



November 30, 2023



V17 questionnaire

Consent

If missing v14-16 consent:

Thank you very much for your participation in the CHASING COVID Cohort (C3) study thus far. We are approaching the end of the study, and this is the last cohort-wide follow-up survey. However, you may be invited to participate in other study activities and new research opportunities in 2024.

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 grant support from the National Institutes of Health and Pfizer. The risks and benefits of participating in this study interview remain the same. Just like before, your identifiable data and specimens will never be shared with anyone outside the CUNY study team. Incentives for completing this survey will remain the same at \$20.

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 in V16:

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.

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If this is correct, please click the next button to end the survey. [Pressing next ends survey]

Introduction

Thanks for taking time to complete the follow-up survey for the CHASING COVID Cohort study. This should take 15-20 minutes of your time.

The primary aim of today's survey is to focus on symptoms, and whether or not you have ever or recently had COVID.

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 may contact you about future studies we are running that you might be eligible to participate in.

- 2) *If no phone number on file as of V16, skip to next question: We have this number for text message reminders. Is this correct?: <Enter phone number on file from V16>*
 - 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

- 4) Are you currently...? (Source: [BRFSS, 2019](#); C3, V0-V16)
 - 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

- 5) *If out of work: Are you receiving unemployment benefits, or have you filed for unemployment benefits? (Source: C3, V0-V16)*
 - 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.

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- f) Don't know / Not sure
- 6) Did you face any of the following changes in your employment status **after getting COVID**? Please select all that apply. (Source: P2a, V17; COVID-19 mental health and wellness questionnaire, modified)
- a) I never got COVID [EXCLUSIVE]
 - b) Fired from work
 - c) Quit working
 - d) Retired
 - e) Reduced working hours
 - f) Increased working hours
 - g) Decreased job responsibility
 - h) Increased job responsibility
 - i) None of the above [EXCLUSIVE]
- 7) *If any response EXCEPT "none of the above" selected for changes in employment after getting Covid: Was your change in work status due to your COVID infection?* (Source: P2a, V17)
- a) Yes
 - b) No
 - c) Don't know / not sure
- 8) *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, 16, question language updated in V7 from BRFSS original)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 9) About how much do you weigh without shoes? **Please answer in pounds.** (Source: V1, updated V17)
- a) _____ [validated as number, between 40 and 600]
 - b) Don't know / Prefer not to say
- 10) About how tall are you without shoes? Please answer in feet and inches or in centimeters. (Source: V1, updated V17)
- a) ___ feet ___ inches [DRILL DROPDOWN, from 3'0" to 8'11"]

Relocation

- 11) 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: v15-16)
- a) Yes
 - b) No

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- 12) What is your current ZIP code of residence? (Source: C3, V0-V10, V12, V14-16; 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).

Pre-Existing Conditions and Symptoms

The next few questions are to help us get a better sense of any existing concerns or other pressing health issues you may have considered.

- 13) 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) Obesity
 - x) Any other condition that you haven't told us about _____
 - y) I have not been told that I have any of the above conditions (*exclusive*)
- 14) *If yes to obesity:* Are you **currently** obese? (Source: V17)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 15) *If yes to asthma:* Do you still have asthma? (Source: [BRFSS, 2019](#))
- a) Yes

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- b) No
c) Don't know / Not sure
- 16) *If yes to any health condition, excluding cancer:* How old were you when a doctor, nurse, or health professional told you that you had the following...
a) [prepopulate list of responses endorsed above excluding cancer] ___ years old
- 17) *If yes to cancer:* What type(s) of cancer? **Please select all that apply.** (Source: adapted from [BRFSS 2019](#))
- a. Bladder
 - b. Blood
 - c. Bone
 - d. Brain
 - e. Breast
 - f. Cervix / cervical
 - g. Colon
 - h. Esophagus / esophageal
 - i. Gallbladder
 - j. Kidney
 - k. Larynx/windpipe
 - l. Leukemia
 - m. Liver
 - n. Lung
 - o. Lymphoma/Hodgkins' disease
 - p. Melanoma
 - q. Mouth/tongue/lip
 - r. Nervous system
 - s. Ovary (ovarian)
 - t. Pancreas / pancreatic
 - u. Prostate
 - v. Rectum / rectal
 - w. Skin (non-melanoma)
 - x. Skin (don't know what kind)
 - y. Soft tissue (muscle or fat)
 - z. Stomach
 - aa. Testis / testicular
 - bb. Thyroid
 - cc. Uterus (uterine)
 - dd. Other: _____
 - ee. Don't know / not sure
 - ff. I have not been told that I have any of the above conditions
- 18) *If yes to cancer:* How old were you when you were diagnosed? (Source: adapted from [BRFSS 2019](#))
[for more than one answer, prepopulate the types of cancer]
- 19) Are you currently trying to lose weight? (Source: KFF Health Tracking Poll (July 11-19, 2023))

