



CHASING
COVID
COHORT

April 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);
- 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)

Introduction

Thanks for taking time to complete the first 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. We'll also ask for your contact details so that we can send you the at-home specimen collection kit for the SARS-CoV-2 antibody test. You will receive \$10 for completing the survey and \$20 for returning the specimen for the antibody test.

Contact

- 1) Is it okay to text you study reminders?
 - a) Yes
 - b) No
 - c) Don't know / Not sure

- 2) 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

Sociodemographics

- 3) *If selected Asian and did not get this question in baseline:* Which of these groups would you say best represents your Asian identity? **Please select all that apply.**
 - a) Asian Indian
 - b) Chinese
 - c) Filipino
 - d) Japanese

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0| April 16, 2020

- e) Korean
 - f) Vietnamese
 - g) Other _____
- 4) 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
- 5) *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) Don't know / Not sure

Sociodemographics

- 6) 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
- 7) Do you currently have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 8) About how much do you weigh without shoes? Please answer in pounds.
- a) ____
- 9) About how tall are you without shoes? Please answer in feet and inches.
- a) ___ feet ___ inches

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0 | April 16, 2020

Contacts, Pre-Existing Conditions and Symptoms

All responses in this section are required

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

Please select all that apply

- a) An anxiety disorder
- b) Post-traumatic stress disorder or PTSD
- c) Chronic liver disease, including cirrhosis
- d) I have not been told that I have any of the above conditions

11) **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.

- a) Yes
- b) No
- c) 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)? 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.

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

13) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY)**, have you had any of the following symptoms?

- a) Cough (new since you completed your last survey)
- 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

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0 | April 16, 2020

- p) Chills
 - q) Coughing up blood
 - r) Loss of smell or taste (new since you completed your last survey)
 - s) Eye pain
 - t) Sneezing
 - u) Chest pain
 - v) Repeated shaking and chills
 - w) I have not had any of these symptoms
- 14) *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
- 15) *If selected any symptom:* Were you hospitalized for any of these symptoms?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 16) *If selected any symptom:* Around what day did your symptoms start?
- a) _____ (*enter calendar date*)
 - b) Don't know/Not sure
- 17) *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
- 18) *Skip if respondent was tested and received a positive lab diagnosis at baseline:* Have you ever 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
- 19) *If say yes 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
-

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0| April 16, 2020

- 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 _____

20) *If selected yes or do not know:* Did you or have you had a laboratory confirmed diagnosis of the new coronavirus?

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

21) *if selected no or DNK options on testing question:* Do you think you might have had the new coronavirus?

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

22) *Skip if previously endorsed this question:* Do you personally know anyone who has died from the new coronavirus? By personally, we mean partners, relatives or friends.

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

Precautions and Impact

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

As a result of new coronavirus, have you...	Yes	No	Not Applicable
Avoided gatherings with people outside your household			
Physically separated from people <u>within your household</u> (renting a separate home or staying on a separate floor or room)			
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			

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version M1.0| April 16, 2020

Worn gloves			
Worn a face mask			
Stockpiled masks or other personal protective equipment			
Stockpiled food, more than you needed for two weeks			
Self-quarantined			
Cleaned and disinfected frequently used objects of surfaces (for example a smartphone)			
Avoided touching your face			
Avoided public transportation			

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

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

25) **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

26) **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

27) **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

28) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you done anything else as a result of concerns about the new coronavirus?

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0 | April 16, 2020

- a) Yes, please specify: _____
- b) No

29) **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

30) *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 a child in the household
- f) I felt I was at high risk and did not want to leave my home
- g) Business temporarily closed
- h) Business permanently closed
- i) I was sick
- j) I was in quarantine or isolation
- k) I was in the hospital
- l) Other: _____

Healthcare Workers and First Responders

31) **Since March 1, 2020**, have you been employed in healthcare operations? This includes people who deliver care and other services to sick persons, either directly as **doctors, nurses, emergency responders and home health aides** or indirectly as **hospital sanitation workers and medical waste handlers**.

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

32) *if yes or don't know to healthcare operations question:* Does your job involve screening or treating possible coronavirus patients?

