COVID-19 Experiences Survey

Contents

Programmer Notes

//DO NOT DISPLAY HEADER NAMES//

//ONLY DISPLAY VARIABLE NAMES FOR TESTING//

//DISPLAY DOHMH LOGO ON ALL SCREENS//

// ALL JAVASCRIPTING, POST-TEXT, PRE-TEXT, AND CUSTOM ALERTS MUST BE TAGGED WITH A RESOURCE TAG (<res>) FOR TRANSLATION VIA THE LANGUAGE MANAGER (https://decipher.zendesk.com/hc/en-us/articles/360010276273-Resource-Tag-Create-Translatable-Resources)//

//UNLESS INDICATED AS MANDATORY, ALL QUESTIONS SHOULD BE OPTIONAL WITH A SOFT-REQUEST//

//THE FOLLOWING SOFT REQUEST PROMPT SHOULD SHOW UP THE FIRST TIME A RESPONDENT TRIES TO SKIP EACH QUESTION : "Please try to answer each question. If you meant to skip this question, click the Continue button again." **SOME QUESTIONS WILL HAVE CUSTOM SOFT REQUEST PROMPTS AS INDICATED. //**

// IF THE RESPONDENT AGAIN ATTEMPTS TO SKIP THE QUESTION, CODE THEIR RESPONSE AS 99-REFUSED.//

//THERE IS NO EXPLICIT REFUSAL. REFUSAL IS INDICATED BY SKIPPING THE QUESTION AND CONFIRMING THE INTENTION TO SKIP THE QUESTION AFTER THE SOFT REQUEST PROMPT. INFLUDE 99=REFUSED AS A RESPONSE OPTION FOR ALL QUESTIONS BUT MAKE IT HIDDEN.//

//RESPONSE OPTIONS IN ALL CAPITAL TEXT SHOULD BE PROGRAMMED BUT HIDDEN FROM RESPONDENT. PLEASE ENTER THESE RESPONSE OPTIONS IN ALL CAPITAL TEXT AS SHOWN IN QUESTIONNAIRE.//

//RESPONDENTS SHOULD BE ALLOWED TO RETURN TO THE PREVIOUS QUESTION USING A "BACK" BUTTON UNLESS OTHERWISE SPECIFIED.//

NOTE: ANY RESPONSE OPTIONS IN ALL CAPITALS ARE NOT VISIBLE TO THE RESPONDENT OR READ TO THE RESPONDENT. THEY ARE FOR PROGRAMMING ONLY.

Introduction and Consent

ASK ALL

HEADER **COVID-19 Experiences Survey**

ASK ALL

LANG Please select your preferred language:

/EACH RESPONSE OPTION SHOULD BE TRANSLATED INTO THE APPROPRIATE LANGUAGE; PROGRAM "ENGLISH" TO BE THE FIRST RESPONSE OPTION. /

1 English
2 Spanish**/DISPLAYED AS** Español (Spanish)**/**
3 Simplified Chinese **/DISPLAYED AS** 简体中文 (Simplified Chinese) **/**
4 Traditional Chinese **/DISPLAYED AS** 繁體中文 (Traditional Chinese)**/**
5 Russian **/DISPLAYED AS** Русский (Russian) **/**

//PAGE BREAK//

/CATI ONLY/

INTERV **INTERVIEWER:** Please select your name. /PROGRAM AS DROP-DOWN MENU OF INTERVIEWER NAMES/

//PAGE BREAK//

/WEB ONLY/

Introduction
Thank you for your interest in taking the NYC Health Department survey on COVID-19. Before we get started, please answer the following questions so that we can make sure you meet the qualifications for this survey. If you're eligible to participate in this Healthy NYC survey, you'll receive a $10 gift card for completing this survey.

This survey will take about 15 minutes.

//PAGE BREAK//

/CATI ONLY/

IF ANSWERING A CALL: Good morning / Good afternoon / Good evening, this is **[PIPE IN INTERV]** from the Healthy NYC team at the New York City Health Department. Are you calling to take the COVID-19 Experiences Survey?

IF YES: Great. Thank you for calling. Let's begin!

IF RETURNING A CALL: This is [pipe: INTERV] from the Healthy NYC team at the New York City Health Department returning your call. Are you able to take the COVID-19 Experiences Survey now?

IF YES: Great. Let's begin!

FOR OUTBOUND CALLS: Good morning/ good afternoon/ good evening. My name is **[PIPE IN INTERV]** from the New York City Health Department. We are conducting a Healthy NYC survey on COVID-19 experiences. Would you like to take the survey over the phone now or schedule a time when you're available? The survey takes about 15 minutes. [INTERVIEWER, READ IF NEEDED: The goal of this survey is to hear about New Yorkers' experiences with COVID-19 and help the City develop programs to address COVID-19.]

IF YES AND CAN TAKE THE SURVEY NOW:

Great! Let's begin!

IF YES AND WANTS TO TAKE THE SURVEY LATER:

Great! Our usual hours are Monday through Friday, 10am to 6pm. Is there a time that works best for you?

IF NO:

The goal of this survey is to hear about New Yorkers' experiences with COVID-19 and help the City develop programs to address COVID-19. Please feel free to call us at 1-888-692-0023 or email us at healthynyc@health.nyc.gov when you want to take the survey or to schedule an appointment. We can also send a link to the survey by email if you would like. I'd also like to confirm that you want to continue receiving invitations to participate in Healthy NYC surveys in the future.

IF YES: Great, you'll continue to receive invitations to participate.

IF NO: If you'd like to completely stop participating, I can withdraw you from Healthy NYC. This means you will no longer receive invitations to take surveys.

//PAGE BREAK//

Screening for Eligibility

/WEB - MANDATORY/

ASK IF NON-UNIQUE LINK

PID Please enter the unique Participant ID that was included in your invitation. /INSTRUCTIONS: This is an 11-character alphanumeric code that begins with "P."/

/IF RESPONDENT HAS ALREADY COMPLETED THE SURVEY DISPLAY THE FOLLOWING:/ Thank you for your interest in this Healthy NYC survey. Our records indicate that you have already

completed this survey. Thank you for your participation. If you believe this is an error, please contact the Healthy NYC team at HealthyNYC@health.nyc.gov.

//PAGE BREAK//

/CATI - MANDATORY/

ASK ALL

PID On the invitation you received, there is a participant ID on the front page. Can you please read the number to me?

