

Chasing COVID Cohort Extension

Consent

Overview

- You are being invited to join a research study.
- You are being invited to participate in this study because you previously participated in the Chasing COVID Cohort.
- To participate, you must have previously participated in the Chasing COVID Cohort Study, speak English, and reside in the United States.

Purpose

- The purpose of this research study is to gather information about your background and things that may impact your health, including healthcare access, mental health, basic needs such as access to adequate housing and food, recent experiences with extreme weather, and views on vaccines. This is part of a research study funded by the National Institutes of Health.

Procedures

If you agree to participate in this research study, we will ask you to do the following:

- Participate in a brief survey that you will complete online today. The survey format will be the same as other surveys you did for previous Chasing COVID Cohort surveys, but some of the questions will be different. The questions in this survey will focus on mental health and views on vaccines. There will also be additional questions about your experiences with extreme weather. Just like with previous Chasing COVID Cohort surveys, you will receive a \$20 gift card for every survey you complete.
- Participate in another survey that will be sent to you in the fall of 2025. It will be similar to the survey you complete today, but may have a few different questions.

Time Commitment

- We expect that each survey will take 15-20 minutes to complete.

Potential Risks or Discomforts

- We will do our best to protect the information we collect from you. However, there remains a risk that someone not involved in the research study could access your data. The measures we are taking to reduce the risk are discussed in the **Confidentiality** section below.
- Answering questions about personal topics or health behaviors may make you feel upset or uncomfortable. You can skip any question or stop at any time, and there is no penalty. If you want to stop during a survey, just close the browser window.

Confidentiality

- We will make our best efforts to maintain confidentiality of any information that is collected during this research study. We will protect your confidentiality by giving you a study ID number that will be associated with your answers. Any identifying information

about you (e.g., your email) will be stored separately from your answers to the survey questions.

- The research team and authorized CUNY staff that oversee this type of research may have access to research data and records in order to monitor the research.
- Publications and/or presentations that result from this study will not identify you by name.

Future Use

- We might use the information collected from you as part of this study for future research by the study team. Your information will have a study ID number instead of your name or other information that could identify you.

Potential Benefits

- There are no direct benefits to you; however, you may enjoy participating in a health research study and making sure that your voice and concerns are heard.

Costs

- There will be no cost to you if you participate in this research study.

Alternatives to Participation

- If you are not interested in this study, please close your browser window.

Payment for Participation

- As a token of appreciation, you will be compensated with a \$20 *Tremendous* gift card for each survey you complete. *Tremendous* offers over 700 redeeming options, including virtual gift cards for Visa, Amazon, Target, Starbucks, various charities, and more.

Participants' Rights:

- Your participation in this research study is entirely **voluntary**. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.
- You are not giving up any of your legal rights by agreeing to participate.
- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

Questions, Comments or Concerns:

If you have any questions, comments or concerns about the research, you can talk to:

- Denis Nash, Professor of Epidemiology, denis.nash@sph.cuny.edu
- Members of the study team at covid@sph.cuny.edu

If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918 or email HRPP@cuny.edu.

Consent of Participant:

Below, you will be asked to consent to this study.

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

- Yes, I consent to participate in this research
- No, I do not consent to participate in this research

Introduction

Thank you for consenting and taking the time to complete this survey. This should take 15-25 minutes of your time. We're deeply grateful for your partnership in this important work.

Section 1. Demographics

To start, we'd like to ask a few questions about you and your household. This information will help us understand the characteristics of the people participating in the survey.

DEM1. Are you currently...? (Source: CDEM.13 BRFSS 2023.)

- Employed for wages
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work

DEM3. How many children less than 18 years of age live in your household? (Source: C3)

- ____ Number (validation for 1-40)
- No children <18 live in my household
- Prefer not to say

DEM4. What are the ages of your children (children for which you are the parent or guardian) under 18? Please select all that apply. (Source: C3)

- < 6 months
- 6 months – 23 months
- 2-4 years
- 5-11 years
- 12-15 years
- 16-17 years
- I am not the parent or guardian of a child under 18 [exclusive]

DEM3. How many children less than 18 years of age live in your household? (Source: C3)

- ____ Number (validation for 1-40)
- No children <18 live in my household
- Prefer not to say

DEM5. *[Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17']*. Are you a single parent taking care of any child under the age of 18? (Source: Healthy CUNY, modified)

- ☐ Yes
- ☐ No

DEM16. What was your sex at birth? (Source: BRFSS 2023)

