

## **Attachment B: Proposed Web Questionnaire Introduction Screen, Telephone Interview Introduction, and RANDS during COVID-19 Questionnaire**

Form Approved  
OMB No. 0920-XXXX  
Exp. Date: XX/XX/XXXX

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### **Proposed Web Questionnaire Introduction Screen**



The National Center for Health Statistics, part of the Centers for Disease Control and Prevention, is conducting a study and we need your help. We are interested in your health and wellness, and will be asking you a series of questions about your health history, behaviors, and opinions. This should take about 20 minutes or less to complete. Participation in this survey is completely voluntary, and you may skip any question(s) you do not want to answer and may quit the survey at any time. You will not receive any monetary reward or incentive for participating in this survey. The information being collected is for research purposes only, and will assist NCHS and CDC in their ongoing efforts to track the health of the American public. Your data will be held confidential, will be used for statistical purposes only, and will not be disclosed or released to other persons without your consent in accordance with Section 308(d) of the Public Health Service Act [42 U.S.C. 242m(d)] and the Confidential Information and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018, Pub. L. No. 115-435, 132 Stat. 5529, § 302)..

If you have any questions about this study, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free at 1-800-223-8118. Please leave a brief message with your name and phone number. Say that you are calling about Protocol #2016-16-XX [**Note: The amendment number will be inserted into the form once NCHS ERB approval has been received**]. Your call will be returned as soon as possible.

Click the “Next” button below to begin.

### **Proposed Phone Interview Introduction**

Introduction and verification of respondent’s name.

Explain why calling

- o We are asking for your help as we construct a health survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.
- o Phone call takes on average 20 minutes to complete.

Share confidentiality, informed consent, and voluntary participation information

- o All information which would permit identification of an individual, a practice, or an establishment will be held confidential, and will be used for statistical purposes only by NCHS staff and agents and will not be disclosed or released to other persons without your consent. If you have any questions about your rights as a participant in this research study, call NCHS' Confidentiality Officer at (888) 642-1459.
- o Participation is voluntary, but will assist greatly in helping further our nation's understanding of health and how we ask the public about public health issues.

**RANDS during COVID-19 Questionnaire**

General health

**PHSTAT**                      **Would you say your health in general is excellent, very good, good, fair, or poor?**

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
77. [Don't Know]
99. [Refused]

**SRHPSYCH**                      **Would you say your mental health is excellent, very good, good, fair, or poor?**

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
77. [Don't Know]
99. [Refused]

**PROBE\_SRH**                      **When you said your health in general was [FILL: PHSTAT], which of the following, if any, were you thinking about?**

1. Your diet and nutrition
2. Your exercise habits
3. Your smoking or drinking habits
4. Your health problems or conditions
5. Your *lack of* health problems or conditions
6. The amount of pain that you have
7. Your ability to do daily activities without assistance

- 8. The amount of sleep you get
- 9. Your mental or emotional health
- 10. The Coronavirus or COVID-19 pandemic
- 11. Something else, please specify
- 77. [Don't Know]
- 99. [Refused]

WG Anxiety and Depression

**ANXFREQ**                    **How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?**

- 1. Daily
- 2. Weekly
- 3. Monthly
- 4. A few times a year
- 5. Never
- 77. [Don't Know]
- 99. [Refused]

**ANXMED**                    **Do you take prescription medication for these feelings?**

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

*[SKIP: If ANXMED = c(1,RF,DK), goto ANXLEVEL; ELSE if ANXMED = 2 AND if ANXFREQ = 5, goto DEPFREQ; ELSE if ANXMED =2 AND if ANXFREQ = c(1-4, RF, DK), goto ANXLEVEL]*

**ANXLEVEL**                    **Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? [IF MODE=PHONE, READ: Would you say a little, a lot, or somewhere in between?]**

- 1. A little
- 2. A lot
- 3. Somewhere in between a little and a lot
- 77. [Don't Know]
- 99. [Refused]