/INSTRUCTIONS; INTERVIEWER, READ IF NEEDED: This is an 11-character alphanumeric code that begins with "P."/

/IF RESPONDENT HAS ALREADY COMPLETED THE SURVEY DISPLAY THE FOLLOWING:/ Thank you for your interest in this Healthy NYC survey. Our records indicate that you have already completed the survey. Thank you for your participation.

ASK ALL - MANDATORY

AGE18 Are you 18 years of age or older?

/CATI INSTRUCTIONS: INTERVIEWER: IF RESPONDENT GIVES AN AGE IN YEARS, SELECT YES OR NO BASED ON THAT AGE GIVEN. READ IF NEEDED: In order to participate in this survey, we need to confirm your age. All of your answers will be kept confidential. To make sure you are eligible for this survey, can you please tell me if you are 18 years of age or older?/

/WEB/
1 Yes
2 No
/CATI/
1 YES
2 NO

/DISPLAY CUSTOM HARD REQUEST MESSAGE IF AGE IS SKIPPED: In order to participate in this survey, we need to confirm your age. All of your answers will be kept confidential. To make sure you are eligible, please confirm that you are 18 or older./

DISPLAY IF AGE18=2

/DISABLE "NEXT" AND "BACK" FOR /

TERM1a This survey is only available to those who are 18 years of age or older. Thank you for your time. [WEB ONLY: If you think you reached this page in error, please contact us at HealthyNYC@health.nyc.gov.] **//TERMINATE SURVEY//**

//PAGE BREAK//

ASK ALL

QBORO In which of the five New York City (NYC) boroughs do you currently live?

[CATI INSTRUCTIONS: INTERVIEWER, READ IF NEEDED: In order to participate in this survey, we need to confirm your area of residence. All of your answers will be kept confidential. To make sure you are eligible, please tell me which borough you live in.]

/WEB/

1 The Bronx
2 Brooklyn
3 Manhattan
4 Queens
5 Staten Island
6 I do not live in NYC

/CATI/

1 THE BRONX
2 BROOKLYN
3 MANHATTAN
4 QUEENS
5 STATEN ISLAND
6 I DO NOT LIVE IN NYC
77 DON'T KNOW/NOT SURE
99 REFUSED

/WEB ONLY: DISPLAY CUSTOM SOFT REQUEST MESSAGE IF QBORO IS SKIPPED ONCE: All of your answers will be kept confidential. To make sure you are eligible for this survey, please select the borough where you live./

WEB: DISPLAY IF QBORO= 6 OR QBORO IS SKIPPED A SECOND TIME
CATI: DISPLAY IF QBORO=6 OR 77 OR 99 OR QBORO IS SKIPPED A SECOND TIME
/DISABLE "NEXT" AND "BACK"/

TERM2 This survey is only available to New York City residents. Thank you for your time. [WEB ONLY: If you think you reached this page in error, please contact us at HealthyNYC@health.nyc.gov.]
//TERMINATE SURVEY//

//PAGE BREAK//

ASK ALL

S3: From February 2020 until now, do you think you may have had COVID-19?

1. Yes
2. No

3 Possibly, but not sure

/CATI

3 Or possibly, but you are not sure?

99. REFUSED

SHOW IF S3=2 or S3=99 OR SKIPPED TWICE

/WEB: This month's survey is only available to individuals who either had suspected or confirmed COVID-19. Thank you for your time. If you think you reached this page in error, please contact us at HealthyNYC@health.nyc.gov. **//TERMINATE SURVEY//**

/CATI**:** This month's survey is only available to individuals who either had suspected or confirmed COVID-19. Thank you for your time. **//TERMINATE SURVEY//**

//PAGE BREAK//

ASK IF S3=1 OR 3

S3A: What makes you think you had COVID-19?

WEB: Please select all that apply.

/CATI INTERVIEWERS: MULTIPLE SELECTIONS OK/

1. I tested positive with a PCR test at a testing site, clinic, or with a health care provider (usually takes 24-48 hours to get results)
2. I tested positive with an antigen test or other rapid test, such as a home test
3. I did not have a positive test, but my doctor or I suspected I had COVID-19
4. Some other reason [DYNAMICALLY DISPLAY SHORT OPEN-END TEXT BOX IF SELECTED] _____

/CATI/

1 You tested positive with a PCR test at a testing site, clinic, or with a health care provider (usually takes 24-48 hours to get results)

2 You tested positive with an antigen test or other rapid test, such as a home test

3 You did not have a positive test, but your doctor or you suspected you had COVID-19

4 Some other reason _____

77 DON'T KNOW/NOT SURE

99 REFUSED

//PAGE BREAK//

/WEB ONLY/

IF S3=1 OR 3

NOTE TO APPEAR ALONE: You are eligible to participate! You will receive a $10 gift card for completing this survey. Your answers will help the City learn more about the health of New York City residents and guide work to make NYC healthier. This is your opportunity to represent your community and to have your voice heard.

/WEB ONLY/

You are being invited to take this survey because you are a member of Healthy NYC. This survey will improve our understanding of people's experiences with COVID-19, any symptoms people are experiencing, and how these symptoms affect people's lives.

This survey is completely voluntary and you can stop at any time. You do not have to answer any question that you do not wish to answer. All information that you provide us is **confidential**, and your data will be handled in a secure manner. The NYC Health Department will share the anonymous survey results with the public so that more can be learned about the health of New Yorkers. Your responses to this survey will be linked to the registration survey that you completed when you enrolled in Healthy NYC.

In appreciation for the time that you spend answering our questions, you will receive a $10 gift card.

☐ By checking this box, I agree that I have read and understand the information in this consent form. I voluntarily agree to participate in this survey.

/REQUIRE CHECKBOX TO CONTINUE SURVEY. IF UN-CHECKED, CUSTOM PROMPT SHOULD READ:
"Please click the box to consent to participate in this survey. If you do not consent, you may exit the survey now."/

/CATI ONLY/

You are eligible to participate! I will now briefly explain the survey and answer any questions you may have. This survey will improve our understanding of people's experiences with COVID-19, any symptoms people are experiencing, and how these symptoms affect people's lives. You are being invited to take this survey because you are a member of Healthy NYC.

Participation in this survey is voluntary. You can stop this interview at any time or decide not to answer any question. The NYC Health Department will share the anonymous survey results of participants with the public so that more can be learned about the health of New Yorkers. Your responses will be linked to the Registration Survey that you completed when you enrolled in Healthy NYC.

Do you have any questions so far?

In appreciation for the time that you spend answering our questions, you will receive a $10 gift card.

ASK ALL CATI

CONSENT_CATI: Do you understand this information and want to take this Healthy NYC survey?