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- a) No, not currently trying to lose weight
 - b) Yes, trying to lose less than 10 lbs
 - c) Yes, between 10 and 20 lbs
 - d) Yes, between 20 and 40 lbs
 - e) Yes, more than 40 lbs
- 20) How much have you heard, if anything, about a new class of drugs being used for weight loss, such as Ozempic, Wegovy, Berberine, and Mounjaro? (Source: KFF Health Tracking Poll (July 11-19, 2023), modified to add Berberine)
- a) A lot
 - b) Some
 - c) A little
 - d) Nothing at all
- 21) When was the last time you used a prescription medication to lose weight? This does not include any over-the-counter medications or supplements.
- a) I am currently taking a prescription weight loss medication
 - b) Less than a year ago
 - c) 1-2 years ago
 - d) 2-3 years ago
 - e) 3-5 years ago
 - f) More than 5 years ago
 - g) I have never used a prescription weight loss medication
 - h) Don't know / not sure
- 22) *If not currently taking prescription drug to lose weight:* If you heard that a prescription weight loss drug was safe and effective, how interested would you be in using that prescription drug to lose weight? (Source: KFF Health Tracking Poll (July 11-19, 2023))
- a) Very interested
 - b) Somewhat interested
 - c) Neutral
 - d) Not too interested
 - e) Not at all interested
- 23) *If not currently taking prescription drug to lose weight:* In the **past 12 months**, have you tried to get access to a weight loss drug, such as Ozempic, Wegovy, Berberine, and Mounjaro? Please select all that apply. (Source: V17)
- a) Yes, I tried but was unable to get a prescription
 - b) Yes, I was prescribed but unable to get a weight loss drug
 - c) No [exclusive]
- 24) *If currently taking prescription drugs to lose weight:* How long have you been taking a prescription weight loss drug? (Source: V17)
- a) Less than 1 month
 - b) 1-3 months
 - c) 3-6 months
 - d) 6-12 months

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- e) 1-2 years
 - f) Over 2 years
- 25) If your child(ren) were overweight or obese and a doctor recommended it, would you consider a weight loss prescription for your child(ren)?
- a) I would strongly consider it
 - b) I would consider it a little
 - c) I would not consider it at all
 - d) Don't know / Not sure
 - e) Not applicable - I do not have a child

Vaccine

- 26) *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, V16)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 27) *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, V16)
- a) 1
 - b) 2
 - c) 3
 - d) 4 or more
- 28) *If reported receiving 1 dose or more in this survey:* When did you receive your first dose of the COVID-19 vaccine? (Source: C3 V5-16)
Your vaccination card should have the date of your first shot.
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 29) *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 V5-16)
 - b) Don't know / Not sure
- 30) *If don't know month:* Do you recall the season in which you received your first dose of the COVID-19 vaccine? (Source: C3 V5-16)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure

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- 31) 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 V5-16)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Other: _____
 - f) Don't know / Not sure
- 32) *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 V5-16)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 33) *If don't know exact date:* What month did you receive your second dose of the COVID-19 vaccine? (Source: C3 V5-16)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 34) *If don't know month:* Do you recall the season in which you received your second dose of the COVID-19 vaccine? (Source: C3 V5-16)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure
- 35) *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, V16)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Other: _____
 - f) Don't know / Not sure
- 36) *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.
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, V16)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure

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- 37) *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, V16)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 38) *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, V16)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure
- 39) *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, V16)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Other: _____
 - f) Don't know / Not sure
- 40) *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, V16)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 41) *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, V16)
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 42) *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, V16)
- a) Enter date: Season & Year dropdown options
 - b) Don't know / Not sure
- 43) *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, V16)
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Johnson & Johnson / Beth Israel Deaconess
 - e) Other: _____
 - f) Don't know / Not sure
-

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- 44) *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, V16)
- a) Short-term side effects
 - b) Long-term side effects
 - c) Vaccine effectiveness
 - d) I'm not convinced that the vaccine will work to prevent me from getting infected
 - e) I'm not convinced the vaccine will work to prevent me from getting severe COVID symptoms
 - f) I'm not convinced the vaccine will work to prevent me from being hospitalized or dying from COVID
 - g) I'm not convinced the vaccine is safe for me
 - h) Whether other people I know also get it
 - i) I need more information about the vaccine
 - j) I already had COVID
 - k) I recently had COVID
 - l) I don't think I am at risk for getting COVID
 - m) I have a medical condition which prevents me from getting vaccinated
 - n) Issues accessing a vaccine at a time that works for me
 - o) Issues accessing a specific vaccine versus the one that is available
 - p) I don't like needles/injections
 - q) Other _____
 - r) None of the above
- 45) *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, V16)
- 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 _____
- 46) *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

