Version: 4/17/2020

HEROS
Human Epidemiology and ResponSe to SARS-CoV-2

HEROS Study

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

Weekly Health Check

Question Tree Structure

1. Symptom Assessment
    a. Has anyone in your household, including yourself, been sick within the last week or since you completed your last survey (7 days)? Yes/No
        i. Who in your household is sick (checkbox for options)
        ii. Repeat 1-10 Symptom assessment for each member of the household
            1. Child Specific Questions

    IF YES: Section Header Intro Text: We are sorry to hear that (you/ [insert piped NAME of Household member if primary respondent doesn't endorse being sick]) haven't been feeling well. Below is a list of symptoms - please indicate if you have experienced any of the following symptoms during the last week or since you completed your last survey (7 days) or since your last survey

        iii. Symptom List Hierarchy (Bold Questions) with Subcategories(*subcategories are only shown if bolded questions are endorsed "YES"*)
            1. **Did you have a fever or feel feverish (chills, sweating) at any time since your last survey?** Yes/No
                a. What was your highest temperature? Integer response
                    a. Is this in Fahrenheit or Celsius?
                b. Approximately how many days in the last week or since you completed your last survey (7 days) did you have fever or feel feverish (chills, sweating)?
                c. Do you currently have a fever or feel feverish (chills, sweating)? Yes/No
            2. **Did you have any cold or flu-like symptoms (such as a sore throat, runny nose, or congestion) at any time since your last survey? Yes/No**
                a. Approximately how many days in the last week or since you completed your last survey (7 days) did you experience these symptom(s)?
                b. Are you currently experiencing any cold or flu-like symptoms? Yes/No
            3. **Did you have a cough at any time since your last survey?** Yes/No
                a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have a cough?
                b. Are you currently experiencing any coughing? Yes/No
            4. **Did you have any wheezing or whistling in the chest at any time since your last survey?** Yes/No

   a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have any wheezing or whistling in the chest?
   b. Are you currently experiencing any wheezing or whistling in the chest? Yes/No
5. **Did you have any shortness of breath at any time since your last survey? Yes/No**
   a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have any shortness of breath?
   b. Are you currently experiencing any shortness of breath? Yes/No
6. **Did you have any pain or discomfort in your chest at any time since your last survey?** Yes/No
   a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have pain or discomfort in your chest?
7. **Did you feel tired or fatigued at any time since your last survey?**
   a. Approximately how many days in the last week or since you completed your last survey (7 days) did you feel tired or fatigued?
   b. Are you currently experiencing any feelings of being tired or fatigued? Yes/No
8. **Did you have any body aches at any time since your last survey? Yes/No**
   a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have any body aches?
   b. Are you currently experiencing any body aches? Yes/No
9. **Did you have any headaches at any time since your last survey? Yes/No**
   a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have any headaches?
   b. Are you currently experiencing any headaches? Yes/No
10. **Did you have any ear pain at any time since your last survey? Yes/No**
   a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have any ear pain?
   b. Are you currently experiencing any ear pain? Yes/No
11. **Did you have a problem with your ability to smell, such as not being able to smell things or things not smelling the way they are supposed to since your last survey? Yes/No**

a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have a problem with your ability to smell?
b. Are you currently experiencing any change in your ability to smell? Yes/No

12. **Did you have a problem with your ability to taste sweet, sour, salty, or bitter foods and drinks since your last survey? Yes/No**
    a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have a problem with your ability to taste?
    b. Are you currently experiencing any change in your ability to taste? Yes/No
13. **Did you experience any nausea (feeling that you might vomit) at any time since your last survey?**
    a. Approximately how many days in the last week or since you completed your last survey (7 days) did you experience any nausea?
    b. Are you currently experiencing any nausea? Yes/No
14. **Did you have diarrhea (any loose or watery stools) at any time since your last survey?**
    a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have diarrhea?
    b. Are you currently experiencing any diarrhea? Yes/No
15. **Did you have belly pain at any time since your last survey?**
    a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have belly pain?
    b. Are you currently experiencing any belly pain? Yes/No
16. **Did you have red or pink eyes at any time since your last survey?**
    a. Approximately how many days in the last week or since you completed your last survey (7 days) did you have red or pink eyes?
    b. Are you currently experiencing any red or pink eyes? Yes/No
17. **Did you experience any other symptoms not listed above since your last survey? Yes/No**
    a. How many additional symptoms have you experienced?[integer response](repeating the below a-c for each symptom endorsed)
        a. Please describe symptom 1 [text box]
        b. Approximately how many days in the last week or since you completed your last survey (7 days) did you experience symptom 1?
        c. Are you currently experiencing this symptom?

iv. Repeated Question #1-2 from baseline survey

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
    a. *1=yes* 1a. Do you know how [**NAME**] got coronavirus (or SARS-CoV-2 or COVID-19)? Yes (specify)/No
        a. *1=yes* 1b. Was [**NAME**] hospitalized for coronavirus (or SARS-CoV-2 or COVID-19)? Yes/No
            1. *1b=yes* 1b1. While in the hospital, was he/she...? Select all that apply.
                a. Admitted to the intensive care unit
                b. Put on a ventilator (a machine that pushes air into and out of your lungs)
                c. Given oxygen (a mask or tubes in your nose that give you extra air to breathe)
                d. Given antibiotics or other treatment (if selected, specify)
    b. *1=no* 1c. Do you think you or anyone in your family has had coronavirus (or SARS-CoV-2 or COVID-19)? Yes/No
    c. *1=no* 1d 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.
    d. Very likely
    e. Likely
    f. Not very likely
    g. 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

Item References-

Symptom Domain	Source of Questions
Fever	WURSS-24
Cough	WURSS-24
Wheezing	International Study of Asthma and Allergies in Childhood (ISAAC)
Chest Pain/Tightness	Rose Chest Pain Questionnaire
Fatigue	Adult Quality of Life
	WURSS-24

Anosmia	NHANES 2011 Chemical Smell and Taste Loss
Dysgeusia	NHANES 2011 Chemical Smell and Taste Loss
GastroIntestinal	PROMIS Nausea and Vomiting
GastroIntestinal	PROMIS Gastrointestinal Diarrhea
GastroIntestinal	PROMIS Belly Pain