



CHASING  
COVID  
COHORT

December 21, 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-CoV-2 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 \$15 for completing the survey. Contact

1) *If no phone number on file as of V8, skip to next question: We have this number for text message reminders. Is this correct?: <Enter phone number on file from V8>*

- 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?



For questions or comments,  
please email [covid@sph.cuny.edu](mailto:covid@sph.cuny.edu)



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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 missing response in previous (V8):* 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 & haven't previously reported date & respondent didn't 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 Q21*

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

21) *if no to booster.* Which of the following influenced your decision to not yet get a booster? **Please select all that apply.**

- a) I don't believe I need an additional booster dose
- b) There is not enough evidence that the booster dose is effective
- c) I'm not yet eligible for the booster
- d) I'm not sure if i'm eligible
- e) Short-term side effects
- f) Long-term side effects
- g) Whether other people I know also get it
- h) I think that other people should get it before me
- i) I need more information about the booster
- j) I already had COVID
- k) I don't think I am at risk for getting COVID
- l) I have a medical condition which prevents me from getting boosted
- m) Issues accessing a booster at a time (or venue) that works for me
- n) Issues accessing a specific vaccine booster dose versus the one that is available
- o) Lack of FDA full approval (Moderna and Johnson & Johnson vaccines)
- p) Other \_\_\_\_\_
- q) None of the above

22) *If yes to booster:* What motivated you to get the booster?

**Please select all that apply.**

- a) I believe the vaccine effectiveness due to my primary vaccine could be waning
- b) I'm concerned about new coronavirus variants such as Delta and Omicron
- c) It is required for travel outside the US
- d) It is required by my employer

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- 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) Other \_\_\_\_\_

23) *If no/don't know to getting the vaccine in V8:* Now that the vaccine is available to everyone **over 5**, will you:

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

24) *If delay or never get vaccine:* Which of the following influenced your decision NOT yet to get a vaccine? **Please select all that apply.**

- d) Short-term side effects
- e) Long-term side effects
- f) Vaccine effectiveness
- g) Whether other people I know also get it
- h) I think that other people should get it before me
- i) I need more information about the vaccine
- j) I already had COVID
- k) I don't think I am at risk for getting COVID
- l) I have a medical condition which prevents me from getting vaccinated
- m) Issues accessing a vaccine at a time that works for me
- n) Issues accessing a specific vaccine versus the one that is available
- o) Lack of FDA approval (Moderna and Johnson & Johnson vaccines)
- p) Other \_\_\_\_\_
- q) None of the above

25) *If immediately get the vaccine:* What motivates you to get the vaccine?

**Please select all that apply.**

- a) I'm concerned about new coronavirus variants such as Delta and Omicron
- b) It is required for travel outside the US
- c) It is required by my employer
- 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

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- 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 \_\_\_\_\_

26) Besides yourself, has everyone else in your household been/are fully or partially vaccinated against COVID-19 with a vaccine that has received FDA emergency use authorization or approval (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

26) 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 and given changing age-eligibility for vaccinations

**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

27) *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

28) *If children 16-17 are not partially vaccinated (no or don't know):* 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 no or don't know to immediately get the vaccine (i.e., hesitant to get vaccine) for children 16-17:* Which of the following influences your decision to **not yet** get your child(ren) aged 16 to 17 a vaccine?

**Please select all that apply.**

- a) Short-term side effects

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- 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) My children will decide for themselves
- k) Other \_\_\_\_\_
- l) None of the above

29) *If yes - received at least one vaccine dose for 16-17 OR yes - will immediately get the vaccine (i.e. not vaccinated AND 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) I'm concerned about new coronavirus variants such as Delta and Omicron
- b) It is required for travel outside the US
- c) It was recommended by our pediatrician
- d) My child wanted the vaccine
- e) It is required by the school where my children are students
- f) It is required by restaurants and other venues
- g) I want to avoid my children getting COVID-19
- h) I want my children to visit family
- i) I want to help reduce the burden on the healthcare system
- j) I want to help end the pandemic as soon as possible
- k) I believe it is effective
- l) It will help protect my children
- m) It will help protect others around my children
- n) I trust the FDA emergency use authorization process
- o) Final FDA approval for Pfizer vaccine in adults
- p) Other \_\_\_\_\_

