



CHASING
COVID
COHORT

September 26, 2023

Standard Follow-up Survey

Consent

If missing v14 and v15 consent:

Thank you very much for your participation in the CHASING COVID Cohort (C3) study thus far. Our study team continues 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 pandemic's trajectory, and help with preparedness for future pandemics.

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 more recently, from 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.

- 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]

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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]*

Introduction

Thanks for taking time to complete this 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.

We would like to thank you for your participation to date. You will be invited to participate in one more survey this December, after which time the Chasing COVID study will be ending. You may be invited to participate in new studies in the future, if you agree to allow us to continue to contact you.

- 2) *If no phone number is on file as of V15, skip to next question: We have this number for text message reminders. Is this correct?: <Enter phone number on file from V15>*
 - a) Yes, this is correct
 - b) No
 - c) Don't know / Not sure

- 3) *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

You may have already been asked some of these questions in previous surveys. We are repeating them now because we would like to get an idea of how things may have changed for you over the past two years.

- 4) Are you currently...? (Source: BRFSS, 2019; C3, V0-V15)
 - 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

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- g) Retired
- 5) *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
- 6) What is your annual household income from all sources? (Source: Baseline C3)
- a) <\$25,000
 - b) \$25,000-\$34,999
 - c) \$35,000-\$49,999
 - d) \$50,000-\$69,999
 - e) \$70,000-\$99,999
 - f) \$100,00-\$149,000
 - g) \$150,000+
 - h) Don't know / Not sure
- 7) In the past month (since ADD Qualtrics DD/Mon/YY), have you been employed in healthcare operations? This includes people who deliver care and other services to sick persons, either directly as doctors, nurses, emergency responders and home health aides or indirectly as hospital sanitation workers and medical waste handlers. (Source: V1, V9)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 8) *Skip if yes to health care operations:* In the past month (since ADD Qualtrics DD/Mon/YY), have you been employed in work that cannot occur remotely (i.e., from home) and requires frequent in-person contact with other people? (Source: V1, V9)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 9) *If yes to work that cannot occur remotely:* Please select your primary employment. (Source: V1, V9)
- a) Law enforcement, corrections or public safety
 - b) Emergency management such as fire department or other first responders
 - c) Groceries, pharmacies or retail that sells food and beverages
 - d) Delivery or pick-up services such as those related to foods or medications
 - e) Public or private transportation including car services (taxi, Uber) and airlines

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- f) Construction
 - g) Healthcare
 - h) Education or childcare
 - i) Something else _____
- 10) Please indicate yes, no, or not applicable for each of the following items: [Matrix with yes, no, not applicable] (Source: V9)
- a) I am able to work at home.
 - b) If I do not go to work because I am ill, I will not get paid for the time I am at home.
 - c) I have sick leave at my job if I need to use it.
 - d) I could lose my job or business if I am not able to go into work.
 - e) My job can only be done in my workplace.
- 11) What is the highest grade or year of school you have completed? (Source: V1)
- a) Less than a high school diploma
 - b) Grade 12 or GED (High school graduate)
 - c) College - 1 year to 3 years (Some college or technical school)
 - d) College - 4 years or more (College graduate)
 - e) Post graduate degree (Masters, PhD, etc.)
- 12) 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
- 13) *If no or do not know:* Are you looking for health care coverage? (Source: C3, V1-V10, V12, V14, V16)
- a) Yes
 - b) No
 - c) Don't know/ Not sure
- 14) During the past month (since ADD Qualtrics DD/Mon/YY), have you lost or changed your health care coverage (Source: C3, V1-V10, V12, V14, updated V16)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 15) Do you have one person you think of as your personal doctor or health care provider? (Source: V9)
- a) Yes
 - b) No

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- c) Don't know / Not sure
- 16) Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (Source: V9)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 17) Was there a time in the past 12 months when you needed to see a doctor but could not because of your immigration status? (Source: V9)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 18) How many children less than 18 years of age live in your household?
- a) ___ Number (nothing >40)
 - b) No children <18 live in my household [skip to # household members between 18-59]
- 19) What ages are your children (children for which you are the parent or guardian)? (Source: C3, V7-V10, V12, V14)
- 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
- 20) How many members of your household, including yourself, are between the ages of 18 and 59 years of age?
- a) ___ Number (nothing >40)
 - b) No one aged 18-59
- 21) How many members of your household, including yourself, are 60 years of age or older?
- a) ___ Number (nothing >40)
 - b) No one aged 60+
- 22) If gender (based on V14 sex at birth NOT male, if missing then from V0) 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)

