



CHASING
COVID
COHORT

November 17, 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 as of V3, skip to next question: We have this number for text message reminders. Is this correct?: <Enter phone number on file from V2>*

Yes, this is correct

No

Don't know / Not sure

- 2) *If no 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

Antibody specimen collection

If no previous antibody consent in S1:

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- 3) As part of our research on the SARS-CoV-2 pandemic, the CHASING COVID Cohort Study is offering a free SARS-CoV-2 antibody test to all participants, using at-home, self-collected specimens. Results should be available within 3-5 business days after your sample is received by our lab. Would you like to submit a specimen for a SARS-CoV-2 antibody test?

Yes

No

Don't know / Not sure

If yes or don't know: [show abbreviated consent from antibody Qualtrics tool]

4) CONSENT STATEMENTS:

I have read and understand the information above. I understand that participation in this study is voluntary and that I may withdraw from the study at any time.

- a) I consent to participate in antibody testing
- b) I do not consent to participant in antibody testing

5) *If R consents to antibody testing:* Thank you for agreeing to provide a specimen for antibody testing. Where should we send your collection kit?

- a) Name _____
- b) Address _____
- c) Date of birth _____

If previous antibody consent in S1:

6) We are conducting another round of specimen collection for antibody testing, with results available within 3-5 business days after your sample is received by our lab. It's important to our research to have the specimen results, even if you were tested separately or have previously tested positive. It will allow us to see if your results have changed. Antibody levels change over time after infection, or you might have been newly infected since your last test. Can we send you a specimen collection kit for another antibody test? Like last time, you will receive a \$20 gift card once our lab receives your specimen.

- a) Yes
- b) No

7) *If yes:* We have this address on file. Is this correct?: [Participant's address]

- a) Yes, this is correct
- b) No

8) *If address is not correct:* Thank you again for agreeing to provide a specimen for antibody testing. What address should we send your specimen collection kit to?

- a) Name _____
- b) Address _____
- c) Date of birth _____

Contacts, Pre-Existing Conditions and Symptoms

All responses in this section are required

9) **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

10) *If yes*: Were any of those close contacts with someone who had a laboratory confirmed diagnosis of the new coronavirus in the last two weeks (ADD Qualtrics date)?

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

11) *If yes*: Were you exposed to that person when they were experiencing symptoms?

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

12) **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), but not 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 someone with symptoms for a prolonged time (10 minutes or longer).

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

13) *If yes*: Were any of those close contacts with someone who had had coronavirus-like symptoms (cough, fever or shortness of breath) in the last two weeks (ADD Qualtrics data)?

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

14) *If yes to close contact with someone with COVID diagnosis or symptoms*: Did you quarantine or are you currently in quarantine?

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

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15) *If yes to quarantine:* How many days did you quarantine after you learned that you had close contact with someone who had laboratory confirmed coronavirus infection or suspected coronavirus infection based on symptoms?

- a) I am currently quarantining
- b) 0 days
- c) 1-2 days
- d) 3-5 days
- 5-10 days
- 10-13 days
- 14 or more days
- Don't know/Not sure

16) **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
- 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

17) *If selected any symptom:* Have you seen or called a physician or health care professional for any of these symptoms?

- a) Yes
- b) No

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c) Don't know / Not sure

18) *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

19) *If selected any symptom: Around what day did your symptoms start?*

- a) _____ (enter calendar date)
- b) Don't know / Not sure

20) *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

21) *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

22) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY), have you been tested for coronavirus? Do not include** the at-home specimen collection for antibody testing that you may have 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

23) *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 you may have completed as a part of this study.

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

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24) *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 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

25) *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) Prior to a healthcare visit or procedure
- h) Prior to seeing friends or family
- i) I was just curious
- j) Other: _____

26) *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

27) *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

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- c) I am still waiting for test results
- d) Don't know / Not sure

28) *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 9 and 24 hours
- d) Between 25 and 48 hours
- e) Between 3 and 5 days
- f) More than 5 days
- g) Don't know / Not sure

29) *If yes to lab diagnosis (in V4) 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

30) *If yes to lab diagnosis (in this survey) or positive antibody test: Did anyone else in your household, family, friends, or coworkers, test positive? **Please select all that apply.** [Option D is exclusive]*

