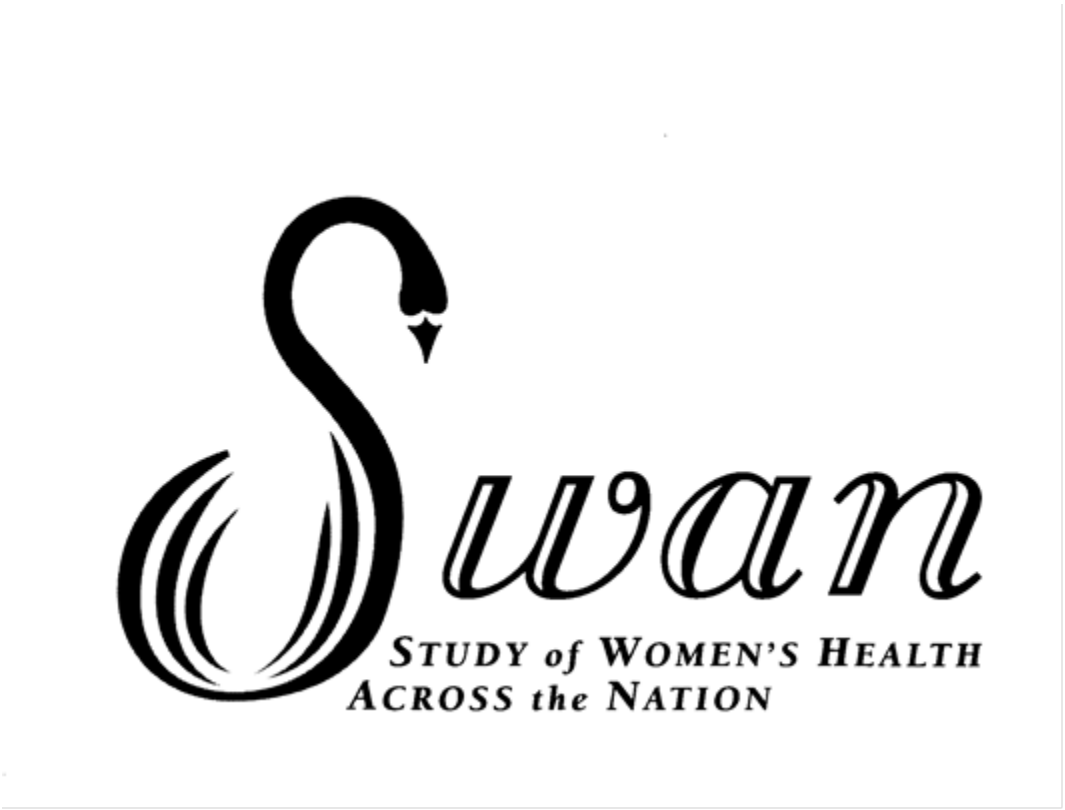

Visit 17 – COVID-19 Modules Dataset

CODEBOOK

ARCHIVED DATASET 2026

Dataset file niacovid2026

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DOCUMENTATION FOR THE SWAN VISIT 17 COVID-19 DATASET

This dataset includes all COVID-related data (questionnaire responses, serology results) collected at Visit 17 from the following sources:

- Full COVID-19 Module Form (COVID).
- Abbreviated COVID-19 Module Form (ACOV).
- SARS-CoV-2 Serology data.
- 3 COVID specific items from the Abbreviated Follow-Up Interview (AINT) or Brief Interview by Telephone (BRIT).

Who is included in the public use dataset:

This dataset contains information for the 1614 women with COVID-19 data from the seven participating SWAN clinical sites. The sites include 11, 12, 13, 14, 15, 16 and 17. There were 1430 women who completed the Visit 17 Full COVID-19 Module (COVID), and 75 who completed the Abbreviated COVID-19 Module (ACOV). There were also 3 questions brought in from the Abbreviated Follow-Up Interview (AINT) and Brief Interview by Telephone (BRIT), of which there were 85 participants and 90 participants, respectively. It should be noted that there are 67 participants who have both an ACOV and AINT form, 2 participants who have both an ACOV and BRIT form, and 1 participant who has both a COVID and a BRIT form. Additionally, there were 4 participants who had SARS-CoV-2 serology data available, but none of the other form data present in this dataset.

How this codebook is constructed:

This documentation section contains in depth explanation of the COVID-19 Modules dataset. A list describing the variables used to create this dataset is also provided, along with the questionnaires on which the variables are based.

The assigned participant ID has been replaced with a randomly generated ARCHID in order to protect participant privacy. The baseline interview date is denoted as day 0 and is used as the basis for all other dates. Variables describing the race/ethnicity of participants (RACE) was added from the Screener dataset.

Missing data coding:

Original missing codes (-1: not applicable, -7: refused, -8: don't know, -9: missing) have been recoded to SAS missing codes (.B: not applicable, .D: refused, .C: don't know, and .A: missing).

Created Variables: Some key variables, which may be needed for analyses, have been created:

- Age was calculated from date of birth (taken from SOURCE) and form completion day. AGE17 is rounded to the nearest 0.1 years.
- FORMFLG17 was created indicating whether the data came from the Full COVID Module Form (COVID) or the Abbreviated COVID Module Form (ACOV), with a value of 1 indicating the former and a value of 2 indicating the latter.
- OUTOF17 marks those women who finished after the Visit 17 cutoff date of August 31, 2023.
- PTSD Scale Assessed by Posttraumatic Stress Disorder Checklist for DSM-5, PCL-5[1], (COVPTSD17) is calculated as a sum of the 20 PCL-5 variables (items D8.a-t). If any of the PCL-5 variables were missing, COVPTSD17 was set to .B type missing. The lowest possible score for this variable is 0, while the highest possible score is 80.
- PTSD Threshold Variables, Roberts 2021[3] (PTSD43_17) and Bovin 2016[2] (PTSD33_17) are binary variables that indicate whether a participant meets the specified threshold for likely diagnosis of PTSD, and are calculated using different cutoffs of the summary variable created from the PCL-5 (COVPTSD17). For PTSD43_17, if a participant had a COVPTSD17 value of 43 or greater, they are considered likely to have PTSD under the Roberts 2021 definition (PTSD43_17=1). For PTSD33_17, if a participant had a COVPTSD17 value of 33 or greater, they are considered likely to have PTSD under the Bovin 2016 definition (PTSD33_17=1).
- Provisional PTSD diagnosis based on Blevins 2015[1] (PRVPTSD17) is another binary variable that can be used to indicate if a participant likely has PTSD, by breaking down the 20 PCL-5 variables into its 4 symptom categories. Questions D8.a-e make up the B (Intrusions) symptoms, f and g make up the C (Avoidance) symptoms, h-n make up the D (Negative Alterations in Cognitions and Mood) symptoms, and o-t make up the E (Alterations in Arousal and Reactivity) symptoms. If the participant responded "moderately", "quite a bit", or "extremely" to any of the questions in a subgroup, and answered as such at least once in all 4 groups, then PRVPTSD17 would take a value of 1, indicating a possible PTSD diagnosis.
- PCL-5 subscale scoring, Wortmann 2016[4] (PTSDINT17, PTSDAVD17, PTSDNAC17, & PTSDAAR17) are sums of each of the 4 symptom subgroups in the PCL-5, as detailed above. PTSDINT17 is a sum of the B symptom

questions (Intrusions), PTSDAVD17 is a sum of the C symptom questions (Avoidance), PTSDNAC17 is a sum of the D symptom questions (Negative Alterations in Cognitions and Mood - NACM), and PTSDAAR17 is a sum of the E symptom questions (Alterations in Arousal and Reactivity - AAR).

SARS-CoV-2 Serology: As part of the Visit 17 protocol, blood samples were acquired from consenting participants and tested for a number of analytes, including two COVID-19 related antibodies: Anti-SARS-CoV-2 nucleocapsid (reported in two quantitative methods and one categorical method) and Anti-SARS-CoV-2 spike protein (reported in one categorical method). For your convenience, the results of these assays have been included in this dataset, following the naming conventions of other CLASS datasets:

Prefix	Assay	Units
SNC	Anti-SARS-CoV-2 Nucleocapsid Categorical	-
SSP	Anti-SARS-CoV-2 Spike Protein	U/mL
NCQ	Anti-SARS-CoV-2 Nucleocapsid Quantitative	COI
NCEL	Anti-SARS-CoV-2 Nucleocapsid ELISA	ng/mL

For the categorical nucleocapsid, results are reported as either “reactive” or “non-reactive”, while the spike protein results are reported as a range of U/mL of antibody found in the sample. Both result variables have been recoded to numeric values as follows:

SNCRESU17	0: Non-reactive 1: Reactive	**SSPRESU17**	1: <0.80 U/mL 2: 0.80 to <250 U/mL 3: ≥250 U/mL

In terms of interpreting these results, an SNCRESU17 value of “reactive” indicates that the participant has had a prior SARS-CoV-2 infection, while an SSPRESU17 value of higher concentration indicates a prior infection, vaccination, or both. The days for completion of the Blood Contact Form (BCF) and Specimen Collection Form (SPE) have also been included in this dataset as DBC_DAY17 and DSP_DAY17, respectively.

CLASS has provided the following information regarding the COVID-19 assay methodologies:

- Anti-SARS-CoV-2 Spike Protein was analyzed on the Roche Elecsys automated electrochemiluminescence (ECL) system. The Elecsys Anti-SARS-CoV-2 S assay uses a recombinant protein representing the spike antigen in a double-antigen sandwich assay format. The Elecsys Anti-SARS-CoV-2 S assay detects antibodies to SARS-CoV-2 spike protein commonly induced by vaccination.
- Anti-SARS-CoV-2 Nucleocapsid was analyzed on the Roche Elecsys automated electrochemiluminescence (ECL) system (SNC & NCQ) and using the Enzo SARS-CoV-2 Nucleocapsid IgG ELISA Kit (NCEL). The Elecsys Anti-SARS-CoV-2 assay uses a recombinant protein representing the nucleocapsid (N) antigen and the ELISA kit uses IgG antibodies reactive to the nucleocapsid protein, both for the determination of antibodies against SARS-CoV-2 commonly induced by virus infection.

