

[FIELDDED: MARCH 12, 2026—MARCH 26, 2026]

Consent

THE CITY UNIVERSITY OF NEW YORK CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of Research Study:

Chasing COVID Cohort extension

Principal Investigator:

Denis Nash, MPH, PhD

Professor of Epidemiology and Biostatistics
CUNY School of Public Health and Health Policy

Research Sponsor: City University of New York, Institute for Implementation Science in Population Health, with support from Schmidt Philanthropies

Overview

- You are being invited to participate in 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 currently 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, and vaccines.

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 current health and opinions. Just like with previous Chasing COVID Cohort surveys, you will receive a \$20 gift card for every survey you complete.
- Participate in future surveys. They will be similar to the survey you complete today, but may have a few different questions. You will always be able to decline to participate.

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. We may also invite you to participate in future research opportunities.

Potential Benefits

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

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.

Funding support

- Support for this research is being provided by the City University of New York, Institute for Implementation Science in Population Health and Schmidt Philanthropies.

Questions, Comments or Concerns:

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

- Denis Nash, Study Principal Investigator and 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.

CONSENT. 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

Survey

Chasing COVID Cohort Extension

[Email invite]

Subject: CHASING COVID COHORT would like your participation

Dear [participant first name],

Thank you very much for your participation in the CHASING COVID Cohort (C3) study. We are inviting you to complete another survey to get an update on your current health and opinions. This study is being conducted by the City University of New York (CUNY) and is only open to former C3 participants. **It is separate from other active studies you may be participating in at CUNY.**

Quick details:

- **What's involved:** 15-20 minute survey, same format as the other C3 surveys you completed since 2020. Many questions are the same, some are new.
- **Compensation:** \$20 Tremendous gift card

If you are interested in participating, please follow this link to learn more:

[link to be added]

Thank you again for your contributions to our work—we truly value your input.

CHASING COVID Cohort Study Team

CUNY Institute for Implementation Science in Population Health at the CUNY Graduate School of Public Health and Health Policy

55 West 125th Street, New York, NY 10027

[Email Reminder]

Dear participant,

We recently invited you to complete a survey. We wanted to let you know we will close the survey tomorrow, **Wednesday March 25th at 11:59pm**. You will receive a **\$20 gift card** incentive for your time upon completion.

Access your survey at:

Let us know if you have any questions and complete your survey today!

Thank you,

Chasing COVID Cohort Study Team
CUNY Institute for Implementation Science in Population Health at the
CUNY Graduate School of Public Health and Health Policy
55 West 125th Street, New York, NY 10027

[Text Invite] Characters: 246/300

Good news! The Chasing COVID Cohort team is inviting you to take part in a **new survey**. Learn more and access it here (OPTIONAL1). If eligible, you will receive a \$20 gift card for your time. Please ignore this message if you responded via email.

[Text Reminder/Last Call]

Characters: 247/300

[CHASING COVID]: We sent you a survey for the Chasing COVID Cohort (C3). You can access it here (OPTIONAL1) until TUES 03/24. You will receive a \$20 gift card for your time upon completion. Ignore if you have already completed it. Reply for help.

Characters: 284/300

[CHASING COVID] LAST CALL: This is the final message inviting you to participate in our survey. You can complete it until WED 03/25 at 11:59 pm through this link (OPTIONAL1). You will receive a \$20 gift card for your time upon completion. Ignore if you completed it. Reply for help.

Introduction

Thank you for consenting and taking the time to complete this survey. This should take 15-20 minutes of your time. We're deeply grateful for your partnership in this important work.

Please select the checkbox before proceeding. [captcha]

[HIGHLIGHTED QUESTIONS ARE NEW]

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 BRFS 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 (for whom you are a parent or guardian) under 18 years of age do you have? (Source: C3)

- ___ Number (validation for 1-40)
- I don't have any children <18 years of age
- Prefer not to say

DEM4. What are the ages of your children (children for whom you are a 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]

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

DEM20. [Display if DEM4= '< 6 months' OR '6 months – 23 months' OR '2-4 years'] Are your children under 5 typically in daycare?

