



CHASING
COVID
COHORT

October 14, 2020

CHASING COVID Study Aims

- Assess recent symptoms of respiratory illness consistent with novel coronavirus (COVID-19) and related health care utilization or social factors (e.g., work and community policies);
- Assess trends in recent symptoms of respiratory illness consistent with COVID-19;
- Assess the uptake of health messaging, health behaviors and public health interventions (including social distancing, expanded testing, and contact tracing);
- Assess the impact of misinformation about COVID-19 circulated on social media; and
- Measure the incidence rate and attack rate of SARS-CoV-2 using antibody testing (when available)
- Assess the impact of the SARS/COV2 pandemic and the public health response on psychosocial, economic, and other non-COVID outcomes.

Introduction

Thanks for taking time to complete the follow-up survey for the CHASING COVID Cohort study. This should take 15-20 minutes of your time. When you finish the survey, you'll be directed to resources with accurate and up-to-date information about the new coronavirus. You will receive \$10 for completing the survey.

Contact

- 1) *If no phone number on file in V2, skip to next question: Has your phone number changed since your last survey? We have this number: <Enter phone number on file from V2>*
 - a) Yes
 - b) No
 - c) Don't know / Not sure

- 2) *If yes or don't know or no phone number on file: What is a good phone number where we can reach you? (We will never share your information with anyone. Standard messaging rates may apply.)*

_____ Phone Number

_____ Please confirm your phone number

Contacts, Pre-Existing Conditions and Symptoms

All responses in this section are required

- 3) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who had a laboratory confirmed diagnosis of the new coronavirus? Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of a new coronavirus case for a prolonged time (10 minutes or longer).
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 4) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who had coronavirus-like symptoms (cough, fever or shortness of breath)? Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of a new coronavirus case for a prolonged time (10 minutes or longer).
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 5) *If Yes*: How many days did you quarantine after you learned that you had a close contact with someone that had confirmed or suspected coronavirus infection?
- a) 0 days
 - b) 1-2 days
 - c) 3-5 days
 - d) 5-10 days
 - e) 10-13 days
 - f) 14 or more days
 - g) Don't know/Not sure
- 6) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY)**, have you had any of the following symptoms?
- a) Headache
 - b) Cough (new since you completed your last survey)
 - c) Coughing up phlegm
 - d) Coughing up blood
 - e) Sore throat
 - f) Fever
 - g) Muscle aches (myalgia)
 - h) Chills
 - i) Repeated shaking and chills
 - j) Runny nose
 - k) Nasal congestion
 - l) Sneezing

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- m) Chest pain
 - n) Shortness of breath
 - o) Itchy eyes
 - p) Eye pain
 - q) Loss of smell or taste (new since you completed your last survey)
 - r) Rash
 - s) Stomach ache
 - t) Nausea
 - u) Diarrhea
 - v) Vomiting
 - w) I have not had any of these symptoms
- 7) *If selected any symptom:* Have you seen or called a physician or health care professional for any of these symptoms?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 8) *If selected any symptom: **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),*** were you hospitalized for any of these symptoms?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 9) *If selected any symptom:* Around what day did your symptoms start?
- a) _____ (*enter calendar date*)
 - b) Don't know/Not sure
- 10) *If indicated don't know for symptom start date:* About how long ago did your symptoms start?
- a) Less than 1 week ago
 - b) Between 1 and 2 weeks ago
 - c) Between 2 and 3 weeks ago
 - d) Between 3 and 4 weeks ago
 - e) Between 1 and 2 months ago
 - f) Between 2 and 3 months ago
 - g) More than 3 months ago
 - h) Don't know/Not sure
- 11) *If selected any symptom:* How many days did your symptoms last?
- a) Enter number of days _____
 - b) I'm still experiencing symptoms
 - c) Don't know/Not sure

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12) *If still experiencing symptoms:* Which of these symptoms are you still experiencing? **Please select all that apply.**

- a) Shortness of breath
- b) Difficulty walking more than 15 minutes
- c) Difficulty running
- d) Fatigue
- e) Headache
- f) Trouble Concentrating
- g) Dizziness
- h) Irritability
- i) Erratic heartbeat
- j) Gastro-intestinal issues
- k) Low-grade fever
- l) Muscle aches (myalgia)
- m) Something else: _____
- n) I am not experiencing any of the symptoms above

13) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** have you been tested for the new coronavirus? Do not include the at-home specimen collection for antibody testing that was completed as a part of this study.

- a) Yes
- b) No, but I tried and was unable to be tested for coronavirus
- c) No, because I did not need or try to be tested for coronavirus
- d) Don't know/Not sure

14) *If yes to testing:* **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** how many times have you been tested? Do not include the at-home specimen collection for antibody testing that was completed as a part of this study.

- a) 1
- b) 2
- c) 3+
- d) Don't know/Not sure

15) *If yes to testing:* Did you receive a viral or an antibody test? A viral test can show if you are currently infected. Viral tests identify virus in samples from your respiratory system, such as swabs from the inside of your nose. An antibody test, also called a serology test, can show if you had a past infection with the virus that causes the new coronavirus. **Please select all that apply. Can select do not know with other options.**

- a) Viral test
- b) Antibody test
- c) Don't know/Not sure

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16) *If selected yes was tested or tried to get a test:* What motivated you to get or try to get a test for the new coronavirus? **Please select all that apply.**

- a) I was experiencing COVID-like symptoms
- b) I needed to get a test for work (e.g., working in a healthcare or congregate living facility)
- c) I needed to get a test for school
- d) I belong to a priority population (e.g., having an underlying health condition)
- e) I was in contact with someone who had or was suspected to have had the new coronavirus
- f) I attended a gathering with more than 10 people (e.g., a church or protest)
- g) I was just curious
- h) Other: _____