- ☐ Male
- ☐ Female
- ☐ Don't know / Not sure

DEM6. *[Display if DEM16= 'female']* Are you currently pregnant? (Source: C3, modified from BRFSS)

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

DEM7. *[Display if DEM4 = '5-11' OR '12-15' OR '16-17']*. Thinking about your school-age children (those under 18), do your school-age children attend (please check all that apply):

- ☐ Public school
- ☐ Charter school (public or private)
- ☐ Private school
- ☐ Homeschooled
- ☐ Other
- ☐ I don't have a school-age child

DEM8. How many members of your household, including yourself, are 18 to 59 years of age? [Source: C3 (modified from BRFSS)]

- ☐ ____ Number [validation for number from 1-40]
- ☐ No one aged 18-59
- ☐ Prefer not to say

DEM9. How many members of your household, including yourself, are 60 years of age or older?

- ☐ ____ Number [validation for number from 1-40]
- ☐ No one aged 60+
- ☐ Prefer not to say

DEM17. Are you...? (Source: BRFSS 2023)

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never married
- ☐ A member of an unmarried couple
- ☐ Don't know / Not sure

DEM11. What is your current ZIP code of residence? (Source: C3, V16)

- ☐ Enter ZIP code: ____ [Validate as US postal code]
- ☐ Not applicable (select if you don't use a standard US ZIP code)
- ☐ Prefer not to say

DEM12. What type of home do you currently live in? (Source: HH Pulse)

- ☐ Detached 1-family house
- ☐ Attached 1-family house
- ☐ An apartment
- ☐ Mobile home, RV, van
- ☐ Boat
- ☐ Other (please specify): ____

DEM15. Do you own or rent the home where you currently live? (Source: HH Pulse)

- ☐ Own
- ☐ Rent
- ☐ Other
- ☐ Don't know/ Not sure

DEM13. Do you have home or rental insurance? (Source: HH Pulse)

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

DEM14. Do you have any of the following types of hazard-specific insurance for your home and/or your belongings? [matrix]

DEM14_4. Flood

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

DEM14_1. Fire

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

DEM14_2. Hurricane

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

DEM14_3. Tornado

- ☐ Yes

- No
- Don't know/ Not sure

DEM14_5. Other (please specify if so): _____

DEM10. Is your annual household income from all sources [Source: BRFSS 2023]

- Less than \$10,000?
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 to less than \$100,000
- \$100,000 to less than \$150,000
- \$150,000 to less than \$200,000
- \$200,000 or more

Section 2: Healthcare Access & Utilization

The following questions ask about your access to healthcare and how you have used healthcare services in the past year. This includes questions about health insurance, regular care providers, affordability, telehealth, and routine screenings.

HAU2. What is the current source of your primary health insurance? ([BRFSS 2023](#))

- A plan purchased through an employer or union (including plans purchased through another person's employer)
- A private, nongovernmental plan that you or another family member buys on your own
- Medicare
- Medigap
- Medicaid
- Children's Health Insurance Program (CHIP)
- Military-related health care (TRICARE or VA health care)
- Indian health service
- State-sponsored health plan
- Other government program
- No coverage of any type
- Don't know/ Not sure

HAU3. Do you have one person or a group of doctors that you think of as your personal health care provider? (Source: BRFSS, adapted from C3)

- Yes, only one

- More than one
- No
- Don't know / Not sure

HAU4. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? (Source: BRFSS, adapted from C3)

- Yes
- No
- Don't know/ Not sure

HAU6. Have you had a visit with a doctor for any reason in the past 12 months? (Source: adapted from PROTECTS)

- Yes
- No
- Don't know / Not sure

HAU7. About how long has it been since you last visited a doctor for a routine checkup?

- Within the last 12 months
- 1 year to less than 2 years ago
- 2 years to less than 5 years ago
- 5 or more years ago

HAU8. In the past 12 months, have you had an appointment with a doctor, nurse, or other health professional by video conference or by phone?

- Yes
- No
- Don't know/ Not sure

HAU9. *[Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17']* Did your youngest child or only have a visit with a pediatrician or another health care provider in the past 12 months?

- Yes
- No
- Don't know/ Not sure

HAU10. *[Display if DEM16= 'female']* Have you ever had a mammogram? A mammogram is an x-ray of each breast to look for breast cancer. (BRFSS)

- Yes
- No
- Don't know / Not sure

HAU11. *[Display if HAU10= Yes]:* How long has it been since your last mammogram?

- Within the past year (less than 12 months ago)
- 12 months ago or more
- Don't know/ Not sure

HAU12. Have you had a colonoscopy in the **last 10 years**? A colonoscopy checks your entire colon for colon cancer.