1 YES
2 NO (IF SELECTED, READ: Do you have any additional questions I can answer before we end this call?) – TERMINATE SURVEY IF CANNOT CONVERT TO A "YES"

//PAGE BREAK//

Initial Illness History

SHOW ALL

We would like to start by asking you some questions about when you were sick with COVID-19.

ASK ALL

Q1. When do you think you had COVID-19? If you do not remember exactly, your best estimate is fine**.** If you have had COVID-19 more than once, please indicate up to three times, starting with the first infection.

/CATI:/ If you have had COVID-19 more than once, please tell me up to three times, starting with your first infection.

/WEB/

Month and year for 1st infection
1 MM/YYYY
77 Don't know/I'm not sure

/CATI/
1 MM/YYYY
77 DON'T KNOW / NOT SURE
99 REFUSED

Month and year for 2nd infection

/WEB/

1 MM/YYYY

77 Don't know/I'm not sure

/CATI/
1 MM/YYYY
77 DON'T KNOW / NOT SURE
99 REFUSED

Month and year for 3rd infection

/WEB/

1 MM/YYYY

77 Don't know/I'm not sure

/CATI/

1 MM/YYYY
77 DON'T KNOW / NOT SURE
99 REFUSED

//PAGE BREAK//

ASK ALL

Q2.
/WEB/
Please tell us about the symptoms you experienced when you were sick with COVID-19 and how severe they were. Please do not include symptoms that you think were due to other conditions, including allergies. If you have had COVID-19 more than once, please tell us about the time when you were most sick.

INSTRUCTIONS: We consider mild symptoms to be those that were noticeable but did not cause much trouble, while severe symptoms required you to seek serious medical assistance, like going to an urgent care center or being admitted to the hospital.

/CATI:/
I am going to read a list of symptoms of COVID-19. For each one, please tell me if you experienced this symptom when you were sick with COVID-19, and if so, how severe it was. Please do not include symptoms that you think were due to other conditions, including allergies. If you have had COVID-19 more than once, please tell me about the time when you were most sick.

We consider mild symptoms to be those that were noticeable but did not cause much trouble, while severe symptoms required you to seek serious medical assistance, like going to an urgent care center or being admitted to the hospital.

The first symptom is [INSERT FIRST SYMPTOM]. Did you have [FIRST SYMPTOM], and if so, was it mild, moderate, or severe? How about [SECOND SYMPTOM]? …

A. Cough	1 None 2 Mild 3 Moderate 4 Severe /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
B. Shortness of breath or difficulty breathing	
D. Fever	
E. Muscle aches	
F. Chills	
G. Diarrhea	
H. Nausea/Vomiting	
I. Abdominal pain	
J. Nasal congestion	
K. Sore throat	
L. Headache	
M. Loss of taste	

N. Loss of smell	
O. Other symptoms	

/RANDOMIZE A-N, ANCHOR O AT BOTTOM; ITEMS B AND C SHOULD STAY TOGETHER IN THAT ORDER/
//PAGE BREAK//

ASK IF Q2A-O =2,3 or 4

Q3. How long did it take for all of your symptoms to go away?

1. Less than one week
2. One to three weeks
3. Four to eleven weeks
4. Twelve weeks or longer
5. My symptoms have not gone away

/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK ALL

Q4. Did you seek care from any of the following health care services when you were sick with COVID-19? If you think you have had COVID-19 more than once, please tell us if you **ever** used these services because of COVID-19.

A - Saw primary care doctor, nurse, or physician assistant, including a telehealth visit over the Internet or by phone	1 Yes 2 No /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
B – Went to urgent care or minute clinic	
C – Went to the emergency room	
D – Admitted to hospital	
E – Admitted to ICU	

//PAGE BREAK//

ASK IF ANY Q5A-F=1

Q5. Did you receive any of the following treatments when you were sick with COVID-19?

A – Prescribed Paxlovid or given monoclonal antibodies	1 Yes 2 No /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
B – Intubated (required a tube to breath)	
C – ECMO (required a heart and lung machine)	

//PAGE BREAK//

ASK ALL

Q6. Have you gotten at least one dose of the COVID-19 vaccine?

1 Yes
2 No
/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK IF Q6=1

Q7**.** We would like to know when you received your COVID-19 vaccine and any booster shots. [WEB: Please add the month and year that you received these shots to the table below.] [CATI: Please add the month and year that you received these shots.] If you are not sure, please give us your best guess.

NOTE FOR PROGRAMMER: FOR CATI, PLEASE MAKE THE DOSE COLUMN A DROP DOWN AS WELL.

	Brand	Month	Year
A - Dose 1			
B - Dose 2			
C - Dose 3			
D - Dose 4			
E - Dose 5			
F - Dose 6			

/VALIDATE YEAR December 2020- December 2022/

//PAGE BREAK//

Current Symptoms

ASK ALL

Q8. How would you rate your general health before you first got COVID-19?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

/CATI/

77 DON'T KNOW/NOT SURE

99 REFUSED

ASK ALL

Q9. As of today, how would you rate your general health?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

/CATI/

77 DON'T KNOW/NOT SURE

99 REFUSED

//PAGE BREAK//

ASK ALL

Now, we would like to know about symptoms that you developed **after** your initial illness with COVID-19or that lasted for more than a month. You do not need to tell us about symptoms related to other health conditions .

We consider mild symptoms to be those that were noticeable but did not cause much trouble, while severe symptoms required you to seek serious medical assistance, like going to an urgent care center or being admitted to the hospital.

/PAGE BREAK/

Q10A. WEB AND CATI: Please tell us [CATI: me] about any health issues that you developed **after** your initial illness with COVID-19 or that lasted for more than a month, and how severe they were.

CATI: Did you develop [FIRST SYMPTOMS] after your initial illness with COVID-19, and if so, was it mild, moderate, or severe? How about [SECOND SYMPTOM]? …

WEB TABLE HEADING: Breathing and heart health

A - Cough	1 None 2 Mild 3 Moderate 4 Severe /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
B - Shortness of breath or difficulty breathing	
C - Decreased exercise tolerance (difficult to do strenuous activities or exercise that you could do before you were sick with COVID-19)	
D - Wheezing	
E - Chest pain	
F - Palpitations (a fast beating or pounding heart)	

//PAGE BREAK//

Q10B.
WEB ONLY: Please tell us about any health issues that you developed **after** your initial illness with COVID-19 or that lasted for more than a month, and how severe they were.