17) *If selected yes was tested or tried to get a test:* Did you have difficulty with the following aspects of getting a test? **Please select all that apply**

- a) Finding a doctor (I didn't know where I could get the test)
- b) Getting an appointment at a convenient time
- c) Affording the test
- d) I don't have insurance
- e) My insurance doesn't cover the test
- f) The insurance co-pays/deductibles were too high
- g) Wait time for an available appointment
- h) Taking time off from work
- i) I did not have transportation
- j) I did not have childcare
- k) The test was not available at the doctor's office, clinic, hospital
- l) I did not meet criteria to be tested
- m) Other: _____
- n) I did NOT have any difficulty getting a test

18) *If selected yes or do not know to the testing question:* **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** did you or have you had a laboratory confirmed diagnosis of the new coronavirus?

- a) Yes
- b) No
- c) I am still waiting for test results
- d) Don't know/Not sure

19) *If had 1 or more test whether they had positive or negative result, or don't know the result (anything other than still waiting):* For the most recent test you did, how long did it take you to get results?

- a) Less than 1 hour
- b) Between 1 and 8 hours
- c) Between 8 and 24 hours
- d) Between 24 and 48 hours

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- e) Between 3 and 5 days
 - f) More than 5 days
 - g) Don't know/Not sure
- 20) *If yes to lab diagnosis (in V3 or any previous tool) or positive antibody test:* There are many different situations where people can be exposed to coronavirus. How do you think you were infected with the coronavirus?
- a) From a household member
 - b) From a family member outside of the household
 - c) From a coworker or at work
 - d) From a friend or acquaintance
 - e) Other, please specify: _____
 - f) Don't know / Not sure
- 21) *If yes to lab diagnosis (in V3 or any previous tool) or positive antibody test:* Did anyone else in your household, family, friends, or coworkers, test positive? **Please select all that apply.** [Option C is exclusive]
- a) Yes, before my diagnosis
 - b) Yes, after my diagnosis
 - c) No
 - d) Don't know/ Not sure
- 22) *If yes to lab diagnosis (in V3 or any previous tool) or positive antibody test:* There are many different circumstances where someone with coronavirus might transmit the infection to someone else. Do you think anyone else could have caught coronavirus from you?
- a) Yes, I am certain that this happened
 - b) Yes, it is possible, but I'm not certain
 - c) No, I am fairly certain that no one else caught coronavirus from me
- 23) *If had symptoms and said yes or don't know to sought care from a health care professional AND did not have a COVID lab diagnosis (in V3 or any previous tool) or positive antibody test:* **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** did you receive a diagnosis of something other than the new coronavirus? For example, you may have received a diagnosis of the flu or cold.
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 24) *If had symptoms AND not a COVID diagnosis (in V3 or any previous tool) AND not another diagnosis:* Do you think that your symptoms were caused by any of the following? **Please select all that apply.**
- a) Allergies
 - b) Cold

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- c) Flu
- d) Other: _____
- e) Don't know/Not sure

25) *If selected no (unable or did not try) or the DNK options on testing question or no did not have a lab diagnosis: Do you think you might have had the new coronavirus?*

- a) Yes
- b) No
- c) Don't know / Not sure

26) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY), do you personally know anyone who has died from the new coronavirus? By personally, we mean partners, relatives, friends, or coworkers.**

- a) Yes
- b) No
- c) Don't know / Not sure

Recovery and Contact Tracing

If ever (V0, V1, V2, V3) reported a COVID diagnosis, positive antibody test, or hospitalization, participant should get the next two questions.

27) How much difficulty do you have engaging in daily activities (or household responsibilities) because of physical, mental, or emotional problems?

- a) No difficulty
- b) Some difficulty
- c) A lot of difficulty
- d) Don't know / Not sure

28) Do you currently have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- a) Yes
- b) No
- c) Don't know / Not sure

29) *If reported a diagnosis or hospitalization (V0, V1, V2, or V3): Contact tracing is a public health strategy to stop the spread of the coronavirus. People diagnosed with coronavirus are asked to list everyone with whom they had close contact (for example, within 6 feet for more than 15 minutes) during the days prior to the onset of symptoms. These contacts are then notified and asked to self-quarantine and/or get tested for coronavirus.*

After you were diagnosed with the new coronavirus, did public health staff (including contact

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tracing staff) ask you about people with whom you may have had close contact 2 days prior to either testing positive or showing symptoms?

- a) Yes
- b) No
- c) Don't know / Not sure

30) *If reported a diagnosis or hospitalization (V0, V1, V2, or V3):* Did public health staff (including contact tracing staff) ask you to self-isolate or to stay away from others until you recovered?

- a) Yes
- b) No
- c) Don't know / Not sure

31) *If yes told to isolate:* How much difficulty did you have following the rules that public health staff (including contact tracing staff) prescribed?

- a) No difficulty
- b) Some difficulty
- c) A lot of difficulty
- d) Don't know / Not sure

32) *If reported a diagnosis or hospitalization (V1, V2, or V3):* Did you self-isolate or stay away from people outside your household until you recovered?

- a) Yes
- b) No
- c) Don't know / Not sure

33) *If yes to self-isolate:* How long did you self-isolate from people outside your household?

- a) ____ days
- b) Don't know / Not sure

34) *If don't know how long they self-isolated:* About how many days did you self-isolate from people outside your household?