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

Section 3: Health Status

In this section, we'll ask about your overall health, including any medical conditions you've been diagnosed with, disabilities, and basic health information like height and weight. These questions help us understand the health status of participants.

HS1. Has a doctor, nurse, or other health professional ever told you that you had any of the following? Please select all that apply. (Source: adapted from BRFSS 2019 to include additional risk factors, C3 V17, updated for C3 extension to match BRFSS 2023 chronic condition categories + additional conditions) [Randomized] [matrix with Yes, No, Don't know / Not sure]

- ☐ A heart attack, also called a myocardial infarction
- ☐ Angina or coronary heart disease
- ☐ A stroke
- ☐ Asthma
- ☐ Skin cancer that is not melanoma
- ☐ Melanoma or any other types of cancer
- ☐ C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis
- ☐ A depressive disorder (including depression, major depression, dysthymia, or minor depression)
- ☐ Kidney disease (not including kidney stones, bladder infection or incontinence)
- ☐ Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
- ☐ Diabetes
- ☐ An anxiety disorder
- ☐ Post-traumatic stress disorder or PTSD
- ☐ Long COVID
- ☐ HIV/AIDS
- ☐ Obesity
- ☐ Any other condition that you haven't told us about _____ (anchored to end)

HS4. Do you still have asthma? (Source: BRFSS 2023)

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

HS2_DISY: (Source: ACS [6-Item Disability scale](#)) [matrix]

HS2_DISY_1. Are you deaf, or do you have serious difficulty hearing?

- ☐ Yes
- ☐ No

HS2_DISY_2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

- ☐ Yes
- ☐ No

HS2_DISY_3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No

HS2_DISY_4. Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

HS2_DISY_5. Do you have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

HS2_DISY_6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ Yes
- ☐ No

HS3_WTLB. About how much do you weigh without shoes? Please answer in pounds. (Source: C3, V17)

- ☐ Enter number: _____ [validated as number, between 40 and 600]
- ☐ Don't know / Prefer not to say

HS3_HT. About how tall are you without shoes? Please answer in feet and inches. (Source: C3, V17)

- ☐ ____ feet ____ inches [DRILL DROPDOWN, from 3'0" to 8'11"]

Section 4: Vaccination

In this section, we'll ask about your recent vaccination history, future intentions to get vaccinated, and your views on vaccine safety, trust, and confidence in public health agencies and childhood immunizations.

If you have indicated you are a parent or guardian, some questions will also ask about your child's vaccinations .

Some questions may feel personal. Please remember that your responses are confidential, and you may skip any questions you do not feel comfortable answering.

VAX1. 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? (Source: BRFSS, 2019; C3; V0, V9, V11, V14)

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

VAX2. During the past 12 months, have you received a dose of one of the COVID vaccines?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

VAX3. Have you received any of these other vaccines in the past 12 months? [matrix]

VAX3_5. Pneumonia

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

VAX3_6. Shingles

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

VAX3_7. RSV

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

VAX4. Do you plan to get the flu shot for the next flu season (Fall 2025/Winter 2026)? (Source: V16)

- ☐ Yes, planning to get it
- ☐ No, not planning to get it
- ☐ Don't know/ Not sure

VAX5. If an updated COVID-19 vaccine is available to you this fall, do you think you will: (Source: [KFF](#))

- ☐ Definitely get it
- ☐ Probably get it
- ☐ Probably not get it
- ☐ Definitely not get it

VAX6. In general, how concerned, if at all, are you about each of the following this fall? (Source: [KFF](#)) [matrix]

VAX6_1. COVID-19 vaccines won't be available to you

- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Not too concerned

- Not at all concerned
- Don't know/ Not sure

VAX6_2. Insurance won't cover a COVID-19 vaccine

- Very concerned
- Somewhat concerned
- Not too concerned
- Not at all concerned
- Don't know/ Not sure

VAX7. As far as you know, are federal health agencies currently recommending that healthy children receive a COVID-19 vaccine this fall, are they not recommending it, or do you not know enough to say? (Source: [KFF](#))

- Recommending
- Not recommending
- Do not know enough to say

VAX8_TEXT. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] For the next two questions, please think only about your youngest child.

VAX8. [Display if VAX8_TEXT is displayed]. In the coming year, what best describes what you will likely do about vaccines for your youngest child? (Source: V16)

- My child will receive their vaccinations on schedule
- I will delay my child's vaccinations until a later time
- My child will not be vaccinated
- Don't know/not sure

VAX9. [Display if VAX8_TEXT is displayed] During the past 12 months, has your youngest child had either a flu vaccine that was sprayed in their nose or a flu shot injected into their arm?