Additional Notes: There are 2 variables (INFCOVY17 and INFCOVF17) that originate from questions related to COVID-19 found only in the AINT and BRIT forms. Questions F6.e-f on the AINT (C2.e-f on the BRIT) ask participants “Since your last study visit, have you experienced any of the following… You were infected by COVID-19? ... Had a family member infected by COVID-19?” Responses range from “No” to “Yes, Very upsetting and still upsetting.” A second form flag was created (ABIFLG17) in order to discern which form, the AINT or the BRIT, these variables were pulled from. Additionally, since some participants had data from both a COVID-19 module or an abbreviated form, while others had no COVID-19 module data, but an AINT or BRIT form, the completion date variable from the abbreviated interview was included in the dataset (COMPD_AB). The variable CVACCIN17, a yes/no question regarding COVID-19 vaccination status, is also found on these forms and included in the dataset.

Sources:

1) Blevins CA, Weathers FW, Davis MT, Witte TK, Domino JL. The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and Initial Psychometric Evaluation. *J Trauma Stress.* 2015;28(6):489-498. doi:10.1002/jts.22059
2) Bovin MJ, Marx BP, Weathers FW, et al. Psychometric properties of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (PCL-5) in veterans. *Psychol Assess.* 2016;28(11):1379-1391. doi:10.1037/pas0000254
3) Roberts NP, Kitchiner NJ, Lewis CE, Downes AJ, Bisson JI. Psychometric properties of the PTSD Checklist for DSM-5 in a sample of trauma exposed mental health service users. *Eur J Psychotraumatol.* 2021;12(1):1863578. Published 2021 Jan 26. doi:10.1080/20008198.2020.1863578

4) Wortmann JH, Jordan AH, Weathers FW, et al. Psychometric analysis of the PTSD Checklist-5 (PCL-5) among treatment-seeking military service members. *Psychol Assess.* 2016;28(11):1392-1403. doi:10.1037/pas0000260

Variables included in the dataset:

Variable	Label	Codes
ARCHID	Participant ID	
VISIT	Study Visit	"17" = Visit 17
RACE	Race/Ethnicity	1 = Black 2 = Chinese/Chinese American 3 = Japanese/Japanese American 4 = White Non-Hispanic 5 = Hispanic
COMP_DAY17	Day of COVID-19 Module Completion	Days since baseline interview
OUTOF17	Pt Seen Outside of Visit 17 Window	0 = Not Flagged 1 = Flagged
AGE17	Age at Current Visit (Continuous)	Continuous, rounded to 0.1
FORMFLG17	Data From COVID/ACOV	1 = Full COVID Module (COVID) 2 = Abbreviated COVID Module (ACOV)
LOCATIO17	Location of Interview	1 = Respondent's home 2 = Clinic/office
MODEADM17	Mode of Administration	1 = In-person interview 2 = Phone interview 3 = Video interview 4 = Self-complete w/o interview assist
PARTPRX17	Participant or Proxy Completed	1 = Participant 2 = Proxy
LANGUAG17	Interview Language	1 = English 2 = Spanish 3 = Cantonese 4 = Japanese
ABIFLG17	Form Flag: AINT (1) or BRIT (2) Data Available	0 = No, had full interview 1 = Yes, AINT data 2 = Yes, BRIT data
AIBI_DAY17	Day of AINT/BRIT Form Completion	Days since baseline interview
INFCOVY17	Have You Been Infected by COVID-19 (AINT/BRIT)	1 = No 2 = Yes, not at all upsetting 3 = Yes, somewhat upsetting 4 = Yes, very upsetting 5 = Yes, very upsetting and still upsetting
INFCOVF17	Had a Family Member Infected by COVID-19 (AINT/BRIT)	1 = No 2 = Yes, not at all upsetting 3 = Yes, somewhat upsetting 4 = Yes, very upsetting 5 = Yes, very upsetting and still upsetting
HADCOV17	Had COVID-19	1 = No 2 = Maybe 3 = Yes, definitely
TESTCOV17	COVID-19 Confirmed by Test or Health Care Provider?	1 = No, 2 = Yes
TESTF_DAY17	Day of 1st COVID-19 Diagnosis	Days since baseline interview
FRSTCOV17	First COVID-19 Diagnosis Confirmed by Positive Test	1 = No, 2 = Yes
COVMED17	Had Monoclonal Antibody Treatment (1st Dx)	1 = No, 2 = Yes
COVOTHV17	Had Other IV Med Treatment (1st Dx)	1 = No, 2 = Yes
COVOTHP17	Had Other Oral Med Treatment (1st Dx)	1 = No, 2 = Yes
COVSTAY17	Had Hospital Stay for COVID-19 (1st Dx)	1 = No, 2 = Yes
FCOVH_DAY17	Day of 1st COVID-19 Hospital Admission	Days since baseline interview
FCOVD_DAY17	Day of 1st COVID-19 Hospital Discharge	Days since baseline interview
COVSTER17	Had Steroid Tx in Hospital (1st Dx)	1 = No, 2 = Yes

Variable	Label	Codes
COVICU17	Need ICU Tx in Hospital (1st Dx)	1 = No, 2 = Yes
COVBTUB17	Need ICU Ventilator Tx in Hospital (1st Dx)	1 = No, 2 = Yes
COVECMO17	Need ICU ECMO Tx in Hospital (1st Dx)	1 = No, 2 = Yes
COVDISC17	Discharge Location (1st Dx)	1 = Own home or family's home 2 = Nursing or rehab facility
SCNDCOV17	Second COVID-19 Diagnosis by Positive Test	1 = No, 2 = Yes
TESTS_DAY17	Day of 2nd COVID-19 Diagnosis	Days since baseline interview
COV2MED17	Had Monoclonal Antibody Treatment (2nd Dx)	1 = No, 2 = Yes
COV2OTV17	Had Other IV Med Treatment (2nd Dx)	1 = No, 2 = Yes
COV2ORL17	Had Other Oral Med Treatment (2nd Dx)	1 = No, 2 = Yes
COV2STA17	Had Hospital Stay for COVID-19 (2nd Dx)	1 = No, 2 = Yes
SCOVH_DAY17	Day of 2nd COVID-19 Hospital Admission	Days since baseline interview
SCOVD_DAY17	Day of 2nd COVID-19 Hospital Discharge	Days since baseline interview
COV2STE17	Had Steroid Tx in Hospital (2nd Dx)	1 = No, 2 = Yes
COV2ICU17	Need ICU Tx in Hospital (2nd Dx)	1 = No, 2 = Yes
COV2BTU17	Need ICU Ventilator Tx in Hospital (2nd Dx)	1 = No, 2 = Yes
COV2ECM17	Need ICU ECMO Tx in Hospital (2nd Dx)	1 = No, 2 = Yes
COV2DIS17	Discharge Location (2nd Dx)	1 = Own home or family's home 2 = Nursing or rehab facility
STAHEAL17	Have Recovered to Pre-COVID State of Health	1 = No, 2 = Yes
FULREC17	How Long to Fully Recover	1 = 1 month or less 2 = More than 1 but not more than 3 months 3 = More than 3 but not more than 6 months 4 = More than 6 months
CHRFAT17	Chronic Fatigue b/c of COVID-19	1 = No, 2 = Yes
CHRPAIN17	Chronic Pain b/c of COVID-19	1 = No, 2 = Yes
LSMETAS17	Lost Taste or Smell b/c of COVID-19	1 = No, 2 = Yes
NEEDOXY17	Need Supp Oxygen Treatment b/c of COVID-19	1 = No, 2 = Yes
DIFTASK17	Difficulty w/ Daily Tasks b/c of COVID-19	1 = No, 2 = Yes
BRAINFG17	Brain Fog b/c of COVID-19	1 = No, 2 = Yes
DIFFSLP17	Difficulty Sleeping b/c of COVID-19	1 = No, 2 = Yes
HEADACH17	Headache b/c of COVID-19	1 = No, 2 = Yes
OTHPHEF17	Other Phys Health Effects b/c of COVID-19	1 = No, 2 = Yes
OTHPHSP17	Other Phys Health Effects, Specify	[Text]
OTHMHEF17	Other Ment Health Effects b/c of COVID-19	1 = No, 2 = Yes
OTHMHSP17	Other Ment Health Effects, Specify	[Text]
CVACCIN17	Received COVID-19 Vaccine	1 = No, 2 = Yes
CVAC1_DAY17	Day of 1st COVID-19 Vaccine Dose	Days since baseline interview
VAC1DOS17	First COVID-19 Vaccine Dose Manufacturer	1 = Pfizer (BioNTech) 2 = Moderna 3 = Johnson & Johnson (Janssen) 4 = AstraZeneca 5 = Other
SDVACC17	Received 2nd COVID-19 Vaccine Dose	1 = No, 2 = Yes
CVAC2_DAY17	Day of 2nd COVID-19 Vaccine Dose	Days since baseline interview
VAC2DOS17	Second COVID-19 Vaccine Dose Manufacturer	1 = Pfizer (BioNTech) 2 = Moderna 3 = Johnson & Johnson (Janssen) 4 = AstraZeneca 5 = Other

