told by a physician or healthcare provider that you have had COVID-19?

- Yes  
 No

Were you tested for COVID-19?

- Yes  
 No

Did the test show that you had COVID-19?

- Yes  
 No

Have you smoked any cigarettes in the past month?

- Yes  
 No

What symptoms did you have with your illness or positive test result?

- fever or chills/shivering
  - increased shortness of breath
  - increased or new cough
  - increased or new phlegm
  - sore throat
  - runny nose
  - nausea, vomiting or diarrhea
  - body aches or pain
  - increased fatigue
  - headache
  - chest pain
  - New inability to smell or taste
  - No symptoms of illness
- (check all that apply)

Were you admitted to the hospital for more than one night?

- Yes
- No

Were you cared for in the intensive care unit?

- Yes
- No

Did you need to have a breathing tube and ventilator to help you breathe?

- Yes
- No

## Recovery

Are you recovered from your illness now?

- Yes, completely
- No, better but still have some problems
- No, still quite sick

If you were hospitalized, did you return to your home or previous living situation?

- Yes
- No

Do you still have some problems or symptoms related to your COVID-19 infection?

- Yes
- No

What problems or symptoms do you notice that still trouble you after your illness?

- Need supplemental oxygen
  - More short of breath than before the illness
  - Tired (more than before illness)
  - Muscle weakness
  - Cough
  - Chest pain
  - Difficulty walking distances as well as before the illness
  - Mental confusion
  - None
  - Other
- (check all that apply)

What other symptoms do you have that still trouble you after your illness?

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