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

Relocation

- 23) Do you currently live in the United States or in the US Territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands), or on an overseas military base?
(Source: v15)
- a) Yes
 - b) No
- 24) What is your current ZIP code of residence? (Source: C3, V0-V10, V12, V14, V15; language changed in V1 and V6, V15)
- a) _____ [Validate as zip]
 - b) Not applicable (select if you don't use a standard US zip code).

Vaccine

- 25) *If not fully vaccinated (defined as two doses of an mRNA COVID-19 vaccine series or a single dose of the Johnson & Johnson vaccine) in previous rounds:* Have you received at least one dose of a COVID-19 vaccine that has received FDA approval or emergency use authorization? (Source: C3 V5-14, updated V15)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 26) *If yes or don't know to at least one dose of a COVID-19 vaccine in this survey:* How many doses of the COVID-19 vaccine have you received to date? (Source: C3 V5-14, updated V15)
- a) 1
 - b) 2
 - c) 3
 - d) 4 or more
- 27) *If reported receiving 1 dose or more in this survey:* When did you receive your first dose of the COVID-19 vaccine? (Source: C3 V5-15)
Your vaccination card should have the date of your first shot
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 28) *If don't know exact date:* What month did you receive your first dose of the COVID-19 vaccine?
- a) Enter date: Month Year dropdown options (Source: C3 V5-15)
 - b) Don't know / Not sure

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- 29) *If don't know month:* Do you recall the season in which you received your first dose of the COVID-19 vaccine? (Source: C3 V5-15)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure
- 30) *If reported receiving 1 dose or more in this survey:* Do you know which COVID-19 vaccine you got for your first dose? (Source: C3 V5-15)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Other: _____
 - f) Don't know / Not sure
- 31) *If reported receiving at least 2 doses in this survey:* When did you receive your second dose of the COVID-19 vaccine?
- Your vaccination card should have the date of your second shot.
Please note that you entered [piped text of previously entered 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.* (Source: C3 V5-15)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 32) *If don't know exact date:* What month did you receive your second dose of the COVID-19 vaccine? (Source: C3 V5-15)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 33) *If don't know month:* Do you recall the season in which you received your second dose of the COVID-19 vaccine? (Source: C3 V5-15)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure
- 34) *If reported receiving 2 doses or more in this survey:* Do you know which COVID-19 vaccine you got for your second dose? (Source: C3 V5-14, updated V15)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Other: _____
 - f) Don't know / Not sure
- 35) *If reported receiving at least 3 doses in this survey:* When did you receive your third dose of the COVID-19 vaccine?
- Your vaccination card should have the date of your third shot.*

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Please note that you entered [piped text of previously entered second shot date] as the second COVID-19 vaccine date. Please make sure the dates of your earlier doses are before the date of your third dose. If the earlier dose dates are wrong, please go back to change the dates. (Source: C3 V5-14, updated V15)

- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 36) *If don't know exact date:* What month did you receive your third dose of the COVID-19 vaccine? (Source: C3 V5-14, updated V15)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 37) *If don't know month:* Do you recall the season in which you received your third dose of the COVID-19 vaccine? (Source: C3 V5-14, updated V15)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure
- 38) *If reported receiving 3 doses or more in this survey:* Do you know which COVID-19 vaccine you got for your third dose? (Source: C3 V5-14, updated V15)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Other: _____
 - f) Don't know / Not sure
- 39) *If reported receiving 4 doses or more in this survey:* When did you receive your most recent dose of the COVID-19 vaccine?
*Your vaccination card should have the date of your most recent shot.
Please note that you entered [piped text of previously entered third shot date] as the third COVID-19 vaccine date. Please make sure the dates of your earlier doses are before the date of your most recent dose. If the earlier dose dates are wrong, please go back to change the dates. (Source: C3 V5-14, updated V15)*
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 40) *If don't know exact date:* What month did you receive your most recent dose of the COVID-19 vaccine? (Source: C3 V5-14, updated V15)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 41) *If don't know month:* Do you recall the season in which you received your most recent dose of the COVID-19 vaccine? (Source: C3 V5-14, updated V15)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure

