

SCCS COVID-19 Repeat Survey Question Bank
Version Date 2021/04/08

[Participants will receive a combination of the below questions;
order of questions and order of response options may vary]

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

1. [COVID-19 testing and diagnosis]

[MODIFIED MESA]

- a. *[If had not previously reported a positive test]* **Have you been tested for coronavirus or COVID-19?**
- Yes
 - No

[SCCS]

- 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

[SCCS]

- c. *[If ever positive]* **What was the date of your first positive COVID-19 test?**
|_|_| / |_|_| mm/dd or |_|_|/|_|_|/|_|_| mm/dd/ year

[MESA]

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

[MODIFIED MESA]

- e. *[If do not live alone]* **Has ANYONE IN YOUR HOUSEHOLD other than you been tested for coronavirus or COVID-19?**
- Yes
 - No

[SCCS]

- f. *[If yes]* **Has ANYONE IN YOUR HOUSEHOLD other than you tested positive for COVID-19?**
- Yes
 - No

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

|_|_| people

2. *[COVID-19 behaviors]*

[HPFS; SCCS modified]

a. **How often do you wear a mask when you leave home?**

- Always
- Most of the time
- About half the time
- Sometimes
- Never

[HPFS]

b. **How worried are you about COVID-19 right now?**

- Very worried
- Somewhat worried
- Not very worried
- Not worried at all

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

c. **Have you personally had at least one dose (shot) of a COVID-19 vaccine?**

- Yes, one dose (shot)
- Yes, two doses (shots)
- No

d. *[If have had \geq COVID-19 dose]* **When did you have your first COVID-19 vaccine dose (shot)?**

[Display month and year combinations appropriate at the time of the survey]

- November 2020
- December 2020
- January 2021
-
- I don't know

e. *[If have had \geq COVID-19 dose]* **Which COVID-19 vaccine did you personally have?**

- Pfizer
- Moderna
- Johnson & Johnson
- [Others that may be approved at the time of the survey]*
- I don't know

f. *[If have had \geq COVID-19 dose]* **Did you have your COVID-19 vaccine at your place of employment?**

- Yes
- No

- g. **[[If have had \geq COVID-19 dose and not at your place of work] Which of the following best describes where you went to have your COVID-19 vaccine?**
- A public health department
 - A hospital or clinic
 - A pharmacy or supermarket like CVS, Walgreens, Kroger, or Walmart
 - At the nursing home or retirement community where I live
 - At a church
 - A mass vaccination site such as a stadium or arena
 - Somewhere else (other text?)

- h. **[If somewhere else] Where did you get your COVID-19 vaccine?**

- i. ***[If have had \geq COVID-19 dose]* How long did you travel from your home to get the COVID-19 vaccine?**
- 0 to 14 minutes
 - 15 to 29 minutes
 - 30 to 59 minutes
 - 1 to 2 hours
 - More than 2 hours

- j. ***[For people who have had the vaccine: Before you had your COVID-19 vaccine, For people who have not had the vaccine]* how many people [did/do] you personally know who [had/have] already had a COVID-19 vaccine shot?**
- No one
 - One person
 - Two people
 - Three or more people

[SCCS]

- k. ***[For people who have NOT had the vaccine] Are you eligible to get the COVID-19 vaccine if you wanted to get it? For example, are people with the same age, health, or job as you allowed to get the COVID-19 vaccine in the community where you live?***
- Yes
 - No
 - I don't know

[SCCS]

- l. ***[For people who have NOT had the vaccine:] 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

[SCCS]

