

Survey Questions to measure Long COVID Prevalence and Impact on Work

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General Long COVID Prevalence Questions (For use in any survey)

These questions would measure point-in-time prevalence: the number of people with Long COVID in the last month. It would not measure how long people have been experiencing symptoms, if they've ever had Long COVID, or if they've ever had their work impacted due to Long COVID.

Since January 1, 2020, have you had a confirmed or suspected COVID infection?

- Yes
- No

[If yes] In the last 4 weeks, did you experience any symptoms that have been present for at least two months following your COVID infection (for example, brain fog/changes in ability to think, fatigue, shortness of breath, menstrual changes, changes to taste/smell, inability to exercise, abnormal heart rate, etc.)?

- Yes
- No

[If yes] Have your persistent issues/symptoms following your COVID infection impacted your ability to work? [Check all that apply]

- Yes, I have required accommodations, like flextime or teleworking, to do my job.
- Yes, I have reduced my time spent on other activities (e.g. household chores, parenting, relationships, hobbies, etc.) to be able to work.
- Yes, I needed to reduce my hours.
- Yes, I had to quit my job.
- Yes, I was fired.
- Yes, I am now on short-term or long-term disability.
- Yes, I am on medical leave.
- No, I have been able to continue working as normal.
- No, but I have had to reduce hours or stop working for a reason other than my health (e.g. laid off, business closure, etc.).

Changes to Household Pulse Survey

The below changes and additions would enable the Household Pulse Survey to capture Long COVID point-in-time prevalence and impact on work.

Change to EMP section:

EMP4 What is your main reason for not working for pay or profit? Select only one answer. I did not work because:

- Split "I am/was sick with coronavirus symptoms or caring for someone who was sick with coronavirus symptoms" into three options:
 - "I had coronavirus, either without symptoms or with symptoms for less than two months."

- “I have had symptoms from a confirmed or suspected coronavirus infection for longer than two months that impact my ability to work.”
- “I am/was caring for someone who was sick with coronavirus (short or long-term) symptoms.”
- Change “I am/was sick (not coronavirus related) or disabled” to “I am/was sick or disabled (not coronavirus related)”

Add questions to HLTH section:

Since January 1, 2020, have you had a confirmed or suspected coronavirus infection?

- Yes
- No

[If yes] In the last 4 weeks, did you experience any symptoms that have been present for at least two months following your coronavirus infection (for example, brain fog/changes in ability to think, fatigue, shortness of breath, menstrual changes, changes to taste/smell, inability to exercise, abnormal heart rate, etc.)?

- Yes
- No

Add questions to EMP section:

If you are currently working for pay or profit but had to reduce your hours worked, by how much have you had to reduce your hours?

- Less than 5 hours/week
- 5-10 hours/week
- 11-20 hours/week
- More than 20 hours/week
- I have not reduced my hours worked

Replicate EMP4 question but for reducing hours worked:

[If any hours were selected in questions above] What is your main reason for reducing your hours worked? Select only one answer. I reduced my hours because:

- Include all EMP4 answers relevant to reducing hours, including selections added above.

Change to ED section:

ED4 Why did household members' classes this term change?

- Add option “Had coronavirus symptoms for over two months that impacted ability to take classes”
- Change “Caring for someone with coronavirus” to “Caring for someone with coronavirus or long-term symptoms from coronavirus”