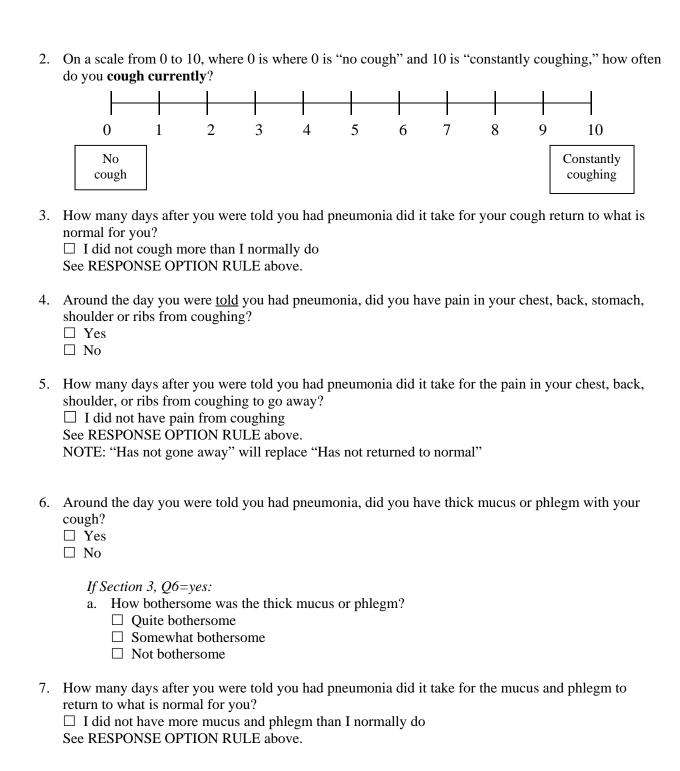
Burden of CAP Questionnaire

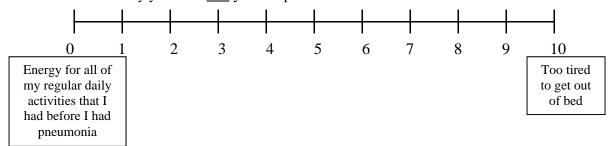
1.	☐ Yes☐ No	u have any symptoms before the day that you were told you had pneumonia?
	If S a.	Section 1, Q1=yes: How many days before the day you were told you had pneumonia did you have any symptoms of pneumonia? ☐ 1 day ☐ 2-3 days ☐ 4-5 days ☐ About a week ☐ About 2 weeks ☐ Longer than 2 weeks
	If S	Section Screener Q5=yes:
2.		you admitted in to the hospital on the same day that you were <u>told</u> you had pneumonia? s (Skip to Section 1, Q2b))
	a.	What date did you go into the hospital? Give date in mm/dd/yyyy format. (If unsure of the exact date, make your best estimate.)
		RULE: must be date of diagnosis or later—this would be a hard stop and they can back up and change date they were told OR change answer to previous question to indicate they were admitted to the hospital the same day they were told.
		ERROR Message should read: The date you enter the hospital must be after the date you were told you had pneumonia.
		ALSO: Must not be in the future. Please give appropriate error message
		ALSO: There should be a choice of 2011 or 2010 for Year
	b.	What date did you leave the hospital? Give date in mm/dd/yyyy format. (If unsure of the exact date, make your best estimate.)
		RULE: must be date of diagnosis or later—this would be a hard stop and they can back up and change answer to previous question
		ERROR Message should read: The date you left the hospital must be at or after the date you went into the hospital for pneumonia in (a) above.
		ALSO: Must not be in the future. Please give appropriate error message
		ALSO: There should be a choice of 2011 or 2010 for Year

