



CHASING
COVID
COHORT

October 11, 2022

Standard Follow-up Survey

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 COVID-19. You will receive a \$20 Tremendous gift card for completing the survey.

- 1) *If no phone number on file as of V11, skip to next question: We have this number for text message reminders. Is this correct?: <Enter phone number on file from V11>*
 - a) Yes, this is correct
 - b) No
 - c) Don't know / Not sure

- 2) *If no 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

Vaccine

We've been asking you periodically if you've had a COVID-19 vaccine, but we want to make sure our information is correct.

- 3) *If not fully vaccinated or did not receive vaccine or didn't answer V11 but had missing information collected in V6-V10: Have you been fully or partially vaccinated against COVID-19 with a vaccine that has received FDA approval or emergency use authorization? (Source: C3, V5, V6, V8, V9, V11, V12)*
 - a) Yes
 - b) No
 - c) Don't know / Not sure

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- 4) *If yes to fully or partially vaccinated in this survey:* How many doses of the primary vaccine series did you receive? Primary vaccine series means either a 2-dose mRNA COVID-19 vaccine series (Moderna or Pfizer) or a single dose of Johnson & Johnson COVID-19 vaccine. If you received booster doses please do not include them here. (Source: C3, V5-V11, modified question language at V8)
- a) 1
 - b) 2
- 5) *If received 1 dose only or 2 doses:* When did you receive your first dose of the COVID-19 vaccine?
Your vaccination card should have the date of your first shot. (Source: C3, V10, V11)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 6) *If don't know exact date:* What month did you receive your first dose of the COVID-19 vaccine? (Source: C3, V10, V11)
- a) Enter date: Month Year dropdown options
 - b) Don't know / Not sure
- 7) *If don't know month:* Do you recall the season in which you received your first dose of the COVID-19 vaccine? (Source: C3, V10, V11)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure
- 8) *If received 2 doses:* When did you receive your second dose of the COVID-19 vaccine?
Your vaccination card should have the date of your second shot. (Source: C3, V10, V11)
- Please note that you entered [piped text of first dose date] as the first COVID-19 vaccine date. Please make sure the date of your first dose is before the date of your second dose. If the first dose date is wrong, please go back to change the date*
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 9) *If don't know exact date:* What month did you receive your second dose of the COVID-19 vaccine? (Source: C3, V10, V11)
- c) Enter date: Month Year dropdown options
 - d) Don't know / Not sure
- 10) *If don't know month:* Do you recall the season in which you received your second dose of the COVID-19 vaccine? (Source: C3, V9, V11)
- a) Enter date: Season & Year dropdown options

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- b) Don't know / Not sure
- 11) *If yes to vaccinated in V12:* Do you know which COVID-19 vaccine you got? (Source: C3, V5-V11, modified question language at V11)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) AstraZeneca-Oxford
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Novavax
 - f) Other: _____
 - g) Don't know / Not sure
- 12) *If reported full vaccination previously or in V12:* Since your last survey [piped text of V11 survey date], have you received a COVID-19 booster? (Source: C3, V8-V11, modified question language at V12)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 13) *If yes to booster since last visit:* Since [pipe in last survey date], which most recent booster doses did you receive? (Source: C3, V8-V12, modified question language for V11 only)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) AstraZeneca-Oxford
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Novavax
 - f) Other: _____
 - g) Don't know / Not sure
- 14) *If received booster since last visit:* When did you receive your most recent booster dose for the COVID-19 vaccine? (Source: C3, V8-V12, modified question language at V11)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 15) *If don't know exact date:* What month did you receive your most recent booster dose for the COVID-19 vaccine? (Source: C3, V8-V12, modified question language at V11)
- a) Enter date: Month Year dropdown options
 - b) Don't know / Not sure
- 16) *If yes to if received a booster since last visit:* Was your most recent booster dose an **omicron-specific** COVID-19 booster? This may also be known as the "bivalent" or "updated" booster. (Source: C3, V12)

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

17) *If no/don't know to getting the booster in V12:* Now that boosters are available, will you:
(Source: C3, V11-V12)

- a) Immediately get a booster
- b) Delay getting a booster
- c) Never get the booster

18) *If no to booster in V12:* Since your last survey (pipe in last survey date), which of the following influenced your decision to **not** get a booster? **Please select all that apply.** (Source: C3, V9-V12, question language updated with last survey date on V12)

- a) I don't believe I need an additional booster dose
- b) There is not enough evidence that the booster dose is effective
- c) I'm not yet eligible for the booster dose
- d) I'm not sure if I'm eligible for the booster dose
- e) Short-term side effects
- f) Long-term side effects
- g) Whether other people I know also get it
- h) I think that other people should get it before me
- i) I need more information about the booster dose
- j) I already had COVID
- k) I recently had COVID
- l) I don't think I am at risk for getting COVID
- m) I have a medical condition which prevents me from getting boosted
- n) Issues accessing a booster dose at a time (or venue) that works for me
- o) Issues accessing a specific vaccine booster dose versus the one that is available
- p) Lack of FDA full approval (Johnson & Johnson vaccine)
- q) I plan to get a booster, but haven't had time yet
- r) I'm worried that there will be fees or other costs if I get the booster
- s) I'm scared of needles
- t) Other _____
- u) None of the above

19) *If yes to booster in V12:* Since your last survey (pipe in last survey date), what motivated you to get the booster dose? **Please select all that apply.** (Source: C3, V9-V12, question language updated with last survey date at V12)

- a) I believe the vaccine effectiveness due to my primary vaccine could be waning
- b) I'm concerned about new coronavirus variants such as Delta and Omicron
- c) It is required for travel outside the US
- d) It is required by my employer

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- e) I want to visit my family
- f) I want to help reduce the burden on the healthcare system
- g) I want to help end the pandemic as soon as possible
- h) I believe it is effective
- i) It will help protect me
- j) It will help protect others around me
- k) I trust the FDA emergency use authorization and approval process
- l) Other _____

20) *If no/don't know to getting the vaccine in V12:* Now that the vaccine is available to everyone 6 months or older, will you: (Source: C3, V2-V12, modified question language in V5, V8, V9 and V12 to reflect current vaccine availability)

