SCCS 1st COVID-19 Questionnaire

First, we will ask you some questions about your experience with COVID-19.

1. [*COVID-19 testing*]
   - **a. Have you been tested for coronavirus or COVID-19?**
     - ○ Yes
     - ○ No
   - **b.** [*If yes*] **Have you ever had a POSITIVE COVID-19 test? (A positive test means that you were confirmed to have the COVID-19 virus)**
     - ○ Yes
     - ○ No
   - **c.** *[If no testing or no positive test]* **Has a healthcare provider or health department ever told you that you probably have coronavirus or COVID-19?**
     - ○ Yes
     - ○ No
   - **d.** [*If ever positive*] **What was the date of your first positive COVID-19 test?**
     |__|__| / |__|__| mm/dd or |__|__|/|__|__|/|__|__| mm/dd/ year
   - **e.** [*If never positive*] **What was the date of your most recent COVID-19 test?**
     |__|__| / |__|__| mm/dd or |__|__|/|__|__|/|__|__| mm/dd/ year
   - **f. Why did you have the COVID-19 test(s)? Please answer yes or no for each reason.**

	Yes	No
I had symptoms of COVID-19	○	○
Someone I know had symptoms of COVID-19 or confirmed COVID-19	○	○
A doctor or other healthcare provider told me to be tested for COVID-19	○	○
Recommendation of political leader	○	○
Recommendation of religious leader	○	○
I was worried about COVID-19	○	○
I needed to have a negative test to go to work or to resume my normal activity	○	○
I needed to have a negative test to have a medical procedure or treatment	○	○
I wanted to protect my family in case I had COVID-19	○	○
I or my household had been in contact with someone who had tested positive	○	○
I don't know why I had a test	○	○
For another reason not already listed	○	○
For what other reason did you have the COVID-19 test?		

   - **g. Since March 1, 2020, has there ever been a time that you felt you needed to have a COVID-19 test but were not able to get a test?**
     - ○ Yes
     - ○ No

h. *[If yes]* **Why were you not able to get the COVID-19 test? Please answer yes or no for each reason.**

	Yes	No
I was told I did not qualify for the test	○	○
I was told there were not enough tests available	○	○
I was too sick to go and get the test	○	○
I did not have a way to get there (I had no transportation)	○	○
I did not know where to go to get the test	○	○
I was worried or did not think that I could pay for the test	○	○
Another reason	○	○
For what other reason were you not able to get the COVID-19 test?		

2. [*COVID-19 Treatment*]

a. [COVID-19 recovery locations]

While you had COVID-19 ,were you ever told by a healthcare provider to stay at home to recover from COVID-19?

○ Yes
○ No

Did you ever visit a DOCTOR'S OFFICE OR AN OUTPATIENT CLINIC to get medical help for COVID-19?

○ Yes
○ No

Did you ever visit an EMERGENCY ROOM to get medical help for COVID-19?

○ Yes
○ No

Did you ever have an OVERNIGHT HOSPITAL STAY to get medical help for COVID-19?

○ Yes
○ No

Did you ever have a STAY IN AN "INTENSIVE CARE UNIT" OR ICU MONITORING to get medical help for COVID-19?

○ Yes
○ No

b. [*If told to recover at home*] **When you were told to recover at home, did the hospital or healthcare provider contact you to see how you were feeling?**

○ Yes
○ No

3. [*COVID-19 Symptoms*]
   a. [IF HAD CONFIRMED OR SUSPECTED COVID-19 ***During your COVID-19 illness,*** IF DID NOT HAVE COVID-19 ***Since March 1, 2020***]
   did you have worsening of any of these symptoms compared to your usual state of health? Please answer yes or no for each symptom.

	Yes	No
Trouble breathing	○	○
Chest congestion	○	○
Chest tightness	○	○
Dry or hacking cough	○	○
Wet or loose cough	○	○
Fever	○	○
Body aches or pains	○	○
Chills or shivering	○	○
Sore or painful throat	○	○
Congested or stuffy nose	○	○
Runny or dripping nose	○	○
Diarrhea	○	○
Weak or tired	○	○
Loss of smell or taste	○	○
Headache or dizziness	○	○

   b. Overall, when these symptoms were at their worst, how bad or bothersome where they?
      - ○ Mild
      - ○ Moderate
      - ○ Severe
      - ○ Very Severe

   c. Overall, when these symptoms were at their worst, did they interfere with your daily activities?
      - ○ Not at all
      - ○ A little bit
      - ○ Somewhat
      - ○ Quite a bit
      - ○ Very much

   d. If you know or believe that you had COVID-19, have you returned to your usual state of health?
      - ○ Yes
      - ○ No

e. *[If have not returned to usual state of health]* **Do you CURRENTLY have worsening of any of these symptoms compared to your usual state of health? Please answer yes or no for each symptom.**