- m. *[If have had at least one dose or eligible and want to get it]* **[Did you have/Are you having] any difficulty in getting the COVID-19 vaccine after you became eligible to get the vaccine?**
- Yes
 - No
- n. **How much difficulty [did you have/are you having] in getting the COVID-19 vaccine because you [DID/DO] NOT KNOW HOW TO GET THE VACCINE?**
- No difficulty or this does not apply to me
 - A little difficulty
 - A lot of difficulty
- o. **How much difficulty [did you have/are you having] in getting the COVID-19 vaccine because you [had/have] NO WAY TO GET THERE (transportation)?**
- No difficulty or this does not apply to me
 - A little difficulty
 - A lot of difficulty
- p. **How much difficulty [did you have/are you having] in getting the COVID-19 vaccine because you [COULD NOT/CANNOT] GET AN APPOINTMENT?**
- No difficulty or this does not apply to me
 - A little difficulty
 - A lot of difficulty
- q. *[only among those reported working]* **How much difficulty [did you have/are you having] in getting the COVID-19 vaccine because you [COULD NOT/CANNOT] GET TIME OFF OF WORK?**
- No difficulty or this does not apply to me
 - A little difficulty
 - A lot of difficulty
- r. **How confident or unconfident are you that the COVID-19 vaccine has been adequately tested for EFFECTIVENESS?**
- Very unconfident
 - Somewhat unconfident
 - Neither unconfident nor confident
 - Somewhat confident
 - Very confident
- s. **How confident or unconfident are you the COVID-19 vaccine has been adequately tested for SAFETY?**
- Very unconfident
 - Somewhat unconfident
 - Neither unconfident nor confident

- Somewhat confident
- Very confident

t. *[If have already had COVID-19 vaccine OR If somewhat or very likely or neither unlikely nor likely; add order variations to prevent response order effects] Which of the following are reasons you [would/did] get a COVID-19 vaccine? [If presented in grid; add this text and randomize response options] Please answer yes or no for each reason.*

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

What is the other reason that you got the COVID-19 vaccine?

u. *[If somewhat or very unlikely or neither unlikely nor likely to be vaccinated; add order variations to prevent response order effects;] Which of the following are reasons you would NOT get a COVID-19 vaccine? [If presented in grid; add this text and randomize response options] Please answer yes or no for each reason.*

	Yes	No
I am allergic to vaccines	<input type="radio"/>	<input type="radio"/>
I don't like needles	<input type="radio"/>	<input type="radio"/>
I'm not concerned about getting seriously ill from COVID-19	<input type="radio"/>	<input type="radio"/>
I won't have time to get vaccinated	<input type="radio"/>	<input type="radio"/>
I would be concerned about getting infected with COVID-19 from the vaccine	<input type="radio"/>	<input type="radio"/>
I would be concerned about side effects from the vaccine	<input type="radio"/>	<input type="radio"/>

I don't think vaccines work very well	<input type="radio"/>	<input type="radio"/>
The COVID-19 outbreak is not as serious as some people say it is	<input type="radio"/>	<input type="radio"/>
I would be concerned about the cost of the vaccine	<input type="radio"/>	<input type="radio"/>
I think the COVID-19 vaccine will not work	<input type="radio"/>	<input type="radio"/>
Someone I know got sick from the vaccine	<input type="radio"/>	<input type="radio"/>
I don't think the vaccine has been properly tested	<input type="radio"/>	<input type="radio"/>
I don't trust the government	<input type="radio"/>	<input type="radio"/>
I don't trust vaccines in general	<input type="radio"/>	<input type="radio"/>
I don't trust COVID-19 medical research	<input type="radio"/>	<input type="radio"/>
I don't trust pharmaceutical companies	<input type="radio"/>	<input type="radio"/>
I don't trust medical research in general	<input type="radio"/>	<input type="radio"/>
I won't be able to take time off work to get the vaccine		
Some other reason	<input type="radio"/>	<input type="radio"/>

What is the other reason that you would not get the COVID-19 vaccine?

3. *[Healthcare]*

[HPFS; modified SCCS]

- a. **We are going to ask you some questions about different types of health care. Please tell us how the pandemic has affected your access to each type of health care.**

[Since March 1, 2020/Date], have you postponed or gone without COVID-19 RELATED CARE because of the COVID-19 pandemic?

