



CHASING  
COVID  
COHORT

April 12, 2023

## Standard Follow-up Survey

### Consent

Thank you very much for your participation in the CHASING COVID Cohort (C3) study thus far. Our study team has received additional funding and will continue to follow up with participants in the cohort.

The COVID-19 pandemic has evolved significantly during the course of this study. Your ongoing participation has provided valuable information for understanding the impact of COVID-19 across the U.S.. Thanks to your participation, the CHASING COVID Cohort is one of a few longitudinal community-based studies that has documented the full and lasting impact of the pandemic across various aspects of daily life, and it will serve as critically important data for understanding the trajectory of the pandemic.

To date, the CHASING COVID Cohort study has been conducted by the CUNY Institute for Implementation Science in Population Health (ISPH), with support from the National Institutes of Health and Pfizer. The risks and benefits of participating in this study remain the same. Just like before, your identifiable data and specimens will never be shared with anyone outside the CUNY study team. You will be invited to participate in at least 1 more survey in 2023. Incentives for completing a survey and antibody specimen collection will remain the same.

If you have questions, please contact us at [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu).

1) CONSENT STATEMENTS:

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

- a) Yes, I consent to continue in this study
- b) No, I do not consent to continue in this study

*[If not consented]*

You have chosen to not continue participating in the Chasing COVID study. If this was an error, please click the back button to change your response. If this is correct, please click the next button to end the survey. *[Pressing next ends survey]*

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## 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. Tremendous offers over 700 redeeming options, including Visa virtual gift cards, Amazon, Target, Starbucks, various charities, and more. Now you can choose which type of gift card you receive.

## Antibody Specimen Collection

- 2) *If yes to consent:* Today, we are also inviting you to participate in one round of specimen collection for COVID-19 antibody testing. Similar to previous antibody testing, once the lab receives your returned kit, you will receive an additional \$30 Tremendous gift card. We will begin shipping specimen collection kits in May 2023.

Would you like to submit a specimen for antibody testing? (Source: V10, revised language for V14)

- a) Yes
  - b) No
  - c) Don't know / Not sure
- 3) *If yes to antibody testing:* Thank you for agreeing to provide a specimen for antibody testing. Where should we send your collection kit? (We expect to start shipping the specimen collection kits in early May) (Source: V10, revised language for V14)
- a) First Name
  - b) Last Name
  - c) Street Address
  - d) Apt or unit number (please enter "NA" if not relevant)
  - e) City
  - f) State
  - g) Zip Code
  - h) Date of birth mm/dd/yyyy
- 4) *If no phone number on file as of V13, skip to next question:* We have this number for text message reminders. Is this correct?: <Enter phone number on file from V13>
- a) Yes, this is correct
  - b) No
  - c) Don't know / Not sure

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- 5) *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.)
- a) \_\_\_\_\_ Phone Number
  - b) \_\_\_\_\_ Please confirm your phone number

## Sociodemographics

- 6) Are you currently...? (Source: BRFSS, 2019; C3, V0-V14)
- 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
- 7) *If out of work:* Are you receiving unemployment benefits, or have you filed for unemployment benefits? (Source: C3, V0-V14)
- 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
- 8) 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-V14, updated language in V1)
- a) Yes
  - b) No
  - c) Not applicable
- 9) *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-V14)
- 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

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- 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: \_\_\_\_\_
- 10) What ages are your children (children for which you are the parent or guardian)? (Source: C3, V7-V10, V12, V14)

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 *[skip the next section of questions]*
  - h) I am not the parent or guardian of a child
- 11) *If no (0) children less than 18 (based on previous survey responses or v14), then skip:* Do you now have children in the household who are typically in childcare or school? (Source: C3, V1-V10, V12, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure

## Relocation

- 12) We are interested in where you are currently residing. What is your current zip code? \_\_\_\_\_ (Source: C3, V0-V10, V12, V14, language changed in V1 and V6, two related questions to capture relocation asked in V1-V5)

## 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.

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- 13) *If not fully vaccinated:* 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-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 14) *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-V14, modified question language at V8)
- a) 1
  - b) 2
- 15) *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-V14)
- a) Enter date: Month Day Year lookup
  - b) Don't know / Not sure
- 16) *If don't know exact date:* What month did you receive your first dose of the COVID-19 vaccine? (Source: C3, V10-V14)
- a) Enter date: Month Year dropdown options
  - b) Don't know / Not sure
- 17) *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-V14)
- a) Enter date: Season & Year dropdown options
  - b) Don't know / Not sure
- 18) *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-V14)
- 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
- 19) *If don't know exact date:* What month did you receive your second dose of the COVID-19 vaccine? (Source: C3, V10-V14)