(Source: V16)

- Yes
- No
- Don't know / Not sure

VAX10_VH. How much do you agree with each of the following statements on vaccinations?

[matrix] [Randomized response list, with reverse likert scale] (Source: **Vaccine Hesitancy Scale** 10-item (<https://pubmed.ncbi.nlm.nih.gov/29289384/>))

VAX10_VH_1. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] Childhood vaccines are important for my child's health.

[ELSE Display] Childhood vaccines are important for children's health.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_2. Childhood vaccines are effective.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_3. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] Having my child vaccinated is important for the health of others in my community.

[ELSE Display] Having children vaccinated is important for the health of others in my community.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_4. All childhood vaccines offered by the program in my community are beneficial.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_5. New vaccines carry more risks than older vaccines.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_6. The information I receive about vaccines from the vaccine program in my community is reliable and trustworthy.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_7. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] Getting vaccines is a good way to protect my child/children from disease.

[ELSE Display] Getting vaccines is a good way to protect children from disease.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_8. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] Generally I do what my doctor or health care provider recommends about vaccines for my child/children.

[ELSE Display] Generally parents should do what their doctor or health care provider recommends about vaccines for their children.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_9. I am concerned about serious adverse effects of vaccines.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX10_VH_10. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] My child/children does or do not need vaccines for diseases that are not common anymore.

[ELSE Display] Children do not need vaccines for diseases that are not common anymore.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

VAX12. As of today, how much do you trust the following individuals or organizations to provide reliable information about vaccines? [matrix] (Source: KFF)

VAX12_1. Your doctor or health care provider

- A lot
- Some
- A little
- None

VAX12_2. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] Your child's pediatrician

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

VAX12_3. Your local public health department

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

VAX12_4. Centers for Disease Control and Prevention (CDC)

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

VAX12_5. Food and Drug Administration (FDA)

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

VAX12_6. Pharmaceutical companies

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

VAX12_7. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] Your child's school or daycare

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

VAX13. As of today, how much confidence do you have in federal government health agencies like the CDC and FDA to do each of the following? [matrix] (Source: KFF)

VAX13_1. Ensure the safety and effectiveness of prescription drugs sold in the US

- ☐ A lot
- ☐ Some

- A little
- None

VAX13_2. Ensure the safety and effectiveness of vaccines approved for use in the US

- A lot
- Some
- A little
- None

VAX13_3. Prevent, detect, and respond to outbreaks of infectious diseases like measles and bird flu

- A lot
- Some
- A little
- None

VAX13_4. Prevent, detect and respond to environmental threats like lead in water, wildfires, etc.

- A lot
- Some
- A little
- None

VAX13_5. Act independently, without interference from outside interests

- A lot
- Some
- A little
- None

VAX14. How confident are you that the vaccines for each of the following diseases are safe?
[matrix] (Source: KFF)

VAX14_1. Measles, mumps, rubella, or MMR

- Very confident
- Somewhat confident
- Not at all confident
- Don't know/ Not sure

VAX14_2. Hep A or B

- Very confident
- Somewhat confident
- Not at all confident
- Don't know/ Not sure

VAX14_3. Chickenpox/Varicella

- Very confident
- Somewhat confident
- Not at all confident
- Don't know/ Not sure

VAX14_4. Diphtheria, tetanus and pertussis or DTP

- Very confident
- Somewhat confident
- Not at all confident
- Don't know / Not sure

VAX14_5. Pneumonia

- Very confident
- Somewhat confident
- Not at all confident
- Don't know / Not sure

VAX14_6. Shingles

- Very confident
- Somewhat confident
- Not at all confident
- Don't know / Not sure

VAX14_7. Flu

- Very confident
- Somewhat confident
- Not at all confident
- Don't know / Not sure

VAX14_8. COVID-19

- Very confident
- Somewhat confident
- Not at all confident
- Don't know / Not sure

VAX14_9. RSV

- Very confident
- Somewhat confident
- Not at all confident
- Don't know / Not sure

VAX15. Currently, how much confidence do you have in the safety and effectiveness of mRNA vaccines, like the Moderna or Pfizer vaccines for COVID? (Source: C3ext1, DN)

- A lot
- Some
- A little
- None at all

Section 5: Extreme Weather Experiences & Preparedness

This section asks about your experiences with extreme weather events, such as floods, hurricanes, heat waves, or wildfires, and how prepared you feel in case one were to impact your area.