1.	Did you have fever (feel warm) around the day you were <u>told</u> you had pneumonia? ☐ Yes ☐ No
2.	Did you have chills around the day you were <u>told</u> you had pneumonia? ☐ Yes ☐ No
3.	Did you have sweats around the day you were <u>told</u> you had pneumonia? ☐ Yes ☐ No
4.	After you were told you had pneumonia, how long did it take for your fever (feeling warm) to return to what is normal for you? I did not have fever (feel warm) 1 day 2-3 days About a week About 2 weeks About 3 weeks About a month About 2 months About 3 months About 4 months Has not returned to normal
RE	SPONSE OPTION RULE for all "how long did it take" symptom item response options:
5.	IF patient was diagnosed 30 days ago or less, response options will be: ☐ I did not have <symptom> ☐ 1 day ☐ 2-3 days ☐ About a week ☐ About 2 weeks ☐ About 3 weeks ☐ About a month ☐ Has not returned to normal</symptom>
6.	IF patient was diagnosed more than 30 days ago, AND within 60 days or less, the response options will be: ☐ I did not have <symptom> ☐ 1 day ☐ 2-3 days ☐ About a week ☐ About 2 weeks ☐ About 3 weeks ☐ About a month ☐ About 2 months ☐ Has not returned to normal</symptom>

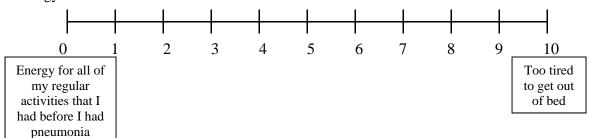
7.	IF patient was diagnosed more than 60 days ago, AND within 90 days or less, the response options will be: I did not have <symptom> 1 day 2-3 days About a week About 2 weeks About 3 weeks About a month About 2 months About 3 months Has not returned to normal</symptom>
8.	IF patient was diagnosed more than 90 days ago, AND within 120 days or less, the response options will be: I did not have <symptom> 1 day 2-3 days About a week About 2 weeks About 3 weeks About a month About 2 months About 3 months About 4 months Has not returned to normal</symptom>
	ner "how long did it take" items follow the same RESPONSE OPTION RULE, but do not include the t"I did not have the <symptom>" response option.</symptom>
9.	After you were told you had pneumonia, how long did it take for your chills to return to what is normal for you? I did not have chills
	See RESPONSE OPTION RULE above.
10.	After you were told you had pneumonia, how long did it take for your sweats to return to what is normal for you? See RESPONSE OPTION RULE above. □ I did not have sweats
Sec	ction 3
1.	On a scale from 0 to 10, where 0 is "no cough" and 10 is "constantly coughing," how would you
	describe your cough around the day you were told you had pneumonia?
	0 1 2 3 4 5 6 7 8 9 10
	No cough Constantly coughing



1. On a scale from 0 to 10, where 0 is "Energy for all of the regular activities that I had before I had pneumonia" and 10 is "Too tired to get out of bed," how would you rate your tiredness or low energy level around the day you were <u>told</u> you had pneumonia?



2. On a scale from 0 to 10, where 0 is "Energy for all of my regular activities that I had before I had pneumonia" and 10 is "Too tired to get out of bed," please rate your **current level** of tiredness or low energy?



3. How many days after you were told you had pneumonia did your tiredness or low energy completely go away so that you had the energy for all of your regular daily activities that you had before you had pneumonia?

☐ I did not have more tiredness or low energy than I normally do See RESPONSE OPTION RULE above.

Section 5

1. Did you have more headaches than you normally do around the day you were <u>told</u> you had pneumonia?

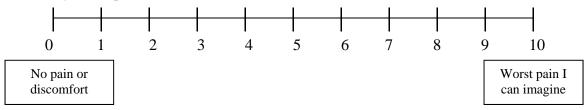
□ Yes

 \square No

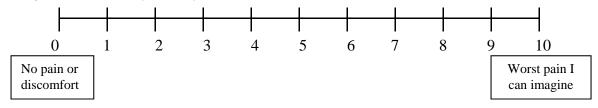
2. <u>After</u> you were told you had pneumonia, how long did it take for your headaches to return to what is normal for you?

☐ I did not have more headaches than I normally do See RESPONSE OPTION RULE above.

1. On a scale from 0 to 10, where 0 is "no pain or discomfort" and 10 is "worst pain that you can imagine," how would you rate your body aches or pains, other than headaches, around the day you were told you had pneumonia?



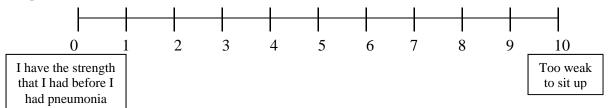
2. On a scale from 0 to 10, where 0 is "no pain or discomfort" and 10 is "worst pain that you can imagine," how would you rate your **current body aches or pains**, other than headaches?

