



CHASING
COVID
COHORT

July 22, 2020

CHASING COVID Study Aims

- Assess recent symptoms of respiratory illness consistent with novel coronavirus (COVID-19) and related health care utilization or social factors (e.g., work and community policies);
- Assess trends in recent symptoms of respiratory illness consistent with COVID-19;
- Assess the uptake of health messaging, health behaviors and public health interventions (including social distancing, expanded testing, and contact tracing);
- Assess the impact of misinformation about COVID-19 circulated on social media; and
- Measure the incidence rate and attack rate of SARS-CoV-2 using antibody testing (when available)
- Assess the impact of the SARS/COV2 pandemic and the public health response on psychosocial, economic, and other non-COVID outcomes.

Introduction

Thanks for taking time to complete the follow-up survey for the CHASING COVID Cohort study. This should take 15-20 minutes of your time. When you finish the survey, you'll be directed to resources with accurate and up-to-date information about the new coronavirus. If you only complete the first section, you will receive \$10.

Contact

- 1) *If no phone number on file in V1, skip to next question:* Has your phone number changed since your last survey? We have this number: <Enter phone number on file from V1>
 - a) Yes
 - b) No
 - c) Don't know / Not sure

- 2) *If yes or don't know or no phone number on file:* What is a good phone number where we can reach you? (We will never share your information with anyone. Standard messaging rates may apply.)

_____ Phone Number

_____ Please confirm your phone number

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

Contacts, Pre-Existing Conditions and Symptoms

All responses in this section are required

- 3) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who had a laboratory confirmed diagnosis of the new coronavirus? Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of a new coronavirus case for a prolonged time.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 4) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who had coronavirus-like symptoms (cough, fever or shortness of breath)? Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of a new coronavirus case for a prolonged time.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 5) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY)**, have you had any of the following symptoms?
- a) Headache
 - b) Cough (new since you completed your last survey)
 - c) Coughing up phlegm
 - d) Coughing up blood
 - e) Sore throat
 - f) Fever
 - g) Muscle aches (myalgia)
 - h) Chills
 - i) Repeated shaking and chills
 - j) Runny nose
 - k) Nasal congestion
 - l) Sneezing
 - m) Chest pain
 - n) Shortness of breath
 - o) Itchy eyes
 - p) Eye pain
 - q) Loss of smell or taste (new since you completed your last survey)
 - r) Rash
 - s) Stomach ache
 - t) Nausea
 - u) Diarrhea
 - v) Vomiting

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

Version V2.0 | July 22, 2020

- w) I have not had any of these symptoms
- 6) *If selected any symptom:* Have you seen or called a physician or health care professional for any of these symptoms?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 7) *If selected any symptom:* **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** were you hospitalized for any of these symptoms?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 8) *If selected any symptom:* Around what day did your symptoms start?
- a) _____ (*enter calendar date*)
 - b) Don't know/Not sure
- 9) *If selected any symptom:* How many days did your symptoms last?
- a) Enter number of days _____
 - b) I'm still experiencing symptoms
 - c) Don't know/Not sure
- 10) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** have you been tested for the new coronavirus?
- a) Yes
 - b) No, but I tried and was unable to be tested for coronavirus
 - c) No, because I did not need or try to be tested for coronavirus
 - d) Don't know/Not sure
- 11) *If yes to testing:* **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** how many times have you been tested?
- a) 1
 - b) 2
 - c) 3+
 - d) Don't know/Not sure