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- 42) *If reported receiving four doses or more in this survey:* Do you know which COVID-19 vaccine you got for your most recent dose? (Source: C3 V5-14, updated V15)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Other: _____
 - f) Don't know / Not sure
- 43) *If no to received at least one dose in this survey:* Which of the following influenced your decision to not get a vaccine? Please select all that apply. (Source: C3 V5-14, updated V15)
- a) Short-term side effects
 - b) Long-term side effects
 - c) Vaccine effectiveness
 - d) Whether other people I know also get it
 - e) I need more information about the vaccine
 - f) I already had COVID
 - g) I recently had COVID
 - h) I don't think I am at risk for being harmed by COVID
 - i) I have a medical condition which prevents me from getting vaccinated
 - j) Issues accessing a vaccine at a time (or venue) that works for me
 - k) Issues accessing a specific vaccine versus the one that is available
 - l) I don't like needles/injections
 - m) Other _____
 - n) None of the above
- 44) *If yes to received at least one dose in this survey:* What motivated you to get the vaccine? Please select all that apply. (Source: C3 V5-14, updated V15)
- a) I'm concerned about new coronavirus variants
 - b) It is required for travel outside the US
 - c) It is required by my employer
 - 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) Other _____
- 45) *If fully vaccinated (defined as two doses of an mRNA COVID-19 vaccine series or a single dose of the Johnson & Johnson vaccine) as of v15:* Since your last survey [piped text of last survey date], have you received a COVID-19 vaccine dose? (Source: C3 V5-14, updated V15)
- a) Yes

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- b) No
c) Don't know / Not sure
- 46) *If yes to additional vaccine dose since last survey:* Since [piped text of last survey date], which **most recent** COVID-19 vaccine doses did you receive? (Source: C3 V5-14, updated V15)
- a) Pfizer/BioNTech
b) Moderna
c) Novavax
d) Other: _____
e) Don't know / Not sure
- 47) *If received additional vaccine dose since last survey:* When did you receive your **most recent** vaccine dose? (Source: C3 V5-15)
- a) Enter date: Month Day Year lookup
b) Don't know / Not sure
- 48) *If don't know exact date:* What month did you receive your **most recent** vaccine dose? (Source: C3 V5-14)
- a) Enter date: Month Year dropdown options
b) Don't know / Not sure
- 49) *If yes to an additional vaccine dose in V16:* Since your last survey (pipe in last survey date), what motivated you to get a COVID-19 vaccine dose? **Please select all that apply.** (Source: C3 V5-15, updated V14)
- a) I believe the vaccine effectiveness due to my previous doses 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: _____
- 50) How willing are you to receive a future updated vaccine for COVID-19? (Source: v15)
- a) Very willing
b) Somewhat willing
c) Not willing
d) Don't know / Not sure

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- 51) *If very willing or somewhat willing to receive a future updated vaccine:* How often would you be willing to receive a future updated vaccine for COVID-19? Please select all that apply. (Source: v15)
- a) Once every six months
 - b) Once every year
 - c) As recommended by my physician
 - d) As recommended by the FDA or CDC
 - e) Don't know / not sure
- 52) What would you consider when deciding whether or not to receive a future updated vaccine for COVID-19? Please select all that apply. (Source: v15)
- a) Risk of illness due to COVID
 - b) Risk of vaccine side effects
 - c) Risk of getting others sick
 - d) Age or any comorbidities I have
 - e) Doctor, CDC, and/or FDA recommendations
 - f) How well the updated vaccine matches the variants that are causing COVID-19 at the time of my vaccine
 - g) Cost / insurance
 - h) Convenience of getting the vaccine (such as whether I could get other health issues addressed at the same time, e.g., flu shot)
 - i) Vaccination method (e.g., nasal spray vs. injection)
 - j) Other (please specify): ____
 - k) I will get an updated vaccine regardless of any details listed above [exclusive]
 - l) I will not get an updated vaccine for any reason [exclusive]
- 53) 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
- 54) 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
- 55) Do you plan to get the flu shot for this flu season (Fall 2023/Winter 2024)? (Source: V16)
- a) Yes, I already received it
 - b) Yes, planning to get it

