

Baseline Questionnaire for the CHASING COVID Mental Health Study

Consent

INFORMED CONSENT

Thank you very much for your participation in the CHASING COVID Cohort (C3) study thus far. As a member of that cohort, **you may also be eligible for participation in a new component of this study.**

PURPOSE OF THE STUDY

This new study component aims to gain deeper insights into people's decisions around COVID-19 vaccination. If eligible, we'd appreciate your participation in answering three surveys with questions related to your COVID-19 experiences, similar to those in previous C3 surveys. Additionally, the first survey contains a short video (less than 1 minute), and you'll be asked to share your reactions to this video. The combined time for watching the video and completing the survey today will be approximately 20 minutes.

WHAT WILL HAPPEN TODAY?

1. If eligible and willing to participate, you'll complete a 15-20 minute online survey and watch a brief embedded video lasting under a minute.
2. Your answers will be kept confidential. Any identifying information about you (e.g., your email) will be kept separate from your answers.
3. After watching the video and completing the survey, you will be compensated with a \$20 *Tremendous* gift card.

WHAT WILL HAPPEN **AFTER** TODAY?

1. We will send you two follow-up reminders with content related to COVID-19 vaccination.
2. Four weeks from now, you will be asked to complete an online follow-up survey. You will be compensated with a \$30 *Tremendous* gift card.
3. Six months from now, you will be asked to complete another online follow-up survey. You will be compensated with a \$30 *Tremendous* gift card.
4. Participants who complete all three surveys will be entered into a drawing to win a \$100 *Tremendous* gift card.

YOUR PARTICIPATION IS VOLUNTARY

Participating in these surveys is voluntary, and refusing to participate carries no penalty. It will not affect your participation in the broader CHASING COVID study or future research opportunities. You may stop participating in the surveys at any time by simply closing your browser window. If you stop before completing a survey, you will not receive compensation or be entered into the drawing.

National Data Archive (NDA) at the National Institutes of Health (NIH)

If you participate in this component of the study, you can choose to share your deidentified data from this new study component with the National Data Archive (NDA) at the National Institutes of Health

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(NIH). Sharing your data with the NDA is completely voluntary. You can still participate in this research even if you decide that you do not want your data to be added to the NDA. Deidentified study data means that all personal information about you (such as name, address, birthdate and phone number) is removed and replaced with a code number.

Sharing your deidentified study data helps researchers learn new and important things about health more quickly than before. To match our data with other data at the NDA, the CUNY research team will have to collect some of your personal information (i.e., name, date of birth, city of birth) in order to make a code.

YOUR PRIVACY IS IMPORTANT

Your identifiable data will never be shared with anyone outside the CUNY study team. Your contact information will be kept separate from your survey responses, and all of your answers will be kept confidential.

RISKS AND BENEFITS

The risks and benefits of participating in this study are similar to those you've experienced as a CHASING COVID cohort member. Answering questions about personal topics around subjects like vaccination and mental health may make you feel upset or uncomfortable. If you begin to feel uncomfortable, you may stop your participation at any time. You can email our research team at covid@sph.cuny.edu if you have questions or concerns.

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.

Sharing your study data does have some risks, although these risks are rare. Your study data could be accidentally shared with an unauthorized person who may attempt to learn your identity. The study researchers will make every attempt to protect your identity, and if you choose to share your data with the NDA, those researchers will also make every effort to protect your identity.

It is possible that you will participate in more than one study that sends data to the NDA. The NDA can connect your data from different studies by matching the code number on your deidentified data from each study. This data matching helps researchers who use NDA data to count you only one time. It also helps researchers who use the NDA to better understand your health and behavior without knowing who you are.

What else do I need to know?

As a reminder, taking part in this study is voluntary. You may stop taking part in this study at any time. Also, sharing your data with the NDA is voluntary.

You may decide now or later that you do not want your study data to be added to the NDA. You can still participate in this research even if you decide that you do not want your data to be added to the NDA. Once your data is part of the NDA, the study researchers cannot take back the study data that was shared before they were notified that you changed your mind. If you would like more information about the NDA, it is available online at <http://nda.nih.gov>.