**[DOV\_ANX]**                    **If ANXFREQ == 4 or ANXFREQ==5, DOV\_ANX=1;**  
**If ANXFREQ==1, 2, or 3 AND ANXLEVEL==1, DOV\_ANX=2;**  
**If ANXFREQ==2, or 3 AND ANXLEVEL==3, DOV\_ANX=2;**  
**If ANXFREQ==3 AND ANXLEVEL==2, DOV\_ANX=2**  
**If ANXFREQ==1 AND ANXLEVEL==3, DOV\_ANX=3**  
**If ANXFREQ==2 AND ANXLEVEL==2, DOV\_ANX=3;**  
**If ANXFREQ==1 AND ANXLEVEL==2, DOV\_ANX=4;**  
**If ANXFREQ==99 OR ANXLEVEL==99, DOV\_ANX=99**

1.  
2.  
3.  
4.  
99. [Refused]

**DEPFREQ**                    **How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?**

1. Daily  
2. Weekly  
3. Monthly  
4. A few times a year  
5. Never  
77. [Don't Know]  
99. [Refused]

**DEPMED**                    **Do you take prescription medication for depression?**

1. Yes  
2. No  
77. [Don't Know]  
99. [Refused]

*[SKIP: If DEPMED = c(1,RF,DK), goto DEPLEVEL; ELSE if DEPMED = 2 AND if DEPFREQ = 5, goto PHQ1; ELSE if DEPMED = 2 AND if DEPFREQ = c(1-4, RF, DK), goto DEPLEVEL]*

**DEPLEVEL**                    **Thinking about the last time you felt depressed, how depressed did you feel? [IF MODE=PHONE, READ: Would you say a little, a lot, or somewhere in between?]**

1. A little  
2. A lot

- 3. Somewhere in between a little and a lot
- 77. [Don't Know]
- 99. [Refused]

**[DOV\_DEP]**

*If DEPFREQ == 4 or DEPFREQ ==5, DOV\_DEP=1;  
 If DEPFREQ==1, 2, or 3 AND DEPLEVEL==1, DOV\_DEP=2;  
 If DEPFREQ==2, or 3 AND DEPLEVEL==3, DOV\_DEP=2;  
 If DEPFREQ==3 AND DEPLEVEL==2, DOV\_DEP=2  
 If DEPFREQ==1 AND DEPLEVEL==3, DOV\_DEP=3  
 If DEPFREQ==2 AND DEPLEVEL==2, DOV\_DEP=3;  
 If DEPFREQ==1 AND DEPLEVEL==2, DOV\_DEP=4;  
 If DEPFREQ==99 OR DEPLEVEL==99, DOV\_DEP=99*

- 1.
- 2.
- 3.
- 4.
- 99. [Refused]

Chronic Conditions

**CHRON\_INTRO**

**[If Mode=Phone, read: Now I'm going to ask you about certain medical conditions]**

**[If Mode=Web, display: The next few questions are about medical conditions you may have been told you had.**

**Have you ever been told by a doctor or other health professional that you had...]**

**HYPEV**

**[If Mode=Phone, read: Have you ever been told by a doctor or other health professional that you had] Hypertension, also called high blood pressure?**

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**CHLEV**

**[If Mode=Phone, read: Have you ever been told by a doctor or other**

**health professional that you had] High cholesterol?**

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**CHDEV**

**[If Mode=Phone, read: Have you ever been told by a doctor or other health professional that you had] Coronary heart disease?**

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**ASEV**

**[If Mode=Phone, read if necessary: Have you ever been told by a doctor or other health professional that you had] Asthma?**

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

*[SKIP: IF ASEV==1, CONTINUE; Else if ASEV==c(2,DK, R), SKIP TO COPDEV]*

**ASTILL**

**Do you still have asthma?**

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**COPDEV**

**[If Mode=Phone, read if necessary: Have you ever been told by a doctor or other health professional that you had] Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis?**

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**PREDIB** [If Mode=Phone, read if necessary: Have you ever been told by a doctor or other health professional that you had] Prediabetes or borderline diabetes?

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

*[SKIP: If GENDER=Female, continue to GESDIB; if GENDER!=Female, skip to DIBEV]*

**DIBEV** [IF PREDIB=1 or GESDIB=1, fill: Not including prediabetes or gestational diabetes] [If Mode=Phone, read: Have you ever been told by a doctor or other health professional that you had] Diabetes?

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**CANEV** [If Mode=Phone, read: Have you ever been told by a doctor or other health professional that you had] Cancer or a malignancy of any kind?