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0| July 22, 2020

- 12) *If yes to testing:* Did you receive a viral or an antibody test? A viral test can show if you are currently infected. Viral tests identify virus in samples from your respiratory system, such as swabs from the inside of your nose. An antibody test, also called a serology test, can show if you had a past infection with the virus that causes the new coronavirus. **Please select all that apply.** *Can select do not know with other options.*
- a) Viral test
 - b) Antibody test
 - c) Don't know/Not sure
- 13) *If selected yes or tried to get a test:* What motivated you to get or try to get a test for the new coronavirus? **Please select all that apply**
- a) I was experiencing COVID-like symptoms
 - b) I needed to get a test for work (e.g., working in a healthcare or congregate living facility)
 - c) I belong to a priority population (e.g., having an underlying health condition)
 - d) I was in contact with someone who had or was suspected to have had the new coronavirus
 - e) I attended a gathering with more than 10 people (e.g., a church or protest)
 - f) I was just curious
 - g) Other _____
- 14) *If selected yes or tried to get a test:* Did you have difficulty with the following aspects of getting a test? **Please select all that apply**
- a) Finding a doctor (I didn't know where I could get the test)
 - b) Getting an appointment at a convenient time
 - c) Affording the test
 - d) I don't have insurance
 - e) My insurance doesn't cover the test
 - f) The insurance co-pays/deductibles were too high
 - g) Wait time for an available appointment
 - h) Taking time off from work
 - i) I did not have transportation
 - j) I did not have childcare
 - k) The test was not available at the doctor's office, clinic, hospital
 - l) I did not meet criteria to be tested
 - m) I did NOT have any difficulty getting a test
 - n) Other _____
- 15) *If selected yes or do not know to the testing question:* **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** did you or have you had a laboratory confirmed diagnosis of the new coronavirus?
- a) Yes
 - b) No
 - c) I am still waiting for test results
 - d) Don't know/Not sure

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

- 16) *If had symptoms and said yes or don't know to sought care from a health care professional AND did not have a COVID diagnosis: Since you completed your last survey (on ADD Qualtrics DD/Mon/YY), did you receive a diagnosis of something other than the new coronavirus? For example, you may have received a diagnosis of the flu or cold.*
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 17) *If had symptoms AND not a COVID diagnosis AND not a diagnosis: Do you think that your symptoms were caused by any of the following? Please select all that apply.*
- a) Allergies
 - b) Cold
 - c) Flu
 - d) Other:
 - e) Don't know/Not sure
- 18) *If selected no (unable or did not try) or the DNK options on testing question: Do you think you might have had the new coronavirus?*
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 19) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY), do you personally know anyone who has died from the new coronavirus? By personally, we mean partners, relatives or friends.**
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 20) Do you have seasonal allergies?
- a) Yes
 - b) No
 - c) Don't know / Not sure

Recovery and Contact Tracing

If ever (baseline, V1, V2) reported a COVID diagnosis or hospitalization, participant should get the next two questions.

- 21) How much difficulty do you have engaging in daily activities (or household responsibilities) because of physical, mental, or emotional problems?
- a) No difficulty
 - b) Some difficulty

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

Version V2.0 | July 22, 2020

- c) A lot of difficulty
 - d) Don't know / Not sure
- 22) Do you currently have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 23) *If reported a diagnosis or hospitalization (V2):* Contact tracing is a public health strategy to stop the spread of the coronavirus. People diagnosed with coronavirus are asked to list everyone with whom they had close contact (for example, within 6 feet for more than 15 minutes) during the days prior to the onset of symptoms. These contacts are then notified and asked to self-quarantine and/or get tested for coronavirus.
- After you were diagnosed with the new coronavirus, did public health staff ask you about people with whom you may have had close contact 2 days prior to either testing positive or showing symptoms?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 24) *If reported a diagnosis or hospitalization (V1 or V2):* Did public health staff ask you to self-isolate or to stay away from others until you recovered?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 25) *If yes to isolation:* How much difficulty did you have following the rules that public health staff prescribed?
- a) No difficulty
 - b) Some difficulty
 - c) A lot of difficulty
 - d) Don't know / Not sure
- 26) *If reported a diagnosis or hospitalization (V1 or V2):* Did you self-isolate or stay away from people outside your household until you recovered?
- a) Yes
 - b) No
 - c) Don't know / Not sure

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

27) *If yes to self-isolate:* How long did you self-isolate from people outside your household?

- a) ____ days
- b) Don't know / Not sure

28) *If reported a diagnosis or hospitalization (V1 or V2):* Did you self-isolate or stay away from healthy people within your household until you recovered?

- a) Yes
- b) No
- c) Don't know / Not sure
- d) I do not live with anyone else

29) *If yes to self-isolate:* How long did you self-isolate from people within your household?

