



## NCHA III Fall 2021 COVID-19 Questions

QCOVID1 Have you ever had COVID-19 (the novel coronavirus disease)?

- Yes (1)
- No (6)
- Unsure (7)

(if they select “yes” in QCOVID1)

QCOVID1A How severe were any symptoms that you experienced?

- Severe (e.g., difficulty breathing or speaking, low blood pressure, high fever of 103 F (39.4 C or higher) (1)
- Moderate (e.g., some shortness of breath, cough, fever of 100.4 F (38 C) or higher) (2)
- Mild (e.g., cold-like symptoms) (3)
- No symptoms (asymptomatic) (4)

(if they select “yes” in QCOVID1)

QCOVID1B Were you hospitalized because of your COVID-19 symptoms?

- Yes (1)
- No (2)

(if they select “yes” in QCOVID1)

**QCOVID1C Did you/are you experiencing symptoms that have continued more than 4 weeks after your initial COVID-19 illness, and were not experienced before the illness? Examples include fatigue, brain fog, heart racing, headaches, or worsening mood.**

Yes (1)

No (2)

**QCOVID2 Have you had a loved one, close family member, or friend die due to COVID-19?**

Yes (1)

No (2)

**QCOVID3 Do you have a loved one, close family member, or friend that has been dealing with long term effects (or a long recovery) following a COVID-19 illness?**

Yes (1)

No (2)

**QCOVID5 Please indicate the extent to which you agree or disagree with the following statements: I believe that my campus has done enough to protect students from COVID-19.**

Strongly disagree (1)

Disagree (2)

Neither disagree nor agree (3)

Agree (4)

Strongly agree (5)

QCOVID6A I follow my campus policies related to COVID-19.

- Strongly disagree (1)
- Disagree (2)
- Neither disagree nor agree (3)
- Agree (4)
- Strongly agree (5)
- N/A, my campus does not have policies related to COVID-19 (6)

QCOVID8 I believe that students at my school are taking precautions to protect one another from COVID-19.

- Strongly disagree (1)
- Disagree (2)
- Neither disagree nor agree (3)
- Agree (4)
- Strongly agree (5)

QCOVID13 Over the past 30 days, on average, how much have you been concerned with the following?

	Not concerned at all (1)	Slightly concerned (2)	Moderately concerned (3)	Very concerned (4)	Extremely concerned (5)
How long the COVID-19 pandemic will last (QCOVID13A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(if they select "unsure" or "no" in QCOVID1)					
That you will get COVID-19 (QCOVID13B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(if they select "yes" in QCOVID1)					
That you will get COVID-19 again (QCOVID13C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That someone you care about will get COVID-19 (QCOVID13D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone you care about will die from COVID- 19 (QCOVID13E)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to spend time with people you care about (QCOVID13F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty of the future (QCOVID13G)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note: COVID14 appears after question N3Q54B in the survey

(if they select "Yes" in N3Q54B)

**QCOVID14 If you have received counseling or therapy (either in-person or by telehealth) in the past 12 months, how has your access to mental health care been affected by the COVID-19 pandemic?**

- Much more difficult or limited access (1)
- Somewhat more difficult or limited access (2)
- No significant change in access (3)
- Somewhat less difficult or limited access (4)
- Much less difficult or limited access (5)
- Don't know or not applicable (have not tried to access care since the pandemic began) (6)

**QCOVID15 As a result of the COVID-19 pandemic, have you experienced any discriminatory or hostile behavior due to your race/ethnicity (or what someone thought was your race/ethnicity)?**

- Yes (1)
- No (2)

**QCOVID16 As a result of the COVID-19 pandemic, have you witnessed (online exchanges or in-person) any discriminatory or hostile behavior or exchanges towards others due to their race/ethnicity (or what someone thought was their race/ethnicity)?**

- Yes (1)
- No (2)

**QCOVID17A How has your current financial situation been affected by the COVID-19 pandemic?**

- A lot more stressful (1)
- Somewhat more stressful (2)
- No significant change (3)
- Somewhat less stressful (4)
- A lot less stressful (5)

**QCOVID18A How has your current overall level of stress been impacted by the COVID-19 pandemic?**

- Significantly increased my level of stress (1)
- Somewhat increased my level of stress (2)
- No change in my level of stress (3)
- Somewhat decreased my level of stress (4)
- Significantly decreased my level of stress (5)

**QCOVID19B How would you describe your COVID-19 vaccination status?**

- I have received all the injections required to be fully vaccinated against COVID-19 (1)
- I have started the vaccination process, but need another shot (2)
- I plan to get vaccinated (3)
- I will only get vaccinated if required (4)
- I will not get vaccinated (5)

**(if they select yes in QCOVID1 AND if they select I have received all the injections required to be fully vaccinated against COVID-19 in QCOVID19B)**

**QCOVID23 Did you test positive for COVID-19 after you were fully vaccinated (2 weeks after your second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine)?**

Yes (1)

No (2)

**QCOVID21 Were it not for the COVID-19 pandemic, I would prefer to take most of my classes:**

In-person (1)

Online (2)