



COVID-19 Coping Study

Drs. Lindsay Kobayashi and Jessica Finlay
University of Michigan

MONTH 12 FOLLOW-UP SURVEY

Beginning 4/5/2021

Thank you for your continued participation in the COVID-19 Coping Study! This is our *final* monthly survey.

This follow-up survey is meant to check in with you. Your responses will help us better understand your ongoing experiences, perspectives, and ways of coping with the COVID-19 pandemic. We recognize that there may be other significant stressors impacting your life. Please feel free to use this space to share your broader thoughts and experiences.

After today, we will email you the next follow-up survey in **about a year**. If you switch emails please reach out to let us know. We are so grateful for your continuing engagement.

Thank you again!
Jessica & Lindsay

You can revisit the information about the study here: <https://sph.umich.edu/covid19copingstudy/>

By providing further data you are consenting to your continued involvement in this study. If you would like to withdraw from this study, simply close this web browser page.

We think that it should take about 15 minutes to complete this follow-up survey.

Please feel free to reach out with any questions or concerns. If you have questions later or if you have a research-related problem, you can email or call either of the study investigators:

- Dr. Lindsay Kobayashi: lkob@umich.edu, 734-763-0322
- Dr. Jessica Finlay: jmfinlay@umich.edu, 734-647-0858

If you have questions about your rights as a research participant, or you have complaints about this research, you call the University of Michigan Institutional Review Board at (734) 936-0933 or email irbhsbs@umich.edu.

Before we begin, please confirm the login ID *[text box]*

Please click “Next” to continue.

Questions about current impacts of the COVID-19 pandemic

We'd like to ask you about your ongoing experiences and feelings related to the COVID-19 pandemic. Some questions are repeated from previous surveys, and others are new. Please answer each question to the best of your ability, as your answers are very important to track changes over time.

1. How worried are you **right now** about the COVID-19 pandemic? *[Not at all worried; Slightly worried; Somewhat worried; Moderately worried; Extremely worried]*
2. In the **past month**, have you had any symptoms of COVID-19? Common symptoms include cough, fever or chills, shortness of breath, new loss of taste or smell, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. *[Yes; No]*
3. In the **past month**, were you tested for COVID-19? *[Yes; No; Unknown]* **If yes or unknown → show 3a**
 - a. Was the test for COVID-19 positive? If you've had multiple tests in the past month, please select the result of the most recent test. *[Yes; No; Unknown; Waiting for results]*
4. In the **past month**, did you receive a COVID-19 vaccine? *[Yes, I received my first vaccine dose; Yes, I received my second vaccine dose; No, I received the vaccine more than a month ago; No, I have not received the vaccine; I don't know]*
5. In the **past month**, to the best of your knowledge, have any of your family members or friends had any symptoms of COVID-19? Common symptoms include cough, fever or chills, shortness of breath, new loss of taste or smell, fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. *[Yes; No; Unknown]*
6. In the **past month**, to the best of your knowledge, were any of your family members or friends tested for COVID-19? *[Yes; No; Unknown]* **If yes or unknown → show 6a**
 - a. Did any of these family members or friends have a positive COVID-19 test? *[Yes; No; Unknown; Waiting for results]*
7. In the **past month**, have any of your family members or friends been hospitalized for any reason? *[Yes; No]* **If yes → show 7a**
 - a. Was the hospitalization of your family member(s) or friend(s) due to COVID-19? Please select all that apply. *[check all that apply: Yes; No; Don't know]*
8. In the **past month**, have any of your family members or friends passed away? *[Yes; No]* **If yes → show 8a**
 - a. Did any of these family member(s) or friend(s) pass away due to COVID-19? *[Yes; No; Don't know]*
9. What is your current relationship status? *[single, never married; single, divorced/separated; single, widowed; married or in a relationship; other (please describe)]*

10. How would you describe your current employment status? Please select all that apply. *[check all that apply: In school; self-employed; part-time employment; full-time employment; unable to work due to disability or health condition; on leave of absence; homemaker or full-time family caregiver; unemployed and seeking work; retired; previously retired then re-entered the workforce; other (please describe)]?*
11. What type of building do you currently live in? *[detached house; attached house or townhome; apartment or condominium; senior independent living; senior assisted living; nursing home; hotel/motel; other (please describe)]*
12. Which describes the residence you currently live in? *[owned outright; owned with the help of a mortgage; rented (market rental); rented (subsidized housing); living rent-free (e.g., with family members); other (please describe)]*
13. Do you currently live alone? *[Yes; No] If no → show 13a*
 - a. Who do you live with? Please select all that apply. *[check all that apply: Spouse/partner; children; grandchildren; other immediate family; friend(s); roommate(s); other (please describe)]*
14. Approximately how many people do you currently have face-to-face contact with, without wearing a mask, while indoors? *[Please indicate the approximate number of people (from zero to 50 or more): Sliding scale from 0-50+]*
15. Who are the people that you currently have face-to-face contact with, without wearing a mask, while indoors? *[Please check all that apply: Family members I live with; Family members I do not live with; Roommates who are not family members; Friends; People at work; Neighbors; Community members (e.g., faith group, exercise class; support group attendees); Medical staff (e.g., doctor, therapist); Retail or service employees (e.g., grocery store clerk, bar or restaurant staff, hair stylist or barber; car mechanic); Other (please describe)]*
16. Approximately how many places outside of your home do you currently go to and spend time in? *[Please indicate the approximate number of places (from zero to 50 or more): Sliding scale from 0-50+]*
17. What places do you go to and spend time in? *[check all that apply: Grocery store; Pharmacy; Family member's home (outside); Family member's home (inside); Friend's home (outside); Friend's home (inside); Restaurant, coffee shop, or bar; Place of worship; Park, beach, campground, garden, or nature area; Outdoor recreation center (e.g., golf course, swimming pool, shooting range); Indoor recreation center (e.g., gym, yoga studio); Community center or senior center; Arts or cultural site (e.g., museum, theater, art gallery); Sporting venue (e.g., football stadium, baseball field, hockey arena, soccer field); Casino; Non-grocery retail or service store (e.g. clothing, home improvement/gardening, pet supply, car garage or auto service, convenience stores); Personal care establishment (e.g., hair or nail salon, barbershop, spa); Healthcare provider (e.g., doctor's office, dentist, or eye doctor); Hospital; Vet or humane society; Work; School; Vacation home; Hotel/motel; Airport; Other (please describe)]*

