



CHASING  
COVID  
COHORT

February 10, 2021

## CHASING COVID Study Aims

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

## Introduction

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

1) Please confirm your date of birth:

- a) Month \_\_\_\_\_
- b) Day \_\_\_\_\_
- c) Year \_\_\_\_\_

2) *If no phone number on file as of V5, skip to next question: We have this number for text message reminders. Is this correct?: <Enter phone number on file from V5>*

- 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.)*

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Please confirm your phone number

## Contacts, Pre-Existing Conditions and Symptoms

*All responses in this section are required*

4) **In the past month (since ADD Qualtrics DD/Mon/YY)**, has anyone in your household, other than yourself, been diagnosed with the new coronavirus? Please do not include yourself.

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

5) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who had a laboratory confirmed diagnosis of the new coronavirus? Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of a new coronavirus case for a prolonged time (10 minutes or longer).

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

6) *If yes:* Were any of those close contacts with someone who had a laboratory confirmed diagnosis of the new coronavirus in the **last two weeks (since ADD Qualtrics DD/Mon/YY)**?

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

7) *If yes:* Were you exposed to that person when they were experiencing symptoms?

- a) Yes, definitely
- b) Yes, probably
- c) No
- d) Don't know / Not sure

8) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who had coronavirus-like symptoms (cough, fever or shortness of breath), but not a laboratory confirmed diagnosis of the new coronavirus? Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of someone with symptoms for a prolonged time (10 minutes or longer).

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

9) *If yes:* Were any of those close contacts with someone who had had coronavirus-like symptoms (cough, fever or shortness of breath) in the **last two weeks (since ADD Qualtrics DD/Mon/YY)**?

- a) Yes
- b) No

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c) Don't know / Not sure

10) In the past month, have you quarantined or are you currently in quarantine?

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

11) *If yes to quarantine:* How many days did you quarantine?

- a) I am currently quarantining
- b) 0 days
- c) 1-2 days
- d) 3-5 days
- e) 5-10 days
- f) 10-13 days
- g) 14 or more days
- h) Don't know / Not sure

12) *If yes to quarantine:* Did you quarantine for any of the following reasons? **Please select all that apply.**

- a) After a known or suspected exposure
- b) Before seeing family or friends
- c) After seeing family or friends
- d) Before traveling
- e) After traveling
- f) Other \_\_\_\_\_
- g) Don't know/Not sure

13) 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.**

- 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

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- o) Itchy eyes
- p) Eye pain
- q) Loss of smell (new since you completed your last survey)
- r) Loss 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

14) *If selected any symptom:* Have you seen or called a physician or health care professional for any of these symptoms?

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

15) *If selected any symptom:* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, were you hospitalized for any of these symptoms?

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

16) *If selected any symptom:* Around what day did your symptoms start?

- a) \_\_\_\_\_ (enter calendar date)
- b) Don't know / Not sure

17) *If indicated don't know for symptom start date:* About how long ago did your symptoms start?

- 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

18) *If selected any symptom:* How many days did your symptoms last?

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

19) Since **December 1st, 2020**, have you sought medical care for anything other than COVID?

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

20) If yes, Where did you receive care since December 1st, 2020? Please select all that apply

- c) Doctor's office or clinic
- d) Urgent care
- e) Emergency room
- f) Emergency surgery
- g) Elective or scheduled surgery
- h) Outpatient rehab facility (e.g., physical therapy/occupational therapy)
- i) Admitted to the hospital
- j) Admitted to an in-patient rehab facility
- k) Other: \_\_\_\_\_
- l) Don't know/not sure

21) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, have you been tested for coronavirus? Do not include the at-home specimen collection for antibody testing that you may have completed as a part of this study.

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

22) *If yes to testing:* Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, how many times have you been tested? Do not include the at-home specimen collection for antibody testing that you may have completed as a part of this study.