- Yes
- No

- b. **[Since March 1, 2020/Date], have you postponed or gone without EMERGENCY CARE - NOT RELATED TO COVID because of the COVID-19 pandemic?**

- Yes
- No

- i. *[if reported any postponement of EMERGENCY CARE]* **Which of the following best describes the EMERGENCY CARE - NOT RELATED TO COVID that you postponed or went without because of the COVID-19 pandemic?**

- I did NOT or could not reschedule any of my **EMERGENCY CARE - NOT RELATED TO COVID**
- I was able to reschedule SOME of my missed **EMERGENCY CARE - NOT RELATED TO COVID**

- I was able to reschedule ALL of my missed **EMERGENCY CARE - NOT RELATED TO COVID**

- c. **[Since March 1, 2020/Date], have you postponed or gone without PLANNED TREATMENT (such as elective surgery, cancer care, dialysis, physical therapy) because of the COVID-19 pandemic?**
 - Yes
 - No

 - i. *[if reported any postponement of PLANNED TREATMENT]* **Which of the following best describes the PLANNED TREATMENT that you postponed or went without because of the COVID-19 pandemic?**
 - I did NOT or could not reschedule any of my missed **PLANNED TREATMENT**
 - I was able to reschedule SOME of my missed **PLANNED TREATMENT**
 - I was able to reschedule ALL of my missed **PLANNED TREATMENT**

- d. **[Since March 1, 2020/Date], have you postponed or gone without PREVENTIVE CARE (such as annual physical, vision, or dental care) because of the COVID-19 pandemic?**
 - Yes
 - No

 - i. *[if reported any postponement of PREVENTIVE CARE]* **Which of the following best describes the PREVENTIVE CARE that you postponed or went without because of the COVID-19 pandemic?**
 - I did NOT or could not reschedule any of my missed **PREVENTIVE CARE**
 - I was able to reschedule SOME of my missed **PREVENTIVE CARE**
 - I was able to reschedule ALL of my missed **PREVENTIVE CARE**

- e. **[Since March 1, 2020/Date], have you postponed or gone without MENTAL HEALTH CARE because of the COVID-19 pandemic?**
 - Yes
 - No

 - i. *[if reported any postponement of MENTAL HEALTH CARE]* **Which of the following best describes the MENTAL HEALTH CARE that you postponed or went without because of the COVID-19 pandemic?**
 - I did NOT or could not reschedule any of my missed **MENTAL HEALTH CARE**
 - I was able to reschedule SOME of my missed **MENTAL HEALTH CARE**
 - I was able to reschedule ALL of my missed **MENTAL HEALTH CARE**

f. How was your access to each of the below cancer screening tests affected by the COVID-19 pandemic?

	No impact	Delayed	Cancelled	I normally don't have this test
[Men only] PSA testing for prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Women only] Pap smear or test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Women only] Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

g. [If reported did not reschedule SOME or ALL] Why have you not rescheduled your missed health care? Please check yes or no for each reason.

	Yes	No
My healthcare provider cancelled it and did not reschedule it	<input type="radio"/>	<input type="radio"/>
I was afraid to go to the appointment because of COVID-19	<input type="radio"/>	<input type="radio"/>
I was too sick to go to it	<input type="radio"/>	<input type="radio"/>
I did not have a way to get there (I had no transportation)	<input type="radio"/>	<input type="radio"/>
I was worried or thought that I could not pay for it	<input type="radio"/>	<input type="radio"/>
The problem I had went away	<input type="radio"/>	<input type="radio"/>
I could not take time off work to go to it	<input type="radio"/>	<input type="radio"/>
I am a caregiver and had no one to look after my family (children or adults)	<input type="radio"/>	<input type="radio"/>
Another reason	<input type="radio"/>	<input type="radio"/>

[If another reason] What were the other reasons that you did not reschedule your missed healthcare?

h. Since [the start of the COVID-19 pandemic/start of social distancing/DATE], 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

- i. *[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	<input type="radio"/>	<input type="radio"/>
I was afraid to go out to get them because of COVID-19	<input type="radio"/>	<input type="radio"/>
I was too sick to go to get them	<input type="radio"/>	<input type="radio"/>
I did not have a way to get them (I had no transportation)	<input type="radio"/>	<input type="radio"/>
I was worried or thought that I could not pay for the supplies or prescriptions	<input type="radio"/>	<input type="radio"/>
Another reason	<input type="radio"/>	<input type="radio"/>

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

- j. *[If not able to get medical supplies/prescriptions]* Have you now been able to get your usual medical supplies and prescriptions?
- Yes
 - No
- k. *[If takes a diabetes medicine]*, **[Since March 1, 2020/Date]**, how often did you take your diabetes medications as instructed by your doctor?
- All the time
 - Most of the time
 - Sometimes
 - Rarely
 - Never
- l. *[If diabetic]*, **[Since March 1, 2020/Date]**, 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.

