

Non-hospitalized (circle):	Baseline	7 days	1 month	3 months	6 months	12 months
Hospitalized non-ICU (circle):	Admission	7 days/discharge	1 month	3 months	6 months	12 months
Hospitalized ICU (circle):	ICU Stay	7 days post-ICU discharge	1 month post-ICU discharge			
		3 months post-ICU discharge	6 months post-ICU discharge	12 months post-ICU discharge		

## Form C-1: Caregiving Survey

1. **What is your relationship to the care recipient? Are you their:**

- Spouse/Partner
- Parents/Parents-in-law/Step-parents
- Daughter/Son
- Daughter-in-law/Son-in-law
- Sibling/Step-sibling
- Friend
- Other Relative
- Other

2. **If you are NOT the spouse of the care recipient, what is your current marital status?**

- Single
- Married/Common-law/Partner
- Separated
- Divorced
- Widowed

3. **Do you currently live with the care recipient?**

- No
- Yes - part time
- Yes - full time

4. **Have you provided care in the past?**  No  Yes

**If yes** for whom: \_\_\_\_\_ and for how long: \_\_\_\_\_ (months)?

5. **Has your paid employment status changed since your family member was hospitalized?**

- No  Yes

**If Yes**, how has your paid employment changed? (please check all that apply)

- quit working; specify previous job \_\_\_\_\_
- changed jobs; specify new job \_\_\_\_\_
- took unpaid leave of absence for \_\_\_\_\_ weeks
- took paid leave of absence for \_\_\_\_\_ weeks
- laid off

Non-hospitalized (circle):	Baseline	7 days	1 month	3 months	6 months	12 months
Hospitalized non-ICU (circle):	Admission	7 days/discharge	1 month	3 months	6 months	12 months
Hospitalized ICU (circle):	ICU Stay	7 days post-ICU discharge	1 month post-ICU discharge			
		3 months post-ICU discharge	6 months post-ICU discharge	12 months post-ICU discharge		

- decreased hours of work by \_\_\_\_\_ hours/week
- increased hours of work by \_\_\_\_\_ hours/week
- started working outside the home; specify new job \_\_\_\_\_
- opened home business; specify business type \_\_\_\_\_
- other (specify): \_\_\_\_\_

6. a. Do you have children?  No  Yes  
 If yes, how many children? \_\_\_\_\_

b. What are their ages? Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_ Child 3: \_\_\_\_\_  
 Child 4: \_\_\_\_\_ Child 5: \_\_\_\_\_ Child 6: \_\_\_\_\_

7. Are there other Caregivers?  
 Yes  No

**If yes, who:**

- Spouse/Partner
- Parents/Parents-in-law/Step-parents
- Daughter/Son
- Daughter-in-law/Son-in-law
- Sibling/Step-sibling
- Friend
- Other Relative
- Other











Non-hospitalized (circle):	Baseline	7 days	1 month	3 months	6 months	12 months
Hospitalized non-ICU (circle):	Admission	7 days/discharge	1 month	3 months	6 months	12 months
Hospitalized ICU (circle):	ICU Stay	7 days post-ICU discharge	1 month post-ICU discharge			
		3 months post-ICU discharge	6 months post-ICU discharge	12 months post-ICU discharge		

### Form C-4: Personal Gain Scale

Sometimes people can also learn things about themselves from taking care of a close relative. What about you?

How much have you...

**1. Become more aware of your inner strengths?**

1	2	3	4
Not at all	Just a little	Somewhat	Very Much

**2. Become more self-confident?**

1	2	3	4
Not at all	Just a little	Somewhat	Very Much

**3. Grown as a person?**

1	2	3	4
Not at all	Just a little	Somewhat	Very Much

**4. Learned to do things you didn't do before?**

1	2	3	4
Not at all	Just a little	Somewhat	Very Much

Non-hospitalized (circle):      Baseline    7 days                    1 month    3 months    6 months.    12 months

Hospitalized non-ICU (circle):    Admission    7 days/discharge    1 month    3 months    6 months    12 months

Hospitalized ICU (circle):        ICU Stay    7 days post-ICU discharge    1 month post-ICU discharge

3 months post-ICU discharge    6 months post-ICU discharge    12 months post-ICU discharge

## Form C-5: Mastery Scale

How strongly do you agree or disagree that:

### 1. You have little control over the things that happen to you.

1  
Strongly  
Disagree

2  
Disagree

3  
Agree

4  
Strongly  
Agree

### 2. There is really no way you can solve some of the problems you have.

1  
Strongly  
Disagree

2  
Disagree

3  
Agree

4  
Strongly  
Agree

### 3. There is little you can do to change many of the important things in your life.

1  
Strongly  
Disagree

2  
Disagree

3  
Agree

4  
Strongly  
Agree

### 4. You often feel helpless in dealing with the problems of life.

1  
Strongly  
Disagree

2  
Disagree

3  
Agree

4  
Strongly  
Agree

### 5. Sometimes you feel that you are being pushed around in life.

1  
Strongly  
Disagree

2  
Disagree

3  
Agree

4  
Strongly  
Agree

### 6. What happens to you in the future mostly depends on you.

1  
Strongly  
Disagree

2  
Disagree

3  
Agree

4  
Strongly  
Agree

Non-hospitalized (circle):      Baseline    7 days                    1 month    3 months    6 months.    12 months

Hospitalized non-ICU (circle):    Admission    7 days/discharge    1 month    3 months    6 months    12 months

Hospitalized ICU (circle):      ICU Stay    7 days post-ICU discharge    1 month post-ICU discharge

3 months post-ICU discharge    6 months post-ICU discharge    12 months post-ICU discharge

**7. You can do just about anything you really set your mind to do.**

1  
Strongly  
Disagree

2  
Disagree

3  
Agree

4  
Strongly  
Agree

Non-hospitalized (circle):      Baseline    7 days                    1 month    3 months    6 months.    12 months

Hospitalized non-ICU (circle):    Admission    7 days/discharge    1 month    3 months    6 months    12 months

Hospitalized ICU (circle):          ICU Stay    7 days post-ICU discharge    1 month post-ICU discharge

3 months post-ICU discharge    6 months post-ICU discharge    12 months post-ICU discharge

### Form C-6: Medical Outcomes Study Social Support Questionnaire

Next are some questions about the support that is available to **you**.

About how many close friends and close relatives do you have (people you feel at ease with and can talk to about what is on your mind)? Write in number of close friends and close relatives

Write in number of close friend and close relatives: \_\_\_\_\_

How often do you have...

(Circle one number on each line)

	None of the Time	A Little of the Time	Some of the Time	Most of the Time	All of the Time
1. Someone to help you if you were confined to bed	1	2	3	4	5
2. Someone you can count on to listen to you when you need to talk	1	2	3	4	5
3. Someone to give you good advice about a crisis	1	2	3	4	5
4. Someone to take you to the doctor if you needed it	1	2	3	4	5
5. Someone who shows you love and affection	1	2	3	4	5
6. Someone to have a good time with	1	2	3	4	5
7. Someone to give you information to help you understand a situation	1	2	3	4	5
8. Someone to confide in or talk to about yourself or your problems	1	2	3	4	5
9. Someone who hugs you	1	2	3	4	5
10. Someone to get together with for relaxation	1	2	3	4	5
11. Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
12. Someone whose advice you really want	1	2	3	4	5
13. Someone to do things with to help you get your mind off things	1	2	3	4	5
14. Someone to help with daily chores if you were sick	1	2	3	4	5
15. Someone to share your most private worries and fears with	1	2	3	4	5

Non-hospitalized (circle):      Baseline    7 days                    1 month    3 months    6 months.    12 months

Hospitalized non-ICU (circle):    Admission    7 days/discharge    1 month    3 months    6 months    12 months

Hospitalized ICU (circle):          ICU Stay    7 days post-ICU discharge    1 month post-ICU discharge

3 months post-ICU discharge    6 months post-ICU discharge    12 months post-ICU discharge

	<b>None of the Time</b>	<b>A Little of the Time</b>	<b>Some of the Time</b>	<b>Most of the Time</b>	<b>All of the Time</b>
16. Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
17. Someone to do something enjoyable with	1	2	3	4	5
18. Someone who understands your problems	1	2	3	4	5
19. Someone to love and make you feel wanted	1	2	3	4	5

Non-hospitalized (circle):      Baseline    7 days                    1 month    3 months    6 months.    12 months

Hospitalized non-ICU (circle):    Admission    7 days/discharge    1 month    3 months    6 months    12 months

Hospitalized ICU (circle):          ICU Stay    7 days post-ICU discharge    1 month post-ICU discharge