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- 47) *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 v17: Since your last survey [piped text of last survey date], have you received an additional COVID-19 vaccine dose? (Source: C3 V5-14, updated V15, V16)*
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 48) *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, V16)*
- a) Pfizer/BioNTech
 - b) Moderna
 - c) Novavax
 - d) Other: _____
 - e) Don't know / Not sure
- 49) *If received additional vaccine dose since last survey: When did you receive your **most recent** vaccine dose? (Source: C3 V5-16)*
- a) Enter date: Month Day Year lookup
 - b) Don't know / Not sure
- 50) *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
- 51) *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 V5-14, updated V14, V15, V16)*
- a) I believe the vaccine effectiveness due to my previous doses could be waning
 - b) It was convenient to get it at the same time as another vaccine (e.g., flu)
 - c) I'm concerned about new coronavirus variants
 - d) It is required for travel outside the US
 - e) It is required by my employer
 - f) It is required by my school/university
 - g) I want to visit my family
 - h) I want to help reduce the burden on the healthcare system
 - i) I want to help end the pandemic as soon as possible
 - j) I believe it is effective
 - k) It will help protect me
 - l) It will help protect others around me
 - m) I trust the FDA emergency use authorization and approval process
 - n) Other _____
- 52) How willing are you to receive future updated vaccines for COVID-19? (Source: v15, v16)

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- a) Very willing
 - b) Somewhat willing
 - c) Not willing
 - d) Don't know / Not sure
- 53) *If very willing or somewhat willing to receive a future updated vaccine:* How often would you be willing to receive future updated vaccines for COVID-19? Please select all that apply. (Source: V15, V16)
- 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
- 54) What would you consider when deciding whether or not to receive a future updated vaccine for COVID-19? Please select all that apply. (Source: V14, updated V15, V16)
- 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]
- 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
 - 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

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- 57) For this upcoming respiratory season (Fall 2023/Winter 2024), are you planning to get the RSV vaccine? (Source: V16, updated V17)
- a) Yes, I already received it
 - b) Yes, planning to get it
 - c) No
 - d) Don't know / not sure
- 58) To what extent do you agree or disagree with the following statements? [matrix with Likert scale of: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree]
- a) Not enough is known about the long-term side effects of receiving the COVID-19 vaccine during pregnancy
 - b) There is not enough research to support getting the COVID-19 vaccine during pregnancy
 - c) Pregnant people with COVID-19 are more likely to have severe disease than people who are not pregnant
 - d) The COVID-19 vaccine is safe to receive during pregnancy
 - e) The seasonal flu shot is safe to receive during pregnancy
 - f) The COVID-19 vaccine reduces the risk of severe disease from COVID-19 during pregnancy
 - g) Receiving the COVID-19 vaccine while pregnant helps protect infants until they are old enough to be vaccinated.

Testing and Diagnosis

- 59) 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?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 60) Have you had COVID or a positive/reactive test **in the last 9 months (since [piped date])**?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 61) 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.
- 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

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- 62) *If yes to viral test:* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were any of your viral tests an **at-home rapid** test?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 63) *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?
- a) Yes
 - b) No
 - c) I am still waiting for test results
 - d) Don't know / Not sure
- 64) *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.
An approximate date is okay.
- a) __[Date]
 - b) Don't know / Not sure
- 65) *If don't know/not sure about positive/reactive viral test date:* Since your last survey (on [piped last survey date]), what month was your first positive viral (PCR or rapid) test?
- a) Jan 2022
 - b) ...
 - c) December 2023
 - d) Other: _____
 - e) Don't know / Not sure
- 66) *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.**
- 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 meeting or event)
 - 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: _____
- 67) How often do you generally test for COVID-19? (Source: v15)
- a) Once a week or more
 - b) Once a month or more, but less than once a week
-

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- c) As needed, when I think I've been exposed or have symptoms that I think might be associated with COVID-19
 - d) I do not generally test for COVID-19
- 68) How many COVID-19 rapid tests do you have at home right now? (Source: V16)
- a) 0
 - b) 1
 - c) 2
 - d) 3+
- 69) Do you consider yourself to be at high risk for severe COVID-19, which may include hospitalization? (Source: V14)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 70) Since you completed your last survey (on [piped last survey date]), do you personally know anyone who has died of COVID-19? By personally, we mean partners, relatives, friends, or coworkers.
- a) Yes
 - b) No
 - c) Don't know / Not sure

