# MCBS Fall 2020 COVID-19 Rapid Response Supplement: Community Questionnaire

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## MCBS Fall 2020 COVID-19 Rapid Response Supplement Community Questionnaire

| **Var Name** | **Question Text/Description** | **Response Options** | **Routing** |
| --- | --- | --- | --- |
| LANGUAGE | PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW. | (01) ENGLISH (02) SPANISH | NEXT QUESTION |
| INTROQ | Thank you for agreeing to participate in this short survey about [your/RESPONDENT’S NAME] experiences during the coronavirus pandemic, also known as COVID-19 or SARS-CoV-2.  | (01) CONTINUE | NEXT QUESTION |
| ATDOOR | All survey information will be kept private to the extent permitted by law, as prescribed by the Privacy Act of 1974.Medicare benefits will not be affected in any way by survey responses or participation. | (01) CONTINUE | NEXT QUESTION |
| SPVERNAM | VERIFY THE SP’S NAME. IS THE SP’S NAME CORRECT AND COMPLETE?FIRST NAME: [FIRST\_NAME]MIDDLE INITIAL: [MIDDLE\_NAME]LAST NAME: [LAST\_NAME] | (01) YES(02) NO | (01) SPSTATUS(02) SPCORNAM |
| *SPCORNAM* | MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME.**SPFNAME**. FIRST NAME:**SPMIDIN**. MIDDLE INITIAL:**SPLNAME**. LAST NAME: | (01) CONTINUE | SPSTATUS |
| SPSTATUS | PLEASE INDICATE THE RESPONDENT’S CURRENT STATUS. IF THE CASE IS A PROXY INTERVIEW AND YOU HAVEN’T TALKED ABOUT THE RESPONDENT’S VITAL STATUS, PROBE AT THIS TIME ABOUT WHETHER THE RESPONDENT IS ALIVE OR DECEASED AND WHERE THE RESPONDENT IS LOCATED.IS THE RESPONDENT CURRENTLY: | 1. ALIVE AND NOT INSTITUTIONALIZED
2. ALIVE AND INSTITUTIONALIZED
3. DECEASED – DIED IN COMMUNITY
4. DECEASED – DIED IN INSTITUTION/FACILITY
 | 1. SPPROXIN
2. INTHANK
3. INTHANK
4. INTHANK
 |
| INTHANK | THIS CASE IS NOT ELIGIBLE FOR THE MCBS CORONAVIRUS SURVEY.THANK THE RESPONDENT THEN PRESS NEXT. ONCE YOU SYNC NORC SUITE THE CASE WILL BE CODED WITH THE APPROPRIATE INELIGIBLE DISPOSITION. |  |  |
| SPPROXIN | WILL THIS INTERVIEW BE CONDUCTED WITH THE SAMPLE PERSON OR WITH A PROXY? | (01) SAMPLE PERSON(02) PROXY | (01) HLTHINT(02) SPRELATE |
| SPRELATE | [What is the relationship to (SP)?] | (02) SPOUSE(03) SON(04) DAUGHTER(05) BROTHER(06) SISTER(07) FATHER(08) MOTHER(09) SON-IN-LAW(10) DAUGHTER-IN-LAW(11) GRANDSON(12) GRANDDAUGHTER(13) NEPHEW(14) NIECE(51) FRIEND/NEIGHBOR(52) BOARDER(53) NURSE/NURSE'S AIDE(54) LEGAL/FINANCIAL OFFICER(55) GUARDIAN(56) PARTNER(57) ROOMMATE (91) OTHER (-8) DON'T KNOW(-7) REFUSED | NEXT QUESTION |
| PROXYWHY | WHAT IS THE MAIN REASON THAT A PROXY RESPONDENT IS NECESSARY? | (01) SP NOT CAPABLE PHYSICALLY/SICK/BLIND/CAN’T SPEAK/HEAR(02) SP NOT CAPABLE MENTALLY/POOR MEMORY/PSYCHIATRIC DISORDER(03) SP UNABLE TO PROVIDE INFORMATION REGARDING MEDICAL RECORDS(04) SP IN HOSPITAL (05) LANGUAGE PROBLEM (08) SP NOT AVAILABLE THIS ROUND (09) AUTHORIZED PROXY MUST ANSWER QUESTIONS FOR SP (91) OTHER | HLTHINT |
| HLTHINT | The first set of questions are about [your/SP’s] experiences using health care services. | 1. CONTINUE
 | NEXT QUESTION |
| PLACPART | Is there a particular doctor or other health professional, or a clinic [you/(SP)] usually [go/goes] to when [you are/he is/she is] are sick or for advice about [your/SP’s] health? | (01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED | (01) PLACKIND(02) COMPUTER(-8) COMPUTER(-7) COMPUTER |
| PLACKIND | What kind of place [do you/does (SP)] usually go to when [you are/he is/she is] sick or for advice about [your/his/her] health -- is that a managed care plan or HMO center, a clinic, a doctor or other health professional's office, a hospital, or some other place? IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic? CODE BASED ON THE RESPONSE R GIVES: | (01) DOCTOR'S OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) COMPANY CLINIC(08) OTHER CLINIC (09) WALK-IN URGENT CENTER (10) DOCTOR COMES TO SP'S HOME (11) HOSPITAL EMERGENCY ROOM (12) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (13) VA FACILITY (14) MENTAL HEALTH CENTER(91) OTHER (-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| TELMED | Does [your/(SP)’s] usual provider offer telephone or video appointments, so that [you don’t/he/she doesn’t] need to physically visit their office or facility?[IF NEEDED: Did [your/(SP)’s] provider offer to talk to [you/him/her] about [your/his/her] symptoms over the phone or video so that [you/he/she] wouldn’t have to visit their office or facility?][IF NEEDED: Telephone appointments may include “audio-only” appointments.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) COMPUTER(-8) COMPUTER(-7) COMPUTER |
| TELMEDT1 | Do they offer telephone appointments, video appointments, or both?FOR “AUDIO-ONLY” APPOINTMENTS, SELECT “TELEPHONE”. | (01) TELEPHONE(02) VIDEO(03) BOTH(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| TELMEDBE | Did [your/(SP)’s] usual provider offer telephone or video appointments **before the coronavirus pandemic**?[IF NEEDED: Telephone appointments may include “audio-only” appointments.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) TELMEDDU(-8) TELMEDDU(-7) TELMEDDU |