- a) Yes, before my diagnosis
- b) Yes, after my diagnosis
- c) Yes at the same time as my diagnosis
- d) No
- e) Don't know/ Not sure

31) *If yes to lab diagnosis (in this survey) 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

32) *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

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c) Don't know / Not sure

33) *If had symptoms AND not a COVID diagnosis (in this survey) 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
- c) Flu
- d) Other: _____
- e) Don't know / Not sure

34) *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

35) **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

Long-haul

36) Are you currently experiencing any of the following symptoms? **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

37) Some people report having persistent coronavirus symptoms, weeks and months after they first became sick. These people are sometimes known as COVID "long-haulers" or having "long-haul

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symptoms” or “long COVID”. Some evidence suggests this can happen to people even if they did not have a positive antibody test. Do you think of yourself as a COVID “long-hauler”?

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

If no, skip to next section

38) When did your initial symptoms start?

- a) December 2019
- b) January 2020
- c) February 2020
- d) March 2020
- e) April, 2020
- f) May 2020
- g) June 2020
- h) July 2020
- i) August 2020
- j) September 2020
- k) October 2020
- l) November 2020

39) Would you define yourself as having continuous symptoms or having relapses (symptoms get better and then get worse again)?

- a) Continuous
- b) Relapses
- c) Don't know / Not sure

If continuous, skip this question

40) When have you had relapses? **Please select all that apply.**

- a) December 2019
- b) January 2020
- c) February 2020
- d) March 2020
- e) April 2020
- f) May 2020
- g) June 2020
- h) July 2020
- i) August 2020
- j) September 2020
- k) October 2020
- l) November 2020

41) Compared to when you first got sick, how do you feel right now?

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- a) Worse than I felt initially
- b) About the same
- c) Somewhat better
- d) Much better, but not totally recovered
- e) Totally recovered
- f) Don't know/Not sure

42) Do you agree or disagree with the following statement? *When I first thought I needed medical care for ongoing coronavirus symptoms, my health care provider took my concerns seriously.* Think about the time at least a month after your diagnosis or initial symptoms started.

- a) Strongly disagree
- b) Somewhat disagree
- c) Neither agree nor disagree
- d) Somewhat agree
- e) Strongly agree
- f) Not applicable, did not initially think I needed medical care for ongoing coronavirus symptoms

43) Do you agree or disagree with the following statement? *More recently, when I thought I needed medical care for ongoing coronavirus symptoms, my health care provider took my concerns seriously.* Think about the last month.

- a) Strongly disagree
- b) Somewhat disagree
- c) Neither agree nor disagree
- d) Somewhat agree
- e) Strongly agree
- f) Not applicable, haven't thought I needed medical care for ongoing coronavirus symptoms recently

Recovery and Contact Tracing

If ever (V0, V1, V2, V3, V4) reported a COVID diagnosis or positive antibody test, participant should get the next question.

The next set of questions are because you have indicated a previous diagnosis *or had a reactive antibody test.*

44) *Since your last survey (ADD Qualtrics DD/Mon/YY), 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

45) *If reported a diagnosis in V4: 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*

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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 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

46) *If reported a diagnosis in V4:* 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

47) *If yes told to isolate:* How much difficulty did you have following the instructions 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

48) *If reported a diagnosis in V4:* 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

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

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

50) *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

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g) Don't know / Not sure

51) *If reported a diagnosis in V4:* Did you self-isolate or stay away from healthy people within your household until you recovered?

- a) Yes
- b) No
- c) Don't know / Not sure
- d) I do not live with anyone else

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

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

53) *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

54) *If no to either question about self-isolation:* Why did you not 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) I didn't think self-isolation was necessary
- g) Other: _____

55) 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

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c) Don't know / Not sure

56) *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

57) 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 or someone who was exposed to the coronavirus? **Please select all that apply.**

- a) Yes, someone I came in contact with tested positive or had been exposed
- b) Yes, someone I came in contact with was in contact with someone else who tested positive or had been exposed
- c) Yes, someone contacted me because I was in the same place as someone who tested positive or had been exposed to the coronavirus (a school, store, place of worship, etc.)
- d) No
- e) Don't know/ Not sure

Precautions and Impact

58) **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 the 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			

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Self-quarantined			
Cleaned and disinfected frequently used objects or surfaces (for example a smartphone)			
Avoided touching your face			
Avoided public transportation			

59) In the past month (**since** *ADD Qualtrics DD/Mon/YY*), how often did you wear a mask **indoors** during the following activities?