- a) 1
- b) 2
- c) 3+
- d) Don't know / Not sure

23) *If yes to testing:* Did you receive a viral or an antibody test? A viral test can show if you are currently infected. Viral tests (PCR or rapid tests) identify virus in samples from your respiratory system, such as swabs from the inside of your nose. An antibody test, also called a serology test, is a blood test that can show if you had a past infection with the coronavirus. **Please select all that apply.** *Can select do not know with other options.*

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

24) *If selected yes was tested or tried to get a test:* What motivated you to get or try to get a test for the new coronavirus? **Please select all that apply.**

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- a) I was experiencing COVID-like symptoms
- b) I needed to get a test for **work** (e.g., working in a healthcare or congregate living facility)
- c) I needed to get a test for **school**
- d) I belong to a priority population (e.g., having an underlying health condition)
- e) I was in contact with someone who had or was suspected to have had the new coronavirus
- f) I attended a gathering with more than 10 people (e.g., a church or protest)
- g) Prior to a healthcare visit or procedure
- h) Prior to seeing friends or family
- i) After seeing friends or family
- j) Prior to traveling
- k) After traveling
- l) I was just curious
- m) Other: \_\_\_\_\_

25) *If selected yes was tested or tried to get a test:* Did you have difficulty with the following aspects of getting a test? **Please select all that apply**

- a) Finding a doctor (I didn't know where I could get the test)
- b) Getting an appointment at a convenient time
- c) Affording the test
- d) I don't have insurance
- e) My insurance doesn't cover the test
- f) The insurance co-pays/deductibles were too high
- g) Wait time for an available appointment
- h) Wait time in line at a testing site
- i) Taking time off from work
- j) I did not have transportation
- k) I did not have childcare
- l) The test was not available at the doctor's office, clinic, hospital
- m) I did not meet criteria to be tested
- n) Other: \_\_\_\_\_
- o) I did NOT have any difficulty getting a test

26) *If selected PCR 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

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

- a) Yes

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

28) *If had 1 or more test whether they had positive or negative result, or don't know the result (anything other than still waiting):* For the most recent test you did, how long did it take you to get results?

- a) Less than 1 hour
- b) Between 1 and 8 hours
- c) Between 9 and 24 hours
- d) Between 25 and 48 hours
- e) Between 3 and 5 days
- f) More than 5 days
- g) Don't know / Not sure

29) *If yes to diagnosis (in this survey):* There are many different situations where people can be exposed to coronavirus. How do you think you were infected with the coronavirus?

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

The next set of questions are because you have indicated a previous Coronavirus diagnosis or had a reactive antibody test in S2.

30) *If yes to lab diagnosis (in this survey or V5) :*

Did anyone else in your household, family, friends, or coworkers, test positive? **Please select all that apply.** [Option D is exclusive]

- a) Yes, before my diagnosis
- b) Yes, after my diagnosis
- c) Yes at the same time as my diagnosis
- d) No
- e) Don't know/ Not sure

31) *If yes to lab diagnosis (in this survey or V5) or positive antibody test in S2:* There are many different circumstances where someone with coronavirus might transmit the infection to someone else. Do you think anyone else could have caught coronavirus from you?

- a) Yes, I am certain that this happened
- b) Yes, it is possible, but I'm not certain
- c) No, I am fairly certain that no one else caught coronavirus from me

32) *If had symptoms and said yes or don't know to sought care from a health care professional AND did not have a COVID lab diagnosis (in V6) or positive antibody test:* Since you completed your **last survey**

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(on ADD Qualtrics DD/Mon/YY), did you receive a diagnosis of something other than the new coronavirus? For example, you may have received a diagnosis of the flu or cold.

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

33) *If had symptoms AND not a COVID diagnosis (in V6) and not another diagnosis:* Do you think that your symptoms were caused by any of the following? **Please select all that apply.**

- a) Allergies
- b) Cold
- c) Flu
- d) Other: \_\_\_\_\_
- e) Don't know / Not sure

34) *If selected no (unable or did not try) or the DNK options on testing question or no did not have a lab diagnosis:* Do you think you might have had the new coronavirus?

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

35) Since you completed your **last survey** (on ADD Qualtrics DD/Mon/YY), do you personally know anyone who has died from the new coronavirus? By personally, we mean partners, relatives, friends, or coworkers.