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- a) Enter date: Month Year dropdown options
  - b) Don't know / Not sure
- 20) *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-V14)
- a) Enter date: Season & Year dropdown options
  - b) Don't know / Not sure
- 21) *If yes to vaccinated in V14:* Do you know which COVID-19 vaccine did you get? (Source: C3, V5-V14, 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
- 22) *If no to being fully or partially vaccinated in v14:* Which of the following influenced your decision to not get a vaccine? **Please select all that apply.** (Source: C3, V5-V14, 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 recently had COVID
  - i) I don't think I am at risk for getting COVID
  - j) I have a medical condition which prevents me from getting vaccinated
  - k) Issues accessing a vaccine at a time that works for me
  - l) Issues accessing a specific vaccine versus the one that is available
  - m) Lack of FDA approval (Johnson & Johnson vaccine)
  - n) Other: \_\_\_\_\_
  - o) None of the above
- 23) *If yes to being fully or partially vaccinated in v14:* What motivated you to get the vaccine? **Please select all that apply.** (Source: C3, V5-V14)
- a) I'm concerned about new coronavirus variants
  - b) It is required for travel outside the US
  - c) It is required by my employer

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- d) It is required by the school where I am a student
  - e) I want to avoid getting COVID-19
  - f) I want to visit my family
  - g) I want to help reduce the burden on the healthcare system
  - h) I want to help end the pandemic as soon as possible
  - i) I believe it is effective
  - j) It will help protect me
  - k) It will help protect others around me
  - l) I trust the FDA emergency use authorization and approval process
  - m) Final FDA approval for Pfizer and Moderna vaccine in adults
  - n) Other: \_\_\_\_\_
- 24) *If reported full vaccination previously or inV14:* Since your last survey [piped text of last survey date], have you received a COVID-19 booster? (Source: C3, V8-V14, modified question language at V12)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 25) *If yes to booster since last visit:* Since your last survey on [pipe in last survey date], which most recent booster dose did you receive? (Source: C3, V8-V14, modified question language at 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
- 26) *If received booster since last visit:* When did you receive your most recent booster dose for the COVID-19 vaccine? (Source: C3, V8-V14, modified question language at V11)
- a) Enter date: Month Day Year lookup
  - b) Don't know / Not sure
- 27) *If don't know exact date:* What month did you receive your most recent booster dose for the COVID-19 vaccine? (Source: C3, V8-V14, modified question language at V11)
- a) Enter date: Month Year dropdown options
  - b) Don't know / Not sure

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- 28) *If no to booster in v14:* 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-V14, updated with last survey date on V12)
- a) I recently got a booster
  - b) I don't believe I need an additional booster dose
  - c) There is not enough evidence that the booster dose is effective
  - d) I'm not yet eligible for the booster dose
  - e) I'm not sure if I'm eligible for the booster dose
  - f) Short-term side effects
  - g) Long-term side effects
  - h) Whether other people I know also get it
  - i) I think that other people should get it before me
  - j) I need more information about the booster dose
  - k) I already had COVID
  - l) I recently had COVID
  - m) I don't think I am at risk for getting COVID
  - n) I have a medical condition which prevents me from getting boosted
  - o) Issues accessing a booster dose at a time (or venue) that works for me
  - p) Issues accessing a specific vaccine booster dose versus the one that is available
  - q) Lack of FDA full approval (Johnson & Johnson vaccine)
  - r) I plan to get a booster, but haven't had time yet
  - s) I'm worried that there will be fees or other costs if I get the booster
  - t) I'm scared of needles
  - u) Other: \_\_\_\_\_
  - v) None of the above

- 29) *If yes to booster in V14:* 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-V14, updated with last survey date on V12)
- a) I believe the vaccine effectiveness due to my primary vaccine could be waning
  - b) I'm concerned about new coronavirus variants
  - c) It is required for travel outside the US
  - d) It is required by my employer
  - e) It is required by my school/university
  - f) I want to visit my family
  - g) I want to help reduce the burden on the healthcare system
  - h) I want to help end the pandemic as soon as possible
  - i) I believe it is effective
  - j) It will help protect me
  - k) It will help protect others around me
  - l) I trust the FDA emergency use authorization and approval process
  - m) Other: \_\_\_\_\_