- a) Immediately get the vaccine
- b) Delay getting the vaccine
- c) Never get the vaccine

21) *If delay or never get vaccine:* Which of the following influenced your decision NOT to get a vaccine? **Please select all that apply.** (Source: C3, V5-V12, question language updated in V11)

- a) Short-term side effects
- b) Long-term side effects
- c) Vaccine effectiveness
- d) Whether other people I know also get it
- e) I think that other people should get it before me
- f) I need more information about the vaccine
- g) I already had COVID
- h) I don't think I am at risk for getting COVID
- i) I have a medical condition which prevents me from getting vaccinated
- j) Issues accessing a vaccine at a time that works for me
- k) Issues accessing a specific vaccine versus the one that is available
- l) Lack of FDA approval (Johnson & Johnson vaccine)
- m) Other _____
- n) None of the above

22) *If immediately get the vaccine:* What motivates you to get the vaccine? **Please select all that apply.** (Source: C3, V5-V11)

- a) I'm concerned about new coronavirus variants such as Delta and Omicron
- b) It is required for travel outside the US
- c) It is required by my employer
- d) I want to avoid getting COVID-19
- e) I want to visit my family
- f) I want to help reduce the burden on the healthcare system
- g) I want to help end the pandemic as soon as possible

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- h) I believe it is effective
 - i) It will help protect me
 - j) It will help protect others around me
 - k) I trust the FDA emergency use authorization and approval process
 - l) Final FDA approval for Pfizer and Moderna vaccine in adults
 - m) Other _____
- 23) Besides yourself, is anyone else in your household fully or partially vaccinated against COVID-19 with a vaccine that has received FDA emergency use authorization or approval (not in a vaccine trial)? **Please do not include yourself.** (Source: C3, V6.1-V11, modified question language used in V7 & V8, updated question language at V11)
- a) Yes, everyone eligible for vaccination is vaccinated
 - b) Yes, some of the people eligible for vaccination are vaccinated
 - c) None of the eligible people are vaccinated
 - d) Don't know / Not sure
 - e) Not applicable, I do not live with anyone else
- 24) What ages are your children (children for which you are the parent or guardian)? (Source: C3, V7-V10, V12)
Even though you may have answered previously, we are asking again in case your children have had recent birthdays and given changing age-eligibility for vaccinations. **Please select all that apply.**
- a) <6 months
 - b) 6 months - 23 months
 - c) 2-4
 - d) 5-11
 - e) 12-15
 - f) 16-17
 - g) 18 or over *[and skip the next section of questions]*
 - h) I am not the parent or guardian of a child
- 25) *If 16-17:* Have/Has your child(ren) aged 16 to 17 received at least one vaccine dose? (Source: C3, V7, V10, V12)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 26) *If 16-17 and Yes to receive at least one vaccine dose:* CDC now recommends a COVID-19 vaccine booster dose for children ages 5 years and older. Has/Have your child(ren) aged 16 to 17 received the COVID-19 booster dose? (Source: C3, V10, V12)
- a) Yes

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

27) *If children 16-17 are not partially vaccinated (no or don't know):* Now that children aged 6 months or older are eligible to be vaccinated, will you get your child(ren) aged 16 to 17 the vaccine? (Source: C3, V7-V10 & V12, updated question language and answer responses at V10)

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

28) *If no or don't know to get the vaccine (i.e., hesitant to get vaccine) for children 16-17:* Which of the following influences your decision to **not** get your child(ren) aged 16 to 17 a vaccine? **Please select all that apply.** (Source: C3, V7-V10 & V12, updated question language at V10)

- a) Short-term side effects
- b) Long-term side effects
- c) Vaccine effectiveness
- d) Whether other people I know also get their children vaccinated
- e) I think that other people's children should get it before mine
- f) My child / children already had COVID
- g) I don't think my child / children are at risk for getting COVID
- h) My child / children have a medical condition which prevents them from getting vaccinated
- i) Lack of FDA approval (Johnson & Johnson vaccine)
- j) My children will decide for themselves
- k) Other _____
- l) None of the above

29) *If yes - received at least one vaccine dose for 16-17 OR yes - will get the vaccine (i.e. not vaccinated AND not hesitant to get vaccine) for children aged 16-17:* What motivates you to get your child(ren) aged 16 to 17 vaccinated? **Please select all that apply.** (Source: C3, V7-V10 & V12)

- a) I'm concerned about new coronavirus variants such as Delta and Omicron
- b) It is required for travel outside the US
- c) It was recommended by our pediatrician
- d) My child wanted the vaccine
- e) It is required by the school where my children are students
- f) It is required by restaurants and other venues
- g) I want to avoid my children getting COVID-19
- h) I want my children to visit family
- i) I want to help reduce the burden on the healthcare system
- j) I want to help end the pandemic as soon as possible

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- k) I believe it is effective
 - l) It will help protect my children
 - m) It will help protect others around my children
 - n) I trust the FDA emergency use authorization and approval process
 - o) Final FDA approval for Pfizer and Moderna vaccine in adults
 - p) Other _____
- 30) *If 12-15: Has/have your child(ren) aged 12 to 15 received at least one vaccine dose? (Source C3, V7-V10 & V12)*
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 31) *If 12-15 and Yes to receive at least one vaccine dose: CDC now recommends a COVID-19 vaccine booster dose for children ages 5 years and older. Has/Have your child(ren) aged 12-15 received the COVID-19 booster dose? (Source: C3, V10 & V12)*
- a) Yes
 - b) No
 - c) Not yet eligible
 - d) Don't know / Not sure
- 32) *If No or don't know above: Now that children aged 6 months or older are eligible to be vaccinated, will you get your child(ren) aged 12 to 15 the vaccine? (Source: C3, V7-V10 & V12, updated question language in V10)*
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 33) *If no or don't know to get the vaccine (i.e. hesitant to get vaccine) for children 12-15: Which of the following influences your decision to **not** get your child(ren) aged 12 to 15 a vaccine? **Please select all that apply.** (Source: C3, V7-V10 & V12, updated question language and answer responses at V10)*
- a) Short-term side effects
 - b) Long-term side effects
 - c) Effectiveness
 - d) Whether other people I know also get their children vaccinated
 - e) I think that other people's children should get it before mine
 - f) My child / children already had COVID
 - g) I don't think my child / children are at risk for getting COVID
 - h) My child / children have a medical condition which prevents them from getting vaccinated
 - i) Lack of FDA approval (Johnson & Johnson vaccine)
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- j) My children will decide for themselves
- k) Other _____
- l) None of the above