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

## Long-haul

36) Are you currently experiencing any of the following symptoms? **Please select all that apply**

.Shortness of breath

- a) Difficulty walking more than 15 minutes
- b) Difficulty running/exercising
- c) Fatigue
- d) Fatigue after an activity (e.g. doing dishes, which is sometimes called post exertional malaise)
- e) Headache
- f) Trouble Concentrating
- g) Dizziness
- h) Irritability
- i) Erratic heartbeat
- j) Gastro-intestinal issues
- k) Low-grade fever
- l) Muscle aches (myalgia)
- m) Loss or altered taste



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- n) Loss or altered sense of smell
- o) Waxing and waning of some or all of my initial symptoms
- p) Difficulty sleeping
- q) Something else: \_\_\_\_\_
- r) I am not experiencing any of the symptoms above

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

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

*If no, skip to next section*

38) The following questions are about your experience with long-haul symptoms or long COVID.

When did your initial symptoms start?

- a) December 2019
- b) January 2020
- c) February 2020
- d) March 2020
- e) April, 2020
- f) May 2020
- g) June 2020
- h) July 2020
- i) August 2020
- j) September 2020
- k) October 2020
- l) November 2020
- m) December 2020
- n) January 2021

39) Would you define yourself as having continuous symptoms or having relapses (symptoms get better and then get worse again)?

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

40) *If continuous is not selected:* When have you had relapses? **Please select all that apply.**

- a) December 2019
- b) January 2020
- c) February 2020

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- d) March 2020
- e) April 2020
- f) May 2020
- g) June 2020
- h) July 2020
- i) August 2020
- j) September 2020
- k) October 2020
- l) November 2020
- m) December 2020
- n) January 2021
- o) February 2021

41) *If reported long haul in V4/V5, or yes to long haul question in V6:* The following question is because you previously reported experiencing long COVID or long-haul symptoms. Compared to when you first got sick, how do you feel right now?

- 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) Don't know/Not sure

## Recovery

*If ever (V0, V1, V2, V3, V4, V5, V6) reported a COVID diagnosis or positive antibody test in S2, participant should get the next question.*

You are seeing the next question because you have indicated a previous Coronavirus diagnosis or had a reactive antibody test.

42) Since your **last survey** (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?

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

## Precautions and Impact

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

As a result of the new coronavirus, have you...	Yes	No	Not Applicable

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Avoided gatherings with people outside your household			
Physically separated from people <u>within your household</u> (renting a separate home or staying on a separate floor or room)			
Formed a pod or a team (a group of people who all agree to only socialize with each other)			
Avoided shaking hands or hugging			
Made plans to protect older persons that you know (arranged delivery of food or medicine)			
Stayed home from work when you were sick			
Bought a firearm			
Worn gloves			
Worn a cloth face mask			
Worn a KN95, N95, or KF94 mask			
Worn a double mask			
Worn a face mask in your own household			
Worn a face shield			
Worn safety goggles			
Avoided public transportation			

44) In the past month (**since ADD Qualtrics DD/Mon/YY**), how often did you **wear a mask indoors** during the following activities?

	Always	Sometimes	Never	Not applicable
Grocery shopping (indoor area with lots of people)				
While visiting friends/family who were not part of your household				
While at work (inside an office building or other work environment)				
Using public transit (bus, train, subway)				
Visiting a salon, gym (an indoor area with a few people)				
At a church or religious service (where people were praying, talking, and singing)				
At your home if someone in your household was ill or may have been exposed to coronavirus				

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At your home if someone outside your household was visiting				
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45) In the past month (**since ADD Qualtrics DD/Mon/YY**), how often did you **wear a mask outdoors** during the following activities?

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

46) In the past month, (**since ADD Qualtrics DD/Mon/YY**), how often have you practiced **social distancing** (keeping six feet apart) with:

	Always	Sometimes	Never	Not applicable
People I don't know (for example, other shoppers in stores, staff and other diners at indoor restaurants, commuters on public transit)				
People I know (friends, family beyond your household, coworkers)				

## Sociodemographics

71) Are you currently...?

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

47) *If out of work*: Are you receiving unemployment benefits, or have you filed for unemployment benefits?

- a) Yes, I am receiving unemployment

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- b) Yes, I have filed for and am waiting to hear about eligibility
- c) Yes, I have filed for and am waiting to receive unemployment
- d) No, I am not receiving, filing or eligible for unemployment.
- e) No, my unemployment benefits expired.
- f) Don't know / Not sure

48) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you experienced a significant personal loss of income as a result of the new coronavirus?

