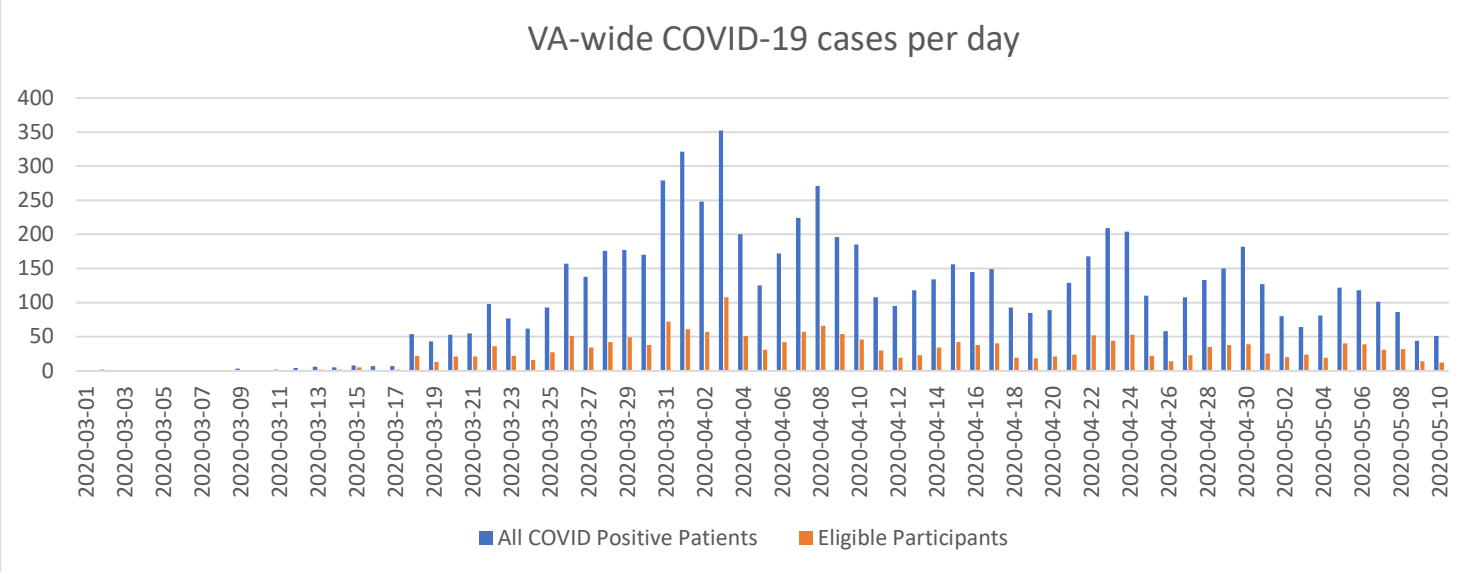
Supplement VA REACH Trial

Sample size, power: Our proposed primary comparisons were between each of the active arms and the placebo arm, and therefore, we did not propose to adjust for multiple comparisons in our analyses.[1] We required 300 participants (100 per arm) to power our study appropriately. For the primary outcome of symptom duration, we estimated an average duration of symptoms between 10-12 days based on two studies that had standard deviations of approximately three days and four days.[2] Limited data were available on the natural history at the time of sample size calculation. To be conservative, we assumed a standard deviation of six days. Assuming a loss rate of 10 participants per arm during follow-up (losses to follow-up but not death), the study parameters provided greater than 90% power to detect a three-day reduction in the average days of symptoms. For the secondary outcome of hospitalization, we would have required 600 participants (200 per arm). We estimated that 20% of COVID-19 cases would be hospitalized in the placebo arm,[3] which provides 80% power to detect a reduction of between 9-10% in hospitalization in one or both active treatment groups. As the figure demonstrates below, we had enough eligible participants available to rapidly achieve our target sample size.