| TELMEDT2 | Did they offer telephone appointments, video appointments, or both?FOR “AUDIO-ONLY” APPOINTMENTS, SELECT “TELEPHONE”. | (01) TELEPHONE(02) VIDEO(03) BOTH(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| TELMEDDU | Since July 1,2020, did [your/(SP)’s] usual provider offer [you/him/her] a telephone or video appointment to replace a regularly scheduled appointment?[IF NEEDED: Telephone appointments may include “audio-only” appointments.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) TELMEDUS(-8) TELMEDUS(-7) TELMEDUS |
| TELMEDT3 | Did they offer telephone appointments, video appointments, or both?FOR “AUDIO-ONLY” APPOINTMENTS, SELECT “TELEPHONE”. | (01) TELEPHONE(02) VIDEO(03) BOTH(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| TELMEDUS | Since July 1, 2020, [have you/has (SP)] had an appointment with a doctor or other health professional by telephone or video?[IF NEEDED: Telephone appointments may include “audio-only” appointments.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) COMPUTER(-8) COMPUTER(-7) COMPUTER |
| TELMEDT4 | Was it a telephone appointment, video appointment, or both?FOR “AUDIO-ONLY” APPOINTMENTS, SELECT “TELEPHONE”. | (01) TELEPHONE(02) VIDEO(03) BOTH(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| *COMPUTER* | The next questions ask about use of the internet.[Do you/Does (SP)] own or use any of the following types of computers? Please tell me yes or no for each item I list.**COMPDESK.** Desktop or laptop **COMPPHON.** Smartphone **COMPTAB.** Tablet or other portable wireless computer  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| INTERNET | [Do you/ Does (SP)] have access to the internet? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| AUDIOVID | Since July 1, 2020, [have you/has (SP)] participated in video or voice calls or conferencing over the internet, such as with Zoom, Skype, or FaceTime?  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| COVIDCAR | Now I’d like to ask about care [you were/(SP) was] unable to get because of the coronavirus pandemic.Since July 1, 2020, did [you/(SP)] need medical care for something other than coronavirus, **but not get** it because of the coronavirus pandemic?[IF NEEDED: [Have you/Has (SP)] had any medical appointments rescheduled since July 1, 2020 because of the coronavirus pandemic? Or, [have you/has he/has she] needed a medical appointment but [were/was] unable to schedule one because of the coronavirus pandemic?] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NOCARTY1(02) AUTOINT(-8) AUTOINT(-7) AUTOINT |
| *NOCARTY1* | Since July 1, 2020, [were you/was (SP)] unable to get any of the following types of care because of the coronavirus pandemic? [IF NEEDED: Please include preventative tests like mammograms and colonoscopies as “Diagnostic or Medical Screening Test”]READ EACH ITEM AND RECORD YES/NO RESPONSE:**TYPURGNT.** Urgent Care for an Accident or Illness **TYPSURGE.** A Surgical Procedure **TYPDIAGN.** Diagnostic or Medical Screening Test **TYPTREAT.** Treatment for an Ongoing Condition **TYPCHKUP.** A Regular Check-up | (01) YES(02) NO(03) NOT APPLICABLE(-8) DON’T KNOW (-7) REFUSED | NEXT QUESTION |
| *NOCARTY2* | [Since July 1, 2020, [were you/was (SP)] unable to get any of the following types of care because of the coronavirus pandemic?] READ EACH ITEM AND RECORD YES/NO RESPONSE:**TYPDRUGS.** Prescription drugs or medications **TYPDENTA.** Dental Care **TYPVISIO.** Vision Care **TYPHEAR**. Hearing Care  | (01) YES(02) NO(03) NOT APPLICABLE(-8) DON’T KNOW (-7) REFUSED  | FOR EACH TYPE OF CARE SELECTED AT NOCARTY1 AND NOCARTY2, ASK *NOCARDIR*AND THE APPLICABLE FOLLOW-UP:IF YES SELECTED FOR ANY ITEMS, GO TO NOCARDIR.IF NO TYPES SELECTED AT NOCARTY1 AND NOCARTY2, SKIP TO AUTOINT. |
| *NOCARDIR***DIRURGNT****DIRSURGE****DIRDIAGN****DIRTREAT****DIRCHKUP****DIRDRUGS****DIRDENTA****DIRVISIO****DIRHEAR** | Regarding [your/(SP)’s] [NOCARTY1/NOCARTY2], did [your/his/her] medical provider make this decision or did [you/he/she]?  [IF NEEDED: If [you/(SP)] had contact with [your/his/her] medical provider about re-scheduling or canceling an appointment for care, but they gave [you/him/her] the option to keep [your/his/her] originally-scheduled appointment, please answer that [you/he/she] decided not to get care.] | (01) PROVIDER DECIDED(02) R DECIDED (03) BOTH(-8) DON’T KNOW (-7) REFUSED | (01) REASONMD(02) NOCARYR (03) REASONMD(-8) AUTOINT(-7) AUTOINT |
| *REASONMD***RSNURGNT****RSNSURGE****RSNDIAGN****RSNTREAT****RSNCHKUP****RSNDRUGS****RSNDENTA****RSNVISIO****RSNHEAR** | Did [your/(SP)’s] medical provider give [you/him/her] a reason why they needed to reschedule? | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | (01) NOCARYMD(02), (-8), (-7):IF NOCARDIR= “BOTH” GO TO NOCARYR.ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTY1 OR NOCARTY2, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.ELSE, GO TO AUTOINT. |
| *NOCARYMD* | What reasons [were you/was (SP)] given by [your/his/her] provider for this decision regarding [ITEM SELECTED AT *NOCARTY1* OR *NOCARTY2*]? READ EACH ITEM AND RECORD YES/NO RESPONSE:1. Was the medical office closed?