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- c) No
d) Don't know / Not sure
- 56) Are you aware there is a new vaccine for the respiratory syncytial virus (RSV), a common respiratory virus that usually causes mild, cold-like symptoms and can be dangerous for older adults, infants, and young children? (Source: V16)
- a) Yes
b) No
c) Don't know / not sure
- 57) For this upcoming respiratory season (fall 2023/winter 2024), are you planning to get the RSV vaccine? (Source: V16)
- a) Yes
b) No
c) Don't know / not sure
- 58) Besides yourself, is anyone else in your household vaccinated against COVID-19 ? **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
- 59) *If children 16-17:* Have/Has your child or at least one of your children(ren) aged 16 to 17 received at least one COVID-19 vaccine dose? (Source: C3, V7, V10, V12, V14)
- a) Yes
b) No
c) Don't know / Not sure
- 60) *If 12-15:* Has /have your child or at least one of your children(ren) aged 12 to 15 received at least one COVID-19 vaccine dose? (Source C3, V7-V10, V12, V14)
- a) Yes
b) No
c) Don't know / Not sure
- 61) *If 5-11:* Has/have your child(ren) aged 5 to 11 received at least one COVID-19 vaccine dose? (Source: C3, V9-V10, V12, V14)
- a) Yes
b) No
c) Don't know / Not sure

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- 62) *If 6 months to 5 years:* Has/have your child(ren) aged 6 months to 4 years received at least one COVID-19 vaccine dose? (Source: C3, V12, V14)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 63) *If parent or guardian of child under 18 years:* **For the next three questions, please think only about your youngest child.**
- In the past**, if your youngest child was due for a routine vaccine (such as those required for school or daycare attendance), what best describes your child's experience? (Source: V16)
- a) Routine vaccines were generally received on schedule (within 6 months of being due)
 - b) Some but not all routine vaccines were received on schedule
 - c) Routine vaccinations were delayed by 6 months or more
 - d) Routine vaccinations were not received
 - e) Don't know
- 64) *If parent or guardian of child under 18 years:* **In the coming year**, if your youngest child is due for a routine vaccine (those required for school or daycare attendance), what best describes what you will do? (Source: V16)
- a) My child will be vaccinated on schedule
 - b) I will delay vaccination until a later time
 - c) My child will not be vaccinated
 - d) Don't know
- 65) *If parent or guardian of child under 18 years:* **During the past 12 months**, has your youngest child had either a flu vaccine that was sprayed in their nose or a flu shot injected into their arm? (Source: V16)
- a) Yes
 - b) No
 - c) Don't know
- 66) *If parent or guardian of child under 18 years:* Have you ever changed any of your children's doctors or healthcare providers based on the provider's willingness or reluctance to change, delay or not give certain vaccines? (Source: V16)
- a) Yes
 - b) No
 - c) Don't know
- 67) How much do you agree or disagree with the following statements? [Matrix with: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree] (Source: V16)

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- a) I am concerned about serious adverse effects of routine childhood vaccines.
- b) Children do not need vaccines for diseases that are not common anymore.
- c) Vaccines can protect children from serious diseases.