30) *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

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

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32) *If no or don't know to immediately get the vaccine (i.e. hesitant to get vaccine) for children 12-15:* Which of the following influences your decision to **not yet** 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) My children will decide for themselves
- k) Other \_\_\_\_\_
- l) None of the above

33) *If yes - received at least one vaccine dose OR yes - will immediately get the vaccine (i.e. not vaccinated AND 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) I'm concerned about new coronavirus variants such as Delta and Omicron
- b) It is required for travel outside the US
- c) It was recommended by our pediatrician
- d) My child wanted the vaccine
- e) It is required by the school where my children are students
- f) It is required by restaurants and other venues
- g) I want to avoid my children getting COVID-19
- h) I want my children to visit family
- i) I want to help reduce the burden on the healthcare system
- j) I want to help end the pandemic as soon as possible
- k) I believe it is effective
- l) It will help protect my children
- m) It will help protect others around my children
- n) I trust the FDA emergency use authorization process
- o) Final FDA approval for Pfizer vaccine in adults
- p) Other \_\_\_\_\_

34) *If 5-11:* Has/have your child(ren) aged 5 to 11 received at least one vaccine dose?

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

35) *If No or don't know above:* Now that children aged 5 to 11 are eligible to be vaccinated, will you immediately get your child(ren) aged 5 to 11 the vaccine?



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

36) *If no or don't know to immediately get the vaccine (i.e. hesitant to get vaccine) for children 5 to 11:* Which of the following influences your decision to **not yet** get your child(ren) aged 5 to 11 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) My children will decide for themselves
- k) Other \_\_\_\_\_
- l) None of the above

37) *If yes - received at least one vaccine dose OR yes - will immediately get the vaccine (i.e. not vaccinated AND not hesitant to get vaccine) for children aged 5 to 11:* What motivates you to get your child(ren) aged 5 to 11 vaccinated? **Please select all that apply.**

- a) I'm concerned about new coronavirus variants such as Delta and Omicron
- b) It is required for travel outside the US
- c) It was recommended by our pediatrician
- d) My child wanted the vaccine
- e) It is required by the school where my children are students
- f) It is required by restaurants and other venues
- g) I want to avoid my children getting COVID-19
- h) I want my children to visit family
- i) I want to help reduce the burden on the healthcare system
- j) I want to help end the pandemic as soon as possible
- k) I believe it is effective
- l) It will help protect my children
- m) It will help protect others around my children
- n) I trust the FDA emergency use authorization process
- o) Final FDA approval for Pfizer vaccine in adults
- p) Other \_\_\_\_\_

## Contacts, Pre-Existing Conditions and Symptoms

*All responses in this section are required*

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38) Has a doctor, nurse, or other health professional ever told you that you had any of the following?

**Please select all that apply**

- a) had a heart attack also called a myocardial infarction?
- b) have angina or coronary heart disease?
- c) have type 2 diabetes?
- d) have high blood pressure?
- e) have cancer?
- f) had asthma?
- g) have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?
- h) have kidney disease (not including kidney stones, bladder infection or incontinence)?
- i) have HIV/AIDS?
- j) have immunosuppression?
- k) have depression?
- l) have post-traumatic stress disorder or PTSD?
- m) have chronic liver disease, including cirrhosis?
- n) have an anxiety disorder?
- o) I have not been told that I have any of the above conditions

39) *if yes to asthma*: Do you still have asthma?

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

40) **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

41) 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

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

- a) Yes
- b) No

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- c) Not sure
- d) Do not attend daycare/school/university

43) **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

44) *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

45) **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?