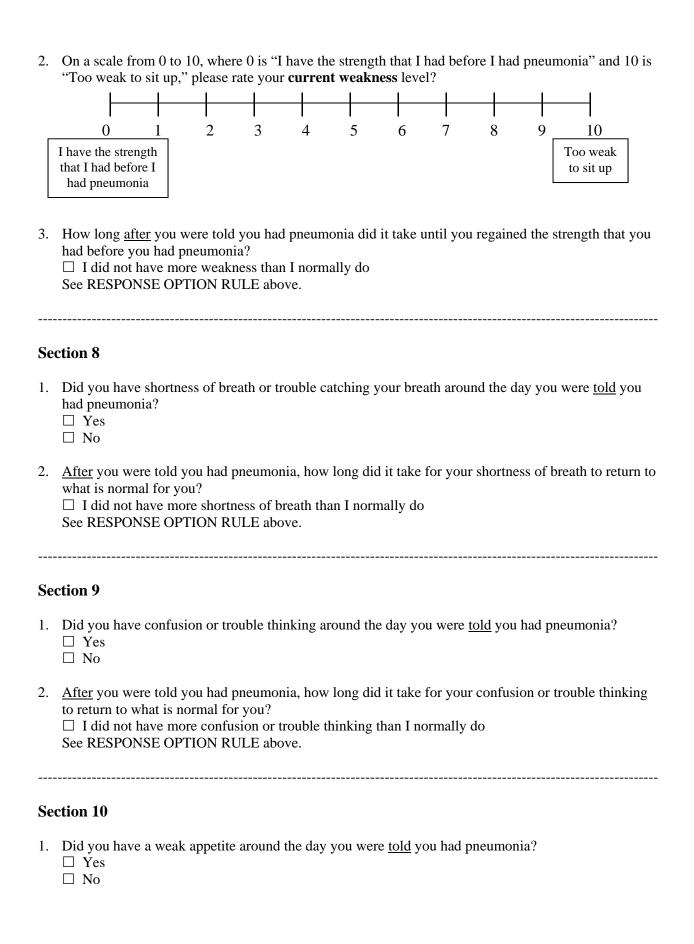


- 3. How many days <u>after</u> you were told you had pneumonia did it take for your body aches or pains, other than headaches, to return to what is normal for you?
 - \square I did not have more body aches or pains than I normally do See RESPONSE OPTION RULE above.

Section 7

1. On a scale from 0 to 10, where 0 is "I have the strength that I had before I had pneumonia" and 10 is "Too weak to sit up," how would you rate your weakness around the day you were told you had pneumonia?





2.	After you were told you had pneumonia, how long did it take for your appetite to completely return to what is normal for you? I did not have a weak appetite See RESPONSE OPTION RULE above.
Se	ction 11
1.	Did you have any of these three symptomsdiarrhea, vomiting or nausea—more than you normally do around the day you were <u>told</u> you had pneumonia? \[\subseteq \text{ Yes} \] \[\subseteq \text{ No} \]
2.	After you were told you had pneumonia, how long did it take for all of these three symptoms-diarrhea, vomiting and nauseato return to what is normal for you? I did not have more diarrhea, vomiting, or nausea than I normally do See RESPONSE OPTION RULE above.
Se	ction 12
1.	Did you hear yourself wheezing more than you normally do around the day you were <u>told</u> you had pneumonia? ☐ Yes ☐ No
2.	After you were told you had pneumonia, how long did it take for your wheezing to return to what is normal for you? I did not hear myself wheezing more than I normally do See RESPONSE OPTION RULE above.
Se	ction 13
1.	Around the day you were <u>told</u> you had pneumonia, were you having trouble sleeping? ☐ Yes ☐ No
2.	After you were told you had pneumonia, how long did it take for your sleeping to return to what is normal for you? ☐ I did not have more trouble sleeping than I normally do See RESPONSE OPTION RULE above.