Contacts, Pre-Existing Conditions and Symptoms

- 68) *If skipped V15 or did not answer in V15: Has a doctor, nurse, or other health professional ever told you that you had any of the following? Please select all that apply (Source: adapted from BRFSS 2019 to include additional risk factors)*
- a) A heart attack, also called a myocardial infarction
 - b) Angina or coronary heart disease
 - c) Type 2 diabetes
 - d) High blood pressure
 - e) Dyslipidemia (abnormally elevated cholesterol or fats (lipids) in the blood)
 - f) Cancer
 - g) Asthma
 - h) Chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis
 - i) Kidney disease (not including kidney stones, bladder infection or incontinence)
 - j) Chronic liver disease, including cirrhosis
 - k) HIV/AIDS
 - l) Immunosuppression
 - m) Autoimmune condition
 - n) Depression
 - o) Post-traumatic stress disorder or PTSD
 - p) An anxiety disorder
 - q) Chronic fatigue syndrome
 - r) Mononucleosis
 - s) A traumatic brain injury
 - t) Migraines
 - u) Insomnia or another sleep condition
 - v) Dysautonomia (disorder of the autonomic nervous system (ANS) function)
 - w) Any other condition that you haven't told us about _____
 - x) I have not been told that I have any of the above conditions (exclusive)
- 69) *If asthma is selected above: Do you still have asthma? (Source: BRFSS 2019)*
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 70) 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)

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

- a) Headache
- b) Cough (new since you completed your last survey)
- c) Coughing up phlegm
- d) Coughing up blood
- e) Sore throat
- f) Fever
- g) Muscle aches (myalgia)
- h) Chills
- i) Repeated shaking and chills
- j) Runny nose
- k) Nasal congestion
- l) Sneezing
- m) Chest pain
- n) Shortness of breath
- o) Itchy eyes
- p) Eye pain
- q) Loss 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

71) *If selected any symptom:* How severe was each symptom you experienced? [matrix of selected options] (Source: V16)

- a) Mild
- b) Moderate
- c) Severe
- d) Don't know / Not sure

72) *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, once
- b) Yes, twice
- c) Yes, 3 or more times
- d) No
- e) Don't know / Not sure

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- 73) *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
- 74) *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
- 75) *If indicated they don't know for symptom start date:* About how long ago did your symptoms start? (Source: C3, V3-V10, V12, V14)
- 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
- 76) *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
- 77) *If had symptoms and said yes or don't know to seeking care from a healthcare 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
- 78) *If had symptoms:* What was the diagnosis you received from your healthcare professional? Please select all that apply. (Source: V16)
- a) Allergies
 - b) Cold
 - c) Flu
 - d) RSV
 - e) Other: _____

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- f) Don't know / Not sure
- 79) 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
- 80) Since you completed your last survey (on ADD Qualtrics DD/Mon/YY), have you taken a viral test for COVID-19?
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
- 81) *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
- 82) *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
- 83) *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
- 84) *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)

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- a) Jan 2022
 - b) ...
 - c) October 2023
 - d) Other: _____
 - e) Don't know / Not sure
- 85) How many rapid tests do you have at home right now? (Source: V16)
- a) 0
 - b) 1
 - c) 2
 - d) 3+
- 86) 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
- 87) **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
- 88) 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 V16 (positive viral test or yes to ever COVID in v15): You are seeing the following questions because you previously reported having had COVID-19. The questions ask about your experience recovering from COVID-19.

- 89) *If positive reactive viral test or yes to ever COVID in v16:* Since you completed your last survey (on ADD Qualtrics DD/Mon/YY), were you prescribed COVID-19 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, V11-14)

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- a) Paxlovid (nirmatrelvir/ritonavir)
 - b) Lagevrio (molnupiravir)
 - c) Other: _____
 - d) I was not prescribed an antiviral medication
- 90) *If prescribed antiviral=Paxlovid:* When were you prescribed Paxlovid? Please select all that apply.
- a) Within 5 days of a positive/reactive test
 - b) Within 6-10 days of a positive/reactive test
 - c) Within 11-30 days of a positive/reactive test
 - d) Within 31-90 days of a positive/reactive test
 - e) 91 or more days after a positive/reactive test
 - f) Don't know / Not sure
- 91) *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]?
- a) Yes
 - b) No
 - c) Don't know/Not sure
- 92) *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?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 93) *If prescribed antiviral=Paxlovid:* Did you find Paxlovid helpful for reducing COVID symptoms?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 94) *If prescribed antiviral=Molnupiravir with 5-day prescription within 5 days of a positive test:* When were you prescribed Lagevrio (molnupiravir)? Please select all that apply.
- a) Within 5 days of a positive/reactive test
 - b) Within 6-10 days of a positive/reactive test
 - c) Within 11-30 days of a positive/reactive test
 - d) Within 31-90 days of a positive/reactive test
 - e) 91 or more days after a positive/reactive test
 - f) Don't know / Not sure
- 95) *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)]

