



clsa élcv

Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

COVID-19 Questionnaire (Weekly)

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Section A: Questions about you and your health

1. In the past week have you experienced any of the following symptoms and, if yes, how would you rate these symptoms?

	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
	NO	MILD	MODERATE	SEVERE	DK_NA	REFUSED
	1	2	3	4	8	9
Runny or stuffy nose SYM_RSNOSE_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Sinus pain SYM_SINUS_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Ear pain SYM_EARP_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Sore/scratchy throat SYM_THROAT_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Hoarseness SYM_HOARSE_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Dry cough (no phlegm or mucus) SYM_DRYCO_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Wet cough (with phlegm or mucus) SYM_WETCO_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Shortness of breath or difficulty breathing SYM_BREATH_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Headache SYM_HEAD_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer

	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
	NO	MILD	MODERATE	SEVERE	DK_NA	REFUSED
	1	2	3	4	8	9
Chills or shivering SYM_CHILL_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Muscle and/or joint aches/pains SYM_PAIN_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Fatigue SYM_FATIG_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Decrease in appetite SYM_APPETIT_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Diarrhea SYM_DIARR_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Nausea/Vomiting SYM_NAUS_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Decreased sense of smell SYM_SMELL_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
Confusion SYM_CONFU_COVW	No	Mild	Moderate	Severe	Don't know/ no answer	Prefer not to answer
	NO	YES			DK_NA	REFUSED
Feeling generally unwell SYM_UNWELL_COVW	No	Yes			Don't know/ no answer	Prefer not to answer

2. **SYM_FEVR_COVW** Did you have a fever in the past week?

- ☐ No **NO** 2
- ☐ Yes* **YES** 1
- ☐ Don't know / No answer **DK_NA** 8
- ☐ Prefer not to answer **REFUSED** 9

→ If Yes*:

SYM_FEVDUR_COVW How long did it last (if you had more than one fever answer this question for the longest)?

SYM_FEVDUR_HR_COVW ____ Hours [min=1, max=96]

or **SYM_FEVDUR_DAY_COVW** ____ Days [min=1, max=7]

- ☐ **SYM_FEVDUR_DK_NA_COVW** Don't know / No answer 99998
- ☐ **SYM_FEVDUR_REFUSED_COVW** Prefer not to answer 99999

SYM_FEVTMP_COVW What was the highest temperature recorded?

SYM_FEVTMP_C_COVW ____ . ____ °C [min=30, max=47]

or **SYM_FEVTMP_F_COVW** ____ . ____ °F [min=86, max=116]

- ☐ **SYM_FEVTMP_DNT_COVW** I did not take my temperature 99996
- ☐ **SYM_FEVTMP_DK_NA_COVW** Don't know / No answer 99998
- ☐ **SYM_FEVTMP_REFUSED_COVW** Prefer not to answer 99999

3. **SYM_CNSLT_COVW** Have you consulted a health care practitioner for any of your symptoms in the past week? (**do not ask if all symptoms for questions 1 and 2 are answered "no")

- ☐ No **NO** 2
- ☐ Yes* **YES** 1
- ☐ Don't know / No answer **DK_NA** 8
- ☐ Prefer not to answer **REFUSED** 9

→ **SYM_CNSWHO_COVW** If Yes*: What type of consultation was this? (**select all that apply**)
[**DK_NA & REFUSED**]

- ☐ **SYM_CNSWHO_FD_COVW** Family doctor
- ☐ **SYM_CNSWHO_NUR_COVW** Nurse/Nurse practitioner
- ☐ **SYM_CNSWHO_WLK_COVW** Walk-in or urgent care clinic
- ☐ **SYM_CNSWHO_ED_COVW** Emergency department
- ☐ **SYM_CNSWHO_TEL_COVW** Telehealth
- ☐ **SYM_CNSWHO_PH_COVW** Public health (e.g., public health unit)
- ☐ **SYM_CNSWHO_OC_COVW** Occupational health (e.g., health and safety officer at work)
- ☐ **SYM_CNSWHO_NN_COVW** None of the above
- ☐ **SYM_CNSWHO_DK_NA_COVW** Don't know / No answer
- ☐ **SYM_CNSWHO_REFUSED_COVW** Prefer not to answer