1.	Do you have any of the following health conditions? Please check all that apply. Asthma Chronic Obstructive Pulmonary Disease (COPD) Chronic Bronchitis Chronic Emphysema High blood pressure Heart disease Diabetes Other (please specify)
2.	Did your recent pneumonia make any health conditions that you already have worse? Please check which conditions were made worse by your pneumonia: Asthma Chronic Obstructive Pulmonary Disease (COPD) Chronic Bronchitis Chronic Emphysema High blood pressure Heart disease Diabetes Other (please specify) RULE: Add as many "Other (please specify)" fields as needed)
	3.If 2a=yes:a. How long did it take for your asthma to return to what is normal for you?See RESPONSE OPTION RULE above.
	If 2b=yes:b. How long did it take for your Chronic Obstructive Pulmonary Disease (COPD) to return to what is normal for you?See RESPONSE OPTION RULE above.
	If 2c=yes c. How long did it take for your Chronic Bronchitis to return to what is normal for you? See RESPONSE OPTION RULE above.
	If 2d=yes d. How long did it take for your Chronic Emphysema to return to what is normal for you? See RESPONSE OPTION RULE above.
	If 2e=yes e. How long did it take for your high blood pressure to return to what is normal for you? See RESPONSE OPTION RULE above.
	If 2f=yes f. How long did it take for your heart disease to return to what is normal for you? See RESPONSE OPTION RULE above.
	If 2g=yes

	g. How long did it take for your diabetes to return to what is normal for you? See RESPONSE OPTION RULE above.
	If 2h=yes h. How long did it take for your <other> to return to what is normal for you? See RESPONSE OPTION RULE above.</other>
Secti	on 15
	re you currently employed? Yes No
	If Section 15, Q1=no, skip to e If Section 15, Q1=yes, skip e through h If Section 15, Q1=yes: a. Did you miss any days of work because of your most recent pneumonia?
	☐ Yes ☐ No
	If a=no, skip to Section 15, Q1d If a=yes: b. How many days of work did you miss? days
	 If a=yes: c. Are you still unable to return to work because of your most recent pneumonia? ☐ Yes ☐ No
	 If Section 15, Q1c=yes, skip to Section 15, Q2 d. How many days did it take for you to return to your usual level of job performance at work after your most recent pneumonia? ☐ My level of job performance at work did not change See RESPONSE OPTION RULE above.
	 If Section 15, Q1=yes, skip e through h If Section 15, Q1=no: e. Did you miss any days from your usual daily activities, like household work, volunteer work, child care, etc., because of your most recent pneumonia? ☐ Yes ☐ No

	If Section 15, Q1e=no, skip to Section 15, Q1h If e=yes: f. How many days did you miss? days
	 If e=yes: g. Are you still unable to return to your usual activities, like household work, volunteer work, child care, etc., because of your most recent pneumonia? ☐ Yes ☐ No If Section 15, Q1g=yes, skip to Section 15, Q2
	 h. How many days did it take for you to return to your usual level of activity after your most recent pneumonia? ☐ My usual level of activity did not change See RESPONSE OPTION RULE above.
2.	While you had pneumonia, did your friends or family help take care of you? ☐ Yes ☐ No
	 If Section 15, Q2=yes a. How long after you were told you had pneumonia did it take before you no longer needed help from friends or family? See RESPONSE OPTION RULE above. Note "I still need help from friends or family" will replace "Has not returned to normal" □ I still need help from friends or family
3.	After you were told you had pneumonia, did coughing cause any of the following problems in your daily life?
	Wake others in your home? ☐ Yes ☐ No
	Keep you from going places like stores or meetings/gatherings? ☐ Yes ☐ No
	Keep you from driving? ☐ Yes ☐ No
	Keep you from talking to or visiting with others? ☐ Yes ☐ No
	Other problems in your daily life caused by coughing (please specify)

