



COVID-19 Coping Study  
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**FOUR-YEAR (48-MONTH) FOLLOW-UP SURVEY**  
Beginning 4/2/2024

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

It has been four 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 final 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 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](mailto:lkob@umich.edu), 734-763-0322
- Dr. Jessica Finlay: [jessica.finlay@colorado.edu](mailto:jessica.finlay@colorado.edu), 303-735-0110

If you have questions about your rights as a research participant, or you have complaints about this research, you can 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 your Login ID *[text box]*

Please click “Next” to continue.

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We'd like to ask you about your ongoing experiences and current feelings related to COVID-19 and broader events. 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 COVID-19? *[Not at all worried; Slightly worried; Somewhat worried; Moderately worried; Extremely worried]*
2. In the past year, have you 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. In the past year, 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. In the past year, 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 and 2cii**
    - i. What long COVID symptoms did you experience or are you currently experiencing? Please check all that apply. *[Difficulty breathing or shortness of breath; Tiredness or fatigue; Symptoms that get worse after physical or mental activities (including post exertion malaise [PEM]); 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*



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. What is your current zip code? *[short answer]*

12. Do you currently live alone? *[Yes; No]*

13.

a. We'd like to hear more about your daily activities. Please use the following scale to report how often you have done the following in a typical month BEFORE the COVID-19 pandemic (i.e., before March 2020) and during the LAST MONTH.

In a typical month BEFORE the COVID-19 pandemic						During the LAST MONTH				
Very often	Fairly often	Some times	Almost never	Never		Very often	Fairly often	Some times	Almost never	Never
1	2	3	4	5		1	2	3	4	5
					Engaged in recreational physical activity (e.g., walking, swimming, racket sports)					
					Engaged in active transportation (e.g., walk or bike to get somewhere instead of driving)					
					Used public transportation					
					Engaged in home-based activities (e.g., workouts, housework, home repairs, yard work, gardening)					
					Spent time sitting (e.g., at home, work, and/or in public spaces)					
					Spent time in nature, parks, and/or on trails					
					Spent time walking or biking in your neighborhood					

b. We'd like to hear more about your daily life. Please use the following scale to report how often you have done the following in a typical month BEFORE the COVID-19 pandemic (i.e., before March 2020) and during the LAST MONTH.

In a typical month BEFORE the COVID-19 pandemic						During the LAST MONTH				
Very often	Fairly often	Some times	Almost never	Never		Very often	Fairly often	Some times	Almost never	Never
1	2	3	4	5		1	2	3	4	5
					Spent time in eating and drinking places (e.g., coffee shops, restaurants, bars)					
					Spent time in community centers and/or senior centers					

1	2	3	4	5	Spent time in fitness facilities (e.g., gyms, yoga studios, golf courses)	1	2	3	4	5
1	2	3	4	5	Spent time in social organizations or clubs (e.g., book club, walking club, civic group, volunteer group, faith group)	1	2	3	4	5
1	2	3	4	5	Spent time in arts or cultural sites (e.g., museum, theater, art gallery)	1	2	3	4	5
1	2	3	4	5	Spent time on social media (e.g., Facebook, Instagram, Reddit)	1	2	3	4	5

14. During the past 30 days, how often did you plan a trip outside of your home (e.g., to run errands, see a friend, go exercise), but end up not going? [*Very often, Fairly often, Sometimes, Almost never, Never*] [If 'Very often', 'Fairly often', 'Sometimes', or 'Almost never' → **show 14a**]

- a. For what reason(s) did you end up not going? Please select all that apply. [*Caregiving commitments; Changed my mind; Felt tired and/or unmotivated; Felt too busy; Felt sick or unwell; Financial considerations (e.g., too expensive); Other people cancelled plans; Relationship challenges (e.g., tension, conflict); Social anxiety; Transportation challenges (e.g., car issues, inconvenient bus schedule); Venue cancellations (e.g., short-staffed, class or event cancelled); Venue limitations (e.g., too crowded, not accessible); Weather (e.g., icy, dark); Work related reasons; Worried about getting sick from others; Other – please explain (short text box)*]

15. We'd like to hear more about your social interactions. Please use the following scale to report how often you have done the following in a typical month BEFORE the COVID-19 pandemic (i.e., before March 2020) and during the LAST MONTH.