34) *If yes - received at least one vaccine dose OR yes - will get the vaccine (i.e. not vaccinated AND not hesitant to get vaccine) for children aged 12-15: What motivates you to get your child(ren) aged 12 to 15 vaccinated? Please select all that apply. (Source C3, V7-V10, V12)*

- a) I'm concerned about new coronavirus variants such as Delta and Omicron
- b) It is required for travel outside the US
- c) It was recommended by our pediatrician
- d) My child wanted the vaccine
- e) It is required by the school where my children are students
- f) It is required by restaurants and other venues
- g) I want to avoid my children getting COVID-19
- h) I want my children to visit family
- i) I want to help reduce the burden on the healthcare system
- j) I want to help end the pandemic as soon as possible
- k) I believe it is effective
- l) It will help protect my children
- m) It will help protect others around my children
- n) I trust the FDA emergency use authorization and approval process
- o) Final FDA approval for Pfizer and Moderna vaccine in adults
- p) Other _____

35) *If 5-11: Has/have your child(ren) aged 5 to 11 received at least one vaccine dose? (Source: C3, V9-V10, V12)*

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

36) *If 5-11 and Yes to receive at least one vaccine dose: CDC now recommends a COVID-19 vaccine booster dose for children ages 5 years and older. Has/Have your child(ren) aged 5-11 received the COVID-19 booster dose? (Source: C3, V12 only)*

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

37) *If No or don't know above to received 1+ vaccine dose: Now that children aged 6 months or older are eligible to be vaccinated, will you get your child(ren) aged 5 to 11 the vaccine? (Source: C3, V7-V10 & V12, updated language and answer responses in V12 only)*

- a) Yes

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

38) *If no or don't know to get the vaccine (i.e. hesitant to get vaccine) for children 5 to 11: Which of the following influences your decision to **not** get your child(ren) aged 5 to 11 a vaccine? **Please select all that apply.** (Source: C3, V7, V9, V10, V12, updated language in V9)*

- a) Short-term side effects
- b) Long-term side effects
- c) Vaccine Effectiveness
- d) Whether other people I know also get their children vaccinated
- e) I think that other people's children should get it before mine
- f) My child / children already had COVID
- g) I don't think my child / children are at risk for getting COVID
- h) My child / children have a medical condition which prevents them from getting vaccinated
- i) Lack of FDA approval (Johnson & Johnson vaccine)
- j) My children will decide for themselves
- k) Other _____
- l) None of the above

39) *If yes - received at least one vaccine dose OR yes - will get the vaccine (i.e. not vaccinated AND not hesitant to get vaccine) for children aged 5 to 11: What motivates you to get your child(ren) aged 5 to 11 vaccinated? **Please select all that apply.** (Source: C3, V7, V9, V10, V12, updated language in V10)*

- a) I'm concerned about new coronavirus variants such as Delta and Omicron
- b) It is required for travel outside the US
- c) It was recommended by our pediatrician
- d) My child wanted the vaccine
- e) It is required by the school where my children are students
- f) It is required by restaurants and other venues
- g) I want to avoid my children getting COVID-19
- h) I want my children to visit family
- i) I want to help reduce the burden on the healthcare system
- j) I want to help end the pandemic as soon as possible
- k) I believe it is effective
- l) It will help protect my children
- m) It will help protect others around my children
- n) I trust the FDA emergency use authorization and approval process
- o) Final FDA approval for Pfizer and Moderna vaccine in adults
- p) Other _____

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40) *If 6 months to 5 years:* Has/have your child(ren) aged 6 months to 4 years received at least one vaccine dose? (Source: C3, V12 only)

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

41) *If No or don't know above:* Now that children aged 6 months or older are eligible to be vaccinated, will you get your child(ren) aged 6 months to 4 years the vaccine? (Source: C3, V12 only, related question asked for ages 2 to 4 years in V7 only)

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

42) *If no or don't know to get the vaccine (i.e. hesitant to get vaccine) for children <5:* Which of the following influences your decision to **not** get your child(ren) aged 6 months to 4 years a vaccine? **Please select all that apply.** (Source: C3, V12 only)

- a) Short-term side effects
- b) Long-term side effects
- c) Vaccine Effectiveness
- d) Whether other people I know also get their children vaccinated
- e) I think that other people's children should get it before mine
- f) My child / children already had COVID
- g) I don't think my child / children are at risk for getting COVID
- h) My child / children have a medical condition which prevents them from getting vaccinated
- i) Lack of FDA approval (Johnson & Johnson vaccine)
- j) My children will decide for themselves
- k) Other _____
- l) None of the above

43) *If yes - received at least one vaccine dose OR yes - will get the vaccine (i.e. not vaccinated AND not hesitant to get vaccine) for children aged <5:* What motivates you to get your child(ren) aged 6 months to 4 years vaccinated? **Please select all that apply.** (Source: C3, V12 only)

- a) I'm concerned about new coronavirus variants such as Delta and Omicron
 - b) It is required for travel outside the US
 - c) It was recommended by our pediatrician
 - d) My child wanted the vaccine
 - e) It is required by the school where my children are students
 - f) It is required by restaurants and other venues
 - g) I want to avoid my children getting COVID-19
 - h) I want my children to visit family
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- j) I want to help end the pandemic as soon as possible
- k) I believe it is effective
- l) It will help protect my children
- m) It will help protect others around my children
- n) I trust the FDA emergency use authorization and approval process
- o) Final FDA approval for Pfizer and Moderna vaccine in adults
- p) Other _____

Contacts, Pre-Existing Conditions and Symptoms

All responses in this section are required

44) **In the past month (since ADD Qualtrics DD/Mon/YY),** has anyone in your household, other than yourself, been diagnosed with COVID-19? Please do not include yourself. (Source: C3, V5-V10, V12)

- a) Yes, 1 other person
- b) Yes, more than 1 other person
- c) No
- d) Don't know / Not sure

45) *If yes:* What ages are your household members who were also diagnosed with COVID-19 in the last month? (Source: C3, V8-V10, V12)

Please select all that apply.