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

49) *If yes experienced a personal loss of income:* Which of the following contributed to a personal loss of income? **Please select all that apply.**

- a) I was fired/laid off
- b) I was given time off without pay (not fired, but not working)
- c) I was given time off with reduced pay (employer provided benefits)
- d) My hours were reduced
- e) I could not work and care for or educate a child in my household
- f) I felt I was at high risk and did not want to leave my home
- g) My business temporarily closed
- h) My business permanently closed
- i) I was sick
- j) I was in quarantine or isolation
- k) I was in the hospital
- l) Other: \_\_\_\_\_

50) Are you currently in a relationship or seeing someone?

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

*If not in a relationship, skip to next section*

51) *If in a relationship:* Has the person you are in a relationship with or seeing changed in the past month?

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

52) *If in a relationship:* Do you and your partner(s) live in the same household?

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

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53) *If has spouse/partner in the household: In the last month, (since ADD Qualtrics DD/Mon/YY), has your spouse/partner experienced a significant personal loss of income as a result of the new coronavirus?*

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

54) *If yes spouse/partner experienced a personal loss of income: Which of the following contributed to your spouse/partner's personal loss of income? Please select all that apply.*

- a) They were was fired/laid off
- b) They were was given time off without pay (not fired, but not working)
- c) They were was given time off with reduced pay (employer provided benefits)
- d) Their hours were reduced
- e) They could not work and care for or educate a child in our household
- f) They felt they were was at high risk and did not want to leave the home
- g) Their business temporarily closed
- h) Their business permanently closed
- i) They were was sick
- j) They were was in quarantine or isolation
- k) They were was in the hospital
- l) Other: \_\_\_\_\_

55) *If did not respond to this in V3/V4/V5: How many children less than 18 years of age live in your household?*

- a) \_\_ \_ Number (nothing >100)
- b) No children <18 live in my household

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

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

57) *If no (0) children less than 18, then skip: Are children in the household currently attending school?*

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

## Healthcare Workers and First Responders

58) What specifically is your occupation? For example, registered nurse, janitor, cashier, auto mechanic.

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59) Which of these options best describes your occupation?

- a) Agriculture, Forestry, Fishing and Hunting
- b) Arts, Entertainment, and Recreation
- c) Broadcasting and Media
- d) Childcare Provider
- e) Clerical/Administrative
- f) College, University, and Adult Education
- g) Computer and Electronics Manufacturing
- h) Construction
- i) Disabled and on Disability Benefits
- j) Finance and Insurance
- k) Food and Beverage Services
- l) Government and Public Administration
- m) Health Care and Social Assistance
- n) Homemaker
- o) Hotel and Hospitality Services
- p) Information Services and Data Processing
- q) Legal Services
- r) Military
- s) Mining
- t) Other Information Industry
- u) Other Manufacturing
- v) Primary/Secondary (K-12) Education
- w) Publishing
- x) Real Estate, Rental, and Leasing
- y) Religious
- z) Retail
- aa) Retired
- bb) Scientific or Technical Services
- cc) Self-employed
- dd) Software
- ee) Student
- ff) Telecommunications
- gg) Transportation and Warehousing
- hh) Unemployed
- ii) Utilities
- jj) Other

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60) What industry do you work in?

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61) *If yes to HCW in V1, V2, or V3 AND did not say “I no longer work in healthcare” in V4 or V5, or selects healthcare categories above:* On this survey or a **previous survey you completed**, you said that you were working in healthcare.

Does your job involve screening or treating possible coronavirus patients?

- a) Yes
- b) No
- c) Don't know/ Not sure
- d) I no longer work in healthcare

62) *If yes:* Does your employer require routine symptom screening or testing for Coronavirus? **Please select all that apply.**

- a) Yes, symptom screening
- b) Yes, testing
- c) No
- d) Don't know/ Not sure

64) *If yes/don't know to healthcare operations in household in V1, V2, or V3:* On a **previous survey you completed**, you said that a member of your household was working in healthcare.

Does their job involve screening or treating possible coronavirus patients?

- a) Yes
- b) No
- c) Don't know
- d) They no longer work in healthcare

## Relocation

65) What is your current zip code? \_\_\_\_\_

## Air Travel

66) Have you traveled by plane in the **last month (since ADD Qualtrics DD/Mon/YY)?**

- a) Yes
- b) No



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67) *If yes to air travel:* How many flights have you taken in the last month? Count connecting flights as one flight and round-trip itineraries as two flights.