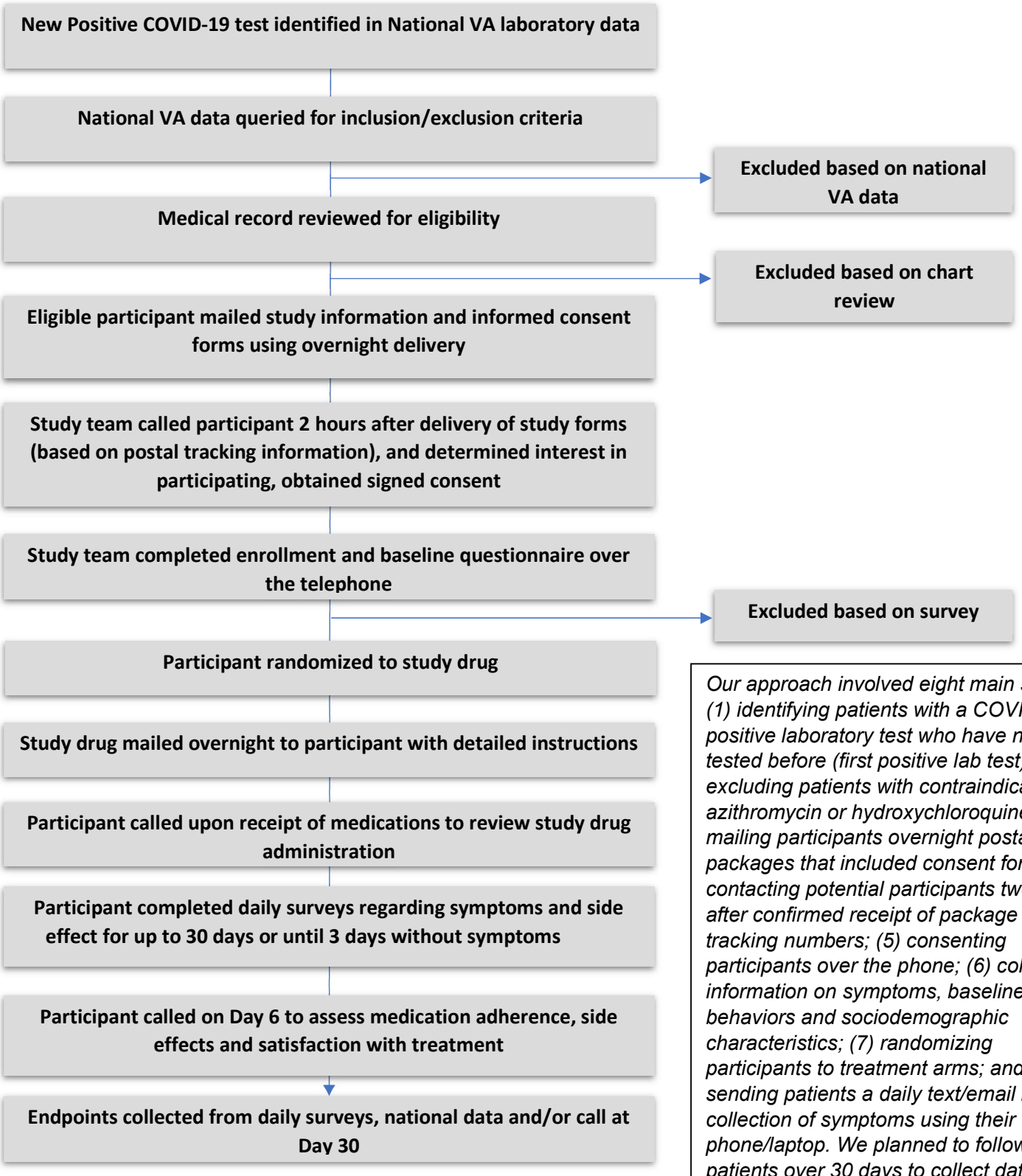
Figure S1: Daily count of COVID-19 positive tests across the VA and count of daily eligible participants based on VA laboratory data.



This figure demonstrates the number of positive lab tests collected each day in the VA between March 1st and May 10th and the number of participants that met inclusion criteria. Given the limited duration of the trial, we reviewed all cases between March 1st and May 10th and identified 7509 cases of which about 3738 patients met inclusion criteria (on average 28 per day) suggesting a sufficient number of eligible participants to support rapid recruitment to achieve the primary outcomes (possibly over three to four months).