4.	After you were told you had pneumonia, did weakness cause any of the following problems in your daily life?
	Cause you to lose your balance? ☐ Yes ☐ No
	Make it difficult to move around in your home? ☐ Yes ☐ No
	Interfere with your usual self-care, like bathing or showering, brushing teeth, etc? ☐ Yes ☐ No
	Keep you from going places like stores or meetings/gatherings? ☐ Yes ☐ No
	Keep you from visiting with others? ☐ Yes ☐ No
	Keep you from going for walks outside your home? ☐ Yes ☐ No
	Keep you from doing your usual housework, like cleaning and cooking? ☐ Yes ☐ No
	Other problems in your daily life caused by weakness (please specify)
5.	After you were told you had pneumonia, did you have any of the following problems in your daily life?
	Did your sweats or chills wake your spouse or partner? ☐ Yes ☐ No ☐ Not Applicable
	Did pain around your eyes keep you from reading or watching TV? ☐ Yes ☐ No ☐ Not Applicable
	Other (please specify)

1.	Since you were told you had pneumonia, how many times have you been back to the doctor for your pneumonia? None 1 more visit 2 more visits 4 or more visits (Please specify how many visits) RULE: If '4 or more visits' is checked, a number is required in the field.
2.	Do you have any more doctor visits scheduled for your pneumonia? ☐ Yes ☐ No
3.	When you were <u>told</u> you had pneumonia, did the doctor spend enough time explaining what to expect while you were sick with pneumonia? ☐ Yes ☐ No
4.	When you were <u>told</u> you had pneumonia, did the doctor spend enough time explaining how your medications or treatments would work for your pneumonia? ☐ Yes ☐ No
5.	When you were <u>told</u> you had pneumonia, did the doctor spend enough time explaining any possible side effects you might have from the medications or treatments for your pneumonia? ☐ Yes ☐ No
6.	Have you been satisfied with the care you received from your doctor since you were told you had pneumonia? Yes No Neither satisfied or dissatisfied
Se	ction 17
1.	What is your gender? ☐ Male ☐ Female
2.	What is your ethnic background? ☐ Not Hispanic or Latino ☐ Hispanic or Latino ethnicity
3.	What is your racial background (check all that apply)? ☐ White ☐ Black or African American

	 ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaska Native ☐ Other: Please specify
4.	What is your current living/domestic situation? ☐ Living alone ☐ Living with a partner or spouse, family, or friends ☐ Other: Please specify
5.	How would you describe your employment status? Employed, full-time Employed, part-time Homemaker Student Unemployed Retired Disabled Other: Please specify
6.	What is the highest level of education you have completed ? □ Elementary/primary school □ Secondary/high school □ Some college □ College degree □ Postgraduate degree □ Other: Please specify
7.	What is your current health insurance status (check all that apply)? HMO/PPO/POS private plan Disability insurance Medicare Medicaid I do not have health insurance Student Health Insurance/School Health Center Other:
8.	Have you smoked at least 100 cigarettes in your entire life? ☐ Yes ☐ No If yes: How often do you currently smoke cigarettes? ☐ Everyday ☐ Some days ☐ Not at all

9.	What was the total combined income of your household during the past 12 months? ☐ Less than \$20,000 ☐ \$20,001 to \$40,000 ☐ \$40,001 to \$60,000 ☐ \$60,001 to \$80,000 ☐ \$80,001 to \$100,000 ☐ \$100,001 and above
	Number of people in household:
Se	ction 18
agr	ase think about the doctor or health care professional you visit most often and indicate how much you ree or disagree with each statement below using a scale where 1 is "Disagree Strongly" and 7 is "Agree ongly."
1.	I primarily rely on my health care professional to guide my health care and treatment decisions. ☐ 1-Disagree Strongly ☐ 2 ☐ 3 ☐ 4-Neither Agree nor Disagree ☐ 5 ☐ 6 ☐ 7-Agree strongly
2.	I need to supplement the information my health care professional gives me about preventative medicine with information from other sources. ☐ 1-Disagree Strongly ☐ 2 ☐ 3 ☐ 4-Neither Agree nor Disagree ☐ 5 ☐ 6 ☐ 7-Agree strongly
3.	I only visit my health care professional if I'm sick. ☐ 1-Disagree Strongly ☐ 2 ☐ 3 ☐ 4-Neither Agree nor Disagree ☐ 5 ☐ 6 ☐ 7-Agree strongly

Now we would like to know more about your attitudes and personal experience with vaccines. For the following questions, please focus on <u>adult</u> vaccines, unless otherwise indicated.