CATI: Did you develop [FIRST SYMPTOMS] after your initial illness with COVID-19, and if so, was it mild, moderate, or severe? How about [SECOND SYMPTOM]? …

WEB TABLE HEADING: Neurological

G - Loss of taste	1 None 2 Mild 3 Moderate 4 Severe /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
H- Loss of smell	
I - Difficulty concentrating on an activity or work	
J- Problems with memory	
K - Difficulty remembering the right word or name to use when speaking	
L - Dizziness/vertigo	
M - Numbness/tingling	
N - Lack of dreams/dreaming	
O - Ringing in your ears	

//PAGE BREAK//

Q10C.
WEB ONLY: Please tell us about any health issues that you developed **after** your initial illness with COVID-19 or that lasted for more than a month, and how severe they were.

CATI: Did you develop [FIRST SYMPTOMS] after your initial illness with COVID-19, and if so, was it mild, moderate, or severe? How about [SECOND SYMPTOM]? …

WEB TABLE HEADING: Movement

P - Decreased range of motion	1 None 2 Mild 3 Moderate 4 Severe /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
Q - Joint problems such as joint pain, redness, swelling, or stiffness	
R - Muscle weakness	
S - Muscle aches	
T - Chills	

//PAGE BREAK//

Q10D.
WEB ONLY: Please tell us about any health issues that you developed **after** your initial illness with COVID-19 or that lasted for more than a month, and how severe they were.

CATI: Did you develop [FIRST SYMPTOMS] after your initial illness with COVID-19, and if so, was it mild, moderate, or severe? How about [SECOND SYMPTOM]? …

WEB TABLE HEADING: Gastrointestinal and urinary

U - Diarrhea	1 None 2 Mild 3 Moderate 4 Severe /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
V - Constipation	
W - Nausea/Vomiting	
X - Abdominal pain	
Y - Incontinence or frequent urination	
Z - Nighttime urination	

//PAGE BREAK//

Q10E.
WEB ONLY: Please tell us about any health issues that you developed **after** your initial illness with COVID-19 or that lasted for more than a month, and how severe they were.

CATI: Did you develop [FIRST SYMPTOMS] after your initial illness with COVID-19, and if so, was it mild, moderate, or severe? How about [SECOND SYMPTOM]? …

WEB TABLE HEADING: Mental health

AA - Anxiety	1 None

BB - Difficulty falling or staying asleep	2 Mild 3 Moderate 4 Severe /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
CC - Depression	
DD - Difficulty paying attention	

//PAGE BREAK//

Q10F.
WEB ONLY: Please tell us about any health issues that you developed **after** your initial illness with COVID-19 or that lasted for more than a month, and how severe they were.

CATI: Did you develop [FIRST SYMPTOMS] after your initial illness with COVID-19, and if so, was it mild, moderate, or severe? How about [SECOND SYMPTOM]? …

WEB TABLE HEADING: Other symptoms

EE - Fatigue	1 None 2 Mild 3 Moderate 4 Severe /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
FF - Weight loss	
GG - Weight gain	
HH - Rashes	
II - Appetite changes	
KK - Hair loss, thinning, or change in texture	
LL - Sexual dysfunction	
MM - Menstrual changes	

After your initial illness with COVID-19 did you … ?

FF – Lose more than 5 pounds	1 Yes 2 No /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
GG – Gain more than 5 pounds	

//PAGE BREAK//

SHOW IF ANY OF Q10-Q10MM = 2, 3, OR 4

Thank you for telling us [/CATI/: me] about your new and continuing COVID-19-related symptoms. We [CATI: I] would like to ask some additional questions about these symptoms.

ASK IF ANY OF Q10-Q10MM = 2, 3, OR 4

Q11. Approximately when did the first of these symptoms begin? This may have been when you were still testing positive for COVID-19.

/WEB/

1 MM/YYYY

77 Don't know / Unsure

/CATI/

1 MM/YYYY
77 DON'T KNOW / NOT SURE
99 REFUSED

//PAGE BREAK//

ASK IF ANY Q10A-F = 2, 3, or 4; DISPLAY ONLY SYMPTOMS WHERE Q10A-F=2, 3, or 4

Q12A. Are you still experiencing …?

A – Cough	1 Yes 2 No /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
B – Shortness of breath or difficulty breathing	
C - Decreased exercise tolerance (difficult to do strenuous activities or exercise that you could do before you were sick with COVID-19)	
D - Wheezing	
E - Chest pain	
F - Palpitations (a fast beating or pounding heart)	

//PAGE BREAK//

ASK IF ANY Q10G-O = 2, 3, or 4; DISPLAY ONLY SYMPTOMS WHERE Q10G-O=2, 3, or 4

Q12B. Are you still experiencing …?

G - Loss of taste	1 Yes 2 No /CAIT/
H- Loss of smell	

I - Difficulty concentrating on an activity or work	77 DON'T KNOW/NOT SURE 99 REFUSED
J - Problems with memory	
K - Difficulty remembering the right word or name to use when speaking	
L - Dizziness/vertigo	
M - Numbness/tingling	
N - Lack of dreams/dreaming	
O - Ringing in your ears	

//PAGE BREAK//

ASK IF ANY Q10P-T = 2, 3, or 4; DISPLAY ONLY SYMPTOMS WHERE Q10P-T=2, 3, or 4

Q12C. Are you still experiencing …?

P - Decreased range of motion	1 Yes 2 No /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
Q - Joint problems such as joint pain, redness, swelling, or stiffness	
R - Muscle weakness	
S - Muscle aches	
T - Chills	

//PAGE BREAK//

ASK IF ANY Q10U-Z = 2, 3, or 4; DISPLAY ONLY SYMPTOMS WHERE Q10U-Z=2, 3, or 4

Q12D. Are you still experiencing …?

U - Diarrhea	1 Yes 2 No /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
V - Constipation	
W - Nausea/Vomiting	
X - Abdominal pain	

Y - Incontinence or frequent urination	
Z - Nighttime urination	

//PAGE BREAK//

ASK IF ANY Q10AA-DD = 2, 3, or 4; DISPLAY ONLY SYMPTOMS WHERE Q10AA-DD=2, 3, or 4

Q12E. Are you still experiencing …?

AA - Anxiety	1 Yes 2 No /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
BB - Difficulty falling or staying asleep	
CC - Depression	
DD - Difficulty paying attention	

//PAGE BREAK//

ASK IF ANY Q10EE-LL= 2, 3, or 4; DISPLAY ONLY SYMPTOMS WHERE Q10EE-LL=2, 3, or 4

Q12F. Are you still experiencing …?