1. Juszczak E, Altman DG, Hopewell S, Schulz K. Reporting of Multi-Arm Parallel-Group Randomized Trials: Extension of the CONSORT 2010 Statement. *JAMA* 2019;321(16):1610-1620. (In eng). DOI: 10.1001/jama.2019.3087.
2. Chen J, Qi T, Liu L, et al. Clinical progression of patients with COVID-19 in Shanghai, China. *J Infect* 2020 (In eng). DOI: 10.1016/j.jinf.2020.03.004.
3. Team NCPERE. [The epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) in China]. *Zhonghua Liu Xing Bing Xue Za Zhi* 2020;41(2):145-151. (In chi). DOI: 10.3760/cma.j.issn.0254-6450.2020.02.003.

Figure S2: VA REACH Workflow



Our approach involved eight main steps: (1) identifying patients with a COVID-19 positive laboratory test who have not been tested before (first positive lab test); (2) excluding patients with contraindications to azithromycin or hydroxychloroquine; (3) mailing participants overnight postal packages that included consent forms; (4) contacting potential participants two hours after confirmed receipt of package using tracking numbers; (5) consenting participants over the phone; (6) collecting information on symptoms, baseline health behaviors and sociodemographic characteristics; (7) randomizing participants to treatment arms; and (8) sending patients a daily text/email link for collection of symptoms using their phone/laptop. We planned to follow patients over 30 days to collect data on symptoms and hospitalization. Our approach leveraged national VA laboratory and electronic medical records systems as well as a telehealth team with experience in national cohort studies.

Trial Implementation Challenges and Proposed Solutions

There were several challenges encountered in the implementation of this trial. The trial was placed on hold on May 4, 2020, a few days after the first participant was enrolled. Although the decision-making regarding the trial status involved several issues, one key challenge involved notification of local site personnel of the clinical trial in the absence of local investigators. The Veteran's primary care provider had been notified via email at the time the patient was enrolled; however, nursing staff at the local clinic providing care to the first enrolled COVID-19 patient were unaware of the trial. They communicated their concern about placing a Veteran on hydroxychloroquine to their local clinic leadership who in turn communicated to VA research leadership. Because this was a locally initiated trial, there was no national dissemination about the existence of the trial. An alternative approach would have been to obtain VA Central IRB approval which would have required identifying local investigators at every VA that would potentially enroll a patient and then obtaining Research and Development (R&D) committee approval at every VA site; this process (in the investigators experience) would have required several months which was undesirable given the imperative to begin enrollment during the pandemic. Future efforts should coordinate with the national VA research infrastructure to ensure that local sites are fully informed about the study, preferably before enrollment begins. Additionally, another drug may not have engendered such significant concern. The media attention about hydroxychloroquine created an environment of heightened sensitivity around use of this drug. Ironically, the first participant enrolled was quite aware of the controversy surrounding hydroxychloroquine and stated he had taken this drug during his service and had suffered no adverse effects. **Table S2 describes other challenges identified in implementing the trial.**

Table S2. Other Trial Implementation Challenges

Challenge	Solution	Alternative Solutions
A signature on the consent form was required at the time of trial initiation, verbal consent was not acceptable. Many participants did not have home printers; therefore, emailing consent forms was not an option.	The consent form was mailed via overnight postal delivery. Participants sent photos of signed consent form to research staff.	Digital consent
A symptom-based outcome (days of symptoms) required frequent participant monitoring	Use of a brief text/email strategy required smart phones or access to email.	Paper logs recording symptoms with more frequent telephone calls to collect information. Or mailing paper logs to study team.
Mail-based delivery of drugs rather than in-person dispensing of drugs	Participants would receive a telephone call upon receipt of drugs to go over questions and drug administration.	
Postal delivery would lead to late receipt of medications for some participants. This could impact dosing schedule.	Modified directions on drug administration were required based on timing of the delivery of the medication to the participant via mail.	
There would be a 2- to 3-day delay between consent and receipt of study drugs	Identify participants earlier in their disease course via medical record review.	Digital consent can reduce the time from participant identification to randomization.
Only 1 out of 4 participants met trial inclusion criteria	The availability of national data mitigated this problem as new cases were available every day.	The trial enrollment criteria were more stringent than ongoing trials and could be relaxed, but given the

