



COVID-19 Coping Study  
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University of Michigan

**TWO-YEAR (24-MONTH) FOLLOW-UP SURVEY**  
Beginning 4/4/2022

**Thank you for your continued participation in the COVID-19 Coping Study!**

It has been two years since you first took part in this study. 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 and our society. 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 to a new email address, please update your email address through our website (<https://sph.umich.edu/covid19copingstudy/>) or email us at <[covid19copingstudy@umich.edu](mailto:covid19copingstudy@umich.edu)>.

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 20 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](mailto:lkob@umich.edu), 734-763-0322
- Dr. Jessica Finlay: [jmfinlay@umich.edu](mailto: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](mailto:irbhsbs@umich.edu).

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

Please click “Next” to continue.

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## Questions about the ongoing 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.

We recognize that there may be other significant stressors impacting your life and our society. Please feel free to use this space to share your broader thoughts and experiences.

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. Have you ever had COVID-19, either suspected because you had symptoms or confirmed through a positive test? *[Yes; No; Unsure]* **If yes or unsure -> show 2a, 2b, 2c, and 2d**
  - a. How many times have you had COVID-19? *[Drop-down options: 1 time, 2 times, 3 times, 4 or more times]* **If 1, show 2ai 1 and 2, if 2+ covid instances show 2aii 1 and 2**
    - i. **For 1 instance:**
      1. What was the approximate date (month/day/year) that you became sick or tested positive for COVID-19? *[Click a calendar date]*
      2. When you became sick or tested positive for COVID-19, how did it affect you? *[I had mild symptoms but could still do normal activities; The symptoms really bothered me and it was hard to do normal activities; The symptoms were very bad and I was not able to do the activities that I usually do; I did not have any symptoms]*
    - ii. **2+ instances:**
      1. What was the approximate date (month/day/year) that you **most recently** became sick or tested positive for COVID-19? *[Click a calendar date]*
      2. In your **worst case** of being sick or testing positive for COVID-19, how did it affect you? *[I had mild symptoms but could still do normal activities; The symptoms really bothered me and it was hard to do normal activities; The symptoms were very bad and I was not able to do the activities that I usually do; I did not have any symptoms]*
  - b. Were you ever hospitalized while sick with COVID-19? *[Yes; No]*
  - c. Did you, or do you continue to have, any COVID-19 symptoms weeks or months after first being infected (sometimes referred to as "long covid")? *[Yes; No]* **If yes -> show 2ci**
    - i. What "long covid" symptoms did you experience or are experiencing? Please check all that apply. *[Difficulty breathing or shortness of breath; Tiredness or fatigue; Symptoms that get worse after physical or mental activities; Difficulty thinking or concentrating (sometimes referred to as "brain fog"); Cough; Chest or stomach pain; Headache; Fast-beating or pounding heart; Joint or muscle pain; Pins-and-needles feeling; Diarrhea; Sleep problems; Fever; Lightheadedness (dizziness on standing); Rash; Mood changes; Change in smell or taste; Other symptoms - please describe (short text box)]*

- d. How did having COVID-19 impact your short- or long-term physical or mental health, daily routines, social relationships, your job or financial circumstances, or other aspects of your personal life? *[long text answer]*
3. Have you personally received at least one dose of a COVID-19 vaccine, or not? *[Yes; No, have not gotten the vaccine; Don't know; Decline to respond]* **If yes -> show q3a**
  - a. How many COVID-19 vaccine doses have you received, including any booster doses? *[One; Two; Three; Four or more; Don't know; Decline to respond]*
4. We would like to hear more about your choice in receiving or not receiving a COVID-19 vaccine or booster shot. How did you make your decision regarding vaccination? *[large text box]*
5. Please indicate the extent to which you agree with the following statements. *[Options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree]*
  - a. Vaccines are important for my health.
  - b. Vaccines are effective.
  - c. Being vaccinated is important for the health of others in my community.
  - d. All recommended routine vaccines are beneficial.
  - e. New vaccines carry more risks than older vaccines.
  - f. The information I receive about vaccines from official sources is reliable and trustworthy.
  - g. Getting vaccines is a good way to protect me from disease.
  - h. Generally, I follow vaccine recommendations from my doctor or health care provider.
  - i. I am concerned about serious adverse effects of vaccines.
  - j. I do NOT need vaccines for diseases that are no longer common.
6. Have any of your family members or friends been hospitalized with COVID-19? *[Yes; No]*
7. Since March 2020, have any of your family members or friends passed away? *[Yes; No]* **If yes, show 7a**
  - a. Did any of your family members or friends have COVID-19 when they passed away? *[Yes; No]* **If yes, show 7ai**
    - i. How many of your family members or friends passed away with COVID-19? *[0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or more]*
8. What is your current relationship status? *[single, never married; single, divorced/separated; single, widowed; married or in a relationship; other (please describe)]*
9. 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)]?*