EE - Fatigue	1 Yes 2 No 77 DON'T KNOW/NOT SURE 99 REFUSED
HH - Rashes	
II - Appetite changes	
KK - Hair changes	
LL - Sexual dysfunction	
MM - Menstrual changes	

//PAGE BREAK//

ASK IF ANY Q10-Q10MM = 2, 3, or 4

Q14. Have you seen a health care provider or other person for help with these symptoms? Select all that apply.

1. Saw primary care doctor, nurse, or physician's assistant

2. Went to a specialized long COVID clinic
3. Saw a mental health care provider
4. Saw some other health care provider [DYNAMICALLY DISPLAY SHORT TEXT BOX IF SELECTED, WEB ONLY: Specify _____]
5. I have not received care /EXCLUSIVE/

/CATI/
77 DON'T KNOW/NOT SURE /EXCLUSIVE/
99 REFUSED /EXCLUSIVE/

//PAGE BREAK//

ASK IF Q14=1, 2, 3, OR 4

Q15. Do you feel like the person or people you saw for these symptoms have helped you manage your symptoms?

1 Yes
2 No
77 I'm not sure99 REFUSED

/CATI/
77 Or are you unsure?
99 REFUSED

ASK IF Q14=1, 2, 3, OR 4

Q16. Did you need a referral to see the person or people you saw for these symptoms?

1 Yes
2 No
77 I'm not sure
99 REFUSED

/CATI/
77 Or are you unsure?
99 REFUSED

//PAGE BREAK//

ASK IF Q14=2

Q17. Approximately how long did it take for you to get an appointment at a specialized long COVID clinic?

1. Less than one week
2. More than a week, but less than a month
3. One or two months
4. More than two months

/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK IF Q14=5

Q18. What is the main reason that you have not received care for these symptoms?
/WEB/

1. The symptoms did not bother me enough to seek care
2. Doctors always dismiss my symptoms
3. I did not know where to go for care
4. I did not know how to pay for care
5. I could not get an appointment
6. Other reason [DYNAMICALLY DISPLAY SHORT TEXT BOX IF SELECTED, WEB ONLY: Specify _____]

/CATI/

1 The symptoms did not bother you enough to seek care
2. Doctors always dismiss your symptoms
3. You did not know where to go for care
4. You did not know how to pay for care
5. You could not get an appointment
6. Some other reason. Please specify: _____
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK ALL

Q20. Has a doctor or other health care provider ever talked to you about whether you have long COVID? This can also be called long haul COVID or similar.

1 Yes
2 No
77 I'm not sure

/CATI/

77 Or are you unsure?

99 REFUSED

ASK ALL

Q21. Do you believe you have or have had long COVID?

1 Yes
2 No
77 I'm not sure

/CATI/

77 Or are you unsure?

99 REFUSED

//PAGE BREAK//

ASK ALL

Q22. How much difficulty do you have with the following activities within the past 30 days?

A Standing for long periods, such as 30 minutes?	1 No difficulty 2 Mild 3 Moderate 4 Severe 5 Extreme/ Unable to do /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
B Taking care of your household responsibilities?	
C Learning a new task, such as learning how to get to a new place?	
D Joining in community activities (such as festivities, religious, other)?	
E Being emotionally affected by your health problems?	
F Concentrating on doing something for ten minutes?	
G Walking a long distance such as 1 kilometer or half a mile?	
H Washing your whole body?	
I Getting dressed?	
J Dealing with people you do not know?	
K Maintaining a friendship?	
L Your day-to-day work / school?	

//PAGE BREAK//

ASK IF ANY Q22 = 2, 3, 4 OR 5

Q23. Generally, how much difficulty do you have with these tasks compared to before you had COVID-19?

1 I generally have less difficulty after having COVID-19
2 There has been no change in difficulty
3 I generally have more difficulty after having COVID-19

/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK IF ANY Q22 2, 3, 4 OR 5

Q24. Overall, in the last 30 days, how many days were these difficulties present?

____ Number of Days [VALIDATE 0-30]
/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK ALL

Q25. In the past 30 days, for how many days were you **totally unable** to carry out your usual activities or work because of any health condition?

____ Number of Days [VALIDATE 0-30]
/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK ALL

Q26. In the past 30 days, **not counting the days that you were totally unable**, for how many days did you cut back or reduce your usual activities or work because of any health condition?
[VALIDATE SUCH THAT Q25+Q26 IS NOT GREATER THAN 30. IF Q25+Q26>30 GIVE ERROR MESSAGE: The total number of days for these two questions should not equal more than 30.]

____ Number of Days [VALIDATE 0-30]
/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK ALL

Q27. Over the last two weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things	1 Not at all 2 Several days 3 More than half the days 4 Nearly every day /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
Feeling down, depressed, or hopeless	

//PAGE BREAK//

Participant Characteristics

Before we finish, we /CATI: I/ have some final questions about you and your general health.

ASK ALL

Q28. What sex were you assigned at birth?

1 Male
2 Female
3 Sex not listed here. /DYNAMIC TEXT/ Please specify:
/WEB/
77 I don't know
99 Prefer not to answer
/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK ALL

Q29 About how tall are you without shoes on? You can answer in either feet and inches, in centimeters, or in meters.

[Web]
HEIGHT_TYPE [PLEASE PROGRAM RADIO BUTTONS TO SELECT:
1 I will give my answer in feet and inches
2 I will give my answer in centimeters
3 I will give my answer in meters
77 I don't know

IF HEIGHT_TYPE = 1 [FEET/INCHES IS SELECTED]:
HEIGHT_FEET

_ _ Feet **[RANGE FEET=3-9]**
_ _ Inches **[RANGE INCHES= 0-11]**

IF HEIGHT_TYPE = 2 [CENTIMETERS IS SELECTED]:

HEIGHT_CENT
_ _ Centimeters **[RANGE CENTIMETERS=91-275]**

IF HEIGHT_TYPE = 3 [METERS IS SELECTED]:

HEIGHT_METERS
_ .__ Meters **[RANGE METERS=0.91 - 3]**

[CATI]
HEIGHT_TYPE [PLEASE PROGRAM RADIO BUTTONS TO SELECT:
1 Feet, inches
2 Centimeters
3 Meters
77 DON'T KNOW/NOT SURE
99 REFUSED

INTERVIEWER: ROUND FRACTIONS DOWN

IF HEIGHT_TYPE = 1 [FEET/INCHES IS SELECTED]:

HEIGHT_FEET
_ _ Feet**[RANGE FEET=3-9/]**
_ _ Inches**[RANGE INCHES= 0-11]**
77 DON'T KNOW/NOT SURE
99 REFUSED

IF HEIGHT_TYPE = 2 [CENTIMETERS IS SELECTED]:

HEIGHT_CENT
_ _ Centimeters **[RANGES CENTIMETERS 910-275]**
77 DON'T KNOW/NOT SURE
999REFUSED

IF HEIGHT_TYPE = 3 [METERS IS SELECTED]:

HEIGHT_METERS
_ ._ _ Meters **[RANGE METERS=0.91-3]**
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK ALL

Q30 About how much do you weigh without shoes on? You can answer in either pounds or kilograms.