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- 30) *If no/don't know to getting the vaccine in V14:* Now that the vaccine is available to everyone 6 months or older, will you: (Source: C3, V2-V14, 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
- 31) *If no/don't know to getting the booster in v14:* Now that boosters are available, will you: (Source: C3, V11-V14)
- a) Immediately get a booster
  - b) Delay getting a booster
  - c) Never get the booster
  - d) Not applicable - I am up to date
- 32) 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-V12, V14, 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
- 33) *If children 16-17:* Have/Has your child(ren) aged 16 to 17 received at least one vaccine dose? (Source: C3, V7, V10, V12, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 34) *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, V14)
- a) Yes
  - b) No
  - c) Not yet eligible
  - d) Don't know / Not sure
- 35) *If 12-15:* Has/have your child(ren) aged 12 to 15 received at least one vaccine dose? (Source C3, V7-V10, V12, V14)
- a) Yes

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- b) No  
c) Don't know / Not sure
- 36) *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, V14)  
a) Yes  
b) No  
c) Not yet eligible  
d) Don't know / Not sure
- 37) *If 5-11:* Has/have your child(ren) aged 5 to 11 received at least one vaccine dose? (Source: C3, V9-V10, V12, V14)  
a) Yes  
b) No  
c) Don't know / Not sure
- 38) *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, V14)  
a) Yes  
b) No  
c) Not yet eligible  
d) Don't know / Not sure
- 39) *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, V14)  
a) Yes  
b) No  
c) Don't know / Not sure

## Contacts, Pre-Existing Conditions and Symptoms

- 40) 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-V14, language updated in 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)

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- 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 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
- 41) *If selected any symptom:* Have you seen or called a physician or health care professional for any of these symptoms? (Source: C3, V0-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 42) *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-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 43) *If selected any symptom:* Around what day did your symptoms start? (Source: C3, V0-V10, V12, V14)
- a) \_\_\_\_\_ (Enter Date)
  - b) Don't know / Not sure
- 44) *If indicated don't know for symptom start date:* About how long ago did your symptoms start? (Source: C3, V3-V10, V12, V14)

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- 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
  - 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
- 45) *If selected any symptom:* How many days did your symptoms last? (Source: C3, V1-V10, V12, V14)
- a) Enter number of days \_\_\_\_\_
  - b) I'm still experiencing symptoms
  - c) Don't know / Not sure
- 46) *If had symptoms and said yes or don't know to sought care from a health care professional:* 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, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 47) *If had symptoms:* Do you think that your symptoms were caused by any of the following? **Please select all that apply.** (Source: C3, V2-V10, V12, V14)
- a) Allergies
  - b) Cold
  - c) Flu
  - d) COVID vaccine symptoms
  - e) Other: \_\_\_\_\_
  - f) Don't know / Not sure
- 48) We've been asking you periodically if you've ever had COVID, but we want to make sure our information is correct.  
Have you ever had COVID or a positive/reactive test? (Source: C3, V8, V11, V13, V14, modified in V11)
- a. Yes
  - b. No
  - c. Don't know / Not sure
- 49) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, have you taken a viral test for COVID-19?

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- 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 or a saliva sample. (Source: C3, V0-V10, V12-V14, modified in V13 (previous question asked about any COVID-19 test with a follow-up about type of test))
- a) Yes
  - b) No, but I tried and was unable to get a viral test for COVID-19
  - c) No, because I did not need or try to get a viral test for COVID-19
  - d) Don't know / Not sure
- 50) *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-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 51) *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-V14)
- 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
  - 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: \_\_\_\_\_
- 52) *If yes to 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-V14, 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
- 53) *If Yes to positive/reactive viral test:* Since your last survey (on last survey date), when was your positive viral (PCR or rapid) test? If you had more than one positive test since your last survey, please enter the date of your first positive test. (Source: C3, V13-V14)  
An approximate date is okay.
- a) \_\_[Date]
  - b) Don't know / Not sure