- 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 (ages 5-17), 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 [exclusive]

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 or live outside of the US)
- Prefer not to say

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?

If you have multiple sources of insurance, please select the one used most often. ([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

HAU13. [DISPLAY IF: HAU2 = "No coverage of any type"] How long has it been since you last had health insurance that paid for doctor's visits or hospital stays? (Source: [NHIS 2025](#), responses simplified for this survey)

- I've never had health insurance
- Less than 6 months
- 6 months to less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- More than 3 years
- Don't know / Not sure

HAU15. [DISPLAY IF: HAU2 = "No coverage of any type"] Are any of these statements a reason why you are no longer enrolled in your last health care plan? Please select all that apply. (Source: [NHIS 2025](#), modified)

- You or the policyholder retired, lost a job, or changed employers
- You missed a deadline for signing up or paying for the coverage
- You became ineligible because of your age or because you left school

- The cost for your coverage increased
- You had Medicaid or other public coverage, but were no longer eligible
- You do not need or want coverage
- You are not eligible for coverage
- The process of signing up for coverage is too difficult or confusing
- You cannot find a plan that meets your needs
- You applied for new coverage but it has not started yet
- Other: _____
- None of the above [Exclusive]

HAU17: How worried, if at all, are you about being able to afford each of the following for you and your family? [Randomize item list, with matrix for: Very worried, Somewhat worried, Not too worried, Not at all worried] ([KFF Health Tracking Poll May 5-26, 2025](#), x)

- Your monthly health insurance premium [display if HAU2 !=NONE]
- The cost of health care services [display if HAU2=none]
- The cost of health care services (if insured: including out-of-pocket costs not covered by health insurance, such as co-pays and deductibles you pay before insurance kicks in) [display if HAU2!=none]
- Your rent or mortgage
- Gasoline or other transportation costs
- Food
- Your monthly utilities like electricity or heat
- Unexpected medical bills

HAU3. Do you have one health care provider 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

HAU22. Where do you most commonly go for routine healthcare? (SINGLE RESPONSE)
[Randomized]

- Urgent care center
- Hospital emergency room (ER)

- Health clinic located in a pharmacy or grocery store
- Doctor's office or health center
- Other: _____ [anchored]
- None of the above

HAU23. During the past 12 months, have you gone to an urgent care center or a health clinic in a pharmacy or grocery store for health care? **Do not include visits related to vaccinations or prescription pickup.** [Source: NHIS <https://www.cdc.gov/nchs/data/databriefs/db409-H.pdf>, modified]

- Once or twice
- 3 or more times
- Never
- Don't know/not sure

HAU6. Have you had a visit with a doctor, nurse, or other health professional for any reason in the **past 12 months**? (Source: adapted from PROTECTS)

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

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

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

HAU7. About how long has it been since you last visited a doctor, nurse, or other health professional 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

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 or only child under 18 have a visit with a pediatrician or another health care provider in the **past 12 months**?

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

HAU24. Which of the following best describes how easy or difficult it is for you to have a conversation with your primary health care provider or other health care provider about vaccine-related questions you may have?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

HAU25. [Display if DEM4 = '< 6 months' OR '6 months – 23 months' OR '2-4' OR '5-11' OR '12-15' OR '16-17'] Which of the following best describes how easy or difficult it is for you to have a conversation with your child's pediatrician about vaccine-related questions you may have?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

Section 3: Health Status

HS_TEXT. In this section, we'll ask about your overall health, including any medical conditions you've been diagnosed with. 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

HS9_LC_1. "Long COVID" means having persistent or recurring symptoms, for three or more months after a COVID infection that are not caused by something else. People with long COVID are sometimes known as COVID "long-haulers," having "long-haul symptoms," "post-COVID conditions," "post-acute sequelae of COVID (PASC)."

