



CHASING
COVID
COHORT

December 16, 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. We realize that you might have completed a survey as recently as a few weeks ago. The COVID pandemic has been rapidly evolving in the U.S. and we are trying to capture the ways it has impacted participants like yourself.

Contact

1) Please confirm your date of birth:

- a) Month _____
- b) Day _____
- c) Year _____

2) *If no phone number on file as of V4, skip to next question: We have this number for text message reminders. Is this correct?: <Enter phone number on file from V4>*

- a) Yes, this is correct
- b) No
- c) Don't know / Not sure

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3) *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 did not complete V4 and consented in V1:

4) 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

If said no to specimen in V4 and consented in V1:

5) We noticed you did not request a specimen in the last round and wanted to reach out and see if you might reconsider. It's important to our research to have the specimen results, even if you were tested separately or have previously tested positive. Can we send you a specimen collection kit for another antibody test?

- a) Yes
- b) No

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

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

7) *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

8) **In the past month (since ADD Qualtrics DD/Mon/YY)**, has anyone in your household, other than yourself, been diagnosed with the new coronavirus? Please do not include yourself?

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- a) Yes, 1 other person
- b) Yes, more than 1 other person
- c) No
- d) Don't know / Not sure

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 (since ADD Qualtrics DD/Mon/YY)?**

- 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
- d) 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 (since ADD Qualtrics DD/Mon/YY)?**

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

14) In the past month, have you quarantined or are you currently in quarantine?

- a) Yes
- b) No

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c) Don't Know / Not sure

15) *If yes to quarantine:* How many days did you quarantine?

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

16) *If yes to quarantine:* Did you quarantine for any of the following reasons? **Please select all that apply.**

- a) After a known or suspected exposure
- b) Before seeing family or friends
- c) After seeing family or friends
- d) Before traveling
- e) After traveling
- f) Other _____
- g) Don't know/Not sure

17) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, have you had any of the following symptoms? **Please select all that apply.**

- 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

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- t) Nausea
- u) Diarrhea
- v) Vomiting
- w) I have not had any of these symptoms

18) *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

19) *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

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

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

21) *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

22) *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

23) 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

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d) Don't know / Not sure

24) *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

25) *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 (PCR or rapid 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, is a blood test that 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 (PCR or rapid test)
- b) Antibody test (blood test)
- c) Don't know / Not sure

26) *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) After seeing friends or family
- j) Prior to traveling
- k) After traveling
- l) I was just curious
- m) Other: _____

27) *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

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- g) Wait time for an available appointment
- h) Wait time in line at a testing site
- i) Taking time off from work
- j) I did not have transportation
- k) I did not have childcare
- l) The test was not available at the doctor's office, clinic, hospital
- m) I did not meet criteria to be tested
- n) Other: _____
- o) I did NOT have any difficulty getting a test

28) *If selected PCR test:* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were any of your viral (PCR or rapid) test(s) positive/reactive?

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

28) *If selected antibody test:* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were any of your antibody (blood) test(s) positive? 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
- c) I am still waiting for test results
- d) Don't know / Not sure

29) *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

30) *If yes to diagnosis (in V5):* 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

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

31) *If yes to lab diagnosis (in this survey or V4) :*

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

32) *If yes to lab diagnosis (in this survey or V4) 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

33) *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 V5) 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

34) *If had symptoms AND not a COVID diagnosis (in V5) 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

35) *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

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36) 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

37) 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/exercising
- 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) Waxing and waning of some or all of my initial symptoms
- n) Something else: _____
- o) I am not experiencing any of the symptoms above

38) *If skipped V4 or don't know/no in V4:* 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 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

39) The following questions are about your experience with long-haul symptoms or long COVID.

When did your initial symptoms start?

- a) December 2019
- b) January 2020
- c) February 2020
- d) March 2020
- e) April, 2020
- f) May 2020

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- g) June 2020
- h) July 2020
- i) August 2020
- j) September 2020
- k) October 2020
- l) November 2020
- m) December 2020

40) 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

41) *If continuous is not selected:* 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
- m) December 2020

42) *If reported long haul in V4 or yes to long haul question in V5:* The following question is because you previously reported experiencing long COVID or long-haul symptoms. Compared to when you first got sick, how do you feel right now?

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

Recovery and Contact Tracing

If ever (V0, V1, V2, V3, V4, V5) reported a COVID diagnosis or positive antibody test, participant should get the next question.

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

45) 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

46) Have you installed an app on your phone or enabled your phone to provide 'exposure notifications' that helps you and others learn if they've had close contact with someone with confirmed Coronavirus infection?