- a) Number \_\_\_\_\_ (1-9, 10+)
- b) Don't know / Not sure

## Preparedness

68) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you had all the personal protective equipment (PPE) you needed at work? Depending on your specific work requirements, PPE might include gloves, masks, or face shields. **Please select all that apply.** *Options A, D, and E are exclusive.*

- a) I have had all the PPE I need for work
- b) I have had to reuse PPE because of shortage
- c) I needed PPE, but it was not available
- d) I did not need PPE for work
- e) Not applicable - I am not working or I am currently working from home

## Social Distancing

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

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

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

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

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

- a) A hairdresser, salon or barber
- b) The inside of a restaurant or bar
- c) A patio or outdoor space at a restaurant or bar
- d) An indoor movie theater
- e) A shopping mall

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- f) A church, synagogue, mosque or other place of worship
- g) The inside of a house that is not your own
- h) A public swimming area such as the pool, lake, ocean or bay
- i) A public park
- j) A mass gathering like a demonstration or public protest
- k) A mass gathering like a political rally
- l) A hotel or other short term rental (like Airbnb) where people outside of your household are staying
- m) An overnight stay at the residence of family or friends
- n) An overnight trip to another town or city
- o) None of the above

## Healthcare Access, Insurance Status

72) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

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

73) *If no or do not know:* Are you looking for health care coverage?

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

74) During the **past month (since ADD Qualtrics DD/Mon/YY)**, have you lost or changed your health care coverage as a result of the new coronavirus?

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

75) Would you say that in general your health is:

- a) Excellent
- b) Very Good
- c) Fair
- d) Poor

76) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

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

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77) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

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

78) During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

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

79) During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

80) How many times per week or per month did you take part in this activity during the past month?

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

81) And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- a) \_\_ Hours
- b) \_\_ Minutes
- c) Don't know/Not sure

## Vaccine

82) Do you agree or disagree with the following statement: "People in my community are being vaccinated according to their eligibility."

- a) Strongly agree
- b) Agree
- c) Neither agree/nor disagree
- d) Disagree
- e) Strongly disagree

83) Have you tried to make an appointment for the vaccine?

- a) Yes, online only

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- b) Yes, by phone only
- c) Yes, by phone and online
- d) No
- e) Don't know/not sure

84) If yes to tried to get vaccinated or get an appt, Do you have an appointment?

- f) Yes
- g) No
- h) Don't know/not sure

85) Have you been vaccinated against COVID-19 with an FDA-approved vaccine (not in a vaccine trial)?

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

*If no, skip to 91*

86) *If yes:* Do you know which Coronavirus vaccine you got?

- a) Pfizer/BioNTech
- b) Moderna
- c) AstraZeneca-Oxford
- d) Johnson & Johnson/Beth Israel Deaconess
- e) Novavax
- f) Other: \_\_\_\_\_
- g) Don't know / not sure

87) *If yes:* How many shots have you gotten?

- a) 1
- b) 2

88) *If yes:* Where did you get the vaccine?

- a) Hospital
- b) Doctor's office
- c) Pharmacy
- d) Workplace (not a hospital or medical setting)
- e) Mass vaccination site, which could be a location that has been converted to distribute vaccines
- f) Department of Health
- g) Other: \_\_\_\_\_
- h) Don't know / not sure

89) How long was your travel time to get the vaccine?

- i) Less than 30 minutes
- j) 31 minutes to 1 hour
- k) Between 1 and 2 hours

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- l) More than 2 hours
- m) Don't know / not sure

90) Did you travel to another state or county in order to get the vaccine?

- a) Yes, another state
- b) Yes, another county
- c) No
- d) Don't know / not sure

91) If no to receive vaccine: Realistically, when do you think you will actually receive your first dose of the COVID vaccine?

- a) February
- b) March
- c) April
- d) May
- e) June
- f) July
- g) August or later

92) If already responded to this question, skip: Are you currently participating in a SARS-CoV-2 (coronavirus) vaccine trial study?

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

93) *If yes:* Which vaccine trial are you participating in?

