

## 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:** \_\_\_\_\_

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

- No       Yes

2) **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

## Vaccination Status

### 1. Were you vaccinated for COVID-19? (If no, proceed to Q4.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Prefer not to answer
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### 2. If yes, which vaccination did you receive and when?

Dose	Type of Vaccine* (Brand name/generic name/compound)	Date (yyyy/mmm/dd) Indicate yyyy/mmm if cannot remember date
<b>1<sup>st</sup> Dose</b>	<input type="checkbox"/> Pfizer-BioNTech COVID-19 Vaccine <input type="checkbox"/> Moderna COVID-19 Vaccine <input type="checkbox"/> AstraZeneca COVID-19 Vaccine <input type="checkbox"/> Johnson & Johnson/Janssen COVID-19 Vaccine <input type="checkbox"/> Vaccinated, type unknown (skip to Q4) <input type="checkbox"/> Other vaccine not listed above: _____	<input type="checkbox"/> Unknown
<b>2<sup>nd</sup> Dose</b>	<input type="checkbox"/> <b>Patient did not receive a 2<sup>nd</sup> dose (skip to Q5)</b> <input type="checkbox"/> Pfizer-BioNTech COVID-19 Vaccine <input type="checkbox"/> Moderna COVID-19 Vaccine <input type="checkbox"/> AstraZeneca COVID-19 Vaccine <input type="checkbox"/> Johnson & Johnson/Janssen COVID-19 Vaccine <input type="checkbox"/> Vaccinated, type unknown (skip to Q4) <input type="checkbox"/> Other vaccine not listed above: _____	<input type="checkbox"/> Unknown

### 3. Did you receive any additional COVID-19 doses? If so, which ones?

<b>3<sup>rd</sup> Dose</b>	<input type="checkbox"/> <b>Patient did not receive a 3<sup>rd</sup> dose (skip to Q5)</b> <input type="checkbox"/> Pfizer-BioNTech COVID-19 Vaccine <input type="checkbox"/> Moderna COVID-19 Vaccine <input type="checkbox"/> AstraZeneca COVID-19 Vaccine <input type="checkbox"/> Johnson & Johnson/Janssen COVID-19 Vaccine <input type="checkbox"/> Vaccinated, type unknown (skip to Q4) <input type="checkbox"/> Other vaccine not listed above: _____	<input type="checkbox"/> Unknown
<b>4<sup>th</sup> Dose</b>	<input type="checkbox"/> <b>Patient did not receive a 4<sup>th</sup> dose (skip to Q5)</b> <input type="checkbox"/> Pfizer-BioNTech COVID-19 Vaccine <input type="checkbox"/> Moderna COVID-19 Vaccine <input type="checkbox"/> AstraZeneca COVID-19 Vaccine <input type="checkbox"/> Johnson & Johnson/Janssen COVID-19 Vaccine <input type="checkbox"/> Vaccinated, type unknown (skip to Q4) <input type="checkbox"/> Other vaccine not listed above: _____	<input type="checkbox"/> Unknown

\* The list of vaccines will be updated as more vaccines are licensed for use by Health Canada

## CCEDRRN

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Implementation guide: This table may help RAs figure out what the patient received\*

<b>Company</b>	<b>Brand Name</b>	<b>Generic Name, Compound</b>	<b>Recommended No. Doses</b>	<b>Timetable</b>	<b>Date licensed in Canada</b>
BioNTech/Pfizer	Pfizer-BioNTech COVID-19 Vaccine	Tozinameran, BNT162b2	2	0 and 21d	Dec 9, 2020
Moderna	Moderna COVID-19 Vaccine	mRNA-1273	2	0 and 28d	Dec 23, 2020
AstroZeneca	AstraZeneca COVID-19 Vaccine	AZD1222	2	0 and 29d	TBD
Janssen	Janssen COVID-19 vaccine	Ad26.COV2.S	1	0	TBD

\* The list of vaccines will be updated as more vaccines are licensed for use by Health Canada

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**4. Were you diagnosed with COVID-19 since visiting the ED?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Prefer not to answer
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**5. If yes, when was the diagnosis made?**

YYYY/MM/DD

Unknown

**6. When were you last vaccinated for Influenza or the flu?**

<input type="checkbox"/> 2021	<input type="checkbox"/> 2020	<input type="checkbox"/> prior to 2019	<input type="checkbox"/> Never	<input type="checkbox"/> Unknown
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## 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?

### 1) What sex were you assigned at birth?

- Male                       Female                       Other \_\_\_\_\_                       Prefer not to answer

### 2) Which of the following best describes your current gender identity?

- Male     Female     Two-spirit     Something else (e.g., gender fluid), please comment:

\_\_\_\_\_

- Prefer not to answer

### 3) Including yourself, how many persons lived in your household in the month prior to your visit in the ED?

[Your household is defined as any person or group of persons who live together in the same dwelling on a regular basis.<sup>1</sup> A dwelling is defined as any set of living quarters that is structurally separate and has a private entrance outside the building, or from a common hall or stairway inside the building.<sup>2</sup>]

\_\_\_\_\_ (number)

### 4) Can you please describe the race you most identify with.<sup>3</sup>

- White                       Latin American                       South Asian (East Indian, Pakistani, Sri Lankan)                       Southeast Asian (Vietnamese, Cambodian)                       West Asian (Iranian, Afghan)
- Chinese                       Korean                       Japanese                       Filipino                       Arab
- Black
- First Nations                       Métis                       Inuk
- Other, please specify \_\_\_\_\_                       Prefer not to answer

### 5) Which ethnic groups do you identify with?<sup>4</sup>

- Canadian                       French                       English                       German
- Scottish                       Irish                       Italian                       Ukranian
- Dutch                       Chinese                       Jewish                       Polish

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- Portuguese       South Asian       Norwegian       Welsh  
 Swedish       First Nations       Métis       Inuit  
 Other, please specify \_\_\_\_\_       I don't know  
 Prefer not to answer

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

- Yes       No       Prefer not to answer

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 \_\_\_\_\_

- Prefer not to answer

**7) What is the highest level of education you have completed?<sup>5</sup>**

- No certificate, diploma or degree       High school diploma or equivalency certificate       Trade certificate or diploma (apprentice and non-apprentice trade certificate)       College, CEGEP or non-university certificate or diploma  
 University certificate or diploma below bachelor level       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)       Prefer not to answer  
 Prefer not to answer

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

- Yes       No       Prefer not to answer

**9) 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.**

- Yes       No       Prefer not to answer

**10) If yes, what is your relationship to the person to whom you provide assistance?**

- Parent       Spouse/partner       Child       Grandchild  
 Grandparent       Sibling       Friend       Other relative  
 Other (specify)       Prefer not to answer



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

- Home
- Long-term care/rehab
- Single-room occupancy
- Long Term Care facility
- Shelter
- Other \_\_\_\_\_
- Prefer not to answer

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

- Yes
- No
- Please comment: \_\_\_\_\_
- Prefer not to answer

**13) What sector of the economy were you working in at the time you went to the Emergency Department for possible COVID?**

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

**14) What was your household’s annual income level before COVID?<sup>6</sup>**

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

**15) What is your current annual income level?**

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

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6. 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.