These questions also ask about any disruptions you've experienced due to weather events, your sources of support and information, and your level of trust in those sources. Your responses will help us understand how extreme weather affects health in individuals and communities and how people prepare for these events.

Some questions may feel personal. Please remember that your responses are confidential, and you may skip any questions you do not feel comfortable answering.

EWE1. What types of extreme weather events have the biggest impact where you live? Select all that apply. (Source: NHH Survey on Disaster Preparedness)

- Tornado
- Winter storm
- Flood
- Extreme heat
- Hurricane
- Wildfire
- Drought
- Other (please specify): _____

EWE2. Based on where you live, how likely would it be for an extreme weather event to impact you? (Source: NHH Survey on Disaster Preparedness)

- Extremely likely to impact me
- Very likely to impact me
- Somewhat likely to impact me
- Slightly likely to impact me
- Not at all likely to impact me
- Don't know/ Not sure

EWE3. How confident are you that you can take action to prepare for an extreme weather event in your area? (Source: NHH Survey on Disaster Preparedness)

- Not at all confident
- Slightly confident
- Somewhat confident
- Very confident
- Extremely confident

EWE5. Which type of extreme weather-related event have you EVER been impacted by? Select all that apply. (Source: NHH Survey on Disaster Preparedness, modified)

- Tornado/Derecho

- Extreme winter storm
- Flood
- Extreme/abnormal heat
- Hurricane
- Wildfire (including wildfire smoke effects)
- Fresh water shortages
- Drought
- Contaminated water
- Extended power outage (24 hours or longer)
- Other (please specify): _____
- None of the above

EWE7. [Display If EWE5 ≠ 'None of the above' AND at least EWE5 one option is selected] In the past year, which type of extreme weather-related event have you been impacted by? Select all that apply. (Source: NHH Survey on Disaster Preparedness, modified)

- Tornado/Derecho
- Extreme winter storm
- Flood
- Extreme/abnormal heat
- Hurricane
- Wildfire (including wildfire smoke effects)
- Fresh water shortages
- Drought
- Contaminated water
- Extended power outage
- Other (please specify): _____
- None of the above

EWE8_ND_1. In the past year, were you displaced from your home because of an extreme weather event? [Source: Household Pulse Survey 3.10, modified]

- Yes
- No

EWE8_ND_2. [Display if EWE8_ND_1= 'Yes']. What type of extreme weather-related events? Select all that apply.

- Tornado/Derecho
- Extreme winter storm
- Flood
- Extreme/abnormal heat
- Hurricane
- Wildfire (including wildfire smoke effects)
- Fresh water shortages
- Drought

- Contaminated water
- Extended power outage
- Other (please specify): _____

EWE8_ND_3. [Display if EWE8_ND_1=Yes] How long were you displaced from your home?

- ☐ Less than a week
- ☐ More than a week but less than a month
- ☐ One to six months
- ☐ More than six months
- ☐ Never returned to home

EWE8_ND_4. Altogether, how much damage to your property or possessions did you experience as a result of extreme weather events in the last year?

- ☐ No damage
- ☐ Some damage
- ☐ A moderate amount of damage
- ☐ A lot of damage

EWE8_ND_5. [Display if EWE8_ND_1=Yes OR EWE7 ≠'None of the above' AND at least one EWE7 option is selected] In the first month after the most recent extreme weather event you experienced, to what extent did you experience any of the following: [Source: HPS 3.10]

EWE8_ND_5_1. A shortage of food

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

EWE8_ND_5_2. A shortage of drinkable water

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

EWE8_ND_5_3. Loss of electricity

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

EWE8_ND_5_4. Unsanitary conditions, such as inadequate toilets

- ☐ Not at all
- ☐ A little
- ☐ Some

- ☐ A lot

EWE8_ND_5_5. Feeling isolated, down, depressed, anxious, nervous or on edge

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

EWE8_ND_5_6. Fear of crime

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

EWE8_ND_5_7. Offers that seemed like a scam

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

EWE8_ND_5_8. Difficulty accessing medical care or medicines

- ☐ Not at all
- ☐ A little
- ☐ Some
- ☐ A lot

EWE9. In the event of an extreme weather event or emergency, who would you expect support from? Select all that apply. (Source: NHH Survey on Disaster Preparedness)

- ☐ Friends or family
- ☐ State, local, tribal or territorial government
- ☐ Federal government
- ☐ Insurance company
- ☐ Nonprofit organization
- ☐ Place of worship or faith community
- ☐ None of the above