	This promoted a safe trial with low risk of adverse events.	patients were not in a monitored setting, the tradeoff was appropriate.
Low Recruitment Rate	Our recruitment rate was lower than expected and only 2 out of 10 were willing to participate. However, the politicization of hydroxychloroquine and concerns about potential risks may have negatively affected the recruitment rate. A different drug may have had a higher recruitment rate.	Other drugs may be more acceptable to participants.
The patient's care team was unaware of the trial	Investigators emailed patient's primary provider and had provided study team contact information directly to the participant that could be shared with the care provider.	Improved digital methods for contacting the primary provider and the Patient Aligned Care Team (PACT) could be developed in the VA medical record to alert the care team of trial enrollment of a patient.

Data Collection Tools

1) Baseline survey (*telephone interview*)

2) Daily Follow-up Survey (symptom monitoring, adverse event monitoring, healthcare utilization monitoring), (*follow-up via secure messaging strategies or telephone if no response*)

3) Day 6 Adherence Follow-up, (*follow-up via secure messaging strategies or telephone if no response*)

4) Day 30 Hospitalization Follow-up, (*follow-up via secure messaging strategies or telephone if no response*)

Baseline Survey

"First, I'd like to ask about your symptoms."

1. **Approximately what date did you first experience symptoms?** *baseline_sx_date*
   _____

2. **Which of the following symptoms have you had in the last 24 hours? (CHECK ALL THAT APPLY):** *baseline_sx*
   1, A cough (worse than usual if you have a baseline cough)
   2, Shortness of breath (worse than usual if you have baseline sob)
   3, A temperature greater than 100.4°F or 38°C
   4, Fever or chills
   5, A painful sore throat
   6, Muscle aches (worse than usual if you have baseline muscle aches)
   7, A runny nose
   8, Can't taste normally
   9, Can't smell normally
   10, Nausea
   11, Vomiting
   12, Diarrhea
   13, Headache
   14, None of the above

3. **These next statements I read are about getting medical care through the VA and outside of the VA. Please tell me which one of these statements best fits your current situation.** *vacare*
   1, I get all of my medical care through the VA.
   2, I get most of my medical care through the VA, but sometimes get care outside the VA.
   3, I get most of my medical care outside the VA, but use the VA as a back-up or safety net. For example, for prescriptions, minor services, or specialized services.
   99, Refused
   100, Don't know

   If the participant gets most of their care outside of the VA [3] then exclude participant. If refused or don't know, exclude. Read below statement:

   "Thank you for your time today, Mr./Ms. ___, but we are only enrolling participants who receive most or all of their medical care through the VA."

4. **Are you participating in any other COVID-19 trials?** *otherstudy*
   1, Yes
   2, No
   99, Refused
   100, Don't know

   If yes, refused or don't know, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but for participants' safety, we are only enrolling those who are not participating in any other COVID-19 trials."

Now, I'd like to ask about drug allergies and any medications you are taking.

5. **Do you have any known drug allergies?** *allergy*
   1, Yes
   2, No
   99, Refused
   100, Don't know

   If yes, ask 6. If no, skip to 7. If refused or don't know, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but for your safety, if we do not knowwhich drugs you are allergic to, we cannot enroll you in the study."