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

33) *Skip if yes to health care operations OR job involving screening or treating possible covid patients question:* **Since March 1, 2020**, have you been employed in work that cannot occur remotely (i.e., from home) and requires frequent in-person contact with other people?

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0| April 16, 2020

- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 34) *If yes.* I work in.... **Please select your primary employment.**
- a) Law enforcement, corrections or public safety
 - b) Emergency management such as fire department or other first responders
 - c) Groceries, pharmacies or retail that sells food and beverages
 - d) Delivery or pick-up services such as those related to foods or medications
 - e) Public or private transportation including car services (taxi, Uber) and airlines
 - f) Construction
 - g) Healthcare
 - h) Something else_____
- 35) *If yes.* Do most of the other people you come into contact with at work (co-workers, customers) wear masks?
- a) Most wear masks
 - b) Some wear masks
 - c) A few wear masks
 - d) None wear masks
 - e) Don't know/ Not sure
- 36) **Since March 1, 2020**, has someone in your household, other than you, been employed in healthcare operations? This includes people who deliver care and other services to sick persons, either directly as **doctors, nurses, emergency responders and home health aides** or indirectly as **hospital sanitation workers and medical waste handlers**.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 37) *If yes/don't know to healthcare operations in household:* Does their job involve screening or treating possible coronavirus patients?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 38) **Since March 1, 2020**, has someone in your household, other than you, been employed in work that cannot occur remotely (i.e., from home) and requires frequent in-person contact with other people?
- a) Yes
 - b) No
 - c) Don't know/ Not sure

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0| April 16, 2020

39) *if yes/don't know*. They are employed in.... **Please select all that apply.**

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

Relocation

40) Have you relocated to a different house or apartment away from your primary home, as a result of the new coronavirus?

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

41) *If yes*: What month did you first move/relocate? _____ (Enter Month when you first relocated)

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

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

44) *If yes*: Did you combine households when you relocated? This could include moving in with family or sharing a home with friends as a result of the new coronavirus.

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

45) *If yes*: Which of these property types best describes where you currently live, the place where you relocated?

- a) A multi-unit property. This includes a condominium, co-op, or building with two more units.
- b) A single-unit property. This includes a detached home or townhouse.
- c) A dormitory, group home, assisted living, or nursing home
- d) Other _____
- e) Don't know / Not sure

46) *if yes*: Which of these property types best describes where you would live if not for the new coronavirus?

- 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 _____

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version M1.0| April 16, 2020

e) Don't know / Not sure

Preparedness

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

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

48) 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

49) Since the coronavirus pandemic began, 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 and D 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

50) Has your employer required employees, customers or visitors to wear masks? **Please select all that apply. option D is 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) Other requirement regarding masks _____
- d) None of the above
- e) Not applicable

51) 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

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0 | April 16, 2020

- 52) *If no (0) children < 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
- 53) Public health officials may declare that it is necessary for you to avoid gatherings with people outside your household. How likely are you to avoid gatherings outside your household to protect your own health?
- a) Very unlikely
 - b) Unlikely
 - c) Likely
 - d) Very likely
 - e) Don't know / Not sure
- 54) *This question should be displayed with question above.* How likely are you to avoid gatherings to protect the health of others?
- a) Very unlikely
 - b) Unlikely
 - c) Likely
 - d) Very likely
 - e) Don't know / Not sure

Social Distancing

- 55) **In the past month (since ADD Qualtrics DD/Mon/YY)**, would you say **you** followed the social (physical) distancing guidelines all of the time, most of the time, some of the time or none of the time? This includes things like limiting face-to-face contact with people outside your household and not gathering in groups and avoiding crowded places or mass gatherings.
- a) All of the time
 - b) Most of the time
 - c) Some of the time
 - d) None of the time
- 56) **In the past month (since ADD Qualtrics DD/Mon/YY)**, would you say **the people living in your household** have generally followed the social (physical) distancing guidelines all of the time, most of the time, some of the time or none of the time? This includes things like limiting face-to-face contact with people outside your household and not gathering in groups and avoiding crowded places or mass gatherings.
- a) All of the time
 - b) Most of the time
 - c) Some of the time
 - d) None of the time
 - e) Not Applicable – I live alone

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0 | April 16, 2020

f) Don't know/ Not sure

57) In the **past month (since ADD Qualtrics DD/Mon/YY)**, would you say **your neighbors** have generally followed the social (physical) distancing guidelines all of the time, most of the time, some of the time or none of the time? This includes things like limiting face-to-face contact with people outside your household and not gathering in groups and avoiding crowded places or mass gatherings.