EWE10. In the last year, have you read, seen, or heard any information about how to get better prepared for extreme weather event? (Source: NHH Survey on Disaster Preparedness)

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

EWE11. [Display if EWE10= Yes] How did you get the information that you read, saw, or heard about how to get better prepared for an extreme weather event? Select all that apply. (Source: NHH Survey on Disaster Preparedness)

- Internet
- Social media
- TV
- Printed publication(s)
- Text, call, mobile alert
- In person
- Radio
- Other (please specify): _____

EWE12. Which of the following sources do you trust to provide you with information and guidance related to extreme weather events? Select all that apply. (Source: NHH Survey on Disaster Preparedness)

- Personal network
- Nonprofit or community groups
- State and local officials
- Federal government
- Utility company
- News outlets
- Place of worship or faith leader
- Social media
- None of the above

Section 6.1 Mental Health Part 1

In this section, we'll ask about your emotional well-being, including feelings of anxiety, depression, and stress. Some questions may ask about sensitive experiences. You may skip any question you are not comfortable answering.

MH1. In the past 2 weeks, how often have you been bothered by the following problems? (Source: GAD7) [matrix]

GAD7_1. Feeling nervous, anxious, or on edge

- Not at all
- Several days
- Over half the days
- Nearly every day

GAD7_2. Not being able to stop or control worrying

- Not at all
- Several days

- Over half the days
- Nearly every day

GAD7_3. Worrying too much about different things

- Not at all
- Several days
- Over half the days
- Nearly every day

GAD7_4. Trouble relaxing

- Not at all
- Several days
- Over half the days
- Nearly every day

GAD7_5. Being so restless that it's hard to sit still

- Not at all
- Several days
- Over half the days
- Nearly every day

GAD7_6. Becoming easily annoyed or irritable

- Not at all
- Several days
- Over half the days
- Nearly every day

GAD7_7. Feeling afraid as if something awful might happen

- Not at all
- Several days
- Over half the days
- Nearly every day

PHQ8. In the past 2 weeks, how often have you been bothered by the following problems?
(Source: PHQ8)

PHQ8_1. Little interest or pleasure in doing things

- Not at all
- Several days
- Over half the days
- Nearly every day

PHQ8_2. Feeling down, depressed or hopeless

- Not at all

- Several days
- Over half the days
- Nearly every day

PHQ8_3. Trouble falling or staying asleep, or sleeping too much

- Not at all
- Several days
- Over half the days
- Nearly every day

PHQ8_4. Feeling tired or having little energy

- Not at all
- Several days
- Over half the days
- Nearly every day

PHQ8_5. Poor appetite or overeating

- Not at all
- Several days
- Over half the days
- Nearly every day

PHQ8_6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down

- Not at all
- Several days
- Over half the days
- Nearly every day

PHQ8_7. Trouble concentrating on things, such as, reading the newspaper or watching television

- Not at all
- Several days
- Over half the days
- Nearly every day

PHQ8_8. 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

- Not at all
- Several days
- Over half the days
- Nearly every day

PCPTSD5_0 Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- A serious accident or fire
- A physical or sexual assault or abuse
- An earthquake or flood
- A war
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide.

Have you ever experienced this kind of event? (Source: PC-PTSD5, <https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf>)

- ☐ Yes
- ☐ No

PCPTSD5 [If PCPTSD_0='Yes'] In the past month, have you... [matrix]

PCPTSD5_1 [If PCPTSD_0='Yes'] Had nightmares about the event(s) or thought about the event(s) when you did not want to?

- ☐ Yes
- ☐ No

PCPTSD5_2 [If PCPTSD_0='Yes'] Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

- ☐ Yes
- ☐ No

PCPTSD5_3 [If PCPTSD_0='Yes'] Been constantly on guard, watchful, or easily startled?

- ☐ Yes
- ☐ No

PCPTSD5_4 [If PCPTSD_0='Yes'] Felt numb or detached from people, activities, or your surroundings?

- ☐ Yes
- ☐ No

PCPTSD5_5 [If PCPTSD_0='Yes'] Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

- ☐ Yes
- ☐ No

Section 6.2 Mental Health Part 2

MH2_TEXT This next section will continue to ask about your experiences and mental health. Some of these questions may look familiar to past surveys.