Symptoms

- 71) 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.**

Please do not include side effects that you experienced after receiving a COVID-19 vaccine dose (usually occurring 24 - 48 hours after receiving a vaccine dose). (Source: C3 V0-V14)

- 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

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- q. Loss or altered sense 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
- 72) *If selected any symptom:* Did you see or call a physician or health care professional for any of these symptoms?
- a) Yes, once
 - b) Yes, twice
 - c) Yes, 3 or more times
 - d) No
 - e) Don't know / Not sure
- 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-V12)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 74) Have you been hospitalized for **any reason** since January 2020?
- a) Yes, once
 - b) Yes, twice
 - c) Yes, three times
 - d) Yes, four or more times
 - e) No
- 75) *If hospitalized for any reason since January 2020:* When was the first time you were hospitalized since January 2020?
- a) January 2020
 - b) ...
 - c) December 2023
 - d) Don't know / Not sure
- 76) *If 'Don't know / Not sure' for first hospitalization:* Approximately how long ago was the first time you were hospitalized since January 2020?
- a) Less than 3 months ago
 - b) 3-6 months ago
 - c) 6-12 months ago
 - d) 1-2 years ago
 - e) 2-3 years ago
 - f) More than 3 years ago

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- 77) *If hospitalized for any reason since January 2020:* Was the first time you were hospitalized since January 2020 due to Covid?
a) Yes
b) No
c) Don't know / Not sure
- 78) *If hospitalized twice or 3+ times for any reason since January 2020:* When was the second time you were hospitalized since January 2020? Please note, you selected [enter response for first time] as the first time you were hospitalized.
a) January 2020
b) ...
c) December 2023
- 79) *If 'Don't know / Not sure' for second hospitalization:* Approximately how long ago was the second time you were hospitalized since January 2020?
a) Less than 3 months ago
b) 3-6 months ago
c) 6-12 months ago
d) 1-2 years ago
e) 2-3 years ago
f) More than 3 years ago
- 80) *If hospitalized twice or 3+ times for any reason since January 2020:* Was the second time you were hospitalized since January 2020 due to Covid?
a) Yes
b) No
c) Don't know / Not sure
- 81) *If hospitalized twice or 3+ times for any reason since January 2020:* When was the third time you were hospitalized since January 2020? Please note, you selected [enter response for second time] as the second time you were hospitalized.
a) January 2020
b) ...
c) December 2023
- 82) *If 'Don't know / Not sure' for third hospitalization:* Approximately how long ago was the third time you were hospitalized since January 2020?
a) Less than 3 months ago
b) 3-6 months ago
c) 6-12 months ago
d) 1-2 years ago
e) 2-3 years ago
f) More than 3 years ago
- 83) *If hospitalized 3+ times for any reason since January 2020:* Was the third time you were hospitalized since January 2020 due to Covid?
a) Yes
-

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- b) No
c) Don't know / Not sure
- 84) *If hospitalized 4+ times for any reason since January 2020: When was the most recent time you were hospitalized since January 2020? Please note, you selected [enter response for second time] as the second time you were hospitalized.*
a) January 2020
b) ...
c) December 2023
- 85) *If 'Don't know / Not sure' for most recent hospitalization: Approximately how long ago was the most recent time you were hospitalized since January 2020?*
a) Less than 3 months ago
b) 3-6 months ago
c) 6-12 months ago
d) 1-2 years ago
e) 2-3 years ago
f) More than 3 years ago
- 86) *If hospitalized 4+ times for any reason since January 2020: Was the most recent time you were hospitalized since January 2020 due to Covid?*
a) Yes
b) No
c) Don't know / Not sure
- 87) *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, V16)*
a) Yes
b) No
c) Don't know / Not sure
- 88) *If received a diagnosis of something other than COVID-19: What was the diagnosis you received from a healthcare professional? Please select all that apply. (Source: V16)*
a) Allergies
b) Cold
c) Flu
d) RSV
e) Other: ____
f) Don't know / Not sure
- 89) *If reported COVID in last 9 months or if reported a positive/reactive viral test in v15: **Thinking about your most recent COVID infection, please check all time periods when you experienced fever.** (Source: NICE, v11, v13)*

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- a) Before your most recent COVID infection
- b) 1 month after your most recent COVID infection
- c) 3 months after your most recent COVID infection
- d) 6 months after your most recent COVID infection
- e) I didn't experience it at any of those times (*exclusive*)