4. *[Employment]*

[MODIFIED SCCS]

- a. **[On March 1/DATE]** which of the following best describes your current situation?
- Work for pay, full time

- Work for pay, part time
- Unemployed
- On disability
- Retired
- Homemaker

[SCCS]

- 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

[SCCS]

- 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

[SCCS]

- d. **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
- e. [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

5. *[Health Behaviors]*

[MESA]

- a. **Did you already have an influenza vaccination or flu shot between September 2020 and March 2021?**
- Yes
 - No

[SCCS baseline]

- b. **[Since March 1, 2020, the start of the COVID-19 pandemic/DATE, In the past TIME PERIOD], how often do you try to restrict your food intake in order to lose weight or to keep from gaining weight?**
- Never
 - Rarely
 - Once a month
 - 2-3 times a month
 - Once per week
 - 2-3 times a week
 - 4-6 times a week
 - Once a day
 - Two or more times a day
- c. **[Since March 1, 2020, the start of the COVID-19 pandemic/DATE, In the past TIME PERIOD], how often do you overeat, that is eating until you feel stuffed or too full?**
- Never
 - Rarely
 - Once a month
 - 2-3 times a month
 - Once per week
 - 2-3 times a week
 - 4-6 times a week
 - Once a day
 - Two or more times a day
- d. **[Since March 1, 2020, the start of the COVID-19 pandemic/DATE, In the past TIME PERIOD], how often do you eat unplanned snacks? That is, how often do you find yourself snacking on food then thinking, “I wish I had not eaten that”?**
- Never
 - Rarely
 - Once a month
 - 2-3 times a month
 - Once per week
 - 2-3 times a week
 - 4-6 times a week
 - Once a day
 - Two or more times a day
- e. **[Since March 1, 2020, the start of the COVID-19 pandemic/DATE, In the past TIME PERIOD], how often do you eat as a way to cope with negative feelings like anger, unhappiness, stress, or depression?**
- Never
 - Rarely
 - Once a month
 - 2-3 times a month

- Once per week
- 2-3 times a week
- 4-6 times a week
- Once a day
- Two or more times a day

[Adult Dietary Intake and Activity [ADIA] scale]

f. Based on your understanding of healthy eating, how would you describe your diet?

- Almost always healthy
- Healthy more often than unhealthy
- Healthy about half the time
- Unhealthy more often than healthy
- Almost always unhealthy

[Adult Dietary Intake and Activity [ADIA] scale; modified]

g. Think about your physical activity over the PAST MONTH and include exercise, sports, walking to get places, and strenuous work (e.g. pushing a lawnmower). How many DAYS PER WEEK in the PAST MONTH do you usually do moderate (e.g. walking briskly) to strenuous (e.g. running, biking) physical activity?

0 days

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

h. [If more than 0 days] On the days that you do physical activity in the PAST MONTH, how long are you active (in minutes)?

__|__|__| minutes; [Number 0 - 150]

[HPFS; SCCS modified]

The next questions ask about how well you sleep.

[HPFS; SCCS modified]

i. [Since March 1, 2020, the start of the COVID-19 pandemic/DATE, in the TIME PERIOD], how often do you have difficulty falling asleep?

- Most of the time
- Sometimes
- Rarely or never

[HPFS; SCCS modified]

j. [Since March 1, 2020, the start of the COVID-19 pandemic/DATE, in the TIME PERIOD], how often do you have trouble with waking up during the night?