6. **What drugs are you allergic to?** *allergy_names*
   1, Azithromycin (Azasite, Azithromycin 3 Day Dose Pack, Azithromycin 5 Day Dose 3, Pack, Zithromax, Zithromax TRI-PAK, Zithromax Z-Pak, Zmax)
   2, Clarithromycin (Biaxin, Biaxin XL)
   3, Erythromycin (E.E.S., Robimycin, EMycin, Erymax, Ery-Tab, Eryc Ranbaxy, Erypar, Eryped, Erythrocin Stearate Filmtab, Erythrocot, E-Base, Erythroped, Ilosone, MY-E, Pediamycin, Abboticin, Abboticin-ES, Erycin, PCE Dispertab, Stiemycine, Acnasol, Tiloryth)
   4, None of the above
   99, Refused
   100, Don't know

   If listed any drug above, exclude and read below statement:

   "Thank you for your time today, Mr./Ms. ___, but since you are allergic to ___, you are not eligible to participate in our study since it is the same as/similar to the drug we are using in our study."

7. **Are you able to swallow pills?** *oralmed*
   1, Yes
   2, No
   99, Refused
   100, Don't know

   If yes, refused or don't know, exclude and read below statement:

   "Thank you for your time today, Mr./Ms. ___, but since our study requires participants to swallow pills, you are not eligible to participate."

8. **Do you currently receive any prescription medications from a non-VA pharmacy?** *non_varx*
   1, Yes
   2, No
   99, Refused
   100, Don't know

If yes, ask 9. If no, skip to 10. If refused or don't know, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but for participants' safety, we are only enrolling those who can state whether or not they receive any prescriptions from a non-VA pharmacy."

9. What medication? *nonvarx_names*

1, Amiodarone (Cordarone, Pacerone, Nexterone)
2, Anagrelide (Agrylin, Xagrid)
3, Arsenic trioxide (Trisenox)
4, Azithromycin (Azasite, Azithromycin 3 Day Dose Pack, Azithromycin 5 Day Dose Pack, Zithromax, Zithromax TRI-PAK, Zithromax Z-Pak, Zmax)
5, Bepridil (Vascor)
6, Cesium Chloride (Energy Catalyst)
7, Chloroquine (Aralen)
8, Chlorpromazine (Thorazine, Largactil, Megaphen)
9, Cilostazol (Pletal)
10, Ciprofloxacin (Cipro, Proquin XR, Neofloxin)
11, Citalopram (Celexa, Cipramil)
12, Clarithromycin (Biaxin, Prevpac)
13, Disopyramide (Norpace)
14, Dofetilide (Tikosyn)
15, Donepezil (Aricept)
16, Dronedarone (Multaq)
17, Droperidol (Inapsine, Droleptan, Dridol, Xomolix)
18, Erythromycin (E.E.S., Robimycin, EMycin, Erymax, Ery-Tab, Eryc Ranbaxy, Erypar, Eryped, Erythrocin Stearate Filmtab, Erythrocot, E-Base, Erythroped, Ilosone, MY-E, Pediamycin, Abboticin, Abboticin-ES, Erycin, PCE Dispertab, Stiemycine, Acnasol, Tiloryth)
19, Escitalopram (Cipralex, Lexapro, Nexito, Anxiset-E, Exodus, Esto, Seroplex, Elicea, Lexamil, Lexam, Entact, Losita, Reposil, Animaxen, Esitalo, Lexamil)
20, Flecainide (Tambocor, Almarytm, Apocard, Ecrinal, Flécaine)
21, Fluconazole (Diflucan, Trican)
22, Haloperidol (Haldol)
23, Hydroxychloroquine (Plaquenil, Quineprox)
24, Ibutilide (Corvert)
25, Levofloxacin (Levaquin, Tavanic)
26, Methadone (Dolophine, Symoron, Amidone, Methadose, Physeptone, Heptadon)
27, Moxifloxacin (Avelox, Avalox, Avelon)
28, Ondansetron (Zofran, Anset, Ondemet, Zuplenz, Emetron, Ondavell, Emeset, Ondisolv, Setronax)
29, Oxaliplatin (Eloxatin)
30, Papaverine HCl (Intracoronary)
31, Pentamidine (Pentam)
32, Pimozide (Orap)
33, Procainamide (Pronestyl, Procan)
34, Propofol (Diprivan, Propoven)
35, Quinidine (Quinaglute, Duraquin, Quinact, Quinidex, Cin-Quin, Quinora)
36, Sotalol (Betapace, Betapace AF, Sorine, Sotalol Hydrochloride AF, Sotylize)
37, Thioridazine (Mellaril, Novoridazine, Thioril)
38, Vandetanib (Caprelsa)
39, None of the above
99, Refused

100, Don't know

If listed any drug above, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but since you are currently taking ___, which is the same as/similar to the drugs we use in this study, you are not eligible to participate as it would be unsafe for you to take this medication and the study drug at the same time."

