



Version 2.1

March 31, 2020

We all have a role to play in slowing the spread of novel Coronavirus (aka SARS/COV-2). [Join the 'CHASE COVID' study](#) to help contribute to our understanding of this pandemic, how it is affecting households across America, how is spreading, and whether our efforts to slow the spread are working.

Our research study, the “Communities, Households and SARS/COV-2 Epidemiology (CHASE) COVID,” is for adults in the United States. It is being conducted by researchers at the City University of New York Institute for Implementation Science in Population Health ([CUNY ISPH](#)) to understand more about the spread of novel Coronavirus and to inform and evaluate the national response. Our goal is to survey 20,000 adults from across the United States.

In the coming weeks, as soon as a test becomes available, we will be fundraising to support this research, and we hope to offer all participants free at-home testing to see if you have been infected with the coronavirus.

Introduction

Thanks for your interest in the survey! When you finish the survey you'll be directed to resources with accurate and up-to-date information about the new coronavirus. You'll also be entered into the drawing for \$100.

Eligibility Screener

- 1) What is your age?
 - a) Age __ (no ages >110) *if age <18, END SURVEY*
 - b) Don't know/Not Sure *END SURVEY "Sorry looks like you are ineligible to participate in this survey. Thank you for your time."*
- 2) Do you live in the United States or US territories?
 - a) Yes
 - b) No *END SURVEY "Sorry looks like you are ineligible to participate in this survey. Thank you for your time."*

**Baseline Questionnaire for the
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Sociodemographics:

- 1) Do you think of yourself as:
 - a) Male
 - b) Female
 - c) Transgender man/ female-to-male
 - d) Transgender woman/ male-to-female
 - e) Genderqueer/ Gender nonconforming neither exclusively male nor female
 - f) Other: _____

- 2) Are you Hispanic, Latino/a, or Spanish origin?
 - a) Yes
 - b) No
 - c) Don't know / Not sure

- 3) Which of these groups would you say best represents your race? **Please select all that apply.**
Option G should be made exclusive
 - a) Black or African American
 - b) American Indian or Alaska Native
 - c) Asian
 - d) Pacific Islander
 - e) White
 - f) Other _____
 - g) Don't know / Not sure

- 4) *If selected Asian:* Which of these groups you say best represents your Asian identity? **Please select all that apply.**
 - a) Asian Indian
 - b) Chinese
 - c) Filipino
 - d) Japanese
 - e) Korean
 - f) Vietnamese
 - g) Other _____

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- 5) Are you currently...?
- a) Employed for wages
 - b) Self-employed
 - c) Out of work for less than 1 year
 - d) Out of work for 1 year or more
 - e) A homemaker
 - f) A student
 - g) Retired
- 6) Is your annual household income from all sources
- a) <\$25,000
 - b) \$25,000-\$34,999
 - c) \$35,000-\$49,999
 - d) \$50,000-\$69,999
 - e) \$70,000-\$99,999
 - f) \$100,00-\$149,000
 - g) \$150,000+
 - h) Don't know / Not sure
- 7) 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
- 8) How many members of your household, including yourself, are between the ages of 18 and 59 years of age? *Logic check: age must align with this question. And a value of "1" is required in number 8 or 9*
- a) __ Number (*nothing >100*)
 - b) No one aged 18-59
- 9) How many members of your household, including yourself, are 60 years of age or older? *Logic check: age must align with this question. And a value of "1" is required in number 8 or 9*
- a) __ Number (*nothing >100*)
 - b) No one aged 60+
- 10) What is the highest grade or year of school you completed?
- a) Less than a high school diploma,
 - b) Grade 12 or GED (High school graduate),
 - c) College 1 year to 3 years (Some college or technical school),
 - d) College 4 years or more (College graduate)

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- 11) Which of these property types best describes where you currently live?
- a) A multi-unit property. This includes a condominium, co-op, or building with two more units.
 - b) A single-unit property. This includes a detached home or townhouse.
 - c) A dormitory, group home, assisted living, or nursing home
 - d) Other _____
 - e) Don't know / Not sure
- 12) What is the zip code where you live?
- a) _____ Zip code
 - b) Don't know / Not sure

