

Michigan COVID-19 Recovery Surveillance Study (MI CReSS)

MI CReSS is a collaborative effort between the University of Michigan School of Public Health and the Michigan Department of Health and Human Services to understand the experiences of adults in Michigan with a confirmed diagnosis of COVID-19. By choosing to participate in this study, you will help contribute to our current and future understanding of COVID-19 and help us inform policy and resources for others in the state of Michigan.

The survey will take approximately 30-40 minutes to complete.

1. Are you completing the survey on behalf of yourself or on behalf of someone else who is unable to do so?
 - On behalf of yourself
 - On behalf of someone else

2. If you are completing the survey on behalf of someone else, why are they unable to participate?
 - Respondent is hospitalized
 - Respondent does not have mental capacity to complete the survey
 - Respondent does not speak English
 - Another reason. Specify: _____

3. What is your relationship to the person you are completing the survey on behalf of?
 - Health care decision-maker
 - Legal surrogate
 - Other relationship. Specify: _____

If you are filling out the survey on behalf of someone else, please note that all references to "you" in the survey refer to the original participant. Please answer on their behalf.

4. Are you at least 18 years old?
 - Yes
 - No

5. What is your date of birth?
MM/DD/YYYY: ___/___/____

6. Where are you currently living or staying? For example, in a house, apartment, or somewhere else?
 - House/single family home
 - Apartment
 - Homeless shelter
 - Hotel/motel
 - Long-term care facility
 - Outside, in a car, or other location
 - Nursing home/assisted living facility
 - Acute care inpatient facility
 - Rehabilitation facility

- Correctional facility
- Mobile home
- Group home
- Other. Specify: _____

SECTION I. Access to health care

First, you will be asked about your experience accessing health care during your recent COVID-19 illness.

7. Have you recovered from COVID-19 to your usual state of health?
 - Yes
 - No

8. How much, if at all, has your life been disrupted by the COVID-19 outbreak? Would you say that it has been disrupted...
 - A lot
 - Some
 - Just a little
 - Not at all

9. How long after your COVID-19 symptoms started did you seek medical care? Was it...
 - Less than 2 days
 - Between 2 and 7 days
 - More than 1 week

10. How many times did you attempt to get tested for COVID-19 before you received a test?
Number of times: _____

11. Where did you get your first COVID-19 test? Was it at...
 - Your primary care physician/family doctor
 - An urgent care clinic
 - An emergency room
 - A curbside/drive-through testing service that was **not** at a doctor's office or clinic
 - Some other place? Where was that: _____

12. Besides testing, did you seek **treatment** for COVID-19 illness from any of the following places? Please check all that apply.
 - Primary care physician/family doctor
[If yes] Were you ever turned away when you felt that you needed further treatment?
 - Yes No
 - Urgent care clinic
[If yes] Were you ever turned away when you felt that you needed further treatment?
 - Yes No
 - Emergency room
[If yes] Were you ever turned away when you felt that you needed further treatment?
 - Yes No
 - Retail clinic/pharmacy
[If yes] Were you ever turned away when you felt that you needed further treatment?

Yes No

Somewhere else. Where? _____

[If yes] Were you ever turned away when you felt that you needed further treatment?

Yes No

13. Do you have one or more people that you think of as your personal doctor or health care provider?

Yes

No

14. Is there **more than one**, or is there **just one** person who you think of as your personal doctor or health care provider?

More than one

One

15. Was there a time during your COVID-19 illness that you needed to see a doctor but could not because of cost?

Yes

No

16. Other than cost, there are many other reasons people delay getting needed medical care. Did you delay getting needed medical care during your COVID-19 illness for any of the following reasons?

Please check all that apply.

You couldn't get through on the telephone,

You couldn't get an appointment soon enough,

Once you got there, you had to wait too long to see the doctor,

The clinic or doctor's office wasn't open when you got there,

You didn't have transportation,

You couldn't get off work,

You were caring for family members, or

Were there any other reasons for delaying care? What reasons?