- a) 0 days
- b) 1-2 days
- c) 3-5 days
- d) 5-10 days
- e) 10-13 days
- f) 14 or more days
- g) Don't know/Not sure

35) *If reported a diagnosis or hospitalization (V1, V2, or V3):* Did you self-isolate or stay away from healthy people within your household until you recovered?

- a) Yes
- b) No

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- c) Don't know / Not sure
d) I do not live with anyone else
- 36) *If yes to self-isolate:* How long did you self-isolate from people within your household?
- a) ____ days
b) Don't know / Not sure
- 37) *If don't know how long they self-isolated:* About how many days did you self-isolate from people within your household?
- a) 0 days
b) 1-2 days
c) 3-5 days
d) 5-10 days
e) 10-13 days
f) 14 or more days
g) Don't know/Not sure
- 38) *If no to either question about self-isolation:* Why were you unable to self-isolate? **Please select all that apply.**
- a) I do not have enough space at home
b) I could not stay home for as long as required
c) I had work demands
d) I had logistical challenges
e) I wanted to see friends or family
f) Other: _____
- 39) Contact tracing is a public health strategy to stop the spread of the coronavirus. People diagnosed with coronavirus are asked to list everyone with whom they had close contact (for example, within 6 feet for more than 15 minutes) during the days prior to the onset of symptoms. These contacts are then notified and advised to self-quarantine and/or get tested for coronavirus.
- Since you completed your last survey (on [date of last survey DD/Mon/YY]), have public health staff (including contact tracing staff) ever told you that you may have been in close contact with someone diagnosed with the new coronavirus?
- a) Yes
b) No
c) Don't know / Not sure
- 40) *If yes to contact tracing:* Were you told to stay at home for a period of time?
- a) Yes
b) No
c) Don't know / Not sure

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- 41) *If yes to contact tracing and yes to told to stay at home:* Did you stay at home, as instructed by public health staff (including contact tracing staff)?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 42) *If yes to contact tracing:* Were you told to keep track of any symptoms?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 43) *If yes to contact tracing:* Did public health staff (including contact tracing staff) or others from your state or local government encourage you to get tested for COVID-19 because they thought you had been in close contact with someone with coronavirus and/or you had symptoms?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 44) Since you completed the last survey (*ADD Qualtrics DD/Mon/YY*), did anyone informally notify you that you had come in contact with someone who tested positive for the coronavirus? **Please select all that apply.**
- a) Yes, someone I had come in contact with had tested positive
 - b) Yes, someone I had come in contact with had been in contact with someone else who had tested positive
 - c) Yes, someone contacted me because I had been in a place where someone who tested positive was (a school, store, place of worship, etc.)
 - d) No
 - e) Don't know/ Not sure
- 45) Since you completed the last survey (*ADD Qualtrics DD/Mon/YY*), did anyone informally notify you that you had come in contact with someone who was exposed to the coronavirus? Please select all that apply.
- a) Yes, someone I had come in contact with had been exposed to the coronavirus
 - b) Yes, someone I had come in contact with had been contact with someone else who had been exposed to the coronavirus
 - c) Yes, someone contacted me because I had been in a place where someone else who had been exposed to the coronavirus was (a school, store, place of worship, etc.)
 - d) No
 - e) Don't know/ Not sure
- 46) *If yes to informal contact tracing:* In response to being notified that you may have been exposed to the coronavirus , did you do any of the following: **Please select all that apply.**
- a) I self-isolated

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- b) I got tested for coronavirus
- c) I watched for symptoms
- d) I told people who I had been in contact with that they may have been exposed
- e) I did not change my routine
- f) Don't know, not sure

Precautions and Impact

47) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you done any of the following as a result of concerns about the new coronavirus? For each item select Yes, No, Or Not Applicable.

As a result of new coronavirus, have you...	Yes	No	Not Applicable
Avoided gatherings with people outside your household			
Physically separated from people <u>within your household</u> (renting a separate home or staying on a separate floor or room)			
Formed a pod or a team (a group of people who all agree to only socialize with each other)			
Avoided shaking hands or hugging			
Made plans to protect older persons that you know (arranged delivery of food or medicine)			
Stayed home from work when you were sick			
Bought a firearm			
Changed or cancelled travel in the past month			
Changed or cancelled travel in the upcoming three months			
Worn gloves			
Worn a face mask			
Worn a face shield			
Worn safety goggles			
Stockpiled masks or other personal protective equipment			
Stockpiled food, more than you needed for two weeks			
Self-quarantined			
Cleaned and disinfected frequently used objects or surfaces (for example a smartphone)			
Avoided touching your face			
Avoided public transportation			

48) *If selected mask:* What type of mask did you wear? **Please select all that apply.**

- a) Homemade or other cloth mask
- b) Scarf or bandana
- c) Surgical mask
- d) N95 mask
- e) Construction mask
- f) Other: _____

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- 49) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you increased, maintained or decreased the frequency of telecommuting (working remotely or working from home)? My frequency of telecommuting....
- a) Increased
 - b) Did not change
 - c) Decreased
 - d) Not Applicable
- 50) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you increased, maintained or decreased the frequency of going to your place of employment (we are talking about an office, store, or other place where you are employed)? My frequency of going to my place of employment....
- a) Increased
 - b) Did not change
 - c) Decreased
 - d) Not Applicable
- 51) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you increased, maintained or decreased the frequency of handwashing? My frequency of handwashing...
- a) Increased
 - b) Did not change
 - c) Decreased
- 52) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you increased, maintained or decreased the frequency of use of hand sanitizer? My frequency of use of hand sanitizer...
- a) Increased
 - b) Did not change
 - c) Decreased
- 53) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you done anything else as a result of concerns about the new coronavirus?
- a) Yes, please specify: _____
 - b) No
- 54) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you experienced a significant personal loss of income as a result of the new coronavirus?
- a) Yes
 - b) No
 - c) Not Applicable
- 55) *If yes experienced a personal loss of income:* Which of the following contributed to a personal loss of income? **Please select all that apply.**
- a) I was fired/laid off

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- b) I was given time off without pay (not fired, but not working)
- c) I was given time off with reduced pay (employer provided benefits)
- d) My hours were reduced
- e) I could not work and care for or educate a child in my household
- f) I felt I was at high risk and did not want to leave my home
- g) Business temporarily closed
- h) Business permanently closed
- i) I was sick
- j) I was in quarantine or isolation
- k) I was in the hospital
- l) Other: _____

Sociodemographics

56) Are you currently...?

