Novel Coronavirus (COVID) Illness – Patient Report (NCIPR) - Demographics

I. Household

In this survey, we will ask questions about you, your lifestyle, and your resources.

1. **What is the highest level of education that you have completed?** (check one) [db_1]
   1 Less than 10th Grade
   2 10th – 12th Grade
   3 High School Degree/GED
   4 Trade school/apprenticeship
   5 Partial College
   6 2-year College Degree
   7 4-year College Degree
   8 Graduate Degree
   9 Unknown/Unsure

2. **What is your date of birth?** (date) [db_2]

3. **What is your height? (feet,inches)** [db_height_info]
   Feet: _____ [db_height_feet]
   Inches: _____ [db_height_inches]

4. **How would you describe your ethnicity?** (check one) [db_3]
   1 Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
   2 Not of Hispanic, Latino, or Spanish origin.
   3 I don't know
   999 Prefer not to answer

5. **What is your RACE/ETHNICITY? Please select all that apply. Please select other if you do not identify with any of these.** (check all that apply) [db_4]
   1 Black or African American
   2 Native American/Alaska Native
   3 Native Hawaiian/ Pacific Islander
   4 Asian
   5 Hispanic/Latin
   6 White
   7 Other
   999 Decline to answer

   If 7 selected, then:
   5.1 If other, please describe here: (open field) [db_4_others]

6. Which best describes you? Are you… (check one) [db_5]

1 Not Married/Partnered
2 Partnered/Married
3 Divorced/Separated
4 Widowed
5 Other

If 5 selected, then:
6.1 If other, please list: (open field) [db_5_other]

7. How many people currently live in your home (including self)? (descriptive) [db_6]
    7.1 Number of children (open field) [db_6_children]
    7.2 Number of adults (open field) [db_6_adults]

8. How many bedrooms are in your home? (open field) [db_7]

9. Do you feel you have stable housing? (check one) [db_8]

1 Yes
0 No
999 I decline to answer

II. Finances

Family income is important in analyzing the data we collect and is often used in scientific studies to compare groups of people who are similar. Please remember that all the information you provide is confidential. Please think about your total combined family income during the LAST 12 MONTHS for all members of the family. By this we mean adding together the income earned by all of the adult family members living in your household.

10. During the LAST year, what was the total income of your household from all sources before taxes and other deductions? Your best guess is fine. (NOTE: This is confidential information and your name is not connected to this data.) (check one) [db_9]

1 Less than $10,000
2 $10,000 to $20,000
3 $20,000 to $30,000
4 $40,000 to $50,000
5 $50,000 to $60,000
6 $60,000 to $80,000
7 $80,000 to $100,000
8 $100,000 to $120,000
9 $140,000 to $160,000
10 $140,000 to $160,000
11 $160,000 to $180,000
12 $180,000 to $200,000
13 $200,000 to $220,000
14 $220,000 to $250,000
15 Greater than $250,000

11. How many household members are supported by your combined family income (including yourself)? (open field) [db_10]

12. How many of these people are children? Please include anyone under 18 years. (open field) [db_11]

13. How has your combined family income changed compared to your combined family income before COVID-19? (check one) [db_12]
> 1 No change
> 2 Minor decrease
> 3 Major decrease
> 4 Minor increase
> 5 Major increase
> 999 Decline to answer

> *If 2, 3, 4, or 5 selected, then:*
> **13.1 Was your change in family income pandemic related?** (check one) [db_12_1]
> > 1 Yes, directly related
> > 2 Yes, possibly related
> > 3 Not related to the pandemic

14. What type of employment do you have? (Please check all that apply) [db_13]
> 1 Working full-time
> 2 Working part-time
> 3 On maternity leave
> 4 On other form of temporary leave
> 5 Looking for a job
> 6 Student
> 7 Unemployed
> 8 Stay at home caregiver
> 9 Retired
> 10 Other
> 999 Prefer not to answer

> *If 10 selected, then:*
> **14.1 If other, please specify:** (open field) [db_13_other]

15. If you identify as having a partner or spouse, what type of employment does your partner have? (Please check all that apply) (check all that apply) [db_14]
> 1 Working full-time
> 2 Working part-time
> 3 On maternity leave
> 4 On other form of temporary leave
> 5 Looking for a job
> 6 Student
> 7 Unemployed
> 8 Stay at home caregiver

9 Retired
10 Other
999 Prefer not to answer
0 I do not identify as being partnered

If 10 selected, then:
15.1 If other, please specify: (open field) [db_14_other]