- a) <2
- b) 2-4
- c) 5-11
- d) 12-15
- e) 16-17
- f) 18 or over

46) *If under 18:* Do you think your household member under 18 got infected at their daycare, school, or university? (Source: C3, V8-V10, V12)

- a) Yes
- b) No
- c) Not sure
- d) Do not attend daycare/school/university

47) **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 COVID-19? (Source: C3, V1-V10, V12)

Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of

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a new coronavirus case for a prolonged time (10 minutes or longer). (Descriptive note updated in V3)

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

48) *If yes:* Were any of those close contacts with someone who had a laboratory confirmed diagnosis of COVID-19 in the **last two weeks (since ADD Qualtrics DD/Mon/YY)**? (Source: C3, V0 V4-V10, V12, updated language in V4)

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

49) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who had COVID-like symptoms (cough, fever or shortness of breath), but not a laboratory confirmed diagnosis of COVID-19? (Source: C3, V1-V10, V12)

Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of someone with symptoms for a prolonged time (10 minutes or longer). (Descriptive note updated in V3)

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

50) *If yes:* Were any of those close contacts with someone who had had COVID-like symptoms (cough, fever or shortness of breath) in the **last two weeks (since ADD Qualtrics DD/Mon/YY)**? (Source: C3, V0, V4-V10, V12)

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

51) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, have you had any of the following symptoms? **Please select all that apply.** (Source: C3, V0-V12, language updated at V1, response categories updated in V1 and V6)

Please do not include side effects that you experienced after receiving a COVID-19 vaccination or booster (usually occurring 24-48 hours after receiving a vaccination or booster).

- a) Headache
- b) Cough (new since you completed your last survey)
- c) Coughing up phlegm
- d) Coughing up blood
- e) Sore throat

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- 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 or altered sense of smell of smell (new since you completed your last survey)
- r) Loss or altered sense of taste (new since you completed your last survey)
- s) Rash
- t) Stomach ache
- u) Nausea
- v) Diarrhea
- w) Vomiting
- x) I have not had any of these symptoms

52) *If selected any symptom:* Have you seen or called a physician or health care professional for any of these symptoms? (Source: C3, V0-V12)

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

53) 56) *If selected any symptom:* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were you hospitalized for any of these symptoms? (Source: C3, V0-V12)

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

54) *If selected any symptom:* Around what day did your symptoms start? (Source: C3, V1-V10, V12)

- a) _____ (Enter Date)
- b) Don't know / Not sure

55) *If indicated don't know for symptom start date:* About how long ago did your symptoms start? (Source: C3, V3-V10, V12)

- a) Less than 1 week ago
- b) Between 1 and 2 weeks ago
- c) Between 2 and 3 weeks ago
- d) Between 3 and 4 weeks ago

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- e) Between 1 and 2 months ago
- f) Between 2 and 3 months ago
- g) More than 3 months ago
- h) Don't know / Not sure

56) *If selected any symptom:* How many days did your symptoms last? (Source: C3, V1-V10, V12)

- a) Enter number of days _____
- b) I'm still experiencing symptoms
- c) Don't know / Not sure

57) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, have you been tested for COVID-19? This question is asking about any type of COVID-19 test. (Source: C3, V0-V10, V12)

- a) Yes
- b) No, but I tried and was unable to be tested for COVID-19
- c) No, because I did not need or try to be tested for COVID-19
- d) Don't know / Not sure

58) *If yes to testing:* Did you receive a viral test or an antibody test? A viral test can show if you are currently infected. Viral tests (PCR or rapid 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, is a blood test that can show if you had a past infection with the coronavirus. **Please select all that apply.** *Can select do not know with other options.* (Source: C3, V2-V10, V12, response option descriptions updated in V5)

- a) Viral test (PCR or rapid test)
- b) Antibody test (blood test)
- c) Don't know / Not sure

59) *If viral test = yes.* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were any of your viral tests an **at-home rapid** test? (Source: C3, V10, V12)

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

60) *If selected yes was tested or tried to get a test:* What motivated you to get or try to get a test for COVID-19? **Please select all that apply.** (Source: C3, V2-V10, V12)

- a) I was experiencing COVID-like symptoms
- b) I was in contact with someone who had or was suspected to have had COVID-19
- c) I needed to get a test for **work** (e.g., working in a healthcare or congregate living facility)
- d) I needed to get a test for **school**
- e) I belong to a priority population (e.g., having an underlying health condition)
- f) I attended a gathering with more than 10 people (e.g., a church or protest)
- g) Prior to a healthcare visit or procedure

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- h) Prior to seeing friends or family
- i) After seeing friends or family
- j) Prior to traveling
- k) After traveling
- l) I was just curious
- m) Other: _____

61) *If selected viral test:* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were any of your viral (PCR or rapid) test(s) positive/reactive? (Source: C3, V5-V12, previous version in V0-V4 asked about laboratory confirmed diagnosis)

- a) Yes
- b) No
- c) I am still waiting for test results
- d) Don't know / Not sure

62) *If selected antibody test:* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were any of your antibody (blood) test(s) positive? Do not include the at-home specimen collection for antibody testing that you may have completed as a part of this study. (Source: C3, V5-V10, V12)

- a) Yes
- b) No
- c) I am still waiting for test results
- d) Don't know / Not sure

63) *If yes to diagnosis (in this survey):* There are many different situations where people can be exposed to coronavirus. How do you think you were infected with the coronavirus? (Source: C3, V3-V10, V12, response options updated in V10)