Variable	Label	Codes
TDVACC17	Received 3rd COVID-19 Vaccine Dose	1 = No, 2 = Yes
CVAC3_DAY17	Day of 3rd COVID-19 Vaccine Dose	Days since baseline interview
VAC3DOS17	Third COVID-19 Vaccine Dose Manufacturer	1 = Pfizer (BioNTech) 2 = Moderna 3 = Johnson & Johnson (Janssen) 4 = AstraZeneca 5 = Other
FRVACC17	Received 4th COVID-19 Vaccine Dose	1 = No, 2 = Yes
CVAC4_DAY17	Day of 4th COVID-19 Vaccine Dose	Days since baseline interview
VAC4DOS17	Fourth COVID-19 Vaccine Dose Manufacturer	1 = Pfizer (BioNTech) 2 = Moderna 3 = Johnson & Johnson (Janssen) 4 = AstraZeneca 5 = Other
FVVACC17	Received 5th COVID-19 Vaccine Dose	1 = No, 2 = Yes
CVAC5_DAY17	Day of 5th COVID-19 Vaccine Dose	Days since baseline interview
VAC5DOS17	Fifth COVID-19 Vaccine Dose Manufacturer	1 = Pfizer (BioNTech) 2 = Moderna 3 = Johnson & Johnson (Janssen) 4 = AstraZeneca 5 = Other
VACSCH17	No Vaccine: Unable to Schedule	1 = No, 2 = Yes
VACSAFE17	No Vaccine: Safety Concerns	1 = No, 2 = Yes
VACNEED17	No Vaccine: Don't Need	1 = No, 2 = Yes
VACOTH17	No Vaccine: Other Reason	1 = No, 2 = Yes
VACOTS17	Other Reason No Vaccine, Specify	[Text]
COVHOUS17	Family or Friend Had COVID-19	1 = No, 2 = Yes
CSPOPAR17	Spouse/Partner Had COVID-19	1 = No, 2 = Yes
CPARENT17	Parent Had COVID-19	1 = No, 2 = Yes
CCHLSTP17	Child/Stepchild Had COVID-19	1 = No, 2 = Yes
CGRANDC17	Grandchild Had COVID-19	1 = No, 2 = Yes
CSIBLIN17	Sibling Had COVID-19	1 = No, 2 = Yes
COTHREL17	Other Relative Had COVID-19	1 = No, 2 = Yes
CFRIEND17	Friend Had COVID-19	1 = No, 2 = Yes
HOSPHOU17	Family or Friend Hospitalized w/ COVID-19	1 = No, 2 = Yes
HOSPSPO17	Spouse/Partner Hospitalized w/ COVID-19	1 = No, 2 = Yes
HOSPPAR17	Parent Hospitalized w/ COVID-19	1 = No, 2 = Yes
HOSPCHI17	Child/Stepchild Hospitalized w/ COVID-19	1 = No, 2 = Yes
HOSPGRA17	Grandchild Hospitalized w/ COVID-19	1 = No, 2 = Yes
HOSPSIB17	Sibling Hospitalized w/ COVID-19	1 = No, 2 = Yes
HOSPOTH17	Other Relative Hospitalized w/ COVID-19	1 = No, 2 = Yes
HOSPFR17	Friend Hospitalized w/ COVID-19	1 = No, 2 = Yes
COVDIEH17	Family or Friend Died of COVID-19	1 = No, 2 = Yes
CDIESPO17	Spouse/Partner Died of COVID-19	1 = No, 2 = Yes
CDIEPAR17	Parent Died of COVID-19	1 = No, 2 = Yes
CDIECHI17	Child/Stepchild Died of COVID-19	1 = No, 2 = Yes
CDIEGRA17	Grandchild Died of COVID-19	1 = No, 2 = Yes
CDIESIB17	Sibling Died of COVID-19	1 = No, 2 = Yes
CDIEOTH17	Other Relative Died of COVID-19	1 = No, 2 = Yes

Variable	Label	Codes
CDIEFR17	Friend Died of COVID-19	1 = No, 2 = Yes
CVNEGFP17	Not Seeing Friends or Family in Person	1 = No, 2 = Yes
CVNEGEV17	Missed an Important Event	1 = No, 2 = Yes
CVNEGUN17	Unable to See Family who was Sick or in Hosp/Nursing Home	1 = No, 2 = Yes
CVNEGR17	Unable to Attend Religious Services/Activities	1 = No, 2 = Yes
CVFINHA17	Experienced Financial Hardship During the Pandemic	1 = No, 2 = Yes
CVMPAY17	Missed Rent/Mortgage Payments	1 = No 2 = Yes, due to the COVID pandemic 3 = Yes, but not due to the COVID pandemic
CVLIVE17	Lost a Place to Live	1 = No 2 = Yes, due to the COVID pandemic 3 = Yes, but not due to the COVID pandemic
CVCRED17	Missed Payments on Credit Cards or Other Debt	1 = No 2 = Yes, due to the COVID pandemic 3 = Yes, but not due to the COVID pandemic
CVUTIL17	Missed Other Payments, i.e. Utilities or Insurance	1 = No 2 = Yes, due to the COVID pandemic 3 = Yes, but not due to the COVID pandemic
CVMEDB17	Couldn't Pay Medical Bills or Buy Meds	1 = No 2 = Yes, due to the COVID pandemic 3 = Yes, but not due to the COVID pandemic
CVMFOOD17	Didn't Have Enough Money for Food	1 = No 2 = Yes, due to the COVID pandemic 3 = Yes, but not due to the COVID pandemic
CVOTHMH17	Experienced Other Material Hardship	1 = No 2 = Yes, due to the COVID pandemic 3 = Yes, but not due to the COVID pandemic
CVOTMHS17	Other Material Hardship, Specify	[Text]
CVTEACH17	Took Over Teaching of a Child	1 = No, 2 = Yes
CVVOLUN17	Volunteered to Help People in Need	1 = No, 2 = Yes
CVTCFM17	Spent More Time Caring for Family Member	1 = No, 2 = Yes
CVMOVER17	Had to Move or Relocate	1 = No, 2 = Yes
CVPOSFM17	Spent More Quality Time w/ Family or Friends	1 = No, 2 = Yes
CVFMHOM17	Family or Friends had to Move into Home	1 = No, 2 = Yes
CVCONSP17	Increase in Conflict w/ Partner/Spouse	1 = No, 2 = Yes
CVNEGHM17	Increase in Conflict w/ Other Adults in Home	1 = No, 2 = Yes
CVAPPR17	More Appreciative of Things Usually Taken for Granted	1 = No, 2 = Yes
CVPAEXE17	Engaged in Physical Activity/Exercise	1 = More often 2 = Less often 3 = About the same
CVPHEAL17	Paid Attention to Personal Health	1 = More often 2 = Less often 3 = About the same
CVUNHEA17	Overate or Ate More Unhealthy Food	1 = More often 2 = Less often 3 = About the same
CVPOSOT17	Spent Time in Nature or Outdoors	1 = More often 2 = Less often 3 = About the same
CVALSUB17	Used Alcohol or Other Substances	1 = More often 2 = Less often 3 = About the same

Variable	Label	Codes
CVENJOY17	Spent Time Doing Enjoyable Activities or Hobbies	1 = More often 2 = Less often 3 = About the same
CVSEXAC17	Engaged in Sexual Activity	1 = More often 2 = Less often 3 = About the same
CVSITSD17	Spent Time Sitting or Being Sedentary	1 = More often 2 = Less often 3 = About the same
CVNEGLN17	How Often Felt Lonely	1 = Often 2 = Sometimes 3 = Hardly ever or never
BEFCVP17	Loneliness Since Pandemic vs. Before	1 = About the same 2 = Less so 3 = More so
WORRYYH17	Worried About Own Health	0 = Not at all worried 10 = Very worried
WORRYFH17	Worried About Family's Health	0 = Not at all worried 10 = Very worried
WORRYFS17	Worried About Financial Situation	0 = Not at all worried 10 = Very worried
WORRYLJ17	Worried About Losing Job	0 = Not at all worried 10 = Very worried
WORRYEE17	Worried About Having Enough to Eat	0 = Not at all worried 10 = Very worried
WORRYNS17	Worried About Not Seeing Family or Friends	0 = Not at all worried 10 = Very worried
WORRYAH17	Worried About Ability to Get Help if Needed	0 = Not at all worried 10 = Very worried
WORRYME17	Worried About Missing Important Event	0 = Not at all worried 10 = Very worried
WORRYHF17	Worried About the Future	0 = Not at all worried 10 = Very worried
CVCOUNS17	Sought Counseling or Psychological Treatment	1 = No, 2 = Yes
CVIPVIS17	Received Counseling In-Person	1 = No, 2 = Yes
CVTELE17	Received Counseling by Telehealth	1 = No, 2 = Yes
CVTELEV17	Received Counseling by Phone	1 = No, 2 = Yes
CVEMAIL17	Received Counseling by Email	1 = No, 2 = Yes
MEMORIE17	Bothered by Repeated Bad Memories	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
DREAMS17	Bothered by Repeated Bad Dreams	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
HAPAGAI17	Bothered by Sudden Feeling it Will Happen Again	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable	Label	Codes
FELUPSE17	Bothered by Feeling Upset When Reminded of Experience	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
PHREACT17	Bothered by Physical Reaction from Reminder	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
AVOIDME17	Bothered by Avoiding Memories/Thoughts/Feelings	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
AVOIDEX17	Bothered by Avoiding External Reminders	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
TROUREM17	Bothered by Trouble Remembering Experience	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
SNEGBEL17	Bothered by Negative Beliefs About Self/Others/World	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
BLAMEEX17	Bothered by Blaming Self/Others for Experience	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
HORROR17	Bothered by Strong Negative Feelings	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
LOSSINT17	Bothered by Loss of Interest in Enjoyable Activities	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
FEELDIS17	Bothered by Feeling Distant from Others	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
TROUPOS17	Bothered by Trouble Having Positive Feelings	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

Variable	Label	Codes
BHAVOUT17	Bothered by Irritable Behavior/Outbursts	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
TAKERIS17	Bothered by Taking Too Many Risks	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
ALERTWA17	Bothered by Being Super-Alert/Watchful/On Guard	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
FEELJUM17	Bothered by Feeling Jumpy or Easily Startled	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
DIFFCON17	Bothered by Difficulty Concentrating	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
TROUSLE17	Bothered by Trouble Falling or Staying Asleep	0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely
DELAYMD17	Had to Delay or Cancel Medical Care	1 = No, 2 = Yes
SURGDEL17	Inpatient Surgery Delayed	1 = No 2 = Yes 3 = Did not need this type of care
SURCLOS17	Ip Surg: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
SURAFF17	Ip Surg: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
SURNOAP17	Ip Surg: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
SURWAIT17	Ip Surg: Decided it Could Wait	1 = Not Checked, 2 = Checked
SURAFR17	Ip Surg: Was Afraid to Go	1 = Not Checked, 2 = Checked
SUROTHR17	Ip Surg: Other Reason	1 = Not Checked, 2 = Checked
SUROTHS17	Ip Surg: Specify Other Reason	[Text]
SURDKNO17	Ip Surg: Don't Know Why	1 = Not Checked, 2 = Checked
SURREFU17	Ip Surg: Refused Response	1 = Not Checked, 2 = Checked
OUTSDEL17	Outpatient Surgery Delayed	1 = No 2 = Yes 3 = Did not need this type of care
OUTCLOS17	Op Surg: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
OUTAFF17	Op Surg: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
OUTNOAP17	Op Surg: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
OUTWAIT17	Op Surg: Decided it Could Wait	1 = Not Checked, 2 = Checked
OUTAFR17	Op Surg: Was Afraid to Go	1 = Not Checked, 2 = Checked
OUTOTHR17	Op Surg: Other Reason	1 = Not Checked, 2 = Checked
OUTOTHS17	Op Surg: Specify Other Reason	[Text]