**CLSURGNT****CLSSURGE****CLSDIAGN****CLSTREAT****CLSCHKUP****CLSDRUGS****CLSDENTA****CLSVISIO****CLSHEAR**1. Was priority given to other types of appointments?

**PRIURGNT****PRISURGE****PRIDIAGN****PRITREAT****PRICHKUP****PRIDRUGS****PRIDENTA****PRIVISIO****PRIHEAR**1. Did the medical office reduce available appointments?

**REDURGNT****REDSURGE****REDDIAGN****REDTREAT****REDCHKUP****REDDRUGS****REDDENTA****REDVISIO****REDHEAR**(04) Was there some other reason? **OMDURGNT****OMDSURGE****OMDDIAGN** **OMDTREAT****OMDCHKUP****OMDDRUGS****OMDDENTA****OMDVISIO****OMDHEAR** | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | IF NOCARDIR= “BOTH” GO TO NOCARYR.ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTY1 OR NOCARTY2, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.ELSE, GO TO AUTOINT. |
| *NOCARYR* | What reasons did [you/(SP)] have for [your/his/her] decision regarding [ITEM SELECTED AT *NOCARTY1* OR *NOCARTY2*]? READ EACH ITEM AND RECORD YES/NO RESPONSE:1. Did [you/he/she] have no access to transportation?

**TRAURGNT****TRASURGE****TRADIAGN****TRATREAT****TRACHKUP****TRADRUGS****TRADENTA****TRAVISIO****TRAHEAR**1. Did [you/he/she] not want to leave [your/his/her] house?

**HOUURGNT****HOUSURGE****HOUDIAGN****HOUTREAT****HOUCHKUP****HOUDRUGS****HOUDENTA****HOUVISIO****HOUHEAR**1. Did [you/he/she] not want to risk being at a medical facility?

**RSKURGNT****RSKSURGE****RSKDIAGN****RSKTREAT****RSKCHKUP****RSKDRUGS****RSKDENTA****RSKVISIO****RSKHEAR**1. Was there some other reason?

**OYRURGNT****OYRSURGE****OYRDIAGN****OYRTREAT****OYRCHKUP****OYRDRUGS****OYRDENTA****OYRVISIO****OYRHEAR** | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | IF MORE THAN ONE TYPE OF CARE WAS SELECTED AT NOCARTY1 OR NOCARTY2, GO TO NOCARDIR AND ASK ABOUT NEXT TYPE. OTHERWISE, GO TO AUTOINT. |
| AUTOINT | The next questions are about health conditions [you/(SP)] may have. | (01) CONTINUE | NEXT QUESTION |
| AUTOIMRX | Since July 1, 2020, [have you/has (SP)] taken prescription medication or had any medical treatments that a doctor or other health professional told [you/him/her] would weaken [your/his/her] immune system? | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | NEXT QUESTION |
| AUTOCND | [Do you/Does (SP)] currently have a health condition that a doctor or other health professional told [you/him/her] weakens the immune system? | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | NEXT QUESTION |
| COVIDINT | Now I want to ask you some questions about the recent coronavirus pandemic, also known as COVID-19 or SARS-CoV-2. | CONTINUE | BOX B |
| BOX B | IF P\_PRIORCOVID=YES THEN GO TO ANTBDTST. ELSE GO TO SUSPECT. |  |  |
| SUSPECT | Since July 1, 2020, [have you/has (SP)] suspected that [you have/he has/she has] had the coronavirus or COVID-19? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) COVIDEV(-8) COVIDEV(-7) COVIDEV |
| *SUSPECTY* | What symptoms did [you/(SP)] have that made [you/him/her/they] suspect [you/he/she] had the coronavirus?INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT. | 1. **SUSFEVER** FEVER
2. **SUSCOUGH** ONGOING DRY COUGH
3. **SUSRNOSE** RUNNY NOSE
4. **SUSSNEEZ** SNEEZING
5. **SUSSRTBR** SHORTNESS OF BREATH
6. **SUSHDACH** HEADACHE
7. **SUSTHROA** SORE THROAT
8. **SUSNAUSE** NAUSEA
9. **SUSVOMIT** VOMITING
10. **SUSFATIG** EXTREME FATIGUE
11. **SUSCHILL** CHILLS/REPEATED SHAKING WITH CHILLS
12. **SUSMUSCL** MUSCLE PAIN
13. **SUSLTSSM** NEW LOSS OF TASTE OR SMELL
14. **SUSLAPPE** LOSS OF APPETITE
15. **SUSDIAH** DIARRHEA