- a) From a household member
- b) From a family member outside of the household
- c) From a coworker or at work
- d) From a friend or acquaintance
- e) Other, please specify: _____
- f) Don't know / Not sure

64) *If had symptoms and said yes or don't know to sought care from a health care professional AND did not have a COVID lab diagnosis (in V12):* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, did you receive a diagnosis of something other than COVID-19? For example, you may have received a diagnosis of the flu or a cold. (Source: C3, V2-V10, V12)

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

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65) *If had symptoms AND not a COVID diagnosis (in V12) and not another diagnosis:* Do you think that your symptoms were caused by any of the following? **Please select all that apply.** (Source: C3, V2-V10, V12)

- a) Allergies
- b) Cold
- c) Flu
- d) COVID vaccine symptoms
- e) Other: _____
- f) Don't know / Not sure

66) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, do you personally know anyone who has died of COVID-19? By personally, we mean partners, relatives, friends, or coworkers. (Source: C3, V0-10, V12)

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

Long-haul

67) Are you currently experiencing any of the following symptoms? **Please select all that apply.** (Source: C3, V3-V12)

- a) Shortness of breath
- b) Difficulty walking more than 15 minutes
- c) Difficulty running / exercising
- d) Fatigue
- e) Fatigue after an activity (e.g., doing dishes, which is sometimes called post exertional malaise)
- f) Headache
- g) Trouble concentrating / brain fog
- h) Dizziness
- i) Irritability
- j) Erratic heartbeat
- k) Gastro-intestinal issues
- l) Low-grade fever
- m) Muscle aches (myalgia)
- n) Loss or altered taste
- o) Loss or altered sense of smell
- p) Waxing and waning of some or all of my initial symptoms
- q) Difficulty sleeping
- r) Something else: _____

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s) I am NOT experiencing any of the symptoms above

68) *If people haven't previously identified they have long-haul by a doctor in V10 & V11:* Have you been told by a **doctor** that you might have long COVID? (Source: C3, V10-V12)

“Long COVID” means having persistent coronavirus symptoms, weeks and months after someone first became sick.

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

69) *If skipped V4/V5/V6/V7/V8/V9/V11 or don't know/no in response to long-haul questions in V4/V5/V6/V7/V8/V9/V11:* Some people report having persistent coronavirus symptoms, weeks and months after they first became sick. These people are sometimes known as COVID “long-haulers” or having “long-haul symptoms” or “long COVID”. Some evidence suggests this can happen to people even if they did not have a positive antibody test. Do you think of yourself as a COVID “long-hauler”? (Source: C3, V4-V12)

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

70) Would you describe yourself as having “long COVID”, that is, you are still experiencing symptoms more than 4 weeks after you first had COVID-19, that are not explained by something else? (Source: [ONS](#), V11-V12)

- a) Yes
- b) No
- c) Don't know / Not sure
- d) Not applicable (Did not have COVID)

71) *If No, skip to next section: if yes or DNK to self-identified long-hauler or told by a doctor in V12*
The following questions are about your experience with long-haul symptoms or long COVID.
When did your initial symptoms start? (Source: C3, V4-V10)

- a) December 2019
- b) January 2020
- c) February 2020
- d) March 2020
- e) April, 2020
- f) May 2020
- g) June 2020
- h) July 2020
- i) August 2020
- j) September 2020

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- k) October 2020
- l) November 2020
- m) December 2020
- n) January 2021
- o) February 2021
- p) March 2021
- q) April 2021
- r) May 2021
- s) June 2021
- t) July 2021
- u) August 2021
- v) September 2021
- w) October 2021
- x) November 2021
- y) December 2021
- z) January 2022
- aa) February 2022
- bb) March 2022
- cc) April 2022
- dd) May 2022
- ee) June 2022
- ff) July 2022
- gg) August 2022
- hh) September 2022
- ii) October 2022

72) The following question is because you reported experiencing long COVID or long-haul symptoms on an earlier survey.

Would you define yourself as having continuous symptoms or having relapses (symptoms get better and then get worse again)? (Source: C3, V4-V10, V12)

- a) Continuous
- b) Relapses
- c) Recovered
- d) Don't know / Not sure

73) *If reported long haul in V4/V5/V6/V7/V8/V9/V10/V11, or Yes to long haul question in V12:*

Compared to when you first got sick, how do you feel right now? (Source: C3, V4-V12, language updated in V11)

- a) Worse than I felt initially
- b) About the same
- c) Somewhat better

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- d) Much better, but not totally really recovered
- e) Totally recovered
- f) I did not mean to identify as a long hauler (*skip to Recovery section*)
- g) Don't know / Not sure

74) *If reported at least one vaccine dose having long haul (self (C3 or ONS) or doctor) in V12: Do you think your long haul symptoms have improved since you were vaccinated? (Source: C3, V7-V12)*

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

75) *If reported at least one booster and id as having long haul (self (C3 or ONS) or doctor) in V12: Do you think your long haul symptoms have improved since you were boosted? (Source: C3, V11-V12)*

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

76) *If yes symptoms have improved since vaccination (question directly above) Which of your symptoms improved? **Please select all that apply.** (Source: C3, V7-V10, V12)*

- a) Shortness of breath
- b) Difficulty walking more than 15 minutes
- c) Difficulty running/exercising
- d) Fatigue
- e) Fatigue after an activity (e.g. doing dishes, which is sometimes called post exertional malaise)
- f) Headache
- g) Trouble concentrating / Brain fog
- h) Dizziness
- i) Irritability
- j) Erratic heartbeat
- k) Gastro-intestinal issues
- l) Low-grade fever
- m) Muscle aches (myalgia)
- n) Loss or altered taste
- o) Loss or altered sense of smell
- p) Difficulty sleeping
- q) Something else: _____
- r) No symptoms improved

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77) If reported long-haul (self (C3 or ONS) or doctor) previously or in V12. Have you tried any treatments for long-haul COVID? **Please select all that apply and/or feel free to list any additional treatments that are not included.** (Source: C3, V7-V12, updated language and response categories in V11)

