

HEROS Study

(Human Epidemiology and RespoNse to SARS-CoV-2)

Baseline Enrollment Questionnaire

Researchers are interested in learning about the impact of the novel coronavirus on families across the U.S. The novel coronavirus is sometimes called SARS-CoV-2 and the illness it causes is called COVID-19. The following survey asks questions about you and your participating family members' overall well-being, everyday habits, health history, and home life. Researchers will use this information to learn more about the risks and impact of coronavirus and how they differ among families across the U.S.

To start, we will ask you a few questions about your family's exposure to coronavirus.

(sources: [Dutch COVID study](#) & [CDC SARS questionnaire \(Q1f\)](#))

1. Has a doctor told you that you or anyone in your family may have coronavirus, SARS-CoV-2, or COVID-19? Yes (specify how many participating family members and their names)/No
1=yes 1a. Do you know how [NAME] got coronavirus (or SARS-CoV-2 or COVID-19)? Yes (specify)/No
1=yes 1b. Was [NAME] hospitalized for coronavirus (or SARS-CoV-2 or COVID-19)? Yes/No
1b=yes 1b1. While in the hospital, was he/she...? Select all that apply.
 - i. Admitted to the intensive care unit
 - ii. Put on a ventilator (a machine that pushes air into and out of your lungs)
 - iii. Given supplemental oxygen (a mask or tubes in your nose that give you extra air to breathe)
 - iv. Given antibiotics or other treatment (if selected, specify)
1=no 1c. Do you think you or anyone in your family has had coronavirus (or SARS-CoV-2 or COVID-19) that was not diagnosed by a doctor? Yes/No
1=no 1d In your opinion, how likely do you think it is for you or someone in your family to catch coronavirus (or SARS-CoV-2 or COVID-19)? If you are not sure, just take your best guess.
 - a. Very likely
 - b. Likely
 - c. Not very likely
 - d. Not likely at all
2. Have you or someone in your family been in contact with someone who tested positive for coronavirus (or SARS-CoV-2 or COVID-19)? Yes/No

Feelings and Concerns about the Coronavirus Outbreak

We will now ask you some questions about the coronavirus outbreak in the U.S. and how it's affecting your family's everyday life right now.

(source: [Dutch COVID study](#), revised and State of Michigan social distancing survey (from Chris Johnson) (Q16))

3. How often do you worry about you or someone in your family getting sick with coronavirus (SARS-CoV-2, COVID-19)?
 - a. Never
 - b. Almost never
 - c. Sometimes
 - d. Frequently (multiple times per day)
 - e. Always or almost always (every day for much of the day)
4. How often are you concerned that your family will be in serious financial trouble **because of coronavirus** (SARS-CoV-2, COVID-19)?
 - a. Never
 - b. Almost never
 - c. Sometimes
 - d. Frequently (multiple times per day)
 - e. Always or almost always (every day for much of the day)
5. How often do you worry that it will be a long time before your family's life returns to normal **because of coronavirus** (SARS-CoV-2, COVID-19)?
 - a. Never
 - b. Almost never
 - c. Sometimes
 - d. Frequently (multiple times per day)
 - e. Always or almost always (every day for much of the day)
6. What precautions are you and your family taking to prevent the spread of the coronavirus?
Select all that apply.
 - a. Frequent hand washing or sanitizer/disinfectant (e.g., Purell)
 - b. Keep social distance from others (other than the people we live with)
 - c. Cover our noses and mouths in public (with professional masks, homemade masks, scarves, etc.)
 - d. Avoid using public transport (buses, trains, subways)
 - e. Avoid leaving our home in general except for very important reasons (e.g., going to work, getting groceries or medication)
 - f. Work from home
 - g. When someone in our family is sick, we make sure that that person stays in a room by themselves (isolation)
 - h. Have groceries delivered to our house or pick them up outside the store instead of shopping inside the store
 - i. Have medications delivered to our house instead of going to the pharmacy (e.g., drug store)
 - j. Delay/avoid routine preventative care and/or child wellness checks
 - k. Other (specify)
7. Where has your family been getting information and advice about coronavirus (SARS-CoV-2, COVID-19) since the coronavirus outbreak began? Select all that apply.
 - a. Media (Newspaper, TV, radio, online)

- b. Health authorities (e.g., CDC, doctor, WHO)
- c. Social media (e.g., Facebook, Twitter, Instagram)
- d. Family and friends
- e. Other (specify)

Health History

We will now ask you about medical conditions you and members of your family have been diagnosed with by a doctor or health care provider. We will ask about each participating member of your family.