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

46) *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

47) Since you completed your **last survey (on ADD Qualtrics DD/Mon/YY)**, have you had any of the following symptoms? **Please select all that apply.**

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

- a) Headache
- b) Cough (new since you completed your last survey)
- c) Coughing up phlegm
- d) Coughing up blood

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- 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

48) *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

49) *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

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

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

51) *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

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- f) Between 2 and 3 months ago
- g) More than 3 months ago
- h) Don't know / Not sure

52) *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

53) There are now FDA-authorized COVID-19 tests available for purchase online or in a store that can be used completely at home. At-home tests allow you to collect your own sample and get results in 10-15 minutes at home.

Have you or someone in your household tried to purchase an at-home self-test kit in the **last month** (since ADD Qualtrics DD/Mon/YY)?

- a) Yes - I purchased
- b) Yes - I tried but did not purchase
- c) No - I haven't purchased
- d) No - I wasn't aware that at-home self-test kits were available
- e) Don't know / Not sure

54) 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

55) *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.*

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

56) *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)

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- 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: \_\_\_\_\_

57) *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

58) *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

59) *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

60) *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

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- e) Don't know / Not sure

61) *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

62) *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

63) *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

64) 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
- c) Don't know / Not sure

## Treatments

For the next two questions, please choose the response that best reflects what you would do if you were diagnosed with COVID-19 in the future.

65) If I was diagnosed with COVID-19, I would take an antiviral pill meant to prevent severe disease.

- a) Very likely
- b) Somewhat likely
- c) Not at all likely

66) If I was diagnosed with COVID-19, I would take monoclonal antibodies via an infusion.

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- a) Very likely
- b) Somewhat likely
- c) Not at all likely

## Long-haul

67) 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
- 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

68) *If skipped V4/V5/V6/V7/V8 or don't know/no in response to long-haul questions in V4/V5/V6/V7/V8:*

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

69) *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



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- 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
- q) April 2021
- r) May 2021
- s) June 2021
- t) July 2021
- u) August 2021
- v) September 2021
- w) October 2021
- x) November 2021
- y) December 2021

70) 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) Recovered
- d) Don't know / Not sure

71) *If reported long haul in V4/V5/V6/V7/V8, or Yes to long haul question in V9:* 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

72) *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

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d) Not applicable

73) *If reported long haul in V4/V5/V6/V7/V8, or Yes to long haul question in V9 & 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

74) 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
- l) Low-grade fever
- m) Muscle aches (myalgia)
- n) Loss or altered taste
- o) Loss or altered sense of smell
- p) Difficulty sleeping
- q) Something else: \_\_\_\_\_
- r) No symptoms improved

75) 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

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

- a) Yes

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

### Recovery

77) 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

78) **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
Avoided gatherings with people outside your household			
Physically separated from people <u>within your household</u> (renting a separate home or staying on a separate floor or room)			
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			

79) **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				

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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 people)				
At a church, mosque, synagogue or religious service (where people were praying, talking, and/or singing)				
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				

80) 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				

81) 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

82) Are you currently...?

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- 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

83) *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

84) **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

85) *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: \_\_\_\_\_

86) Which of these property types best describes where you currently live?

- a) A multi-unit property. This includes a condominium, co-op, or building with two more units.
- b) A single-unit property. This includes a detached home or townhouse.
- c) A dormitory, group home, assisted living, or nursing home
- d) Other \_\_\_\_\_
- e) Don't know / Not sure

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87) 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*

88) *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

89) *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

90) *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

91) *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: \_\_\_\_\_

92) *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

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93) *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

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

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

95) 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
- d) None of the above

## Healthcare Workers and First Responders

**96) In the past month (since ADD Qualtrics DD/Mon/YY), have you been employed in healthcare operations? This includes people who deliver care and other services to sick persons, either directly as **doctors, nurses, emergency responders and home health aides** or indirectly as **hospital sanitation workers and medical waste handlers**.**

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

97) *If yes or don't know to healthcare operations question:* Does your job involve screening or treating possible coronavirus patients?

