

# Screener Survey

Please complete the survey below.

Thank you!

The following questions are to be filled out electronically using a working cellular phone or email account. Please reach out to a study coordinator if you will require a telephone call to complete the following form. Our study site is working with Duke Clinical Research Institute (DCRI) as part of a larger, national initiative studying the impact of COVID-19 at-home testing. You will have the option to provide consent for the DCRI to collect personal information to learn more about COVID-19.

Date of Data Collection: \_\_\_\_\_

**Screener Questions:**

How old are you? \_\_\_\_\_

- Please select your age range (in years):
- ☐ Under 16
  - ☐ 16-29
  - ☐ 30-59
  - ☐ 60 and older

- (If age 60 or older) Please select which of the following pertain to you:
- ☐ I live alone without any other adults or children in the home
  - ☐ I am homebound
  - ☐ I have limited mobility (i.e., use a cane or a walker to assist with walking in the home)
  - ☐ I have limited social interactions
  - ☐ I have a physical disability that prevents me from leaving the house
  - ☐ None of the above

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Languages:

- ☐ English  
☐ Spanish

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What is your first name?

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What is your last name?

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What is the best phone number to reach you?

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What is the best email address to reach you?

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What is your method of contact preference for receiving survey links?

- ☐ Email invitation  
☐ SMS invitation (contains survey link)  
☐  
☐  
☐

Are you currently a resident of the following NYCHA developments: Baruch, Cypress Hills, Drew Hamilton, Grant, LaGuardia,

Yes

- ☐  
☐ No  
☐

Lincoln, Linden, Manhattanville, Pennsylvania-Wortman Avenue, Pink, Polo Grounds, Rangel, Riis, Rutgers, Smith, St. Nicholas, Vladeck, Wald Houses?

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Which development do you currently live in?

- ☐ Cypress Hills  
☐ Drew Hamilton  
☐ LaGuardia  
☐ Linden  
☐ Manhattanville  
☐ Pennsylvania-Wortman Avenue  
☐ Pink  
☐ Polo Grounds  
☐ Rangel  
☐ Riis  
☐ Vladeck  
☐ Wald  
☐ Baruch  
Grant  
Lincoln  
Smith  
St.  
Nicholas  
Rutgers  
Other

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Please specify other development:

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What is your preferred language?English Spanish

- Chinese  
(Cantones)  
Chinese:  
Mandarin  
Other

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Please specify your preferred language

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Can you complete an interview in English?

Yes

No

Unfortunately, you are not eligible for our study, but if you if you have questions about COVID, please contact your doctor. If you do not have a doctor, then you can call the New York City Health + Hospitals COVID-19 Hotline by dialing 1-844-NYC-4NYC (1-844-692-4692) and press 0.

Though you were not eligible for our study, you may be able to refer others into the study. If you know of anyone who may be interested, you can proceed to the following page where you can provide us with names and contact information. If the referrals are successful, you will receive an incentive in the form of an Amazon gift card.

Do you have any referrals at this time?

- a. Yes, I would like to refer others to the study
- b. No, I am done

[If no, they will receive a "Thank you for your time!" message and be closed out of the form]

[If yes, branching logic will open up fields for the person to enter referral information. The top section will explain in clear detail the terms of remuneration. We will provide the study email and phone number in case there are any questions]

Did this person/these people agree to let you share their information?

- a. Yes
- b. No

[If no, they will receive a message, "Please obtain this person's approval before sharing their information with us. When obtained, you can call or text our study line at 646-470-3289, or email the names to our study email NYCHA.RCR@nyulangone.org"]

Please enter the First and Last Name of the Referral:

Please enter the best mobile number of the Referral:

Please enter the best email address of the Referral:

If you need time to think, you can call or text our study line at 646-470-3289, or email the names to our study email NYCHA.RCR@nyulangone.org

Great, you're eligible!

I agree to let the DCRI collect the following identifiable information: name, address, contact information, and date of birth.

- ☐ Yes  
☐ No  
 (This is to enable linkage of deidentified data.)

I agree to let the DCRI collect only my zip code and no other identifiable information.

- ☐ Yes  
☐ No

I agree to be allow my information to be linked to administrative data to learn more about COVID-19.

- ☐ Yes  
☐ No

I agree to be contacted for future research.

- ☐ Yes  
☐ No

[For Telephone Survey Administration Only]

Please obtain verbal consent from the study participant

Did the resident provide verbal consent?

- ☐ Yes  
☐ No