Variable	Label	Codes
OUTDKNO17	Op Surg: Don't Know Why	1 = Not Checked, 2 = Checked
OUTREFU17	Op Surg: Refused Response	1 = Not Checked, 2 = Checked
IPUPDEL17	In-Person Visit for Urgent Problem Delayed	1 = No 2 = Yes 3 = Did not need this type of care
IPUCLOS17	Urgent Prob: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
IPUAFF17	Urgent Prob: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
IPUNOAP17	Urgent Prob: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
IPUWAIT17	Urgent Prob: Decided it Could Wait	1 = Not Checked, 2 = Checked
IPUAFR17	Urgent Prob: Was Afraid to Go	1 = Not Checked, 2 = Checked
IPUOTHR17	Urgent Prob: Other Reason	1 = Not Checked, 2 = Checked
IPUOTHS17	Urgent Prob: Specify Other Reason	[Text]
IPUDKNO17	Urgent Prob: Don't Know Why	1 = Not Checked, 2 = Checked
IPUREFU17	Urgent Prob: Refused Response	1 = Not Checked, 2 = Checked
IPNPDEL17	In-Person Visit for New, Non-Urgent Problem Delayed	1 = No 2 = Yes 3 = Did not need this type of care
IPNCLOS17	New Prob: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
IPNAFF17	New Prob: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
IPNNOAP17	New Prob: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
IPNWAIT17	New Prob: Decided it Could Wait	1 = Not Checked, 2 = Checked
IPNAFR17	New Prob: Was Afraid to Go	1 = Not Checked, 2 = Checked
IPNOTHR17	New Prob: Other Reason	1 = Not Checked, 2 = Checked
IPNOTHS17	New Prob: Specify Other Reason	[Text]
IPNDKNO17	New Prob: Don't Know Why	1 = Not Checked, 2 = Checked
IPNREFU17	New Prob: Refused Response	1 = Not Checked, 2 = Checked
IPOPDEL17	In-Person Visit for Ongoing Problem Delayed	1 = No 2 = Yes 3 = Did not need this type of care
IPOCLOS17	Ongoing Prob: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
IPOAFF17	Ongoing Prob: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
IPONOAP17	Ongoing Prob: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
IPOWAIT17	Ongoing Prob: Decided it Could Wait	1 = Not Checked, 2 = Checked
IPOAFR17	Ongoing Prob: Was Afraid to Go	1 = Not Checked, 2 = Checked
IPOOTHR17	Ongoing Prob: Other Reason	1 = Not Checked, 2 = Checked
IPOOTHS17	Ongoing Prob: Specify Other Reason	[Text]
IPODKNO17	Ongoing Prob: Don't Know Why	1 = Not Checked, 2 = Checked
IPOREFU17	Ongoing Prob: Refused Response	1 = Not Checked, 2 = Checked
WELLDEL17	In-Person Visit for Wellness/Annual Exam Delayed	1 = No 2 = Yes 3 = Did not need this type of care
WELCLOS17	Wellness: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
WELAFF17	Wellness: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
WELNOAP17	Wellness: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
WELWAIT17	Wellness: Decided it Could Wait	1 = Not Checked, 2 = Checked
WELAFR17	Wellness: Was Afraid to Go	1 = Not Checked, 2 = Checked
WELOTHR17	Wellness: Other Reason	1 = Not Checked, 2 = Checked
WELOTHS17	Wellness: Specify Other Reason	[Text]
WELDKNO17	Wellness: Don't Know Why	1 = Not Checked, 2 = Checked

Variable	Label	Codes
WELREFU17	Wellness: Refused Response	1 = Not Checked, 2 = Checked
MAMMDEL17	Mammogram Delayed	1 = No 2 = Yes 3 = Did not need this type of care
MAMCLOS17	Mammogram: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
MAMAFF17	Mammogram: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
MAMNOAP17	Mammogram: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
MAMWAIT17	Mammogram: Decided it Could Wait	1 = Not Checked, 2 = Checked
MAMAFR17	Mammogram: Was Afraid to Go	1 = Not Checked, 2 = Checked
MAMOTHR17	Mammogram: Other Reason	1 = Not Checked, 2 = Checked
MAMOTHS17	Mammogram: Specify Other Reason	[Text]
MAMDKNO17	Mammogram: Don't Know Why	1 = Not Checked, 2 = Checked
MAMREFU17	Mammogram: Refused Response	1 = Not Checked, 2 = Checked
COLODEL17	Colonoscopy Delayed	1 = No 2 = Yes 3 = Did not need this type of care
COLCLOS17	Colonoscopy: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
COLAFF17	Colonoscopy: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
COLNOAP17	Colonoscopy: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
COLWAIT17	Colonoscopy: Decided it Could Wait	1 = Not Checked, 2 = Checked
COLAFR17	Colonoscopy: Was Afraid to Go	1 = Not Checked, 2 = Checked
COLOTHR17	Colonoscopy: Other Reason	1 = Not Checked, 2 = Checked
COLOTHS17	Colonoscopy: Specify Other Reason	[Text]
COLDKNO17	Colonoscopy: Don't Know Why	1 = Not Checked, 2 = Checked
COLREFU17	Colonoscopy: Refused Response	1 = Not Checked, 2 = Checked
DENTDEL17	Dental Care Delayed	1 = No 2 = Yes 3 = Did not need this type of care
DENCLOS17	Dentist: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
DENAFF17	Dentist: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
DENNOAP17	Dentist: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
DENWAIT17	Dentist: Decided it Could Wait	1 = Not Checked, 2 = Checked
DENAFR17	Dentist: Was Afraid to Go	1 = Not Checked, 2 = Checked
DENOTHR17	Dentist: Other Reason	1 = Not Checked, 2 = Checked
DENOTHS17	Dentist: Specify Other Reason	[Text]
DENDKNO17	Dentist: Don't Know Why	1 = Not Checked, 2 = Checked
DENREFU17	Dentist: Refused Response	1 = Not Checked, 2 = Checked
OTHCDEL17	Other Care Delayed	1 = No 2 = Yes 3 = Did not need this type of care
OTHCARE17	Other Care, Specify	[Text]
OTCCLOS17	Other Care: Cancelled, Closed, or Rescheduled	1 = Not Checked, 2 = Checked
OTCAFF17	Other Care: Couldn't Afford/Insurance Issue	1 = Not Checked, 2 = Checked
OTCNOAP17	Other Care: Couldn't Get an Appointment	1 = Not Checked, 2 = Checked
OTCWAIT17	Other Care: Decided it Could Wait	1 = Not Checked, 2 = Checked
OTCAFR17	Other Care: Was Afraid to Go	1 = Not Checked, 2 = Checked
OTCOTHR17	Other Care: Other Reason	1 = Not Checked, 2 = Checked
OTCOTHS17	Other Care: Specify Other Reason	[Text]
OTCDKNO17	Other Care: Don't Know Why	1 = Not Checked, 2 = Checked

Variable	Label	Codes
OTCREFU17	Other Care: Refused Response	1 = Not Checked, 2 = Checked
COVPTSD17	PTSD Scale Summary Score	0 – 80
PTSD43_17	PTSD Indicator, cut-off 43+ (Roberts 2021)	[Binary 0/1]
PTSD33_17	PTSD Indicator, cut-off 33+ (Bovin 2016)	[Binary 0/1]
PRVPTSD17	Provisional PTSD Diagnosis Score (Blevins 2015)	[Binary 0/1]
PTSDINT17	PCL-5 Subscale - Intrusions (Wortmann 2016)	0 – 20
PTSDAVD17	PCL-5 Subscale - Avoidance (Wortmann 2016)	0 – 8
PTSDNAC17	PCL-5 Subscale - Neg Alterations in Cog/Mood (Wortmann 2016)	0 – 25
PTSDAAR17	PCL-5 Subscale - Alterations in Arous/React (Wortmann 2016)	0 – 24
DBC_DAY17	Day of Blood Contact Form Completion	Days since baseline interview
DSP_DAY17	Day of Specimen Collection Form Completion	Days since baseline interview
SNCRESU17	Anti-SARS-CoV-2 Nucleocapsid Categ. Result	0 = Non-reactive 1 = Reactive
SSPRESU17	Anti-SARS-CoV-2 Spike Protein Result	1 = <0.80 2 = >0.80 to <250 3 = >250
NCQRESU17	Anti-SARS-CoV-2 Nucleocapsid Quant. Result (COI)	[Numeric]
NCELRES17	Anti-SARS-CoV-2 Nucleocapsid ELISA Result (ng/mL)	[Numeric]

DATA COLLECTION FORMS

 # = Variable excluded from public use datafile
~ A randomly generated ID will be provided that is different from the original ID
† This date is given in days since the initial baseline interview, which is day zero

Date Data Entered / Initials _____ Date Verified / Initials _____

COVID MODULE FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

AFFIX ID LABEL HERE

A1. RESPONDENT ID: **ARCHID~**

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 08/02/2022 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **COMP_DAY†**
M M D D Y Y Y Y

A5. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ **#DOB**
M M D D Y Y Y Y

VERIFY WITH RESPONDENT

A7. WAS THE COVID MODULE FORM COMPLETED? **#COVCOMP**
NO 1
YES ..... 2 **(A8)**

A7.1. IF NO (i.e., COVID MODULE FORM), SPECIFY REASON: **#COVNO**
UNWILLING/UNABLE TO COME TO OFFICE ..... 1 **(END)**
OTHER ..... 3 **(END)**
IF OTHER, SPECIFY **#COVNOS**_____
REFUSED ..... -7 **(END)**

A8. FORM COMPLETED IN: **LOCATIO17**
RESPONDENT'S HOME 1
CLINIC/OFFICE 2

A9. MODE OF ADMINISTRATION: **MODEADM17**
IN PERSON INTERVIEW 1
PHONE INTERVIEW 2
VIDEO INTERVIEW 3
SELF-COMPLETED W/O INTERVIEWER ASSISTANCE 4

A10. RESPONDENT: **PARTPRX17**
PARTICIPANT 1
PROXY 2

A11. INTERVIEW LANGUAGE: **LANGUAG17**

ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

B1. Have you had COVID-19? **HADCOV17**

No……1 **(GO TO B5)**
Maybe……2 **(GO TO B5)**
Yes, definitely……3 **(GO TO B2)**

B2. Did a healthcare provider and/or or a COVID-19 test confirm that you had COVID-19? **TESTCOV17**

No……1 **(GO TO B5)**
Yes……2

B2.a. When was your **first** diagnosis of COVID-19? **TESTF_DAY17**†

___ ___ / ___ ___ ___ ___ Don't Know (-8) ☐
M M Y Y Y Y
#TESTFCM17 / #TESTFCY17

B2.b. Was this first diagnosis of COVID-19 confirmed by a positive test for COVID-19? **FRSTCOV17**

No……1
Yes……2

B2.c. The next set of questions asks about different types of treatment you may have received after your first diagnosis of COVID-19.