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- a) Yes
b) No
c) Don't know / Not sure
- 96) *If prescribed antiviral=Molnupiravir [with selected answers from When were you prescribed Molnupiravir]:* For the time(s) when you took Lagevrio (molnupiravir), did you take all the Lagevrio (molnupiravir) pills in your prescription?
a) Yes
b) No
c) Don't know / Not sure
- 97) *If prescribed antiviral=Molnupiravir:* Did you find Lagevrio (molnupiravir) helpful for reducing COVID symptoms?
a) Yes
b) No
c) Don't know / Not sure
- 98) *If prescribed antiviral=Other:* When were you prescribed [piped in free text in the prescribed antiviral question]? Please select all that apply
a) Within 5 days of a positive/reactive test
b) Within 6-10 days of a positive/reactive test
c) Within 11-30 days of a positive/reactive test
d) Within 31-90 days of a positive/reactive test
e) 91 or more days after a positive/reactive test
f) Don't know / Not sure
- 99) *If prescribed antiviral=Other:* Did you find [pre-populate text response of 'other' in prescribed antivirals question] helpful for reducing COVID symptoms?
a) Yes
b) No
c) Don't know / Not sure
- 100) *[If selected Paxlovid or Molnupiravir]* What type of healthcare interaction did you have the last time you received a prescription for an antiviral? (Source: V14, updated v16)
a) Doctor's office
b) Retail pharmacy
c) Telehealth (video) visit or phone call with a health care provider
d) Urgent care
e) Emergency room
f) Hospital
g) Other: _____
h) Don't know / Not sure
- 101) *[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: v14)
a) I was prescribed but did not take an antiviral [exclusive]

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- b) I felt ill
 - c) I was worried about severe outcomes like hospitalization
 - d) I was worried about getting long COVID
 - e) I thought it could help with long COVID symptoms
 - f) My doctor recommended and/or prescribed it
 - g) I believed it would be effective
 - h) It was convenient for me to get a prescription
 - i) I knew I was eligible for the antiviral
 - j) People I know have 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 was not concerned that it would affect any other medications I was taking at the time
 - n) Other: _____
 - o) None of the above [exclusive]
 - p) Don't know/Not sure
- 102) *[If not prescribed antivirals since last survey and reported positive test in v16, OR if they said they were prescribed but did not take an antiviral in 'reasons for taking an antiviral' question]* For your most recent infection, what influenced your decision **not to** take an antiviral? Please select all that apply. (Source: v14, v15)
- 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) I DIDN'T think it could help prevent my long COVID symptoms from getting worse
 - e) My doctor did not recommend it
 - f) I discussed it with my doctor, but they would not prescribe it
 - g) I did not believe it would be effective
 - h) It was beyond 5 days of symptom onset
 - i) It was not convenient for me to get a prescription
 - j) I wasn't sure if I was eligible for the antiviral
 - k) No one I know has taken it
 - l) I didn't have enough information about potential side effects
 - m) I was worried about the cost
 - n) I was concerned that it would affect other medications I was taking at the time
 - o) Other: _____
 - p) None of the above [exclusive]
 - q) Don't know/Not sure
- 103) *If positive lab diagnosis in v16 or ever Covid in v16:* Thinking about the last time you had COVID, which of the following was true after your symptoms first began to improve? (Source: v14, updated in v15)
- a) My symptoms returned between 2 and 8 days later

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- b) I tested positive again between 2 and 8 days after a negative test
 - c) Both of the above
 - d) Neither of the above
 - e)
- 104) Have you ever been prescribed metformin (eg: Glucophage, Riomet, Glumetza) for any health reason within the last 2 years? (Source: V16)
- a) Yes
 - b) No
 - c) Don't know / Not sure

