



CHASING
COVID
COHORT

May 25, 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) *If on the DOB list previously and did not respond:* Please confirm your date of birth:

- a) Month _____
- b) Day _____
- c) Year _____

2) *If no phone number on file as of V6, 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

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Vaccine

If in vaccine trial previously and not unblinded: You are seeing the following questions because you reported being in a COVID-19 vaccine trial **on a previous survey.**

4) Have you been unblinded from the trial?

- a) Yes
- b) No
- c) Don't know / Not sure
- d) Not applicable - I wasn't in a vaccine trial

5) *If yes to unblinded:* Did you receive the vaccine or the placebo in the trial?

- a) Vaccine
- b) Placebo
- c) Don't know / Not Sure

6) *If placebo:* Have you since received the real vaccine as part of the trial?

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

7) *If not fully vaccinated or did not receive vaccine in trial:* Have you been fully or partially vaccinated against COVID-19 with a vaccine that has received FDA emergency use authorization (not in a vaccine trial)?

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

If no, skip to 10

8) *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

9) *If yes & not J&J:* How many shots have you gotten?

- a) 1
- b) 2

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10) *If no/don't know to getting the vaccine:* Now that the vaccine is available to everyone **over 12**, will you:

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

11) *If delay or never get vaccine:* Which of the following influenced your decision to get a vaccine?

Please select all that apply.

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

12) *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 _____

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13) Has everyone in your household been/are fully or partially vaccinated against COVID-19 with a vaccine that has received FDA emergency use authorization (not in a vaccine trial). **Please do not include yourself.**

- a) Yes, everyone
- b) Yes, some of the people
- c) No
- d) Don't know / Not sure
- e) Not applicable, I do not live with anyone else

14) What ages are your children (children for which you are the parent or guardian)?

Please select all that apply.

- a) <2
- b) 2-4
- c) 5-11
- d) 12-15
- e) 16-17
- f) 18 or over *[and skip the next section of questions]*
- g) I am not the parent or guardian of a child

15) *If 16-17:* Have/Has your child(ren) aged 16-17 received at least one vaccine dose?

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

16) *If 16-17 are not partially vaccinated:* Now that children aged 16 and 17 are eligible to be vaccinated, are you hesitant to vaccinate your child(ren) aged 16 to 17?

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

17) *If Yes or don't know to hesitant to get vaccine for children 16-17:* Which of the following influences your decision to get your child(ren) aged 16 to 17 a vaccine? **Please select all that apply.**

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

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18) *If No, not hesitant to get vaccine for children aged 16-17:* What motivates you to get your child(ren) aged 16 to 17 vaccinated? **Please select all that apply.**

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

19) *If 12-15:* Has/have your child(ren) aged 12 to 15 received at least one vaccine dose?

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

20) *If No or don't know above:* Now that children aged 12 to 15 are eligible to be vaccinated, are you hesitant to vaccinate your child/children aged 12-15?

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

21) *If Yes or don't know to hesitant to get vaccine for children 12-15:* Which of the following influences your decision to get your child(ren) aged 12 to 15 a vaccine? **Please select all that apply.**

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

22) *If No, not hesitant to get vaccine for children aged 12-15:* What motivates you to get your child(ren) aged 12 to 15 vaccinated? **Please select all that apply.**

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

23) When children 5-11 are eligible to be vaccinated, would you be hesitant to vaccinate your child / children against coronavirus?

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

24) *If Yes or don't know to hesitant to get vaccine for children aged 5-11:* Which of the following influences your decision to get your child(ren) aged 5-11 a vaccine? **Please select all that apply.**

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

25) *If No, not hesitant to get vaccine for children aged 5 to 11:* What motivates you to get your child(ren) aged 5-11 vaccinated? **Please select all that apply.**

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

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26) When children aged 2-4 are eligible to be vaccinated, would you be hesitant to vaccinate your child / children aged 2-4 against coronavirus?

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

27) *If Yes or don't know to hesitant to get vaccine for children aged 2-4:* Which of the following influences your decision to get your child(ren) aged 2-4 a vaccine? **Please select all that apply.**

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

28) *If No, not hesitant to get vaccine for children aged 2-4:* What motivates you to get your child(ren) aged 2-4 vaccinated? **Please select all that apply.**

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

29) Who do you trust to give you reliable information regarding the COVID-19 vaccines? **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

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- 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: _____

Contacts, Pre-Existing Conditions and Symptoms

All responses in this section are required

30) **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

31) **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

32) *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

33) *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

34) **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?