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**AUTOIM** Do you currently have a health condition that a doctor or other health professional told you weakens the immune system, making it easier for you to get sick?

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**PROBE\_AUTOEV**    **What is this condition?**

- 1.    [Open]
- 77.   [Don't Know]
- 99.   [Refused]

**CIGINTRO**            **These next questions are about cigarette smoking**

**SMKEV**                **Have you smoked at least 100 cigarettes in your entire life?**

- 1.    Yes
- 2.    No
- 77.   [Don't Know]
- 99.   [Refused]

**SMNOW**                **Do you now smoke cigarettes every day, some days or not at all?**

- 1.    Every day
- 2.    Some days
- 3.    Not at all
- 77.   [Don't Know]
- 99.   [Refused]

**ECIGNOW**            **Do you now vape or use e-cigarettes every day, some days or not at all?**

- 1.    Every day
- 2.    Some days
- 3.    Not at all
- 77.   [Don't Know]
- 99.   [Refused]

Employment and Benefits

**EMPLASTWK**        **Last week, did you work for pay at a job or business?**

- 1.    Yes
- 2.    No



- 77. [Don't Know]
- 99. [Refused]

*[SKIP: If EMPLASTWK==1, R, DK, CONTINUE to SICKLEAVE; Else, SKIP to EMPRSNOWK]*

*[SKIP: If EMPLASTWK==2, CONTINUE TO EMPRSNOWK; Else SKIP to COVID\_WRKPREV]*

*[IF EMPRSNOWK==1, 4, 5, or 8, CONTINUE TO COVID\_NOWK; Else, SKIP to COVID\_WRKPREV]*

- COVID\_NOWK**      **Were you unable to work because you or a family member was sick with the Coronavirus?**
- 1. Yes
  - 2. No
  - 77. [Don't Know]
  - 99. [Refused]

Insurance

- HICOV**              **Are you covered by any kind of health insurance or some other kind of health care plan?**
- 1. Yes
  - 2. No
  - 77. [Don't Know]
  - 99. [Refused]

- COVID\_INS**        **Did you lose health insurance coverage at any point in the last two months?**
- 1. Yes
  - 2. No
  - 77. [Don't Know]
  - 99. [Refused]

Access to care and regular health provider (e.g. telemedicine)

**COVID\_CARE**      **At any time in the last 4 weeks, did you need medical care for something other than Coronavirus, but not get it because of the Coronavirus pandemic?**

- 1. Yes
- 2. No
- 77. [Don't Know]
- 99. [Refused]

**USUALPL**            **Is there a place that you usually go to if you are sick and need health care?**

- 1. Yes
- 2. No, there is no place
- 3. There is more than one place
- 77. [Don't Know]
- 99. [Refused]

*[SKIP: If USUALPL==1, 3, R, DK, CONTINUE to USPkind; Else if USUALPL==2, SKIP to NOCARTYP]*

**USPLKIND**            **What kind of place [FILL: USUALPL==1 "is it?"; USUALPL== 3, R, DK "do you go most often?"] [If Mode=Phone, READ: "A doctor's office or health center; an urgent care center, a clinic in a drug store or grocery store; a hospital emergency room; a VA Medical Center or VA outpatient clinic; or some other place?"]**

- 1. Doctor's office or health center
- 2. Urgent care center
- 3. Clinic in a drug store or grocery store
- 4. Hospital emergency room
- 5. VA Medical Center or VA outpatient clinic
- 6. Some other place, please specify
- 77. [Don't Know]
- 99. [Refused]

**TELMED**            **In the last two months, has this provider offered you an appointment with a doctor, nurse, or other health professional by**

**video or by phone?**

- 1. Yes
- 2. No
- 77. Don't Know
- 99. [Refused]

*[SKIP: If TELEMED=1, CONTINUE; Else, SKIP to NOCARTYP]*

**TELEMEDUSE**      **In the last two months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?**

- 1. Yes
- 2. No
- 77. Don't Know
- 99. [Refused]

**TELMEDNEW**      **Did this provider offer you an appointment with a doctor, nurse, or other health professional by video or by phone before the Coronavirus pandemic?**

- 1. Yes
- 2. No
- 77. Don't Know
- 99. [Refused]

