

Follow Up Survey
Version Date: 7/22/21

NYCHA RESIDENT COVID-19 RESPONSE PROJECT
Follow Up Questionnaire

Resident First Name: [Auto Populate]
Resident Last Name: [Auto Populate]

Date of Collection:

Thank you for participating in the NYCHA Resident COVID-19 Response Project. Please take the next few minutes to answer the following questions about the past month, since you first met with your Community Health Worker [Auto Populate Name] on [Auto Populate Date of Intake]:

[ASK ALL]

Q1. Have you been tested for COVID-19 in the past month?

YES..... 1
NO..... 2 [IF Q1=2, SKIP to Q11]
DON'T KNOW / NOT SURE 7

[IF Q1=1, ASK]

Q2. Where were you last tested for COVID-19 in the past month?

Health and hospitals (H+H) site..... 1
City MD..... 2
Pop-up site (temporary set up or tent) 3
Mobile van 4
At your regular doctor's office 5
At another doctor's office or health clinic..... 6
At a hospital 7
In my home (home testing) 8
Other 9

[IF Q2=9, ASK]

Q3. Please specify other: _

[IF Q1=1, ASK]

Q4. What was the reason for your most recent COVID-19 test?

I had COVID-19 symptoms1
I came in contact with someone who tested positive for COVID-19 2
I regularly get tested for COVID-193
I needed to get tested for a doctor's visit or medical care4
I needed to get tested to travel5
I needed to get tested to attend an event6
Other7

[IF Q4=7, ASK]

Q5. Please specify other:_____

[IF Q1=1, ASK]

Q6. How were you tested for COVID-19?

Nasal Swab 1

Throat Swab 2
Blood Sample..... 3
Saliva..... 4

[IF Q1=1, ASK]

Q7. What was the result of your COVID-19 test?

Positive 1
Negative 2 [IF 2-5, SKIP to Q8]
Inconclusive 3
Lost..... 4
Other 5

[IF Q7=5, ASK]

Q8. Please specify other:

[IF Q7=1, ASK]

Q9. Since testing positive for COVID-19, how serious was the infection?

Asymptomatic or no symptoms 1
Mild/Moderate illness (at home) 2
Severe/Critical inpatient illness (at a hospital) 3
Recovering 4

[IF Q7=1, ASK]

Q10. Since testing positive for COVID-19, how often have you been able to stay isolated?

All of the time 1
Most of the time 2
Some of the time..... 3
None of the time..... 4

[IF Q1=2, ASK]

Q11. Please tell me all the reasons you did not get tested in the past month. (Check all that apply)

Did not have risk of infection 1
Couldn't afford it..... 2
Heard there weren't enough tests so didn't try..... 3
Did not know where to go for test 4
Was too scared to get the test..... 5
Would have to miss work to get the test..... 6
Too busy 7
Other 8

[IF Q11=8, ASK]

Q12. Please specify other:

[ASK ALL]

Q13. Do you plan on getting tested for COVID-19 in the next month?

| | |
|-----------------------------|---|
| YES..... | 1 |
| NO..... | 2 |
| DON'T KNOW / NOT SURE | 7 |

For the next set of questions, we would like to know what factors would make you get a COVID-19 test in the future.

[ASK ALL]

Q14. Would a new exposure to someone infected make you get a COVID-19 test?

| | |
|----------------|---|
| YES..... | 1 |
| NO..... | 2 |
| NOT SURE | 7 |

Q15. Would new symptoms of COVID-19 make you get a COVID-19 test?

| | |
|----------------|---|
| YES..... | 1 |
| NO..... | 2 |
| NOT SURE | 7 |

Q16. Would a closer testing site make you get a COVID-19 test?

| | |
|----------------|---|
| YES..... | 1 |
| NO..... | 2 |
| NOT SURE | 7 |

Q17. Would access to home testing make you get a COVID-19 test?

| | |
|----------------|---|
| YES..... | 1 |
| NO..... | 2 |
| NOT SURE | 7 |

Q18. Would access to saliva testing make you get a COVID-19 test?

| | |
|----------------|---|
| YES..... | 1 |
| NO..... | 2 |
| NOT SURE | 7 |

Q19. If you had to pay for a COVID-19 test, would you still get tested?

| | |
|----------------|---|
| YES..... | 1 |
| NO..... | 2 |
| NOT SURE | 7 |

[ASK ALL]

Q20. Have you received a COVID-19 vaccine?

YES..... 1 [IF Q20= 1, SKIP to Q25]
NO..... 2
NOT SURE 7

[IF Q20=2, ASK]

Q21. Have you made an appointment to receive a COVID-19 vaccine?

YES..... 1
NO..... 2
NOT SURE 7

[IF Q20=1, ASK]

Q22. Where did you receive or schedule your COVID-19 vaccine?

City-run vaccine center (scheduled through NYC Vaccine Hub website) 1
State-run vaccine site (Javitz Center, Jones Beach) 2
Urgent care centers 3
Pharmacy 4
At your regular doctor's office 5
At another doctor's office or health clinic..... 6
At a hospital 7
At home (home vaccination) 8
Other 9

[IF Q22=9, ASK]

Q23. Please specify other

[IF Q21=2, ASK]

Q24. Have you considered getting a COVID-19 vaccine?

YES..... 1
NO..... 2
NOT SURE 7

[ASK ALL]

Q25. Was your community health worker on this project helpful in linking you to a COVID-19 test?

YES..... 1
NO..... 2
I HAVE NOT MET WITH A COMMUNITY HEALTH WORKER 3
NOT SURE 7

[ASK ALL]

Q26. Which of the following services did your community health worker help you with? (Check all that apply)

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| | |
|--|---|
| Finding a COVID-19 test..... | 1 |
| Learning about COVID-19 | 2 |
| Identifying services to help myself or a family member who tested positive | 3 |
| Learning about vaccines..... | 4 |
| Getting a vaccine appointment | 5 |
| I did not meet with a community health worker | 6 |
| Other | 7 |

[IF Q26=7, ASK]

Q27. Please specify other: _____

Thank you for completing our survey.