[Web]
WEIGHT_TYPE [PLEASE PROGRAM RADIO BUTTONS TO SELECT:
1 I will give my answer in pounds

2 I will give my answer in kilograms
77 I don't know

IF WEIGHT_TYPE = 1 [POUNDS IS SELECTED]:
WEIGHT_POUNDS
_ _ Pounds **[RANGE POUNDS=50-600]**

IF WEIGHT_TYPE = 2 [KILOGRAMS IS SELECTED]:
WEIGHT_KILOS
_ _ Kilograms **[RANGE KILOGRAMS=20-275]**

[CATI]
WEIGHT_TYPE [PLEASE PROGRAM RADIO BUTTONS TO SELECT:
1 Pounds
2 Kilograms
77 DON'T KNOW/NOT SURE
99 REFUSED

INTERVIEWER ROUND FRACTIONS UP

IF WEIGHT_TYPE = 1 [POUNDS IS SELECTED]:
WEIGHT_POUNDS
_ _ Pounds **[RANGE POUNDS=50-600]**
77 DON'T KNOW/NOT SURE
99 REFUSED

IF WEIGHT_TYPE = 2 [KILOGRAMS IS SELECTED]:
WEIGHT_KILOS
_ _ Kilograms **[RANGE POUNDS=20-275]**
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK ALL
Q31. Have you ever been told by a health care provider that you had or have any of the following health conditions or illnesses?

CREATE MATRIX FOR CHRONIC CONDITIONS

A - Diabetes	1 Yes 2 No /CATI/
B - High blood pressure	
C – Chronic lung disease like COPD or asthma	

D - Heart disease such as a heart attack, angina, heart failure	77 DON'T KNOW/NOT SURE 99 REFUSED
E - Cancer	
F - Chronic kidney disease	
G - Chronic liver disease, such as cirrhosis	
H - Neurological disease	
I - Depression, anxiety, or other mood disorder	
J - A weakened immune system	
K: Other	

//PAGE BREAK//

ASK IF ANY Q31A-K=1, ONLY DISPLAY WHERE Q31A-K=1

Q32. When was the first time you were told by a health care provider that you had this/these condition(s) or illness(es)?

A - Diabetes	1. Before February 2020 2. After February 2020, but before I had COVID-19 3. After I had COVID-19 /CATI/ 77 DON'T KNOW/NOT SURE 99 REFUSED
B - High blood pressure	
C – Chronic lung disease like COPD or Asthma	
D - Heart disease such as a heart attack, angina, heart failure	
E - Cancer	
F - Chronic kidney disease	
G - Chronic liver disease, such as cirrhosis	
H - Neurological disease	
I - Depression, anxiety, or other mood disorder	
J - A weakened immune system	
K: Other	

//PAGE BREAK//

ASK IF Q28=2

Q33. Have you experienced any of the following reproductive health changes since you first became sick with COVID-19, check all that apply:

1. Started or stopped a new method of birth control
2. Was pregnant
3. Gave birth
4. Started or stopped breastfeeding
5. Experienced symptoms of menopausal transition

[WEB HOVER DEFINITION OVER MENOPAUSAL TRANSITION: “This includes increased time between periods or skipped periods, hot flashes, vaginal dryness, change in sex drive, in individuals assigned female sex usually starting between ages 45-55.”]

[CATI READ IF NEEDED: “This includes increased time between periods or skipped periods, hot flashes, vaginal dryness, change in sex drive, in individuals assigned female sex usually starting between ages 45-55.”]

6. Started or stopped hormone replacement therapy
7. None of the above

/CATI/

77 DON’T KNOW/NOT SURE

99 REFUSED

//PAGE BREAK//

ASK ALL

Q34. Do you have any kind of health insurance coverage, including private health insurance, prepaid plans such as HMOs, or government plans such Medicare or Medicaid?

/WEB/ HOVER DEFINITION OVER “MEDICARE”: Medicare is a health insurance program for people 65 and older or persons with disabilities.

HOVER DEFINITION OVER “MEDICAID”: Medicaid is a health insurance program for persons whose income and resources cannot cover the costs of health care

/CATI/

READ IF NEEDED: Medicare is a health insurance program for people 65 and older or persons with disabilities.

Medicaid is a health insurance program for persons whose income and resources cannot cover the costs of health care.

1. Yes
2. No

/CATI/

77 DON’T KNOW/NOT SURE

99 REFUSED

//PAGE BREAK//

Recruitment for qualitative research

ASK ALL

To help us understand how COVID-19 is impacting the lives of New York City residents, we will be conducting a few one-on-one interviews about personal experience with COVID-19 symptoms, impact on daily life, and any care received to help with symptoms. Participants will be selected based on answers to the questions you just completed. Interviews will last around 45-60 minutes and participants will receive an additional $40 gift card for their time.

R1. Are you interested in participating in a one-on-one interview?

1. Yes
2. No
/CATI/
77 DON'T KNOW/NOT SURE
99 REFUSED

//PAGE BREAK//

ASK IF R1=1

Thank you. To recontact you about a one-on-one interview, please tell me your name and telephone number or email and we will share this with the study team.
WEB INSTRUCTIONS: Enter telephone number as xxxxxxxxxx with no spaces or hyphens.
CATI INSTRUCTIONS: ENTER TELEPHONE NUMBER AS XXXXXXXXXX WITH NO SPACES OR HYPHENS.

R2a. First Name
R2b. Last Name
R2c. Telephone Number
R2d. Email

//PAGE BREAK//

Recruitment for possible long COVID cohort

ASK ALL

R3 – The Health Department is interested in putting together a group of people who have had COVID-19 and are interested in taking occasional surveys over the next few years to tell us more about their ongoing experiences. Can the Health Department contact you about joining this group? If you agree, the contact information you provided to Healthy NYC may be shared with the study research team.