(91) **SUSOTHER** OTHER(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| COVIDEV | Since July 1, 2020, has a doctor or other health professional told [you/(SP)] that [you have/he has/she has] or likely had coronavirus or COVID-19?[IF NEEDED: A doctor or other health professional might make this diagnosis based on a test for COVID-19 or based on symptoms [you have/(SP)] has]. | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| COVSWAB | Since July 1, 2020, [have you/has(SP)] been tested to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test?[IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth.][IF NEEDED: If [you/(SP)] have had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about your most recent test.]DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) SWABRSLT(02) ANTBDTST(-8) ANTBDTST(-7) ANTBDTST |
| SWABRSLT | Did the test find that [you/(SP)] had Coronavirus or COVID-19?[IF NEEDED: If [you/(SP)] have had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about your most recent test.]DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (01) YES, THE TEST SHOWED R HAD COVID-19(02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19(03) NO RESULTS YET(-8) DON’T KNOW(-7) REFUSED | (01) SWABWAIT(02) SWABWAIT(03) CVTSTPAY(-8) CVTSTPAY(-9) CVTSTPAY |
| SWABWAIT | How long did it take to get [your/(SP)’s] test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, or after 4 days or more?[IF NEEDED: If [you/(SP)] have had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about your most recent test.]DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (01) SAME DAY(02) NEXT DAY(03) 2-3 DAYS(04) 4 DAYS OR MORE(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| CVTSTPAY | How much did [you/(SP)] pay out of pocket for the test: none of the cost, part of the cost, or all of the cost?[IF NEEDED: Please answer to the best of your knowledge.][IF NEEDED: If [you/(SP)] have had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about your most recent test.]DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (01) NONE OF THE COST(02) PART OF THE COST(03) ALL OF THE COST(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| ANTBDTST | Since July 1, 2020, have [you/(SP)] received an antibody test to determine if [you/he/she] ever had the coronavirus?[IF NEEDED: An antibody test looks at someone’s blood to see if they have ever been infected with the coronavirus.][IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about your most recent test.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) ANTRESLT(02) BOX A(-8) BOX A(-7) BOX A |
| ANTRESLT | Did the test find that [you/(SP)] had Coronavirus or COVID-19?[IF NEEDED: An antibody test looks at someone’s blood to see if they have ever been infected with the coronavirus.][IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about your most recent test.] | (01) YES, THE TEST SHOWED R HAD COVID-19(02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19(03) NO RESULTS YET(-8) DON’T KNOW(-7) REFUSED | (01) ANTWAIT(02) ANTWAIT(03) ANTPAY(-8) ANTPAY(-9) ANTPAY  |
| ANTWAIT | How long did it take to get [your/(SP)’s] antibody test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, or after 4 days or more?[IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about your most recent test.] | (01) SAME DAY(02) NEXT DAY(03) 2-3 DAYS(04) 4 DAYS OR MORE(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| ANTPAY | How much did [you/(SP)] pay out of pocket for the test: none of the cost, part of the cost, or all of the cost?[IF NEEDED: Please answer to the best of your knowledge.][IF NEEDED: An antibody test looks at someone’s blood to see if they have ever been infected with the coronavirus.][IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about your most recent test.] | (01) NONE OF THE COST(02) PART OF THE COST(03) ALL OF THE COST(-8) DON'T KNOW (-7) REFUSED | BOX A |
| BOX A | IF P\_PRIORCOVID=YES THEN GO TO CVEFFECT.ELSE IF COVIDEV=YES OR SWABRSLT=01 OR ANTRESLT=01 THEN GO TO CVDSVRE. ELSE GO TO CVDEVHH. |  |  |
| CVDSVRE | How would you describe [your/(SP)’s] coronavirus symptoms when they were at their worst? Would you say [you/he/she] had no symptoms, mild symptoms, moderate symptoms, or severe symptoms? | (01) NO SYMPTOMS(02) MILD SYMPTOMS(03) MODERATE SYMPTOMS(04) SEVERE SYMPTOMS(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| CVDSEEK | Did [you/(SP)] seek medical care for coronavirus or COVID-19? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) CVDHOSP(02) CVDNOTRE(-8) CVDHOSP(-7) CVDHOSP |
| *CVDNOTRE* | Why did [you/(SP)] not seek medical care?READ EACH ITEM AND RECORD YES/NO RESPONSE:**CVDEXPEN.** Was it too expensive? **CVDNTAVA.** Was it not available? **CVDSYMNS.** Were [your/his/her] symptoms not severe enough? **CVDOTHER.** Was there some other reason?  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | CVDHOSP |
| CVDHOSP | [Have you/Has (SP)] been hospitalized overnight for coronavirus?[IF NEEDED: This could include visiting the emergency room or being admitted to the hospital.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| CVEFFECT | (IF P\_ FALLCOVID=YES DISPLAY:The last time we spoke you told me [you/(SP)] had been diagnosed with the coronavirus.)Some people experience persistent symptoms of coronavirus.Did [you/(SP)] experience any of the following symptoms for longer than 3 weeks after [you were/he was/she was] first diagnosed with coronavirus?**SMPTFATG**. Fatigue**SMPTHEAD**. Headaches**SMPTHRT**. Chest pressure, heart palpitations, or irregular heartbeats **SMPTACHE**. Muscle aches**SMPTCOGH**. Cough, shortness of breath, or other respiratory symptoms**SMPTDIZZ**. Dizziness or memory problems**SMPTANX**. Anxiety**SMPTOTH**. Any other symptoms? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | CVDEVHH |
| CVDEVHH | Since July 1, 2020, has a doctor or other health professional told anyone living in [your/(SP)’s] household that they have or likely have coronavirus or COVID-19?[IF NEEDED: A doctor or other health professional might make this diagnosis based on a test for COVID-19 or based on symptoms they have.] | (01) YES(02) NO(03) R LIVES ALONE(-8) DON'T KNOW (-7) REFUSED  | CVDVAC |
| CVDVAC | Since [DATE of COVID-19 vaccine availability] [have you/has (SP)] had a coronavirus vaccination? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) VACNUM(02) *NOVACRSN*(-8) *DESCPRE1*(-7) *DESCPRE1* |