- a) AstraZeneca-Oxford
- b) Johnson & Johnson/Beth Israel Deaconess Medical Center
- c) Novavax
- d) Pfizer
- e) Moderna
- f) Other: \_\_\_\_\_
- g) Don't know / not sure

94) *If no/don't know to getting the vaccine:* When the vaccine is available to you, will you:

- a) Immediately get the vaccine
- b) Delay getting the vaccine
- c) Never get the vaccine
- d) Still deciding whether I should get the vaccine

95) *If delay or never get vaccine:* Which of the following influence your decision to get a vaccine? **Please select all that apply.**

- a) Short-term side effects

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- b) Long-term side effects
- c) Effectiveness
- d) Whether other people I know also get it
- e) I think that other people should get it before me
- f) I need more information about the vaccine
- g) I already had COVID
- h) I don't think I am at risk for getting COVID
- i) Other \_\_\_\_\_
- j) None of the above

96) *If immediately get the vaccine:* What motivates you to get the vaccine? **Please select all that apply.**

- a) It is required by my employer
- b) It is required by the school where I am a student
- c) I want to avoid getting COVID-19
- d) I want to visit my family
- e) I want to help reduce the burden on the healthcare system
- f) I want to help end the pandemic as soon as possible
- g) I believe it is effective
- h) It will help protect me
- i) It will help protect others around me
- j) I trust the FDA emergency use authorization process
- k) Other \_\_\_\_\_

97) Do you agree or disagree with the following statement: "In my community, people who are not eligible are getting vaccinated."

- f) Strongly agree
- g) Agree
- h) Neither agree/nor disagree
- i) Disagree
- j) Strongly disagree

## Anxiety & Risk Perception

98) *If diagnosed with coronavirus (in V0, V1, V2, V3, V4, V5, V6) or had positive antibody test in S2:* How worried are you about getting sick from the new coronavirus **again**? Would you say:

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

99) *If not diagnosed with coronavirus and did not have positive antibody test:* How worried are you about getting sick from the new coronavirus? Would you say:

- a) Not at all worried

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

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

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

101) In the past **month (since ADD Qualtrics DD/Mon/YY)**, how often have you been bothered by the following problems?

Have you been bothered by...	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				
Trouble falling or staying asleep, or sleeping too much				
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				

102) How worried are you about the new coronavirus overwhelming hospitals? Would you say:

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

## Basic Needs: Food Security

103) 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**.

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

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

104) 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)?**

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

105) 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)?**

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

## Basic Needs: Housing Security

106) How often **in the past month (since ADD Qualtrics DD/Mon/YY)** would you say you were worried or stressed about having enough money to pay your rent/mortgage?

- a) Always
- b) Usually
- c) Sometimes
- d) Rarely
- e) Never

## Social Network Questions

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

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



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108) Please think of your neighborhood as the current geographic area around where you perform most of your routine activities and reside.

Living in my current neighborhood gives me a strong sense of community.

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly disagree

109) If I needed advice or help with something, I could go to someone in my neighborhood.

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly disagree

110) My faith, religious, or spiritual beliefs give me a sense of direction and purpose in my life.

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongl

111) Overall, how satisfied are you with life as a whole these days? (0 = not satisfied at all, 10 = completely satisfied)

112) My federal, state, or city government is prioritizing the safety of its citizens during the coronavirus pandemic. For the previous statement, please indicate below how strongly you agree.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The federal government (the White House)					
The state government (your governor)					
The city government (your mayor)					

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113) Who do you trust to give you reliable information regarding the new coronavirus? Please select all that apply.

- a) Centers for Disease Control and Prevention (CDC)
- b) World Health Organization (WHO)
- c) President / White House
- d) State Health Department
- e) Dr. Fauci
- f) Your governor
- g) Personal physician
- h) Other healthcare provider/worker
- i) Family member, close friend, or significant other
- j) Religious/clergy
- k) News media (e.g., television or print)
- l) Social media
- m) Other: \_\_\_\_\_

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

- a) Yes
- b) No

## End Survey

Thank you for taking the time to complete this follow-up survey. You will hear from us in 3 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 the coronavirus, please visit our website, <https://cunyisph.org/cunycovidfacts/> or visit [CDC.gov](https://www.cdc.gov).

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

## Automated Response

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

As part of this longitudinal study on COVID, we can learn a lot from your experience and insights and appreciate your participation. The CHASING COVID Cohort study includes participants from all across the country.

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