Behaviors

- 13) Do you now smoke cigarettes every day, some days or not at all? (Cigarettes does not include electronic products such as: e-cigarettes, vape pens, personal vaporizers, e-cigars, e-pipes, e-hookahs, hookah pens, and mods).
- a) Every day
 - b) Some days
 - c) Not at all
 - d) Don't know / Not sure
- 14) Do you now smoke electronic products every day, some days or not at all? Electronic products such as: e-cigarettes, vape pens, personal vaporizers, e-cigars, e-pipes, e-hookahs, hookah pens, and mods.
- a) Every day
 - b) Some days
 - c) Not at all
 - d) Don't know/Not sure

Contacts, Pre-Existing Conditions and Symptoms

All responses in this section are required

- 15) **In the past 2 weeks (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who has a laboratory confirmed diagnosis of the new coronavirus? Close contact could refer to being coughed on or to being within approximately 6 feet (2 meters) of a new coronavirus case for a prolonged time.
- a) Yes
 - b) No
 - c) Don't know / Not sure

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- 16) **In the past 2 weeks (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who has coronavirus-like symptoms (cough, fever or shortness of breath)? Close contact could refer to being coughed on or to being within approximately 6 feet (2 meters) of a new coronavirus case for a prolonged time.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 17) **In the past two weeks (since ADD Qualtrics DD/Mon/YY)**, have you been involved in healthcare operations that involve diagnosis or care for persons who are confirmed or suspected to have coronavirus? This includes people who deliver care and other services to sick persons, either directly as doctors, nurses, emergency responders and home health aides or indirectly as hospital sanitation workers and medical waste handlers.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 18) *if yes or don't know to healthcare operations:* Does your job involve screening or treating possible coronavirus patients?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 19) *If employed in healthcare operations (response of yes) then skip:* **In the past two weeks (since ADD Qualtrics DD/Mon/YY)**, have you been involved in any of the following types of roles which cannot occur remotely and require frequent contact with people who may be infected but are not known or suspected to have new coronavirus? **Please select all that apply**
- a) Law enforcement, corrections or public safety
 - b) Emergency management such as fire department or other first responders
 - c) Groceries, pharmacies or retail that sells food and beverages
 - d) Delivery or pick-up services such as those related to foods or medications
 - e) Public or private transportation including car services (taxi, Uber) and airlines
 - f) I'm involved in another role that cannot occur remotely and requires frequent contact with people _____
 - g) None of the above

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20) Has a doctor, nurse, or other health professional ever told you that you had any of the following?

Please select all that apply

- a) had a heart attack also called a myocardial infarction?
- b) have angina or coronary heart disease?
- c) have type 2 diabetes?
- d) have high blood pressure?
- e) have cancer?
- f) had asthma?
- g) have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?
- h) have kidney disease (not including kidney stones, bladder infection or incontinence)?
- i) have HIV/AIDS?
- j) have immunosuppression?
- k) have depression?
- l) I have not been told that I have any of the above conditions

21) *if yes to asthma:* Do you still have asthma?

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

22) *If gender is male or trans woman, skip.* To your knowledge, are you now pregnant?

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

23) **In the past 2 weeks (since ADD Qualtrics DD/Mon/YY),** have you had any of the following symptoms?

- a) Cough (new in the last two weeks)
- b) Coughing up phlegm
- c) Fever
- d) Sore throat
- e) Runny nose
- f) Muscle aches (myalgia)
- g) Headache
- h) Shortness of breath
- i) Stomach ache
- j) Diarrhea
- k) Itchy eyes
- l) Nasal congestion
- m) Rash
- n) Nausea
- o) Vomiting

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- p) Chills
 - q) Coughing up blood
 - r) I have not had any of these symptoms
- 24) *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
- 25) *If selected any symptom:* Were you hospitalized for any of these symptoms?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 26) Have you been tested for the new coronavirus?
- 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
- 27) *If selected yes or do not know:* Did you or have you had laboratory confirmed diagnosis of the new coronavirus?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 28) Do you personally know anyone who has died from the new coronavirus?
- a) Yes
 - b) No
 - c) Don't know / Not sure