90) *Repeat symptoms timing question for:*

- a) Fatigue
- b) Pain
- c) Cough
- d) Breathlessness
- e) Chest tightness
- f) Chest pain
- g) Palpitations
- h) Brain fog, memory/concentration loss
- i) Headache
- j) Sleep disturbance
- k) Delirium
- l) Dizziness
- m) Loss or change to your sense of taste/smell
- n) Pins and needles/numbness
- o) Joint pain
- p) Muscle pain
- q) Symptoms of depression
- r) Symptoms of anxiety
- s) Abdominal pain
- t) Nausea
- u) Diarrhea
- v) Anorexia/Loss of appetite
- w) Digestive disorder
- x) Tinnitus
- y) Earache
- z) Sore throat
- aa) Skin rash

Recovery

[only asked of those reported a positive viral test or ever covid in v17]

You are seeing the following questions because you previously reported having had COVID-19. The questions ask about your experience recovering from COVID-19.

- 91) *If positive/reactive viral test in v15:* Have you tried any of the following for COVID symptoms? **Please select all that apply.** (Source: C3, V10-16)
- a) Medication to reduce symptoms
 - b) Diet modifications

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- 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), a COVID-19 antiviral
 - i) Lagevrio (molnupiravir), a COVID-19 antiviral
 - 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)
- 92) For each selected item above: Did you find [tried treatments, excluding o, p] helpful for reducing COVID symptoms?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 93) *If ever COVID in V15 (positive reactive viral test or yes to ever COVID in v17):* 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, V11-16)
- a) Paxlovid (nirmatrelvir; ritonavir)
 - b) Lagevrio (molnupiravir)
 - c) Other: _____
 - d) I was not prescribed an antiviral medication
- 94) *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
- 95) *If prescribed antiviral=Paxlovid:* For the time(s) when you were prescribed 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

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- 96) *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 you received?
- a) Yes
 - b) No
 - c) I was prescribed but did not take it
 - d) Don't know / Not sure
- 97) *If prescribed antiviral=Paxlovid:* Did you find Paxlovid helpful for reducing COVID symptoms?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 98) *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
- 99) *If prescribed antiviral=Molnupiravir:* For the time(s) when you were prescribed Lagevrio (molnupiravir), was Lagevrio (molnupiravir) prescribed for more than 5 days? [with selected answers from When were you prescribed Lagevrio (molnupiravir)]
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 100) *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 you received?
- a) Yes
 - b) No
 - c) I was prescribed but did not take it
 - d) Don't know / Not sure
- 101) *If prescribed antiviral=Molnupiravir:* Did you find Lagevrio (molnupiravir) helpful for reducing COVID symptoms?
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 102) *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

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- 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
- 103) *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
- 104) *[If selected Paxlovid or Molnupiravir]* What type of healthcare setting were you in the last time you received a prescription for an antiviral? (Source: V14, v15, 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
- 105) *[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, v15, updated v16)
- 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
 - 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 at preventing or reducing severe symptoms
 - h) I believed it could make me less infectious to others
 - i) It was within 5 days of symptom onset
 - j) It was convenient for me to get a prescription
 - k) I knew I was eligible for the antiviral
 - l) People I know had taken it
 - m) I felt that I had enough information about potential side effects
 - n) I could get it for free or at low cost
 - o) I was not concerned that it would affect any other medications I was taking at the time
 - p) Other: _____
 - q) None of the above [exclusive]
 - r) Don't know/Not sure

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- 106) *[If not prescribed antivirals since last survey and reported positive test in v17, 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 about **not** taking an antiviral? Please select all that apply. (Source: v14, v15, v16)
- 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 at preventing or reducing severe symptoms
 - 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 had 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
- 107) *[If positive lab diagnosis in v17 or ever Covid in v17]* 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, v16)
- a) My symptoms returned between 2 and 8 days later
 - b) I tested positive again between 2 and 8 days after a negative test
 - c) Both of the above
 - d) Neither of the above

Long-haul specific section

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.

- 108) To what extent are you currently experiencing the following symptoms? (Source: C3, V3-V14, response options added in V5 and V6, modified for severity matrix in v17) [matrix with options of not at all, mild, moderate, severe, don't know/not sure]
- a) Shortness of breath
 - b) Coughing
 - c) Difficulty walking more than 15 minutes
 - d) Difficulty running / exercising
 - e) Fatigue
-

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- 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
 - bb) Something else: _____
- 109) *If skipped V4-16 or don't know/no in response to long-haul questions in V4-16: 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-V16)
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 110) *If people haven't previously identified they have long-haul by a doctor in v10-16: Have you been told by a **doctor** that you might have long COVID? (Source: C3, V10-16, updated v16)*
- "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

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- b) No
c) Don't know/not sure
- 111) 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, V11-16, updated v16)
- a) Yes
b) No
c) Don't know / Not sure
- 112) *If yes or don't know to self-identified long-haul or told by a doctor or ONS, display:* The following question is about your experience with long-haul symptoms or long COVID.
- When did your initial symptoms start? (Source: C3, V4-V16)
- a) December 2019
b) ...
c) December 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.