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Contact information you provide may be kept for up to 3 years after the study concludes, unless you request no further contact with the study team. During this time, we may reach out to you about opportunities to participate in other research studies.

If you have questions, please email covid@sph.cuny.edu.

If you have questions about your rights as a study participant or if you would like to talk to someone other than the researchers, you can contact the CUNY Research Compliance Administrator at [646-664-8918](tel:646-664-8918) or HRPP@cuny.edu.

You may download a copy of this consent form if you [click here](#).

Consent statements

Below, you will be asked to consent to the new component of Chasing Covid, and separately you will be asked if you want to share your data with the NDA.

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

- ☐ Yes, I consent to participate in this research (1)
- ☐ No, I do not consent to participate in this research (0)

I have read and understood the information above. I understand that I can still participate in the new component of the CHASING COVID Cohort even if I do not share my data with the NDA.

- ☐ Yes, I consent to share my data with the NDA (1)
- ☐ No, I do not consent to share my data with the NDA (0)

If you have questions, please contact us at covid@sph.cuny.edu.

[If not consented to study]

You have chosen not to continue participating in this study component. If this was an error, please click the back button to change your response.

If this is correct, please click the next button to end your participation. *[Pressing next ends survey]*

[If consented to the study but not consented to the NDA component]

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You have chosen not to share data with the National Data Archive (NDA) at the National Institutes of Health (NIH). If this was an error, please click the back button to change your response.

If this is correct, please click the next button to begin the survey and know that your data will not be shared with the NDA when this research is over.

[If consented to the study]

Thank you for your interest in participating! To begin, you will be asked a set of questions to determine your eligibility. If eligible, you will be directed to the first of three surveys. Please press next to continue. *[Pressing next to continue survey]*

Eligibility Screening

1. How old are you?
 - a. ____
2. Do you live in the United States or US territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, or the U.S. Virgin Islands)?
 - a. Yes
 - b. No
3. Are you comfortable reading and writing in English?
 - a. Yes
 - b. No
4. Have you had a COVID-19 infection confirmed by a positive test or diagnosis in the past three months (since [piped text], including if you currently have one)?
 - a. Yes
 - b. No
5. Have you received at least one dose of a COVID-19 vaccine since vaccines first became available in December 2020?
 - a. Yes
 - b. No
6. Have you received a COVID-19 vaccine dose since **September 11, 2023**?
 - a. Yes
 - b. No

Introduction

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Thank you for your interest in participating! When you finish this survey, you will be compensated with a \$20 *Tremendous* gift card. *Tremendous* offers over 700 redeeming options, including Visa virtual gift cards, Amazon, Target, Starbucks, various charities and more. You can choose which type of gift card you receive. Please press next to continue on with the survey.

You will be receiving a maximum of two reminders from us with content related to COVID-19 vaccination.

7. Do you prefer to receive reminders by email or SMS text?
 - a. Email
 - b. Text
8. *If previous question is text:* Is this the correct mobile phone number for you? [piped in from last survey]
 - a. Yes, this is correct
 - b. No
9. *If no to previous question:* What is a good mobile phone number where we can text you? (We will never share your information with anyone. Standard messaging rates may apply.)
 - a. Enter phone number:
10. *If previous question not blank:* Please confirm your phone number.
 - a. Yes, this is correct
 - b. No
11. *If answer to q7 is email:* Is this the correct email address for you? [piped in from last survey]
 - a. Yes, this is correct
 - b. No
12. *If no to previous question:* What is a good email where we can reach you? (We will never share your information with anyone.)
 - a. Enter email address:
13. *If previous question not blank:* Please confirm your email address.
 - a. Yes, this is correct
 - b. No

Healthcare access and insurance

14. What is the main way you get health insurance for yourself right now? Please select all that apply.
 - a. Medicare
 - b. Medicaid
 - c. Employer-based