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Precautions and Impact

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

As a result of new coronavirus, have you...	Yes	No	Not Applicable
Avoided large gatherings (>20 people)			
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			
Increased the frequency of telecommuting (working remotely or working from home)			
Changed or cancelled travel in the past two weeks			
Changed or cancelled travel in the upcoming three months			
Worn gloves			
Worn a face mask			
Stockpiled masks or other personal protective equipment			
Stockpiled food			
Self-quarantined			
Cleaned and disinfected frequently used objects of surfaces (for example a smartphone)			
Avoided touching your face			
Avoided public transportation			
Increased the frequency or duration of handwashing			
Increased the frequency of use of hand sanitizer			

30) In the past two weeks (since ADD Qualtrics DD/Mon/YY), have you done anything else as a result of concerns about the new coronavirus? _____

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31) **Since January 2020**, have you purchased any of the following to prevent the new coronavirus? For each item select Yes, Unable to purchase or Did not need.

To prevent the new coronavirus, have you purchased...	Yes	No, unable to purchase	No did not need to purchase
Paper masks			
N95 masks			
Hand sanitizer with at least 60% alcohol content			
Rubbing alcohol			
Disinfectants (e.g., Bleach, Clorox or Lysol sprays and wipes)			
Hospital grade disinfectant			
Vitamin supplements			
Traditional medicinal remedies and herbs			

32) **Since January 2020**, have you purchased anything else to prevent the new coronavirus? _____

33) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you experienced a personal loss of income as a result of the new coronavirus?

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

34) *If yes experienced a personal loss of income:* Which of the following contributed to a personal loss of income? Check 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 a child in the household
- f) I felt I was at high risk and did not want to leave the home
- g) Business temporarily closed
- h) Other _____

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Preparedness

35) Please indicate yes, no, or not applicable on each of the following items:

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

36) *If no (0) children < 18, then skip.* Public health officials may declare that it is necessary for your children to stay home from daycare and school. How likely are you to keep them at home for six weeks (for example: cancelling play dates or activities or keeping children at home during remote work hours)?

- a) Very unlikely
- b) Unlikely
- c) Likely
- d) Very likely
- e) Not applicable

37) Public health officials may declare that it is necessary for you to avoid gatherings with more than 20 people to protect your own health. How likely are you to avoid gatherings with more than 20 people for six weeks to protect your own health?

- a) Very unlikely
- b) Unlikely
- c) Likely
- d) Very likely
- e) Not applicable

38) Public health officials may declare that it is necessary for you to avoid gatherings with more than 20 people to protect the health of others (older persons or chronically ill persons). How likely are you to avoid gatherings with more than 20 people for six weeks to protect the health of others?

- a) Very unlikely
- b) Unlikely
- c) Likely
- d) Very likely
- e) Not applicable

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Healthcare Access, Insurance Status

- 39) Do you have one person you think of as your personal doctor or health care provider?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 40) Was there a time in the **past 12 months** when you needed to see a doctor but could not because of cost?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 41) Was there a time in the **past 12 months** when you needed to see a doctor but could not because of your immigration status?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 42) Since the new coronavirus outbreak began in February and March 2020, do you feel that your ability to receive medical care for other significant health issues has been impacted?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 43) 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
- 44) During the **past 12 months**, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 45) Would you get an affordable vaccine for the new coronavirus, if it were available today?
- a) Yes
 - b) No
 - c) Don't know / Not sure

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46) Would you be willing to provide an oral (spit/saliva) or dried blood sample to a research study for coronavirus testing in exchange for knowing the results of the test?

- a) Yes, I would submit either oral or dried blood sample
- b) Yes, but only oral sample not dried blood
- c) Yes, but only dried blood sample not oral sample
- d) No
- e) Don't know / Not sure

47) *If no to testing question.* Would you be willing to provide an oral (spit/saliva) or dried blood sample to a research study in exchange for money?

- a) Yes, amount in US dollars _____
- b) No
- c) Don't know / Not sure

Anxiety & Risk Perception

48) 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

49) 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

50) Over the **last 2 weeks (since ADD Qualtrics DD/Mon/YY)**, how often have you been bothered by the following problems as a result of the new coronavirus?