| VACNUM | How many coronavirus vaccinations [have you/has (SP)] had? | (01) ONE(02) TWO(-8) DON'T KNOW (-7) REFUSED | (01) *VACDAT1*(02) *VACDAT1*(-8) *DESCPRE1*(-7) *DESCPRE1* |
| *VACDAT1* | When did [you/(SP)] receive the first dose of coronavirus vaccination? | MONTH **(VACMON1)**YEAR **(VACYR1)** | IF RESPONSE TO VACNUM=(02) GO TO *VACDAT2*. ELSE GO TO *DESCPRE1*. |
| *VACDAT2* | When did [you/(SP)] receive the second dose of coronavirus vaccination? | MONTH **(VACMON2)**YEAR **(VACYR2)** | *DESCPRE1* |
| *NOVACRSN* | For what reason didn’t [you/(SP)] get a Coronavirus vaccine?[PROBE: Any other reason?]DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.  CHECK ALL THAT APPLY.  | (01) WAS SICK WITH COVID-19 SO DOESN’T NEED THE VACCINE(02) DIDN’T KNOW THE VACCINE WAS NEEDED(03) THE VACCINE COULD CAUSE COVID-19(04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE(05) DIDN’T THINK THE VACCINE WOULD PREVENT COVID-19(06) COVID-19 IS NOT SERIOUS(07) DOCTOR DID NOT RECOMMEND THE VACCINE(08) DOCTOR RECOMMENDED AGAINST GETTING THE VACCINE(09) DON’T LIKE VACCINES OR NEEDLES(10) COULDN’T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE(11) COULDN’T FIND A PLACE THAT WAS OFFERING THE VACCINE(12) FORGOT(13) COULD NOT AFFORD THE VACCINE(14) HAD THE VACCINE BEFORE AND DOESN’T NEED TO GET IT AGAIN(15) THE VACCINE WAS NOT AVAILABLE (16) THE VACCINE IS NOT WORTH THE MONEY(17) DIDN’T HAVE TIME TO GET THE VACCINE(18) NOT IN HIGH RISK/PRIORITY GROUP(19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE(20) DON’T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE(91) OTHER(-8) DON’T KNOW(-7) REFUSED | *DESCPRE1* |
| *DESCPRE1* | Since July 1, 2020, [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?READ EACH ITEM AND RECORD YES/NO RESPONSE:1. **PREVWASH.** Washed [your/his/her] hands for 20 seconds with soap and water
2. **PREVSANI.** Used hand sanitizer
3. **PREVFACE.** Avoided touching [your/his/her] face
4. **PREVTISS.** Coughed or sneezed into a tissue or sleeve
5. **PREVMASK.** Worn a facemask when out in public
 | (01) YES(02) NO(03) UNABLE DUE TO SHORTAGES(04) NOT APPLICABLE(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *DESCPRE2* | [Since July 1, 2020 [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?]READ EACH ITEM AND RECORD YES/NO RESPONSE:1. **PREVCLEA.** Cleaned or sterilized commonly-touched surfaces, such as door knobs
2. **PREVCONT.** Avoided contact with sick people
3. **PREVDIST.** Kept a six-foot distance between [yourself/himself/herself] and people outside [your/his/her] household
4. **PREVGRP.** Avoided large groups of people
5. **PREVSHEL.** Left [your/his/her] home for essential purposes only, such as for medical appointments or grocery shopping, sometimes called “sheltering in place”
 | (01) YES(02) NO(04) NOT APPLICABLE(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *DESCPRE3* | [Since July 1, 2020 [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?]READ EACH ITEM AND RECORD YES/NO RESPONSE:1. **PREVFOOD.** Purchased extra food
2. **PREVSUPP.** Purchased extra cleaning supplies
3. **PREVMEDI.** Purchased or picked up extra prescription medicines beyond [your/his/her] usual purchases
4. **PREVCONS.** Consulted with a health care provider about coronavirus
5. **PREVPPL.** Avoided other people as much as possible
 | (01) YES(02) NO(03) UNABLE DUE TO SHORTAGES(04) NOT APPLICABLE(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *DESC\_INF* | What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.CLICK NEXT FOR SOURCES | CONTINUE | NEXT QUESTION |
| *INFOSORC1* | [What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.]READ EACH ITEM AND RECORD YES/NO RESPONSE:**INFONEWS.** Traditional news sources, including on TV, radio, websites, and newspapers **INFOSOCI.** Social media **INFOGOVT.** Comments or guidance from government officials  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *INFOSORC2* | What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.READ EACH ITEM AND RECORD YES/NO RESPONSE:**INFOINT.** Other webpages/internet **INFOFRIE.** Friends or family members **INFOHCPR.** Health care providers  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED  | IF INFOSUM IS GREATER THAN OR EQUAL TO 2 THEN GO TO INFOMOST.ELSE IF INFOSUM=1 THEN SET INFOMOST=THE VARIABLE THAT HAD THE YES RESPONSE.ELSE GO TO RECCDC. |
| INFOMOST | You said [you rely/(SP) relies] on [DISPLAY ALL ITEMS FOR WHICH RESPONSE TO INFOSORC1 OR INFOSORC2 WAS YES] for information about the coronavirus. Which of these sources [do you/does he/does she] rely on most?  | DISPLAY ALL ITEMS FOR WHICH RESPONSE TO INFOSORC1 OR INFOSORC2 WAS “YES”.(-8) DON'T KNOW (-7) REFUSED | IF SPPROXIN=01 GO TO *CVDAGREE*.IF SPPROXIN=02 GO TO DISRUPT. |
| *CVDAGREE* | For each of the following statements, please rate whether you strongly agree, agree, either agree nor disagree, disagree, or strongly disagree: **CONTAG**. Coronavirus is more contagious than the flu. **DEADLY**. Coronavirus is more deadly than the flu.**TAKECAUT**. It is important for everyone to take precautions to prevent the spread of the Coronavirus, even if they are not in a high-risk group (e.g., elderly, chronically ill). | (01) Strongly agree(02) Agree(03) Neither agree nor disagree(04) disagree(05) STRONGLY Disagree(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *GETVAC* | If a vaccine that protected you from Coronavirus was available to everyone who wanted it, would you get it? Definitely, probably, probably not, definitely not, or are you not sure? | (01) Definitely(02) PROBABLY(03) PROBABLY NOT(04) DEFINITELY NOT(05) NOT SURE(-7) REFUSED | (01) *RECCDC*(02) *RECCDC*(03) *NOGETVAC*(04) *NOGETVAC*(-8) *RECCDC*(-7) *RECCDC* |
| *NOGETVAC* | For what reason would you not get a Coronavirus vaccine?[PROBE: Any other reason?]DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.   | (01) THE VACCINE COULD CAUSE COVID-19(02) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE(03) DOESN’T THINK THE VACCINE WOULD PREVENT COVID-19(04) COVID-19 IS NOT SERIOUS(05) DOESN’T LIKE VACCINES OR NEEDLES(06) DOESN’T HAVE TIME TO GET THE VACCINE(07) NOT IN HIGH RISK/PRIORITY GROUP(08) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE(09) DOESN’T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE(91) OTHER(-8) DON’T KNOW(-7) REFUSED  | NEXT QUESTION |