- a) Yes
- b) No
- c) Don't know

47) *If yes:* Has the app (or your phone) ever notified you that you may have been exposed to someone with Coronavirus?

- a) Yes
- b) No
- c) Don't know

48) *If did not install app:* If privacy could be ensured, would you consider downloading an app that could notify you if you may have been exposed to Coronavirus?

- a) Yes
- b) No
- c) Don't know

49) *If reported a diagnosis in V5:* 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 10 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 to self-isolate or to stay away from others until you recovered?

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

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50) *If reported a diagnosis in V5:* 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

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

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

52) *If reported a diagnosis in V5:* 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

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

- a) ____ days
- b) Still self-isolating
- c) Don't know / Not sure

54) *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

55) *If reported a diagnosis in V5:* 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

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

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- a) ____ days
- b) Still self-isolating
- c) Don't know / Not sure

57) *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

58) *If yes to self-isolating from people within household:* Did you wear a mask at home while you were self-isolating?

- a) Yes, most of the time
- b) Yes, some of the time
- c) No
- d) Don't know / Not sure
- e) I do not live with anyone else

59) *If yes to self-isolating from others within household:* Did others within your household wear a mask at home while you were isolating?

- a) Yes, everyone, all the time
- b) Yes, everyone, sometimes
- c) Yes, some but not all household members
- d) No
- e) Don't know / Not sure
- f) I do not live with anyone else

60) *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: _____

61) 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

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feet for more than 10 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

62) *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

63) Since you completed the **last survey (on date of last survey 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

64) **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			

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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 mask in your own household			
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			

65) Is there a gun in your household?

- a) Yes
- b) No
- c) Don't know

66) *If yes:* Do you have access to the gun?

- a) Yes
- b) No
- c) Don't know

67) *If yes:* Do you have access to ammunition for the gun?

- a) Yes
- b) No
- c) Don't know

68) 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	Not applicable
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)				

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Using public transit (bus, train, subway)				
Visiting a salon, gym (an indoor area with a few people)				
At a church or religious service (where people are praying, talking, and singing)				
At my home if someone in my household is ill or may be exposed to coronavirus				
At my home if someone outside my household is visiting				

69) 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	Not applicable
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				

70) 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	Not applicable
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)				

Sociodemographics

71) Are you currently...?

- a) Employed for wages
- b) Self-employed

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- 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

72) *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

73) **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

74) *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: _____

75) 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

76) *If in a relationship:* Has the person you are in a relationship with or seeing changed in the past month?

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

77) *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

78) *If has spouse/partner in the household:* In the **last month, (since ADD Qualtrics DD/Mon/YY)**, 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

79) *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: _____

80) *If did not respond to this in V3 or V4:* 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

81) *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

82) *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.

83) In the last month, has anyone new joined your household (e.g. a college student returning home)?

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

84) In the next month, do you expect any new members will join your household (e.g. a college student returning home)?

- d) Yes
- e) No
- f) Don't know / not sure

Healthcare Workers and First Responders

85) *If yes to HCW in V1, V2, or V3 AND did not say "I no longer work in healthcare" in V4: On a **previous survey you completed**, you said that you were 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

86) *If yes: Does your employer require routine symptom screening or testing for Coronavirus? **Please select all that apply.***

- a) Yes, symptom screening
- b) Yes, testing
- c) No
- d) Don't know/ Not sure

87) *If yes/don't know to healthcare operations in household in V1, V2, or V3:*

88) On a **previous survey you completed**, you said that a member of your household was working in healthcare.

Does their job involve screening or treating possible coronavirus patients?

- a) Yes
- b) No

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- c) Don't know
- d) They no longer work in healthcare

Relocation

89) 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

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

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

Air Travel

92) Have you traveled by plane in the **last month (since ADD Qualtrics DD/Mon/YY)**?

- a) Yes
- b) No

93) *If yes to air travel:* How many flights have you taken in the last month? Count connecting flights as one flight and round-trip itineraries as two flights.

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

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

- a) Yes
- b) No

Preparedness

95) 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

96) **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

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- 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

97) 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

98) 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

99) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you gathered in groups with 10 or more people? **Please select 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

100) *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

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e) Don't know/Not sure

101) Over Thanksgiving weekend, how many different households did you gather with indoors without a mask (thinking about the whole weekend, not just Thanksgiving Day)?

Do not include your own household when counting and only count households that you had close contact with (for example, within 6 feet for more than 10 minutes) indoors without a mask.

Example: Getting together with a neighbor and a cousin from another household should be counted as 2 households.