	Yes	No
Trouble breathing	○	○
Cough	○	○
Rapid or erratic heartbeat	○	○
Brain fog, confusion, or trouble thinking	○	○
Very weak or very tired	○	○
Headache or dizziness	○	○
Other	○	○

f. [*If yes*] **How many days from when you first started to feel unwell did it take you to recover to your usual state of health?**

|__|__|__| days

4. [*Household*]
   - **a. Do you live alone?**
     - ○ Yes
     - ○ No
   - **b.** [*If no*] **How many children aged 17 and under live in your household (the place you are living)?**

     |__|__| children
   - **c.** [*If no*] **How many adults aged 18 and older INCLUDING YOURSELF live in your household (the place you are living)?**

     |__|__| adults
   - **d. Which of the following best describes the place where you live?**
     - ○ Apartment
     - ○ Assisted living/Nursing home
     - ○ Mobile home
     - ○ Shelter
     - ○ House
     - ○ Other
   - **e. Which of the following best describes the place where you live?**
     - ○ Owned by you or someone in this household with a mortgage or loan
     - ○ Owned by you or someone in this household free and clear (without a mortgage or loan)
     - ○ Rented for cash rent
     - ○ Occupied without payment of cash rent
     - ○ Other
   - **f.** [*If yes*] **Has ANYONE LIVING IN YOUR HOUSEHOLD other than you ever been told by a healthcare provider, health department, or COVID-19 testing site that they have or probably have the coronavirus or COVID-19?**
     - ○ Yes
     - ○ No
   - **g.** [*If yes*] **Has ANYONE IN YOUR HOUSEHOLD other than you been tested for coronavirus or COVID-19?**
     - ○ Yes
     - ○ No

h. [*If yes*] **Has ANYONE IN YOUR HOUSEHOLD other than you tested positive for COVID-19?**

- ○ Yes
- ○ No

i. [*If yes*] **How many PEOPLE IN YOUR HOUSEHOLD other than you tested positive for COVID-19?**

|__|__| people

j. [*If yes*] **Did you or your household do any of the following AT HOME because your household member tested positive for COVID-19? Please answer yes or no for each question.**

	Yes	No
Did you wear a mask at home?	○	○
Did the infected individuals wear a mask at home?	○	○
Did you try to keep at least 6 feet way from each other?	○	○

5. [*Preventive measures*]

a. [*For those not diagnosed with COVID-19*] **What do you think is your likelihood of getting a COVID-19 infection?**

- ○ Very unlikely
- ○ Somewhat unlikely
- ○ Neither unlikely nor likely
- ○ Somewhat likely
- ○ Very likely

b. [*For those not diagnosed with COVID-19*] **What do you think is the likelihood that you will survive COVID-19 if you get infected?**

- ○ Very unlikely
- ○ Somewhat unlikely
- ○ Neither unlikely nor likely
- ○ Somewhat likely
- ○ Very likely

c. Since March 1, 2020, how often did you do the following actions to reduce your risk of exposure to COVID-19?

	None of the time	Some of the time	All of the time
Washing hands or using hand sanitizer frequently	○	○	○
Staying at least 6 feet away from others who do not live with you	○	○	○
Cleaning surfaces that you touch	○	○	○
Wearing a face mask around other people	○	○	○
Avoiding gatherings of more than 10 people	○	○	○
Not going to restaurants or bars	○	○	○
Following government guidelines or rules to stay at home and limiting contacts with other people	○	○	○

d. Since March 1, 2020, on how many days did you do the following actions to reduce your risk of exposure to COVID-19?

Washing hands or using hand sanitizer frequently	|__| days
Staying at least 6 feet away from others who do not live with you	|__| days
Cleaning surfaces that you touch	|__| days
Wearing a face mask around other people	|__| days
Avoiding gatherings of more than 10 people	|__| days
Not going to restaurants or bars	|__| days
Following government guidelines or rules to stay at home and limiting contacts with other people	|__| days

We are now going to ask you some questions about your current health and about your usual health care.