|  |  |  |  |
| --- | --- | --- | --- |
| *RECCDC* | As far as you know, have public health experts recommended the following things as a way to help slow the spread of coronavirus, or not? [IF NEEDED: As far as you know, have public health experts recommended this as a way to help slow the spread of coronavirus?]**RECWASH**. Frequent hand washing **RECMASK.** Healthy people wearing facemasks in public **RECAVOI.** Avoiding gatherings with groups of 10 or more people **RECSTAY.** Staying home except for essential activities such as grocery shopping or medical care (shelter in place) **RECMEDI.** Seeking medical attention if you are having trouble breathing  | (01) YES, RECOMMENDED(02) NO, NOT RECOMMENDED(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| *DISRUPT* | Since July 1, 2020, [have you/has (SP)] been able, unable, or have not needed…**DISRRENT**. To pay rent or [your/his/her] mortgage? IF THE RESPONDENT OWNS THEIR HOME OUTRIGHT AND/OR DOESN’T NEED TO PAY RENT OR MORTGAGE, SELECT “HAVE NOT NEEDED”.**DISRMEDI.** To get medications? **DISRAPPT**. To get a doctor’s appointment or some other kind of healthcare? **DISRFOOD**. To get the food [you want/he wants/she wants]? **DISRSUPP.** To get household supplies, such as toilet paper? **DISRMASK**. To get face masks? IF RESPONDENT WANTED TO GET HOUSEHOLD SUPPLIES BUT WAS NOT ABLE TO BECAUSE OF SUPPLY SHORTAGES, SELECT “UNABLE”. | (01) ABLE(02) UNABLE(03) HAVE NOT NEEDED(-8) DON’T KNOW(-7) REFUSED | BOX C |
| BOX C | IF SPPROXIN=01 GO TO FEELFINC.ELSE IF SPPROXIN=02 GO TO THANKYOU. |  |  |
| FEELFINC | Since July 1, 2020… Have you felt more financially secure, less financially secure, or about the same? | (01) MORE FINANCIALLY SECURE(02) LESS FINANCIALLY SECURE(03) ABOUT THE SAME(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| FEELANXI | [Since July 1, 2020…] have you felt more stressed or anxious, less stressed or anxious, or about the same? | (01) MORE STRESSED OR ANXIOUS(02) LESS STRESSED OR ANXIOUS(03) ABOUT THE SAME(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| FEELDEPR | [Since July 1, 2020 …] have you felt more lonely or sad, less lonely or sad, or about the same? | (01) MORE LONELY OR SAD(02) LESS LONELY OR SAD(03) ABOUT THE SAME(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| FEELSOCI | [Since July 1, 2020…] have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same? | (01) MORE SOCIALLY CONNECTED(02) LESS SOCIALLY CONNECTED(03) ABOUT THE SAME(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| THANKYOU | Thank you for participating in this important survey.AFTER THANKING THE RESPONDENT, YOU MAY PROVIDE THEM WITH AN UPDATE ON WHEN YOU WILL NEXT BE IN CONTACT WITH THEM.  | (01) CONTINUE  | NEXT QUESTION |
| END | IT IS NOW SAFE TO CLOSE YOUR BROWSER. |  |  |