- a) Employed for wages
- b) Self-employed
- c) Out of work for less than 1 year
- d) Out of work for 1 year or more
- e) A homemaker
- f) A student
- g) Retired

57) *If out of work:* Are you receiving unemployment benefits, or have you filed for unemployment benefits?

- a) Yes, I am receiving unemployment
- b) Yes, I have filed for and am waiting to hear about eligibility
- c) Yes, I have filed for and am waiting to receive unemployment
- d) No, I am not receiving, filing or eligible for unemployment.
- e) No, my unemployment benefits expired.
- f) Don't know / Not sure

58) Do you wear eye glasses regularly?

- a) Yes, for reading only
- b) Yes, to improve my vision generally
- c) Yes, for other reasons, please specify: _____
- d) No

59) *If did not provide an answer to this question in V2:* Do you have seasonal allergies?

- a) Yes
- b) No
- c) Don't know / Not sure

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- 60) How many children less than 18 years of age live in your household?
- a) __ Number (nothing >100)
 - b) No children <18 live in my household
- 61) *If no (0) children less than 18, then skip:* Do you now have children at home who are typically in childcare or school?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 62) *If no (0) children less than 18, then skip:* Are children in the household currently attending school?
- a) The children in the home are not old enough to attend school.
 - b) All school-age children in the household are attending school remotely from home.
 - c) All school-age children in the household are attending school in-person.
 - d) All school-age children are attending a hybrid model, both in-person and remotely.
 - e) Some school-age children are attending school remotely from home and some are attending school in-person.

Healthcare Workers and First Responders

- 63) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you been employed in healthcare operations? This includes people who deliver care and other services to sick persons, either directly as **doctors, nurses, emergency responders and home health aides** or indirectly as **hospital sanitation workers and medical waste handlers**.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 64) *If yes or don't know to healthcare operations question:* Does your job involve screening or treating possible coronavirus patients?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 65) Do you work in education as a teacher, administrator or other school staff member?
- a) Yes (*if yes, they receive TEACCH study link at the end of survey and in the confirmation email*)
 - b) No
- 66) *Skip if yes to health care operations OR job involving screening or treating possible covid patients question:* **In the past month (since ADD Qualtrics DD/Mon/YY),** have you been employed in work that cannot occur remotely (i.e., from home) and requires frequent in-person contact with other people?
- a) Yes

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- b) No
- c) Don't know/ Not sure

67) *If yes. I work in...* **Please select your primary employment.**

- a) Law enforcement, corrections or public safety
- b) Emergency management such as fire department or other first responders
- c) Groceries, pharmacies or retail that sells food and beverages
- d) Delivery or pick-up services such as those related to foods or medications
- e) Public or private transportation including car services (taxi, Uber) and airlines
- f) Construction
- g) Healthcare
- h) Something else: _____

68) *If yes or don't know to health care worker or other essential work question:* Do most of the other people you come into contact with at work (co-workers, customers) wear masks?

- a) All wear masks
- b) Most wear masks
- c) Some wear masks
- d) A few wear masks
- e) None wear masks
- f) Don't know/ Not sure

69) **In the past month (since ADD Qualtrics DD/Mon/YY), has someone in your household, other than you, been employed in healthcare operations?** This includes people who deliver care and other services to sick persons, either directly as **doctors, nurses, emergency responders and home health aides** or indirectly as **hospital sanitation workers and medical waste handlers**.

- a) Yes
- b) No
- c) Don't know / Not sure

70) *If yes/don't know to healthcare operations in household:* Does their job involve screening or treating possible coronavirus patients?

- a) Yes
- b) No
- c) Don't know/ Not sure

71) **In the past month (since ADD Qualtrics DD/Mon/YY), has someone in your household, other than you, been employed in work that cannot occur remotely (i.e., from home) and requires frequent in-person contact with other people?**

- a) Yes
- b) No
- c) Don't know/ Not sure

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- 72) *If yes/don't know.* They are employed in.... **Please select all that apply.**
- a) Law enforcement, corrections or public safety
 - b) Emergency management such as fire department or other first responders
 - c) Groceries, pharmacies or retail that sells food and beverages
 - d) Delivery or pick-up services such as those related to foods or medications
 - e) Public or private transportation including car services (taxi, Uber) and airlines
 - f) Construction
 - g) Healthcare
 - h) Something else: _____