If refused or don't know, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but for participants' safety, we are only enrolling those who can state which medications they receive from non-VA pharmacies."

10. **Are you currently taking azithromycin, or Zithromax Z-Pak? (Examples include: Azithromycin 3 Day Dose Pack, Azithromycin 5 Day Dose Pack, Zithromax TRI-PAK, Zmax)** *azithro*
    1, Yes
    2, No
    99, Refused
    100, Don't know

If yes, refused or don't know, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but since you are already taking azithromycin, you are not eligible to participate in our study as it would be unsafe for you to take two separate doses of this medication."

If participant is 50 years or younger and female, ask 11-12. Otherwise, skip to 13:

11. **One of the study medications may increase risks to pregnant women. Are you pregnant or planning to become pregnant (within the next month)?** *pregnant*
    1, Yes
    2, No
    99, Refused
    100, Don't know

If yes, refused or don't know, exclude and read below statement:

"Thank you for your time today, Ms. ___, but since you are pregnant/planning to become pregnant within the next month, you are not eligible to participate in our study since the study medication may increase risks to pregnant women."

12. **Are you currently breastfeeding?** *breastfeeding*
    1, Yes
    2, No
    99, Refused
    100, Don't know

If yes, refused or don't know, exclude and read below statement:

"Thank you for your time today, Ms. ___, but since you are breastfeeding, you are not eligible to participate in our study as the study medication may increase risks to breastfeeding children."

"Now, I'd like to ask about your use of tobacco and marijuana products in the past 30 days."

13. **In the last 30 days, have you smoked a…** *tb30*
    1, Cigarette
    2, Cigarillo
    3, Cigar
    4, Pipe
    5, None of the above
    99, Refused
    100, Don't know

If smoked tobacco in any form, ask 14. If none, skip to 15.

14. **In the past 30 days on how many days did you smoke tobacco?** *tb30fq*
    1, Every day
    2, Nearly every day
    3, Every other day
    4, Twice a week
    5, Once a week
    6, Twice a month
    7, Once a month
    99, Refused
    100, Don't know

15. **In the last 30 days, have you vaped nicotine?** *tbecg_30*
    1, Yes
    2, No
    99, Refused
    100, Don't know

If yes, ask 16. If no, skip to 17.

16. **In the past 30 days on how many days did you vape nicotine?** *tbcef30fq*
    1, Every day
    2, Nearly every day
    3, Every other day
    4, Twice a week
    5, Once a week
    6, Twice a month
    7, Once a month
    99, Refused
    100, Don't know

17. **Have you smoked marijuana in the last 30 days?** *mjsmk30*
    1, Yes
    2, No

99, Refused
100, Don’t know

If yes, ask 18. If no, skip to 19.

18. In the past 30 days on how many days did you smoke marijuana? *mjsmk30fq*
1, Every day
2, Nearly every day
3, Every other day
4, Twice a week
5, Once a week
6, Twice a month
7, Once a month
99, Refused
100, Don’t know

19. In the past 30 days did you vape cannabis or marijuana products? *mjvap30*
1, Yes
2, No
99, Refused
100, Don’t know

If yes, ask 20. If no, skip to 21.

20. In the past 30 days on how many days did you vape cannabis or marijuana products? *mjvap30fq*
1, Every day
2, Nearly every day
3, Every other day
4, Twice a week
5, Once a week
6, Twice a month
7, Once a month
99, Refused
100, Don’t know

“This will be our last set of questions.”