AUD_1. In the last year, how often did you have a drink containing alcohol? (Source: Audit C; adapted from C3)

- ☐ Never
- ☐ Monthly or less
- ☐ 2 to 4 times per month
- ☐ 2 to 3 times per week
- ☐ 4 or more times per week

AUD_2. [Display if AUD_1 ≠ 'Never'] In the last year, 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. (Source: Audit C; adapted from C3)

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 or 9
- ☐ 10 or more

AUD_3. [Display if AUD_1 ≠ 'Never'] In the last year, how often do you have six or more drinks on one occasion? (Source: Audit C; adapted from C3)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

MH4_1. In the **past four weeks**, have you taken prescription medication for your mental health? (Source: C3)

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

MH4_2. In the **past four weeks**, have you received counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional? (Source: C3)

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

MH4_3. [Display if MH4_2 ≠ 'Yes'] In the **past four weeks**, have you needed counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional? (Source: C3)

- ☐ Yes
- ☐ No
- ☐ Don't know/ Not sure

Section 6.3 Mental Health Part 3

PSS. In the last month, how often have you felt...? (Source: Perceived Stress Scale, PSS-4)
[matrix]

PSS_1. That you were unable to control the important things in your life?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Fairly often
- ☐ Very often

PSS_2. Confident about your ability to handle your personal problems?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Fairly often
- ☐ Very often

PSS_3. That things were going your way?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Fairly often
- ☐ Very often

PSS_4. Difficulties were piling up so high that you could not overcome them?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Fairly often
- ☐ Very often

(DSSI Source: Duke Support Social Index, [DSSI-10](#))

DSSI_1. Other than members of your family, how many persons in your local area do you feel you can depend on or feel very close to?

- ☐ None

- 1-2 people
- More than 2 people

DSSI_2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?

- None
- Once
- Twice
- Three times
- Four times
- Five times
- Six times
- Seven or more times

DSSI_3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?

- None
- Once
- Twice
- Three times
- Four times
- Five times
- Six times
- Seven or more times

DSSI_4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?

- None
- Once
- Twice
- Three times
- Four times
- Five times
- Six times
- Seven or more times

DSSI_5. Does it seem that your family and friends (people who are important to you) understand you?

- Hardly ever
- Some of the time
- Most of the time

DSSI_6. Do you feel useful to your family and friends (people important to you)?

- Hardly ever

- Some of the time
- Most of the time

DSSI_7. Do you know what is going on with your family and friends?

- Hardly ever
- Some of the time
- Most of the time

DSSI_8. When you are talking with your family and friends, do you feel you are being listened to?

- Hardly ever
- Some of the time
- Most of the time

DSSI_9. Do you feel you have a definite role (place) in your family and among your friends?

- Hardly ever
- Some of the time
- Most of the time

DSSI_10. Can you talk about your deepest problems with at least some of your family and friends?

- Hardly ever
- Some of the time
- Most of the time

BNCS. Please indicate your level of agreement with each of the following statements:

(Source: Buckner's Neighborhood Cohesion Scale – [adapted 8 item](#)) [matrix]

BNCS_1. I visit my friends in their homes.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

BNCS_2. The friendships and associations I have with other people in my neighborhood mean a lot to me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

BNCS_3. If I need advice about something I could go to someone in my neighborhood.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

BNCS_4. I believe my neighbors would help in an emergency.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

BNCS_5. I borrow things and exchange favors with my neighbors.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

BNCS_6. I would be willing to work together with others on something to improve my neighborhood.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

BNCS_7. I rarely have a neighbor over to my house to visit.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

BNCS_8. I regularly stop and talk with people in my neighborhood.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Section 6.4 Mental Health Part 4

DIS_TEXT. These questions are about experiences related to **who you are**. This includes both how you describe yourself and how others might describe you—for example, your skin color, ancestry, nationality, religion, gender, sexuality, age, weight, disability or mental health issue, and income. (Source: [InDI-D Day to Day Discrimination Scale](#))

Because of who you are, have you... [matrix]

DIS_1. Heard, seen or read others joking or laughing about you (or people like you)

- ☐ Never
- ☐ Yes, but not in the past year
- ☐ Yes, once or twice in the past year
- ☐ Yes, many times in the past year

DIS_2. Been treated as if you are unfriendly, unhelpful, or rude

- ☐ Never
- ☐ Yes, but not in the past year
- ☐ Yes, once or twice in the past year
- ☐ Yes, many times in the past year

DIS_3. Been called names or heard/saw your identity used as an insult

- ☐ Never
- ☐ Yes, but not in the past year
- ☐ Yes, once or twice in the past year
- ☐ Yes, many times in the past year