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- d. Purchased directly or through a marketplace
 - e. TRICARE
 - f. VA or CHAMPVA
 - g. Other: ____
 - h. I do not have health insurance *[exclusive]*
15. Do you have one person you think of as your personal doctor or health care provider?
- a. Yes
 - b. No
 - c. Don't know
16. 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

Previous negative experience with healthcare provider

17. Thinking about your health care visits in the **last two years**, at any time did you experience discrimination because of your age, gender, race, sexual orientation, religion, or some other personal characteristic?
- a. Yes
 - b. No
 - c. Don't know
 - d. N/A (Haven't had a visit with a health care provider in the last two years)
18. *If selected yes, no, or don't know on previous question:* Thinking about your health care visits in the **last two years**, did you experience any of the following? Your healthcare provider...

	Yes	No	N/A (Haven't had a visit with a health care provider in the last two years)
Didn't believe you were telling the truth			
Suggested you were personally to blame for a health problem you were experiencing			
Assumed something about you without asking			

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Dismissed your concerns			
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COVID Infection History and Concern

19. When was your most recent COVID-19 infection?
- a. Month Year dropdown [drill down options from January 2020 to April 2023]
 - b. I don't think I've ever had COVID
20. *If didn't answer "I don't think I've ever had COVID" to the previous AND 2020, 2021, 2022, 2023, or 2024 is selected for the year of most recent COVID-19 infection:* Would you describe yourself as having "long COVID", that is, you are still experiencing symptoms more than 4 weeks after a COVID-19 infection, that are not explained by something else?
- a. Yes
 - b. No
 - c. Don't know
21. How worried are you about getting sick from COVID-19? Would you say:
- a. Not at all worried
 - b. Not too worried
 - c. Somewhat worried
 - d. Very worried
22. How worried are you about your loved ones getting sick from COVID-19? Would you say:
- a. Not at all worried
 - b. Not too worried
 - c. Somewhat worried
 - d. Very worried

Vaccine perceptions

23. What would you consider when deciding whether or not to receive another dose of the COVID-19 vaccine when you are due for one? Please select all that apply.
- a. Risk of illness due to COVID-19
 - b. Risk of vaccine side effects
 - c. Risk of getting others sick
 - d. Side effects from previous COVID-19 vaccine doses
 - e. My age
 - f. Any health conditions I have
 - g. Doctor recommendations
 - h. CDC or FDA recommendations
 - i. How well the vaccine works against the current variants
 - j. Out of pocket costs of getting vaccinated
 - k. Convenience of getting the vaccine (such as whether I could get other health issues addressed at the same time, e.g. flu shot)
 - l. Availability of specific vaccine type

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- m. Other (please specify):
- n. I will get an updated vaccine regardless of any details listed above [exclusive]
- o. I will not get another vaccine dose for any reason [exclusive]

We are interested in your opinions about the COVID-19 vaccine. The following statements may be true or false. Do you agree with the following claims about the COVID-19 vaccine? [matrix]

- 24. The COVID-19 vaccine can affect your fertility.
 - a. Agree
 - b. Disagree
 - c. Don't know
- 25. I need the COVID-19 vaccine even if I've already had COVID-19.
 - a. Agree
 - b. Disagree
 - c. Don't know
- 26. The COVID-19 vaccine was developed too quickly.
 - a. Agree
 - b. Disagree
 - c. Don't know
- 27. The COVID-19 vaccine will protect me from being hospitalized with COVID-19.
 - a. Agree
 - b. Disagree
 - c. Don't know
- 28. Getting the COVID-19 vaccine gives you COVID-19.
 - a. Agree
 - b. Disagree
 - c. Don't know
- 29. The side effects of the COVID-19 vaccine are dangerous.
 - a. Agree
 - b. Disagree
 - c. Don't know
- 30. The COVID-19 vaccine changes your DNA.
 - a. Agree
 - b. Disagree
 - c. Don't know
- 31. Staying up to date on COVID-19 vaccine shots is important to stay protected from severe COVID-19 disease.
 - a. Agree
 - b. Disagree
 - c. Don't know
- 32. The technology used to make the COVID-19 vaccine is too new to be safe.