- a) All of the time
- b) Most of the time
- c) Some of the time
- d) None of the time
- e) Not Applicable – I do not have neighbors
- f) Don't know/ Not sure

Healthcare Access, Insurance Status

58) 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

59) 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

60) 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

61) 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

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version M1.0| April 16, 2020

- 62) 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
- 63) *If no or do not know:* Are you looking for health care coverage?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 64) 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
- 65) The plasma of people who have recovered from coronavirus may help those who currently have coronavirus recover. If you became infected and then recovered from the new coronavirus, would you be willing to donate plasma to help treat persons sick with coronavirus?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 66) The situation around the new coronavirus is constantly changing. Would you be willing to complete 4-5 brief, time sensitive questions before the next monthly survey?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 67) Have you received the BCG, or bacille Calmette-Guerin, vaccine for tuberculosis (TB)? If so, you may have a small circular scar from childhood.
- a) Yes
 - b) No
 - c) Don't know/ Not sure

Basic Needs: Food Security

- 68) Next you are going to read a couple 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) **since the new coronavirus pandemic began in March.**

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version M1.0| April 16, 2020

The first statement is: “We couldn’t afford to eat balanced meals”. Was that often true, sometimes true or never true for you **since March 1, 2020**?

- a) Often true
- b) Sometimes true
- c) Never true

69) *Display on same page as question above.* Compared to the time before the new coronavirus pandemic, has your worry or stress about affording to eat balanced meals changed?

- a) It’s increased
- b) It hasn’t changed (same)
- c) It’s decreased

70) 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 **since March 1, 2020**?

- a) Often true
- b) Sometimes true
- c) Never true

71) *Qualtrics note: must appear on same page as above question:* Compared to the time before the new coronavirus pandemic, has your worry or stress about food not lasting and not having money to buy more changed?

- a) It’s increased
- b) It hasn’t changed (same)
- c) It’s decreased

Anxiety & Risk Perception

72) *if diagnosed with coronavirus, skip.* 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

73) 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

74) In the past **month (since ADD Qualtrics DD/Mon/YY)**, how often have you been bothered by the following problems as a result of the new coronavirus?

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0 | April 16, 2020

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				
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				

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

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

Basic Needs: Housing Security

76) How often **since March 1, 2020 (when the new coronavirus outbreak began)** 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

77) Compared to the time before the new coronavirus pandemic, has your worry or stress about having enough money to pay your rent/mortgage changed?

- a) It's increased
- b) It hasn't changed (same)
- c) It's decreased

Perceptions of and Trust in the Government Response

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

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
--	-------------------	-------------------	----------------------------	----------------	----------------

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version M1.0| April 16, 2020

The federal government (the White House)					
The state government (your governor)					
The city government (your mayor)					

Violence

- 79) Are you currently in a relationship or seeing someone?
- Yes
 - No
 - Don't know/ Not sure
- 80) *if not in a relationship then skip to next section.* In the **past 12 months (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?
- Yes
 - No
 - Don't know/ Not sure
- 81) *If yes to emotional violence.* Has this been happening more often **since March 1, 2020**, approximately when the new coronavirus pandemic began?
- Yes
 - No
 - Don't know/ Not sure
- 82) *If yes to emotional violence.* Has this been getting worse or has this been getting scarier **since March 1, 2020**, approximately when the new coronavirus pandemic began?
- Yes
 - No
 - Don't know/ Not sure
- 83) In the **past 12 months (since ADD Qualtrics DD/Mon/YY)**, has your partner pushed, grabbed, hit, kicked or thrown things at you?
- Yes
 - No
 - Don't know/ Not sure
- 84) *If yes to physical violence.* Has this been happening more often **since March 1, 2020**, approximately when the new coronavirus pandemic began?