- a) ____ days
- b) Don't know / Not sure

30) *If no to either question about self-isolation:* Why were you unable to self-isolate? **Please select all that apply.**

- a) I do not have enough space at home
- b) I could not stay home for as long as required
- c) I had work demands
- d) I had logistical challenges
- e) I wanted to see friends or family
- f) Other _____

31) Contact tracing is a public health strategy to stop the spread of the coronavirus. People diagnosed with coronavirus are asked to list everyone with whom they had close contact (for example, within 6 feet for more than 15 minutes) during the days prior to the onset of symptoms. These contacts are then notified and advised to self-quarantine and/or get tested for coronavirus.

Since you completed your last survey (on ADD Qualtrics DD/Mon/YY), have public health staff ever told you that you may have been in close contact with someone diagnosed with the new coronavirus?

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

32) *If yes to contact tracing:* Were you told to stay at home for a period of time?

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

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

- 33) *If yes to contact tracing and yes to told to stay at home:* Did you stay at home, as instructed by public health staff?
 a) Yes
 b) No
 c) Don't know / Not sure
- 34) *If yes to contact tracing:* Were you told to keep track of any symptoms?
 a) Yes
 b) No
 c) Don't know / Not sure
- 35) *If yes to contact tracing:* Did public health staff or others from your state or local government encourage you to get tested for COVID-19 because they thought you had been in close contact with someone with coronavirus and/or you had symptoms?
 a) Yes
 b) No
 c) Don't know / Not sure

Precautions and Impact

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

As a result of new coronavirus, have you...	Yes	No	Not Applicable
Avoided gatherings with people outside your household			
Physically separated from people <u>within your household</u> (renting a separate home or staying on a separate floor or room)			
Avoided shaking hands or hugging			
Made plans to protect older persons that you know (arranged delivery of food or medicine)			
Stayed home from work when you were sick			
Bought a firearm			
Changed or cancelled travel in the past month			
Changed or cancelled travel in the upcoming three months			
Worn gloves			
Worn a face mask			
Stockpiled masks or other personal protective equipment			
Stockpiled food, more than you needed for two weeks			
Self-quarantined			
Cleaned and disinfected frequently used objects of surfaces (for example a smartphone)			
Avoided touching your face			
Avoided public transportation			

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

- 37) *If selected mask*: What type of mask did you wear? **Please select all that apply.**
- a) Homemade or other cloth mask
 - b) Scarf or bandana
 - c) Surgical mask
 - d) N95 mask
 - e) Construction mask
 - f) Other _____
- 38) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you increased, maintained or decreased the frequency of telecommuting (working remotely or working from home)? My frequency of telecommuting....
- a) Increased
 - b) Did not change
 - c) Decreased
 - d) Not Applicable
- 39) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you increased, maintained or decreased the frequency of handwashing? My frequency of handwashing...
- a) Increased
 - b) Did not change
 - c) Decreased
- 40) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you increased, maintained or decreased the frequency of use of hand sanitizer? My frequency of use of hand sanitizer...
- a) Increased
 - b) Did not change
 - c) Decreased
- 41) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you done anything else as a result of concerns about the new coronavirus?
- a) Yes, please specify: _____
 - b) No
- 42) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you experienced a significant personal loss of income as a result of the new coronavirus?
- a) Yes
 - b) No
 - c) Not Applicable

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

Version V2.0| July 22, 2020

- 43) *If yes experienced a personal loss of income:* Which of the following contributed to a personal loss of income? **Please select all that apply.**
- a) I was fired / laid off
 - b) I was given time off without pay (not fired, but not working)
 - c) I was given time off with reduced pay (employer provided benefits)
 - d) My hours were reduced
 - e) I could not work and care for a child in the household
 - f) I felt I was at high risk and did not want to leave my home
 - g) Business temporarily closed
 - h) Business permanently closed
 - i) I was sick
 - j) I was in quarantine or isolation
 - k) I was in the hospital
 - l) Other: _____

Sociodemographics

- 44) Were you born in the United States or a US territory?

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

- 45) Do you have a dog?

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

- 46) Do you think of yourself as...

- a) Straight
- b) Lesbian or gay
- c) Bisexual
- d) Something else: _____
- e) Don't know / Not sure

- 47) Are you currently...?