18. In the **past month**, have you had any **new** sources of significant stress (i.e., different from stressors in previous months that you've already shared with us)? If yes, please describe. *[large text box]* → **If field is not empty and does not only say "no", show 18a**
- How are you coping with and managing this stress (if at all)? Have any of your strategies to cope and manage stress **changed** in the **past month**? How so? *[large text box]*
19. In the **past week**, how many days have you: *[response options for all: 0 days, 1-3 days, 4-6 days, 7 days]*
- Been self-isolating (i.e., not left your home except for essential purposes such as work; obtaining food, medications, or other supplies; outdoor exercise; or taking care of pets)?
 - Left your residence and interacted with non-household members?
 - Washed your hands with soap or used hand sanitizer more than normal (before COVID-19)?
 - Worn a face mask?
 - Stayed at least 6 feet away from other people when outside your home?
 - Been outside for 15 minutes or more?
 - Had face-to-face contact with another person for 15 minutes or more?
 - Had a phone or video call with another person for 15 minutes or more?
 - Communicated with family, friends, and/or community members over text message, email, or other social media or messaging applications such as Facebook or WhatsApp?
20. Overall, **how satisfied are you with your life** in the current situation, all things considered? Please answer on a scale from 0 (completely dissatisfied) to 10 (completely satisfied) *[response options from 0 (completely dissatisfied) to 10 (completely satisfied)]*
21. After each statement, please indicate how often you felt that way during the **past week**. In the past 7 days... *[response options for all: Not at all, A little bit, Somewhat, Quite a bit, Very]*
- My mind has been as sharp as usual.
 - My memory has been as good as usual.
 - My thinking has been as fast as usual.
 - I have been able to keep track of what I am doing, even if I am interrupted.
 - I have been able to concentrate.
 - I have been able to think clearly without extra effort.
22. After each statement, please indicate how often you felt that way during the **past week**. In the past 7 days... *[response options for all: Never, Rarely (Once), Sometimes (Two or three times), Often (About once a day), Very often (Several times a day)]*
- My thinking has been slow.
 - It has seemed like my brain was not working as well as usual.
 - I have had to work harder than usual to keep track of what I was doing.
 - I have had trouble shifting back and forth between activities that require thinking.
 - I have had trouble concentrating.
 - I have had to work really hard to pay attention or I would make a mistake.
23. The next questions are about how you feel about different aspects of your life. For each one, please say how often you felt that way during the **past week**. *[response options for all: Hardly ever; Some of the time; Often]*

- a. How often did you feel you lacked companionship?
 - b. How often did you feel left out?
 - c. How often did you feel isolated from others?
24. Now, think about the **past week** and the feelings you have experienced. Were any of the following true for you? In the past week, *[response options for all: Yes; No]*
- a. much of the time, you felt depressed?
 - b. ... much of the time, you felt that everything you did was an effort?
 - c. ... much of the time, your sleep was restless?
 - d. ... much of the time, you were happy?
 - e. ... much of the time, you felt lonely?
 - f. ... much of the time, you enjoyed life?
 - g. ... much of the time, you felt sad?
 - h. ... much of the time, you could not get going?
25. After each statement, please indicate how often you felt that way during the **past week**. The best answer is usually the one that comes to your mind first, so do not spend too much time on any one statement. *[response options: Most of the time, Some of the time, Hardly ever, Never]*
- a. I had fear of the worst happening.
 - b. I was nervous.
 - c. I felt my hands trembling.
 - d. I had a fear of dying.
 - e. I felt faint.
26. During the **past week**, how many drinks of alcohol did you have (e.g. glasses of wine, beer, or shots of spirits/hard liquor)? *[drop-down menu for number: 0 through 10+]*
27. During the **past week**, how much moderate-to-vigorous exercise did you do (e.g., exercise for leisure, transportation, or housework that gets your heart rate elevated and makes you breathe faster)? *[drop-down menu 30-minute intervals from 0 minutes to 2.5 hours or more]*
28. How would you rate your **health** at the present time? *[Excellent; Very good; Good; Fair; Poor]*
29. How would you rate your **memory** at the present time? *[Excellent; Very good; Good; Fair; Poor]*
30. Has the COVID-19 pandemic changed your plans or expectations for the future? If so, how?
[large text box]
31. The COVID-19 pandemic has coincided with major events in the US. How have events in the past year impacted you and your community? *[large text box]*
32. Is there anything else that you would like to share with us about your ongoing experiences during the COVID-19 pandemic? *[large text box]*

Thank you so much! We really appreciate your continued participation.