- **SYM_HOSP_COVW** If Yes*: Have you been hospitalized in the past week for any of your symptoms?
- ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
4. **SYM_TEST_COVW** In the past week have you had testing to determine if you have COVID-19?
- ☐ No **NO** 2
 - ☐ Yes* **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
- **SYM_TESTPOS_COVW** If Yes*: Was the test positive?
- ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Results not yet available **RSLT_NOT_AVAIL** 3
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
5. **SYM_NTCONF_COVW** In the past week have you been told by a health care provider that you have COVID-19, but you did NOT have a test to confirm this?
- ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
6. **SYM_XRAY_COVW** In the past week have you had a chest x-ray to determine if COVID-19 is present in your lungs?
- ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
7. **SYM_CT_COVW** In the past week have you had a chest CT (computed tomography) test to determine if COVID-19 is present in your lungs?
- ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9

Section B: Questions about your behaviours

8. **BHV_PROXCOV_COVW** In the past week have you been in the same room as a person who was told by a health care provider that they had COVID-19?
 - ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
9. **BHV_PROXSYM_COVW** In the past week have you been in the same room as a person who has had fever, severe fatigue, shortness of breath, dry cough, muscle pain or increased phlegm production?
 - ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
10. **BHV_SELFQ_COVW** In the past week have you been under self-quarantine, which means that you have only had physical contact with your immediate household members?
 - ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
11. **BHV_PG10_COVW** In the past week, have you been in any large public gatherings of more than 10 people?
 - ☐ No **NO** 2
 - ☐ Yes **YES** 1
 - ☐ Don't know / No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9
12. **BHV_LEAVH_COVW** In the past week, did you leave your home?
 - ☐ No* **NO** 2
 - ☐ Yes** **YES** 1
 - ☐ Don't know/ No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9

➔ **BHV_CONTACT_COVW** If No*: Did you make contact with people who are not living with you currently in the past week?

 - ☐ No **NO** 2
 - ☐ Yes* **YES** 1
 - ☐ Don't know/ No answer **DK_NA** 8
 - ☐ Prefer not to answer **REFUSED** 9

- **BHV_CNTCT_COVW** If yes, was it using (check all that apply)? *[DK_NA & REFUSED]*
- **BHV_CNTCT_SM_COVW** Social media (e.g., Facebook, Twitter, etc.)
 - **BHV_CNTCT_VC_COVW** Video Conferencing or Video Calling (e.g., FaceTime, Skype, Zoom, etc.)
 - **BHV_CNTCT_TL_COVW** Telephone
 - **BHV_CNTCT_PH_COVW** Physical contact (e.g., friend or family member visited)
 - **BHV_CNTCT_DK_NA_COVW** Don't know/ No answer
 - **BHV_CNTCT_REFUSED_COVW** Prefer not to answer
- **BHV_RSN_COVW** If Yes**, What were the reasons for you to leave your home (check all that apply)? *[DK_NA & REFUSED]*
- **BHV_RSN_WRK_COVW** Going to work
 - **BHV_RSN_PET_COVW** Walking a pet
 - **BHV_RSN_PA_COVW** Doing physical activity (e.g. exercising, jogging)
 - **BHV_RSN_FD_COVW** Buying food
 - **BHV_RSN_PH_COVW** Going to the pharmacy
 - **BHV_RSN_HLT_COVW** Going to the hospital / receiving medical treatments
 - **BHV_RSN_TC_COVW** Taking care of dependents
 - **BHV_RSN_FR_COVW** Meeting friends or relatives
 - **BHV_RSN_IN_COVW** Getting tired of being inside of the house
 - **BHV_RSN_BR_COVW** Getting bored
 - **BHV_RSN_DK_NA_COVW** Don't know/ No answer
 - **BHV_RSN_REFUSED_COVW** Prefer not to answer