- d) Yes
- e) No
- f) Don't know/ Not sure

98) *Skip if yes to health care operations OR job involving screening or treating possible covid patients question:* **In the past month (since ADD Qualtrics DD/Mon/YY), have you been employed in work that cannot occur remotely (i.e., from home) and requires frequent in-person contact with other people?**

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- g) Yes
- h) No
- i) Don't know/ Not sure

99) *If yes.* I work in.... **Please select your primary employment.**

- j) Law enforcement, corrections or public safety
- k) Emergency management such as fire department or other first responders
- l) Groceries, pharmacies or retail that sells food and beverages
- m) Delivery or pick-up services such as those related to foods or medications
- n) Public or private transportation including car services (taxi, Uber) and airlines
- o) Construction
- p) Healthcare
- q) Something else: \_\_\_\_\_

## Relocation

100) We are interested in where you are currently residing. What is your current zip code? \_\_\_\_\_

## Preparedness

101) Please indicate yes, no, or not applicable for each of the following items:

	Yes	No	Not applicable
I am able to work at home.			
If I do not go to work because I am ill, I will not get paid for the time I am at home.			
I have sick leave at my job if I need to use it.			
I could lose my job or business if I am not able to go into work.			
My job can only be done in my workplace.			

## Social Distancing

102) **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

103) *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



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e) Don't know / Not sure

104) **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

105) **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

## Healthcare Access, Insurance Status

106) Do you have one person you think of as your personal doctor or health care provider?

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

107) Was there a time in the **past 12 months** when you needed to see a doctor but could not because of **cost**?

- d) Yes
- e) No
- f) Don't know / Not sure

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108) Was there a time in the **past 12 months** when you needed to see a doctor but could not because of your immigration status?

- g) Yes
- h) No
- i) Don't know / Not sure

109) During the **past 12 months**, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

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

110) 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

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

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

112) 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

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

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

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

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

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115) 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

116) 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

117) 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

118) 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

119) 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

120) *If diagnosed with coronavirus (in V0, V1, V2, V3, V4, V5, V6, V7, V8, or V9) 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

121) *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

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122) 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

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

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

124) **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				

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

- a) Yes
- b) No

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- c) Don't know / Not sure

126) 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

127) *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

## Behaviors

128) Do you now smoke cigarettes every day, some days or not at all? (Cigarettes does not include electronic products such as: e-cigarettes, vape pens, personal vaporizers, e-cigars, e-pipes, e-hookahs, hookah pens, and mods).

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

129) Do you now smoke electronic products every day, some days or not at all? Electronic products such as: e-cigarettes, vape pens, personal vaporizers, e-cigars, e-pipes, e-hookahs, hookah pens, and mods.

- e) Every day
- f) Some days
- g) Not at all
- h) Don't know/Not sure

## Basic Needs: Food Security

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

130) 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

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131) 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

132) 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

133) Since the pandemic began, have you used any of the following?

- a) Food pantry
- b) Soup kitchen
- c) SNAP
- d) Pandemic EBT
- e) Emergency food support
- f) Other food support not listed above: \_\_\_\_\_
- g) None of the above

## Basic Needs: Housing Security

134) 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

135) *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

136) *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

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

## Information

137) Who do you trust to give you reliable information regarding the COVID-19 vaccine? **Please select all that apply.**

- a) Centers for Disease Control and Prevention (CDC)
- b) World Health Organization (WHO)
- c) Surgeon General
- d) White House
- e) President
- f) State Health Department
- g) Local/County/City Health Department
- h) Your governor
- i) Your mayor
- j) Personal physician
- k) Other healthcare provider/worker
- l) Family member
- m) Close Friend
- n) Religious leader/clergy
- o) Food and Drug Administration (FDA)
- p) Significant other/spouse
- q) Work colleagues
- r) News media (e.g., television or print)
- s) Social media
- t) Other: \_\_\_\_\_

## Administrative

138) Would you like to receive the \$15 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 January 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](mailto:covid@sph.cuny.edu)

**Follow-up Questionnaire for the  
Communities, Households and SARS-CoV-2 Epidemiology (CHASING) COVID Study**  
Version V9.0 | December 21, 2021

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## Automated Response

Thanks for completing this follow-up survey with the CHASING COVID Cohort study. We will email you a \$15 Amazon gift card to the email address that you provided within 3 business days.

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

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