10. Is your current employment status what you would have expected to have at this age, compared to before the COVID-19 pandemic began (March 2020)? Before the coronavirus pandemic began, is this the employment status you would have expected to have at this age? [Yes; No; Don't know]
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**
- 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. Compared to before the coronavirus pandemic (March 2020), have you changed how often you... [Do more often; do about the same; Do less often; Not relevant]
- Spend time inside your home?
  - Go to a grocery store?
  - Go to a liquor store?
  - Go to stores for non-food items (e.g., home improvement materials, gardening supplies, clothes)?
  - Visit the pharmacy?
  - See healthcare providers (e.g., doctor, dentist, therapist)?
  - Eat or drink in a restaurant, cafe, or bar?
  - Walk, hike, or bike outside your home?
  - Spend time in a public park, beach, or nature area?
  - Exercise in outdoor facilities (e.g., golf, swim, ski, play tennis or pickleball)?
  - Exercise in indoor facilities (e.g., in a gym or studio)?
  - Spend time in a library?
  - Attend a senior center?
  - Attend religious services outside of your home?
  - Visit an arts or cultural site (e.g., museum, theater, art gallery)?
  - Attend professional or recreational sporting events (e.g., football, baseball, hockey, or soccer games)?
  - Visit a personal care establishment (e.g., hair or nail salon, barbershop, spa)?
  - Volunteer outside of your home?
  - Use public transport (e.g., bus, subway, train)?
  - Use rideshare services (e.g., Uber, Lyft)?
15. Since the start of the coronavirus pandemic in March 2020, is there a place that you have particularly **valued** spending time in? If so, where is this place and what are your experiences and thoughts about it? [large text box]

16. Since the start of the coronavirus pandemic in March 2020, is there a place that you have particularly **missed visiting**? If so, where is this place and what are your experiences and thoughts about it? *[large text box]*
17. Since the start of the coronavirus pandemic in March 2020, is there a place that you have particularly **found challenging to spend time in**? If so, where is this place and what are your experiences and thoughts about it? *[large text box]*
18. Please respond to each item by marking one box per row *[Response options for each statement are: Strongly Disagree; Disagree; Neutral; Agree; Strongly Agree]:*
- I tend to bounce back quickly after hard times
  - I have a hard time making it through stressful events
  - It does not take me long to recover from stressful events
  - It is hard for me to snap back when something bad happens
  - I usually come through difficult times with little trouble
  - I tend to take a long time to get over set-backs in my life
19. 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)]*
20. 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.
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: 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.
22. 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]*
- How often did you feel you lacked companionship?
  - How often did you feel left out?
  - How often did you feel isolated from others?

23. 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]*
- .... much of the time, you felt depressed?
  - ... much of the time, you felt that everything you did was an effort?
  - ... much of the time, your sleep was restless?
  - ... much of the time, you were happy?
  - ... much of the time, you felt lonely?
  - ... much of the time, you enjoyed life?
  - ... much of the time, you felt sad?
  - ... much of the time, you could not get going?
24. 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]*
- I had fear of the worst happening.
  - I was nervous.
  - I felt my hands trembling.
  - I had a fear of dying.
  - I felt faint.
25. In the **past year**, have you had any sources of significant stress? If yes, please describe. *[large text box]* → **If field is not empty and does not only say “no”, show 24a**
- 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 year**? How so? *[large text box]*
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. Have any of your hopes, plans, or expectations for the future changed since March 2020 when the pandemic began? If so, how? *[large text box]*
31. Is there anything else that you would like to share with us about your experiences? *[large text box]*

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