	No	Yes	Don't Know
i. Did you receive monoclonal antibody treatment for COVID-19? **COVMED17**	1	2	-8
ii. Did you receive any **other** prescribed treatment for COVID-19, such as			
a. **Other IV** (into the vein) medication (for example, Remdesivir)? **COVOTHV17**	1	2	-8
b. Oral medication (for example, Paxlovid)? **COVOTHP17**	1	2	-8
iii. Did you have a hospital stay due to COVID-19? **COVSTAY17**	1 **(B2d)**	2	-8

iia. What is the name and location of the hospital where you were admitted for your first diagnosis of COVID-19?

Facility name: _____**#FDXHOSP**_____

City: _____**#FDXCITY**_____, State: **#FDXSTATE**_____

iib. What was the date you were admitted for this hospitalization? [PROMPT FOR YEAR AND MONTH IF EXACT DATE UNKNOWN. ENTER -8 IF DAY/MONTH IS UNKNOWN.]
FCOVH_DAY17†

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y
#FDXMON17 #FDXDAY17 #FDXYR17

iic. What was the date you were discharged for this hospitalization? [PROMPT FOR YEAR AND MONTH IF EXACT DATE UNKNOWN. ENTER -8 IF DAY/MONTH IS UNKNOWN.]
FCOVD_DAY17†

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y
#FCOVDMN17 #FCOVDDY17 #FCOVDYR17

	No	Yes	Don't Know
iid. Did you receive steroids in the hospital? **COVSTER17**	1	2	-8
iie. Did you need intensive care (ICU) treatment during this hospital stay? **COVICU17**	1 **(B2.c.iif)**	2	-8
iie.1. Did you need a breathing tube or ventilator in intensive care (ICU)? **COVBTUB17**	1	2	-8
iie.2. Did you need extra-corporeal membrane oxygenation (ECMO) in intensive care (ICU)? **COVECMO17**	1	2	-8

iif. From the hospital, where were you discharged to? **COVDISC17**

Own home or family's home..... 1
Nursing or rehab facility……..2
Other (specify):__**#COVDOTH17**_____ ……..3

B2.d. Did you EVER test positive again (a second time) for COVID-19 (i.e., a second infection, at least 60 days after the first infection)? **SCNDCOV17**

No……1 **(GO TO B3)**
Yes……..2

B.2e. When did you test positive **a second time** for COVID-19? **TESTS_DAY17†**
#TESTSMN17 / #TESTSYR17

__ __ / __ __ __ __ Don't Know (-8) ☐
M M Y Y Y Y

B2.f. The next set of questions asks about different types of treatment you may have received after the second time you tested positive for COVID-19.

	No	Yes	Don't Know
i. Did you receive monoclonal antibody treatment for COVID-19? **COV2MED17**	1	2	-8
ii. Did you receive any **other** prescribed treatment for COVID-19, such as			
a. **Other IV** (into the vein) medication (for example, Remdesivir)? **COV2OTV17**	1	2	-8
b. Oral medication (for example, Paxlovid)? **COV2ORL17**	1	2	-8
iii. Did you have a hospital stay due to COVID-19? **COV2STA17**	1 **(B3)**	2	-8

iia. What is the name and location of the hospital where you were admitted for your second diagnosis of COVID-19?

Facility name: ___**#DX2HOSP**_____

City: _____**#DX2CITY**_____, State: _**#DX2STATE**_____

iib. What was the date you were admitted for this hospitalization? [PROMPT FOR YEAR AND MONTH IF EXACT DATE UNKNOWN. ENTER -8 IF DAY/MONTH IS UNKNOWN.]
SCOVH_DAY17†

M M	/	D D	/	Y Y Y Y
#COV2MON17		**#COV2DAY17**		**#COV2YR17**

iic. What was the date you were discharged for this hospitalization? [PROMPT FOR YEAR AND MONTH IF EXACT DATE UNKNOWN. ENTER -8 IF DAY/MONTH IS UNKNOWN.]
SCOVD_DAY17†

M M	/	D D	/	Y Y Y Y
#COV2DMN17		**#COV2DDY17**		**#COV2DYR17**

	No	Yes	Don't Know
iid. Did you receive steroids in the hospital? COV2STE17	1	2	-8
iie. Did you need intensive care (ICU) treatment during this hospital stay? COV2ICU17	1 **(B2.f.iif)**	2	-8
iie.1. Did you need a breathing tube or ventilator in intensive care (ICU)? COV2BTU17	1	2	-8
iie.2. Did you need extra-corporeal membrane oxygenation (ECMO) in intensive care (ICU)? COV2ECM17	1	2	-8

iif. From the hospital, where were you discharged to? COV2DIS17

Own home or family's home 1
Nursing or rehab facility……..2
Other (specify):__#COVD2OT17_____ ……..3

B3. Have you recovered to your state of health before you had COVID-19? STAHEAL17

No……..1 **(GO TO B4)**
Yes……2

B3.a. How long did it take to fully recover (back to your state of health before you had COVID)? FULREC17

1 month or less……1 **(GO TO B5)**
More than 1 but not more than 3 months……2 **(GO TO B5)**
More than 3 but not more than 6 months……3 **(GO TO B5)**
More than 6 months……4 **(GO TO B5)**

B4. Are you currently experiencing any of the following physical or mental health effects from the virus? Please remember that we are asking about physical or mental health effects that are new since infection with COVID-19 and not physical or mental health issues you were experiencing before getting COVID-19.

	No	Yes
a. Chronic fatigue **CHRFAT17**	1	2
b. Chronic pain **CHRPAIN17**	1	2
c. Loss of smell or taste **LSMETAS17**	1	2
d. Need for oxygen supplementation/treatment **NEEDOXY17**	1	2
e. Difficulty completing daily tasks, such as household chores **DIFTASK17**	1	2
f. Brain fog **BRAINFG17**	1	2
g. Difficulty falling asleep **DIFFSLP17**	1	2
h. Headache **HEADACH17**	1	2
i. Other physical health effect: **OTHPHEF17, OTHPHSP17**	1	2
j. Other mental health effect: **OTHMHEF17, OTHMHSP17**	1	2

The following questions ask about your vaccination status.

B5. Have you received a COVID-19 vaccine? **CVACCIN17**

NO……1 **(GO TO B11)**
YES…… ……2
Unknown (don't know)……-8 (added 5/20/22)

B6. When did you have your first dose of COVID-19 vaccine? **CVAC1_DAY17**†

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8) ☐
#VCDOSM117 / #VCDOSY117

B6.a. Who was the vaccine manufacturer of the first dose? [CHECK ONLY ONE] **VAC1DOS17**

☐ Pfizer (BioNTech) **#CVACCPF17**
☐ Moderna **#CVACCMO17**
☐ Johnson & Johnson (Janssen) **#CVACCJJ17**
☐ AstraZeneca **#CVACCAZ17**
☐ Other (specify): **#CVACCOT17, #CVACCOS17**

B7. Did you have a second dose of COVID-19 vaccine? **SDVACC17**

NO ..... 1 **(GO TO C1)**
YES..... 2

B7.a. When did you have your second dose of COVID-19 vaccine? **CVAC2_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8)☐
#VCDOSM217 / #VCDOSY217

B7.b. Who was the vaccine manufacturer of the second dose? [CHECK ONLY ONE] **VAC2DOS17**

☐ Pfizer (BioNTech) **#SVACCPF17**
☐ Moderna **#SVACCMO17**
☐ Johnson & Johnson (Janssen) **#SVACCJJ17**
☐ AstraZeneca **#SVACCAZ17**
☐ Other (specify): ___**#SVACCOT17, #SVACCOS17**_____

B8. Did you have a third dose of COVID-19 vaccine? **TDVACC17**

NO ..... 1 **(GO TO C1)**
YES..... 2

B8.a. When did you have your third dose of COVID-19 vaccine? **CVAC3_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8)☐
#VCDOSM317 / #VCDOSY317

B8.b. Who was the vaccine manufacturer of the third dose? [CHECK ONLY ONE] **VAC3DOS17**

☐ Pfizer (BioNTech) **#TVACCPF17**
☐ Moderna **#TVACCMO17**
☐ Johnson & Johnson (Janssen) **#TVACCJJ17**
☐ AstraZeneca **#TVACCAZ17**
☐ Other (specify): __**#TVACCOT17, #TVACCOS17**_____

B9. Did you have a fourth dose of COVID-19 vaccine? **FRVACC17**

NO ..... 1 **(GO TO C1)**
YES..... 2

B9.a. When did you have your fourth dose of COVID-19 vaccine? **CVAC4_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8)☐
#VCDOSM417 / #VCDOSY417

B9.b. Who was the vaccine manufacturer of the fourth dose? [CHECK ONLY ONE] **VAC4DOS17**

☐ Pfizer (BioNTech) **#FRVACPF17**
☐ Moderna **#FRVACMO17**
☐ Johnson & Johnson (Janssen) **#FRVACJJ17**
☐ AstraZeneca **#FRVACAZ17**
☐ Other (specify): ___**#FRVACOT17, #FRVACOS17**_____

B10. Did you have a fifth dose of COVID-19 vaccine? **FVVACC17**

NO ..... 1 **(GO TO C1)**
YES..... 2

B10.a. When did you have your fifth dose of COVID-19 vaccine? **CVAC5_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8) ☐
#VCDOSM517 / #VCDOSY517

B10.b. Who was the vaccine manufacturer of the fifth dose? [CHECK ONLY ONE] **VAC5DOS17**

☐ Pfizer (BioNTech) **#FVVACPF17**
☐ Moderna **#FVVACMO17**
☐ Johnson & Johnson (Janssen) **#FVVACJJ17**
☐ AstraZeneca **#FVVACAZ17**
☐ Other (specify): __**#FVVACOT17, #FVVACOS17**_____

B11. Why did you **not** receive a COVID-19 vaccine?