17. When you were diagnosed with COVID-19, did you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

- Yes
- No

18. What kinds of health insurance or health care coverage did you have at the time you were diagnosed with COVID-19? Please check all that apply.

- Private health insurance
- Medicare
- Medigap
- Medicaid
- Military related health care, such as TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- Indian Health Service
- Another type of coverage? What type of coverage? _____
- No coverage of any type

19. Did you have an overnight stay in a hospital for COVID-19?

- Yes
- No

Note: Answer questions 20 to 27 if you were hospitalized for COVID-19.

20. How many times were you hospitalized for COVID-19?

- Once
- More than once. How many times? _____

21. How many total nights were you in the hospital?

Number of nights: _____

22. What was your admission date? (report first admission date if hospitalized multiple times)

MM/DD/YYYY: ___/___/____

23. What was your discharge date? (report final discharge date if hospitalized multiple times)

MM/DD/YYYY: ___/___/____

24. While you were in the hospital, did you at any point require “**intensive care unit**,” or **ICU** monitoring?

- Yes
- No

25. While you were in the hospital, did you require a breathing tube or ventilator?

- Yes
- No

26. After you were discharged from the hospital, did you receive instructions regarding how to manage your illness at home?

- Yes
- No

27. How clear were the instructions you received regarding how to manage your illness at home? Were they:

- Very clear
- Somewhat clear
- Not at all clear

Note: Answer questions 28 and 29 if you were NOT hospitalized for COVID-19.

28. After you received your diagnosis, did you receive instructions regarding how to manage your illness at home?

- Yes
- No

29. How clear were the instructions you received regarding how to manage your illness at home? Were they:

- Very clear
- Somewhat clear
- Not at all clear

30. How difficult was it to follow the recommendations for isolating at home while you were sick with COVID-19? Was it:

- Very difficult
- Difficult
- Easy
- Very easy

31. Is there anything else you would like to tell us about your experience seeking COVID-19 **treatment** or **testing**?

To what extent do you agree with the following statements:

32. "I trust that health care providers are giving me the best treatment available." Do you:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

33. "I trust that health care providers have my best interest in mind when treating me." Do you:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

34. "I trust that health care providers will tell me if a mistake is made about my medical treatment." Do you:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

*The next few questions will ask about whether you feel your **race** impacted your experience with COVID-19 care and treatment*

35. When you were seeking health care for COVID-19, did you feel your experiences were:

- Worse** than people from other races,
- The same as** people from other races, or
- Better** than people from other races?

36. Thinking about testing or treatment for COVID-19, did you ever feel emotionally **upset**, for example angry, sad, or frustrated, as a result of how you were treated based on your **race**?

- Yes
- No

SECTION II. Symptoms & Medications

Next, you will be asked about potential exposures to coronavirus, which is the virus that causes COVID-19 illness, and the symptoms you experienced during your illness. We understand that you may have been asked some of these questions before, but we are interested to know if anything has changed with regard to your illness or recovery.

37. Do you know the source of your exposure to coronavirus?

- Yes
- No

38. How were you exposed?

39. During your illness, did you experience any of the following symptoms? Please check all that apply.

- Felt feverish with or without a temperature
- Fever > 100.4F (38C)
- Chills
- Repeated shaking with chills
- Muscle aches
- Runny nose
- Sore throat
- Cough or worsening of chronic cough
- Shortness of breath
- Nausea or vomiting
- Headache
- Abdominal pain
- Diarrhea (3 or more loose or looser than normal stools in a 24 hour period)
- Trouble sleeping
- Lack of energy
- Loss of sense of smell or taste
- Lightheaded or dizzy
- Rash or skin discoloration

40. Did you have other symptoms?

- Yes. What were they?

- No

41. If you **have not** recovered from COVID-19 to your usual state of health, which symptoms are you still experiencing? Specify:

42. If you **have** recovered from COVID-19, how long did it take you to recover from COVID-19 to your usual state of health? Please write a number and select units.