- 113) *If identified as long COVID (self, doctor, or ONS):* How would you describe your **long COVID** when it was the absolute worst?
- a) No impact on activities of daily living
b) Little impact on activities of daily living
c) Little to moderate impact on activities of daily living
d) Moderate impact on activities of daily living
e) Moderate to severe impact on activities of daily living
f) Severe impact on activities of daily living
- 114) You answered that during the worst period of time your long COVID had [insert response], what was the **total duration of that worst period of time**?
Please answer even if ongoing, and tell us how long you have been feeling this way.
- a) Less than a week
b) Between a week and a month
c) 1 month < 6 months
d) 6 months to a year
e) More than a year
- 115) *If ever had COVID in v17, positive lab test in v17 or long COVID (doctor, self, ONS) in any survey:* Since you had COVID, have you been diagnosed with any of the following medical conditions?
- a) Postural orthostatic tachycardia syndrome (POTS)
b) Hypertension / high blood pressure
c) Myalgic encephalomyelitis/chronic fatigue syndrome (ME / CFS)
d) Dysautonomia (disorder of the autonomic nervous system (ANS) function)
e) Any heart condition

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- f) Any lung or pulmonary condition
 - g) Seizures
 - h) Guillain-Barre Syndrome
 - i) Parkinson's disease
 - j) Alzheimer's disease
 - k) Blood clots
 - l) Epstein Barr virus infection
 - m) Mononucleosis
 - n) Multiple sclerosis
 - o) Depression
 - p) Anxiety
 - q) Migraines
 - r) Abnormally elevated cholesterol or fats (lipids) in the blood (Dyslipidemia)
 - s) Insomnia
 - t) Traumatic brain injury
 - u) Other mental health diagnosis _____
 - v) Anything else _____
 - w) I have not been diagnosed with any of the above conditions
- 116) *If ever long Covid (self, doctor, ONS in any survey): Compared to when you first got sick, how do you feel right now? (Source: C3, V4-V16)*
- 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 having long COVID (*skip to next section*)
 - g) Don't know / Not sure
- 117) *If selected e "Totally recovered" & identified as a long hauler in v16 or previously: The following question is about your experience with long-haul symptoms or long COVID.*
- About how long did your symptoms last? (Source: C3, V11, V13, V15)
- a) Less than a week
 - b) Between a week and a month
 - c) 1 month to < 6 months
 - d) 6 months to a year
 - e) More than a year
- 118) *If reported at least one vaccine dose and id as having long haul (self or doctor or ONS): Do you think your long-haul symptoms have improved since you were **vaccinated**? (Source: C3, V7-V16)*
- a) Yes
 - b) No
 - c) Don't know / Not sure
 - d) Not applicable

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- 119) *If yes to symptoms have improved since vaccination: Which of your symptoms improved after being vaccinated? Please select all that apply. (Source: v14, v15, updated v16)*
- 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
- 120) *If reported long-haul (self (C3 or ONS) or doctor) previously or in v17: 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-V16)*
- 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 other herbal supplements
 - l) Other _____
 - m) I didn't have symptoms (exclusive)
 - n) None of the above (exclusive)
- 121) *If yes to any resource: did you find [prepopulate list of responses endorsed above, EXCLUDING 'I didn't have symptoms' and 'None of the above'] helpful for reducing long-haul COVID symptoms?*
- a) Yes
 - b) No
 - c) Don't know / Not sure

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- 122) *[If selected Paxlovid or Molnupiravir for long Covid]* Did your provider offer to prescribe you an antiviral or did you proactively request that they prescribed one for you? (Source: V14-16)
- a) Provider offered
 - b) Proactively requested
 - c) Don't know / Not sure
- 123) *If reported long-haul (self (C3 or ONS)) OR DOCTOR ID previously or in v17:* Have you had difficulty finding a doctor to treat your long-haul COVID symptoms? (Source: C3, V7-V15)
- a) Yes
 - b) No
 - c) Don't know/not sure

Quality of Life

- 124) 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, V1-V16, modified from a [BRFSS question](#))
- a) No difficulty
 - b) Some difficulty
 - c) A lot of difficulty
 - d) Don't know / Not sure