1 Yes
2 No
/CATI/
99 REFUSED

//PAGE BREAK//

Closing

ASK ALL

INCENTV.

As a thank you for completing this survey, we would like to send you a $10 gift card. Both electronic and physical gift cards take 2-3 weeks to arrive. What kind of gift card would you like?

1 Amazon electronic gift card (**sent by email only)**
2 Starbucks electronic gift card (**sent by email only)**
3 CVS physical gift card (**sent by mail only)**
4 Starbucks physical gift card **(sent by mail only)**
5 I [CATI: You] do not want a $10 gift card

SHOW ON SAME PAGE IF INCENTV=1 or 2

ECARD_NOTE: Your electronic gift card will be sent from Healthy NYC (invite@decipherinc.com).

SHOW ON SAME PAGE IF INCENTV=3 or 4

MAILED_NOTE: Your mailed gift card will be sent in an envelope with the following return mail address: Healthy NYC, Division of Epidemiology, NYC Department of Health and Mental Hygiene, 42-09 28th Street, Long Island City, NY 11101.

ASK IF (INCENTV=1 OR 2) AND EMAIL IS IN THE FILE

EMAIL_CONF.

/WEB/ Below is the email we have on file for you.

/CATI/ I'd like to confirm the email we have on file for you. Is this email correct?

/PIPE IN EMAIL FROM FILE/

1 Yes
2 No

ASK IF (EMAIL_CONF=2)

NEW_EMAIL.

/WEB/ Please enter your email below so that we can update our records and send your $10 gift card.

/CATI/ Can you please tell me your email address so I can update our records and send your $10 gift card?

/CATI INSTRUCTIONS: READ IF RESPONDENT DOES NOT WANT TO PROVIDE AN EMAIL ADDRESS: We can't email your gift card without an address. Would you like to receive it by mail instead?

/IF YES, PRESS BACK AND SELECT "By mail."**/**

/CATI INSTRUCTIONS: READ IF RESPONDENT DOES NOT WANT TO PROVIDE AN EMAIL OR MAILING ADDRESS: Unfortunately, we can only send gift cards by email or mail. Are you sure you do not want a gift card?**/**

/IF YES PRESS BACK AND SELECT "I DO NOT WANT A $10 GIFT CARD"/

> **/SHORT TEXT BOX, VALIDATE AS EMAIL; SOFT-PROMPT IF MISSING OR NOT EMAIL:** "Please enter a valid email address so that we can send you $10 gift card. If you do not have an email or do not wish to provide one, press "Back" and select a different method for receiving your gift card."**/**

ASK IF (INCENTV=1 OR 2) AND EMAIL IS NOT IN THE FILE

NEW_EMAIL2.

/WEB/ Unfortunately, our records show that we do not have a valid email address on file for you. Please enter your email below so that we can update our records and send your $10 gift card.

/CATI/ Unfortunately, our records show that we do not have a valid email address on file for you. Do you want to provide an email address so that we can update our records and send your $10 gift card?

/SHORT TEXT BOX, VALIDATE AS EMAIL; SOFT-PROMPT IF MISSING OR NOT EMAIL: "Please enter a valid email address so that we can send you $10 gift card. If you do not have an email or do not wish to provide one, press "Back" and select a different method for receiving your gift card."**/**

ASK IF (INCENTV=3 OR 4) AND ADDRESS IS IN THE FILE

ADD_CONF.

/WEB/ Below is the address we have on file for you.
/CATI/ I'd like to confirm the address we have on file for you. Is this address correct?

/PIPE IN NAME AND ADDRESS FROM FILE/

1 Yes
2 No

ASK IF (INCENTV=3 OR 4) AND ADDRESS IS NOT IN THE FILE

NEW_ADD2.

/WEB/ Unfortunately, our records show that we do not have a valid mailing address on file for you. Please enter your full name and address so that we can update our records and send your $10 gift card.

/CATI/ Unfortunately, our records show that we do not have a valid mailing address on file for you. Do you want to provide a mailing address so that we can update our records and send your $10 gift card?

First Name: _____ Last Name: _____

Address 1: _____

Apartment/Unit/Floor: ___

City: _____ State: _____ ZIP:_____

/SHORT TEXT BOXES FOR EACH; SOFT-PROMPT IF FIRST NAME, LAST NAME, ADDRESS1, CITY, STATE, OR ZIP IS MISSING: "Please enter your full name and mailing address so that we can send you $10 gift card. If you do not wish to provide one, press "Back" and select a different method for receiving your gift card."**/**

ASK IF (ADD_CONF=2)

NEW_ADD.

/WEB/ Please enter your full name and address so that we can update our records and send your $10 gift card.
/CATI/ Can you please tell me your full name and address so I can update our records and send your $10 gift card?

/CATI INSTRUCTIONS: READ IF RESPONDENT DOES NOT WANT TO PROVIDE AN ADDRESS: We can't mail your gift card without an address. Would you like to receive it by email instead?
IF YES, PRESS BACK AND SELECT "By email."**/**

/READ IF RESPONDENT DOES NOT WANT TO PROVIDE AN EMAIL OR ADDRESS: Unfortunately, we can only send gift cards by email or mail. Are you sure you do not want a gift card?
IF YES, PRESS BACK AND SELECT "I DO NOT WANT A $10 GIFT CARD"**/**

First Name: _____ Last Name: _____

Address 1: _____

Apartment/Unit/Floor: ___

City: _____ State: _____ ZIP:_____

//SHORT TEXT BOXES FOR EACH; SOFT-PROMPT IF FIRST NAME, LAST NAME, ADDRESS1, CITY, STATE, OR ZIP IS MISSING: "Please enter your full name and mailing address so that we can send you $10 gift card. If you do not wish to provide one, press "Back" and select a different method for receiving your gift card."//

//PAGE BREAK//

/WEB ONLY:/ Thank you for participating in this important survey about COVID-19 in NYC.
Please click "Finish" below to submit your answers.

Web Closing

[WEB ONLY: REDIRECT TO A NEW SURVEY WITH THE FOLLOWING CONTENT, WITH ONE PAGE FOR EACH LANGUAGE]

Below you can find information about where to go if you have any questions about this survey or your rights as a participant in this study; finding help with a health problem or access to services; finding mental health or substance abuse support; resources for domestic and gender-based violence; information about food support, employment, or housing; information about food support, employment, or housing; resources for ongoing health problems related to having had COVID-19; information about COVID-19 and how to protect yourself and your family; free testing for COVID-19 near you; and COVID-19 vaccination sites near you.