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0 | April 16, 2020

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

85) *If yes to physical violence.* Has this been getting worse or has this been getting scarier **since March 1, 2020**, approximately when the new coronavirus pandemic began?

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

Alcohol

86) **Since March 1, 2020**, 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

87) *If do not drink alcohol, then skip.* **Since March 1, 2020**, 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

88) *If do not drink alcohol, then skip.* **Since March 1, 2020**, How often do you have six or more drinks on one occasion?

- a) Never
- b) Less than monthly
- c) Monthly
- d) Weekly
- e) Daily or almost daily

89) Compared to the time before the new coronavirus pandemic, how has your alcohol use changed?

- a) It's increased a lot
- b) It's increased some
- c) It hasn't changed (same)
- d) It's decreased some
- e) It's decreased a lot

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

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version M1.0| April 16, 2020

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

Social Network Questions

- 91) Do you agree with the following claims about the new coronavirus? **Please select all where you agree.**
- a) I should be wearing a cloth mask when in public
 - b) Healthy people don't need to wear masks
 - c) People can be re-infected with coronavirus
 - d) 5G causes the new coronavirus
 - e) Ending social/physical distancing in the next month is a good idea
 - f) Social/physical distancing will help 'flatten the curve' or reduce or space out the number of people with new coronavirus
 - g) Hydroxychloroquine, an anti-malaria drug, will cure the new coronavirus
 - h) Coronavirus is a hoax/not real
 - i) Recovering from the new coronavirus means I am protected from the coronavirus in the future
 - j) Ingesting or injecting household cleaners will cure the new coronavirus
- 92) *If yes to 94a)* The reason to wear a cloth mask is:
- a) To protect myself from getting coronavirus
 - b) To protect others from getting coronavirus
 - c) To protect myself and other from getting coronavirus
 - d) Don't know / Not sure
- 93) For the most part, I expect things to go back to normal in my town by the end of the summer
- a) Strongly disagree
 - b) Somewhat disagree
 - c) Neither agree nor disagree
 - d) Somewhat agree
 - e) Strongly agree
- 94) 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 the first follow-up survey. You will hear from us in 1 month with a brief follow-up survey. A confirmation email with the details has also been sent to you. For up to date and accurate information, please visit our website, <https://cunyisph.org/cunycovidfacts/> or visit [CDC.gov](https://www.cdc.gov).

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version M1.0| April 16, 2020

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

Antibody Test

We are so happy you want to complete the antibody testing. We will send you a specimen collection kit in the mail. You will get another email from us with the tracking information.

Please provide the address where you'd like to be mailed the specimen collection kit for antibody testing:

Thank you so much!

First name (this needs to be your name) _____

Last name (this needs to be your name) _____

Street Address _____

Apartment or Unit Number (if relevant) _____

City _____

State _____

Zip code _____

If "What is a good phone number where we can reach you? (We will never share your information with an... " Text Response Is Empty. Phone number (in case we need to contact you)

Date of birth in mm/dd/yyyy format (our lab requires date of birth)

CoPE

You're almost done!

We just want to let you know that there is a COVID19 Symptom Tracker app (CoPE), which you may have heard about. The app is part of a study conducted by Harvard Medical School. The study asks participants to download a COVID19 Symptom Tracker app and report whether you have symptoms of coronavirus on a daily basis. C3 participants are able to join the study and download this app, which asks you to report whether you have coronavirus symptoms. This is completely voluntary.



For questions or comments,
please email covid@sph.cuny.edu



**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**

Version M1.0| April 16, 2020

If you consent to join that study and say you are part of the Chasing Covid Cohort (C3), you are giving those researchers permission to confidentially share your symptom information with C3 in between monthly surveys, which we can use to improve our work. We will not share that information with anyone else, and we will not store it with your name or identifying information. If you decide not to join the CoPE study, there is no penalty to you and it will not affect your participation in C3 .

Click below to indicate that if you decide to join that study, you agree that the CoPE team is allowed to share your symptoms with us.

- Yes, I am interested in the CoPE study and agree if I join that study the CoPE team is allowed to share my symptoms with C3
- No, I am not interested in the CoPE study

Automated Response

Thanks for completing your first 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.

You are part of the only longitudinal study on COVID, and we can learn a lot from your experience and insights. 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.