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- 54) *If don't know/not sure about positive/reactive viral test date:* Since your **last survey (on ADD last survey date)**, what month was your first positive viral (PCR or rapid) test? (Source: C3, V13-V14)
- a) Jan 2022
  - b) ...
  - c) April 2023
  - d) Other: \_\_\_\_\_
  - e) Don't know / Not sure
- 55) Do you consider yourself to be at high risk for severe COVID-19, which may include hospitalization? (Source: C3, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 56) **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-V12, V14)
- a) Yes, 1 other person
  - b) Yes, more than 1 other person
  - c) No
  - d) Don't know / Not sure
- 57) 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, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure

## Recovery

*If had COVID in V14 (positive viral test or yes to ever COVID in v14):* You are seeing the following questions because you previously reported having had COVID-19. The questions ask about your experience recovering from COVID-19.

- 58) *If had COVID in V14 (positive viral test or yes to ever COVID in v14):* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were you prescribed antiviral medications such as Paxlovid (nirmatrelvir; ritonavir) or Lagevrio (molnupiravir) to help with COVID symptoms?  
These are generally taken as pills for 5 days. **Please select all that apply.** (Source: C3, V11-V14, question language modified in V13 to ask about time since last survey)

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- a) Paxlovid (nirmatrelvir; ritonavir)
  - b) Lagevrio (molnupiravir)
  - c) Other: \_\_\_\_\_
  - d) I was not prescribed an antiviral medication
- 59) *If prescribed antiviral=Paxlovid:* When were you prescribed Paxlovid? **Please select all that apply.** (Source: C3, V13-V14)
- a) Within 5 days of a positive/reactive test
  - b) 6-90 days after a positive/reactive test
  - c) 91 or more days after a positive/reactive test
  - d) Don't know / Not sure
- 60) *If prescribed antiviral=Paxlovid:* For the time(s) when you took Paxlovid, was Paxlovid prescribed for more than 5 days? [matrix with answers to When were you prescribed Paxlovid? as rows]? (Source: C3, V13-V14)
- a) Yes
  - b) No
  - c) Don't know/Not sure
- 61) *If prescribed antiviral=Paxlovid [with selected answers from When were you prescribed Paxlovid]:* For the time(s) when you took Paxlovid, did you take all the Paxlovid pills in your prescription? (Source: C3, V13-14, related questions in V11 and V12 asked if medication was taken as prescribed)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 62) *If prescribed antiviral=Paxlovid:* Did you find Paxlovid helpful for reducing COVID symptoms? (Source: C3, V12-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 63) *If prescribed antiviral=Molnupiravir:* When were you prescribed Lagevrio (molnupiravir)? **Please select all that apply.** (Source: C3, V13-V14)
- a) Within 5 days of a positive/reactive test
  - b) 6-90 days after a positive/reactive test
  - c) 91 or more days after a positive/reactive test
  - d) Don't know / Not sure
- 64) *If prescribed antiviral=Molnupiravir:* For the time(s) when you took Lagevrio (molnupiravir), was Lagevrio (molnupiravir) prescribed for more than 5 days? [with selected answers from When were you prescribed Lagevrio (molnupiravir)] (Source: C3, V13-V14)
- a) Yes
  - b) No

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- c) Don't know / Not sure
- 65) *If prescribed antiviral=Molnupiravir [with selected answers from When were you prescribed Lagevrio (molnupiravir)]:* For the time(s) when you took Lagevrio (molnupiravir), did you take all the Lagevrio (molnupiravir) pills in your prescription? (Source: C3, V13-V14, related questions in V11 and V12 asked if medication was taken as prescribed))
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 66) *If prescribed antiviral=Molnupiravir:* Did you find Lagevrio (molnupiravir) helpful for reducing COVID symptoms? (Source: C3, V12-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 67) *If prescribed antiviral=Other:* When were you prescribed [piped in free text in the prescribed antiviral question]? **Please select all that apply.** (Source: C3, V13-V14)
- a) Within 5 days of a positive/reactive test
  - b) 6-90 days after a positive/reactive test
  - c) 91 or more days after a positive/reactive test
  - d) Don't know / Not sure
- 68) *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-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 69) *If selected Paxlovid or Molnupiravir:* In what type of healthcare setting were you when you received the prescription for an antiviral? (Source: C3, V14)
- a) Doctor's office
  - b) Retail pharmacy
  - c) Telehealth (video) visit
  - d) Urgent care
  - e) Emergency room
  - f) Hospital
  - g) Don't know / Not sure
- 70) *If prescribed antivirals since last survey:* For your most recent infection, what influenced your decision about taking an antiviral? **Please select all that apply.** (Source: C3, V14)
- a) I was prescribed but did not take an antiviral [*exclusive*]
  - b) I felt ill
  - c) I was worried about severe outcomes like hospitalization
  - d) I was worried about getting long COVID