- a) Symptoms eventually went away with time
- b) Medication to reduce symptoms
- c) Diet modifications
- d) Physical therapy
- e) Respiratory therapy (e.g. breathing exercises)
- f) Respiratory assistance (e.g. inhaler, oxygen)
- g) Occupational therapy
- h) Monoclonal antibodies
- i) Paxlovid
- j) Molnupiravir
- k) COVID-19 vaccination
- l) Vitamins or herbal supplements
- m) Other (text)
- n) I didn't have symptoms (exclusive)
- o) None of the above (exclusive)

78) If yes to any resource: did you find [prepopulate list of responses endorsed above] helpful for reducing long-haul COVID symptoms? (Source: C3, V11-V12)

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

79) *If reported long-haul (self (C3 or ONS)) previously or in V12:* Have you had difficulty finding a doctor to treat your long-haul COVID symptoms? (Source: C3, V7-V12)

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

80) *If self identified as long hauler (C3 or ONS) in V12:* Why do you think that you have long-haul COVID (check all that apply)? (Source: C3, V10-V12)

- a) Persistent symptoms
- b) A doctor told me
- c) Don't know/not sure

Recovery

- 81) *If had COVID in V12*: When you had COVID or a positive/reactive test, were you prescribed antiviral medications (Paxlovid or Molnupiravir), which are taken as pills for 5 days, immediately after you were diagnosed? **Please select all that apply.** (Source: C3, V11-V12)
- a) Paxlovid
 - b) Molnupiravir
 - c) Other: _____
 - d) I was not prescribed an antiviral medication
- 82) *If prescribed antiviral=Paxlovid*: Did you take Paxlovid as prescribed? (Source: C3, V11-V12, appeared as one question about all antivirals in V11 and separated into distinct questions in V12)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 83) *If prescribed antiviral=Molnupiravir*: Did you take Molnupiravir as prescribed? (Source: C3, V11-V12, appeared as one question about all antivirals in V11 and separated into distinct questions in V12)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 84) *If prescribed antiviral=Other*: Did you take [piped in free text in the prescribed antiviral question] as prescribed? (Source: C3, V11-V12, appeared as one question about all antivirals in V11 and separated into distinct questions in V12)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 85) *If prescribed antiviral=Paxlovid*: Did you find Paxlovid helpful for reducing COVID symptoms? (Source: C3, V12 only)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 86) *If prescribed antiviral=Molnupiravir*: Did you find Molnupiravir helpful for reducing COVID symptoms? (Source: C3, V12 only)
- a) Yes
 - b) No

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c) Don't know / Not sure

87) *If prescribed antiviral=Other*: Did you find [pre-populate text response of 'other' in prescribed antivirals question] helpful for reducing COVID symptoms? (Source: C3, V12 only)

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

88) *If COVID in V12*: When you had COVID or a positive/reactive test, did you receive monoclonal antibodies, which are given intravenously in a health care setting? (Source: C3, V11-V12)

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

89) Since your **last survey (on ADD Qualtrics DD/Mon/YY)**, how much difficulty do you have engaging in daily activities (or household responsibilities) because of physical, mental, or emotional problems? (Source: C3 modified from a BRFSS question; V1-V12)

- a) No difficulty
- b) Some difficulty
- c) A lot of difficulty
- d) Don't know / Not sure

Precautions and Impact

90) Do you agree with the following? I think mask requirements in my local elementary schools should be removed. (Source: C3, V10, V12)

- a) Strongly agree
- b) Agree
- c) Disagree
- d) Strongly disagree
- e) Don't know / Not sure

91) **In the past month (since ADD Qualtrics DD/Mon/YY)**, how often did you **wear a mask indoors** during the following activities? (Source: C3, V4-V10, V12)

	Always	Sometimes	Never	Not applicable
Grocery shopping (indoor area with lots of people)				
While visiting friends/family who were not part of your household				

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While at work (inside an office building or other work environment)				
Using public transit (bus, train, subway)				
Visiting a salon, gym (an indoor area with people)				
At a church, mosque, synagogue or religious service (where people were praying, talking, and/or singing)				
At your home if someone in your household was ill or may have been exposed to coronavirus				
At your home if someone outside your household was visiting				

92) **In the past month (since ADD Qualtrics DD/Mon/YY),** how often did you **wear a mask outdoors** during the following activities? (Source: C3, V4-V10, V12)

	Always	Sometimes	Never	Not applicable
Visiting friends/family outside of your household				
Exercising or walking on the street				
At an outdoor gathering, such as a sporting event, political rally, concerts				

Sociodemographics

93) Are you currently...? (Source: [BRFSS, 2019](#); C3, V0-V12)

- 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

94) *If out of work:* Are you receiving unemployment benefits, or have you filed for unemployment benefits? (Source: C3, V1-V12)

- a) Yes, I am receiving unemployment

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- 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

95) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you experienced a significant personal loss of income as a result of COVID-19? (Source: C3, V0-V12, updated language in V1)

- a) Yes
- b) No
- c) Not applicable

96) *If yes experienced a personal loss of income:* Which of the following contributed to a personal loss of income? **Please select all that apply.** (Source: C3, V0-V12)

- 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 or educate a child in my household
- f) I felt I was at high risk and did not want to leave my home
- g) My business temporarily closed
- h) My business permanently closed
- i) I was sick
- j) I was in quarantine or isolation
- k) I was in the hospital
- l) Other: _____

97) *If gender (based on previous survey responses) is male or trans woman, then skip:* Are you currently pregnant? (Source: modified from BRFSS; V0, V3, V7-V10, V12, question language updated in V7 from BRFSS original)

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

98) *If no (0) children less than 18 (based on previous survey responses or V12), then skip:* Do you now have children at home who are typically in childcare or school? (Source: C3, V1-V10, V12)

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

99) *If no (0) children less than 18, then skip:* Are children in the household currently attending school? (Source: C3, V3-V10, V12)

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- a) None of the children in the home are old enough to attend school.
- b) All school-age children in the household are attending school remotely from home.
- c) All school-age children in the household are attending school in-person.
- d) All school-age children are attending a hybrid/blended model, which includes both in-person and remote instruction.
- e) Some school-age children are attending school remotely from home and some are attending school in-person.
- f) All children in the household are homeschooled.
- g) Other: _____