Long-haul

- 105) 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) Coughing
 - c) Difficulty walking more than 15 minutes
 - d) Difficulty running / exercising
 - e) Fatigue
 - f) Fatigue after an activity (e.g., doing dishes, which is sometimes called post exertional malaise)
 - g) Headache
 - h) Trouble concentrating / brain fog
 - i) Dizziness
 - j) Irritability
 - k) Erratic heartbeat
 - l) Gastro-intestinal issues
 - m) Low-grade fever
 - n) Muscle aches (myalgia)
 - o) Loss or altered taste
 - p) Loss or altered sense of smell
 - q) Waxing and waning of some or all of my initial symptoms
 - r) Difficulty sleeping
 - s) Chest pain
 - t) Fast-beating or pounding heart
 - u) Pins-and-needles feelings
 - v) Depression or anxiety
 - w) Joint pain
 - x) Rash
 - y) Changes in menstrual cycle
 - z) Diarrhea
 - aa) Stomach pain

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- bb) Something else: _____
- cc) I am NOT experiencing any of the symptoms above

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

- 106) *If people haven't previously been told they have long-haul by a doctor as of v15:* 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 with COVID that is not caused by something else. People with long COVID are sometimes known as COVID "long-haulers" or having "long-haul symptoms" or "post-COVID conditions".

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

- 107) *If skipped V4-15 or don't know/no in response to long-haul question in V4-15:* Some people report having persistent coronavirus symptoms, weeks and months after they first became sick with COVID that is not due to another health condition. These people are sometimes known as COVID "long-haulers" or having "long-haul symptoms", "post-COVID conditions", 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

- 108) Would you describe yourself as having "long COVID" now, that is, you are still experiencing symptoms more than 4 weeks after you had COVID-19, that are not explained by something else? (Source: [ONS](#); V11-V15, updated V16)

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

- 109) *If yes or DNK to self-identified long-hauler or told by a doctor or ONS in v16:* The following questions are about your experience with long-haul symptoms or long COVID. When did your initial long-haul symptoms start? (Source: C3, V4-V14)

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

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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.

- 110) *If V16/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
 - b) Relapses
 - c) Recovered
 - d) Don't know / Not sure
- 111) *If reported long haul in V4-16:* 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
- 112) *If reported at least one vaccine dose as of v16 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
- 113) *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
 - i) Irritability
 - j) Erratic heartbeat

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- 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) Chest pain
 - r) Fast-beating or pounding heart
 - s) Pins-and-needles feelings
 - t) Depression or anxiety
 - u) Joint pain
 - v) Rash
 - w) Changes in menstrual cycle
 - x) Diarrhea
 - y) Stomach pain
 - z) Something else: _____
 - aa) No symptoms improved
- 114) *If reported long-haul (self (C3 or ONS) or doctor) previously or in v16:* Have you tried any of the following for long-haul COVID? **Please select all that apply.** (Source: C3, V7-V14, updated language and response categories in V11)
- a) Medication to reduce symptoms
 - b) Diet modifications
 - c) Physical therapy
 - d) Respiratory therapy (e.g. breathing exercises)
 - e) Respiratory assistance (e.g. inhaler, oxygen)
 - f) Occupational therapy
 - g) Monoclonal antibodies
 - h) Paxlovid (nirmatrelvir; ritonavir)
 - i) Lagevrio (molnupiravir)
 - j) COVID-19 vaccination
 - k) Vitamins or herbal supplements
 - l) Other (text)
 - m) I didn't have symptoms (exclusive)
 - n) None of the above (exclusive)
- 115) *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

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- 116) *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) Other: _____
 - d) Don't know / Not sure
- 117) *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

Quality of Life

- 118) 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
- 119) Would you say that in general your health is: (Source: CDC's Healthy Days Measure; C3, V2-V14)
- a) Excellent
 - b) Very Good
 - c) Fair
 - d) Poor
- 120) 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
- 121) 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

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- 122) 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
- 123) 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
- 124) 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
- 125) 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
 - c) Don't know / Not sure

Anxiety & Risk Perception

- 126) *If lab diagnosed or ever Covid in V16:* 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
- 127) *If not lab diagnosed in v16 and not ever Covid in v16:* 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

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- 128) How worried are you about the long-term effects of Covid-19 infection(s)? (Source: V15)
- a) Not at all worried
 - b) Not too worried
 - c) Somewhat worried
 - d) Very worried