## MCBS Fall 2020 COVID-19 Rapid Response Supplement Community Questionnaire—Tracked Changes

The following version of the MCBS Fall 2020 COVID-19 Rapid Response Supplement Questionnaire tracks all changes made from the COVID-19 Supplement Test Questionnaire, tested under CMS-10549 GenIC#7 in Summer 2020.

| **Var Name** | **Question Text/Description** | **Response Options** | **Routing** |
| --- | --- | --- | --- |
| LANGUAGE | PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW. | (01) ENGLISH (02) SPANISH | NEXT QUESTION |
| INTROQ | Thank you for agreeing to participate in this short survey about [your/RESPONDENT’S NAME] experiences during the coronavirus ~~outbreak~~ pandemic, also known as COVID-19 or SARS-CoV-2.  | (01) CONTINUE | NEXT QUESTION |
| ATDOOR | All survey information will be kept private to the extent permitted by law, as prescribed by the Privacy Act of 1974.Medicare benefits will not be affected in any way by survey responses or participation. | (01) CONTINUE | NEXT QUESTION |
| SPVERNAM | VERIFY THE SP’S NAME. IS THE SP’S NAME CORRECT AND COMPLETE?FIRST NAME: [FIRST\_NAME]MIDDLE INITIAL: [MIDDLE\_NAME]LAST NAME: [LAST\_NAME] | (01) YES(02) NO | (01) SPSTATUS(02) SPCORNAM |
| *SPCORNAM* | MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME.**SPFNAME**. FIRST NAME:**SPMIDIN**. MIDDLE INITIAL:**SPLNAME**. LAST NAME: | (01) CONTINUE | SPSTATUS |
| SPSTATUS | PLEASE INDICATE THE RESPONDENT’S CURRENT STATUS. IF THE CASE IS A PROXY INTERVIEW AND YOU HAVEN’T TALKED ABOUT THE RESPONDENT’S VITAL STATUS, PROBE AT THIS TIME ABOUT WHETHER THE RESPONDENT IS ALIVE OR DECEASED AND WHERE THE RESPONDENT IS LOCATED.IS THE RESPONDENT CURRENTLY: | 1. ALIVE AND NOT INSTITUTIONALIZED
2. ALIVE AND INSTITUTIONALIZED
3. DECEASED – DIED IN COMMUNITY
4. DECEASED – DIED IN INSTITUTION/FACILITY
 | 1. SPPROXIN
2. INTHANK
3. INTHANK
4. INTHANK
 |
| INTHANK | THIS CASE IS NOT ELIGIBLE FOR THE MCBS CORONAVIRUS SURVEY.THANK THE RESPONDENT THEN PRESS NEXT. ONCE YOU SYNC NORC SUITE THE CASE WILL BE CODED WITH THE APPROPRIATE INELIGIBLE DISPOSITION. |  |  |
| SPPROXIN | WILL THIS INTERVIEW BE CONDUCTED WITH THE SAMPLE PERSON OR WITH A PROXY? | (01) SAMPLE PERSON(02) PROXY | (01) HLTHINT(02) SPRELATE |
| SPRELATE | [What is the relationship to (SP)?] | (02) SPOUSE(03) SON(04) DAUGHTER(05) BROTHER(06) SISTER(07) FATHER(08) MOTHER(09) SON-IN-LAW(10) DAUGHTER-IN-LAW(11) GRANDSON(12) GRANDDAUGHTER(13) NEPHEW(14) NIECE(51) FRIEND/NEIGHBOR(52) BOARDER(53) NURSE/NURSE'S AIDE(54) LEGAL/FINANCIAL OFFICER(55) GUARDIAN(56) PARTNER(57) ROOMMATE (91) OTHER (-8) DON'T KNOW(-7) REFUSED | NEXT QUESTION |
| PROXYWHY | WHAT IS THE MAIN REASON THAT A PROXY RESPONDENT IS NECESSARY? | (01) SP NOT CAPABLE PHYSICALLY/SICK/BLIND/CAN’T SPEAK/HEAR(02) SP NOT CAPABLE MENTALLY/POOR MEMORY/PSYCHIATRIC DISORDER(03) SP UNABLE TO PROVIDE INFORMATION REGARDING MEDICAL RECORDS(04) SP IN HOSPITAL (05) LANGUAGE PROBLEM (08) SP NOT AVAILABLE THIS ROUND (09) AUTHORIZED PROXY MUST ANSWER QUESTIONS FOR SP (91) OTHER | HLTHINT |
| HLTHINT | The first set of questions are about [your/SP’s] experiences using health care services. | 1. CONTINUE
 | NEXT QUESTION |
| PLACPART | Is there a particular doctor or other health professional, or a clinic [you/(SP)] usually [go/goes] to when [you are/he is/she is] are sick or for advice about [your/SP’s] health? | (01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED | (01) PLACKIND(02) COMPUTER(-8) COMPUTER(-7) COMPUTER |
| PLACKIND | What kind of place [do you/does (SP)] usually go to when [you are/he is/she is] sick or for advice about [your/his/her] health -- is that a managed care plan or HMO center, a clinic, a doctor or other health professional's office, a hospital, or some other place? IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic? CODE BASED ON THE RESPONSE R GIVES: | (01) DOCTOR'S OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) COMPANY CLINIC(08) OTHER CLINIC (09) WALK-IN URGENT CENTER (10) DOCTOR COMES TO SP'S HOME (11) HOSPITAL EMERGENCY ROOM (12) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (13) VA FACILITY (14) MENTAL HEALTH CENTER(91) OTHER (-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| TELMED | Does [your/(SP)’s] usual provider offer telephone or video appointments, so that [you don’t/he/she doesn’t] need to physically visit their office or facility?[IF NEEDED: Did [your/(SP)’s] provider offer to talk to [you/him/her] about [your/his/her] symptoms over the phone or video so that [you/he/she] wouldn’t have to visit their office or facility?][IF NEEDED: Telephone appointments may include “audio-only” appointments.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) COMPUTER(-8) COMPUTER(-7) COMPUTER |
| TELMEDT1 | Do they offer telephone appointments, video appointments, or both?FOR “AUDIO-ONLY” APPOINTMENTS, SELECT “TELEPHONE”. | (01) TELEPHONE(02) VIDEO(03) BOTH(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| TELMEDBE | Did [your/(SP)’s] usual provider offer telephone or video appointments **before the coronavirus ~~outbreak~~ pandemic**?[IF NEEDED: Telephone appointments may include “audio-only” appointments.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) TELMEDDU(-8) TELMEDDU(-7) TELMEDDU |