16. Do you receive public assistance or other services through government or other local agencies? (check all that apply) [db_15]

    1 Subsidized housing (temporary or permanent)

    2 Financial assistance

    3 Employment assistance

    4 Transportation assistance

    5 Food assistance (SNAP, food stamps)

    6 WIC (Women Infants and Children)

    7 Public Health insurance

    8 Education or vocational training programs

    9 Personal supplies (i.e. clothing, toiletries)

    10 Baby supplies (pack-n-play, clothes, car seat)

    11 Temporary Assistance for Needy Families (TANF)

    12 None
    13 Other

If 13 selected, then:
16.1 If other, please specify: (open field) [db_15_other]

17. How is your health care currently paid? (check all that apply) [db_16]
    1 Publicly funded (federal, state or local, including Medicaid)
    2 Commercial health insurance subsidized by the government
    3 Commercial health insurance/Commercial HMO provided by your employer
    4 Commercial health insurance purchased by you
    5 Military insurance (Veteran's Administration or active duty)
    6 No insurance - Pay medical out of pocket
    7 Other

If 7 selected, then:
17.1 If other, please specify: (open field) [db_16_other]

18. Have you received medical care (any kind) at an NYU Langone location? (check one) [db_17]
    1 NYU Langone is where I receive the most of my medical care
    2 NYU Langone is where I receive the some of my medical care
    3 NYU Langone is not a place I receive medical care
    4 I do not know

19. Overall, how satisfied are you with your financial situation? (check one) [db_18]

1 Very dissatisfied
2 Sort of dissatisfied
3 Mixed feelings
4 Sort of satisfied
5 Very satisfied

20. How often do you worry about financial matters? (check one) [db_19]
1 Never
2 Not Often
3 Sometimes
4 Often
5 Very Often

21. Do you generally know how much money you'll have to live on from one month to the next? (check one) [db_20]
1 Yes
0 No

22. Think of this ladder as representing where people stand in the United States.
At the top of the ladder are people who are the **best off** - those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are the **worst off** - who have the least money, least education, and the least respected jobs or no jobs. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are closer you are to the people at the very bottom.

On a scale from one to ten, where do you think you fall, relative to other people in the United States?
10, 10 - top
9, 9
8, 8
7, 7
6, 6
5, 5
4, 4
3, 3
2, 2
1, 1 - bottom

III. Discrimination

These are some questions about discrimination that you may or may not experience in your day-to-day life. By discrimination, we mean being treated unfairly because of your race, ethnicity, income level, social class, sex, gender, age, sexual orientation, physical appearance, or religion.

23. In your day-to-day life, have you experienced discrimination? [db_21]
         0 Never
         1 Less than once a year
         2 A few times a year
         3 A few times a month
         4 Once a month
         5 At least once a week
         6 Almost every day
         999 I decline to answer

24. What do you think was the reason(s) for this/these experience(s)? Pick as many as apply (check all that apply) [db_22]

         1 Your ancestry or national origin
         2 Your gender
         3 Your race
         4 Your age
         5 Your height
         6 Your weight
         7 Some other aspect of your physical appearance
         8 Your sexual orientation
         9 Income Level/Social Class
         10 Disability
         11 Pregnancy
         12 Religion
         13 Some other reason
         0 None apply to me
         999 I decline to answer

         If 13 selected, then:
         24.1 If other, please specify: (open field) [db_22_other]

25. Over your entire lifetime, how stressful have experiences of unfair treatment or discrimination usually been for you? (check one) [db_23]
         0 Not at all stressful
         1 A little stressful
         2 Somewhat stressful
         3 Extremely stressful
         999 I decline to answer

IV. COVID Social and emotional impacts

These are some questions about ways in which COVID has impacted your daily life.