Length of recovery: _____

- Days
- Weeks
- Months

43. Overall, when your symptoms were at their worst, how bad or bothersome were they? Were they:

- Mild
- Moderate
- Severe
- Very severe

44. What medications did you take for your COVID-19 symptoms? This could include medications that you obtained with or without a doctor's prescription, as well as any medications you received in the hospital. Specify:

45. Were any of these medications prescribed by a health care professional? If so, which ones?

Specify:

No medications were prescribed

Note: Answer questions 46 and 47 if you were hospitalized for COVID-19.

46. When you were hospitalized, were you **asked** to participate in a clinical or research trial?

- Yes. What was the trial was for? Specify: _____
- No

47. Did you **choose** to participate in the clinical trial?

- Yes
- No

SECTION III. Pre-Existing Conditions

The next set of questions ask about which health conditions you had before being diagnosed with COVID-19.

48. Have you ever been told by a doctor or other health professional that you have had any of the following conditions?

- Emphysema or COPD
- Asthma
- Diabetes
- Heart disease or other cardiovascular disease
- High blood pressure
- Liver disease
- Kidney disease
- Stroke or other cerebrovascular disease
- Cancer
- Immunosuppressive condition
- Autoimmune condition
- Physical disability
- Psychological/psychiatric condition
- Any other condition. Please specify:

49. Four weeks before the start of your COVID-19 illness, did you have serious difficulty walking or climbing stairs?

- Yes
- No

50. Currently, do you have serious difficulty walking or climbing stairs?

- Yes
- No

We would now like to ask you about a few other aspects of your health.

51. About how much do you weigh without shoes? Round fractions up.

Please write weight **and** select units.

Weight: _____

- Pounds
- Kilograms

52. About how tall are you without shoes? Round fractions down.

Please write height **and** select units.

Height: _____

- ft/inches
- meters/centimeters

53. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No

54. Immediately **prior to your illness**, did you smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all

55. Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

- Yes
- No

56. Immediately **prior to your illness**, did you use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

- Every day
- Some days
- Not at all

57. Immediately **prior to your illness**, did you smoke regular cigars, cigarillos, or little filtered cigars every day, some days, or not at all?

- Every day
- Some days
- Not at all

58. Immediately **prior to your illness**, did you smoke a water pipe or hookah pipe filled with tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all

SECTION IV. Social Engagement/Psychosocial

The next set of questions ask about your personal and social experiences before and during your recent COVID-19 illness.

59. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good?
Number of days: _____
60. Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things? Would you say this happens...
- Never
 - For several days
 - For more than half the days
 - Nearly every day
61. Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Would you say this happens...
- Never
 - For several day
 - For more than half the days
 - Nearly every day
62. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens...
- Never
 - For several days
 - For more than half the days
 - Nearly every day
63. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? Would you say this happens...
- Never
 - For several days
 - For more than half the days
 - Nearly every day
64. How has the COVID-19 outbreak changed your stress levels or mental health? Has it...
- Worsened them significantly
 - Worsened them moderately
 - Not changed them
 - Improved them moderately
 - Improved them significantly

65. Thinking back to the start of the COVID-19 outbreak until now, what has been the greatest source of stress you have experienced due to the COVID-19 outbreak?

Have any of the following things happened to you due to people thinking you might have COVID-19?

66. You were treated badly/without respect

- Yes
- No

67. People acted as if they were scared of you

- Yes
- No

68. You were threatened or harassed

- Yes
- No

69. Were you afraid or embarrassed to disclose your COVID-19 diagnosis with your friends or family?

- Yes
- No

The next set of questions will ask you about your online communication during your illness. This means sending and receiving text messages, emojis, and photo, video, or audio messages through instant messaging (e.g. WhatsApp, Snapchat), social network sites (e.g. Facebook) or email (on a computer, laptop, tablet, or smartphone).

