



CHASING
COVID
COHORT

September 23, 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 no phone number on file as of V7, skip to next question: We have this number for text message reminders. Is this correct?: <Enter phone number on file from V7>*

- a) Yes, this is correct
- b) No
- c) Don't know / Not sure

2) *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

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.***

3) Have you been unblinded from the trial?

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

4) *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

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

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

6) *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 approval or emergency use authorization (not in a vaccine trial)?

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

7) *If yes to fully or partially vaccinated in this survey or previous:* How many doses of the primary vaccine series did you receive?

Primary vaccine series means either a 2-dose mRNA COVID-19 vaccine series (Moderna or Pfizer) or a single dose of Johnson & Johnson COVID-19 vaccine. If you received booster doses please do not include them here.

- a. 1
- b. 2

8) *If received 1 dose only or 2 doses & respondent give first date dose in V7.1:* When did you receive your first dose of the coronavirus vaccine?

Your vaccination card should have the date of your first shot.

- a) Enter date: Month Day Year lookup
- b) Don't know / Not sure

9) *If don't know exact date:* What month did you receive your first dose of the coronavirus vaccine?

- a) Enter date: Month Year dropdown options
- b) Don't know / Not sure

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10) *If don't know month:* Do you recall the season in which you received your first dose of the coronavirus vaccine?

- a) Enter date: Season & Year dropdown options
- b) Don't know / Not sure

11) *If received 2 doses:* When did you receive your second dose of the coronavirus vaccine?
Your vaccination card should have the date of your second shot.

- a) Enter date: Month Day Year lookup
- b) Don't know / Not sure

12) *If don't know exact date:* What month did you receive your second dose of the coronavirus vaccine?

- a) Enter date: Month Year dropdown options
- b) Don't know / Not sure

13) *If don't know month:* Do you recall the season in which you received your second dose of the coronavirus vaccine?

- a) Enter date: Season & Year dropdown options
- b) Don't know / Not sure

14) *If yes to vaccinated in V8:* 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

15) *If reported vaccination previously or in V8:* Have you received a coronavirus booster?

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

If no, skip to Q24

16) *If yes to booster:* Which booster doses did you receive?

- a) Pfizer/BioNTech
- b) Moderna
- c) AstraZeneca-Oxford
- d) Johnson & Johnson / Beth Israel Deaconess
- e) Novavax

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- f) Other: _____
- g) Don't know / Not sure

17) *If yes to booster:* How many booster doses did you receive?

- a) 1
- b) More than 1

18) *If received booster:* When did you receive your booster shot for the coronavirus vaccine? If you have received more than 1 booster shot, please provide the date of the latest booster dose you received.

- a) Enter date: Month Day Year lookup
- b) Don't know / Not sure

19) *If don't know exact date:* What month did you receive your booster shot for the coronavirus vaccine?

- a) Enter date: Month Year dropdown options
- b) Don't know / Not sure

20) *If don't know month:* Do you recall the season in which you received your booster shot for the coronavirus vaccine?

- a) Enter date: Season & Year dropdown options
- b) Don't know / Not sure

21) *If no/don't know to getting the vaccine in V8:* 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

22) *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

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- k) Issues accessing a specific vaccine versus the one that is available
- l) Lack of FDA approval (Moderna and Johnson & Johnson vaccines)
- m) Other _____
- n) None of the above

23) *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) It is required by restaurants, bars, and other venues
- d) I want to avoid getting COVID-19
- e) I want to visit my family
- f) I want to help reduce the burden on the healthcare system
- g) I want to help end the pandemic as soon as possible
- h) I believe it is effective
- i) It will help protect me
- j) It will help protect others around me
- k) I trust the FDA emergency use authorization process
- l) Final FDA approval for Pfizer vaccine in adults
- m) Other _____

24) 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

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

Even though you may have answered previously, we are asking again in case your children have had recent birthdays.