Would you describe yourself as having "long COVID" now, that is, you are still experiencing symptoms 3 or more months after you had a COVID infection, that are not explained by something else? (Source: ONS, V11-17, updated here)

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

Section 4.1: Vaccination

In this section, we'll ask about your recent vaccination history, views on vaccine safety, and confidence in public health agencies.

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

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

VAX1. **Since September 1, 2025**, 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

VAX35. What are the reasons for which you have delayed/skipped vaccinating against the flu?
Please select all that apply. [RANDOMIZE]

- I am concerned about side effects
- I don't trust that the vaccine is safe
- I don't need it
- A health condition
- My health care provider did not recommend it
- I couldn't find a convenient time, place, or appointment
- My insurance would not cover the cost, or the cost was too high
- I can keep myself healthy in other ways
- Other: _____
- None of the above

VAX2. **Since September 1, 2025**, have you received a dose of one of the COVID vaccines?

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

VAX36. What are the reasons for which you have delayed/skipped vaccinating against COVID?
Please select all that apply. [RANDOMIZE]

- I am concerned about side effects
- I don't trust that the vaccine is safe
- I don't need it
- A health condition
- My health care provider did not recommend it
- I couldn't find a convenient time, place, or appointment
- My insurance would not cover the cost, or the cost was too high
- I can keep myself healthy in other ways
- Other: _____
- None of the above

VAX3. Have you ever received any of these other vaccines **since September 1, 2025**? [matrix: Yes, No, Don't know / Not sure]

- VAX3_5. Pneumonia
- VAX3_6. Shingles
- VAX3_7. RSV

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 few questions, please think and respond only about your youngest (or only) child.

VAX9. [Display if VAX8_TEXT is displayed] **Since September 1, 2025, has your youngest (or only) 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

VAX27. [Display if VAX8_TEXT is displayed] **Since September 1, 2025, has your youngest child received a dose of one of the COVID vaccines?**

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

VAX29. [Display if VAX8_TEXT is displayed] **Not counting COVID-19 or flu vaccines, have you ever skipped or delayed a recommended childhood vaccine (like MMR or polio) for your youngest (or only) child?** (Source: KFF, modified question language)

- I have delayed or skipped some vaccines in the past
- I have kept my child up to date with recommended childhood vaccines
- Don't know / Not sure

VAX8. [Display if VAX8_TEXT is displayed]. In the **coming year**, what best describes what you will likely do about **routine childhood** vaccines for your youngest (or only) 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
- I will consult with my child's pediatrician/healthcare provider
- Don't know/not sure

VAX22. [DISPLAY IF: participant will delay or not vaccinate their children] Which of the following vaccines would you delay or skip for your youngest child? Please select all that apply.

[Randomized list]

- MMR
- Polio
- Chicken pox/Varicella
- Hepatitis B
- Diphtheria, tetanus and pertussis, or DTP/DTaP
- Human papillomavirus, or HPV
- Influenza/flu
- COVID
- Other: _____ [Anchor]
- None of the above [exclusive] [Anchor]

VAX23. [DISPLAY IF: participant ever did OR will delay or not vaccinate their children] What are the reasons for which you have delayed/skipped or plan to delay/skip vaccinating your child?

Please select all that apply. [Randomized]

- I am concerned about side effects
- I don't trust that vaccines are safe
- I am confused about what vaccines my child actually needs
- I don't think all the recommended vaccines are necessary
- The number of recommended vaccines is too high
- I didn't want my child to get multiple vaccines at the same time
- My child has a health condition
- My child is afraid of needles
- My child's health care provider did not recommend them
- My insurance would not cover the cost, or the cost was too high
- I can keep my child healthy in other ways
- Other: ____ [anchored]
- None of the above [exclusive] [anchored]

VAX30. [DISPLAY IF: participant ever kept children up to date on vaccines OR plans to vaccinate their children] What reasons motivated you to keep or plan to keep your children up to date with recommended childhood vaccines? Please select all that apply. [Randomize]

- I am concerned about my child getting infected
- They are required for travel outside the US
- They are required by the daycare or school my child attends
- I believe they are effective
- I want to help reduce the burden on the healthcare system
- I want to help protect my community
- I trust recommended childhood vaccine guidelines
- They were recommended by my child's provider
- Other: _____ [anchored]
- None of the above [exclusive] [anchored]

VAX24. [Display if VAX8_TEXT is displayed] Have you ever applied for an exemption so that your children could attend school or daycare without receiving required vaccinations? (Source: KFF)

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

VAX26. [DISPLAY IF plan to apply for exemption, VAX25=YES] What were the reasons for applying for an exemption?