Under each heading, please select one response that best describes your health TODAY (Source: Euro QOL 5D, recommended by CDC for long-haul evaluation)

- 125) Mobility
- a) I have no problems in walking about
 - b) I have slight problems in walking about
 - c) I have moderate problems in walking about
 - d) I have severe problems in walking about
 - e) I am unable to walk about
- 126) Self-care
- a) I have no problems washing or dressing myself
 - b) I have slight problems washing or dressing myself
 - c) I have moderate problems washing or dressing myself
 - d) I have severe problems washing or dressing myself
 - e) I am unable to wash or dress myself
- 127) Usual activities (e.g. work, study, housework, family or leisure activities)
- a) I have no problems doing my usual activities
 - b) I have slight problems doing my usual activities
 - c) I have moderate problems doing my usual activities
 - d) I have severe problems doing my usual activities

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- e) I am unable to do my usual activities
- 128) Pain or discomfort
- a) I have no pain or discomfort
 - b) I have slight pain or discomfort
 - c) I have moderate pain or discomfort
 - d) I have severe pain or discomfort
 - e) I have extreme pain or discomfort
- 129) Anxiety or depression
- a) I am not anxious or depressed
 - b) I am slightly anxious or depressed
 - c) I am moderately anxious or depressed
 - d) I am severely anxious or depressed
 - e) I am extremely anxious or depressed
- 130) We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine. Use the slider to select the number to indicate how your health is TODAY. (Source: Euro QOL 5D)
- a) [Scale from 0 to 100]
- 131) The next set of questions is about fatigue.

Please select the number between 1 and 7 which best fits the following statements. This refers to your usual way of life within **the last week**. 1 indicates “Strongly disagree” and 7 indicates “Strongly agree.” (Source: [Fatigue Severity Scale](#), recommended by CDC for long-haul evaluation. V11, 13, 15)

- a) My motivation is lower when I am fatigued [1-7]
 - b) Exercise brings on my fatigue [1-7]
 - c) I am easily fatigued [1-7]
 - d) Fatigue interferes with my physical functioning [1-7]
 - e) Fatigue causes frequent problems for me [1-7]
 - f) My fatigue prevents sustained physical functioning [1-7]
 - g) Fatigue interferes with carrying out certain duties and responsibilities [1-7]
 - h) Fatigue is among my most disabling symptoms [1-7]
 - i) Fatigue interferes with my work, family, or social life [1-7]
- 132) The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you’ve always done or forgetting things that you would normally know. We want to know how these difficulties impact you. (Source: [BRFSS](#))

During the **past 12 months**, have you experienced confusion or memory loss that is happening more often or is getting worse?

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- a) Yes
 - b) No
 - c) Don't know / Not sure
- 133) During the **past 12 months**, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...
- a) Always
 - b) Usually
 - c) Sometimes
 - d) Rarely
 - e) Never
 - f) Don't know/Not sure
- 134) As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...
- a) Always
 - b) Usually
 - c) Sometimes
 - d) Rarely
 - e) Never
 - f) Don't know/Not sure
- 135) When you need help with these day -to - day activities, how often are you able to get the help that you need? Would you say it is...
- a) Always
 - b) Usually
 - c) Sometimes
 - d) Rarely
 - e) Never
 - f) Don't know/Not sure
- 136) During the **past 12 months**, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...
- a) Always
 - b) Usually
 - c) Sometimes
 - d) Rarely
 - e) Never
 - f) Don't know/Not sure
- 137) Have you or anyone else discussed your confusion or memory loss with a healthcare professional?
- a) Yes
 - b) No
 - c) Don't know / Not sure
-

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- 138) Would you say that in general your health is: (Source: [CDC's Healthy Days Measure](#); C3: V2-V16)
- a) Excellent
 - b) Very Good
 - c) Fair
 - d) Poor
- 139) 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](#))
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 140) 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](#))
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 141) 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](#))
- a) _____ *Number of days from 1-30*
 - b) None
 - c) Don't know / Not sure
- 142) 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](#))
- a) Yes
 - b) No
 - c) Don't know / Not sure
- 143) How many times per week or per month did you take part in this activity during the **past month**? (Source: [BRFSS, 2019](#))
- a) ___ Times per week
 - b) ___ Times per month
 - c) Don't know / Not sure
- 144) And when you took part in this activity, for how many minutes or hours did you usually keep at it? (Source: [BRFSS, 2019](#))
- a) ___ Number of hours
 - b) ___ Number of minutes
 - c) Don't know / Not sure