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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

35) *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
- c) Don't know / Not sure

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

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

37) *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

38) *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

39) 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 after COVID-19 vaccination (usually occurring 24-48 hours after vaccination).

- a) Headache

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- b) Cough (new since you completed your last survey)
- c) Coughing up phlegm
- d) Coughing up blood
- e) Sore throat
- f) Fever
- g) Muscle aches (myalgia)
- h) Chills
- i) Repeated shaking and chills
- j) Runny nose
- k) Nasal congestion
- l) Sneezing
- m) Chest pain
- n) Shortness of breath
- o) Itchy eyes
- p) Eye pain
- q) Loss or altered sense of smell of smell (new since you completed your last survey)
- r) Loss or altered sense of taste (new since you completed your last survey)
- s) Rash
- t) Stomach ache
- u) Nausea
- v) Diarrhea
- w) Vomiting
- x) I have not had any of these symptoms

40) *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

41) *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

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

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

43) *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

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- 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

44) *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

45) 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

46) *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 or more
- d) Don't know / Not sure

47) *If yes to testing:* Were any of these tests conducted at home? 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
- c) Don't know / Not sure

48) *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

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49) *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.**

- 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: _____

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

51) *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

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52) *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
- b) No
- c) I am still waiting for test results
- d) Don't know / Not sure

53) *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

54) *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.

55) *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

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56) *If yes to lab diagnosis (in this survey or V5) or positive antibody test in S2:* You are being asked this question because you indicated a Coronavirus diagnosis on this survey, a previous survey, or had a recent antibody test.

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

57) *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 (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

58) *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) COVID vaccine symptoms
- e) Other: _____
- f) Don't know / Not sure

59) *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

60) 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

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

- a) Shortness of breath

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- 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 / brain fog
- g) Dizziness
- h) Irritability
- i) Erratic heartbeat
- j) Gastro-intestinal issues
- k) Low-grade fever
- l) Muscle aches (myalgia)
- m) Loss or altered taste
- 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

62) *If skipped V4/V5/V6 or don't know/no in V4/V5/V6:* 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

63) *If No, skip to next section:* 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

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- m) December 2020
- n) January 2021
- o) February 2021
- p) March 2021
- q) April 2021
- r) May 2021

The following question is because you previously reported experiencing long COVID or long-haul symptoms.

64) 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

65) *If reported long haul in V4/V5/V6, or Yes to long haul question in V7:* 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

66) *If vaccinated with 1 or 2 doses:* Do you think your long haul symptoms have improved since you were vaccinated?

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

67) Which of your symptoms improved? **Please select all that apply.**

- 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

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- 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: _____

68) Have you tried any treatments for long-haul COVID? **Please select all that apply and/or feel free to list any additional treatments that are not included.**

- a) Vitamins or other herbal supplements
- b) Prescription medications
- c) Diet modifications
- d) Physical therapy
- e) Respiratory therapy (e.g., breathing exercises)
- f) Occupational therapy
- g) Other _____
- h) None of the above

69) Have you had difficulty finding a doctor to treat your long-haul COVID symptoms?

- a) Yes
- b) No
- c) 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.

70) 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?

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

Precautions and Impact

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

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As a result of the new coronavirus, have you...	Yes	No	Not applicable
<u>Avoided</u> 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)			
Spent time inside of a house that is not your own			
Spent time inside a restaurant or bar			
Spend time in the patio or outdoor space of a restaurant or bar			
Had an overnight stay at a hotel, short term rental, or residence of family or friends			
Traveled by plane			
<u>Avoided</u> public transportation			
<u>Avoided</u> shaking hands or hugging			
Stayed home from work when you were sick			
Worn gloves			
Worn a cloth face mask			
Worn a KN95, N95, or KF94 face mask			
Worn a double mask			
Worn a face mask in your own household			

72) **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				

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ill or may have been exposed to coronavirus				
At your home if someone outside your household was visiting				

73) **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				

74) **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

75) 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

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

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

77) **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

78) *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: _____

79) 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

80) *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

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

- a) Yes

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

82) *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

83) *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: _____

84) *If gender (based on previous survey responses) is male or trans woman, then skip:* Are you currently pregnant?

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

85) *If no (0) children less than 18 (based on previous survey responses), 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

86) *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.

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- 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: _____

87) We are interested in some of the stressors that may occur by having loved ones in settings with high COVID burden and low vaccine access. Do you have family or loved ones in any of the following situations?

- a) A long term care facility
- b) Who are incarcerated
- c) Who are living overseas in a country with limited vaccine access

88) What is your current weight in pounds? _____

89) Would you say overall you have gained or lost weight since the pandemic began?

