



COVID-19 Coping Study
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University of Michigan

THREE-YEAR (36-MONTH) FOLLOW-UP SURVEY
Beginning 4/3/2023

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

It has been three 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, health, and well-being. We recognize that there may be other significant events or 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>.

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 25 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.

We'd like to ask you about your ongoing experiences and current feelings related to COVID-19. 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 events and 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 (often 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/does 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; Five or more; Don't know; Decline to respond]*
4. We would like to hear more about your thoughts and experiences since receiving or not receiving a COVID-19 vaccine or booster shot. How do you currently feel about your decision regarding vaccination? *[large text box]*
5. Have any of your family members or friends been hospitalized with COVID-19? *[Yes; No]*
6. Since March 2020, have any of your family members or friends passed away? *[Yes; No]* **If yes, show 6a**
 - a. Did any of your family members or friends have COVID-19 when they passed away? *[Yes; No; Don't know]* **If yes, show 6ai**
 - 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]*
7. What is your current relationship status? *[single, never married; single, divorced/separated; single, widowed; married or in a relationship; other (please describe)]*
8. 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)]?*
9. 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)]*
10. 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)]*
11. Have you moved since the COVID-19 pandemic onset in March 2020? *[yes; no]* **If yes, show 11a**
 - a. Why did you move? Please tell us about your reason(s) for moving and experience. *[Long answer]*

12. Do you currently live alone? *[Yes; No]*
13. Has the COVID-19 pandemic affected any of the following: *[a lot more; a little more; a little less; a lot less; no]*
- How you are saving money?
 - How you are spending money?
 - How you are borrowing money?
 - How you using public assistance or charity (e.g. unemployment benefits, food stamps, food banks)?
14. How has the COVID-19 pandemic affected your finances or daily spending decisions? Has it created or exacerbated financial hardships or opportunities? *[large text box]*
15. What precautions do you take (if any) to protect yourself or others from the spread of COVID-19 and other infectious diseases? Please select all that apply.
- Wash your hands with soap and water or use hand sanitizer
 - Do not shake hands
 - Wear a mask in medical settings (e.g., doctor's office, hospital)
 - Wear a mask in indoor public spaces (e.g., grocery store, pharmacy, coffee shop, movie theater, gym)
 - Wear a mask while traveling (e.g., by bus, train, airplane)
 - Wear a mask in outdoor public spaces (e.g., park, sidewalk, restaurant patio)
 - Avoid crowded indoor public spaces and events
 - Avoid crowded outdoor public spaces and events
 - Wear a mask if you feel sick
 - Test for COVID-19 (e.g., at-home antigen test or PCR test) if you feel sick
 - Get recommend vaccines (e.g., for the flu or COVID-19 boosters)
 - Other – please describe *[short text box]*
16. How do you decide when, where, and with whom to take precautions to prevent the spread of COVID-19 and other infectious diseases? *[long text answer]*
17. Do you experience any challenges in your relationships with the people around you (e.g., family, friends, neighbors) because of the levels of precautions that they take (or do not take) to prevent the spread of COVID-19 or other infectious diseases? *[long text answer]*
18. Where do you typically **exercise** (i.e., engage in physical activity to sustain or improve your health and fitness)? Please select all that apply.
- At home (e.g., online classes, use at-home exercise equipment such as treadmill, stationary bike, weights, yoga mat)*
 - On the sidewalks, streets, or paths near home (e.g., walking, jogging, cycling)*
 - In a public park near home*
 - At a recreation center (e.g., gym, swimming pool, yoga studio, racket club, golf course, ski area)*
 - In parks, beaches, hiking trails, and/or nature areas driving-distance from home*
 - Other (please describe)*
 - I do not exercise*

19. Is your current exercise routine different compared to before the start of the COVID-19 pandemic in March 2020 (e.g., where or when you exercise, with who, how often, what type of exercise)? [Yes; No] If **yes** → **show 19a**

a. How is your exercise routine different? Why did you change your routine? [long answer box]

20. Where do you typically **socialize** with other people? Please select all that apply.

- a. *At home in-person*
- b. *At home online (e.g., social media, chat groups, video calls and messaging)*
- c. *At a friend's home*
- d. *At a family member's home*
- e. *At work*
- f. *At a coffee shop*
- g. *At a restaurant or diner*
- h. *At a bar*
- i. *At a store (e.g., grocery store, clothing store)*
- j. *At a social club or civic group (e.g., neighborhood block club, veteran's association, volunteer organization)*
- k. *At a site of worship (e.g., church, temple, synagogue)*
- l. *At a university or college campus*
- m. *At a library*
- n. *At a museum, gallery, or live theatre*
- o. *At a movie theater*
- p. *At a park, garden, beach, or nature area*
- q. *At a recreation center (e.g., gym, swimming pool, yoga studio, tennis club, golf course, ski area)*
- r. *At a community center or senior center*
- s. *On public transportation*
- t. *Other (please describe)*
- u. *I do not socialize*

21. Is your current social routine different compared to before the start of the COVID-19 pandemic in March 2020 (e.g., where or when you socialize, with who, how often, what type of activity)? [Yes; No] → if **yes**, **show 21a**

a. How is your social routine different? Why did you change your routine? [long answer box]

22. Where do you typically engage in **creative or educational** activities (e.g., take classes, read, play an instrument, listen to music, solve puzzles)?

- a. *At home in-person (e.g., read a book or newspaper, play an instrument)*
- b. *At home online (e.g., computer games)*
- c. *At a friend's home*
- d. *At a family member's home*
- e. *At work*
- f. *At a public library*

- g. *At a university or college campus*
 - h. *At an art gallery, historical/cultural museum, planetarium, or science and technology museum*
 - i. *At a performing arts center (e.g., live performance theater, musical show)*
 - j. *At a coffee shop*
 - k. *At a community center or senior center*
 - l. *At a social club or civic group (e.g., neighborhood block club, veteran's association, volunteer organization)*
 - m. *At a site of worship (e.g., church, temple, synagogue, mosque)*
 - n. *At a park, garden, beach, or nature area*
 - o. *Other (please describe)*
 - p. *I do not engage in creative or educational activities*
23. Is your current routine in creative or educational activities different compared to before the start of the COVID-19 pandemic in March 2020 (e.g., where you go, with who, how often, what type of activity)? [Yes; No] **If yes → show 23a**
- a. How is your creative/educational activity routine different? Why did you change your routine? [long answer box]
24. 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)]
25. 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]
- a. My mind has been as sharp as usual.
 - b. My memory has been as good as usual.
 - c. My thinking has been as fast as usual.
 - d. I have been able to keep track of what I am doing, even if I am interrupted.
 - e. I have been able to concentrate.
 - f. I have been able to think clearly without extra effort.
26. 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)]
- a. My thinking has been slow.
 - b. It has seemed like my brain was not working as well as usual.
 - c. I have had to work harder than usual to keep track of what I was doing.
 - d. I have had trouble shifting back and forth between activities that require thinking.
 - e. I have had trouble concentrating.
 - f. I have had to work really hard to pay attention or I would make a mistake.
27. 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?
28. 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?
29. 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.
30. 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+]*
31. 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]*
32. How would you rate your **health** at the present time? *[Excellent; Very good; Good; Fair; Poor]*
33. How would you rate your **memory** at the present time? *[Excellent; Very good; Good; Fair; Poor]*
34. 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.