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- e) My doctor recommended and/or prescribed it
  - f) I believed it would be effective
  - g) It was within 5 days of symptom onset
  - h) It was convenient for me to get a prescription
  - i) I knew I was eligible for the antiviral
  - j) People I know had taken it
  - k) I felt that I had enough information about potential side effects
  - l) I could get it for free or at low cost
  - m) I felt comfortable with the FDA's emergency use authorization of the drug
  - n) I was not concerned that it would affect any other medications I was taking at the time
  - o) None of the above
  - p) Don't know/Not sure
- 71) *If not prescribed antivirals since last survey and reported positive test in v14, OR if they said they were prescribed but did not take an antiviral in previous question: For your most recent infection, what influenced your decision about not taking an antiviral? **Please select all that apply.** (Source: C3, V14)*
- a) My symptoms felt manageable without antiviral treatment
  - b) I didn't think I was at risk for severe outcomes like hospitalization
  - c) I was not worried about getting long COVID
  - d) My doctor did not recommend and/or would not prescribe it
  - e) I did not believe it would be effective
  - f) It was beyond 5 days of symptom onset
  - g) It was not convenient for me to get a prescription
  - h) I wasn't sure if I was eligible for the antiviral
  - i) No one I know had taken it
  - j) I didn't have enough information about potential side effects
  - k) I was worried about the cost
  - l) I was concerned about the lack of full FDA approval
  - m) I was concerned that it would affect other medications I was taking at the time
  - n) None of the above
  - o) Don't know/Not sure
- 72) *If positive lab diagnosis in v14: 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-V14)*
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 73) *If positive lab diagnosis in v14: The last time you had COVID, did you test negative, and then, within 2-8 days, have a recurrence of symptoms or a new positive test? (Source: C3, V14)*

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- a) Yes
  - b) No
  - c) Didn't test again once I knew I had COVID
  - d) Don't know / Not sure
- 74) 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-V14)
- a) No difficulty
  - b) Some difficulty
  - c) A lot of difficulty
  - d) Don't know / Not sure

## Long-haul

- 75) Are you currently experiencing any of the following symptoms? **Please select all that apply.** (Source: C3, V3-V14, response options added in V5 and V6)
- 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: \_\_\_\_\_
  - s) I am NOT experiencing any of the symptoms above

The following questions ask about experiences you may have had with COVID or long COVID.

Even if you do not currently have COVID or long COVID, it is important to us to collect this information to better understand the experiences of long COVID among participants.

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76) *If people haven't previously been told they have long-haul by a doctor in v13:* Have you been told by a **doctor** that you might have long COVID? (Source: C3, V10-V14)

"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

77) *If skipped V4-13 or don't know/no in response to long-haul question in V4-13:* 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-V14)

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

78) 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-V14)

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

79) *If yes or DNK to self-identified long-hauler or told by a doctor or ONS in v14:* The following questions are about your experience with long-haul symptoms or long COVID. When did your initial symptoms start? (Source: C3, V4-V14)

- a) December 2019
- b) ...
- c) April 2023

*If LH here or a previous survey:* The following questions are because you reported experiencing long COVID or long-haul symptoms here or on an earlier survey.

80) *If V14/previous LH - any three definitions:* Would you define yourself as having continuous symptoms or having relapses (symptoms get better and then get worse again)? (Source: C3, V4-V10, V12, V14)