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- a. Agree
 - b. Disagree
 - c. Don't know
33. The COVID-19 vaccine contains tracking devices, implants, or microchips.
- a. Agree
 - b. Disagree
 - c. Don't know
34. Receiving a COVID-19 vaccine can make you magnetic.
- a. Agree
 - b. Disagree
 - c. Don't know
35. Who do you trust to give you reliable information regarding the COVID-19 vaccine?
Please select all that apply.
- a. Centers for Disease Control and Prevention (CDC)
 - b. The President/White House
 - c. State Health Department
 - d. Local/County/City Health Department
 - e. Your governor
 - f. Personal physician or other healthcare provider/worker
 - g. Family member
 - h. Close friend
 - i. Religious leader/clergy
 - j. Food and Drug Administration (FDA)
 - k. Work colleagues
 - l. News media (e.g. television or print)
 - m. Social media network member's post (e.g., anyone you are friends with or follow on social media)
 - n. Other:
 - o. I don't trust anyone [exclusive]
36. In the **past 6 months (piped date)**, has anyone close to you (e.g., family, friends) gotten a COVID-19 vaccine?
- a. Yes
 - b. No
 - c. Don't know

Vaccine hesitancy

37. How willing are you to receive another COVID-19 vaccine dose?
- a. Very willing
 - b. Somewhat willing
 - c. Not willing
 - d. Don't know

Flu vaccine

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38. **Since August 2023**, 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

Depressive and anxiety symptoms in the past month (PHQ-8, GAD-7)

39. **In the past month** (since ADD Qualtrics DD/Mon/YY), how often have you been bothered by the following problems?

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Have you been bothered by...	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as, reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than				

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usual				
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				

Mental health care

40. In the **past four weeks**, have you taken prescription medication for your mental health?
- Yes
 - No
 - Don't know
41. 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?
- Yes
 - No
 - Don't know
42. *If no to previous question:* 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?
- Yes
 - No
 - Don't know

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Alcohol use

43. In the **last month**, how often did 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
44. *If answer to previous question is not Never:* In the **last month**, how many standard drinks containing alcohol did you have on a typical day when you were drinking? One standard drink is equal to 12 ounces (355 ml) of beer, 5 ounces (150 ml) of wine, 1.5 ounces (45 ml) of hard liquor, or 8 ounces (235 ml) of malt liquor.
- a. 1 to 2
 - b. 3 to 4
 - c. 5 to 6
 - d. 7 to 9
 - e. 10 or more
45. *If answer to any alcohol in past month is not Never:* In the **last month**, how often did you have six or more drinks on one occasion?
- a. Never
 - b. Less than monthly
 - c. Monthly
 - d. Weekly
 - e. Daily or almost daily

Video Intro

[before randomization]

You are about to be shown a brief video that is less than one minute long.

You will need to have your audio turned on for this part. If you cannot listen to the video, please wait to take the rest of this survey until you can.

Video

[randomized]

Please watch the following video. You will be able to advance once it is complete.

[Pressing next to continue and play video]

Thank you for watching the video. Please press next to continue with the rest of the survey.

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[Pressing next to continue survey]

Video Check

46. Did this video hold your attention? (It's alright if it did not or if you didn't watch the video - just let us know!)
- a. Yes, it held my attention
 - b. No, it did not hold my attention / I did not watch the video

Perceptions

Emotional reactance

47. After watching the video, how much are you experiencing the following emotions in this moment? [matrix scale of: Extremely, Very Much, Moderately, Slightly, Not at all]
- a. Anger
 - b. Frustration
 - c. Happiness
 - d. Fear
 - e. Urgency
 - f. Confusion
 - g. Overwhelmed

Credibility of information in video

48. Please indicate your level of agreement with the following statements regarding the **information** in the video you just saw [matrix scale of: Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree].

The information in the video was...