**NOCARTYP**      **In the last two months, were you unable to get any of the following types of care for any reason?**

- 1. Urgent Care for an Accident or Illness
- 2. A Surgical Procedure
- 3. Diagnostic or Medical Screening Test
- 4. Treatment for Ongoing Condition
- 5. A Regular Check-up
- 6. Prescription drugs or medications
- 7. Dental Care
- 77. [Don't Know]
- 99. [Refused]

*[SKIP: For each type selected in NOCARTYP, DISPLAY/READ COVIDNOCAR; If no types selected in NOCARTYP, SKIP to SYMPTOMS]*

**COVIDNOCAR** [FILL: “Regarding your NOCARTYP”] Were you unable able to get this because of the Coronavirus pandemic?

1. Yes, because of the pandemic
2. No, not because of the pandemic
77. [Don’t Know]
99. [Refused]

**NOCARDIR** [FILL: “Regarding your NOCARTYP”] Did your medical provider make this decision or did you?

1. You decided
2. The provider decided
3. Both have occurred
77. [Don’t Know]
99. [Refused]

*[SKIP: IF NOCARDIR== 1, 3, DK, R CONTINUE to NOCARWHYMD; Else SKIP]*

**NOCARWHYMD** What reasons were you given for this decision? Select all that apply

1. Medical office was closed
2. Priority was given to other types of appointments
3. Medical office reduced available appointments
4. No reason was given
5. Something else, please specify
77. [Don’t Know]
99. [Refused]

*[SKIP: IF NOCARDIR==2, 3, DK, R, CONTINUE TO NOCARWHYR; Else SKIP to CV19DIAG]*

**NOCARWHYR** What reasons did you have for your decision? Select all that apply

1. The cost of the care
2. No access to transportation
3. Childcare or eldercare responsibilities
4. Did not want to leave your house
5. Did not want to risk being at a medical facility
6. Something else, please specify
77. [Don’t Know]
99. [Refused]

Covid-19 Health

- COVIDEV**            **Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19? Coronavirus**
- 1.    Yes
  - 2.    No
  - 77.   [Don't Know]
  - 99.   [Refused]

*[IF PRE\_NHISTEST==1, Continue to NHIS\_TEST; Else, if PRE\_NHISTEST==2, Skip to ALT\_NHISTEST1]*

- NHIS\_TEST**            **Have you ever been tested for Coronavirus or COVID-19?**
- 1.    Yes
  - 2.    No
  - 77.   [Don't Know]
  - 99.   [Refused]

*[SKIP: IF NHIS\_TEST==1, CONTINUE TO PROBE\_TESTTYPE; Else SKIP to SUSPECT]*

- PROBE\_TESTTYP**        **What kind of Coronavirus test did you receive? Please select all that apply**
- 1.    A test to determine if you were infected with the Coronavirus at the time of the test
  - 2.    An antibody test to determine if you had the Coronavirus in the past
  - 3.    Something else, please specify
  - 77.   [Don't Know]
  - 99.   [Refused]

- ALT\_NHISTEST1**        **Have you ever had a test to determine if you were infected with Coronavirus or COVID-19 at the time of the test ?**
- 1.    Yes
  - 2.    No
  - 77.   [Don't Know]
  - 99.   [Refused]

**ALT\_NHISTEST2**      **Have you ever had an antibody test to determine if you had Coronavirus or COVID-19 in the past?**

- 1.    Yes
- 2.    No
- 77.   [Don't Know]
- 99.   [Refused]

**NHIS\_RSLT**            **Did the test find that you had Coronavirus or COVID-19?**

- 1.    Yes
- 2.    No
- 3.    Did not receive results
- 77.   Don't Know
- 99.   [Refused]

*[SKIP: IF NHIS\_RSLT == c(3,77), CONTINUE to PROBE\_RSLT; Else if NHIS\_RSLT ==c(2, DK, R), SKIP to SUSPECT; Else if NHIS\_RSLT=1, SKIP to COVIDSEEK]*

**PROBE\_RSLT**            **Were you not told the results, are you still waiting on the results, or do you not remember the results of the test?**

- 1.    Not told results
- 2.    Still waiting on results
- 3.    Do not remember results
- 77.   [Don't Know]
- 99.   [Refused]