- a) Continuous

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- b) Relapses
  - c) Recovered
  - d) Don't know / Not sure
- 81) *If reported long haul in V4-14: Compared to when you first got sick, how do you feel right now? (Source: C3, V4-V14, language updated in V11)*
- a) Worse than I felt initially
  - b) About the same
  - c) Somewhat better
  - d) Much better, but not totally really recovered
  - e) Totally recovered
  - f) I did not mean to identify as a long hauler (*skip to end of section*)
  - g) Don't know / Not sure
- 82) *If reported at least one vaccine dose in v14 and has long haul (self (C3 or ONS) or doctor): Do you think your long haul symptoms have improved since you were **vaccinated**? (Source: C3, V7-V14)*
- a) Yes
  - b) No
  - c) Don't know / Not sure
  - d) Not applicable
- 83) *If reported at least one booster in v14 and identify as having long haul (self (C3 or ONS) or doctor): Do you think your long haul symptoms have improved since you were **boosted**? (Source: C3, V11-V14)*
- a) Yes
  - b) No
  - c) Don't know / Not sure
  - d) Not applicable
- 84) *If yes, symptoms have improved since vaccination (question above): Which of your symptoms improved after being vaccinated? **Please select all that apply.** (Source: C3, V7-V10, V12, V14, modified on V14)*
- 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

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- 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
- 85) *If yes, symptoms have improved since boosted:* Which of your symptoms improved after being boosted? **Please select all that apply.** (Source: C3, V14)
- 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
- 86) *If reported long-haul (self (C3 or ONS) or doctor) previously or in v14:* Have you tried any of the following 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-V14, updated language and response categories in V11)
- a) Symptoms improved with time
  - b) Medication to reduce symptoms
  - c) Diet modifications
  - d) Physical therapy
  - e) Respiratory therapy (e.g. breathing exercises)

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- f) Respiratory assistance (e.g. inhaler, oxygen)
  - g) Occupational therapy
  - h) Monoclonal antibodies
  - i) Paxlovid (nirmatrelvir; ritonavir)
  - j) Lagevrio (molnupiravir)
  - k) COVID-19 vaccination
  - l) Vitamins or herbal supplements
  - m) Other: \_\_\_\_\_
  - n) I didn't have symptoms [*exclusive*]
  - o) None of the above [*exclusive*]
- 87) *If yes to any resource:* did you find [prepopulate list of responses endorsed above] helpful for reducing long-haul COVID symptoms? (Source: C3, V11-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 88) *If selected Paxlovid or Molnupiravir for long Covid:* Did your provider offer an antiviral or did you proactively request treatment? (Source: C3, V14)
- a) Provider offered
  - b) Proactively requested
  - c) Don't know / Not sure
- 89) *If selected Paxlovid or Molnupiravir for long Covid:* Did your provider pause or change any other medications while you were taking an antiviral? (Source: C3, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 90) *If reported long-haul (self (C3 or ONS)) previously or in v14:* Have you had difficulty finding a doctor to treat your long-haul COVID symptoms? (Source: C3, V7-V14)
- a) Yes
  - b) No
  - c) Don't know/not sure
  - d) Not applicable
- 91) *If self identified as long hauler (C3 or ONS) in v14:* Why do you think that you have long-haul COVID (check all that apply)? (Source: C3, V10-V12, V14)
- a) Persistent symptoms
  - b) A doctor told me
  - c) Don't know/not sure

## Precautions and Impact

- 92) **In the past month (since ADD Qualtrics DD/Mon/YY),** how often did you **wear a mask indoors?** (Source: C3; V4-V10, V12, V14, modified in V14, previous versions include specific locations/activities)
- a) Always
  - b) Sometimes
  - c) Never
  - d) Not applicable
- 93) **In the past month (since ADD Qualtrics DD/Mon/YY),** how often did you wear a mask outdoors? (Source: C3; V4-V10, V12, V14, modified in V14, previous versions include specific locations/activities)
- a) Always
  - b) Sometimes
  - c) Never
  - d) Not applicable

## Social Distancing

- 94) **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.** (Source: C3, V2-V10, V12, V14)
- a) Yes, indoors only
  - b) Yes, outdoors only
  - c) Yes, indoors and outdoors *[exclusive]*
  - d) No *[exclusive]*
  - e) Don't know / Not sure *[exclusive]*
- 95) *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, V14)
- a) Yes, indoors only
  - b) Yes, outdoors only
  - c) Yes, indoors and outdoors
  - d) No
  - e) Don't know / Not sure
- 96) **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, V14)
- a) Bus