21. What is the highest degree you have earned in school? *ssdegree*
1, High school diploma or equivalency
2, Associate degree (junior college)
3, Bachelor's degree
4, Master's degree
5, Doctorate
6, Professional degree (MD, JD, DDS, etc.)
7, Other: _____
8, None of the above (less than high school graduate)
99, Refused
100, Don't know

22. What is your current marital status? *ssrelationship*
1, Single, Never married

2, Partner
3, Engaged
4, Married or domestic partnership
5, Single, Widowed
6, Single, Divorced
7, Single, Separated
99, Refused
100, Don't know

23. Which of the following best describes your current housing situation? *sshousing*
1, House (manufactured home, prefabricated home, modular home, tiny home)
2, Apartment
3, Condominium
4, Domiciliary
5, Mobile Home (RV, motor home, trailer)
6, Homeless
7, Group home
8, Nursing home
9, Assisted living
10, Single room in a building (SRO)
11, Shelter
12, Other
99, Refused
100, Don't know

24. How many people live in your household including yourself? *sshousehold*
1, _____
99, Refused
100, Don't know

25. How hard is it for you (and your family) to pay for the very basics like food, medical care, and heating? Would you say it is: *ssdifficulty*
1, Very hard
2, Hard
3, Somewhat hard
4, Not very hard
99, Refused
100, Don't know

26. In the past four weeks did you worry that your household would not have enough food? *foodscar*
1, Yes
2, No
99, Refused
100, Don’t know

If yes, ask 27. If no, skip to 28.

27. How often did this happen? *foodscarfq*
1, Rarely (once or twice in the past four weeks)
2, Sometimes (three to ten times in the past four weeks)

3, Often (more than ten times in the past four weeks)
99, Refused
100, Don't know

28. **Are you able to complete a daily online survey and five or more phone surveys other than this one?** *followup*
1, Yes
2, No
99, Refused
100, Don't know

If no, refused or don't know, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but because our study requires us to monitor daily symptoms to see if the study drug is effective, we are only enrolling participants who are able to complete a daily online survey and five or more phone surveys."

29. **Can you receive a daily link to the survey via text message or email? Which do you prefer?** *contact*
1, No
2, Text message
3, Email
99, Refused
100, Don't know

[Interviewer note: enter veteran response here on best way to collect data, then test links with Veteran]

If no, refused or don't know, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but because our study requires us to monitor daily symptoms to see if the study drugs are effective, we are only enrolling participants who are able to receive a link to the daily survey via text message or email."

30. **What is your cell phone number?** *ptphone*

_____

31. **What is your secondary phone number?** *ptphone_2*

_____

32. **What is your email address?** *ptemail*

_____

33. **Can you provide us with an emergency contact so we can call them if we can't reach you?** *econsentcon*
1, Yes
2, No

If yes, ask 34-37. If no, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but we are only enrolling participants who can provide an emergency contact because it is very important for us to be able to reach out to someone close to you if we do not hear from you for two days in a row. "

34. **Emergency contact name:** *econname*

_____

35. **Emergency contact relationship:** *econrelat*

_____

36. **Emergency contact primary phone number:** *econphone*

_____

37. **Emergency contact secondary phone number:** *econphone_2*

_____

38. **May we have your consent to obtain your medical records if you are hospitalized in non-VA facilities during the trial period?** *consentrec*

1, Yes
2, No
99, Refused
100, Don't know

If no, refused, or don't know, exclude and read below statement:

"Thank you for your time today, Mr./Ms. ___, but we are only enrolling participants who give us consent to obtain their medical records if they are hospitalized in non-VA facilities. If we do not have your consent to do so, we cannot enroll you in our study."

Daily Follow-Up Survey (via secure messaging strategies)

1. **Which of the following symptoms have you had in the last 24 hours?** *symptoms_*
   1, A cough (worse than usual if you have a baseline cough)
   2, Shortness of breath (worse than usual if you have baseline sob)
   3, A temperature greater than 100.4°F or 38°C
   4, Fever or chills
   5, A painful sore throat
   6, Muscle aches (worse than usual if you have baseline muscle aches)
   7, A runny nose
   8, Can't taste normally
   9, Can't smell normally
   10, Nausea
   11, Vomiting
   12, Diarrhea
   13, Headache
   14, None of the above
   99, Refused
   100, Don’t know

   If no symptoms for 3 consecutive days after Day 6, Veteran is next administered Day 30 Survey.