- Religious reasons
- Medical reasons
- Other personal reasons: _____

VAX25. [Display if VAX8_TEXT is displayed AND if VAX8=plan to delay or not vaccinate child] Do you plan to apply for an exemption so that your children could attend school or daycare without receiving required vaccinations?

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

Section 4.2: Vaccine confidence

VAX33. As of today, how easy or difficult is it for you to make decisions about: [Matrix: Very easy, Somewhat easy, Somewhat difficult, Very difficult]

- Your health in general
- Your child(ren)'s health in general [If has children]
- Vaccinations for you
- Vaccinations for your child(ren) [If has children]

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/>) [matrix : Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree])

- 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.
- VAX10_VH_2. Childhood vaccines are effective.
- 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.
- VAX10_VH_4. All childhood vaccines offered are beneficial.
- VAX10_VH_5. New vaccines carry more risks than older vaccines.
- VAX10_VH_6. The information I receive about vaccines from the Centers for Disease Control and Prevention (CDC) is reliable and trustworthy.
- 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.
- 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.
- VAX10_VH_9. I am concerned about serious adverse effects of vaccines.

- 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 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.

VAX28. How important do you think it is for people in your community to receive each of the following vaccines? (Source: [KFF](#) Post survey of parents Jul 18-Aug 4, 2025) [Randomize items, matrix with: Very important, somewhat important, Not too important, not at all important, Don't know]

- Measles, mumps, rubella (MMR)
- Polio
- The flu
- COVID-19
- Hepatitis B
- Diphtheria, tetanus and pertussis, or DTP/DTaP
- Chickenpox/Varicella
- Human papillomavirus, or HPV

VAX12A. As of **today**, how much do you trust the following individuals or organizations to provide reliable information about vaccines? (Source: KFF) [Matrix: A lot, Some, A little, None, Don't know / Not sure]

- VAX12A_1. Your doctor or health care provider
- VAX12A_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
- VAX12A_3. Your local public health department
- VAX12A_4. Centers for Disease Control and Prevention (CDC)
- VAX12A_5. Food and Drug Administration (FDA)
- VAX12A_6. Pharmaceutical companies
- VAX12A_8. American Academy of Pediatrics (AAP)

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
- Don't know / Not sure

VAX21. Currently, how much confidence do you have in the safety and effectiveness of the following vaccines **during pregnancy**? [Randomize list, matrix with: A lot, Some, A little, None at all, Don't know]

- COVID
- Flu
- RSV
- Diphtheria, tetanus and pertussis, or DTP/DTaP

VAX20. As of today, what do you think about the amount of safety testing vaccines in the US go through before they are recommended for children by federal agencies? (Source: KFF, modified)

- Not enough safety testing
- The right amount of safety testing
- Too much safety testing
- Don't know / Not sure

VAX14. How confident are you that the vaccines for each of the following diseases are safe? [matrix: Very confident, Somewhat confident, Not at all confident, Don't know / Not sure] (Source: KFF)

- VAX14_1. Measles, mumps, rubella, or MMR
- VAX14_2. Hepatitis B
- VAX14_3. Chickenpox/Varicella
- VAX14_4. Diphtheria, tetanus and pertussis, or DTP/DTaP
- VAX14_5. Pneumonia
- VAX14_6. Shingles
- VAX14_7. Flu
- VAX14_8. COVID-19
- VAX14_9. RSV
- VAX14_10. Human Papillomavirus, or HPV