Relocation

- 73) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, have you relocated to a different house or apartment, as a result of the new coronavirus? This could include returning to a home that you previously left.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 74) *If yes:* What is the zip code where you are now/where you relocated to? _____
- 75) *If yes:* What is the zip code of where you usually live or used to live? _____
- 76) *If yes:* Did you combine households when you relocated? This could include moving in with family or sharing a home with friends as a result of the new coronavirus.
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 77) *If yes:* Which of these property types best describes where you currently live, the place where you relocated?
- a) A multi-unit property. This includes a condominium, co-op, or building with two more units.
 - b) A single-unit property. This includes a detached home or townhouse.
 - c) A dormitory, group home, assisted living, or nursing home
 - d) Other: _____
 - e) Don't know / Not sure
- 78) *If yes:* Which of these property types best describes where you were living, the place you left?
- a) A multi-unit property. This includes a condominium, co-op, or building with two more units.
 - b) A single-unit property. This includes a detached home or townhouse.
 - c) A dormitory, group home, assisted living, or nursing home
 - d) Other: _____
 - e) Don't know / Not sure

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Preparedness

79) Please indicate yes, no, or not applicable for each of the following items:

	Yes	No	Not applicable
I am able to work at home.			
If I do not go to work because I am ill, I will not get paid for the time I am at home.			
I have sick leave at my job if I need to use it.			
I could lose my job or business if I am not able to go into work.			
My job can only be done in my workplace.			

80) If I was diagnosed with coronavirus today, I would be able to self-isolate at home, away from others in my household, for up to 2 weeks.

Self-isolation is recommended following a confirmed diagnosis to reduce the chances of transmitting the virus to others.

- a) Yes
- b) No
- c) Don't know / Not sure

81) If I was told today that I recently had a close contact with someone while they had coronavirus, I would be able to quarantine at home for up to two weeks.

Quarantining is recommended following a possible exposure to reduce the chances of transmitting the virus to others while waiting for a test result or waiting to see if symptoms will appear.

- a) Yes
- b) No
- c) Don't know / Not sure

82) Does your workplace currently have policies and equipment in place to keep you safe from the new coronavirus? This includes policies such as staggered start times or breaks for handwashing and equipment such as masks, hand sanitizer or wipe.

- a) Yes
- b) No
- c) Not applicable - I am not working or I am currently working from home
- d) Don't know/ Not sure

83) **In the past month (since ADD Qualtrics DD/Mon/YY), have you had all the personal protective equipment (PPE) you needed at work? Depending on your specific work requirements, PPE might include gloves, masks, or face shields. **Please select all that apply.** Options A, D, and E are exclusive.**

- a) I have had all the PPE I need for work
- b) I have had to reuse PPE because of shortage
- c) I needed PPE, but it was not available

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- d) I did not need PPE for work
- e) Not applicable - I am not working or I am currently working from home

84) Has your employer required employees, customers or visitors to wear masks? **Please select all that apply.** *[Options g and h are exclusive.]*

- a) My employer requires all employees or workers to wear a mask
- b) My employer requires all customers/visitors to wear a mask
- c) My employer asks customers who refuse to wear masks to leave the store, shop online, or use curbside pickup
- d) My employer has posted signs encouraging customers/visitors to wear a mask, but does not enforce it
- e) My employer has had to contact the police or local health department due to customers/visitors refusing to wear masks
- f) Other requirement regarding masks: _____
- g) None of the above
- h) Not applicable

85) My employer is doing whatever they can to prioritize the safety of its employees during the coronavirus pandemic.

- a) Strongly disagree
- b) Somewhat disagree
- c) Neither agree nor disagree
- d) Somewhat agree
- e) Strongly agree
- f) Not applicable

Social Distancing

86) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you gathered in groups with 10 or more people (**check all that apply**)? *[Option c is exclusive]*

- a) Yes, indoors
- b) Yes, outdoors
- c) No
- d) Don't know / Not sure

87) *If yes to groups of 10 or more:* When you gathered in groups with 10 or more people, did you practice social distancing? This includes staying 6 feet apart, wearing face coverings and avoiding close interactions.

- a) Yes, Indoors
- b) Yes, Outdoors
- c) Yes, Indoors and outdoors
- d) No
- e) Don't know/Not sure

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- 88) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you spent time in any of the following places? **Please select all that apply.**
- a) A hairdresser, salon or barber
 - b) The inside of a restaurant or bar
 - c) A patio or outdoor space at a restaurant or bar
 - d) An indoor movie theater
 - e) A shopping mall
 - f) A church, synagogue, mosque or other place of worship
 - g) The inside of a house that is not your own
 - h) A public swimming area such as the pool, lake, ocean or bay
 - i) A public park
 - j) A mass gathering like a demonstration or public protest
 - k) A hotel or other short term rental (like Airbnb) where people outside of your household are staying
 - l) An overnight stay at the residence of family or friends
 - m) An overnight trip to another town or city
 - n) None of the above

Healthcare Access, Insurance Status

- 89) During the **past month (since ADD Qualtrics DD/Mon/YY)**, do you feel that your ability to receive medical care for significant health issues other than coronavirus has been impacted?
- a) Yes
 - b) No
 - c) Not applicable, I did not need medical care
 - d) Don't know / Not sure
- 90) During the **past month (since ADD Qualtrics DD/Mon/YY)**, do you feel that your ability to receive medical care for minor health issues has been impacted?
- a) Yes
 - b) No
 - c) Not applicable, I did not need medical care
 - d) Don't know / Not sure
- 91) During the **past month (since ADD Qualtrics DD/Mon/YY)**, have you used telemedicine, such as videoconferencing, text messaging or another electronic tool, to access medical care for any health issues?
- a) Yes
 - b) No
 - c) Not applicable, I did not need medical care
 - d) Don't know / Not sure