2. **Have you received your medications?** meds_received_
   1, Yes
   2, No

3. **Since starting the study medication, have you experienced any new symptoms or medical problems that were not present before you started the study medicine?** *adverse_event_*
   1, Yes
   2, No
   3, I have not started the study medication

   If yes, ask:

4. **Which new symptoms did you develop (CHECK ALL THAT APPLY):** *adverse_symptom_*
   1, Nausea (due to study medication)
   2, Vomiting (due to study medication)
   3, Rash
   4, Itching
   5, Heart palpitations/irregular heartbeat
   6, Other (fill in: ____)

5. **In the last 24 hours have you sought in person medical care?** hospital_
   1, Yes, I have gone to the clinic
   2, Yes, I have gone to the ER
   3, Yes, I have been admitted to the hospital
   4, No

   If yes, ask:

6. **Did you seek care at the VA or outside the VA?** va_hospital_
   1, At the VA
   2, Outside the VA

Day 6 Follow-Up Survey

1. **How many pills do you have left? _____** medsleft_6

2. **Which of the following symptoms have you had in the last 24 hours?** *symptoms_6*
   1, A cough (worse than usual if you have a baseline cough)
   2, Shortness of breath (worse than usual if you have baseline sob)
   3, A temperature greater than 100.4°F or 38°C
   4, Fever or chills
   5, A painful sore throat
   6, Muscle aches (worse than usual if you have baseline muscle aches)
   7, A runny nose
   8, Can't taste normally
   9, Can't smell normally
   10, Nausea
   11, Vomiting
   12, Diarrhea
   13, Headache
   14, None of the above
   99, Refused
   100, Don’t know

   If no symptoms for 3 consecutive days after Day 6, Veteran is next administered Day 30 Survey.

3. **Have you received your medications?** meds_received_6
   1, Yes
   2, No

4. **Since starting the study medication, have you experienced any new symptoms or medical problems that were not present before you started the study medicine?** *adverse_event_6*
   1, Yes
   2, No
   3, I have not started the study medication

   If yes, ask:

5. **Which new symptoms did you develop (CHECK ALL THAT APPLY):** *adverse_symptom_6*
   1, Nausea (due to study medication)
   2, Vomiting (due to study medication)
   3, Rash
   4, Itching
   5, Heart palpitations/irregular heartbeat
   6, Other (fill in: ____)

6. **In the last 24 hours have you sought in person medical care?** hospital_6
   1, Yes, I have gone to the clinic
   2, Yes, I have gone to the ER
   3, Yes, I have been admitted to the hospital
   4, No

If yes, ask:

7. **Did you seek care at the VA or outside the VA?** va_hospital_6
   1, At the VA
   2, Outside the VA

Day 30 Follow-Up Survey

1. **Which of the following symptoms have you had in the last 24 hours?** *symptoms_30*
   1, A cough (worse than usual if you have a baseline cough)
   2, Shortness of breath (worse than usual if you have baseline sob)
   3, A temperature greater than 100.4°F or 38°C
   4, Fever or chills
   5, A painful sore throat
   6, Muscle aches (worse than usual if you have baseline muscle aches)
   7, A runny nose
   8, Can't taste normally
   9, Can't smell normally
   10, Nausea
   11, Vomiting
   12, Diarrhea
   13, Headache
   14, None of the above
   99, Refused
   100, Don’t know

2. **In the last 24 hours have you sought in person medical care?** hospital_30
   1, Yes, I have gone to the clinic
   2, Yes, I have gone to the ER
   3, Yes, I have been admitted to the hospital
   4, No

   If yes, ask 3. If no, skip to 4.

3. **Did you seek care at the VA or outside the VA?** va_hospital_30
   1, At the VA
   2, Outside the VA

4. **In the last 30 days have you been admitted to the hospital for any reason?** hospital_30days
   1, Yes
   2, No

   If yes, ask:

5. **Were you admitted at the VA or outside the VA?** va_hospital_30d
   1, At the VA
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