THE MOUNT SINAI HEALTH SYSTEM ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI RESEARCH INFORMATION SHEET

Study ID #: IRB-20-03446 Form Version Date: 4/24/20

Study Title: NYCovid: Research to Action with Local Communities

Principal Researcher: Carol R. Horowitz, MD, MPH 1 Gustave L. Levy Place, Box 1077, New York, NY 10029

What is the purpose of this research study? We want to learn about how the COVID-19 pandemic is impacting New Yorkers. What we learn may help us provide better care for people of all backgrounds during and after the pandemic. We are asking 10,000 people age 18 years or older who live in New York City to complete a 15-minute survey. This is voluntary. You can choose not to take the survey, to skip any questions, or stop at any time. There is no penalty if you choose not to take part.

Can I take part? Are you:

- 1. 18 years of age or older YES/NO
- 2. Live in New York City (one of the 5 boroughs)? YES/NO

You answered "no" to either of these questions, you cannot take this survey. Thank you for your time. You answered "yes" to both of the questions, you can take this survey.

What will I do if I choose to take part?

- Use your smartphone to answer questions about your health, how the pandemic has affected you, and some basic information about you.
- Let us know if we can contact you again to answer 5-minute follow-up surveys over the next year. These are to see how the pandemic impacts people over time.

Are there risks if I choose to take part? The risks of answering the survey are minimal. Some questions could be upsetting because we ask about how you are feeling and how the pandemic has affected you and other New Yorkers. You can skip any questions you don't want to answer.

What about my privacy? If you are OK with us texting you to answer surveys throughout the year, we will ask for your phone number. We will delete it when the year is up unless you want us to contact you for future studies. We will not connect your survey to your phone number. You can fill out the first survey even if you don't want us to contact you again. We will ask you to create a code that only you will know for future surveys. There is also always a risk of losing private information. We lower this risk by storing your data in a password protected database behind a firewall and not linking it to your phone number. That way, no one will be able to figure out that you took part. The survey data could be used for future research studies by us or others on our team.

To further protect your privacy, the researchers have a Certificate of Confidentiality from US Government to make sure we will not have to disclose your identity for legal reasons, to your family members or friends.

Are there benefits? We cannot provide direct medical or other support, but we will provide a web page with resources that may help you during and after the pandemic. We will also share a summary of what we learn from the survey on the webpage.

Can I stop taking part? Yes. Just text 99 to 77948. If you have questions or complaints, you can call us at (212) 659-9552 or call the office at Mount Sinai that approved the study at (212) 824-8200.

This project was determined to be exempt from federal human subjects research regulations.

THE MOUNT SINAI HEALTH SYSTEM ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI RESEARCH INFORMATION SHEET

Study ID #: IRB-20-03446 Form Version Date: 4/24/20

If you understand this information please click here.

If you agree to continue and you are doing so voluntarily, please click here.

This project was determined to be exempt from federal human subjects research regulations.