About this survey and participants' rights:

> For more information **about the Healthy NYC project or this survey**, visit our website at nyc.gov/health/nycsurveys, email us at HealthyNYC@health.nyc.gov or call (888) 692-0023.
>
> For more information **about participants' rights**, call the Institutional Review Board (IRB) Chairperson at 347-396-6118, email irbadmin@health.nyc.gov or visit nyc.gov/health and search for IRB.

For help with a health problem or access to services:

For information on **where to get help for a health problem**, call the NYC Health Department at 311 or visit or visit https://portal.311.nyc.gov/site-finder/.

If you or a member of your community does not have a doctor or insurance, they can visit an NYC Health + Hospitals facility or call 311 for assistance. Hospital staff will not ask about immigration status.

We recognize that this is a time of great difficulty for everyone. If you are experiencing **emotional distress**, we encourage you to contact NYC Well at 888-NYC-WELL (888-692-9355). Counselors are available to listen and help, 24 hours a day, seven days a week; the helpline is free and confidential, and interpretation is available in over 200 languages. Visit NYC Well online at nyc.gov/nycwell.

We understand home is not always safe. Visit nyc.gov/nychope to find **services for domestic and gender-based violence survivors**. You are not alone. Domestic and gender-based violence survivors can call NYC's 24-hour hotline at 800-621-4673 or 911 for emergencies.

For support for **food, employment, health insurance, housing and more**, call 311 or visit nyc.gov/coronavirus to get resources for New Yorkers.

For help with ongoing health problems related to having had COVID-19:

> The NYC Health+Hospitals AfterCare Program connects New York City residents with long COVID to health care services and other resources to help them in their recovery.

To learn more about this program or the services available to people with long COVID in NYC, please visit www.nyc.gov/aftercare.

For information about COVID-19:

For general information on **COVID-19**,
visit nyc.gov/health/coronavirus or cdc.gov/covid19.

For questions about COVID-19 testing, visit nyc.gov/covidtest.

COVID Alert NY is a voluntary, anonymous system that lets people know that they may have been exposed to COVID-19. Learn more about the COVID Alert NY app at ny.gov/covidalert.

For information about the COVID-19 vaccine:

For information about COVID-19 vaccines, visit nyc.gov/covidvaccine.

To find a COVID-19 vaccination site near you, visit vaccinefinder.nyc.gov or call 1-877-VAX-4NYC.

For help accessing resources in other languages:

If you cannot find the language you need for these resources, email us at HealthyNYC@health.nyc.gov, or call 888-692-0023.

Thank you again for completing this survey.

CATI Closing

[CATI ONLY]
Thank you for participating in this important survey, do you have any questions about the survey before we end this call?

If you'd like, I can provide you with information for the following: 1) help with health problems related to having had COVID-19, 2) finding a doctor or getting health insurance, 3) resources for domestic and gender-based violence, 4) information about employment or housing support, 5) information about COVID-19 and how to protect yourself and your family, 6) free testing for COVID-19 near you 7) COVID-19 vaccination sites near you or 8) mental health support. Would you like any of these resources?

1 YES
2 NO
77 DON'T KNOW

99 REFUSED

IF YES, READ RELEVANT RESOURCES BELOW:

1) INFORMATION ABOUT ONGOING HEALTH PROBLEMS RELATED TO HAVING HAD COVID- READ: Do you want information on help for ongoing health problems from having had COVID-19?

The NYC Health+Hospitals AfterCare Program connects New York City residents with long COVID to health care services and other resources to help them in their recovery. To learn more about this program or the services available to people with long COVID in NYC, please visit www.nyc.gov/aftercare.

2) INFORMATION ABOUT FINDING A DOCTOR OR HEALTH INSURANCE - READ: For information on where to get help for a health problem, call 311 or visit https://portal.311.nyc.gov/site-finder/ . If you or a member of your community does not have a doctor or health insurance, they can visit an NYC Health + Hospitals facility or call 1-844-NYC-4NYC (1-844-692-4692) for assistance. Hospital staff will not ask about immigration status.

3) INFORMATION ABOUT SERVICES FOR DOMESTIC AND GENDER-BASED VIOLENCE - READ: We understand home is not always safe. Visit nyc.gov/nychope to find services for domestic and gender-based violence survivors. You are not alone. Domestic and gender-based violence survivors can call NYC's 24/7 hotline at 800-621-4673 or 911 for emergencies.

4) INFORMATION ABOUT SUPPORT FOR EMPLOYMENT, HOUSING AND MORE - READ: For support for employment, health insurance, housing and more, call 311 or visit nyc.gov/coronavirus to get resources for New Yorkers.

5) INFORMATION ABOUT COVID-19 - READ: For general information on COVID-19, including how to guard against stigma, visit nyc.gov/health/coronavirus or cdc.gov/covid19. For real-time updates, text "COVID" to 692-692. Message and data rates may apply.

6) INFORMATION ABOUT COVID-19 TESTS - READ: testing is free. Look for a testing site near you at nyc.gov/covidtest or text "COVID TEST" to 85548.

7) INFORMATION ABOUT WHERE TO GET COVID-19 VACCINATIONS - READ: Those 5 and older are eligible for the vaccine. With the rapid spread of the Omicron variant of the virus, it has never been more important to get vaccinated. To find a vaccination site near you, visit https://vaccinefinder.nyc.gov

8) INFORMATION ABOUT A MENTAL HEALTH PROBLEM NOT RELATED TO THE SURVEY READ: the number is 1-888-NYC-WELL , text "well" to 65173, or online chat at nyc.gov/nycwell.

9) INFORMATION ABOUT **HEALTHY NYC OR THIS SURVEY**, VISIT OUR WEBSITE AT NYC.GOV/HEALTH/NYCSURVEYS, EMAIL US AT HEALTHYNYC@HEALTH.NYC.GOV OR CALL (888) 692-0023.

FOR MORE INFORMATION **YOUR RIGHTS AS A PARTICIPANT**, CALL THE

INSTITUTIONAL REVIEW BOARD (IRB) CHAIRPERSON AT 347-396-6118, EMAIL IRBADMIN@HEALTH.NYC.GOV OR VISIT NYC.GOV/HEALTH AND SEARCH FOR IRB.

INTERVIEWER NOTE: IF A RESPONDENT SAYS THAT THEY NEED TO ACCESS ANY OF THESE RESOUCES IN A PARTICULAR LANGUAGE, HELP THEM TO NAVIGATE TO THE TRANSLATED PAGE. IF A LANGUAGE IS NOT AVAILABLE, REFER THEM TO 311.