6. [*Comorbidities and other risk factors*]

a. Do you have any of the following medical conditions? [Please answer yes or no for each medical condition.]

	Yes	No
Asthma	○	○
COPD	○	○
Other chronic lung disease	○	○
Seasonal allergies or hay fever	○	○
Diabetes	○	○
High blood pressure or hypertension	○	○
Heart disease	○	○
Kidney disease	○	○
Rheumatoid arthritis	○	○
Lupus	○	○
HIV or AIDS	○	○
Other autoimmune disease	○	○
Cancer: Being treated for cancer	○	○

b. Do you regularly (most days during the last week) take [any of the following medications/ MEDICATION NAME]? [Please answer yes or no for each medication.]

	Yes	No
Inhaled corticosteroid such as fluticasone (Flovent) or budesonide (Pulmicort)	○	○
Nasal spray corticosteroid such as fluticasone (Flonase), or budesonide (Rhinocort Aqua), triamcinolone (Nasacort)	○	○
Immunosuppressant medications such as oral steroids (Prednisone), methotrexate, cyclophosphamide (Cytoxan), mycophenolate (Cellcept), azathioprine (Imuran), tacrolimus (Prograf))	○	○
Blood pressure medications ending in "-pril", such as enalapril (Epaned), lisinopril (Zestril), captopril (Capoten), ramipril (Altace)	○	○
Blood pressure medications ending in "-sartan", such as losartan (Cozaar), valsartan (Diovan, Prexxartan), candesartan (Alacand), olmesartan (Benicar)	○	○
Cholesterol lowering medications ending in"-statin", such as atorvastatin (Lipitor), rosuvastatin (Crestor), simvastatin (Zocor), pravastatin (Pravachol)	○	○
Other cholesterol lowering medications, such as ezetemibe (Zetia), Repatha, cholestyramine	○	○
Insulin for diabetes	○	○
Other diabetes medicines	○	○
Antibiotics such as azithromycin (Z-pack) and doxycycline	○	○
Hydroxychloroquine (Plaquenil) or chloroquine	○	○
Other antirheumatic medications such as anti-TNF drugs (Enbrel, Remicade, Humira), tocilizumab (Actemra) or tofacitinib (Xeljanz)	○	○

c. In general, would you say that your health [if had COVID: **before your COVID-19 illness] is**

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

d. If a vaccine to prevent COVID-19 became available to you, how likely are you to choose to get the COVID-19 vaccination?

- ○ Very unlikely
- ○ Somewhat unlikely
- ○ Neither unlikely nor likely
- ○ Somewhat likely
- ○ Very likely

e. *[If somewhat or very likely or neither unlikely nor likely]* **Which of the following are reasons you would get a COVID-19 vaccine? Please answer yes or no for each reason.**

	Yes	No
I want to protect my family	○	○
I want to protect my community	○	○
I want to protect myself	○	○
I have a chronic health condition, such as asthma or diabetes, so it is important that I have it	○	○
It would be the best way to avoid getting seriously ill from COVID-19	○	○
It would allow me to feel safe around other people	○	○
Life won't go back to normal until most people are vaccinated	○	○
Recommendation of medical professionals	○	○
Recommendation of political leaders	○	○
Recommendation of religious leaders	○	○
Recommendation of friends or family	○	○
I believe the vaccine is safe	○	○

f. *[If somewhat or very unlikely or neither unlikely nor likely]* **Which of the following are reasons you would NOT get a COVID-19 vaccine? Please answer yes or not for each reason.**

	Yes	No
I am allergic to vaccines	○	○
I don't like needles	○	○
I'm not concerned about getting seriously ill from COVID-19	○	○
I won't have time to get vaccinated	○	○
I would be concerned about getting infected with COVID-19 from the vaccine	○	○
I would be concerned about side effects from the vaccine	○	○
I don't think vaccines work very well	○	○
The COVID-19 outbreak is not as serious as some people say it is	○	○
I would be concerned about the cost of the vaccine	○	○
I think the COVID-19 vaccine will not work	○	○
Other (please specify)	○	○

g. How confident or unconfident are you that when a vaccine becomes available for coronavirus or COVID-19 it will have been adequately tested for EFFECTIVENESS?