- a) Gained weight
- b) Lost weight
- c) Stayed the same
- d) Don't know / Not sure

Relocation

90) What is your current zip code? _____

Air Travel

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

- a) Yes
- b) No

92) *If yes to air travel:* How many flights have you taken in the **last month (since ADD Qualtrics DD/Mon/YY)**? Count connecting flights as one flight and round-trip itineraries as two flights.

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

93) *If no to air travel:* Would you be comfortable traveling by plane in the next 6 months?

- a) Yes, by myself only
- b) Yes, with adult family members only
- c) Yes, with my unvaccinated children
- d) No
- e) Don't know/not sure

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Social Distancing

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

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

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

96) **In the past month (since ADD Qualtrics DD/Mon/YY),** have you 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
- 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

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

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

Healthcare Access, Insurance Status

98) 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

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

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

100) 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

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

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

102) 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

103) 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*

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

104) 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

105) 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?

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

106) 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

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

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

108) **Since March 2020**, have you been diagnosed with any new mental health conditions? Do not include diagnosed mental health conditions that you had prior to the COVID-19 pandemic (March 2020).

Please select all that apply.

- a) Depression
- b) Anxiety
- c) Post traumatic stress disorder
- d) Other mental health condition: _____
- e) I have not been diagnosed with a new mental health condition since March 2020

Anxiety & Risk Perception

109) *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

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110) *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
- b) Not too worried
- c) Somewhat worried
- d) Very worried

111) 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

112) **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				

113) In the **past four weeks (since ADD Qualtrics DD/Mon/YY)**, have you taken prescription medication for your mental health?

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

114) In the **past four weeks (since ADD Qualtrics DD/Mon/YY)**, have you received counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional?

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

115) *If no to previous question:* In the **past four weeks (since ADD Qualtrics DD/Mon/YY)**, have you needed counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional?

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

116) 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

Next, you are going to read a couple of statements that people have made about their food situation. For each, you will answer whether the statement was often true, sometimes true, or never true for (you/your household) **in the past month (since ADD Qualtrics DD/Mon/YY)**.

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

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

118) The second statement is: "We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true or never true for you **in the past month (since ADD Qualtrics DD/Mon/YY)**?

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

119) The third statement is: “The food that we bought just didn’t last, and we didn’t have money to get more.” Was that often, sometimes or never true for you **in the past month (since ADD Qualtrics DD/Mon/YY)?**

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

Basic Needs: Housing Security

120) 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

Violence

121) *If yes or don't know to are you currently in a relationship:* **In the past month (since ADD Qualtrics DD/Mon/YY),** has your partner yelled at you or said things to make you feel bad about yourself, embarrassed you in front of others, or frightened you?

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

122) *If yes or don't know to are you currently in a relationship:* **In the past month (since ADD Qualtrics DD/Mon/YY),** has your partner pushed, grabbed, hit, kicked or thrown things at you?

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

Drug Use and Recovery

123) **In the past month (since ADD Qualtrics DD/Mon/YY),** how many times have you used the following?

How often have you used...	Never	Once or twice	Weekly	Daily or Almost Daily
Cannabis (marijuana, pot, grass, hash, etc.)				
Street opioids (heroin, opium, etc.)				

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Prescription opioids in a way or dose other than prescribed (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine etc.)				
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124) Do you identify as being in recovery from drugs?

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

125) *If 124a:* How long have you been in recovery from drugs?

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

126) *If 124b:* How long were you in recovery from drugs?

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

Alcohol

127) **In the last month (ADD Qualtrics DD/Mon/YY)**, how often do you have a drink containing alcohol?

- a) Never
- b) Monthly or less
- c) 2-4 times a month
- d) 2-3 times a week
- e) 4 or more times a week

128) *If do not drink alcohol, then skip:* **In the last month (since ADD Qualtrics DD/Mon/YY)**, how many standard drinks containing alcohol do you have on a typical day? One standard drink is equal to 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor or 8 ounces of malt liquor.

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

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129) *If do not drink alcohol, then skip: In the last month (since ADD Qualtrics DD/Mon/YY), how often do you have six or more drinks on one occasion?*

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

130) Do you identify as being in recovery from alcohol?

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

131) *If 130a:* How long have you been in recovery from alcohol?

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

132) *If 130b:* How long were you in recovery from alcohol?

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

Social Network Questions

133) 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.

If you have any questions, reach us here: covid@sph.cuny.edu



For questions or comments,
please email covid@sph.cuny.edu



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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 or call 917-740-8714.