- a) Employed for wages
- b) Self-employed
- c) Out of work for less than 1 year
- d) Out of work for 1 year or more
- e) A homemaker
- f) A student
- g) Retired

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

- 48) *If out of work:* Are you receiving unemployment benefits, or have you filed for unemployment benefits?
- a) Yes, I am receiving unemployment
 - b) Yes, I have filed for and am waiting to hear about eligibility
 - c) Yes, I have filed for and am waiting to receive unemployment
 - d) No, I am not receiving, filing or eligible for unemployment.
 - e) No, my unemployment benefits expired.
 - f) Don't know / Not sure

Healthcare Workers and First Responders

- 49) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you been employed in healthcare operations? This includes people who deliver care and other services to sick persons, either directly as **doctors, nurses, emergency responders and home health aides** or indirectly as **hospital sanitation workers and medical waste handlers**.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 50) *If yes or don't know to healthcare operations question:* Does your job involve screening or treating possible coronavirus patients?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 51) *Skip if yes to health care operations OR job involving screening or treating possible COVID patients question:* **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you been employed in work that cannot occur remotely (i.e., from home) and requires frequent in-person contact with other people?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 52) *If yes:* I work in.... **Please select your primary employment.**
- a) Law enforcement, corrections or public safety
 - b) Emergency management such as fire department or other first responders
 - c) Groceries, pharmacies or retail that sells food and beverages
 - d) Delivery or pick-up services such as those related to foods or medications
 - e) Public or private transportation including car services (taxi, Uber) and airlines
 - f) Construction
 - g) Healthcare
 - h) Something else _____

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

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

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

Relocation

- 58) **Since you completed your last survey (on ADD Qualtrics DD/Mon/YY),** have you relocated to a different house or apartment, as a result of the new coronavirus? This could include returning to a home that you previously left.
- Yes
 - No
 - Don't know / Not sure
- 59) *If yes:* What is the zip code where you are now/where you relocated to? _____
- 60) *If yes:* What is the zip code of where you usually live or used to live? _____
- 61) *If yes:* Did you combine households when you relocated? This could include moving in with family or sharing a home with friends as a result of the new coronavirus.
- Yes
 - No
 - Don't know/ Not sure
- 62) *If yes:* Which of these property types best describes where you currently live, the place where you relocated?
- A multi-unit property. This includes a condominium, co-op, or building with two more units.
 - A single-unit property. This includes a detached home or townhouse.
 - A dormitory, group home, assisted living, or nursing home
 - Other _____
 - Don't know / Not sure
- 63) *If yes:* Which of these property types best describes where you were living, the place you left?
- A multi-unit property. This includes a condominium, co-op, or building with two more units.
 - A single-unit property. This includes a detached home or townhouse.
 - A dormitory, group home, assisted living, or nursing home
 - Other _____
 - Don't know / Not sure

Preparedness

64) Please indicate Yes, No, or Not Applicable for each of the following items:

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

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

- 65) If I was diagnosed with coronavirus today, I would be able to self-isolate at home, away from others in my household, for up to 2 weeks.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 66) If I was told today that I recently had a close contact with someone while they had coronavirus, I would be able to quarantine at home for up to two weeks.
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 67) Does your workplace currently have policies and equipment in place to keep you safe from the new coronavirus? This includes policies such as staggered start times or breaks for handwashing and equipment such as masks, hand sanitizer or wipe.
- a) Yes
 - b) No
 - c) Not applicable - I am not working or I am currently working from home
 - d) Don't know/ Not sure
- 68) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you had all the personal protective equipment (PPE) you needed at work? Depending on your specific work requirements, PPE might include gloves, masks, or face shields. **Please select all that apply. Options A, D, and E are exclusive.**
- a) I have had all the PPE I need for work
 - b) I have had to reuse PPE because of shortage
 - c) I needed PPE, but it was not available
 - d) I did not need PPE for work
 - e) Not applicable
- 69) Has your employer required employees, customers or visitors to wear masks? **Please select all that apply. Options D and E are exclusive**
- a) My employer requires all employees or workers to wear a mask
 - b) My employer requires all customers/visitors to wear a mask
 - c) Other requirement regarding masks _____
 - d) None of the above
 - e) Not applicable
- 70) My employer is doing whatever they can to prioritize the safety of its employees during the coronavirus pandemic
- a) Strongly disagree
 - b) Somewhat disagree
 - c) Neither agree nor disagree
 - d) Somewhat agree
 - e) Strongly agree

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

f) Not applicable

71) *If no (0) children less than 18, then skip:* Do you now have children at home who are typically in childcare or school?