26. How has the COVID-19 outbreak changed your <u>stress levels or mental health</u>? (check one) [db_24]
        1 Worsened them significantly
        2 Worsened them moderately
        3 No change
        4 Improved them moderately
        5 Improved them significantly

27. How has the COVID-19 outbreak changed your <u>sleep</u>? (check one) [db_25]
        1 Worsened my sleep significantly
        2 Worsened my sleep moderately
        3 No change
        4 Improved my sleep moderately
        5 Improved my sleep significantly

28. How has the COVID-19 outbreak changed your <u>daily energy levels</u>? (check one) [db_26]
        1 Worsened my energy significantly
        2 Worsened my energy moderately
        3 No change
        4 Improved my energy moderately
        5 Improved my energy significantly

29. How has the COVID-19 outbreak changed your <u>social network support</u>? (check one) [db_27]
        1 Worsened my social support significantly
        2 Worsened my social support moderately
        3 No change
        4 Improved my social support moderately
        5 Improved my social support significantly

If 2 selected for [db_05], then:
30. Regarding your partnership/marriage, how has the COVID-19 outbreak changed your <u>relationship satisfaction</u>? (check one) [db_28]
        1 Worsened my relationship satisfaction significantly
        2 Worsened my relationship satisfaction moderately
        3 No change
        4 Improved my relationship satisfaction moderately
        5 Improved my relationship satisfaction significantly

If 2 selected for [db_05], then:
31. Regarding your partnership/marriage, how has the COVID-19 outbreak changed your <u>relationship commitment</u>? (check one) [db_29]
        1 Worsened my relationship commitment significantly
        2 Worsened my relationship commitment moderately
        3 No change
        4 Improved my relationship commitment moderately
        5 Improved my relationship commitment significantly

If 2 selected for [db_05], then:

32. Regarding your partnership/marriage, how has the COVID-19 outbreak changed your <u>relationship passion?</u> (check one) [db_30]

        1 Worsened my relationship passion significantly
        2 Worsened my relationship passion moderately
        3 No change
        4 Improved my relationship passion moderately
        5 Improved my relationship passion significantly

33. Please rate your current stress level. (Likert scale 1-7, 1 = nothing, 7 = extreme) [db_31]

34. What are you doing to cope with your stress related to the COVID-19 outbreak? (check all that apply) [db_32]

        1 Getting a good night's sleep
        2 Meditation and/or mindfulness practices
        3 Talking with friends and family
        4 Engaging in more family activities (e.g., games, sports)
        5 Talking to people who are pregnant or parenting
        6 Increased screen time (i.e. gaming, binge watching shows)
        7 Increased time on social media (Facebook, Instagram and other)
        8 Decreased time on social media (Facebook, Instagram and other)
        11 Increased time following news coverage
        10 Decreased time following news coverage
        ~~11 Eating comfort foods (e.g., candy and chips)~~
        12 Eating healthier
        13 Increased self-care (e.g., taking baths, giving self a facial)
        14 Increased time reading books, or doing activities like puzzles and crosswords
        15 Exercising
        16 Drinking alcohol
        17 Using tobacco (i.e. smoking, vaping)
        18 Using marijuana (i.e. smoking, vaping, eating)
        19 Using CBD only
        20 Using other recreational drugs
        21 Using new prescription drugs
        22 Using over the counter sleep aids
        23 Talking to my health providers more frequently
        24 Talking with a mental health care provider (e.g. therapist, psychologist, counselor)
        25 Helping others
        26 None
        27 Other

        If 27 selected, then:
        If other, please list: (open field) [db_32_other]

35. How long do you think it will be before things "go back to normal"? (check one) [db_33]

        1 <1 month
        2 2-3 months
        3 3-6 months
        4 6-12 months

5 12 months +
6 Never

V. Health

These are questions about health and lifestyle. All responses are confidential and only used for research purposes.

36. Do you know your blood type? [db_blood_type_know]
1, I am certain about my blood type
2, I think I know my blood type, but I am not sure
3, I do not know my blood type

If selected [db_blood_type_know]=1 or =2, *then:* [db_blood_type]
36.1 What is your blood type? (O, A, B, AB) (Add + or - if known)

37. Do you have history of any of the following medical conditions? (check all that apply) [db_36]

1 Respiratory problems (e.g., Asthma, Tuberculosis)
2 Diabetes
3 Heart disease or hypertension
4 Lung disease
5 Liver disease
6 Cancer
7 A disease compromising the immune system
8 Mood and/or anxiety disorder
9 None apply
999 Other

If 999 selected, then:
36.1 Describe other: (open field) [db_36_other]

38. Have you had your tonsils removed? [db_tonsils]
1, Yes
0, No
999, I do not know

39. At any time in your past have you received treatment for any of the following? (check all that apply) [db_37]

1 Mental health
2 Substance abuse (including problems with prescription drugs, illegal drugs or alcohol)
999 I decline to answer
4 I have had mental health concerns but have not been treated
5 I have had substance abuse concerns but have not been treated
6 None apply