(Conditions source: [All of Us](#) + recent COVID literature, Physical measurements source: NHANES, Alcohol consumption source: [All of Us](#) + AUDIT-C; Smoking status: [All of Us](#) + CDC smoking status report)

8. Has a doctor or health care provider ever told [**Name**] that he/she has...? Select all that apply.

- a. Allergies (hay fever, allergic rhinitis)
- b. Allergies to food
- c. Asthma
- d. Autoimmune conditions like Lupus
- e. Cancer
- f. COPD (chronic obstructive pulmonary disease)
- g. Congestive heart failure
- h. Coronary artery or coronary heart disease
- i. Cystic fibrosis
- j. Emphysema
- k. Eczema (atopic dermatitis)
- l. Heart attack
- m. High cholesterol
- n. Hypertension or high blood pressure
- o. Influenza (flu)
- p. Peripheral vascular disease
- q. Pneumonia or bronchopneumonia
- r. Sleep apnea
- s. Type I diabetes
- t. Type II diabetes
- u. Other [text]
- v. None of these

9. Has [NAME] ever been pregnant? Yes/No

- o If 15=yes 15a. Is she currently pregnant? Yes/No
 - If 15a=yes 15ab. how far along is she (in months)? ____

10. How much do you weigh without clothes or shoes? (If you are currently pregnant, how much did you weigh before your pregnancy?) ____ lbs

11. How tall are you without shoes on? ____ ft ____ in

12. How often did [NAME] drink a beverage containing alcohol in the past year?*Display Q12 for each participating family member 21 or older using name and DOB fields from the registration form.*

- i. Never
- ii. Monthly or less
- iii. Two to four times a month
- iv. Two to three times a week
- v. Four or more times a week
- vi. Prefer not to answer

13. Does [NAME] currently smoke cigarettes or cigars on a daily basis, less than daily, or not at all?*Display Q13 for each participating family member 16 or older using name and DOB fields from the registration form.*

- a. Daily
- b. Less than Daily
- c. Not at all
- d. Prefer not to answer

14. Does [NAME] currently use electronic nicotine products on a daily basis, less than daily, or not at all? Electronic nicotine products include e-cigarettes, vape pens, hookah pens, personal vaporizers and mods, e-cigars, e-pipes, and e-hookahs. *Display Q14 for each participating family member 16 or older using name and DOB fields from the registration form.*

- a. Daily
- b. Less than daily
- c. Not at all
- d. Prefer not to answer

Medications

Now, we will ask you about medications you or members of your family are currently taking. It may be helpful if you have your family's medications or a list of medications in front of you while you answer these questions. We will ask about each participating member of your family.

(source: [All of Us prototype](#) + recent COVID literature, Asthma medication list: study team provided dose equivalency chart)

15. Is [NAME] **currently** taking any of the following medications? Select all that apply.

- a. Allergy medicine (e.g., Zyrtec (Cetirizine), Allegra (Fexofenadine), Xyzal (Levocetirizine), Alavert (Loratadine), Claritin (Loratadine), Singulair (Montelukast))
 - i. *If 15=a, 15a* Please select the medication(s) he/she is taking.
 1. Dexchlorpheniramine
 2. Dimenhydrinate (PediaCare Children's Allergy)
 3. Diphenhydramine (Alka-Seltzer Plus Allergy, Benadryl Allergy, Children's Benadryl Allergy)
 4. Cetirizine (Zyrtec Allergy, Children's Zyrtec Allergy, PediaCare Children's 24 Hour Allergy)