- ○ Very unconfident
- ○ Somewhat unconfident
- ○ Neither unconfident nor confident
- ○ Somewhat confident
- ○ Very confident

h. How confident or unconfident are you that when a vaccine becomes available for coronavirus or COVID-19 it will have been adequately tested for SAFETY?

- ○ Very unconfident
- ○ Somewhat unconfident
- ○ Neither unconfident nor confident
- ○ Somewhat confident
- ○ Very confident

7. [Healthcare]

a. On March 1, 2020 what was your current health insurance coverage? (please select all that apply)

- □ None
- □ Medicaid
- □ Medicare
- □ Private Insurance
- □ Military
- □ Other type

b. Do you still have [no/this same] health insurance?

- ○ Yes
- ○ No

c. [If no] What is your current health insurance coverage? (please select all that apply)

- □ None
- □ Medicaid
- □ Medicare
- □ Private Insurance
- □ Military
- □ Other type

d. [Everyone] **Since March 1, 2020, did you ever miss [a/another] healthcare APPOINTMENT (with a doctor, nurse practitioner, nurse, or dentist)?**

- ○ Yes
- ○ No

e. Since March 1, 2020, was any healthcare PROCEDURE delayed (like a surgery, colonoscopy, or mammogram)?

- ○ Yes
- ○ No

f. *[If yes to appointment or procedure]* **Why did you miss your healthcare [appointment (or) procedure]? Please answer yes or no for each reason.**

	Yes	No
My healthcare provider postponed it to another time	○	○
My healthcare provider cancelled it and did not reschedule it	○	○
I cancelled it because I was afraid of COVID-19	○	○
I was too sick to go to it	○	○
I did not have a way to get there (I had no transportation)	○	○
I was worried or thought that I could not pay for it	○	○
Another reason	○	○

g. **Since March 1, 2020, did you ever think you needed urgent or emergency medical care but avoided or did not get it? For example, you thought you were having a heart attack, stroke, asthma attack, uncontrolled pain, etc., but decided not to get urgent or emergency care.**
   - ○ Yes
   - ○ No

h. **[If yes] Why did you avoid or not get urgent or emergency medical care? Please answer yes or no for each reason.**

	Yes	No
I was afraid of getting COVID-19	○	○
I was too sick to go to it	○	○
I did not have a way to get there (I had no transportation)	○	○
I was worried or thought that I could not pay for it	○	○
I was worried that I would be at the hospital or urgent care alone because visitors were not allowed		
Another reason	○	○

For what other reason did you avoid or not get urgent or emergency medical care?

i. **Since March 1, 2020, have you always been able to get your usual medical supplies and prescriptions?**
   - ○ Yes
   - ○ No
   - ○ I do not routinely use any medical supplies or prescriptions

j. *[If no]* **Why were you unable to get your usual medical supplies and prescriptions? Please answer yes or no for each reason.**

	Yes	No
My healthcare provider cancelled an appointment	○	○
I was afraid to go out to get them because of COVID-19	○	○
I was too sick to go to get them	○	○
I did not have a way to get them (I had no transportation)	○	○
I was worried or thought that I could not pay for the supplies or prescriptions	○	○
Another reason	○	○

For what other reason were you unable to get your usual medical supplies and prescriptions?

k. **A telehealth visit is a visit with a healthcare provider that is done over the telephone or online with video. Since March 1, 2020, have you had any telehealth healthcare visits?**
   - ○ Yes
   - ○ No

l. [If no], **Since March 1, 2020, have you wanted or been asked to have a telehealth visit but could not because you did not know how or did not have the equipment?**
   - ○ Yes
   - ○ No

m. [If takes a diabetes medicine], **Since March 1, 2020, how often did you take your diabetes medications as instructed by your doctor?**
- ○ All the time
- ○ Most of the time
- ○ Sometimes
- ○ Rarely
- ○ Never

n. [If diabetic], **Since March 1, 2020, how often has your diabetes (sugar in your blood) been well-controlled?**
- ○ All the time
- ○ Most of the time
- ○ Sometimes
- ○ Rarely
- ○ Never

Now we are going to ask you some questions about you and about how your daily life may have changed because of the COVID-19 pandemic.