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]*

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g) I am not the parent or guardian of a child

26) *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

27) *If children 16-17 are not partially vaccinated:* Now that children aged 16 and 17 are eligible to be vaccinated, will you immediately get your child(ren) aged 16 to 17 the vaccine?

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

28) *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) Lack of FDA approval (Moderna and Johnson & Johnson vaccines)
- j) Other _____
- k) None of the above

29) *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) It is required by restaurants and other venues
- c) I want to avoid my children getting COVID-19
- d) I want my children to visit 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 my children
- i) It will help protect others around my children
- j) I trust the FDA emergency use authorization process
- k) Final FDA approval for Pfizer vaccine in adults
- l) Other _____

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

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

31) *If No or don't know above:* Now that children aged 12 to 15 are eligible to be vaccinated, will you immediately get your child(ren) aged 12 to 15 the vaccine?

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

32) *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) Lack of FDA approval (Moderna and Johnson & Johnson vaccines)
- j) Other _____
- k) None of the above

33) *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.**

- a) It is required by the school where my children are students
- b) It is required by restaurants and other venues
- c) I want to avoid my children getting COVID-19
- d) I want my children to visit 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 my children
- i) It will help protect others around my children
- j) I trust the FDA emergency use authorization process
- k) Final FDA approval for Pfizer vaccine in adults
- l) Other _____

Contacts, Pre-Existing Conditions and Symptoms

All responses in this section are required

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34) **In the past month (since ADD Qualtrics DD/Mon/YY)**, has anyone in your household, other than yourself, been diagnosed with COVID-19? Please do not include yourself.

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

35) What ages are your household members that were also diagnosed with COVID-19 in the last month?

Please select all that apply.

- h) <2
- i) 2-4
- j) 5-11
- k) 12-15
- l) 16-17
- m) 18 or over

36) *If under 18*, do you think your household member under 18 got infected at their daycare, school, or university?

- a) Yes
- b) No
- c) Not sure
- d) Do not attend daycare/school/university

37) **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 COVID-19?

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

38) *If yes*: Were any of those close contacts with someone who had a laboratory confirmed diagnosis of COVID-19 in the **last two weeks (since ADD Qualtrics DD/Mon/YY)**?

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

39) **In the past month (since ADD Qualtrics DD/Mon/YY)**, have you come into close contact with someone who had COVID-like symptoms (cough, fever or shortness of breath), but not a laboratory confirmed diagnosis of COVID-19?

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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

40) *If yes:* Were any of those close contacts with someone who had had COVID-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

41) 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
- 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

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42) *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

43) *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

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

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

45) *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

46) *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

47) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, have you been tested for COVID-19?

- 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

48) *If yes to testing:* Did you receive a viral test 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.*

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

49) *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 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 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

51) *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

52) *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: _____

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- f) Don't know / Not sure

53) *If yes to lab diagnosis (in this survey):*

You are being asked the next set of questions because you indicated a COVID-19 diagnosis on this survey.

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

54) *If yes to lab diagnosis (in this survey):*

There are many different circumstances where someone with COVID-19 might transmit the infection to someone else. Do you think anyone else could have caught COVID-19 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

55) *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 V8) 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 COVID-19? For example, you may have received a diagnosis of the flu or cold.*

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

56) *If had symptoms AND not a COVID diagnosis (in V8) 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

57) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, do you personally know anyone who has died of COVID-19? By personally, we mean partners, relatives, friends, or coworkers.

- a) Yes
- b) No

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- c) Don't know / Not sure

58) We've been asking you periodically if you've ever had COVID, but we want to make sure our information is correct. Have you had COVID?

Please confirm even if you reported a COVID-19 diagnosis on this survey.

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

If no, skip to end of section

59) *If yes:* Have you had COVID-19 once or more than once?

- a) Once
- b) More than once

60) *If yes:* When was the first time you had COVID?

- a) Enter date: Month Year dropdown options

61) *If yes:* How did you know you had COVID? **Please select all that apply.**

- a) COVID-19 diagnosis (rapid test or PCR)
- b) Antibody test from our study
- c) Another antibody test
- d) COVID-19 symptoms
- e) Exposure to someone with COVID-19

62) *If more than once:* When was the most recent time you had COVID?

