Post-COVID-19 Interview

Introductory Questions:

1. These questions are designed to develop one or more, anonymous, sample COVID-19 patient profiles, in order to develop a case study and/or teaching modules, which will be published as open-resource course materials. Please circle your response when applicable.

a. Yes / No - Do you consent to give information about your personal health, and experience with COVID-19, to contribute to these course materials?

b. Yes / No – Do you consent to have your name attached to the publication(s)?

c. Yes / No – Whether or not you consent to having your name attached to the publication(s), do you consent to having your personal health data anonymized and compiled into standardized patient profiles

2. Please provide your full name: _____

3. What is your current age? _____

4. What was your age when you first tested positive with COVID-19? _____

5. What was your age when you tested positive with additional COVID-19 infections?

_____

6. To the best of your memory, what were the dates over which you tested positive COVID-19 the first time? _____

7. To the best of your memory, what were the dates over which you tested positive COVID-19 any subsequent times? _____

8. How do you classify your gender? _____

9. How do you classify your sex? _____

10. How do you classify your ethnicity? _____

11. How do you classify your race? _____

12. Yes / No - Are you a smoker?

13. Yes / No - Are you an ex-smoker?

12. Yes / No - Do you drink alcohol?

13. Yes / No - Do you abstain from alcohol?

12. Yes / No - Do you have an alcohol or other substance abuse disorder?

13. Yes / No - Did you used to drink alcohol, but have subsequently quit?

14. What is your working situation?

a. Yes / No - I regularly work in contact with the public or am a health care worker.

b. Yes / No - I work full-time but am not regularly in contact with the public.

c. Yes / No - I am retired.

d. Yes / No - Other (please specify)

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_____

15. How many, if any, co-morbidities (or immunodeficiencies) do you have? If you know what they are called, or how to describe them, please do. Number: _____

(examples: hypertension, obesity, diabetes, chronic respiratory disease, cardiovascular disease, liver, disease, renal impairment, psychiatric disorders, etc.)

Description(s):_____

_____

_____

_____

16. Yes / No - Are you under chronic medication?

Please list any medications for chronic conditions: _____

_____

_____

_____

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<u>Health Survey Questions</u>:

1. When you first had COVID-19, how were your symptoms classified?

a. Asymptomatic

b. Mild

c. Moderate

d. Severe

e. Critical

2. How many different symptoms did you have at the onset of your first infection with COVID-19? _____

3. Yes / No - Were you hospitalized for COVID-19 symptoms?

a. If so, what were the dates of your hospitalization? _____

b. Yes / No - Were you transported by ambulance?

c. Yes / No - Were you intubated?

d. Yes / No - Were you admitted to a COVID ward at the hospital?

e. Yes / No - Were you admitted to the ICU at the hospital?

4. Yes / No - Were you tested for IgG antibodies to SARS-CoV-2 (the virus that causes COVID -19) subsequently to testing negative for COVID-19?

5. If YES to question 4, when did you test positive for IgG antibodies? _____

6. If YES to question 4, what were the IgG antibody titers (if you know), the last time you tested? _____

7. Have/did you experiencing post-COVID symptoms after you tested negative? If so, please describe what you experienced. _____

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_____

8. Are you still experiencing any post-COVID symptoms? If so, please describe what you are experiencing. _____

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9. Are you being treated, or do you intend to seek treatment, in either a post-COVID, or 'long-haul' COVID protocol or study? If so, please describe the protocol or study.

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10. Is there anything else you think we should know to develop these model profiles?

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11. Would you prefer to have your name associated with any publications, or to remain anonymous? _____