- 129) 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

- 130) In the past month (since ADD Qualtrics DD/Mon/YY), have you done any of the following? For each item select Yes, No, Or Not Applicable. (Source: V9)

	Yes	No	Not applicable
Avoided gatherings with people outside your household			
Physically separated from people within your household (renting a separate home or staying on a separate floor or room)			
Spent time inside of a house that is not your own			
Spent time inside a restaurant or bar			
Spent time in the patio or outdoor space of a restaurant or bar			
Had an overnight stay at a hotel, short term rental, or residence of family or friends			
Traveled by plane			
Avoided public transportation			
Avoided shaking hands or hugging			
Stayed home from work when you were sick			
Worn a face mask (example: cloth, KN95, N95, or KF94 face mask)			
Worn a face mask in your own household			

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131) **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)

	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				
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				

132) **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

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- c) Don't know / Not sure
- 133) 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
c) Don't know / Not sure
- 134) *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)**.

- 135) 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
- 136) 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
- 137) 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)

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

- 138) 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
 - 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

- 139) Which of these property types best describes where you currently live? (Source: V1, V9)
- a) A multi-unit property. This includes a condominium, co-op, or building with two more units.
 - b) A single-unit property. This includes a detached home or townhouse.
 - c) A dormitory, group home, assisted living, or nursing home
 - d) Other _____
 - e) Don't know / Not sure
- 140) 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

- 141) 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

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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.)				

- 142) 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
- 143) *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
- 144) *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
- 145) Do you currently smoke cigarettes every day, some days or not at all? (Cigarettes does not include electronic products such as: e-cigarettes, vape pens, personal vaporizers, e-cigars, e-pipes, e-hookahs, hookah pens, and mods). (Source: V9)
- a) Every day
 - b) Some days
 - c) Not at all
 - d) Don't know / Not sure
- 146) Do you now smoke electronic products every day, some days or not at all? (Electronic products such as: e-cigarettes, vape pens, personal vaporizers, e-cigars, e-pipes, e-hookahs, hookah pens, and mods.) (Source: V9)

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- a) Every day
- b) Some days
- c) Not at all
- d) Don't know/Not sure

Alcohol

- 147) **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
- 148) *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
- 149) *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
 - d) Weekly
 - e) Daily or almost daily
- 150) 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

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- 151) *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
- 152) *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

- 153) Are you currently, in a relationship or seeing someone? (Source: C3, V1-V9, V14)
- a) Yes
 - b) No
 - c) Don't know / not sure
- 154) *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
- 155) *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
- 156) *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

- 157) 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: _____
- 158) Whom do you talk to about the COVID-19 vaccine? Please select all that apply. *Option E should be exclusive*. (Source: C3, V12, V14)
- a) Family members
 - b) Friends
 - c) Coworkers
 - d) Medical providers or other health care professionals
 - e) I don't feel comfortable talking about the COVID vaccine with anyone
- 159) 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 can protect me from being hospitalized with COVID
 - e) The COVID vaccine can give you COVID

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- f) The side effects of the COVID vaccine are dangerous
 - g) The COVID vaccine changes your DNA
 - h) Staying up to date on COVID vaccine shots is important 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
- 160) How frequently do you do the following? [Matrix with Several times a day, About once a day, Several times a week, Every few weeks, Less often or never] (Source: V16)
- a) Post, share posts, or comment on information on social media about health or medical topics
 - b) Read or scroll through your or your friends' social media feeds or timelines about health or medical topics
- 161) How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? (Source: Single Item Literacy Screener, V16)
- a) Never
 - b) Rarely
 - c) Sometimes
 - d) Often
 - e) Always

Administrative

- 162) As we approach the end of the CHASING COVID study, we would like to thank you for your continued participation to date.

Would you be interested in joining a new study in the near future about COVID-19 and potentially other respiratory illnesses? Such a study could involve more at-home testing, using testing kits that would be provided to you at no cost. (Source: V16)

- a) Yes
 - b) No
 - c) Not sure
- 163) 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. 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.

If you want to request free at-home COVID-19 test kits, please visit [covidtests.gov](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html) to place an order. 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

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**

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.

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 or call 917-740-8714.