	No	Yes
a. I have not been able to schedule a vaccine appointment **VACSCH17**	1	2
b. I am concerned about the safety/side effects of the vaccine **VACSAFE17**	1	2
c. I do not need the vaccine **VACNEED17**	1	2
d. Other reason, specify:_**VACOTH17, VACOTS17**_____	1	2

C1. Has anyone in your household or extended family (e.g., uncle/aunt, cousin), or a friend had COVID-19? **COVHOUS17**

NO.....1 **(GO TO D1)**
YES.....2
DON'T KNOW.....-8 **(GO TO D1)**

C1a. If **YES**, what is the relationship of this person(s) to you? Answer "yes" only to those relationships that you know had COVID-19. Otherwise, answer "no" for that relationship.

	No	Yes
a. Spouse or partner? **CSPOPAR17**	1	2
b. Parent (including stepparents and parents in-law)? **CPARENT17**	1	2
c. Child/stepchild? **CCHLSTP17**	1	2
d. Grandchild? **CGRANDC17**	1	2
e. Sibling? **CSIBLIN17**	1	2
f. Other relative? **COTHREL17**	1	2
g. Friend? **CFRIEND17**	1	2

C2. Has anyone in your household or extended family (e.g, uncle/aunt, cousin), or a friend been hospitalized because they had COVID-19? **HOSPHOU17**

NO.....1 **(GO TO C3)**
YES.....2

↓

C2a. If **YES**, what is the relationship of this person(s) to you?

	No	Yes
a. Spouse or partner? **HOSPSPO17**	1	2
b. Parent (including stepparents and parents in-law)? **HOSPPAR17**	1	2
c. Child/stepchild? **HOSPCHI17**	1	2
d. Grandchild? **HOSPGRA17**	1	2
e. Sibling? **HOSPSIB17**	1	2
f. Other relative? **HOSPOTH17**	1	2
g. Friend? **HOSPFR17**	1	2

C3. Has anyone in your household or extended family (e.g., uncle/aunt, cousin), or a friend died because they had COVID-19? **COVDIEH17**

NO.....1 **(GO TO D1)**
YES.....2

↓

C3a. If **YES**, what is the relationship of this person(s) to you?

	No	Yes
a. Spouse or partner? **CDIESPO17**	1	2
b. Parent (including stepparents and parents in-law)? **CDIEPAR17**	1	2
c. Child/stepchild? **CDIECHI17**	1	2
d. Grandchild? **CDIEGRA17**	1	2
e. Sibling? **CDIESIB17**	1	2
f. Other relative? **CDIEOTH17**	1	2
g. Friend? **CDIEFR17**	1	2

D1. Due to the coronavirus pandemic, did you experience any of these changes in activities?

	No	Yes
a. Not seeing friends or family in person. CVNEGFP17	1	2
b. Missing an event that was important to you me (e.g., graduation, wedding, funeral). CVNEGEV17	1	2
c. Unable to visit a family member who was sick or in the hospital, a care facility, nursing home or group home. CVNEGUN17	1	2
d. Unable to attend religious services or activities CVNEGR17	1	2

D2. Since the start of the coronavirus pandemic, did you experience any financial hardships? CVFINHA17

NO……1 **(GO TO D3)**
YES……2

D2a. If **YES**, which of the following hardships did you experience? Please keep in mind whether or not this was due to the COVID pandemic.

	No	Yes, due to the COVID pandemic	Yes, but not due to the COVID pandemic
a. Missed any regular payments on rent or mortgage. CVMPAY17	1	2	3
b. Lost a place to live. CVLIVE17	1	2	3
c. Missed any regular payments on credit cards or other debt. CVCRED17	1	2	3
d. Missed any other regular payments such as utilities or insurance. CVUTIL17	1	2	3
e. Could not pay medical bills or buy medication. CVMEDB17	1	2	3
f. Didn't have enough money to buy food. CVMFOOD17	1	2	3
g. Other material hardship CVOTHMH17 Specify: _____CVOTMHS17_____	1	2	3

D3. Since the coronavirus disease pandemic began, did any of the following occur for you?

	No	Yes
a. Had to take over teaching or instructing a child. CVTEACH17	1	2
b. Volunteered time to help people in need. CVVOLUN17	1	2
c. Had to spend more time taking care of a family member. CVTCFM17	1	2
d. Had to move or relocate. CVMOVER17	1	2
e. Spent more quality time with family or friends in person or from a distance (e.g., on the phone, email, social media). CVPOSFM17	1	2
f. Family or friends had to move into your home. CVFMHOM17	1	2
g. Had an increase in conflict (including verbal or physical) with a partner or spouse. CVCONSP17	1	2
h. Had an increase in conflict (including verbal or physical) with other adult(s) in home. CVNEGHM17	1	2
i. Became more appreciative of things usually taken for granted. CVAPPR17	1	2

D4. Since the coronavirus disease pandemic began, did you do the following activities more often, less often, or about the same as usual?

	More often	Less often	About the same
a. Engaged in physical activity or exercise. CVPAEXE17	1	2	3
b. Paid attention to personal health. CVPHEAL17	1	2	3
c. Overate or ate more unhealthy food (e.g., junk food). CVUNHEA17	1	2	3
d. Spent time in nature or being outdoors. CVPOSOT17	1	2	3
e. Used alcohol or other substances. CVALSUB17	1	2	3
f. Spent time doing enjoyable activities (e.g., reading books, puzzles) or hobbies. CVENJOY17	1	2	3
g. Engaged in sexual activity. CVSEXAC17	1	2	3
h. Spent time sitting down or being sedentary. CVSITSD17	1	2	3

D5. Since the coronavirus pandemic, how often have you felt lonely? **CVNEGLN17**

Often.....1
Sometimes 2
Hardly ever or never.....3

D5.a. Is this about the same, more, or less often than before the pandemic? **BEFCVP17**

About the same 1
Less so 2
More so 3

D6. These questions are about things that people say they are worried about because of the coronavirus pandemic. On a scale from 0 to 10 where 0 means "not at all worried" and 10 means "very worried", **because of the coronavirus pandemic** how worried have you been **in the past 7 days** about:

a. Your own health? **WORRYYH17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

b. The health of others in your family? **WORRYFH17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

c. Your financial situation? **WORRYFS17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

d. Losing your job? **WORRYLJ17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

e. Having enough to eat? **WORRYEE17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

f. Not seeing family or friends in person? **WORRYNS17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

g. Being able to get help if you needed it from family, friends, or others? **WORRYAH17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

h. Missing event that is important to you (e.g., graduation, wedding)? **WORRYME17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

i. What will happen in the future? **WORRYHF17**

0	1	2	3	4	5	6	7	8	9	10
Not at all worried										Very worried

D7. Since the start of the coronavirus pandemic, have you sought counseling or psychological treatment from a mental health professional, doctor or spiritual leader? **CVCOUNS17**

NO……..1
YES……..2

D7.a. If **YES**, which of the following did you use?

	No	**Yes**
a. In-person visit **CVIPVIS17**	1	2
b. Telehealth or telemedicine visit **CVTELE17**	1	2
c. Telephone visit **CVTELEV17**	1	2
d. Email visit **CVEMAIL17**	1	2

D8. The following questions ask about problems that people sometimes have in response to a very stressful experience. Think about a particularly stressful problem that you have experienced in your life and choose one response to each question to indicate how much you have been bothered by that problem **in the past month**. [HAND RESPONDENT **CARD "Y**" AND READ RESPONSE CATEGORIES.]

* [READ STEM INSTRUCTIONS]

	In the past month, how much were you bothered by:	**Not at all**	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
*a.	Repeated, disturbing, and unwanted memories of the stressful experience? **MEMORIE17**	0	1	2	3	4
*b.	Repeated, disturbing dreams of the stressful experience? **DREAMS17**	0	1	2	3	4
*c.	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? **HAPAGAI17**	0	1	2	3	4
d.	Feeling very upset when something reminded you of the stressful experience? **FELUPSE17**	0	1	2	3	4
e.	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)? **PHREACT17**	0	1	2	3	4
f.	Avoiding memories, thoughts, or feelings related to the stressful experience? **AVOIDME17**	0	1	2	3	4
g.	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? **AVOIDEX17**	0	1	2	3	4
h.	Trouble remembering important parts of the stressful experience? **TROUREM17**	0	1	2	3	4
*i.	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? **SNEGBEL17**	0	1	2	3	4
j.	Blaming yourself or someone else for the stressful experience or what happened after it? **BLAMEEX17**	0	1	2	3	4

D8. (continued)

	In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
*k.	Having strong negative feelings such as fear, horror, anger, guilt, or shame? HORROR17	0	1	2	3	4
l.	Loss of interest in activities that you used to enjoy? LOSSINT17	0	1	2	3	4
m.	Feeling distant or cut off from other people? FEELDIS17	0	1	2	3	4
n.	Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? TROUPOS17	0	1	2	3	4
o.	Irritable behavior, angry outbursts, or acting aggressively? BHAVOUT17	0	1	2	3	4
*p.	Taking too many risks or doing things that could cause you harm? TAKERIS17	0	1	2	3	4
q.	Being “superalert” or watchful or on guard? ALERTWA17	0	1	2	3	4
r.	Feeling jumpy or easily startled? FEELJUM17	0	1	2	3	4
s.	Having difficulty concentrating? DIFFCON17	0	1	2	3	4
t.	Trouble falling or staying asleep? TROUSLE17	0	1	2	3	4

E1. **Since the COVID-19 pandemic began**, was there any time when you needed medical or dental care, but the care was delayed, or you did not get it at all? **DELAYMD17**

NO…….. ……..1 **(END FORM)**
YES…..……..2 **(GO TO E2)**
DON'T KNOW…….-8 **(END FORM)**
REFUSED…….-7 **(END FORM)**

We would like to understand more about the type of care that was delayed and the reasons why the care was delayed. Did you experience any of the following? [READ EACH RESPONSE OPTION TO THE PARTICIPANT.]