*[SKIP: If NHIS\_RSLT=1, SKIP to COVIDCAR]*

**SUSPECT**                **Do you suspect that you have ever had the Coronavirus or Covid-19?**

- 1.    Yes
- 2.    No
- 77.   Don't Know
- 99.   [Refused]

**PROBE\_SUSPECT**        **Why do believe this?**

- 1.    [OPEN TEXT]
- 77.   [Don't Know]

99. [Refused]

*[SKIP: IF CV19DIAG==1 OR RESULTS==1 OR SUSPECT==1, READ/DISPLAY COVIDSEEK; Else Skip to QUARANTINE]*

**COVIDSEEK Did you seek medical care for Coronavirus or Covid-19?**

1. Yes
2. No
77. [Don't Know]
99. [Refused]

*[If COVIDCAR==2, CONTINUE to COVIDCARNO; Else SKIP to SYMPTOMS]*

**COVIDCARNO Why did you not seek this medical care?**

1. Too expensive
2. Not available
3. Symptoms were not severe enough
4. Something else, please specify
77. [Don't Know]
99. [Refused]

**QUARANTINE Have you isolated or quarantined yourself because of the Coronavirus?**

1. Yes
2. No
77. [Don't Know]
99. [Refused]

*[If PRE\_QUAR==1, Continue to PROBE\_QUAR1; Else if PRE\_QUAR==2, Skip to PROBE\_QUAR2]*

**PROBE\_QUAR1 When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following if any were you thinking about?**

1. Staying inside your house and not leaving at all
2. Staying in one room in your house as much as possible

- 3. Limiting interactions with members of your household as much as possible
- 4. Limiting interactions with people outside your household as much as possible
- 5. Leaving your house for essential purposes only, such as grocery shopping, healthcare appointments, and exercise
- 6. Staying six feet away from other people as much as possible
- 7. Something else, please specify
- 77. [Don't Know]
- 99. [Refused]

**PROBE\_QUAR2**      **When answering the previous question about isolating or quarantining because of the Coronavirus, what were you thinking about?**

- 1. [Open]
- 77. [Don't Know]
- 99. [Refused]

Preventative Covid Health Behaviors

**PREVFREQ**      **In the last two months, have you done the following more, about the same, or less than before?**

- 1. Washed your hands for 20 seconds with soap and water
- 2. Used hand sanitizer
- 3. Coughed or sneezed into a tissue or sleeve
- 4. Cleaned or sterilized commonly-touched surfaces, such as door knobs
- 5. Avoided contact with sick people
- 6. Kept a six-foot distance between yourself and people outside your household
- 7. Avoided gathering with groups of 10 or more people
- 8. Stayed at home except for essential purposes, such medical appointments, grocery shopping, or exercise
- 77. [Don't Know]
- 99. [Refused]

Disruption and Access to Non-Covid Health Care



**DISR\_MED**                    **At any point since the Coronavirus pandemic began, have you been able, unable, or have not needed...**

**To get medications?**

- 1. Able
- 2. Unable
- 3. Have not needed
- 77. [Don't Know]
- 99. [Refused]

**DISR\_DOC**                    **At any point since the Coronavirus pandemic began, have you been able, unable, or have not needed...**

**To get a doctor's appointment or some other kind of healthcare?**

- 1. Able
- 2. Unable
- 3. Have not needed
- 77. [Don't Know]
- 99. [Refused]

**FEEL\_ANX**                    **Since the Coronavirus pandemic began, have you felt more stressed or anxious, less stressed or anxious, or about the same?**

- 1. More stressed or anxious
- 2. Less stressed or anxious
- 3. About the same
- 77. [Don't Know]
- 99. [Refused]

**FEEL\_DEP**                    **Since the Coronavirus pandemic began, have you felt more lonely or sad, less lonely or sad, or about the same?**

- 1. More lonely or sad
- 2. Less lonely or sad
- 3. About the same

- 77. [Don't Know]
- 99. [Refused]

FEEL\_SOC

**Since the Coronavirus pandemic began, have you felt more socially connected to family or friends, less socially connected to family or friends, or about the same?**

- 1. More socially connected
- 2. Less socially connected
- 3. About the same
- 77. [Don't Know]
- 99. [Refused]