- a) 0, no other household
- b) 1 other household
- c) 2 other households
- d) 3 or more other households
- e) Don't know/Not sure

102) **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 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

103) 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

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104) 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

105) 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

106) 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

107) 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

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

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

109) 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

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

- a) Excellent
- b) Very Good

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- c) Fair
- d) Poor

111) 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

112) 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

113) 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

114) 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

115) 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

116) 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

Vaccine

117) Have you been vaccinated against COVID-19 with an FDA-approved vaccine (not in a vaccine trial)?

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

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If no, skip to 120

118) *If yes:* Do you know which Coronavirus vaccine you got?

- a) Pfizer/BioNTech
- b) Moderna
- c) AstraZeneca-Oxford
- d) Johnson & Johnson/Beth Israel Deaconess
- e) Novavax
- f) Other: _____
- g) Don't know / not sure

119) *If yes:* How many shots have you gotten?

- a) 1
- b) 2

120) *If yes:* Where did you get the vaccine?

- a) Hospital
- b) Doctor's office
- c) Pharmacy
- d) Workplace (not a hospital or medical setting)
- e) Other _____
- f) Don't know / not sure

121) *If yes:* How long did you wait to receive the vaccine on the day you got it?

- a) Less than 30 minutes
- b) 30 minutes to an hour
- c) 1 - 3 hours
- d) > 3 hours
- e) Don't know / not sure

122) *If yes:* Did you have any side effects from the vaccine? **Please select all that apply.**

- a) Sore arm
- b) Fatigue
- c) Body aches (muscle and/or joint pain)
- d) Not feeling well
- e) Fever (>100.4 degrees Fahrenheit)
- f) Other _____
- g) Too soon to tell (I got the vaccine within the last 24 hours)
- h) Don't know / not sure

123) *If no/don't know to receiving the vaccine:* Have you been scheduled to receive or told when you will receive the vaccine?

- a) Yes, December 2020

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- b) Yes, January 2021
- c) Yes, February 2021
- d) March 2021 or later
- e) I don't know when I will get the vaccine
- f) Don't know / not sure

124) Are you currently participating in a SARS-CoV-2 (coronavirus) vaccine trial study?

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

125) *If yes:* Do you know what trial you are participating in?

- a) AstraZeneca-Oxford
- b) Johnson & Johnson/Beth Israel Deaconess Medical Center
- c) Novavax
- d) Other: _____
- e) Don't know / not sure

126) *If no/don't know to getting the vaccine:* When the vaccine is available to you, will you:

- a) Immediately get the vaccine
- b) Delay getting the vaccine
- c) Never get the vaccine
- d) Still deciding whether I should get the vaccine

127) *If delay or never get vaccine:* Which of the following influence your decision to get a vaccine?

Please select all that apply.

- a) Short-term side effects
- b) Long-term side effects
- c) Effectiveness
- d) Whether other people I know also get it
- e) Other _____
- f) None of the above

128) *If immediately get the vaccine:* What motivates you to get the vaccine? **Please select all that apply.**

- a) It is required by my employer
- b) It is required by the school where I am a student
- c) I want to avoid getting COVID-19
- d) I want to visit my family
- e) I want to help reduce the burden on the healthcare system
- f) I want to help end the pandemic as soon as possible
- g) I believe it is effective
- h) It will help protect me
- i) It will help protect others around me
- j) I trust the FDA emergency use authorization process

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k) Other _____

Drug Use and Recovery

129) In the **month (since ADD Qualtrics DD/Mon/YY)**, how many times have you used the following?

How often have you used...	Never	Once or twice	Weekly	Daily or Almost Daily
Cannabis (marijuana, pot, grass, hash, etc.)				
Street opioids (heroin, opium, etc.)				
Prescription opioids in a way or dose other than prescribed (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine etc.)				

130) Do you identify as being in recovery from drugs?

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

131) *If 130a*: How long have you been in recovery from drugs?

- 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

132) *If 130b*: How long were you in recovery from drugs?

- 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

133) *If diagnosed with coronavirus (in V0, V1, V2, V3, V4, V5) 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

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134) *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

135) 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

136) 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				

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

- a) Not at all worried
- b) Not too worried

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- c) Somewhat worried
- d) Very worried

Basic Needs: Food Security

138) 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

139) The second statement is: “We worried whether our food would run out before we got money to buy more.” 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

140) The third 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

141) 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

142) *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

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

143) *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

144) 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

145) My federal, state, or city government is prioritizing the safety of its citizens during the coronavirus pandemic. For the previous statement, please indicate below how strongly you agree.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The federal government (the White House)					
The state government (your governor)					
The city government (your mayor)					

146) 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).

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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.

[Add note regarding specimen for participants who opt-in to testing in V5]

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.