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- 92) During the **past month (since ADD Qualtrics DD/Mon/YY)**, have you had difficulties getting your drug prescriptions filled or delivered?
- a) Yes
 - b) No
 - c) Not applicable, I do not have any drug prescriptions
 - d) Don't know / Not sure
- 93) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 94) *If no or do not know:* Are you looking for health care coverage?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 95) During the **past month (since ADD Qualtrics DD/Mon/YY)**, have you lost or changed your health care coverage as a result of the new coronavirus?
- a) Yes
 - b) No
 - c) Don't know / Not Sure
- 96) Would you say that in general your health is:
- a) Excellent
 - b) Very Good
 - c) Fair
 - d) Poor
- 97) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 98) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure

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- 99) During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 100) During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 101) How many times per week or per month did you take part in this activity during the past month?
- a) __ Times per week
 - b) __ Times per month
 - c) Don't know/Not sure
- 102) And when you took part in this activity, for how many minutes or hours did you usually keep at it?
- a) __ Hours
 - b) __ Minutes
 - c) Don't know/Not sure

Vaccines

- 103) When do you think the coronavirus vaccine will be available?
- a) In less than 6 months
 - b) Between 6 and 12 months
 - c) Between 12 and 24 months
 - d) A vaccine will not be available
 - e) Don't know
- 104) If a coronavirus vaccine became available would you:
- a) Immediately get the vaccine
 - b) Delay getting the vaccine
 - c) Never get the vaccine
- 105) If a coronavirus vaccine became available would you have your child (or children):
- a) Immediately get the vaccine
 - b) Delay getting the vaccine
 - c) Never get the vaccine

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- d) I have no children
- 106) In your opinion, who should be prioritized for receiving the vaccine if it is in short supply?
- a) High risk groups (older individuals, health care workers, etc.)
 - b) Children
 - c) First come first served
 - d) Other, please specify: _____
- 107) Are you currently participating in a SARS-CoV2 (coronavirus) vaccine trial study?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 108) *If yes to vaccine trial:* When did you begin participating in the SARS-CoV2 vaccine trial study?
- a) March
 - b) April
 - c) May
 - d) June
 - e) July
 - f) August
 - g) September
 - h) October
 - i) Don't know / Not sure

Basic Needs: Food Security

- 109) Next you are going to read a couple of statements that people have made about their food situation. For each, you will answer whether the statement was often true, sometimes true, or never true for (you/your household) **in the past month**.

The first statement is: "We couldn't afford to eat balanced meals". Was that often true, sometimes true or never true for you **in the past month (since ADD Qualtrics DD/Mon/YY)?**

- a) Often true
 - b) Sometimes true
 - c) Never true
- 110) The second statement is: "The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes or never true for you **in the past month (since ADD Qualtrics DD/Mon/YY)?**
- a) Often true
 - b) Sometimes true
 - c) Never true

Sexual & Reproductive Health

- 111) *If gender (from V0 or V1) is male or trans woman, skip:* To your knowledge, are you now pregnant?
- Yes
 - No
 - Not applicable
 - Don't know / Not sure
- 112) *If gender (from V0 or V1) is male or trans woman OR if respondent answers Yes to pregnancy question above, skip:* Since March 2020 (e.g. since the COVID pandemic started in your area) have you menstruated?
- Yes
 - No
 - Not Applicable
- 113) *If yes, has menstruated:* Since March 2020, has managing your period changed with respect to getting sanitary products? By *sanitary product*, we mean pads, tampons or similar items.
- Yes
 - No
 - Don't know/Not sure
- 114) Compared to before the pandemic, how has managing your period changed since March 2020?

	Yes	No	It is the same	Don't know/Not sure
Getting my sanitary product is more challenging				
Paying for my sanitary product is more difficult				
Finding my sanitary product is easier				
Getting my sanitary product is more stressful				
Getting my sanitary product is more convenient				
I feel more embarrassed getting my sanitary products				
I feel more comfortable getting my sanitary products				

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I feel more ashamed getting my sanitary products				
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115) Since March 2020, have you experienced any of the following, related to your sanitary product?

By sanitary product, we mean pads, tampons or similar items.

- a) I have not been able to buy the sanitary product I normally use because I could not afford it
- b) I have not been able to buy the sanitary product I normally use because it was not available in the store
- c) I started using reusable sanitary products (e.g. menstrual cups, washable pads, or period underwear) because I was worried the product I normally use would not be available to me
- d) I have had to change my used sanitary product less often to make each one last longer
- e) I have had to steal to get my sanitary product
- f) I have not been able to get free or discounted sanitary products because everything closed down
- g) I have had to go without food (or other essential items) in order to buy my sanitary product
- h) I have had to use makeshift materials (e.g. tissues, toilet paper, cloth or any other product not designated as a sanitary product) because I ran out of my sanitary product
- i) I started buying sanitary products online during the pandemic
- j) Other: _____
- k) I have not had any problems related to sanitary product access

116) The next few questions are about using sexual or reproductive health care. Sexual or reproductive health care can include:

- Testing, counseling, and treatment for sexually transmitted infections
- Testing, counseling, and treatment for HIV
- Pap test or screening for cervical cancer
- Testing and treatment for urinary tract infection (UTI)
- Hormone therapy or other gender affirming care
- Prenatal or postnatal care
- Pregnancy test or counseling
- Abortion services
- Mammogram, prostate exam, or other screening

Since March 2020, Have you had to delay, cancel or skip visiting your doctor or clinic for sexual or reproductive health care?