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

Social Distancing

72) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you gathered in groups with 10 or more people?

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

73) *If yes to groups of 10 or more:* When you gathered in groups with 10 or more people, did you practice social distancing? This includes staying 6 feet apart, wearing face coverings and avoiding close interactions

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

74) *If yes to groups of 10 or more:* When you gathered in groups with 10 or more people, were you indoors, outdoors or both?

- a) Indoors
- b) Outdoors
- c) Indoors and outdoors

75) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you spent time in any of the following places? **Please select all that apply.**

- a) A hairdresser, salon or barber
- b) The inside of a restaurant or bar
- c) A patio or outdoor space at a restaurant or bar
- d) An indoor movie theater
- e) A shopping mall
- f) A church, synagogue, mosque or other place of worship
- g) The inside of a house that is not your own
- h) A public swimming area such as the pool, lake, ocean or bay
- i) A public park
- j) A mass gathering like a demonstration or public protest
- k) A hotel or other short term rental (like Airbnb) where people outside of your household are staying
- l) An overnight stay at the residence of family or friends
- m) An overnight trip to another town or city
- n) None of the above

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

Healthcare Access, Insurance Status

- 76) During the **past month (since ADD Qualtrics DD/Mon/YY)**, do you feel that your ability to receive medical care for significant health issues other than coronavirus has been impacted?
- a) Yes
 - b) No
 - c) Not applicable, I did not need medical care
 - d) Don't know / Not sure
- 77) During the **past month (since ADD Qualtrics DD/Mon/YY)**, do you feel that your ability to receive medical care for minor health issues has been impacted?
- a) Yes
 - b) No
 - c) Not applicable, I did not need medical care
 - d) Don't know / Not sure
- 78) During the **past month (since ADD Qualtrics DD/Mon/YY)**, have you used telemedicine, such as videoconferencing, text messaging or another electronic tool, to access medical care for any health issues?
- a) Yes
 - b) No
 - c) Not applicable, I did not need medical care
 - d) Don't know / Not sure
- 79) During the **past month (since ADD Qualtrics DD/Mon/YY)**, have you had difficulties getting your drug prescriptions filled or delivered?
- a) Yes
 - b) No
 - c) Not applicable, I do not have any drug prescriptions
 - d) Don't know / Not sure
- 80) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 81) *If no or do not know:* Are you looking for health care coverage?
- a) Yes
 - b) No
 - c) Don't know/ Not sure

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0 | July 22, 2020

- 82) During the **past month (since ADD Qualtrics DD/Mon/YY)**, have you lost or changed your health care coverage as a result of the new coronavirus?
- a) Yes
 - b) No
 - c) Don't know / Not Sure
- 83) Would you say that in general your health is:
- a) Excellent
 - b) Very Good
 - c) Fair
 - d) Poor
- 84) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 85) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 86) During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 87) If a coronavirus vaccine became available would you:
- a) Immediately get the vaccine
 - b) Delay getting the vaccine
 - c) Never get the vaccine
- 88) If a coronavirus vaccine became available would you have your child (or children):
- a) Immediately get the vaccine
 - b) Delay getting the vaccine
 - c) Never get the vaccine
 - d) I have no children

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0| July 22, 2020

Basic Needs: Food Security

89) Next you are going to read a couple statements that people have made about their food situation. For each, you will answer whether the statement was often true, sometimes true, or never true for (you/your household) **in the past month**.

