



# COVID-19 Coping Study

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## **MONTH 9 FOLLOW-UP SURVEY**

Beginning 01/04/2021

**Happy New Year! Thank you for your continued participation in the COVID-19 Coping 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. 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 month. 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 10 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](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 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**, 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]*
5. 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 5a**
  - a. Did any of these family members or friends have a positive COVID-19 test? *[Yes; No; Unknown; Waiting for results]*
6. In the **past month**, have any of your family members or friends been hospitalized for any reason? *[Yes; No]* **If yes → show 6a**
  - 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]*
7. In the **past month**, have any of your family members or friends passed away? *[Yes; No]* **If yes → show 7a**
  - a. Did any of these family member(s) or friend(s) pass away due to COVID-19? *[Yes; No; Don't know]*
8. In the **past month**, has your relationship status changed? *[Yes; No]* **If yes → show 8a**
  - a. How has your relationship status changed in the **past month**? Please select all that apply. *[check all that apply: In a new relationship; Married; Divorced; Separated; Widowed; Other [please describe]]*

9. In the **past month**, has your employment status or daily work situation changed? [Yes; No] **If yes → show 9a**
- a. What change in your employment or work situation have you experienced in the **past month**? Please select all that apply. [check all that apply: I have a new job; I retired; I have lost a job; I have been furloughed; I have taken a leave of absence; I have taken vacation time; I have reduced work hours; I have increased work hours; I am now working from home, part- or full-time; I am now in a workplace away from home, part- or full-time; There are fewer people in my workplace; There are more people in my workplace; Other [please describe]]
10. In the **past month**, has your living situation changed (e.g., changes in where you live or who you live with)? [Yes; No] **If yes → show 10a**
- a. What changes in living situation have you experienced in the **past month**? Please select all that apply. [check all that apply: I have moved to a new residence and officially changed my address; I have temporarily moved in with others (e.g., family, friends, roommates); Others have moved in with me (e.g., family, friends, roommates); I have stayed in a private vacation home; I have stayed in a hotel, hostel, or other short-term rental; I am currently housing insecure; Other [please describe]]
11. In the **past month**, have you increased the number of people who you have face-to-face contact with? [Yes. Please indicate the approximate number of new people (use a single number only): (text box); No – I have reduced the number of people I have face-to-face contact with over the past month; No – I have neither increased nor decreased the number of people I have had face-to-face contact with over the past month].
12. In the **past month**, have you increased the number of places you go to and spend time in? [Yes – Yes. Please indicate the approximate number of new places (use a single number only): (text box); No – I am going to and spending time in fewer places; No – I have neither increased or decreased the number of places I go to and spend time in] **If yes → show 12a**
- a. Please indicate the **new** places you have gone to and spent time in over the **past month**. [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)]

13. How often, if at all, do you get vaccinated for the regular seasonal flu? [*response options: Every year, every few years, less often, never*]
14. Please indicate the extent to which you agree with the following statements. [*Options: Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree*]
- Vaccines are important for my health.
  - Vaccines are effective.
  - Being vaccinated is important for the health of others in my community.
  - All recommended routine vaccines are beneficial.
  - New vaccines carry more risks than older vaccines.
  - The information I receive about vaccines from official sources is reliable and trustworthy.
  - Getting vaccines is a good way to protect me from disease.
  - Generally, I follow vaccine recommendations from my doctor or health care provider.
  - I am concerned about serious adverse effects of vaccines.
  - I do NOT need vaccines for diseases that are no longer common.
15. In deciding whether to get vaccinated for the coronavirus, how important is each of these to you? [*response options for all: extremely, very, somewhat, Not so much, not at all*]
- Other people in your community getting vaccinated
  - Its being available for free
  - Convenience in where you can get it
  - The advice of your healthcare provider (Skip if you don't have one)
  - The advice of people you trust
  - Your confidence in the vaccine's safety
  - Your confidence in the vaccine's effectiveness
16. Have you gotten a COVID-19 Vaccine? [*response option: yes, no*] → **If no, show 16a**
- Would you get a COVID-19 vaccine if it was available to you? [*response option: yes, maybe, no*] → **If maybe or no, show 16b**
  - What reassurances would you need before you opted to take a COVID-19 vaccine?
17. 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?

18. 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)*]
19. 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?
20. 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?
21. 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.
22. How would you rate your **health** at the present time? [*Excellent; Very good; Good; Fair; Poor*]
23. How would you rate your **memory** at the present time? [*Excellent; Very good; Good; Fair; Poor*]
24. 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 14a**
- 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*]
25. To what extent is engaging with nature or the outdoors helping you manage worry and stress during the COVID-19 pandemic? [*slider from 1 (Not helping at all) to 10 (Helping a lot)*]

26. We are interested to hear more about your experiences. Why, if at all, is it important for you to engage with nature or the outdoors during the COVID-19 pandemic? *[Large text box]*
27. Since the start of fall (September 1<sup>st</sup>, 2020), have you changed how often you... *[Do more often; do about the same; Do less often; Not relevant]*
- a. Use public transport (e.g., bus, subway, train)?
  - b. Go shopping for food?
  - c. See healthcare providers (e.g., doctor, dentist, therapist)?
28. How has the pandemic impacted how you access and use these services? We are interested to hear about your experiences. *[large text box]*
29. 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.