

## Appendix 4 (as supplied by the authors): Supplementary information Follow-up data collection form

CCEDRRN Study

Follow-Up

Patient Study ID \_\_\_\_\_

### The Veterans Rand 12-Item Health Survey (VR12)

**Instructions:** This questionnaire asks for your views about your health, at 30 and 60 days, and at 6 and 12 months.

1. From 1 being in excellent health, and 5 being poor health, how good is your health in general?]

EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1	2	3	4	5

2. Does your health limit you in activities now? If so, how much?

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1	2	3
b. Climbing several flights of stairs?	1	2	3

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	NO, NONE OF THE TIME	YES, A LITTLE OF THE TIME	YES, SOME OF THE TIME	YES, MOST OF THE TIME	YES, ALL OF THE TIME
a. Accomplished less than you would like.	1	2	3	4	5
b. Were limited in the kind of work or other activities.	1	2	3	4	5

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	NO, NONE OF THE TIME	YES, A LITTLE OF THE TIME	YES, SOME OF THE TIME	YES, MOST OF THE TIME	YES, ALL OF THE TIME
a. Accomplished less than you would like.	1	2	3	4	5
b. Didn't do work or other activities as carefully as usual.	1	2	3	4	5

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5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and house work)?

NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1	2	3	4	5

6. How much of the time during the past 4 weeks:

	ALL OF THE TIME	MOST OF THE TIME	A GOOD BIT OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. Have you felt calm and peaceful?	1	2	3	4	5	6
b. Did you have a lot of energy?	1	2	3	4	5	6
c. Have you felt downhearted blue?	1	2	3	4	5	6

Comments:

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
1	2	3	4	5

Comments:

8. Compared to one year ago, how would you rate your physical health in general now?

MUCH BETTER	SLIGHTLY BETTER	ABOUT THE SAME	SLIGHTLY WORSE	MUCH WORSE
1	2	3	4	5

Comments:

9. Compared to one year ago, how would you rate your emotional problems (such as feeling anxious, depressed or irritable) now?

MUCH BETTER	SLIGHTLY BETTER	ABOUT THE SAME	SLIGHTLY WORSE	MUCH WORSE
1	2	3	4	5

## WHO Ordinal Scale Assessment

**Instructions:** Assign the WHO Ordinal Scale after asking questions 10 & 11 at 30 days only.

Date Ascertained: \_\_\_\_\_

10) Have you been discharged from hospital? If in hospital, also inquire if the case is mild or severe.

No       Yes

11) Have you visited an Emergency Department or been re-admitted to hospital since your discharge?

No       Yes. Where? \_\_\_\_\_

Researcher Assigns the WHO COVID-19 ORDINAL Scale Assessment Based on Follow-up and Chart Review

Circle Most Appropriate	WHO Ordinal Scale Assessment
<b>Discharged, COVID Negative</b>	
0	Uninfected
<b>COVID-19 Positive, Discharged (Ambulatory)</b>	
1	No limitation of activities
2	Limitation of activities
<b>Hospitalized, Mild Disease</b>	
3	Not on supplemental oxygen
4	On oxygen by mask or nasal prongs
<b>Hospitalized, Severe Disease</b>	
5	If non-invasive ventilation or high flow-oxygen
6	If intubation and mechanical ventilation
7	If ventilation AND organ support – vasopressors RRT, ECMO
<b>Death</b>	
8	Death

## Contextual, Social and Cultural Questions

[ONLY COMPLETE IF **NOT** ALREADY COMPLETED IN A PRIOR FOLLOW-UP]

**Instructions.** Preliminary evidence suggests that COVID-19 may affect the health of individuals differently depending on their social and cultural backgrounds. For example, it is thought that gender may be important in determining how severe the disease becomes, and may be related to its transmission. Do you mind if we ask you a few additional questions about these factors?

**12) What sex were you assigned at birth?**

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other _____	<input type="checkbox"/> Prefer not to answer
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**13) Which of the following best describes your current gender identity?**

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Two-spirit	<input type="checkbox"/> Something else (e.g., gender fluid), please comment: _____
<input type="checkbox"/> Prefer not to answer			

**14) Can you please describe the race you most identify with.<sup>1</sup>**

<input type="checkbox"/> White	<input type="checkbox"/> Latin American	<input type="checkbox"/> South Asian (East Indian, Pakistani, Sri Lankan)	<input type="checkbox"/> Southeast Asian (Vietnamese, Cambodian)	<input type="checkbox"/> West Asian (Iranian, Afghan)
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Arab
<input type="checkbox"/> Black				
<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuk		
<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> Prefer not to answer		