The first statement is: “We couldn’t afford to eat balanced meals”. Was that often true, sometimes true or never true for you **in the past month (since ADD Qualtrics DD/Mon/YY)?**

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

90) 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 month (since ADD Qualtrics DD/Mon/YY)?**

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

Anxiety & Risk Perception

91) *If diagnosed with coronavirus, skip:* How worried are you about getting sick from the new coronavirus? Would you say:

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

92) How worried are you about your loved ones getting sick from the new coronavirus? Would you say:

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

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

As a result of coronavirus, have you been bothered by...	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0| July 22, 2020

Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
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 usual				

- 94) How worried are you about the new coronavirus overwhelming hospitals? Would you say:
- a) Not at all worried
 - b) Not too worried
 - c) Somewhat worried
 - d) Very worried

Basic Needs: Housing Security

- 95) How often **in the past month (since ADD Qualtrics DD/Mon/YY)** would you say you were worried or stressed about having enough money to pay your rent/mortgage?
- a) Always
 - b) Usually
 - c) Sometimes
 - d) Rarely
 - e) Never

Violence

- 96) Are you currently in a relationship or seeing someone?
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 97) *If yes:* Has the person you are in a relationship with or seeing changed in the past month?
- a) Yes

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0| July 22, 2020

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

98) *If not in a relationship then skip to next section: In the past month (since ADD Qualtrics DD/Mon/YY), has your partner yelled at you or said things to make you feel bad about yourself, embarrassed you in front of others, or frightened you?*

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

99) *In the past month (since ADD Qualtrics DD/Mon/YY), has your partner pushed, grabbed, hit, kicked or thrown things at you?*

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

Substance Use and Recovery

100) *In the past year (since ADD Qualtrics DD/Mon/YY), how many times have you used the following?*

How often have you used...	Never	Once or twice	Monthly	Weekly	Daily or Almost Daily
Cannabis (marijuana, pot, grass, hash, etc.)					
Street opioids (heroin, opium, etc.)					
Prescription opioids in a way or dose other than prescribed (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine etc.)					

101) *In the past three months (since ADD Qualtrics DD/Mon/YY), how often have you used each of the substances you mentioned? (Qualtrics Instructions: should answer choices – for substances mentioned and skip if they answer never above)*

How often have you used...	Never	Once or twice	Monthly	Weekly	Daily or Almost Daily
Cannabis (marijuana, pot, grass, hash, etc.)					
Street opioids (heroin, opium, etc.)					
Prescription opioids in a way or dose other than prescribed (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine etc.)					

102) Do you identify as being in recovery from drugs (not alcohol)?

**Follow-up Questionnaire for the
Communities, Households and SARS/COV-2 Epidemiology (CHASING) COVID Study**
Version V2.0| July 22, 2020

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

Social Network Questions

103) In my community, people are generally practicing social distancing. This includes staying 6 feet apart, wearing face coverings and avoiding close interactions?

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

104) Would you like to receive the \$10 gift card incentive for your time participating in the survey?

- a) Yes
- b) No

End Survey

Thank you for taking the time to complete the follow-up survey. You will hear from us in 1 month with the next follow-up survey. A confirmation email with the details has also been sent to you. For up to date and accurate information, please visit our website, <https://cunyisph.org/cunycovidfacts/> or visit [CDC.gov](https://www.cdc.gov).

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

Automated Response

Thanks for completing your follow-up survey with the CHASING COVID Cohort study. If you requested the gift card, we will email you a \$10 Amazon gift card to the email address that you provided within 3 business days.

You are part of the only longitudinal study on COVID, and we can learn a lot from your experience and insights. The CHASING COVID Cohort study includes participants from all across the country.

If you have any questions about your participation in the study, or need to contact our team, email us at covid@sph.cuny.edu or call 917-740-8714.

The following pages represent an example of the discrete choice experiment that followed Part 1 of this follow-up survey. The choice sets included in each individual survey looked slightly different from the ones below.



PLEASE WATCH THE VIDEO ABOVE BEFORE YOU CONTINUE

Thank you for participating in this survey. Part 2 of today's survey will be a little bit different than the ones you have completed before.

This part is going to be all about making decisions under different scenarios. Let's go through one example.




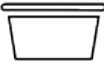




Imagine you are going to buy ice cream, but only two options are available. In Option A, you can have vanilla ice cream on a cone, with sprinkles, in a larger size. In Option B, you can have chocolate ice cream in a cup, with nuts, in a smaller size.