As a result of coronavirus, 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				

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Information

- 51) Who do you trust to give you reliable information regarding the new coronavirus? **Please select all that apply.**
- a) Centers for Disease Control and Prevention (CDC)
 - b) World Health Organization (WHO)
 - c) Surgeon General
 - d) White House
 - e) President
 - f) State Health Department
 - g) Local/County/City Health Department
 - h) Your governor
 - i) Your mayor
 - j) Personal physician
 - k) Other healthcare provider/worker
 - l) Family member
 - m) Close Friend
 - n) Religious leader/clergy
 - o) Online symptom checker (e.g., WebMD)
 - p) Significant other/spouse
 - q) Work colleagues
 - r) News media (e.g., television or print)
 - s) Social media
 - t) Other: _____

Discussion Network Questions

- 52) Who do you talk to about the new coronavirus? **Please select all that apply.** *Option H should be exclusive*
- a) Immediate family (mother, father, sibling)
 - b) Extended / other family
 - c) Partner / significant other
 - d) Close friend, someone you see or talk to regularly
 - e) Acquaintance, someone you know, but don't see or talk to often
 - f) Coworker
 - g) Medical provider or other health care professional
 - h) I don't feel comfortable talking about the new coronavirus with anyone

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53) Have you seen any posts (e.g., ads, articles, or infographics) on social media (e.g., Facebook, Twitter, Instagram, YouTube, Reddit) making any of the following claims about the new coronavirus?

	Have seen	Have not seen	Don't know/ not sure	Not on social media/ Not applicable
The virus can be spread via a "cloud" of virus in the air.				
The virus was created in a laboratory.				
The virus was created as part of a biological weapon.				
Home remedies such as eating garlic or sesame seed oil, and using essential oils, colloidal silver, zinc, and steroids will cure the virus.				
Ingesting or bathing in chemical disinfectants will prevent or cure the virus.				
There is a cure for the virus.				
Paper face masks will prevent you from getting the virus.				
Heat can kill the virus.				
Kids can't get the virus.				
All or most people who get the virus will die.				
Many people who recover from the virus can suddenly become ill again and die.				
Ordering products from China will make me sick.				
Pets can get the virus and become ill				
Have you seen other claims about the virus on social media _____				

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54) To what extent do you agree or disagree with the following claims on social media about the new coronavirus? *Qualtrics instruction: modify so that people can unselect a response*

	Strongly Agree	Agree	Disagree	Strongly Disagree
The virus can be spread via a “cloud” of virus in the air.				
The virus was created in a laboratory.				
The virus was created as part of a biological weapon.				
Home remedies such as eating garlic or sesame seed oil, and using essential oils, colloidal silver, zinc, and steroids will cure the virus.				
Ingesting or bathing in chemical disinfectants will prevent or cure the virus.				
There is a cure for the virus.				
Paper face masks will prevent you from getting the virus.				
Heat can kill the virus.				
Kids cannot get the virus.				
All or most people who get the virus will die.				
Many people who recover from the virus can suddenly become ill again and die.				
Ordering products from China will make me sick.				
Pets can get the virus and become ill				

Contact Information

Thank you for taking the time to join the study and complete the survey.

You will hear from us in 1 month with a brief follow-up survey, and you may hear from us about future study opportunities, including a test for exposure to the new coronavirus. Please enter an email where we may contact you: _____

(Collect email information twice)

Do you want your email address entered into the drawing for a \$100 gift card?

- a. Yes
- b. No

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End Survey

Some of the questions we asked you mentioned symptoms that are not related to coronavirus or mentioned things you may have seen online that are inaccurate. For up to date and accurate information, please visit our website, <https://cunyisph.org/cunycovidfacts/> or visit CDC.gov.

If you have any questions, reach us here: *<enter email>*

Please feel free to send this survey to other people in your network *<enter URL>*

Thank you again for taking the time to complete the survey.

Automated Response

Thank you for taking the time to join our study, Communities, Households and SARS/COV2 Epidemiology (CHASE COVID).

For the next six months, you will hear from us once a month to complete your brief online follow-up survey (shorter than today). We will also notify you, if you are eligible to participate in other surveys, such as a test for exposure to the new coronavirus.

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

If you have any questions, reach us here: *<enter email>*

Please feel free to send this survey to other people in your network *<enter URL>*

Version Notes

Version 2.1

- 1) Added: Three questions on occupation to identify healthcare workers and other occupations with frequent contact with people who may or may not be known to have the new coronavirus. (Q. 17-19)
- 2) Added: A new choice 'depression' to health conditions. (Q. 20)