E2. Was surgery that would require staying overnight in the hospital delayed? [CHECK ONE RESPONSE] **SURGDEL17**

☐ Yes (E2.a.) ⟶
☐ No
☐ Did not need this type of care

E2.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling **SURCLOS17**
☐ Couldn't afford it/insurance change **SURAFF17**
☐ Couldn't get an appointment **SURNOAP17**
☐ Decided it could wait **SURWAIT17**
☐ Was afraid to go **SURAFR17**
☐ Other reason (specify): **SUROTHR17**,**SUROTHS17**
☐ DON'T KNOW **SURDKNO17**
☐ REFUSED **SURREFU17**

E3. Was outpatient surgery delayed? **OUTSDEL17**

☐ Yes (E3.a.) ⟶
☐ No
☐ Did not need this type of care

E3.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling **OUTCLOS17**
☐ Couldn't afford it/insurance change **OUTAFF17**
☐ Couldn't get an appointment **OUTNOAP17**
☐ Decided it could wait **OUTWAIT17**
☐ Was afraid to go **OUTAFR17**
☐ Other reason (specify): **OUTOTHR17**,**OUTOTHS17**
☐ DON'T KNOW **OUTDKNO17**
☐ REFUSED **OUTREFU17**

E4. Was an in-person visit with a doctor for an urgent problem delayed? **IPUPDEL17**

☐ Yes (E4.a.) ⟶
☐ No
☐ Did not need this type of care

E4.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling **IPUCLOS17**
☐ Couldn't afford it/insurance change **IPUAFF17**
☐ Couldn't get an appointment **IPUNOAP17**
☐ Decided it could wait **IPUWAIT17**
☐ Was afraid to go **IPUAFR17**
☐ Other reason (specify): **IPUOTHR17**,**IPUOTHS17**
☐ DON'T KNOW **IPUDKNO17**
☐ REFUSED **IPUREFU17**

E5. Was an in-person visit with a doctor for a new but not urgent problem delayed? **IPNPDEL17**

☐ Yes (E5.a.) ⟶

☐ No

☐ Did not need this type of care

E5.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling **IPNCLOS17**
☐ Couldn't afford it/insurance change **IPNAFF17**
☐ Couldn't get an appointment **IPNNOAP17**
☐ Decided it could wait **IPNWAIT17**
☐ Was afraid to go **IPNAFR17**
☐ Other reason (specify): **IPNOTHR17,IPNOTHS17**
☐ DON'T KNOW **IPNDKNO17**
☐ REFUSED **IPNREFU17**

E6. Was an in-person visit with a doctor for an ongoing problem delayed? **IPOPDEL17**

☐ Yes (E6.a.) ⟶

☐ No

☐ Did not need this type of care

E6.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling **IPOCLOS17**
☐ Couldn't afford it/insurance change **IPOAFF17**
☐ Couldn't get an appointment **IPONOAP17**
☐ Decided it could wait **IPOWAIT17**
☐ Was afraid to go **IPOAFR17**
☐ Other reason (specify): **IPOOTHR17,IPOOTHS17**
☐ DON'T KNOW **IPODKNO17**
☐ REFUSED **IPOREFU17**

E7. Was an in-person visit with a doctor for a well visit/annual visit delayed? **WELLDEL17**

☐ Yes (E7.a.) ⟶

☐ No

☐ Did not need this type of care

E7.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling **WELCLOS17**
☐ Couldn't afford it/insurance change **WELAFF17**
☐ Couldn't get an appointment **WELNOAP17**
☐ Decided it could wait **WELWAIT17**
☐ Was afraid to go **WELAFR17**
☐ Other reason (specify): **WELOTHR17,WELOTHS17**
☐ DON'T KNOW **WELDKNO17**
☐ REFUSED **WELREFU17**

E8. Was a mammogram delayed? **MAMMDEL17**

☐ Yes (E8.a.) ⟶

☐ No

☐ Did not need this type of care

E8.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling **MAMCLOS17**
☐ Couldn't afford it/insurance change **MAMAFF17**
☐ Couldn't get an appointment **MAMNOAP17**
☐ Decided it could wait **MAMWAIT17**
☐ Was afraid to go **MAMAFR17**
☐ Other reason (specify): **MAMOTHR17,MAMOTHS17**
☐ DON'T KNOW **MAMDKNO17**
☐ REFUSED **MAMREFU17**

E9. Was a colonoscopy delayed?
COLODEL17

☐ Yes (E9.a.) ⟶

☐ No

☐ Did not need this type of care

E9.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling COLCLOS17
☐ Couldn't afford it/insurance change COLAFF17
☐ Couldn't get an appointment COLNOAP17
☐ Decided it could wait COLWAIT17
☐ Was afraid to go COLAFR17
☐ Other reason (specify): COLOTHR17,COLOTHS17
☐ DON'T KNOW COLDKNO17
☐ REFUSED COLREFU17

E10. Was dental care delayed?
DENTDEL17

☐ Yes (E10.a.) ⟶

☐ No

☐ Did not need this type of care

E10.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling DENCLOS17
☐ Couldn't afford it/insurance change DENAFF17
☐ Couldn't get an appointment DENNOAP17
☐ Decided it could wait DENWAIT17
☐ Was afraid to go DENAFR17
☐ Other reason (specify): DENOTHR17,DENOTHS17
☐ DON'T KNOW DENDKNO17
☐ REFUSED DENREFU17

E11. Was any other care delayed?
OTHCDEL17

☐ Yes (E11.a.) ⟶

Specify: _OTHCARE17_____

☐ No

E11.a. Why was the care delayed? [CHECK ALL THAT APPLY]

☐ Clinic/hospital/doctor's office cancelled, closed, or suggested rescheduling OTCCLOS17
☐ Couldn't afford it/insurance change OTCAFF17
☐ Couldn't get an appointment OTCNOAP17
☐ Decided it could wait OTCWAIT17
☐ Was afraid to go OTCAFR17
☐ Other reason (specify): OTCOTHR17,OTCOTHS17
☐ DON'T KNOW OTCDKNO17
☐ REFUSED OTCREFU17

Date Data Entered / Initials _____ Date Verified / Initials _____

COVID MODULE ABBREVIATED FORM

Study of Women's Health Across the Nation

SECTION A. GENERAL INFORMATION

A1. RESPONDENT ID: **ARCHID~** AFFIX ID LABEL HERE

A2. SWAN STUDY VISIT # 17 **VISIT**

A3. FORM VERSION: 08/02/2022 **#FORM_V**

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **COMP_DAY†**
M M D D Y Y Y Y

A5. INTERVIEWER'S INITIALS: ___ ___ ___ **#INITS**

A6. RESPONDENT'S DOB: ___ ___ / ___ ___ / 1 9 ___ ___ **#DOB**
M M D D Y Y Y Y
VERIFY WITH RESPONDENT

A7. WAS THE COVID MODULE ABBREVIATED FORM COMPLETED? **#ACOVCOM**
NO 1
YES ..... 2 **(A8)**

A7.1. IF NO (i.e., COVID ABBREVIATED NOT DONE), SPECIFY REASON: **#ACOVNO**
UNWILLING/UNABLE TO COME TO OFFICE ..... 1 **(END)**
OTHER ..... 3 **(END)**
IF OTHER, SPECIFY _**#ACOVNOS**_____
REFUSED ..... -7 **(END)**

A8. FORM COMPLETED IN: **LOCATIO17**
RESPONDENT'S HOME 1
CLINIC/OFFICE 2

A9. MODE OF ADMINISTRATION: **MODEADM17**
IN PERSON INTERVIEW 1
PHONE INTERVIEW 2
VIDEO INTERVIEW 3
SELF-COMPLETED W/O INTERVIEWER ASSISTANCE 4

A10. RESPONDENT: **PARTPRX17**
PARTICIPANT 1
PROXY 2

A11. INTERVIEW LANGUAGE: **LANGUAG17**
ENGLISH 1
SPANISH 2
CANTONESE 3
JAPANESE 4

B1. Have you had COVID-19? **HADCOV17**

No……1 **(GO TO C1)**
Maybe……2 **(GO TO C1)**
Yes, definitely……3 **(GO TO B2)**

B2. Did a healthcare provider and/or or a COVID-19 test confirm that you had COVID-19? **TESTCOV17**

No..... 1 **(GO TO C1)**
Yes……2

B2.a. When was your **first** diagnosis of COVID-19? **TESTF_DAY17†**

___ ___ / ___ ___ ___ ___ Don't Know (-8) ☐
M M Y Y Y Y
#TESTFCM17 / #TESTFCY17

B2.b. Was this first diagnosis of COVID-19 confirmed by a positive test for COVID-19? **FRSTCOV17**

No……1
Yes……2

B2.c. Did you have a hospital stay due to COVID-19? **COVSTAY17**

No……1 **(GO TO B3)**
Yes……2

B2.c1. From the hospital, where were you discharged to? **COVDISC17**

Own home or family's home……1
Nursing or rehab facility……2
Other (specify):__**#COVDOTH17**_____ …… ..……3

B3. Did you EVER test positive again (a second time) for COVID-19 (i.e., a second infection, at least 60 days after the first infection)? **SCNDCOV17**

No……1 **(GO TO B4)**
Yes……2

B3.a. When did you test positive **a second time** for COVID-19? **TESTS_DAY17†**

#TESTSMN17 / #TESTSYR17

___ ___ / ___ ___ ___ ___ Don't Know (-8) ☐
M M Y Y Y Y

B3.b. Did you have a hospital stay the second time you had COVID-19? **COV2STA17**

No……..1 **(GO TO B4)**
Yes……2

B3.b1. From the hospital, where were you discharged to? **COV2DIS17**

Own home or family's home……..1
Nursing or rehab facility……..2
Other (specify):__**#COVD2OT17**_____..... ……..3

B4. Have you recovered to your state of health before you had COVID-19? **STAHEAL17**

No……..1 **(GO TO B5)**
Yes……2 **(GO TO C1)**

B5. Are you currently experiencing any of the following physical or mental health effects from the virus? Please remember that we are asking about physical or mental health effects that are new since infection with COVID-19 and not physical or mental health issues you were experiencing before getting COVID-19.