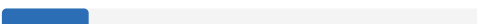
Which option do you prefer? Go ahead and select A or B.

Next



Which option do you prefer?

	Option A	Option B
Ice cream flavor	 Vanilla	 Chocolate
Cone or cup	 Cone	 Cup
Toppings	 Sprinkles	 Nuts
Size	 Large	 Small
	<input type="button" value="Select"/>	<input type="button" value="Select"/>
<p>NONE: I wouldn't choose any of these.</p> <input type="button" value="Select"/>		

0%  100%



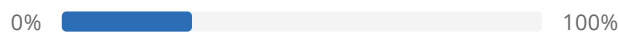
PLEASE WATCH THE VIDEO ABOVE BEFORE YOU CONTINUE

Great. Maybe you normally prefer chocolate, but since you don't like nuts, you might choose Option A. In real life, you can usually choose your toppings apart from flavor, container and size. However, by asking you to choose between the two options **as a whole** we can understand what sorts of trade-offs you would be willing to make to get what you really want or avoid what you don't want.

Today's survey is going to be all about tradeoffs you may make if choosing a test for COVID-19. On the following screens, you are going to be presented two options about various scenarios in which you could get a test. You will have to choose one or the other, or none if neither would work for you.

Then you will be asked to make a choice again. The scenarios may look the same as the ones you were just presented, but they're not. So, please pay careful attention to **each** scenario and select the one that you think would be best for you.

This process will repeat as the survey learns about different tradeoffs you make when choosing the first or second scenario. Let's get started.



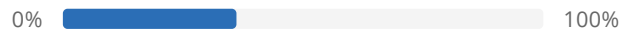


Many areas are encouraging Coronavirus testing for people with no symptoms or mild symptoms as part of efforts to reduce spread. Tests include a PCR test that tells you if you CURRENTLY have COVID-19 infection or an antibody test that tells you if you've EVER had COVID-19 infection.

We would like to understand your preferences for COVID-19 testing during the Coronavirus pandemic in a current or future scenario where the number of people being hospitalized or dying from Coronavirus in your county is increasing.







This survey has 5 questions and will take 5-10 minutes to complete.

[Back](#) [Next](#)



If you had to choose one, and the number of people being hospitalized or dying from Coronavirus in your county was increasing, which one of these two testing options would you choose?

(1 of 5)







Option A	Option B
<p>The test you take is... A PCR test that tells you if you CURRENTLY have a COVID-19 infection</p>	<p>The test you take is... An antibody test that tells you if you've EVER had a COVID-19 infection</p>
<p>The specimen you provide is...</p> <p> A small tube of blood taken from your arm</p>	<p>The specimen you provide is...</p> <p> A small amount of blood from a finger prick</p>
<p>To take this test...</p> <p> You go to a walk-in community testing site to have the specimen collected</p>	<p>To take this test...</p> <p> You go to your doctor's office or an urgent care clinic to have the specimen collected</p>
<p>You get your results...</p> <p> On the same day</p>	<p>You get your results...</p> <p> Immediately (within 15 minutes)</p>
<p>Option A</p> <p>Select</p>	<p>Option B</p> <p>Select</p>
<p>NONE: I wouldn't choose any of these.</p> <p>Select</p>	

Back Next



If you had to choose one, and the number of people being hospitalized or dying from Coronavirus in your county was increasing, which one of these two testing options would you choose?







(2 of 5)

Option A	Option B
<p>The test you take is... A PCR test that tells you if you CURRENTLY have a COVID-19 infection</p>	<p>The test you take is... BOTH an antibody test (EVER infected) and a PCR test (CURRENTLY infected)</p>
<p>The specimen you provide is...</p>  <p>A DEEP swab that goes far into your nasal passages</p>	<p>The specimen you provide is...</p>  <p>A spit sample collected in a small cup</p>
<p>To take this test...</p>  <p>You go to a local pharmacy to have the specimen collected</p>	<p>To take this test...</p>  <p>You go to your doctor's office or an urgent care clinic to have the specimen collected</p>
<p>You get your results...</p>  <p>> 5 days</p> <p style="text-align: center;">Option A</p> <p style="text-align: center;"><input type="button" value="Select"/></p>	<p>You get your results...</p>  <p>Within 48 hours</p> <p style="text-align: center;">Option B</p> <p style="text-align: center;"><input type="button" value="Select"/></p>

NONE: I wouldn't choose any of these.