3 months post-ICU discharge    6 months post-ICU discharge    12 months post-ICU discharge

**Form R-14: Complementary and Alternative Medicine / Health Care Use Questionnaire (CMU) (version 30June2020)**

**Baseline/Initial Survey:** Please respond thinking about **your usage in the 12 months prior** to your (or your care recipient's) COVID-19 diagnosis/illness

**Follow-up Surveys:** Please respond thinking about **your usage since your last survey.**

**A. Have you seen any of the following providers or received any of the following services (please check all that apply):**

Provider	
Chiropractor/Manipulation	<input type="checkbox"/>
Naturopath	<input type="checkbox"/>
Acupuncturist/Acupuncture	<input type="checkbox"/>
Massage Therapy	<input type="checkbox"/>
Homeopath	<input type="checkbox"/>
Reiki practitioner	<input type="checkbox"/>
Reflexology	<input type="checkbox"/>
Practitioner of Indigenous Medicine	<input type="checkbox"/>
Practitioner of Ayurvedic Medicine	<input type="checkbox"/>
Practitioner of Traditional Chinese Medicine	<input type="checkbox"/>
Herbalist	<input type="checkbox"/>
Spiritual Healer/Spiritual Healing	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>

Non-hospitalized (circle):      Baseline      7 days                      1 month      3 months      6 months.      12 months

Hospitalized non-ICU (circle):      Admission      7 days/discharge      1 month      3 months      6 months      12 months

Hospitalized ICU (circle):      ICU Stay      7 days post-ICU discharge      1 month post-ICU discharge

3 months post-ICU discharge      6 months post-ICU discharge      12 months post-ICU discharge

**B. Have you taken any of the following natural health products (please check all that apply):**

Natural Health Product	
Vitamins, minerals and herbal remedies	
Vitamin A	<input type="checkbox"/>
----- Vitamin C	<input type="checkbox"/>
----- Vitamin D	<input type="checkbox"/>
----- Vitamin B12	<input type="checkbox"/>
----- Vitamin B complex	<input type="checkbox"/>
----- Biotin	<input type="checkbox"/>
----- Vitamin K	<input type="checkbox"/>
----- Magnesium	<input type="checkbox"/>
----- Zinc	<input type="checkbox"/>
----- Turmeric	<input type="checkbox"/>
----- Other (please specify):	<input type="checkbox"/>
-----	
Homeopathic medicines	<input type="checkbox"/>
Chinese medicines	<input type="checkbox"/>
Indigenous medicines	<input type="checkbox"/>
Ayurvedic medicines	<input type="checkbox"/>
Probiotics and/or Prebiotic	<input type="checkbox"/>
Other products, such as amino acids and essential fatty acids	
Omega 3	<input type="checkbox"/>
----- Glucosamine	<input type="checkbox"/>
----- Collagen	<input type="checkbox"/>
----- Protein powder	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
-----	

Non-hospitalized (circle):      Baseline    7 days                    1 month    3 months    6 months.    12 months

Hospitalized non-ICU (circle):    Admission    7 days/discharge    1 month    3 months    6 months    12 months

Hospitalized ICU (circle):          ICU Stay    7 days post-ICU discharge    1 month post-ICU discharge

3 months post-ICU discharge    6 months post-ICU discharge    12 months post-ICU discharge

**C. Have you participated in any of the following self-help practices (please check all that apply):**

Practice	
Mindfulness	<input type="checkbox"/>
Meditation	<input type="checkbox"/>
Yoga	<input type="checkbox"/>
Pilates	<input type="checkbox"/>
Eccentrics	<input type="checkbox"/>
Qigong	<input type="checkbox"/>
Tai Chi	<input type="checkbox"/>
Relaxation techniques	<input type="checkbox"/>
Visualization	<input type="checkbox"/>
Attended traditional healing ceremony	<input type="checkbox"/>
Praying for own health	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

**D. Have you participated regularly in any of the following exercises (please check all that apply):**

Practice	
Strength Training	<input type="checkbox"/>
Balance Training	<input type="checkbox"/>
Aerobic Training (running, biking...)	<input type="checkbox"/>
Dance (Zumba, Line Dance, Classical etc)	<input type="checkbox"/>
Boxing / Taekwondo/ Judo/ Kung Fu	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

**Comments:**

---



---



---



---



---