	No	**Yes**
a. Chronic fatigue **CHRFAT17**	1	2
b. Chronic pain **CHRPAIN17**	1	2
c. Loss of smell or taste **LSMETAS17**	1	2
d. Need for oxygen supplementation/treatment **NEEDOXY17**	1	2
e. Difficulty completing daily tasks, such as household chores **DIFTASK17**	1	2
f. Brain fog **BRAINFG17**	1	2
g. Difficulty falling asleep **DIFFSLP17**	1	2
h. Headache **HEADACH17**	1	2
i. Other physical health effect: **OTHPHEF17, OTHPHSP17**_____	1	2
j. Other mental health effect: **OTHMHEF17, OTHMHSP17**_____	1	2

C1. Has anyone in your household or extended family (e.g., uncle/aunt, cousin), or a friend died because they had COVID-19? **COVDIEH17**

NO……1 **(GO TO C2)**
YES……2

C1a. If **YES**, what is the relationship of this person(s) to you?

	No	Yes
a. Spouse or partner? **CDIESPO17**	1	2
b. Parent (including stepparents and parents in-law)? **CDIEPAR17**	1	2
c. Child/stepchild? **CDIECHI17**	1	2
d. Grandchild? **CDIEGRA17**	1	2
e. Sibling? **CDIESIB17**	1	2
f. Other relative? **CDIEOTH17**	1	2
g. Friend? **CDIEFR17**	1	2

C2. Due to the coronavirus pandemic, did you experience any of these changes in activities?

	No	Yes
a. Not seeing friends or family in person. **CVNEGFP17**	1	2
b. Missing an event that was important to you (e.g., graduation, wedding, funeral). **CVNEGEV17**	1	2
c. Unable to visit a family member who was sick or in the hospital, a care facility, nursing home or group home. **CVNEGUN17**	1	2
d. Unable to attend religious services or activities. **CVNEGR17**	1	2

C3. Since the start of the coronavirus pandemic, did you experience any financial hardships? **CVFINHA17**

NO……1
YES……2

C4. Since the coronavirus disease pandemic began, did any of the following occur for you?

	No	Yes
a. Spent more quality time with family or friends in person or from a distance (e.g., on the phone, email, social media). CVPOSFM17	1	2
b. Had to move or relocate. CVMOVER17	1	2
c. Had an increase in conflict (including verbal or physical) with a partner or spouse. CVCONSP17	1	2
d. Had an increase in conflict (including verbal or physical) with other adult(s) in home. CVNEGHM17	1	2

C5. Since the coronavirus disease pandemic began, did you do the following activities more often, less often, or about the same as usual?

	More often	Less often	About the same
a. Engaged in physical activity or exercise. CVPAEXE17	1	2	3
b. Spent time in nature or being outdoors. CVPOSOT17	1	2	3
c. Spent time doing enjoyable activities (e.g., reading books, puzzles) or hobbies. CVENJOY17	1	2	3
d. Engaged in sexual activity CVSEXAC17	1	2	3

C6. Since the coronavirus pandemic, how often have you felt lonely? CVNEGLN17

Often.....1
Sometimes 2
Hardly ever or never.....3

C6.a. Is this about the same, more, or less often than before the pandemic? BEFCVP17

About the same 1
Less so 2
More so 3

The following questions ask about your vaccination status.

D1. Have you received a COVID-19 vaccine? **CVACCIN17**

NO……1 **(GO TO D7)**
YES…… ……2

D2. When did you have your first dose of COVID-19 vaccine? **CVAC1_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8) ☐
#VCDOSM117 / #VCDOSY117

D2.a. Who was the vaccine manufacturer of the first dose? [CHECK ONLY ONE] **VAC1DOS17**

☐ Pfizer (BioNTech) **#CVACCPF17** ☐ Moderna **#CVACCMO17**

☐ Johnson & Johnson (Janssen) **#CVACCJJ17** ☐ AstraZeneca **#CVACCAZ17**

☐ Other (specify): _**#CVACCOT17, #CVACCOS17**_____

D3. Did you have a second dose of COVID-19 vaccine? **SDVACC17**

NO……1 **(GO TO E1)**
YES…… ……2

D3.a. When did you have your second dose of COVID-19 vaccine? **CVAC2_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8) ☐
#VCDOSM217 / #VCDOSY217

D3.b. Who was the vaccine manufacturer of the second dose? [CHECK ONLY ONE] **VAC2DOS17**

☐ Pfizer (BioNTech) **#SVACCPF17** ☐ Moderna **#SVACCMO17**

☐ Johnson & Johnson (Janssen) **#SVACCJJ17** ☐ AstraZeneca **#SVACCAZ17**

☐ Other (specify): ___**#SVACCOT17, #SVACCOS17**_____

D4. Did you have a third dose of COVID-19 vaccine? **TDVACC17**

NO……1 **(GO TO E1)**
YES…… ……2

D4.a. When did you have your third dose of COVID-19 vaccine? **CVAC3_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8) ☐
#VCDOSM317 / #VCDOSY317

D4.b. Who was the vaccine manufacturer of the third dose? [CHECK ONLY ONE] **VAC3DOS17**

☐ Pfizer (BioNTech) **#TVACCPF17** ☐ Moderna **#TDVACCNM**

☐ Johnson & Johnson (Janssen) **#TVACCJJ17** ☐ AstraZeneca **#TVACCAZ17**

☐ Other (specify): __**#TVACCOT17, #TVACCOS17**_____

D5. Did you have a fourth dose of COVID-19 vaccine? **FRVACC17**

NO.....1 **(GO TO E1)**
YES.....2

D5.a. When did you have your fourth dose of COVID-19 vaccine? **CVAC4_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8)☐
#VCDOSM417 / #VCDOSY417

D5.b. Who was the vaccine manufacturer of the fourth dose? [CHECK ONLY ONE] **VAC4DOS17**

☐ Pfizer (BioNTech) **#FRVACPF17**
☐ Moderna **#FRVACMO17**
☐ Johnson & Johnson (Janssen) **#FRVACJJ17**
☐ AstraZeneca **#FRVACAZ17**
☐ Other (specify): ___**#FRVACOT17, #FRVACOS17**_____

D6. Did you have a fifth dose of COVID-19 vaccine? **FVVACC17**

NO.....1 **(GO TO E1)**
YES.....2

D6.a. When did you have your fifth dose of COVID-19 vaccine? **CVAC5_DAY17†**

___ ___/___ ___ ___ ___ (M M/ Y Y Y Y) Don't know (-8)☐
#VCDOSM517 / #VCDOSY517

D6.b. Who was the vaccine manufacturer of the fifth dose? [CHECK ONLY ONE] **VAC5DOS17**

☐ Pfizer (BioNTech) **#FVVACPF17**
☐ Moderna **#FVVACMO17**
☐ Johnson & Johnson (Janssen) **#FVVACJJ17**
☐ AstraZeneca **#FVVACAZ17**
☐ Other (specify): __**#FVVACOT17, #FVVACOS17**_____

D7. Why did you **not** receive a COVID-19 vaccine?

	No	Yes
a. I have not been able to schedule a vaccine appointment. **VACSCH17**	1	2
b. I am concerned about the safety/side effects of the vaccine. **VACSAFE17**	1	2
c. I do not need the vaccine. **VACNEED17**	1	2
d. Other reason, specify: _**VACOTH17, VACOTS17**_____	1	2

E1. **Since the COVID-19 pandemic began**, was there any time when you needed medical or dental care, but the care was delayed, or you did not get it at all? **DELAYMD17**

NO…….. ……..1 **(END FORM)**
YES…..……..2 **(GO TO E2)**
DON'T KNOW……-8 **(END FORM)**
REFUSED……-7 **(END FORM)**

E2. We would like to understand more about the type of care that was delayed. Did you experience any of the following? [READ EACH RESPONSE OPTION TO THE PARTICIPANT.]

	No	Yes	Did not need this type of care
a. Was surgery that would require staying overnight in the hospital delayed? **SURGDEL17**	1	2	3
b. Was outpatient surgery delayed? **OUTSDEL17**	1	2	3
c. Was an in-person visit with a doctor for an urgent problem delayed? **IPUPDEL17**	1	2	3
d. Was an in-person visit with a doctor for a new but not urgent problem delayed? **IPNPDEL17**	1	2	3
e. Was an in-person visit with a doctor for an ongoing problem delayed? **IPOPDEL17**	1	2	3
f. Was an in-person visit with a doctor for a well visit/annual visit delayed? **WELLDEL17**	1	2	3
g. Was a mammogram delayed? **MAMMDEL17**	1	2	3
h. Was a colonoscopy delayed? **COLODEL17**	1	2	3
i. Was dental care delayed? **DENTDEL17**	1	2	3
j. Was any other care delayed? **OTHCDEL17** Specify:_**OTHCARE17**_____	1	2	--

COVID-19 Questions from

ABBREVIATED FOLLOW-UP INTERVIEW

Study of Women's Health Across the Nation

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **AIBI_DAY17†**
M M D D Y Y Y Y

F6. These next questions ask about events that we sometimes experience in our lives. **Since your last study visit,** have you experienced any of the following. [READ RESPONSE CATEGORIES.]

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
e. You were infected by COVID-19? **INFCOVY17**	1	2	3	4	5
f. Had a family member infected by COVID-19? **INFCOVF17**	1	2	3	4	5

F7. Have you received a COVID-19 vaccine? **CVACCIN17**

No……1
Yes…… ……2

COVID-19 Questions from

BRIEF INTERVIEW: TELEPHONE

Study of Women's Health Across the Nation

A4. DATE FORM COMPLETED: ___ ___ / ___ ___ / ___ ___ ___ ___ **AIBI_DAY17†**
M M D D Y Y Y Y

C2. These next questions ask about events that we sometimes experience in our lives. **Since your last study visit,** have you experienced any of the following. [READ RESPONSE CATEGORIES.]

	NO	YES Not at all upsetting	YES Somewhat upsetting	YES Very upsetting	YES Very upsetting and still upsetting
e. You were infected by COVID-19? **INFCOVY17**	1	2	3	4	5
f. Had a family member infected by COVID-19? **INFCOVF17**	1	2	3	4	5

C3. Have you received a COVID-19 vaccine? **CVACCIN17**

No……1
Yes…… ...……..……2