0% 100%

If you had to choose one, and the number of people being hospitalized or dying from Coronavirus in your county was increasing, which one of these two testing options would you choose?
(3 of 5)

Option A	Option B
<p>The test you take is... A PCR test that tells you if you CURRENTLY have a COVID-19 infection</p>	<p>The test you take is... BOTH an antibody test (EVER infected) and a PCR test (CURRENTLY infected)</p>
<p>The specimen you provide is...</p>  <p>Oral fluid from a swab of the inside of your cheek</p>	<p>The specimen you provide is...</p>  <p>A urine sample collected in a small cup</p>
<p>To take this test...</p>  <p>You go to a drive-thru community testing site to have the specimen collected (you stay in your car)</p>	<p>To take this test...</p>  <p>You are mailed a package with the test kit, you collect the specimen, and drop it off at a collection site near your home</p>
<p>You get your results...</p>  <p>Within 5 days</p>	<p>You get your results...</p>  <p>> 5 days</p>
<p>Option A</p> <p>Select</p>	<p>Option B</p> <p>Select</p>

NONE: I wouldn't choose any of these.







Select

Back Next

0%  100%

If you had to choose one, and the number of people being hospitalized or dying from Coronavirus in your county was increasing, which one of these two testing options would you choose?

(4 of 5)

Option A	Option B
<p>The test you take is... An antibody test that tells you if you've EVER had a COVID-19 infection</p>	<p>The test you take is... BOTH an antibody test (EVER infected) and a PCR test (CURRENTLY infected)</p>
<p>The specimen you provide is...</p>  <p>Oral fluid from a swab of the inside of your cheek</p>	<p>The specimen you provide is...</p>  <p>A spit sample collected in a small cup</p>
<p>To take this test...</p>  <p>You go to a local pharmacy to have the specimen collected</p>	<p>To take this test...</p>  <p>You go to a drive-thru community testing site to have the specimen collected (you stay in your car)</p>
<p>You get your results...</p>  <p>Within 48 hours</p>	<p>You get your results...</p>  <p>On the same day</p>
<p>Option A</p> <p>Select</p>	<p>Option B</p> <p>Select</p>







NONE: I wouldn't choose any of these.

Select

0% 100%

If you had to choose one, and the number of people being hospitalized or dying from Coronavirus in your county was increasing, which one of these two testing options would you choose?

(5 of 5)

Option A	Option B
<p>The test you take is... BOTH an antibody test (EVER infected) and a PCR test (CURRENTLY infected)</p>	<p>The test you take is... A PCR test that tells you if you CURRENTLY have a COVID-19 infection</p>
<p>The specimen you provide is...</p>  <p>A urine sample collected in a small cup</p>	<p>The specimen you provide is...</p>  <p>A small amount of blood from a finger prick</p>
<p>To take this test...</p>  <p>You go to a walk-in community testing site to have the specimen collected</p>	<p>To take this test...</p>  <p>You are mailed a package with the test kit, you collect the specimen, and mail it back to the lab</p>
<p>You get your results...</p>  <p>On the same day</p>	<p>You get your results...</p>  <p>Within 5 days</p>
<p>Option A</p> <p>Select</p>	<p>Option B</p> <p>Select</p>

NONE: I wouldn't choose any of these.

Select

Back Next

0%  100%



Would you like to receive the \$5 gift card incentive for your time participating in Part 2 of the survey?

Yes

No

Back

Next

0%  100%





Thank you for completing Part 2 of this follow-up survey with the CHASING COVID Cohort (C3) study. If requested, we will email you a \$5 Amazon gift card to the email address that you provided within 3 business days.

For up to date and accurate information, please visit our website, <https://cunyisph.org/cunycovidfacts/> or visit [CDC.gov](https://www.cdc.gov).

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