- a) Yes
- b) No
- c) No, I did not need sexual or reproductive health care during this time
- d) Prefer not to answer

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117) *If yes to delayed or cancelled SRH care:* Why did you delay, cancel, or skip visiting your doctor or clinic for sexual or reproductive health care? **Please select all that apply**

- a) I don't feel safe getting health care services due to the coronavirus
- b) I couldn't afford it
- c) I didn't have insurance
- d) My health insurance doesn't cover this care or co-pays/deductibles were too high
- e) It was too hard to get to (no transportation or child care, couldn't take time off work)
- f) I didn't know where I could get it
- g) I didn't want my partner or family to find out that I was trying to get this care
- h) The doctor's office, clinic or pharmacy wasn't open when I could get there
- i) I didn't like how I was treated by a staff person at the doctor's office, clinic or pharmacy
- j) I was treated unfairly by a staff person at the doctor's office, clinic or pharmacy based on something about who I am as a person
- k) Other, please specify: _____
- l) Prefer not to answer

118) *If yes to delayed or cancelled SRH care:* What sexual or reproductive health care services did you delay, cancel, or skip? **Please select all that apply.**

- a) Testing, counseling, and treatment for sexually transmitted infections
- b) Testing, counseling, and treatment for HIV
- c) Testing and treatment for urinary tract infection (UTI)
- d) Prenatal or postnatal care
- e) Pregnancy testing and counseling
- f) Abortion services
- g) Pap test or screening for cervical cancer
- h) Hormone therapy or other gender affirming care
- i) Mammogram, prostate exam, or other screening
- j) Other service, please specify: _____

119) *If Yes to skipping 1+ SRH service:* As of today, have you received the sexual or reproductive health care service(s) that you had delayed, cancelled, or skipped beginning March 2020?

	Yes	No
Testing, counseling, and treatment for sexually transmitted infections		
Testing, counseling, and treatment for HIV		
Testing and treatment for urinary tract infection (UTI)		
Prenatal or postnatal care		

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Pregnancy testing and counseling		
Abortion services		
Pap test or screening for cervical cancer		
Hormone therapy or other gender affirming care		
Mammogram, prostate exam, or other screening		
Other service <insert response specified above>		

120) The next few questions are about sexual health, specifically prevention of sexually transmitted infections (STIs) and pregnancy. Contraception or birth control refers to ALL the different methods for preventing pregnancy, even if you used them for other reasons. STI prevention methods include condoms, dental dams and PrEP. **Some of these methods may be used by a partner, but we still want to know about them.**

Contraception, birth control, or STI prevention includes:

- non-prescription methods such as condoms, dental dams, and withdrawal (“pulling out”)
- methods for which you have to go to a clinic such as birth control pills, Depo-Provera® (the shot) and IUDs
- PrEP (Pre-exposure prophylaxis) or PEP (Post-exposure prophylaxis)
- permanent methods such as sterilization (tubes tied or vasectomy)

Are you or your sexual partner(s) currently using a method of contraception, birth control, or STI prevention?

- a) Yes
- b) No
- c) Prefer not to answer

121) What kind(s) of contraception, birth control, or STI prevention are you or your sexual partner(s) using now? **Please select all that apply.**

- a) Tubes tied or blocked (female sterilization or Essure®)
- b) Vasectomy (male sterilization)
- c) Birth control pills
- d) Condoms
- e) Dental dams
- f) PrEP (Pre-exposure prophylaxis) or PEP (Post-exposure prophylaxis)
- g) Shots or injections (Depo-Provera®)
- h) Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- i) IUD (including Mirena® , ParaGard® , Liletta® , or Skyla®)
- j) Contraceptive implant in the arm (Nexplanon® or Implanon®)
- k) Natural family planning (including rhythm method)
- l) Withdrawal (pulling out)

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- m) Not having sex (abstinence)
- n) Other, please tell us: _____
- 122) *If not using birth control:* Do you want to be using a method of contraception, birth control, or STI prevention?
- a) Yes
- b) No
- c) Prefer not to answer
- 123) *If wants to be using contraception, birth control, or STI prevention:* Since March 2020, have you tried to obtain a method of contraception, birth control, or STI prevention from any source?
- a) Yes, and I obtained a method
- b) Yes, but I could not obtain a method
- c) No
- d) Prefer not to say
- 124) *If using birth control:* Since March 2020, were you unable to get, or were delayed in getting, your preferred method of contraception, birth control, or STI prevention?
- a) Yes
- b) No
- c) Prefer not to answer
- 125) *If yes to using birth control or tried to obtain birth control since March:* Since March 2020, have you experienced any of the following while attempting to obtain your preferred method of contraception, birth control, or STI prevention? **Please select all that apply.**
- a) Had a telemedicine appointment via phone or video
- b) Received a prescription method in the mail
- c) Unable to switch to a new method
- d) Unable to stop using a method, such as an IUD or implant
- e) Did not feel safe seeking in-person health services due to risk of exposure to the coronavirus
- f) I couldn't afford my preferred method
- g) I didn't have insurance
- h) My health insurance didn't cover it or the co-pays/deductibles were too high
- i) It was too hard to get to (no transportation or child care, couldn't take time off work)
- j) I didn't know where I could get a method during the pandemic
- k) The method that I wanted was not available at my doctor's office, clinic or pharmacy
- l) I didn't want my partner or family to find out that I was trying to get a method
- m) The doctor's office, clinic or pharmacy wasn't open when I could get there
- n) I didn't like how I was treated by a staff person at the doctor's office, clinic or pharmacy
- o) I was treated unfairly by a staff person at the doctor's office, clinic or pharmacy based on something about who I am as a person
- p) Other, please specify: _____

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q) I did not experience any problems getting a method

126) *If yes to using birth control or tried to obtain birth control since March:* Compared to before the pandemic, has your experience getting your preferred contraception, birth control, or STI prevention method changed since March 2020?