Anxiety & Risk Perception

- 145) *If positive viral test or ever had COVID in V15:* How worried are you about getting sick from COVID-19 **again**? Would you say: (Source: C3, V3-V16. Updated v14)
- a) Not at all worried
 - b) Not too worried
 - c) Somewhat worried
 - d) Very worried
- 146) *If no positive test in v15 and never had COVID in V15:* How worried are you about getting sick from COVID-19? Would you say: (Source: C3, V0-V16. Updated v14)
- a) Not at all worried
 - b) Not too worried
 - c) Somewhat worried
 - d) Very worried
- 147) How worried are you about the long-term effects of Covid-19 infection(s)? (Source: V15, updated V16)
- a) Not at all worried
 - b) Not too worried
 - c) Somewhat worried
 - d) Very worried
- 148) How worried are you about your loved ones getting sick from COVID-19? Would you say: (Source: C3, V0-V16)
- a) Not at all worried
 - b) Not too worried
 - c) Somewhat worried
 - d) Very worried
- 149) **In the past month (since ADD Qualtrics DD/Mon/YY),** how often have you been bothered by the following problems (Source: GAD7, PHQ8)

	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				

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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				

Closing Remarks

150) *If did not answer this question in v16:*

We are launching a new study in the near future about COVID-19 and other respiratory pathogens, as well as the opportunity to invite other adult household members who may be interested to participate. The study would involve at-home rapid testing (10-20 kits) and specimen collection, with tests for COVID-19, flu, and RSV that would be provided to you at no cost, as well as the usual incentives that we provide to our study participants. Would you be interested in joining a study like this? (Source: V16, updated V17)

- a) Yes, very likely
- b) Possibly, but I would need more information first
- c) No, probably not
- d) Not sure

151) As we near the end of the CHASING COVID Cohort study, are there any comments you would like to share about your experience with the COVID-19 pandemic or this study? This will help inform our future work.

- a) [Free text field]

152) What are the main things that motivated you to participate in this study for the last four years? [multiple selections]

- a) The monetary incentives
- b) The serologic/laboratory testing
- c) I thought it was an important study
- d) I trusted the research team
- e) I enjoyed being a part of the study
- f) I learned things from participating in the study
- g) Other: _____

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- 153) What are some things about the study that could have been done better? [on a likert scale for perfect, about right, neutral, could be improved somewhat, needs significant improvement]
- a) The frequency of questionnaires
 - b) The amount of time to complete questionnaires
 - c) The clarity of the questions that were asked
 - d) The clarity of instructions for collecting specimens
 - e) The content of communications from the study team
 - f) The frequency of contact (emails and texts) from the study team
 - g) The quality of interactions with the study team
 - h) The responsiveness of the study team
 - i) The knowledge of the study team
- 154) In this study, we primarily contacted you by email and/or SMS text. Which of the following best describes your experience? [multiple selections]
- a) The methods of contact worked just fine for me
 - b) I mostly prefer to be contacted via SMS text
 - c) I mostly prefer to be contacted via email
 - d) I would have preferred to use an app for all study interactions
 - e) I would have preferred something else entirely to interact with the study team:

Administrative

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

End Survey Message / END OF STUDY MESSAGE

Thank you for taking the time to complete this follow-up survey. A confirmation email with the details has also been sent to you. Your continued participation has been invaluable for understanding COVID-19 and its impact over the past 4 years. You may be invited to participate in other study activities in early 2024, and we may reach out to you in the future about other, similar studies you may be eligible to participate in.

For up to date and accurate information about COVID-19, please visit [CDC.gov](https://www.cdc.gov).

If you would like to see updates on new publications using CHASING COVID study data, please visit our project page: <https://cunyisph.org/chasing-covid/>

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

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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.

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. If you requested the gift card, we will email you a \$20 *Tremendous* gift card to the email address that you provided within 3 business days.

We appreciate your continued participation since the start of the study in March 2020. As part of this longitudinal study on COVID, we have learned 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 would like to see updates on new publications using CHASING COVID study data, please visit our project page: <https://cunyisph.org/chasing-covid/>

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 V17]

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 future surveys.

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

END OF SURVEY

Fatigue Severity Scale - <https://www.sralab.org/rehabilitation-measures/fatigue-severity-scale>

Euro Qol 5D - <https://euroqol.org/publications/user-guides/>

Article on stigma <https://app.slack.com/client/T1AGTBN4C/D1BKYLUS5>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3758464/>

Symptom and Impact tool <https://pubmed.ncbi.nlm.nih.gov/33912905/>
<https://academic.oup.com/cid/article/74/2/278/6252414>