**15) Which ethnic groups do you identify with?<sup>2</sup>**

<input type="checkbox"/> Canadian	<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> German
<input type="checkbox"/> Scottish	<input type="checkbox"/> Irish	<input type="checkbox"/> Italian	<input type="checkbox"/> <del>Ukrainian</del>
<input type="checkbox"/> Dutch	<input type="checkbox"/> Chinese	<input type="checkbox"/> Jewish	<input type="checkbox"/> Polish
<input type="checkbox"/> Portuguese	<input type="checkbox"/> South Asian	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Welsh
<input type="checkbox"/> Swedish	<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit
<input type="checkbox"/> Other, please specify _____		<input type="checkbox"/> I don't know	
<input type="checkbox"/> Prefer not to answer			

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**16) Are you now, or have you ever been a landed immigrant in Canada?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
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If yes, in what year did you first become a landed immigrant in Canada? \_\_\_\_\_ (YYYY)

If yes, for what purpose did you come to Canada? Economic family refugee other \_\_\_\_\_

Prefer not to answer

**17) What is the highest level of education you have completed?<sup>3</sup>**

<input type="checkbox"/> No certificate, diploma or degree	<input type="checkbox"/> High school diploma or equivalency certificate	<input type="checkbox"/> Trade certificate or diploma (apprentice and non-apprentice trade certificate)	<input type="checkbox"/> College, CEGEP or non-university certificate or diploma
<input type="checkbox"/> University certificate or diploma below bachelor level	<input type="checkbox"/> University certificate, diploma, or degree at bachelor level or above (includes degrees above bachelor level, in medicine/dentistry/veterinary medicine/optometry, master's degree, and doctorate)		<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Prefer not to answer			

**18) Do you have children under 18 living at home with you, or whom you have a regular responsibility for?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
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**19) Do you provide unpaid assistance or care to a family member because of a health condition or disability? This could include a physical, mental, emotional, cognitive, behavioral or developmental disability; a chronic health condition or psychiatric condition, or blindness or deafness. Assistance can include medical care or help with everyday activities, including supervision or reminders.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
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**20) If yes, what is your relationship to the person to whom you provide assistance?**

<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Child	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend	<input type="checkbox"/> Other relative
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Prefer not to answer		

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21) Which describes your living situation when you came to the ED on \_\_\_\_\_?  
(MMM/DD/YYYY)

<input type="checkbox"/> Home	<input type="checkbox"/> Long-term care/rehab	<input type="checkbox"/> Single-room occupancy	<input type="checkbox"/> Long Term Care facility
<input type="checkbox"/> Shelter	<input type="checkbox"/> Other _____		<input type="checkbox"/> Prefer not to answer

22) If you were COVID-19 positive, were you able to self-quarantine?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please comment: _____	<input type="checkbox"/> Prefer not to answer
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23) What sector of the economy were you working in at the time you went to the Emergency Department for possible COVID?

<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Raw materials extraction: mining/oil	<input type="checkbox"/> Tourism and Hospitality	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Construction	<input type="checkbox"/> Professional, scientific & technical services: IT, accounting, legal, public relations	<input type="checkbox"/> Farming/Fishing	<input type="checkbox"/> Utilities: electricity, gas
<input type="checkbox"/> Retail	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Education	<input type="checkbox"/> Public Sector
<input type="checkbox"/> Research & Development	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Prefer not to answer	

24) What was your household's annual income level before COVID?<sup>4</sup>

<input type="checkbox"/> <\$22,400	<input type="checkbox"/> 22,401-29,900	<input type="checkbox"/> \$29,901-36,200	<input type="checkbox"/> 36,201-42,300	<input type="checkbox"/> 42,301-48,400
<input type="checkbox"/> 48,400-55,301	<input type="checkbox"/> 55,301-63,200	<input type="checkbox"/> 63,201-73,700	<input type="checkbox"/> 73,701-91,100	<input type="checkbox"/> 91,101+
<input type="checkbox"/> Prefer not to answer				

25) What is your current annual income level?

<input type="checkbox"/> <\$22,400	<input type="checkbox"/> 22,401-29,900	<input type="checkbox"/> \$29,901-36,200	<input type="checkbox"/> 36,201-42,300	<input type="checkbox"/> 42,301-48,400
<input type="checkbox"/> 48,400-55,301	<input type="checkbox"/> 55,301-63,200	<input type="checkbox"/> 63,201-73,700	<input type="checkbox"/> 73,701-91,100	<input type="checkbox"/> 91,101+
<input type="checkbox"/> Prefer not to answer				

#### REFERENCES:

1. Canadian Institutes for Health Information. Canadian Patient Experiences Survey – Inpatient Care Procedure Manual. December 2015. 2015.
2. Statistics Canada. Canadian Community Health Survey – Annual Component (CCHS) – 2020. 2020; <https://www23.statcan.gc.ca/imdb/p25v.pl?Function=getSurvey&SDDS=3226>.
3. Statistics Canada. Chart 1: Educational attainment<sup>1</sup> for the population aged 25 to 64, Canada, 2016. 2017.
4. Statistics Canada. Upper income limit, income share and average of adjusted market, total and after-tax income by income decile. Vol Table: 11-10-0193-01 (formerly CANSIM 206-0032)2018.