4.	Vaccines are only for individuals with weakened immune systems. ☐ 1-Disagree Strongly ☐ 2 ☐ 3 ☐ 4-Neither Agree nor Disagree ☐ 5 ☐ 6 ☐ 7-Agree strongly
5.	I am very interested in learning about new vaccines for myself. ☐ 1-Disagree Strongly ☐ 2 ☐ 3 ☐ 4-Neither Agree nor Disagree ☐ 5 ☐ 6 ☐ 7-Agree strongly
beł	w thinking about <u>health care decisions</u> that people around you make, how would you describe your navior as an influencer, using a scale where 1 represents "Does not describe me at all" and 7 represents escribes me extremely well."
6.	I often tell other people about a health product or service. ☐ 1-Doesn't describe me at all ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7-Describes me extremely well
7.	I keep my opinions about health care products and treatment to myself. ☐ 1-Doesn't describe me at all ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7-Describes me extremely well
8.	Do you consult any health information websites (such as WebMD) on a regular basis for information about health care treatments? ☐ Yes ☐ No

Burden of CAP Questionnaire: Wave 2

This survey is a follow up to the first survey you completed about your pneumonia experiences on <Insert Date of Wave 1 Survey Completion>.

The lead-in for each question will read:

During the first survey, you told us that your <insert symptom> had not returned to normal.

1.	IF Section 2, Q4="Has not returned to normal" Thinking about your recent pneumonia, when did your fever (feeling warm) return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
2.	IF Section 2, Q5="Has not returned to normal" Thinking about your recent pneumonia, when did your chills return to what is normal for you? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
3.	IF Section 2, Q6="Has not returned to normal" Thinking about your recent pneumonia, when did your sweats return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
4.	IF Section 3, Q3="Has not returned to normal" Thinking about your recent pneumonia, when did your cough return to what is normal for you? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal

5.	IF Section 3, Q5="Has not gone away" Thinking about your recent pneumonia, when did the pain in your chest, back, shoulder, or ribs from coughing go away? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not gone away
6.	IF Section 3, Q7="Has not returned to normal" Thinking about your recent pneumonia, when did your mucus and phlegm return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
7.	IF Section 4, Q3="Has not returned to normal" Thinking about your recent pneumonia, when did your tiredness or low energy completely go away so that you had the energy for all of your regular daily activities that you had before you had pneumonia? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
8.	IF Section 5, Q2="Has not returned to normal" Thinking about your recent pneumonia, when did your headaches return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
9.	IF Section 6, Q3="Has not returned to normal" Thinking about your recent pneumonia, when did your body aches or pains, other than headaches, return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal

10.	IF Section 7, Q3="Has not returned to normal" Thinking about your recent pneumonia, when did you regain the strength that you had before you had pneumonia? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
11.	IF Section 8, Q2="Has not returned to normal" Thinking about your recent pneumonia, when did your shortness of breath return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
12.	IF Section 9, Q2="Has not returned to normal" Thinking about your recent pneumonia, when did your confusion or trouble thinking return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
13.	IF Section 10, Q2="Has not returned to normal" Thinking about your recent pneumonia, when did your appetite completely return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
14.	IF Section 11, Q2="Has not returned to normal" Thinking about your recent pneumonia, when did all of these three symptomsdiarrhea, vomiting and nauseareturn to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal

15.	IF Section 12, Q2="Has not returned to normal" Thinking about your recent pneumonia, when did your wheezing return to what is normal for you? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
16.	IF Section 13, Q2="Has not returned to normal" Thinking about your recent pneumonia, when did your sleeping return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
17.	IF Section 14, Q3a="Has not returned to normal" Thinking about your recent pneumonia, when did your asthma return to what is normal for you? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
18.	IF Section 14, Q3b="Has not returned to normal" Thinking about your recent pneumonia, when did your Chronic Obstructive Pulmonary Disease (COPD) return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
19.	IF Section 14, Q3c="Has not returned to normal" Thinking about your recent pneumonia, when did your Chronic Bronchitis return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal

20.	IF Section 14, Q3d="Has not returned to normal"
	Thinking about your recent pneumonia, when did your Chronic Emphysema return to what is normal
	for you?
	☐ 1-3 days ago
	☐ About a week ago
	☐ About 2 weeks ago
	☐ About 3 weeks ago
	☐ About a month ago
	☐ Has not returned to normal
21.	IF Section 14, Q3e="Has not returned to normal"
	Thinking about your recent pneumonia, when did your high blood pressure return to what is normal
	for you?
	☐ 1-3 days ago
	☐ About a week ago
	☐ About 2 weeks ago
	☐ About 3 weeks ago
	☐ About a month ago
	☐ Has not returned to normal
22	YF G 14 . 0.26 . WY
22.	IF Section 14, Q3f="Has not returned to normal"
	Thinking about your recent pneumonia, when did your heart disease return to what is normal for you?
	1-3 days ago
	☐ About a week ago
	☐ About 2 weeks ago
	☐ About 3 weeks ago
	☐ About a month ago
	☐ Has not returned to normal
22	
23.	IF Section 14, Q3g="Has not returned to normal"
	Thinking about your recent pneumonia, when did your diabetes return to what is normal for you?
	☐ 1-3 days ago
	☐ About a week ago
	☐ About 2 weeks ago
	☐ About 3 weeks ago
	☐ About a month ago
	☐ Has not returned to normal
24	IF Section 14, Q3h="Has not returned to normal"
4.	
	Thinking about your recent pneumonia, when did your <other> return to what is normal for you?</other>
	☐ 1-3 days ago
	About a week ago
	About 2 weeks ago
	☐ About 3 weeks ago
	About a month ago
	☐ Has not returned to normal

25.	IF Section 15, Q1c=no When you completed the original survey, you said you were still missing work because of your most recent pneumonia. Have you been able to return to work? ☐ Yes ☐ No (IF NO, Skip to Q27)
	If yes: How many days of work did you miss (total) because of your most recent pneumonia? days
26.	IF Section 15, Q1d="Has not returned to normal" Thinking about your recent pneumonia, when did you return to your usual level of job performance at work? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
27.	IF Section 15, $Q1g=no$ When you completed the original survey, you said you were still unable to return to your usual activities (like household work, volunteer work, child care, etc.) because of your most recent pneumonia. Have you been able to return to those activities? \Box Yes \Box No
	If yes: How many days of those activities did you miss (total) because of your most recent pneumonia? days
28.	IF Section 15, Q1h="Has not returned to normal" Thinking about your recent pneumonia, when did you return to your usual level of activity? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
29.	IF Section 15, Q2a= "I still need help from friends or family" Thinking about your recent pneumonia, when did you no longer need help from friends or family? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ I still need help from friends or family

Burden of CAP Questionnaire: Wave 3

This survey is a follow up to the previous surveys you completed about your pneumonia experiences. You responded most recently on <insert Wave 2 completion date>.

The lead-in for each question will read:

During the last survey, you told us that your <insert symptom> had not returned to normal.

1.	IF Wave 2, $Q1$ ="Has not returned to normal"
	Thinking about your recent pneumonia, when did your fever (feeling warm) return to what is normal
	for you?
	☐ 1-3 days ago
	☐ About a week ago
	☐ About 2 weeks ago
	☐ About 3 weeks ago
	☐ About a month ago
	☐ Has not returned to normal
2.	IF Wave 2, Q2="Has not returned to normal"
	Thinking about your recent pneumonia, when did your chills return to what is normal for you?
	☐ 1-3 days ago
	☐ About a week ago
	☐ About 2 weeks ago
	☐ About 3 weeks ago
	☐ About a month ago
	☐ Has not returned to normal
3.	IF Wave 2, Q3="Has not returned to normal"
	Thinking about your recent pneumonia, when did your sweats return to what is normal for you?
	☐ 1-3 days ago
	☐ About a week ago
	☐ About 2 weeks ago
	☐ About 3 weeks ago
	☐ About a month ago
	☐ Has not returned to normal
4.	IF Wave 2, Q4="Has not returned to normal"
	Thinking about your recent pneumonia, when did your cough return to what is normal for you?
	☐ 1-3 days ago
	☐ About a week ago
	☐ About 2 weeks ago
	☐ About 3 weeks ago
	☐ About a month ago
	Has not returned to normal