	Always	Sometimes	Never	NA
Grocery shopping (indoor area with lots of people)				
While visiting friends/family who are not part of your household				
While at work (inside an office building or other work environment)				
Using public transit (bus, train, subway)				
Visiting a salon, gym (an indoor area with a few people)				

60) In the past month (**since** *ADD Qualtrics DD/Mon/YY*), how often did you wear a mask **outdoors** during the following activities?

	Always	Sometimes	Never	N/A
Visiting friends/family outside of your household				
Exercising or walking on the street				
At an outdoor gathering, such as a sporting event, political rally, concerts				

61) In the past month, (**since** *ADD Qualtrics DD/Mon/YY*), how often have you practiced social distancing (keeping six feet apart) with:

	Always	Sometimes	Never	NA

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People I don't know (for example, other shoppers in stores, staff and other diners at indoor restaurants, commuters on public transit)				
People I know (friends, family beyond your household, coworkers)				

62) **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

63) **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

64) **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

65) **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

66) **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

Sociodemographics

67) Are you currently...?

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- 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

68) *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

69) **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

70) *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
- 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) My business temporarily closed
- h) My business permanently closed
- i) I was sick
- j) I was in quarantine or isolation
- k) I was in the hospital
- l) Other: _____

71) Are you currently in a relationship or seeing someone?

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

If not in a relationship, skip to next section

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72) *If in a relationship:* 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

73) *If in a relationship:* Do you and your partner(s) live in the same household?

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

74) *If has spouse/partner in the household: Since March 2020,* has your spouse/partner experienced a significant personal loss of income as a result of the new coronavirus?

- a) Yes
- b) No
- c) Not Applicable

75) *If yes spouse/partner experienced a personal loss of income:* Which of the following contributed to your spouse/partner's personal loss of income? **Please select all that apply.**

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

76) *If did not respond to this in V3:* 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

77) *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

78) *If no (0) children less than 18, then skip:* Are children in the household currently attending school?

- a) None of the children in the home are old enough to attend school.

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- 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/blended model, which includes both in-person and remote instruction.
- e) Some school-age children are attending school remotely from home and some are attending school in-person.
- f) All children in the household are homeschooled.

79) Do you have any pets at home? **Please select all that apply.**

- a) Dog(s)
- b) Cat(s)
- c) Other: _____
- d) I do not have any pets

Healthcare Workers and First Responders

80) *If yes to HCW in last survey:* On the last survey you completed (ADD Qualtrics date), you said that you were currently working in healthcare.

Does your job involve screening or treating possible coronavirus patients?

- a) Yes
- b) No
- c) Don't know/ Not sure
- d) I no longer work in healthcare

Relocation

81) 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

82) *If yes:* What is the zip code where you are now/where you relocated to? _____

83) *If yes:* What is the zip code of where you usually live or used to live? _____

Air Travel

84) Have you traveled by plane since March 2020?

- a) Yes
- b) No

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85) *If yes to air travel:* In which month(s) did you travel by plane since March 2020? **Please select all that apply.**

- a) March 2020
- b) April 2020
- c) May 2020
- d) June 2020
- e) July 2020
- f) August 2020
- g) September 2020
- h) October 2020
- i) November 2020

86) *If yes to air travel:* How many flights have you taken since March? Count connecting flights as one flight and round-trip itineraries as two flights.

- a) Number _____ (1-9, 10+)
- b) Don't know / Not sure

87) Do you have any air travel plans for the next 6 months?

- a) Yes
- b) No

Preparedness

88) 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

89) **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
- d) I did not need PPE for work
- e) Not applicable - I am not working or I am currently working from home

90) 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

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- 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

91) 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

92) **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 D is exclusive]

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

93) *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

94) **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

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- 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 mass gathering like a political rally
- l) A hotel or other short term rental (like Airbnb) where people outside of your household are staying
- m) An overnight stay at the residence of family or friends
- n) An overnight trip to another town or city
- o) None of the above

Healthcare Access, Insurance Status

95) 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

96) 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

97) 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

98) 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

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99) 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

100) *If no or do not know:* Are you looking for health care coverage?