5. Desloratadine (Clarinet, Clarinet RediTabs)
 6. Fexofenadine (Allegra Allergy 12 Hour, Allegra Allergy 24 Hour, Children's Allegra Allergy)
 7. Levocetirizine (Xyzal)
 8. Loratadine (Alavert, Claritin, Children's Claritin, Claritin RediTabs)
 9. Montelukast
 10. Other
- b. Allergy medicine nasal steroids (e.g., Flonase (Fluticasone), Nasacort (Triamcinolone), Rhinocort (Budesonide))
- i. *If 16 = b, 16b* Please select the medication(s) he/she is taking.
 1. Beclomethasone (Beconase AQ or QNasl)
 2. Budesonide (Rhinocort)
 3. Ciclesonide (Omnaris or Zetonna)
 4. Flunisolide (Nasarel)
 5. Fluticasone (ClariSpray, Dymista (fluticasone/azelastine), Flonase/Flonase Sensimist, or Veramyst)
 6. Mometasone (Nasonex)
 7. Triamcinolone (Nasacort)
 8. Other
- c. Antibiotics (e.g., bacterial infection medicine such as Amoxicillin, Doxycycline, Metronidazole)
- d. Antivirals (e.g., flu, hepatitis, or herpes medicine like Tamiflu, Relenza)
- e. Asthma medicine (e.g., steroid inhalers like Pulmicort Flexhaler, Asmanex)
- If 16 = e, 16c* Please select the medication(s) he/she is taking.
 1. Advair Diskus
 - a. Please select the prescribed dose.
 - i. 100/50 (1p twice a day)
 - ii. 100/50 (1p once a day)
 - iii. 250/50 (1p twice a day)
 - iv. 500/50 (1p once a day)
 - v. Other
 2. Advair HFA
 - a. Please select the prescribed dose.
 - i. 115/21 (2p twice a day)
 - ii. 230/21 (1p once a day)
 - iii. 230/21 (2p twice a day)
 - iv. 45/21 (1p twice a day)
 - v. 45/21 (2p twice a day)
 - vi. Other
 3. Aerospin
 - a. Please select the prescribed dose.
 - i. 80 mcg/inh (4p twice a day)
 - ii. 160 mcg/inh (1p twice a day)
 - iii. 160 mcg/inh (1p once a day)
 - iv. Other

4. Aerospan
 - a. Please select the prescribed dose.
 - i. 160 mcg/inh (2p twice a day)
 - ii. 80 mcg/inh (1p twice a day)
 - iii. 80 mcg/inh (2p twice a day)
 - iv. Other
5. AirDuo Respiclick
 - a. Please select the prescribed dose.
 - i. 113/14 (1p twice a day)
 - ii. 232/14 (1p twice a day)
 - iii. Other
6. Alvesco
 - a. Please select the prescribed dose.
 - i. 160 mcg/inh (1p twice a day)
 - ii. 160 mcg/inh (1p once a day)
 - iii. 80 mcg/inh (1p twice a day or 2p once a day)
 - iv. 80 mcg/inh (1p once a day)
 - v. 80 mcg/inh (2p twice a day)
 - vi. Other
7. Armon Air Respiclick
 - a. Please select the prescribed dose.
 - i. 232 mcg/inh (1p twice a day)
 - ii. 113mcg/inh (1p twice a day)
 - iii. 55mcg/inh (1p twice a day)
 - iv. Other
8. Arnuity Ellipta
 - a. Please select the prescribed dose.
 - i. 100 mcg/inh (1p once a day)
 - ii. 200 mcg/inh (1p once a day)
 - iii. Other
9. Asmanex
 - a. Please select the prescribed dose.
 - i. 110 mcg/inh (1p once a day)
 - ii. 220 mcg/inh (1p twice a day)
 - iii. Other
10. Asmanex HFA
 - a. Please select the prescribed dose.
 - i. 100 mcg (1p once a day)
 - ii. 100 mcg (2p twice a day)
 - iii. 200 mcg (1p twice a day)
 - iv. 200 mcg (2p once a day)
 - v. Other

11. Breo Ellipta

- a. Please select the prescribed dose.
 - i. 100/25 (1p once a day)
 - ii. 200/25 (1p once a day)
 - iii. Other

12. Dulera HFA

- a. Please select the prescribed dose.
 - i. 100/5 (1p twice a day)
 - ii. 100/5 (2p twice a day)
 - iii. 200/5 (2p twice a day)
 - iv. Other

13. Flovent Diskus

- a. Please select the prescribed dose.
 - i. 100 mcg/inh (1p twice a day)
 - ii. 100 mcg/inh (1p once a day)
 - iii. 250 mcg/inh (1p twice a day)
 - iv. 50 mcg/inh (1p twice a day)
 - v. Other

14. Flovent HFA

- a. Please select the prescribed dose.
 - i. 110 mcg/inh (1p twice a day)
 - ii. 110 mcg/inh (1p once a day)
 - iii. 110 mcg/inh (2p twice a day)
 - iv. 220 mcg/inh (1p twice a day)
 - v. 220 mcg/inh (1p once a day)
 - vi. 220 mcg/inh (2p twice a day)
 - vii. 44 mcg/inh (1p twice a day)
 - viii. 44 mcg/inh (2p twice a day)
 - ix. Other