In a typical month BEFORE the COVID-19 Pandemic						During the LAST MONTH				
Very often	Fairly often	Some times	Almost never	Never		Very often	Fairly often	Some times	Almost never	Never
1	2	3	4	5		1	2	3	4	5
1	2	3	4	5	Spent time alone	1	2	3	4	5
1	2	3	4	5	Spent time in-person with family	1	2	3	4	5
1	2	3	4	5	Spent time in-person with friends	1	2	3	4	5
1	2	3	4	5	Spent time in-person with community members (e.g., neighbors, club members, congregation)	1	2	3	4	5
1	2	3	4	5	Spent time in-person with more distant connections (e.g., acquaintances, colleagues)	1	2	3	4	5
1	2	3	4	5	Spent time in-person around strangers (e.g., at a coffee shop,	1	2	3	4	5

					theater, park, <del>grocery store</del> , on the bus)					
1	2	3	4	5	Spent time online engaging with family and friends (e.g., texts and video calls, WhatsApp, Zoom)	1	2	3	4	5
1	2	3	4	5	Spent time online engaging with community members (e.g., NextDoor, MeetUp, online neighborhood organizations)	1	2	3	4	5
1	2	3	4	5	Spent time online engaging with strangers (e.g., on social media, online forums, Twitter, Reddit)	1	2	3	4	5

16. Do you feel that any of your current lifestyle changes compared to before the start of the COVID-19 pandemic (e.g., to your social, exercise, educational, and entertainment routines) are permanent? Or will your old routines resume at some point, if not already? Why or why not?  
*[large text box]*

17. 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.

- a. Wash your hands with soap and water or use hand sanitizer
- b. Do not shake hands
- c. Wear a mask in medical settings (e.g., doctor’s office, hospital)
- d. Wear a mask in indoor public spaces (e.g., grocery store, pharmacy, coffee shop, movie theater, gym)
- e. Wear a mask while traveling (e.g., by bus, train, airplane)
- f. Wear a mask in outdoor public spaces (e.g., park, sidewalk, restaurant patio)
- g. Avoid crowded indoor public spaces and events
- h. Avoid crowded outdoor public spaces and events
- i. Wear a mask if you feel sick
- j. Test for COVID-19 (e.g., at-home antigen test or PCR test) if you feel sick
- k. Get recommend vaccines (e.g., for the flu or COVID-19 boosters)
- l. Other – please describe *[short text box]*

18. In your neighborhood, compared to before the COVID-19 pandemic started in March 2020, what is the availability now of: *[more, about the same, less, does not apply to my neighborhood, don’t know]*

- a. Affordable groceries and household essentials?
- b. Affordable fitness activities (e.g., gym memberships, exercise classes)?
- c. Affordable entertainment (e.g., dining out, going to the movies or a show)?
- d. Affordable places to socialize with people around your own age?
- e. Affordable places to socialize with people of different ages?
- f. Affordable transportation (e.g., public transit, bikes and e-bikes, taxis and rideshares)?

19. In your neighborhood, compared to before the COVID-19 pandemic started in March 2020, do you feel: *[More, About the same, Less, Don't know]*
- Safe?
  - Comfortable?
  - Welcome?
  - Trusting of others?
  - Tension, hostility, or conflict?
  - Discriminated against?
20. Do you think that the culture and/or general social norms of your neighborhood have changed compared to before the start of the COVID-19 pandemic? Why or why not? *[large text box]*
21. 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)]*
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: 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.
23. 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.
24. 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?
25. 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?



- 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?
26. 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.
27. Do you have any of the following medical conditions? Please select all that apply. *[High blood pressure; Diabetes; Heart disease; Asthma; Chronic obstructive pulmonary disease (COPD); Cancer; Chronic kidney disease; Dementia (e.g., Alzheimer's Disease); Other neurological condition; Arthritis; Autoimmune disease (e.g., Rheumatoid Arthritis, Lupus, and Multiple Sclerosis); physical disability; other limiting, long-standing health condition]*
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 you changed the way you see yourself since the COVID-19 pandemic onset? If so, how? *[large text box]*
31. Do you consider the COVID-19 pandemic a turning point in your life? Why or why not? *[large text box]*
32. Has the COVID-19 pandemic affected your sense of meaning and purpose in life? If so, how? *[large text box]*
33. Has the COVID-19 pandemic changed your plans or expectations for the future? If so, how? *[large text box]*
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.