	Yes	No	It is the same	Don't know/Not sure
Receiving my method is more convenient				
Paying for my method is more difficult				
It is easier to schedule an appointment				
It is harder to get to the doctor/clinic (due to issues with my transportation, child care, work, schedule, etc.)				
Changing my method is more difficult				

Anxiety & Risk Perception

127) *If diagnosed with coronavirus (in V0, V1, V2, or V3) or had positive antibody test:* How worried are you about getting sick from the new coronavirus **again**? Would you say:

- a) Not at all worried
- b) Not too worried
- c) Somewhat worried
- d) Very worried

128) *If not diagnosed with coronavirus and did not have positive antibody test:* How worried are you about getting sick from the new coronavirus? Would you say:

- a) Not at all worried
- b) Not too worried
- c) Somewhat worried
- d) Very worried

129) How worried are you about your loved ones getting sick from the new coronavirus? Would you say:

- a) Not at all worried
- b) Not too worried
- c) Somewhat worried
- d) Very worried

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130) In the past **month (since ADD Qualtrics DD/Mon/YY)**, how often have you been bothered by the following problems?

Have you been bothered by...	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as, reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual				

131) How worried are you about the new coronavirus overwhelming hospitals? Would you say:

- a) Not at all worried
- b) Not too worried
- c) Somewhat worried
- d) Very worried

Basic Needs: Housing Security

132) How often **in the past month (since ADD Qualtrics DD/Mon/YY)** would you say you were worried or stressed about having enough money to pay your rent/mortgage?

- a) Always
- b) Usually
- c) Sometimes
- d) Rarely
- e) Never

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Violence

- 133) Are you currently in a relationship or seeing someone?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 134) *If yes; If not in a relationship, skip to next section:* Has the person you are in a relationship with or seeing changed in the past month?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 135) In the **past month (since ADD Qualtrics DD/Mon/YY)**, has your partner yelled at you or said things to make you feel bad about yourself, embarrassed you in front of others, or frightened you?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 136) **In the past month (since ADD Qualtrics DD/Mon/YY)**, has your partner pushed, grabbed, hit, kicked or thrown things at you?
- a) Yes
 - b) No
 - c) Don't know/ Not sure

Social Network Questions

- 137) In my community, people are generally practicing social distancing. This includes staying 6 feet apart, wearing face coverings and avoiding close interactions?
- a) Yes
 - b) No
 - c) Don't know/ Not sure

- 138) What do you think a positive test for coronavirus antibodies means?

	Agree	Disagree	Don't know/Not sure
A person currently has COVID-19			
A person was previously exposed to the coronavirus			
A person is immune from getting infected with the coronavirus in the future			

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A person is likely to have more severe COVID-19 symptoms in the future			
A person is likely to have less severe COVID-19 symptoms in the future			

- 139) Have you heard the term herd immunity?
- a) Yes
 - b) No
- 140) *If yes:* What do you think of the following statements about herd immunity related to coronavirus? **Please select all that apply.**
- a) Herd immunity is protecting people in my community
 - b) Herd immunity has not been achieved in my community
 - c) Herd immunity will be achieved once everyone has been exposed to coronavirus
 - d) Our community can reach herd immunity without a vaccine
 - e) People should get the coronavirus to build herd immunity
 - f) Herd immunity is only possible through vaccinations
 - g) Herd immunity makes it difficult for diseases to spread
 - h) Herd immunity will help eradicate the coronavirus that causes COVID-19 symptoms
 - i) Herd immunity only applies if people can have immunity to the virus.
- 141) Compared to previous election years, have you changed your plan to vote in the 2020 election?
Please select all that apply.
- a) Yes, because I am concerned about being exposed to the coronavirus while voting
 - b) Yes, because I am concerned about my vote being recorded correctly
 - c) Yes, for another reason, please specify: _____
 - d) No, I have not changed my plan to vote
 - e) I do not vote or am unable to vote
 - f) Prefer not to answer
- 142) *Skip if not voting:* What is your voting plan for the 2020 election?
- a) Vote by absentee or mail-in ballot
 - b) Early voting in-person
 - c) In-person voting on Election Day
 - d) I do not plan to vote
 - e) Don't know/Not sure
 - f) Prefer not to answer
- 143) Would you like to receive the \$10 gift card incentive for your time participating in the survey?
- a) Yes

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b) No

Note for educators only: As an educator or support staff (K-12 or university), we'd love to hear from you about your experience returning to school this fall. You can click here to read about and join the The Educators of America COVID CoHort. There will be a drawing for fifty \$100 Amazon gift cards.

End Survey

Thank you for taking the time to complete the first follow-up survey. You will hear from us in 1 month with a brief follow-up survey. A confirmation email with the details has also been sent to you. For resources related to mental health, substance use, violence, and food banks in your area, please visit our website, <https://cunyisph.org/cunycovidfacts/>.

For up to date and accurate information about the coronavirus, please visit our website, <https://cunyisph.org/cunycovidfacts/> or visit CDC.gov.

If you have any questions, reach us here: covid@sph.cuny.edu

Automated Response

Thanks for completing this follow-up survey with the CHASING COVID Cohort study. We will email you a \$10 Amazon gift card to the email address that you provided within 3 business days.

As part of this longitudinal study on COVID, we can learn a lot from your experience and insights and appreciate your participation. The CHASING COVID Cohort study includes participants from all across the country.

[For educators only: As an educator or support staff (K-12 or university), we'd love to hear from you about your experience returning to school this fall. You can click here to read about and join the The Educators of America COVID CoHort. There will be a drawing for fifty \$100 Amazon gift cards.]

If you have any questions about your participation in the study, or need to contact our team, email us at covid@sph.cuny.edu or call 917-740-8714.