Relocation

- 100) We are interested in where you are currently residing. What is your current zip code? _____
(Source: C3, V0-V10, V12, language changed in V1 and V6, two related questions to capture relocation asked in V1-V5)

Social Distancing

- 101) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you gathered in groups with 10 or more people? **Please select all that apply.** [Option D is exclusive] (Source: C3, V2-V10, V12)

- a) Yes, indoors only
- b) Yes, outdoors only
- c) Yes, indoors and outdoors
- d) No
- e) Don't know / Not sure

- 102) *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. (Source: C3, V2-V10, V12)

- a) Yes, indoors only
- b) Yes, outdoors only
- c) Yes, indoors and outdoors
- d) No
- e) Don't know / Not sure

- 103) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you regularly used public transportation (at least 2-3 days per week)? **Please select all that apply.** (Source: C3, V6-V10, V12)

- a) Bus
- b) Commuter rail

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- c) Subway
- d) Ride share or taxi
- e) None of the above

Healthcare Access, Insurance Status

- 104) 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? (Source: [BRFSS 2019; V0-V10, V12](#))
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 105) *If no or do not know:* Are you looking for health care coverage? (Source: C3, V1-V10, V12)
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 106) During the **past month (since ADD Qualtrics DD/Mon/YY)**, have you lost or changed your health care coverage as a result of COVID-19 (Source: C3, V1-V10, V12)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 107) Would you say that in general your health is: (Source: [CDC's Healthy Days Measure; V2-V12](#))
- a) Excellent
 - b) Very Good
 - c) Fair
 - d) Poor
- 108) 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**? (Source: [CDC's Healthy Days Measure; V2-V12](#))
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 109) 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**? (Source: [CDC's Healthy Days Measure; V2-V12](#))
- a) _____ *Number of days from 1-30*

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- b) None
- c) Don't know / Not sure

110) 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? (Source: [CDC's Healthy Days Measure](#); V2-V12)

- a) _____ *Number of days from 1-30*
- b) None
- c) Don't know / Not sure

111) During the **past month (since ADD Qualtrics DD/Mon/YY)**, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (Source: [BRFSS 2019](#); V3-V12)

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

112) How many times per week or per month did you take part in this activity during the past month? (Source: [BRFSS 2019](#); V3-V11)

- a) ___ Times per week
- b) ___ Times per month
- c) Don't know / Not sure

113) And when you took part in this activity, for how many minutes or hours did you usually keep at it? (Source: [BRFSS 2019](#); V3-V11)

- a) ___ Number of hours
- b) ___ Number of minutes
- c) Don't know / Not sure

Anxiety & Risk Perception

114) *If diagnosed with coronavirus (in V0, V1, V2, V3, V4, V5, V6, V7, V8, V9, or V10) or had positive antibody test in S2:* How worried are you about getting sick from COVID-19 **again**? Would you say: (Source: C3, V3-V12)

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

115) *If not diagnosed with coronavirus and did not have positive antibody test:* How worried are you about getting sick from COVID-19? Would you say: (Source: C3, V0-V12)

- a) Not at all worried

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- b) Not too worried
- c) Somewhat worried
- d) Very worried

116) How worried are you about your loved ones getting sick from COVID-19? Would you say:
(Source: C3 ; V0-V12)

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

117) How worried are you about COVID-19 overwhelming hospitals? Would you say: (Source: C3, V1-V10, V12)

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

118) **In the past month (since ADD Qualtrics DD/Mon/YY)**, how often have you been bothered by the following problems? (Source: GAD7, PHQ8; V0-V10, question categories added in V1 and V2)

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				
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				

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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				

119) In the **past four weeks (since ADD Qualtrics DD/Mon/YY)**, have you taken prescription medication for your mental health? (Source: [CDC Household Pulse Survey](#); V7-V10, V12)

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

120) In the **past four weeks (since ADD Qualtrics DD/Mon/YY)**, have you received counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional? (Source: [CDC Household Pulse Survey](#); V7-V10, V12)

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

121) *If no to previous question:* In the **past four weeks (since ADD Qualtrics DD/Mon/YY)**, have you needed counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional? (Source: [CDC Household Pulse Survey](#); V7-V10, V12)

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

Basic Needs: Food Security

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 month (since ADD Qualtrics DD/Mon/YY)**.

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- 122) 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)?** (Source: [USDA U.S. Household Food Security Survey Module](#); V1-V10, V12)
- a) Often true
 - b) Sometimes true
 - c) Never true
- 123) The second 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 month (since ADD Qualtrics DD/Mon/YY)?** (Source: [USDA U.S. Household Food Security Survey Module](#); V5-V10, V12)
- a) Often true
 - b) Sometimes true
 - c) Never true
- 124) The third 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)?** (Source: [USDA U.S. Household Food Security Survey Module](#); V1-V10, V12)
- a) Often true
 - b) Sometimes true
 - c) Never true
- 125) In the past month (since ADD Qualtrics DD/Mon/YY), have you used any of the following? (Source: C3, V9-V10)
- a) Food pantry
 - b) Soup kitchen
 - c) SNAP
 - d) Pandemic EBT
 - e) Emergency food support
 - f) Other food support not listed above: _____
 - g) None of the above

Basic Needs: Housing Security

- 126) 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? (Source: BRFS 2013 Social Context Module; V0-V10)
- a) Always
 - b) Usually
 - c) Sometimes
 - d) Rarely

e) Never

Drug Use and Recovery

127) **In the past month (since ADD Qualtrics DD/Mon/YY)**, how many times have you used the following? (Source: adapted from NIDA Quick Screen; V2, V5, V7, V8, V10)

How often have you used...	Never	Once or twice	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.)				