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

## Healthcare Access, Insurance Status

- 97) 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; C3, V0-V10, V12, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 98) *If no or do not know:* Are you looking for health care coverage? (Source: C3, V1-V10, V12, V14)
- a) Yes
  - b) No
  - c) Don't know/ Not sure
- 99) 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, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 100) During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? (Source: BRFSS, 2019; C3; V0, V9, V11, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 101) During the past 12 months, has anyone else in your household received a flu vaccine that was sprayed in the nose or a flu shot injected into the arm? (Source: adapted from BRFSS, 2019; C3, V0, V9, V11, V14, question language updated in V11)
- a) Yes
  - b) No
  - c) Don't know / Not sure
  - d) Not applicable, I do not live with anyone else
- 102) Would you say that in general your health is: (Source: CDC's Healthy Days Measure; C3, V2-V14)
- a) Excellent



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- b) Very Good
  - c) Fair
  - d) Poor
- 103) 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; C3, V2-V14)
- a) \_\_\_\_\_ *Number of days from 1-30*
  - b) None
  - c) Don't know / Not sure
- 104) 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; C3, V2-V14)
- a) \_\_\_\_\_ *Number of days from 1-30*
  - b) None
  - c) Don't know / Not sure
- 105) 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; C3, V2-V14)
- a) \_\_\_\_\_ *Number of days from 1-30*
  - b) None
  - c) Don't know / Not sure
- 106) 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; C3, V3-V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 107) How many times per week or per month did you take part in this activity during the past month? (Source: BRFSS, 2019; C3, V2-V14)
- a) \_\_ Times per week
  - b) \_\_ Times per month
  - c) Don't know / Not sure
- 108) And when you took part in this activity, for how many minutes or hours did you usually keep at it? (Source: BRFSS, 2019; C3, V2-V14)
- a) \_\_ Number of hours
  - b) \_\_ Number of minutes

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c) Don't know / Not sure

## Anxiety & Risk Perception

- 109) *If lab diagnosed or ever Covid in V14:* How worried are you about getting sick from COVID-19 **again**? Would you say: (Source: C3, V3-V14)
- a) Not at all worried
  - b) Not too worried
  - c) Somewhat worried
  - d) Very worried
- 110) *If not lab diagnosed in v14 and not ever Covid in v14:* How worried are you about getting sick from COVID-19? Would you say: (Source: C3, V0-V14)
- a) Not at all worried
  - b) Not too worried
  - c) Somewhat worried
  - d) Very worried
- 111) How worried are you about your loved ones getting sick from COVID-19? Would you say: (Source: C3, V0-V14)
- a) Not at all worried
  - b) Not too worried
  - c) Somewhat worried
  - d) Very worried
- 112) How worried are you about COVID-19 overwhelming hospitals? Would you say: (Source: C3, V1-V10, V12, V14)
- a) Not at all worried
  - b) Not too worried
  - c) Somewhat worried
  - d) Very worried
- 113) **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, V12, V14, 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				

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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				
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				

- 114) 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; C3, V7-V10, V12, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 115) 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; C3, V7-V10, V12, V14)
- a) Yes
  - b) No

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- c) Don't know / Not sure
- 116) *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; C3, V7-V10, V12, V14)
- 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)**.

- 117) 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; C3, V1-V10, V12, V14)
- a) Often true
  - b) Sometimes true
  - c) Never true
- 118) 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; C3 V5-V10, V12, V14)
- a) Often true
  - b) Sometimes true
  - c) Never true
- 119) 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; C3, V1-V10, V12, V14)
- a) Often true
  - b) Sometimes true
  - c) Never true
- 120) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you used any of the following? (Source: C3, V9-V10, V12, V14)
- a) Food pantry

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- 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

- 121) 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: BRFSS 2013 Social Context Module; V0-V10, V12, V14)
- a) Always
  - b) Usually
  - c) Sometimes
  - d) Rarely
  - e) Never

## Substance Use and Recovery

- 122) **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, V12, V14)

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.)				