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

101) 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

102) Would you say that in general your health is:

- a) Excellent
- b) Very Good
- c) Fair
- d) Poor

103) 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

104) 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

105) 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

106) 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?

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

107) 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

108) 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

PrEP use

109) *If indicated using PrEP in V3:* In your last survey on (add Qualtrics date), you responded that you might be on PrEP, the drug to prevent HIV. Which formulation of PrEP are you on now?

- a) Truvada (or generic Teva) or PrEP with tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC)
- b) Descovy or PrEP with tenofovir alafenamide (TAF) and emtricitabine
- c) Other PrEP
- d) I'm on PrEP, but I don't know the formulation
- e) I am not currently on PrEP

110) *If answering 1 or 2 OR 3 above:* Which months in 2020 were you regularly using the above formulation of PrEP [pipe in response from above]? Count a month if you used PrEP for more than half of the days. **Please select all the months that apply.**

- a) January 2020
- b) February 2020
- c) March 2020
- d) April 2020
- e) May 2020
- f) June 2020
- g) July 2020
- h) August 2020
- i) September 2020
- j) October 2020
- k) November 2020

111) *If respondent is using Descovy and did not select all months in question above, ask:* Were you using a different formulation of PrEP before you started Descovy?

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- a) Yes, I was using Truvada or PrEP with tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC)
- b) YES, I was using another formulation of PrEP
- c) No, I was not using PrEP before I started Descovy
- d) Don't know / Not sure

Vaccine

112) If a coronavirus vaccine became available would you:

- a) Immediately get the vaccine
- b) Delay getting the vaccine
- c) Never get the vaccine

113) 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: _____

Alcohol

114) **In the last month (add qualtrics date)**, how often do you have a drink containing alcohol?

- a) Never
- b) Monthly or less
- c) 2-4 times a month
- d) 2-3 times a week
- e) 4 or more times a week

115) *If do not drink alcohol, then skip.* **In the last month (ADD Qualtrics DD/Mon/YY)**, how many standard drinks containing alcohol do you have on a typical day? One standard drink is equal to 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor or 8 ounces of malt liquor.

- a) 1 or 2
- b) 3 or 4
- c) 5 or 6
- d) 7 or 9
- e) 10 or more

116) *If do not drink alcohol, then skip.* **In the last month (ADD Qualtrics DD/Mon/YY)**, how often do you have six or more drinks on one occasion?

- a) Never
- b) Less than monthly
- c) Monthly
- d) Weekly

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e) Daily or almost daily

117) Do you identify as being in recovery from alcohol?

- a) Yes, I am currently in recovery from alcohol
- b) I am not currently in recovery from alcohol, but I have previously been in recovery from alcohol
- c) I have never been in recovery from alcohol
- d) Don't know/Not sure

118) *If 117a*: How long have you been in recovery from alcohol?

- a) Less than or equal to 1 month
- b) >1 month to 3 months
- c) >3 months to 6 months
- d) >6 months to 12 months
- e) >12 months

119) *If 117b*: How long were you in recovery from alcohol?

- a) Less than or equal to 1 month
- b) >1 month to 3 months
- c) >3 months to 6 months
- d) >6 months to 12 months
- e) >12 months

Anxiety & Risk Perception

120) *If diagnosed with coronavirus (in V0, V1, V2, V3, V4) 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

121) *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

122) 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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123) 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				

124) 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: Food Security

125) 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

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126) 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

Basic Needs: Housing Security

127) 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

Violence

128) *If yes or don’t know to are you currently in a relationship:* 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

129) *If yes or don’t know to are you currently in a relationship:* **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

130) 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

131) If you voted in the 2020 presidential election, did you....

- a) Vote by absentee or mail-in ballot
- b) Vote early in-person
- c) Vote in-person on Election Day

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- d) I tried but was unable to vote
- e) I did not vote
- f) Don't know / Not sure
- g) Prefer not to answer

- 132) Would you like to receive the \$10 gift card incentive for your time participating in the survey?
- a) Yes
 - b) No

End Survey

Thank you for taking the time to complete this 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](https://www.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.

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.