8. [*Employment*]

a. On March 1, 2020, which of the following best described your current situation?
- ○ Work for pay, full time
- ○ Work for pay, part time
- ○ Unemployed
- ○ On disability
- ○ Retired
- ○ Homemaker

b. [If >1 in household OR working for pay] **As a result of the COVID-19 pandemic, have you or anyone in your household permanently or temporarily lost a job due to a layoff, firing, furloughing or closure of a place of employment?**
- ○ Yes
- ○ No

c. [If >1 in household OR working for pay] **As a result of the COVID-19 pandemic, have you or anyone in your household had their paid work hours reduced by their employer but are still working?**
- ○ Yes
- ○ No

d. [If working for pay] **In your usual workday, how long are you working within 6 feet of another person who is not a member of your household?**
- ○ Not at all
- ○ Less than 30 minutes
- ○ 30 minutes to less than 1 hour
- ○ 1 hour to less than 2 hours
- ○ 2 hours to less than 3 hours
- ○ 3 hours or more

e. Since March 1, 2020, how much has your HOUSEHOLD INCOME changed because of the COVID-19 pandemic?
- ○ Increased a lot
- ○ Increased a little
- ○ Stayed about the same
- ○ Decreased a little
- ○ Decreased a lot

f. [If working for pay on March 1] **Since March 1, 2020, how much have YOUR WORK HOURS changed because of the COVID-19 pandemic?**

- ○ Increased a lot
- ○ Increased a little
- ○ Stayed about the same
- ○ Decreased a little
- ○ Decreased a lot

9. [Health Behaviors]

a. What [is/was] your cigarette smoking status on March 1, 2020?

- ○ Smoker
- ○ Non-smoker

b. [If smoker] **How many cigarettes a day do you smoke?**

|__|__|__| cigarettes a day

c. Since March 1, 2020, do you regularly use e-cigarettes, vape-pens, or other electronic vaping products?

- ○ Yes
- ○ No

d. Did you have an influenza vaccination or flu shot between <u>September 2019 and March 2020</u>?

- ○ Yes
- ○ No

e. Will you have or did you already have an influenza vaccination or flu shot between <u>September 2020 and March 2021</u>?

- ○ Yes
- ○ No

f. In general, do you think vaccines given to children for diseases like measles are safe?

- ○ Yes
- ○ No

g. How much do you currently weigh?

|__|__|__| pounds

h. Getting enough food can be a problem for some people. Which of these statements best describes the food eaten in your household before March 1, 2020?

- o Enough of the kinds of food (I/we) wanted to eat
- o Enough, but not always the kinds of food (I/we) wanted to eat
- o Sometimes not enough to eat
- o Often not enough to eat

i. Since March 1, 2020, how much has your TELEVISION WATCHING OR VIDEO WATCHING SUCH AS ON NETFLIX OR YOUTUBE changed? If you have never watched television or videos, please choose "Stayed about the same."

- ○ Increased a lot
- ○ Increased a little
- ○ Stayed about the same
- ○ Decreased a little
- ○ Decreased a lot

j. **Since March 1, 2020, how much has your TIME ON SOCIAL MEDIA SUCH AS FACEBOOK, INSTAGRAM, OR TWITTER changed? If you have never spent time on social media, please choose "Stayed about the same."**
    - ○ Increased a lot
    - ○ Increased a little
    - ○ Stayed about the same
    - ○ Decreased a little
    - ○ Decreased a lot

k. **Since March 1, 2020, how much has your TIME ON PHONE OR VIDEO CALLS WITH FAMILY OR FRIENDS changed? If you have never spent time on phone or video calls with family or friends, please choose "Stayed about the same."**
    - ○ Increased a lot
    - ○ Increased a little
    - ○ Stayed about the same
    - ○ Decreased a little
    - ○ Decreased a lot

l. **Since March 1, 2020, how much has your PHYSICAL ACTIVITY LIKE WALKING, RUNNING, OR WEIGHTLIFTING changed? If you never have done physical activity, please choose "Stayed about the same."**
    - ○ Increased a lot
    - ○ Increased a little
    - ○ Stayed about the same
    - ○ Decreased a little
    - ○ Decreased a lot

m. [If a smoker] **Since March 1, 2020, how much has your SMOKING changed?**
    - ○ Increased a lot
    - ○ Increased a little
    - ○ Stayed about the same
    - ○ Decreased a little
    - ○ Decreased a lot

n. **Since March 1, 2020, how much has the amount of VEGETABLES AND FRUITS that you eat changed?**
    - ○ Increased a lot
    - ○ Increased a little
    - ○ Stayed about the same
    - ○ Decreased a little
    - ○ Decreased a lot

o. **Since March 1, 2020, how much has the AMOUNT OF ALCOHOL (BEER, WINE OR LIQUOR) that you drink changed? If you never drank alcohol, please choose "Stayed about the same."**
    - ○ Increased a lot
    - ○ Increased a little
    - ○ Stayed about the same
    - ○ Decreased a little
    - ○ Decreased a lot

p. For the next questions, please answer what was true or not true for your household since March 1, 2020.