- a. Helpful
- b. Believable
- c. Supportive
- d. Empowering
- e. Surprising
- f. Confusing
- g. Familiar
- h. Not important to me

Credibility of the doctor

49. Please indicate your level of agreement with the following statements regarding the **doctor in the video** you just saw [matrix scale of: Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree].

The doctor in the video was...

- a. Knowledgeable

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- b. Convincing
- c. Dishonest
- d. Trustworthy
- e. Believable

Perception of patient

50. Please indicate your level of agreement with the following statements regarding the **patient in the video** you just saw [matrix scale of: Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree].

- a. The patient was relatable
- b. The patient's concerns about the vaccines were reasonable

Perceived value of video to others

51. How helpful do you think the video would be for people you know?

- a. Not at all helpful
- b. Slightly helpful
- c. Moderately helpful
- d. Very helpful
- e. Extremely helpful

Vaccine intent

52. Are you planning to make an appointment to get the COVID-19 vaccine **in the next month**?

- a. I'm not planning on making an appointment
- b. I'm planning on making an appointment
- c. I have already made an appointment
- d. Don't know / Not sure

53. Do you feel you need to gather more information before deciding whether or not to get another dose of the COVID-19 vaccine?

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

54. Do you feel you need to talk to a health care provider before deciding whether or not to get another dose of the COVID-19 vaccine?

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

CBT

Perceived Control Scale

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55. For the next set of statements, please think about whether you agree or disagree with the statement.

For example, if the statement is extremely uncharacteristic of you, you may choose "Strongly Disagree." On the other hand, if the statement is extremely characteristic of you, you may choose "Strongly Agree." Use the options in the middle if you fall somewhere in between. [Likert scale of 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree]

- a. There's no way I can solve some of the problems I have.
- b. Sometimes I feel that I am being pushed here and there in life.
- c. I have little control over things that happen to me.
- d. I can do anything when I put my mind to it.
- e. Most of the time, I feel helpless when dealing with problems of life.
- f. What happens to me in the future mostly depends on me.
- g. There's little I can do to change most of the important things in my life.

Behavioral approach (BAS-Drive subscale)

56. Each item below is a statement that a person may either agree with or disagree with. For each item, indicate how much you agree or disagree with what the item says. Please respond to all of the items; do *not* leave any blank. Choose only *one* response to each statement. Please be as accurate and honest as you can be. [Matrix with 1-4 below]

1	2	3	4
Very true for me	Somewhat true for me	Somewhat false for me	Very false for me

- a. I go out of my way to get things I want.
- b. When I want something I usually go all-out to get it.
- c. If I see a chance to get something I want I move on it right away.
- d. When I go after something I hold a "no holds barred" approach.

57. How likely are you to seek out more information about the vaccine **in the next month**?

- a. Very likely
- b. Somewhat likely
- c. Not likely
- d. Don't know

58. How likely are you to make time to get a vaccine **in the next month**?

- a. Very likely
- b. Somewhat likely
- c. Not likely
- d. Don't know

End Survey - consented

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Thank you for taking the time to complete this survey. You will hear from us in **approximately 4 weeks** with the next follow-up survey. In the interim, we may send out text messages or emails with content related to COVID-19 vaccination.

For help finding a COVID-19 vaccine near you, please visit: [Vaccines.gov - Search for COVID-19 vaccine locations](https://www.vaccines.gov/search-locations)

For up to date and accurate information about the COVID-19 vaccine, please visit CDC. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

If you have any questions, please reach us at covid@sph.cuny.edu.

End survey - no consent

Thank you for your time today. You have chosen not to participate in this study and will not hear from us about follow-up surveys.

If this was an error, please contact us here: covid@sph.cuny.edu.

End survey - ineligible

Sorry, it looks like you are ineligible to participate in this study. Thank you very much for your time.

Automated Response - consented

Thank you for completing this survey with this COVID-19 vaccination study. We will email you a \$20 *Tremendous* gift card to the email address that you provided.

As part of this study, we can learn a lot about your decisions around COVID-19 vaccination and appreciate your participation. We will be reaching out with a follow-up survey in approximately 4 weeks.

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