70. During your illness, how frequently did you communicate with your **family members** online? Was it:

- Never
- Almost never
- At least once every week
- Daily or almost daily
- Several times each day
- Almost all the time throughout the day

71. During your illness, how frequently did you communicate with your **close group of friends** online? Was it:

- Never
- Almost never

- At least once every week
- Daily or almost daily
- Several times each day
- Almost all the time throughout the day

72. During your illness, how frequently did you communicate with your **friends from a larger friendship group** online? Was it:

- Never
- Almost never
- At least once every week
- Daily or almost daily
- Several times each day
- Almost all the time throughout the day

73. DURING your COVID-19 illness, how supported did you feel by your friends, family, or broader social network? Did you feel....

- Not at all supported
- Slightly supported
- Moderately supported
- Very supported
- Extremely supported

74. Since the COVID-19 pandemic began, what has changed for you or your family? Please check all that apply.

- You or your family were unable to get enough food or healthy food
- You or your family were unable to access clean water
- You or your family were unable to pay important bills like mortgage, rent, or utilities
- You or your family experienced difficulty getting places due to less access to public transportation or concerns about safety
- You or your family were unable to get needed medications (e.g. prescriptions or over the counter)
- You or your family experienced a loss of employment or reduction in hours worked
- You or your family were unable to arrange childcare

SECTION V. Employment

Now, we would like to ask whether you were working prior to your COVID-19 illness, and if you were working, we would like to ask a few questions about your occupation.

75. Directly prior to your COVID-19 illness, what was your employment status? Please pick the option that **best** describes your employment status directly prior to your COVID-19 illness.

- Employed for wages
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year due to the COVID-19 pandemic

- Out of work for less than 1 year **not** due to the COVID-19 pandemic
- Homemaker
- Student
- Retired
- Unable to work

Note: Answer the following questions in Section V if you were *employed for wages or self-employed*. If not, skip to Section VI.

76. Prior to your illness, was your physical presence required at work after the “Stay Home, Stay Safe” executive order was issued by Governor Whitmer on March 23, 2020?
- Yes
 - No
77. The “Stay Home, Stay Safe” executive order allowed employers to designate some employees as “critical infrastructure workers” or “essential employees”. Before you became ill with COVID-19, did your employer tell you that you were a critical infrastructure worker or essential employee under the Governor’s executive order?
- Yes
 - No
78. Prior to your illness, were you employed as a health care worker?
- Yes
 - No

Note: Answer questions 79 and 80 if you were employed as a health care worker.

79. What was your occupation? For example, physician, nurse, respiratory therapist
Occupation: _____

80. What was your job setting? Were you working in a...
- Hospital
 - Rehabilitation facility
 - Nursing home or assisted living facility
 - Other long-term care facility
 - Somewhere else. Where was that? _____

Note: Answer questions 81 and 82 if you were NOT employed as a health care worker.

81. Prior to your illness, what kind of work did you do? For example, were you a janitor, cashier, or auto mechanic?

*If you had multiple jobs, please specify your **main** job.

82. What kind of business or industry did you work in? For example, did you work in hospitals, auto manufacturing, or a restaurant?

83. Did you take sick leave during your COVID-19 illness?

- Yes
- No

84. Was **any** of your sick leave paid?

- Yes
- No

85. Prior to your illness, how often did you have adequate equipment to protect yourself from contracting COVID-19 at work? Was it...

- Always
- Often
- Sometimes
- Rarely
- Never

86. Were you afraid or embarrassed to disclose your COVID-19 diagnosis at work?

- Yes
- No

SECTION VI. Demographics

We have just a few more questions for you. The last set of questions asks you to provide some basic information about yourself and will help us understand how COVID-19 impacts different subgroups of people.

87. What race or ethnicity do you consider yourself to be?

In order to compare our findings with other surveys, we also need to ask the following questions which group people according to standardized racial and ethnic categories.

