# COVID Questionnaire Draft

## Revised 4.8.20

## What is the goal of these questions?

* Important to know how the standard of care is being affected by the pandemic.
* Is COVID-19 affecting the specific behaviors we are looking at for our study outcomes?
* How much of the effect is biasing away from the null?
* This would give information into the dips or rise that we may see into different behaviors.

## How should these questions be used?

Adding questions to study follow-up will not require IRB approval. Questions related to study outcomes should be added once final questions are approved\*\*. Additional questions are suggested and will be added at the study team’s request.

## Introductory Language:

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus. This next set of questions discuss how the COVID-19 pandemic has affected you.

## Questions:

1. In your area, is there a stay-at-home order by the city, county or state government for COVID-19/Coronavirus?
2. Yes
3. No
4. I don’t know

#### How well do you feel you have been able to adhere to COVID-19 prevention measures, such as a stay-at-home order or a ban on gatherings? Please use the slider to indicate your answer on a scale of 0 to 100.

0\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[\_\_]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100

1. Compared to the time before COVID-19/Coronavirus, please tell us **if COVID-19 and the plans used to manage COVID-19 have impacted you. Please tell us only if it has changed because of COVID-19**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Has highly decreased because of COVID-19 | Has somewhat decreased because of COVID-19 | Has not changed/no different because of COVID-19 | Has somewhat increased because of COVID-19 | Has highly increased because of COVID-19 |
| General | | | | | |
| General quality of life |  |  |  |  |  |
| Levels of anxiety |  |  |  |  |  |
| Quality of sleep |  |  |  |  |  |
| Feeling connected to family |  |  |  |  |  |
| Feeling connected to friends |  |  |  |  |  |
| Access to money |  |  |  |  |  |
| Access to internet/stability of internet |  |  |  |  |  |
| Project Specific | | | | | |
| Engaging in PROJECTNAME procedures or visits |  |  |  |  |  |
| Other Impacts of COVID-19 on income/housing/insurance/food | | | | | |
| Number of paid work hours |  |  |  |  |  |
| Need to financially support other family/partners who have lost jobs |  |  |  |  |  |
| Difficulty buying food |  |  |  |  |  |
| Difficulty paying rent |  |  |  |  |  |
| Other Impacts of COVID-19 on your life? | ENTER TEXT | | | | |
| Risk Behaviors and Study Outcomes\*\* | | | | | |
| Number of sexual partners |  |  |  |  |  |
| Opportunities to have sex |  |  |  |  |  |
| Your use of dating/hook-up apps to connect virtually with other men |  |  |  |  |  |
| Access to condoms |  |  |  |  |  |
| Use of condoms |  |  |  |  |  |
| Your use of dating/hook-up apps to meet other men in person |  |  |  |  |  |
| Access to STI testing or treatment |  |  |  |  |  |
| Use of recreational drugs |  |  |  |  |  |
| Alcohol consumption |  |  |  |  |  |
| *For youth NOT living with HIV* |  |  |  |  |  |
| Access to HIV testing |  |  |  |  |  |
| Getting HIV tested |  |  |  |  |  |
| *For youth on PrEP* |  |  |  |  |  |
| Getting PrEP care clinical visits |  |  |  |  |  |
| Access to PrEP |  |  |  |  |  |
| Daily adherence to PrEP |  |  |  |  |  |
| *For youth who are transgender* |  |  |  |  |  |
| Access to hormones |  |  |  |  |  |
| Adherence to hormones |  |  |  |  |  |
| OTHER impacts of COVID-19 on HIV prevention? | ENTER TEXT | | | | |
| *For youth Living with HIV* |  |  |  |  |  |
| Access to HIV meds |  |  |  |  |  |
| Daily adherence to HIV meds |  |  |  |  |  |
| Getting HIV care clinical visits |  |  |  |  |  |
| Getting viral loads or other labs done |  |  |  |  |  |
| Other impacts of COVID-19 on your HIV care? | ENTER TEXT | | | | |

1. Compared to the time before COVID-19/Coronavirus, please tell us **if COVID-19 and the plans used to manage COVID-19 have impacted you. Please tell us only if it has changed because of COVID-19**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, because of COVID-19 | No | Has not changed/no different because of COVID-19 |
| Have you lost your job, or one of your jobs? |  |  |  |
| Have you lost your insurance? |  |  |  |
| Have you become homeless or moved in with a friend due to being unable to pay housing costs? |  |  |  |

1. In the past 3 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?
   1. Yes
   2. No
   3. Don't know
   4. Prefer not to answer
2. How has COVID-19 and efforts to manage it influenced you, your wellbeing and sexual and mental health? [ENTER TEXT]
3. Have you had trouble getting an HIV test because of COVID-19 or the public health efforts to manage it? \*\*
   1. No
   2. Yes
   3. I haven’t tried to get an HIV/STI test since COVID began
4. Have you had trouble getting a STI test (like syphilis, gonorrhea or chlamydia) because of COVID-19 or the public health efforts to manage it? \*\*
   1. No
   2. Yes
   3. I haven’t tried to get an STI test since COVID began

For those on PrEP

1. Have you had trouble getting your PrEP medication because of COVID-19 or the public health efforts to manage it? \*\*
2. No
3. Yes
4. I haven’t tried to get my PrEP medication

For those getting HIV care

1. Have you had trouble getting your HIV medication because of COVID-19 or the public health efforts to manage it? \*\*
2. No
3. Yes
4. I haven’t tried to get my HIV medication
5. Have you had trouble making or keeping your HIV care appointments with your doctor because of COVID-19 or the public health efforts to manage it? \*\*
6. No
7. Yes
8. I haven’t tried to have an appointment with my doctor

\*\* If related to primary outcomes, question should be included.