

## Follow-up Questionnaire for the CHASING COVID Mental Health Study [4 weeks]

### Introduction

Thank you for taking time to complete this follow-up survey. This should take about 10-15 minutes of your time. When you finish the survey, you will receive a \$30 *Tremendous* gift card. Tremendous offers over 700 redeeming options, including Visa virtual gift cards, Amazon, Target, Starbucks, various charities and more. Participants can choose their own redeeming option.

We would like to thank you for your participation to date. After this survey, you will be invited to participate in one more survey in **5 months**.

### COVID Infection History and Concern

1. Have you had a COVID-19 infection **since [date of baseline survey]**?
  - a. Yes
  - b. No, I don't think I've had COVID since [date of baseline survey]

### Receipt of COVID vaccine

2. Have you received a COVID-19 vaccine dose **since [piped text of intervention date]**?
  - a. Yes
  - b. No
3. *If answer to previous question is Yes:* When did you receive your **most recent dose** of the COVID-19 vaccine (**since [piped baseline date]**)?
  - a. Date select
4. *If answer to received vaccine is Yes:* Which vaccine did you get (i.e., manufacturer)?
  - a. Pfizer/BioNTech
  - b. Moderna
  - c. Novavax
  - d. Don't know

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### Reasons for getting vaccine

5. *If answer to received vaccine is Yes:* What motivated you to get the vaccine? Please select all that apply.
- a. I want to avoid getting infected with COVID-19
  - b. It will help protect me from getting very sick
  - c. It will help protect others around me
  - d. Other:
  - e. None of the above [exclusive]

### Reasons for not getting vaccine

6. *If answer to received vaccine is No:* Which of the following influenced your decision to not get another dose of the COVID-19 vaccine? Please select all that apply.
- a. I had side effects from previous doses
  - b. I'm worried about possible side effects from another dose
  - c. I don't think the vaccine is effective against the variants currently circulating
  - d. I'm worried about the out of pocket costs of getting vaccinated
  - e. I recently had COVID-19
  - f. I don't think I am at risk for severe outcomes due to COVID-19
  - g. I've had trouble accessing a vaccine at a time (or venue) that works for me
  - h. I just haven't gotten around to it yet
  - i. My doctor said I didn't have to get it
  - j. Other: \_\_\_\_\_
  - k. None of the above
7. In the **past month (since [piped date of intervention])**, has anyone close to you (e.g., family, friends) gotten a COVID-19 vaccine?
- a. Yes
  - b. No
  - c. Don't know

### Vaccine hesitancy

8. *If haven't received an additional dose of the vaccine since the intervention:* How willing are you to receive another COVID-19 vaccine dose?

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

## Vaccine intent

9. *If no to receiving an additional dose of the vaccine since the intervention:* Are you planning to make an appointment to get another dose of 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
10. *If no to receiving an additional dose of the vaccine since the intervention:* Do you feel you need to gather more information about the COVID-19 vaccine before deciding whether or not to get another dose of the COVID-19 vaccine?
- a. Yes
  - b. No
  - c. Don't know / Not sure
11. *If no to receiving an additional dose of the vaccine since the intervention:* Do you feel you need to talk to a health care provider about the COVID-19 vaccine before deciding whether or not to get another dose of the COVID-19 vaccine?
- a. Yes
  - b. No
  - c. Don't know / Not sure

## Vaccine perceptions

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]

12. The COVID-19 vaccine can affect your fertility.
- a. Agree
  - b. Disagree

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- c. Don't know / Not sure
- 13. I need the COVID-19 vaccine even if I've already had COVID-19.
  - a. Agree
  - b. Disagree
  - c. Don't know / Not sure
- 14. The COVID-19 vaccine was developed too quickly.
  - a. Agree
  - b. Disagree
  - c. Don't know / Not sure
- 15. The COVID-19 vaccine will protect me from being hospitalized with COVID-19.
  - a. Agree
  - b. Disagree
  - c. Don't know / Not sure
- 16. Getting the COVID-19 vaccine gives you COVID-19.
  - a. Agree
  - b. Disagree
  - c. Don't know / Not sure
- 17. The side effects of the COVID-19 vaccine are dangerous.
  - a. Agree
  - b. Disagree
  - c. Don't know / Not sure
- 18. The COVID-19 vaccine changes your DNA.
  - a. Agree
  - b. Disagree
  - c. Don't know / Not sure
- 19. 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 / Not sure
- 20. 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 / Not sure
21. The COVID-19 vaccine contains tracking devices, implants, or microchips.
- a. Agree
  - b. Disagree
  - c. Don't know / Not sure
22. Receiving a COVID-19 vaccine can make you magnetic.
- a. Agree
  - b. Disagree
  - c. Don't know / Not sure

## CBT

### Perceived Control Scale

23. 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, strongly 4=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)

24. 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

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Very true for me	Somewhat true for me	Somewhat false for me	Very false for me
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- 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.

25. *If no to receiving an additional dose of the vaccine since the intervention:* 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

26. *If no to receiving an additional dose of the vaccine since the intervention:* 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

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

27. **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				

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or restless that you have been moving around a lot more than 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

28. In the **past four weeks (piped date)**, have you taken prescription medication for your mental health?
- Yes
  - No
  - Don't know / not sure



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

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

30. *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?

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

### Alcohol use

31. In the **last month (since [piped date])**, 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

32. *If answer to previous question is not Never:* In the **last month (since [piped date])**, 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

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33. *If answer to any alcohol in past month is not Never:* In the **last month (since [piped date])**, 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

## End Survey

Thank you for taking the time to complete this survey. You will hear from us in **5 months** with the next follow-up survey.

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](mailto:covid@sph.cuny.edu).

## Automated Response

Thank you for completing this follow-up survey with this COVID-19 vaccination study. We will email you a \$30 *Tremendous* gift card to the email address that you provided.

As part of this study, we can learn a lot about your decisions around regarding COVID-19 vaccination and appreciate your participation. We will be reaching out with a final follow-up survey in approximately 5 months.

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



For questions or comments, please email [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu)