88. Are you of Hispanic, Latino/a, or Spanish origin?

- Yes
- No

89. Are you...

Please select all that apply

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a, or Spanish origin

90. Which one or more of the following would you say is your race?

Please select all that apply

- White
- Black
- American Indian/Alaska Native
- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Another Asian group
- Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Another Pacific Islander group
- Middle Eastern/North African
- Would you say you are any other race? Please specify: _____

91. If you selected American Indian/Alaska Native, are you an enrolled member of a tribe?

- Yes. Which one? _____
- No

92. Are you of Arab, Chaldean, or Assyrian origin?

- Yes. Which one? _____
- No

93. Were you born in the United States or a U.S. territory?

- Yes
- No

94. Do you own your home or rent your home, are you staying with a friend or family member, or do you have another living arrangement?

- Own
- Rent
- Staying with friend or family member
- Other arrangement

95. How many children less than 18 years of age live in your household?

- One or more children. Please specify number: _____
- None

96. Do you have access to the Internet where you are currently staying?

- Yes
- No

97. When you became ill with COVID-19, were you staying where you are currently staying?

- Yes
- No

98. If you were staying in a different place when you became ill with COVID-19, where were you staying when you became ill with COVID-19?

- House/single family home
- Apartment
- Long-term care facility
- Nursing home/assisted living facility
- Acute care inpatient facility
- Rehabilitation facility
- Mobile home
- Group home
- Homeless shelter
- Hotel/motel
- Outside, in a car, or other location
- Correctional facility
- Other. Please specify: _____

99. Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

- Married
- Living with partner in a marriage-like relationship
- Widowed
- Divorced
- Separated
- Never married

100. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)

101. Was your annual household income in 2019 from all sources....

- Less than \$15,000
- \$15,000 - \$24,999

- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 or more

102. On your original birth certificate, was your sex assigned as male or female?

- Male
- Female

103. Do you currently describe yourself as male, female or transgender?

- Male
- Female
- Transgender
- None of these

104. If you selected "none of these", what is your current gender identity?

105. If you selected female in question 102, to your knowledge, are you now pregnant?

- Yes
- No

106. If you selected male in question 102 **and** male in question 103, which of the following best represents how you think of yourself?

- Gay
- Straight, that is, not gay
- Bisexual
- Something else. How do you think of yourself? _____

107. If you did not select male in *both* questions 102 and 103: which of the following best represents how you think of yourself?

- Lesbian or Gay
- Straight, that is, not gay
- Bisexual
- Something else. How do you think of yourself? _____

108. We've reached the end of our survey questions. Is there anything else that concerns you about the impact of COVID-19 on you, your friends, or your family that you'd like to share with us?

Post-Survey

We are offering to email all participants information on accessing health and social resources, such as how the State of Michigan is responding to COVID-19, how to get help with unemployment, and where you could donate plasma. If you are interested in receiving this information, can you please provide your email address?

Would you like us to mail a copy of this information to you?

- Yes
- No

Are you interested in receiving the \$10 gift card?

- Yes
- No

We are letting everyone know that the state of Michigan has mental health resources available for anyone experiencing emotional distress due to the COVID-19 crisis. For more information, visit [Michigan.gov/staywell](https://michigan.gov/staywell) or call 1-888-535-6136 and press 8 to be connected to a free and confidential Michigan Stay Well counselor, available 24/7.

It is possible that we may want to conduct another COVID-19 health survey in the future. We would send you a letter again before the study began. You could always change your mind if you give me permission today to contact you for a follow-up study.

Would it be okay if we contacted you again?

- Yes
- No

Thank you for taking time to complete this survey today. Your experiences with COVID-19 are incredibly valuable and, along with other participants' information, your answers will be used to understand the impact of the COVID-19 pandemic and inform future health response efforts in the state of Michigan. If you need to reach the study coordinator, Nancy Fleischer, for any reason please call 734-764-3644. This number can also be found in the letter you received in the mail.

Thank you again for completing this survey, and please reach out with any questions.