5.	IF Wave 2, Q5 = "Has not gone away" Thinking about your recent pneumonia, when did the pain in your chest, back, shoulder, or ribs from coughing go away? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not gone away
6.	IF Wave 2, Q 6="Has not returned to normal" Thinking about your recent pneumonia, when did your mucus and phlegm return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
7.	IF Wave 2, Q7 = "Has not returned to normal" Thinking about your recent pneumonia, when did your tiredness or low energy completely go away so that you had the energy for all of your regular daily activities that you had before you had pneumonia? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
8.	IF Wave 2, Q8="Has not returned to normal" Thinking about your recent pneumonia, when did your headaches return to what is normal for you? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
9.	IF Wave 2, Q9="Has not returned to normal" Thinking about your recent pneumonia, when did your body aches or pains, other than headaches, return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal

10.	IF Wave 2, Q10="Has not returned to normal" Thinking about your recent pneumonia, when did you regain the strength that you had before you had pneumonia? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
11.	IF Wave 2, Q11="Has not returned to normal" Thinking about your recent pneumonia, when did your shortness of breath return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
12.	IF Wave 2, Q12="Has not returned to normal" Thinking about your recent pneumonia, when did your confusion or trouble thinking return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
13.	IF Wave 2, Q13="Has not returned to normal" Thinking about your recent pneumonia, when did your appetite completely return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
14.	IF Wave 2, Q14="Has not returned to normal" Thinking about your recent pneumonia, when did all of these three symptomsdiarrhea, vomiting and nauseareturn to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal

15.	IF Wave 2, Q15="Has not returned to normal" Thinking about your recent pneumonia, when did your wheezing return to what is normal for you? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
16.	IF Wave 2, Q16="Has not returned to normal" Thinking about your recent pneumonia, when did your sleeping return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
17.	IF Wave 2, Q17="Has not returned to normal" Thinking about your recent pneumonia, when did your asthma return to what is normal for you? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
18.	IF Wave 2, Q18="Has not returned to normal" Thinking about your recent pneumonia, when did your Chronic Obstructive Pulmonary Disease (COPD) return to what is normal for you? □ 1-3 days ago □ About a week ago □ About 2 weeks ago □ About 3 weeks ago □ About a month ago □ Has not returned to normal
19.	IF Wave 2, Q19="Has not returned to normal" Thinking about your recent pneumonia, when did your Chronic Bronchitis return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal

20.	IF Wave 2, Q20="Has not returned to normal" Thinking about your recent pneumonia, when did your Chronic Emphysema return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
21.	IF Wave 2, Q21="Has not returned to normal" Thinking about your recent pneumonia, when did your high blood pressure return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
22.	IF Wave 2, Q22="Has not returned to normal" Thinking about your recent pneumonia, when did your heart disease return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
23.	IF Wave 2, Q23="Has not returned to normal" Thinking about your recent pneumonia, when did your diabetes return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
24.	IF Wave 2, Q24="Has not returned to normal" Thinking about your recent pneumonia, when did your <other> return to what is normal for you? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal</other>

25.	 IF Wave 2, Q25=no When you completed the original survey, you said you were still missing work because of your most recent pneumonia. Have you been able to return to work? ☐ Yes ☐ No (IF NO, Skip to Q27)
	If yes: How many days of work did you miss (total) because of your most recent pneumonia? days
26.	IF Wave 2, Q26="Has not returned to normal" Thinking about your recent pneumonia, when did you return to your usual level of job performance at work? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
27.	<i>IF Wave 2, Q27=no</i> When you completed the original survey, you said you were still unable to return to your usual activities (like household work, volunteer work, child care, etc.) because of your most recent pneumonia. Have you been able to return to return to those activities? ☐ Yes ☐ No
	If yes: How many days of those activities did you miss (total) because of your most recent pneumonia? days
28.	IF Wave 2, Q28="Has not returned to normal" Thinking about your recent pneumonia, when did you return to your usual level of activity? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ Has not returned to normal
29.	If Wave 2, Q29= "I still need help from friends or family" Thinking about your recent pneumonia, when did you no longer need help from friends or family? ☐ 1-3 days ago ☐ About a week ago ☐ About 2 weeks ago ☐ About 3 weeks ago ☐ About a month ago ☐ I still need help from friends or family