During the past 7 days, on how many days did you… (matrix)
For questions 38-48

40. **Meditate or use mindfulness strategies for more than 5 minutes**? [db_38]
        0. 0 days
        1. 1 day
        2. 2 days
        3. 3 days
        4. 4 days
        5. 5 days
        6. 6 days
        7. 7 days
        999. Decline to answer

41. **Wake up feeling like you got a good night of sleep?** [db_39]
        0. 0 days
        1. 1 day
        2. 2 days
        3. 3 days
        4. 4 days
        5. 5 days
        6. 6 days
        7. 7 days
        999. Decline to answer

42. **Talk to friends or family on the phone more than 30 minutes?** [db_40]
        0. 0 days
        1. 1 day
        2. 2 days
        3. 3 days
        4. 4 days
        5. 5 days
        6. 6 days
        7. 7 days
        999. Decline to answer

43. **Engage in a religious service or practice?** [db_41]
        0. 0 days
        1. 1 day
        2. 2 days
        3. 3 days
        4. 4 days
        5. 5 days
        6. 6 days
        7. 7 days
        999. Decline to answer

44. Engage in physical activity for more than 30 minutes (such as walking, hiking, climbing stairs, yoga, running, weight lifting, push-ups, sit-ups)? [db_42]
        0. 0 days
        1. 1 day
        2. 2 days
        3. 3 days
        4. 4 days
        5. 5 days
        6. 6 days
        7. 7 days
        999. Decline to answer

45. Drink one or more drinks of an alcoholic beverage? [db_43]
        0. 0 days
        1. 1 day
        2. 2 days
        3. 3 days
        4. 4 days
        5. 5 days
        6. 6 days
        7. 7 days
        999. Decline to answer

46. Use marijuana or hashish? [db_44]
        0. 0 days
        1. 1 day
        2. 2 days
        3. 3 days
        4. 4 days
        5. 5 days
        6. 6 days
        7. 7 days
        999. Decline to answer

47. Use recreational or illegal drugs (not including marijuana)? [db_45]
        0. 0 days
        1. 1 day
        2. 2 days
        3. 3 days
        4. 4 days
        5. 5 days
        6. 6 days
        7. 7 days
        999. Decline to answer

48. Use nicotine products (including cigarettes, e-cigarettes, cigars, vaping, chew, dip or JUUL)? [db_46]
        0. 0 days

1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days
999. Decline to answer

49. Watch TV/movies on any kind of screen for more than 3 hours (including TV and game shows, movies, sale channels like QVC, YouTube videos, documentaries)? [db_47]
0. 0 days
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days
999. Decline to answer

50. Use social media (such as Instagram, Facebook, Twitter, Snapchat, Pinterest, Viber, YouTube, LinkedIn, Tumblr, QZone)? [db_48]
0. 0 days
1. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days
999. Decline to answer

VI. Closing

Thank you! Here are a couple of closing questions to help the research team with future studies

51. Do you personally know children ages 0-5 that were infected with COVID? [db_49]
1, Yes
0, No

52. Do you personally know children ages 6-10 that were infected with covid? [db_50]
1, Yes
0, No

53. Do you personally know women that were infected with COVID during pregnancy? [db_51]
1, Yes
0, No

54. What is your current age? (number field) [db_52]

55. How interested are you in participating in future (paid) COVID studies? [db_53]

0, Not interested
1, Somewhat interested
2, Very interested

Annotation: Novel Coronavirus (COVID) Illness – Demographics (NCIPR – Demographics) is a self-report measure of household, finances, perceived discrimination and health, as well as social, emotional and relational impacts of COVID-19.

Scoring and interpretation: The scale provides descriptive account of participant variables that accompany the NCIPR parent measure. Administration of both [NCIPR] and [NCIPR-Demographics] takes approximately 15 minutes. Psychometric properties of the measure are not yet available, but the following suggestion is made:

- Quality check of data can be performed based on the following items:
  - DOB versus what is your age, relative to today's date [db2]; [db_52]
  - Response of 1-25 and also "none" on [db_32]
- [db_17] should be edited to refer to primary health system, if applicable

Use: The NCIPR-Demographics is placed in the public domain to encourage its use in clinical assessment and research. No formal permission is therefore required for its reproduction and use by others, beyond appropriate citation: Thomason, M.E. (2020). Novel Coronavirus (COVID) Illness – Patient Report (NCIPR) Survey.

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Select questions adapted from these sources:

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