- a) Enter date: Month Year dropdown options

63) *If more than once:* How did you know you had COVID? **Please select all that apply.**

- a) COVID-19 diagnosis (rapid test or PCR)
- b) Antibody test from our study
- c) Another antibody test
- d) COVID-19 symptoms
- e) Exposure to someone with COVID-19

Long-haul

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

- a) Shortness of breath
- a) Difficulty walking more than 15 minutes
- b) Difficulty running / exercising
- c) Fatigue

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- 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

65) *If skipped V4/V5/V6/V7 or don't know/no in V4/V5/V6/V7:* 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

66) *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
- m) December 2020
- n) January 2021
- o) February 2021
- p) March 2021

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- q) April 2021
- r) May 2021
- s) June 2021
- t) July 2021
- u) August 2021

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

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

68) *If reported long haul in V4/V5/V6/V7, or Yes to long haul question in V8:* 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

69) *If reported at least one vaccine dose:* Do you think your long haul symptoms have improved since you were vaccinated?

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

70) *If reported long haul in V4/V5/V6/V7, or Yes to long haul question in V8 & reported at least one vaccine dose:* How do you feel compared to before you got the vaccine?

- a) Worse than I felt before I was vaccinated
- b) About the same
- c) Somewhat better
- d) Much better, but not totally really recovered
- e) Totally recovered
- f) Don't know / Not sure

71) 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

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- 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: _____

72) 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

73) 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

74) Since your **last survey** (*on ADD Qualtrics DD/Mon/YY*), how much difficulty do you have engaging in daily activities (or household responsibilities) because of physical, mental, or emotional problems?

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

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Precautions and Impact

75) 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.

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 a face mask (example: cloth, KN95, N95, or KF94 face mask)			
Worn a face mask in your own household			

76) 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)				

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

77) **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				

78) **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

79) 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

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- f) A student
- g) Retired

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

- 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

81) **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

82) *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: _____

83) 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

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

- a) Yes
- b) No

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c) Don't know / Not sure

85) *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

86) *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

87) *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: _____

88) *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

89) *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

90) *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.

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- 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: _____

91) 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

Relocation

92) We are interested in where you are currently residing. What is your current zip code? _____

Air Travel

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

- a) Yes
- b) No

94) *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

95) *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

Social Distancing

96) **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

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

97) *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

98) **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) A gym or exercise facility
- p) None of the above

99) **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.**

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

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Healthcare Access, Insurance Status

100) 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

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

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

102) 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

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

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

104) 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

105) 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

106) 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

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107) 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

108) 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

109) 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

Anxiety & Risk Perception

110) *If diagnosed with coronavirus (in V0, V1, V2, V3, V4, V5, V6, V7, or V8) or had positive antibody test in S2:* How worried are you about getting sick from COVID-19 **again**? Would you say:

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

111) *If not diagnosed with coronavirus and did not have positive antibody test:* How worried are you about getting sick from COVID-19? Would you say:

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

112) How worried are you about your loved ones getting sick from COVID-19? Would you say:

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

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

Have you been bothered by...	Not at all	Several days	Over half the days	Nearly every day
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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				

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

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

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

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

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

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

117) How worried are you about COVID-19 overwhelming hospitals? Would you say:

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- 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)**.

118) 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

119) 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

120) 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

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

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

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Violence

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 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

123) *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

124) **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.)				
Prescription opioids in a way or dose other than prescribed (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine etc.)				

125) 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

126) *If 125a:* 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

127) *If 125b:* How long were you in recovery from drugs?

- a) Less than or equal to 1 month

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- b) >1 month to 3 months
- c) >3 months to 6 months
- d) >6 months to 12 months
- e) > 12 months

Alcohol

128) **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

129) *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

130) *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

131) 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

132) *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

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133) *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

134) 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

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.