- 123) Do you identify as being in recovery from drugs? (Source: C3, V2, V5, V7, V8, V10, V12, V14)
- 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

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- 124) *If yes to being in recovery from drugs:* How long have you been in recovery from drugs? (Source: C3, V5, V7, V8, V10, V12, V14)
- 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
- 125) *If not currently but have previously been in recovery:* How long were you in recovery from drugs? (Source: C3, V5, V7, V8, V10, V12, V14)
- 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

- 126) **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, V14)
- 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
- 127) *If do not drink alcohol (never), 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 when you were drinking? 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; C3, V1, V4, V7, V8, V10, V12, V14, 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
- 128) *If do not drink alcohol (never), 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, V14, updated time period in question used in V4)
- a) Never
  - b) Less than monthly
  - c) Monthly

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- d) Weekly
  - e) Daily or almost daily
- 129) Do you identify as being in recovery from alcohol? (Source: C3, V1, V4, V7, V8, V10, V12, V14)
- 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
- 130) *If currently in recovery from alcohol:* How long have you been in recovery from alcohol? (Source: C3, V4, V7, V8, V10, V12, V14)
- 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
- 131) *If previously in recovery:* How long were you in recovery from alcohol? (Source: C3, V4, V7, V8, V10, V12, V14)
- 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

## Violence

We asked some of these questions in previous surveys, but would like to revisit them now.

- 132) Are you currently in a relationship or seeing someone? (Source: C3, V1-V9, V14)
- a) Yes
  - b) No
  - c) Don't know / not sure
- 133) *If yes or don't know to relationship:* In the past month (since [last month]), has the person you are in a relationship with or seeing changed? (Source: C3, V2-V9, V14)
- a) Yes
  - b) No
  - c) Don't know / not sure

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- 134) *If yes or don't know/not sure to relationship:* In the past month (since [last month]), 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? (Source: C3, V1-V9, V14)
- a) Yes
  - b) No
  - c) Don't know / not sure
- 135) *If yes or don't know/not sure to relationship:* In the past month (since [last month]), has your partner pushed, grabbed, hit, kicked or thrown things at you? (Source: C3, V1-V9, V14)
- a) Yes
  - b) No
  - c) Don't know / not sure

## Information

- 136) 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, V14)
- 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: \_\_\_\_\_
- 137) Whom do you talk to about the COVID-19 vaccine? **Please select all that apply.** (Source: C3, V12, V14)
- a) Family member



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- b) Friend
  - c) Coworker
  - d) Medical provider or other health care professional
  - e) I don't feel comfortable talking about the COVID vaccine with anyone [*exclusive*]
- 138) 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, V14)
- 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
- 139) Have you heard the term herd immunity? (Source: C3, V3, V12, V14)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 140) *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, V14)
- 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

## Additional demographics

We asked some of these questions in initial surveys, but would like to revisit them now.

- 141) What sex were you assigned at birth? (Source: C3, V14)
- a) Male

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- b) Female
  - c) None of the above
- 142) What gender do you currently identify as? (Source: C3, V0, V14, question language changed in V14)
- a) Man
  - b) Woman
  - c) Non-binary, genderqueer, genderfluid
  - d) Agender
  - e) Questioning
  - f) Something else (Please specify): \_\_\_\_\_
- 143) *If gender (based V14 sex at birth NOT male) is male or trans woman, then skip: Are you currently pregnant?* (Source: modified from BRFSS; V0, V3, V7-V10, V12, V14, question language updated in V7 from BRFSS original)
- a) Yes
  - b) No
  - c) Don't know / Not sure
- 144) Which best describes how you identify your sexual orientation? (Source: C3, V2, V14, language changed at V14)
- a) Straight (heterosexual)
  - b) Lesbian or gay (homosexual)
  - c) Bisexual
  - d) Queer
  - e) Pansexual
  - f) Sexually fluid
  - g) Something else (Please specify): \_\_\_\_\_
  - h) Would prefer not to say

## Administrative

- 145) Would you like to receive the \$20 gift card incentive for your time participating in the survey?
- a) Yes
  - b) No

## End Survey

Thank you for taking the time to complete this follow-up survey. If you opted to participate in the specimen collection, we will begin shipping the kits in early May. 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

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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](https://www.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).  
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

If you have any questions, reach us here: [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu)

## End survey [if not consented]

Thank you for participating in the Chasing Covid Cohort Study to date. You are no longer in the study and will not be asked to participate in future surveys or specimen collection.

If this was an error, please contact **us here: [covid@sph.cuny.edu](mailto: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](mailto:covid@sph.cuny.edu) or call 917-740-8714.

## Automated Response [NO TO CONSENT IN V14]

Thank you again for your participation in the CHASING COVID Cohort study so far. You have not consented to remain in the study, and will not be contacted for additional surveys or specimen collection.

If you have any questions or need to contact our team, email us at [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu) or call 917-740-8714.