i. **"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that <u>often</u>, <u>sometimes</u>, or <u>never</u> true for (you/your household) since March 1, 2020?**
   - ○ Often true
   - ○ Sometimes true
   - ○ Never true
   - ○ Prefer not to answer

ii. **"(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) since March 1, 2020?**
   - ○ Often true
   - ○ Sometimes true
   - ○ Never true
   - ○ Prefer not to answer

iii. **Since March 1, 2020, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?**
   - ○ Yes
   - ○ No
   - ○ Don't know

iv. **Since March 1, 2020, did you ever eat less than you felt you should because there wasn't enough money for food?**
   - ○ Yes
   - ○ No
   - ○ Don't know

v. **Since March 1, 2020, were you ever hungry but didn't eat because there wasn't enough money for food?**
   - ○ Yes
   - ○ No
   - ○ Don't know

q. During the last 7 days, did you or anyone in your household get free groceries or a free meal?
- o Yes (1)
- o No (2)

r. Where did you get free groceries or free meals? Select all that apply.
- ▢ Free meals through the school or other programs aimed at children
- ▢ Food pantry or food bank
- ▢ Home-delivered meal service like Meals on Wheels
- ▢ Church, synagogue, temple, mosque or other religious organization
- ▢ Shelter or soup kitchen
- ▢ Other community program
- ▢ Family, friends, or neighbor

10. [*Psychosocial Factors*]

a. Please respond to each question or statement by marking one box per row.

In the past 7 days …	Never	Rarely	Sometimes	Often	Always
I felt worthless…	○	○	○	○	○
I felt helpless…	○	○	○	○	○
I felt depressed…	○	○	○	○	○
I felt hopeless…	○	○	○	○	○

b. Please respond to each question or statement by marking one box per row.

In the past 7 days	Never	Rarely	Sometimes	Often	Always
I felt fearful	○	○	○	○	○
I found it hard to focus on anything other than my anxiety	○	○	○	○	○
My worries overwhelmed me	○	○	○	○	○
I felt uneasy	○	○	○	○	○

c. Please respond to each question or statement by marking one box per row.

	Never	Rarely	Sometimes	Often	Always
I have someone who will listen to me when I need to talk	○	○	○	○	○
I have someone to confide in or talk to about myself	○	○	○	○	○
I have someone who makes me feel appreciated	○	○	○	○	○
I have someone to talk with when I have a bad day	○	○	○	○	○

d. Please respond to each question or statement by marking one box per row.

	Never	Rarely	Sometimes	Often	Always
Do you have someone to help you if you are confined to bed?	○	○	○	○	○
Do you have someone to take you to the doctor if you need it?	○	○	○	○	○
Do you have someone to help with your daily chores if you are sick?	○	○	○	○	○
Do you have someone to run errands if you need it?	○	○	○	○	○

[CLOSE]

Thank you for taking the time to answer these questions. We value your participation in the Southern Community Cohort Study. We will be contacting you again in a few weeks to get an update on your health.

As a final step, please update your information below. This will help us to make sure that your payment is sent to the correct address and that future mailings reach you.

Name

What is your year of birth?
|__|__|__|__|
YYYY

Address
City
State
Zip Code
Email Address
Home phone number
Cell phone number

We appreciate your responses. Please know that because the study is being done online and your responses will not be monitored in real time, we will not be making contact with you. If you have questions about COVID-19, please visit the CDC website. If you are feeling unsafe or need help now, please use the Crisis Text Line by texting “home” to 741741 or call the SAMHSA National Hotline 1-800-622-4357 which is operated 24 hours a day, 7 days a week. You may find additional information about well-being at the Mental Health America website. As always, the SCCS website has other health resources for you.

Thank you for your faithful participation in the Southern Community Cohort Study.

<END>