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? [RANDOMIZE ROWS, matrix with: A lot, Some, A little, None] (Source: KFF)

- VAX13_1. Ensure the safety and effectiveness of prescription drugs sold in the US
- VAX13_2. Ensure the safety and effectiveness of vaccines approved for use in the US
- VAX13_3. Prevent, detect, and respond to outbreaks of infectious diseases like measles and bird flu
- VAX13_4. Prevent, detect and respond to environmental threats like lead in water, wildfires, etc.
- VAX13_5. Act independently, without interference from outside interests
- VAX13_6. Create food guidelines that are in line with science-based evidence
- VAX13_8. Set regulations on pesticide use in the US that are in line with science-based evidence

VAX32. Please select **3** health-related issues that you think should be given the highest priority by government leaders at this time. (Source: <https://sph.emory.edu/moving-public-health-forward/rollins-gallup-public-health-priorities-survey>)

Please select **up to 3 issues**. [Randomized list]

- Improving health care access and affordability
- Reducing chronic diseases, such as heart disease, diabetes, obesity, high blood pressure, and cancer
- Strengthening safety net programs, such as Medicare, Medicaid, and free health clinics
- Addressing the opioid and drug overdose epidemic
- Ensuring adequate mental health care
- Ensuring access to comprehensive reproductive health care
- Preparing for emerging infectious diseases and possible future pandemics
- Ensuring childhood vaccination against preventable diseases
- Addressing health effects related to climate change and extreme weather events
- Other: _____

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.

GAD7. In the past 2 weeks, how often have you been bothered by the following problems?

(Source: GAD7) [matrix: Not at all, Several days, Over half the days, Nearly every day]

- GAD7_1. Feeling nervous, anxious, or on edge
- GAD7_2. Not being able to stop or control worrying
- GAD7_3. Worrying too much about different things
- GAD7_4. Trouble relaxing
- GAD7_5. Being so restless that it's hard to sit still
- GAD7_6. Becoming easily annoyed or irritable
- GAD7_7. Feeling afraid as if something awful might happen

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

(Source: PHQ8) [matrix: Not at all, Several days, Over half the days, Nearly every day]

- PHQ8_1. Little interest or pleasure in doing things
- PHQ8_2. Feeling down, depressed or hopeless
- PHQ8_3. Trouble falling or staying asleep, or sleeping too much
- PHQ8_4. Feeling tired or having little energy
- PHQ8_5. Poor appetite or overeating
- PHQ8_6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down
- PHQ8_7. Trouble concentrating on things, such as, reading the newspaper or watching television
- 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

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 from past surveys.

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: Never, Almost never, Sometimes, Fairly often, Very often]

- PSS_1. That you were unable to control the important things in your life?
- PSS_2. Confident about your ability to handle your personal problems?
- PSS_3. That things were going your way?
- PSS_4. Difficulties were piling up so high that you could not overcome them?

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

(Source: Buckner's Neighborhood Cohesion Scale – [adapted 8 item](#)) [matrix: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree]

- BNCS_1. I visit my friends in their homes.
- BNCS_2. The friendships and associations I have with other people in my neighborhood mean a lot to me.
- BNCS_3. If I need advice about something I could go to someone in my neighborhood.
- BNCS_4. I believe my neighbors would help in an emergency.
- BNCS_5. I borrow things and exchange favors with my neighbors.
- BNCS_6. I would be willing to work together with others on something to improve my neighborhood.
- BNCS_7. I rarely have a neighbor over to my house to visit.
- BNCS_8. I regularly stop and talk with people in my neighborhood.

Section 6.4 Mental Health Part 4

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

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

BN7. [If YES to BN3] During the **past 30 days**, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card? (Source: C3EXT2)

- 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

End of Survey Message

Thank you for taking the time to complete this survey. Within the next 48 hours, we will email you a \$20 *Tremendous* gift card to the address provided.

You will hear from us later this year 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, food banks in your area, and other resources, please visit our [website](#) and scroll to the section titled "Other resources." 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!

CHASING COVID Cohort Study Team

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