- Most of the time

- Sometimes
- Rarely or never

[HPFS; SCCS modified]

- k. **[Since March 1, 2020, the start of the COVID-19 pandemic/DATE, in the TIME PERIOD], how often are you troubled by waking up too early and not being able to fall asleep again?**
- Most of the time
 - Sometimes
 - Rarely or never

[HPFS; SCCS modified]

- l. **[Since March 1, 2020, the start of the COVID-19 pandemic/DATE, in the TIME PERIOD], how often do you get so sleepy during the day or evening that you have to take a nap?**
- Most of the time
 - Sometimes
 - Rarely or never

[HPFS; SCCS modified]

- m. **[Since March 1, 2020, the start of the COVID-19 pandemic/DATE, in the TIME PERIOD], how often do you feel really rested when you wake up in the morning?**
- Most of the time
 - Sometimes
 - Rarely or never

[SCCS modified]

- n. **[Since March 1, 2020, the start of the COVID-19 pandemic/DATE, in the TIME PERIOD], in a 24-hour period, how many HOURS do you typically spend sleeping?**
|_|_| hours

6. *[Psychosocial Factors]*

[MEDICAL MISTRUST INDEX; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2796316/>]
We would like to ask you a few questions about how you feel about healthcare organizations. When we say healthcare organizations, we are not asking about an individual doctor or nurse or any other person like that. We are asking about organizations where you might get healthcare, like a hospital or a clinic, the healthcare system in general. For each one, tell us whether you strongly disagree, disagree, agree or strongly agree.

- a. **You'd better be cautious when dealing with health care organizations**
- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- b. Patients have sometimes been deceived or misled by health care organizations**
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- c. When health care organizations make mistakes they usually cover it up**
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- d. Health care organizations have sometimes done harmful experiments on patients without their knowledge**
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- e. Health care organizations don't always keep your information totally private**
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- f. Sometimes I wonder if health care organizations really know what they are doing**
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

- g. Mistakes are common in health care organizations**
 - Strongly disagree
 - Disagree
 - Agree
 - Strongly agree

[Pew]

- h. How much of the time can you trust the GOVERNMENT IN WASHINGTON to do what is right?**
 - Just about always
 - Most of the time
 - Only some of the time
 - Never

[SCCS; modified PEW]

- i. **How much of the time can you trust the GOVERNMENT IN YOUR STATE to do what is right?**
- Just about always
 - Most of the time
 - Only some of the time
 - Never

[SCCS]

- j. **How much of the time can you trust PHARMACEUTICAL COMPANIES to do what is right?**
- Just about always
 - Most of the time
 - Only some of the time
 - Never

[SCCS]

- k. **How much of the time can you trust MEDICAL RESEARCHERS to do what is right?**
- Just about always
 - Most of the time
 - Only some of the time
 - Never

[BRIEF RESILIENT COPING SCALE ;HPFS/VICC cancer]

Indicate how well the following statements describe how you've been feeling in the PAST [MONTH/7 DAYS/TIME FRAME].

- l. **I look for creative ways to alter difficult situations.**
- Does not describe me at all
 - Does not describe me
 - Neutral
 - Describes me
 - Describes me very well
- m. **Regardless of what happens to me, I believe I can control my reaction to it.**
- Does not describe me at all
 - Does not describe me
 - Neutral
 - Describes me
 - Describes me very well
- n. **I believe I can grow in positive ways by dealing with difficult situations.**
- Does not describe me at all
 - Does not describe me
 - Neutral
 - Describes me
 - Describes me very well

o. [PROMIS ITEM BANK V1.0 EMOTIONAL DISTRESS-DEPRESSION-SHORT FORM 4A]

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

In the past [7 days or DATE/TIME RANGE] ...	Never	Rarely	Sometimes	Often	Always
I felt worthless...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt helpless...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeless...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

p. [PROMIS ITEM BANK V1.0 EMOTIONAL DISTRESS-ANXIETY-SHORT FORM 4A]

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

In the past [7 days or DATE/TIME RANGE]	Never	Rarely	Sometimes	Often	Always
I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it hard to focus on anything other than my anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My worries overwhelmed me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt uneasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[CLOSE]

Thank you for taking the time to answer these questions. We value your participation in the Southern Community Cohort Study.

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?

Y	Y	Y	Y	

Address

City

State

Zip Code

Email Address

Home phone number

Cell phone number

**Do we have permission to contact you by text to your cell phone about study surveys?
We will not sell or release your phone number.**

- Yes
- No

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>