128) Do you identify as being in recovery from drugs? (Source: C3, V2, V5, V7, V8, V10, V12)

- a) Yes, I am currently in recovery from drugs
- b) I am not currently in recovery from drugs, but I have previously been in recovery from drugs
- c) I have never been in recovery from drugs
- d) Don't know / Not sure

129) *If 130a*: How long have you been in recovery from drugs? (Source: C3, V5, V7, V8, V10, V12)

- a) Less than or equal to 1 month
- b) >1 month to 3 months
- c) >3 months to 6 months
- d) >6 months to 12 months
- e) >12 months

130) *If 130b*: How long were you in recovery from drugs? (Source: C3, V5, V7, V8, V10, V12)

- a) Less than or equal to 1 month
- b) >1 month to 3 months
- c) >3 months to 6 months
- d) >6 months to 12 months
- e) > 12 months

Alcohol

131) **In the last month (ADD Qualtrics DD/Mon/YY)**, how often do you have a drink containing alcohol? (Source: Audit C; V1, V4, V7, V8, V10, V12, updated time period in question used in V4)

- 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

132) *If do not drink alcohol, then skip:* **In the last month (since ADD Qualtrics DD/Mon/YY)**, 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; V1, V4, V7, V8, V10, V12, updated time period in question used in V4)

- a) 1 or 2
- b) 3 or 4
- c) 5 or 6
- d) 7 or 9
- e) 10 or more

133) *If do not drink alcohol, then skip:* **In the last month (since ADD Qualtrics DD/Mon/YY)**, how often do you have six or more drinks on one occasion? (Source: Audit C; V1, V4, V7, V8, V10, V12, updated time period in question used in V4)

- a) Never
- b) Less than monthly
- c) Monthly
- d) Weekly
- e) Daily or almost daily

134) Do you identify as being in recovery from alcohol? (Source: C3, V1, V4, V7, V8, V10, V12)

- a) Yes, I am currently in recovery from alcohol
- b) I am not currently in recovery from alcohol, but I have previously been in recovery from alcohol
- c) I have never been in recovery from alcohol
- d) Don't know / Not sure

135) *If 136a:* How long have you been in recovery from alcohol? (Source: C3, V4, V7, V8, V10, V12)

- a) Less than or equal to 1 month
- b) >1 month to 3 months
- c) >3 months to 6 months
- d) >6 months to 12 months

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e) >12 months

136) *If 136b*: How long were you in recovery from alcohol? (Source: C3, V4, V7, V8, V10, V12)

- a) Less than or equal to 1 month
- b) >1 month to 3 months
- c) >3 months to 6 months
- d) >6 months to 12 months
- e) >12 months

Information

137) Who do you trust to give you reliable information regarding the COVID-19 vaccine? **Please select all that apply.** (Source: C3, V7, V9, V10, V12)

- a) Centers for Disease Control and Prevention (CDC)
- b) World Health Organization (WHO)
- c) Surgeon General
- d) White House
- e) President
- f) State Health Department
- g) Local/County/City Health Department
- h) Your governor
- i) Your mayor
- j) Personal physician
- k) Other healthcare provider/worker
- l) Family member
- m) Close Friend
- n) Religious leader/clergy
- o) Food and Drug Administration (FDA)
- p) Significant other/spouse
- q) Work colleagues
- r) News media (e.g., television or print)
- s) Social media network member's post (e.g., anyone you are friends with or follow on social media)
- t) Other: _____

138) Whom do you talk to about the COVID-19 vaccine? Please select all that apply. *Option E should be exclusive.* (Source: C3, V12)

- a) Family member
- b) Friend
- c) Coworker
- d) Medical provider or other health care professional

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e) I don't feel comfortable talking about the COVID vaccine with anyone

139) We are interested in your opinions about the COVID vaccine. The following statements may be true or false. Do you agree with the following claims about the COVID vaccine? *Answer choices for each claim below: Agree, Disagree, Don't know (NOT check all that apply)* (Source: C3, V12)

- a) The COVID vaccine can affect your fertility.
- b) I need the COVID vaccine even if I've already had COVID.
- c) The COVID vaccine was developed too quickly.
- d) The COVID vaccine will protect me from being hospitalized with COVID
- e) Getting the COVID vaccine gives you COVID
- f) The side effects of the COVID vaccine are dangerous
- g) The COVID vaccine changes your DNA
- h) I need a COVID vaccine booster to stay protected from severe COVID disease
- i) The technology used to make the COVID vaccine is too new to be safe
- j) The COVID vaccine contains tracking devices, implants, or microchips
- k) Receiving a COVID vaccine can make you magnetic

140) Have you heard the term herd immunity? (Source: C3, V3, V12)

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

141) *If yes to heard the term herd immunity:* Do you agree with the following claims about herd immunity? *For each, answer choices are Agree/Disagree/Don't know* (Source: C3, V3, V12)

- a) Herd immunity is protecting people in my community
- b) Herd immunity has not been achieved in my community
- c) Herd immunity will be achieved once everyone has been exposed to coronavirus
- d) Our community can reach herd immunity without a vaccine
- e) People should get COVID-19 to build herd immunity
- f) Herd immunity is only possible through vaccinations
- g) Herd immunity makes it difficult for diseases to spread
- h) Herd immunity will help eradicate the coronavirus that causes COVID-19 symptoms
- i) Herd immunity only applies if people can have immunity to the virus

Administrative

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

- a) Yes
- b) No

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End Survey

Thank you for taking the time to complete this follow-up survey. You will hear from us in approximately three months with the next follow-up survey. In the interim, we may periodically reach out to invite you to participate in short surveys with only a few questions or any other studies you may be eligible for. A confirmation email with the details has also been sent to you. For resources related to mental health, substance use, violence, and food banks in your area, please visit our website, <https://cunyisph.org/cunycovidfacts/>.

For up to date and accurate information about COVID-19, please visit our website, <https://cunyisph.org/cunycovidfacts/> or visit CDC.gov.

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, reach us here: covid@sph.cuny.edu

Automated Response

Thanks for completing this follow-up survey with the CHASING COVID Cohort study. We will email you a \$20 *Tremendous* gift card to the email address that you provided within 3 business days.

As part of this longitudinal study on COVID, we can learn a lot from your experience and insights and appreciate your participation. 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.