15. Pulmicort Flexhaler

- a. Please select the prescribed dose.
 - i. 180 mcg/inh (1p twice a day)
 - ii. 180 mcg/inh (1p once a day)
 - iii. 90 mcg/inh (1p twice a day)
 - iv. Other

16. QVAR

- a. Please select the prescribed dose.
 - i. 40 mcg/inh (1p twice a day)
 - ii. 40 mcg/inh (2p twice a day)
 - iii. 40 mcg/inh (3p twice a day)
 - iv. 80 mcg/inh (1p twice a day)
 - v. 80 mcg/inh (2p twice a day)

- vi. 80 mcg/inh (3p twice a day)
 - vii. Other
 - 17. Singulair (Montelukast)
 - 18. Symbicort HFA
 - a. Please select the prescribed dose.
 - i. 160/4.5 (2p twice a day)
 - ii. 80/4.5 (2p twice a day)
 - iii. Other
 - 19. Wixela Inhub
 - a. Please select the prescribed dose.
 - i. 100/50 (1p twice a day)
 - ii. 250/50 (1p twice a day)
 - iii. 500/50 (1p twice a day)
 - iv. Other
 - 20. Other (specify)
- f. Asthma medication (biologics and other asthma medications). Please select the medication(s) he/she is taking
 - If 16=f, 16d Please select the medication(s) he/she is taking.*
 - 1. Omalizumab (Xolair)
 - 2. Dupilumab (Dupixent)
 - 3. Mepolizumab (Nucala)
 - 4. Reslizumab (Cinqair)
 - 5. Montelukast
 - 6. Other (specify)
- g. Blood pressure medicine (e.g.,ACE-Inhibitors or Angiotensin II Receptor Blockers like Capoten, Prinivil, Zestril, Monopril, Telmisarta, Losartan)
 - If 16=f, 16e Please select the medication(s) he/she is taking.*
 - 1. Captopril (Capoten)
 - 2. Losartan (Cozaar)
 - 3. Monopril (Fosinopril)
 - 4. Prinivil (Lisinopril)
 - 5. Telmisartan (Micardis)
 - 6. Other (specify)
- h. Cholesterol lowering medicine including statins like Atorvastatin (Lipitor), Fluvastatin (Lescol) Lovastatin (Mevacor, Altacor)
 - If 16=g, 16f Please select the medication(s) he/she is taking.*
 - 1. Atorvastatin (Lipitor)
 - 2. Fluvastatin (Lescol)
 - 3. Lovastatin (Mevacor, Altacor)
 - 4. Pravastatin (Pravachol)
 - 5. Pitavastatin (Livalo)
 - 6. Simvastatin (Zocor)
 - 7. Rosuvastatin (Crestor)
 - 8. Other (specify)
- i. Diabetes/insulin medicine
 - If 16=g, 16f Please select the medication(s) he/she is taking.*

1. Insulin (any type) [yes/no]
 2. Other diabetes medications [text with auto-populating from medication dictionary]
- j. Hormonal methods of contraception or estrogen replacement therapy
 - k. Hydroxychloroquine
 - l. Immunosuppressive medicine (e.g., medicine used to suppress the immune system like prednisone, steroids, DMARDs, anti-cytokine antibodies)
 - m. Non-steroidal anti-inflammatory drugs like Ibuprofen/Motrin, Naproxen/Aleve
 - n. Vitamin D supplement
 - o. Other pain/fever relievers like Aspirin, Tylenol/Paracetamol/acetaminophen
 - p. None of these

Home Environment

Now we will ask you a few questions about your family's home.

16. How many people live in your home including yourself?
17. How many bedrooms are in your home?
18. How many people who live in your home smoke cigarettes, cigars, little cigars, pipes, water pipes, hookah, or any other tobacco product inside this home? This does not include decks, porches, or detached garages.
19. Does your family live in an apartment or townhome? Yes/No
If 19=yes, 19a How many units would you estimate are in your building?
20. Does your family have any pets living in the home? Yes/No
If 20=yes, 20a Select all that apply.
 - a. One or more dogs
 - b. One or more cats
 - c. Other (specify)