DIS_4. Been treated as if others are afraid of you

- ☐ Never
- ☐ Yes, but not in the past year
- ☐ Yes, once or twice in the past year
- ☐ Yes, many times in the past year

DIS_5. Been stared or pointed at in public

- ☐ Never
- ☐ Yes, but not in the past year
- ☐ Yes, once or twice in the past year
- ☐ Yes, many times in the past year

DIS_6. Been told that you should think, act, or look more like others

- ☐ Never
- ☐ Yes, but not in the past year
- ☐ Yes, once or twice in the past year

- Yes, many times in the past year

DIS_7. Heard that you or people like you don't belong

- Never
- Yes, but not in the past year
- Yes, once or twice in the past year
- Yes, many times in the past year

DIS_8. Been asked inappropriate, offensive, or overly personal questions

- Never
- Yes, but not in the past year
- Yes, once or twice in the past year
- Yes, many times in the past year

DIS_9. Been treated as if you are less smart or capable than others

- Never
- Yes, but not in the past year
- Yes, once or twice in the past year
- Yes, many times in the past year

Section 7: Basic Needs Security/ Material Hardship

This section includes questions about challenges related to housing, food, utilities, and transportation. These questions help us better understand how access to basic needs, such as stable housing, food, and essential services, could affect people's health. [matrix for BN1_HI_1-5]

[Source: 10-Item Housing Instability Index- (Rollins et al. Housing Instability is a Strong Predictor of Poor Health Outcomes as Level of Danger in an Abusive Relationship: Findings from the SHARE Study, J. Interpers Violence, 2012)]

BN1_HI_1. In the past 6 months, have you had to live somewhere that you did not want to live?

- Yes
- No

BN1_HI_2. In the past 6 months, have you had difficulty (or were unable to) pay for your housing?

- Yes
- No

BN1_HI_3. Have you had trouble getting housing in the past 6 months?

- Yes

- ☐ No

BN1_HI_4. Do you expect that you will be able to stay in your current housing for the next 6 months?

- ☐ Yes
- ☐ No

BN1_HI_5. In the past 6 months, have you had to borrow money or ask friends/family or others for money to pay your rent/mortgage payment?

- ☐ Yes
- ☐ No

BN1_HI_6. In the past 6 months, how many times have you moved?

- ☐ I have not moved in the past 6 months
- ☐ Once
- ☐ Twice
- ☐ Three or more times

BN1_HI_7. Have you had trouble with a landlord in the past 6 months?

- ☐ Yes
- ☐ No

BN1_HI_8. In the past 6 months, has your landlord threatened to evict you?

- ☐ Yes
- ☐ No

BN1_HI_9. In the past 6 months, have you been served an eviction notice?

- ☐ Yes
- ☐ No

BN1_HI_10. How likely is it that you will be able to pay for your housing (e.g., rent/mortgage) this month?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Unlikely
- ☐ Very unlikely

BN2_FI_TEXT. 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 12 months. (Source: [2-Item Food Insecurity Screener](#), C3)

BN2_FI_1. The first 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 12 months?

- Often True
- Sometimes True
- Never True

BN2_FI_2. The second statement is: “The food that we bought just didn’t last, and we didn’t have money to get more.” Was that often, sometimes or never true for you in the past 12 months?

- Often True
- Sometimes True
- Never True

BN3. During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card? (Source: [BRFSS](#))

- Yes
- No
- Don’t know/ Not sure

BN4. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills? (Source: [BRFSS](#))

- Yes
- No
- Don’t know/ Not sure

BN5. During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services? (Source: [BRFSS](#))

- Yes
- No
- Don’t know/ Not sure

BN6. During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (Source: [BRFSS](#))

- Yes
- No
- Don’t know/ Not sure

INCENTIVE.

Thank you for taking the time to complete this survey.

Would you like to receive the \$20 gift card incentive for your time participating in the survey?

- Yes
- No

End of Survey Message

Thank you again for taking the time to complete this survey. You will hear from us in approximately three months with the next follow-up survey. A confirmation email with the details has also been sent to you.

For resources related to mental health, violence, and food banks in your area, please visit our website, <https://cunyisph.org/cunycovidfacts/>. If you have any questions, reach us here: covid@sph.cuny.edu

End of survey [if not consented]

You have chosen not to participate in this study. If this was an error, please contact us here: covid@sph.cuny.edu.

End survey e-mail

Thank you for completing this survey. As part of this study, we can learn a lot about your health and appreciate your participation. Within the next 48 hours, we will email you a \$20 *Tremendous* gift card to the address provided.

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

Thank you!

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