Affect Redux

GADPHQ\_INTRO

**[If Mode=PHONE, read: Finally, I'm going to ask you about how often you may have felt some things over the last 2 week.]**

**[If Mode=Web, display: The next questions are about how often you may have felt some things over the last 2 weeks.**

**Over the last 2 weeks, how often have you:]**

GAD71

**[If Mode=Phone, read: Over the last 2 weeks, how often have you been bothered by any of the following problems?] Feeling nervous, anxious, or on edge. [If Mode=Phone, read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?]**

- 1. Not at all
- 2. Several days
- 3. More than half the days
- 4. Nearly every day
- 77. [Don't Know]
- 99. [Refused]

GAD72

**[If Mode=Phone, read: Over the last 2 weeks, how often have you been bothered by any of the following problems?] Not being able to stop or control worrying. [If Mode=Phone, read if necessary: Would**

**you say not at all, several days, more than half the days, or nearly every day?]**

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
77. [Don't Know]
99. [Refused]

**DOV\_GAD**

**[Create DOV] For GAD71 and GAD72, "Not at all"=0, "Several..."=1, "More than half..."=2, "Nearly every..."=3. If  $sum(GAD71 \text{ and } GAD72) \geq 3$ , DOV\_GAD=1, else DOV\_PHQ=0**

- 0.
- 1.

**PHQ81**

**[If Mode=Phone, read: Over the last 2 weeks, how often have you been bothered by any of the following problems?] Little interest or pleasure in doing things [If Mode=Phone, read: Would you say not at all, several days, more than half the days, or nearly every day?]**

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
77. [Don't Know]
99. [Refused]

**PHQ82**

**[If Mode=Phone, read: Over the last 2 weeks, how often have you been bothered by any of the following problems?] Feeling down, depressed, or hopeless. [If Mode=Phone, read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?]**

1. Not at all
2. Several days
3. More than half the days
4. Nearly every day
77. [Don't Know]
99. [Refused]

**DOV\_PHQ**

*[Create DOV] For PHQ81 and PHQ82, “Not at all”=0, “Several...”=1, “More than half...”=2, “Nearly every...”=3. If sum(PHQ81 and PHQ82)>=3, DOV\_PHQ=1, else DOV\_PHQ=0*

- 0.
- 1.

*[SKIP: If DOV\_ANX==2, 3, or 4 OR DOV\_GAD==1, Display PROBE\_ANX; Else SKIP]*

**PROBE\_ANX**

**Which of the following statements, if any, describe any of your feelings of being nervous or anxious?**

- 1. Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing
- 2. These are positive feelings that help me to accomplish goals and be productive.
- 3. The feelings sometimes interfere with my life, and I wish that I did not have them.
- 4. Feeling that way is normal, and everyone feels that way sometimes
- 5. I have been told by a medical professional that I have anxiety.
- 6. I have these feelings because of the Coronavirus pandemic
- 77. [Don't Know]
- 99. [Refused]

*[SKIP: If DOV\_DEP==2, 3, or 4 OR DOV\_PHQ==1, Display PROBE\_DEP; Else SKIP]*

**PROBE\_DEP**

**Which of the following statements, if any, describe any of your feelings of being sad or depressed?**

- 1. Sometimes the feelings can be so intense that I cannot get out of bed.
- 2. The feelings sometimes interfere with my life, and I wish that I did not have them.
- 3. I get over the feelings quickly.
- 4. Feeling that way is normal, and everyone feels that way sometimes.
- 5. I have been told by a medical professional that I have depression.
- 6. I have these feelings because of the Coronavirus pandemic
- 77. [Don't Know]
- 99. [Refused]

**PROBE\_RPEPI**

**When do you think the Coronavirus pandemic began? Your best guess is fine.**

- 1. [Open]

- 77. Don't Know
- 99. [Refused]

**PROBE\_RPAFFECT**      **When did the Coronavirus pandemic first affect your daily life? Your best guess is fine.**

- 1. [Open]
- 77. Don't Know
- 99. [Refused]

**PROBE\_PANDEMIC**      **Why do you say that?**

- 1. [Open]
- 77. Don't Know
- 99. [Refused]

**PROBE\_WAYS**      **List the ways that the Coronavirus pandemic has affected your life.**

- 1. [Open]
- 77. Don't Know
- 99. [Refused]