| TELMEDT2 | Did they offer telephone appointments, video appointments, or both?FOR “AUDIO-ONLY” APPOINTMENTS, SELECT “TELEPHONE”. | (01) TELEPHONE(02) VIDEO(03) BOTH(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| TELMEDDU | Since July 1, 2020 ~~D~~did [your/(SP)’s] usual provider offer [you/him/her] a telephone or video appointment to replace a regularly scheduled appointment **~~during the coronavirus outbreak~~**?[IF NEEDED: Telephone appointments may include “audio-only” appointments.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) ~~COMPUTER~~ TELMEDUS(-8) ~~COMPUTER~~ TELMEDUS(-7) ~~COMPUTER~~ TELMEDUS |
| TELMEDT3 | Did they offer telephone appointments, video appointments, or both?FOR “AUDIO-ONLY” APPOINTMENTS, SELECT “TELEPHONE”. | (01) TELEPHONE(02) VIDEO(03) BOTH(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| TELMEDUS | Since July 1, 2020, [have you/has (SP)] had an appointment with a doctor or other health professional by telephone or video?[IF NEEDED: Telephone appointments may include “audio-only” appointments.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) COMPUTER(-8) COMPUTER(-7) COMPUTER |
| TELMEDT4 | Was it a telephone appointment, video appointment, or both?FOR “AUDIO-ONLY” APPOINTMENTS, SELECT “TELEPHONE”. | (01) TELEPHONE(02) VIDEO(03) BOTH(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| *COMPUTER* | The next questions ask about use of the internet.[Do you/Does (SP)] own or use any of the following types of computers? Please tell me yes or no for each item I list.**COMPDESK.** Desktop or laptop **COMPPHON.** Smartphone **COMPTAB.** Tablet or other portable wireless computer  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| INTERNET | [Do you/ Does (SP)] have access to the internet? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| AUDIOVID | Since July 1, 2020, ~~[Have you/ Has (SP)]~~ [have you/has (SP)] ~~ever~~ participated in video or voice calls or conferencing over the internet, such as with Zoom, Skype, or FaceTime? ~~[IF NEEDED: [Do you/Does (SP)] participate in video or voice calls or conferencing?]~~ | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| COVIDCAR | Now I’d like to ask about care [you were/(SP) was] unable to get because of the coronavirus ~~outbreak~~ pandemic.Since July 1, 2020 ~~At any time since the beginning of the coronavirus outbreak~~, did [you/(SP)] need medical care for something other than coronavirus, **but not get** it because of the coronavirus ~~outbreak~~ pandemic?[IF NEEDED: [Have you/Has (SP)] had any medical appointments rescheduled since July 1, 2020 because of the coronavirus outbreak? Or, [have you/has he/has she] needed a medical appointment but [were/was] unable to schedule one because of the coronavirus ~~outbreak~~ pandemic?] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NOCARTY1(02) AUTOINT (-8) AUTOINT (-7) AUTOINT  |
| *NOCARTY1* | Since July 1, 2020, ~~[Were you/Was (SP)]~~ [were you/was (SP)] unable to get any of the following types of care because of the coronavirus ~~outbreak~~ pandemic? [IF NEEDED: Please include preventative tests like mammograms and colonoscopies as “Diagnostic or Medical Screening Test”]READ EACH ITEM AND RECORD YES/NO RESPONSE:**TYPURGNT.** Urgent Care for an Accident or Illness **TYPSURGE.** A Surgical Procedure **TYPDIAGN.** Diagnostic or Medical Screening Test **TYPTREAT.** Treatment for an Ongoing Condition **TYPCHKUP.** A Regular Check-up | (01) YES(02) NO(03) NOT APPLICABLE(-8) DON’T KNOW (-7) REFUSED | NEXT QUESTION |
| *NOCARTY2* | [Since July 1, 2020, ~~[Were you/Was (SP)]~~ [were you/was (SP)] unable to get any of the following types of care because of the coronavirus ~~outbreak~~ pandemic?] READ EACH ITEM AND RECORD YES/NO RESPONSE:**TYPDRUGS.** Prescription drugs or medications **TYPDENTA.** Dental Care **TYPVISIO.** Vision Care **TYPHEAR**. Hearing Care  | (01) YES(02) NO(03) NOT APPLICABLE(-8) DON’T KNOW (-7) REFUSED  | FOR EACH TYPE OF CARE SELECTED AT NOCARTY1 AND NOCARTY2, ASK *NOCARDIR*AND THE APPLICABLE FOLLOW-UP:IF YES SELECTED FOR ANY ITEMS, GO TO NOCARDIR.IF NO TYPES SELECTED AT NOCARTY1 AND NOCARTY2, SKIP TO AUTOINT. |
| *NOCARDIR***DIRURGNT****DIRSURGE****DIRDIAGN****DIRTREAT****DIRCHKUP****DIRDRUGS****DIRDENTA****DIRVISIO****DIRHEAR** | Regarding [your/(SP)’s] [NOCARTY1/NOCARTY2], did [your/his/her] medical provider make this decision or did [you/he/she]?  [IF NEEDED: If [you/(SP)] had contact with [your/his/her] medical provider about re-scheduling or canceling an appointment for care, but they gave [you/him/her] the option to keep [your/his/her] originally-scheduled appointment, please answer that [you/he/she] decided not to get care.] | (01) PROVIDER DECIDED(02) R DECIDED (03) BOTH(-8) DON’T KNOW (-7) REFUSED | 1. REASONMD
2. NOCARYR
3. REASONMD

(-8) AUTOINT (-7) AUTOINT  |
| *REASONMD***RSNURGNT****RSNSURGE****RSNDIAGN****RSNTREAT****RSNCHKUP****RSNDRUGS****RSNDENTA****RSNVISIO****RSNHEAR** | Did [your/(SP)’s] medical provider give [you/him/her] a reason why they needed to reschedule? | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | (01) NOCARYMD(02), (-8), (-7):IF NOCARDIR= “BOTH” GO TO NOCARYR.ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTY1 OR NOCARTY2, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.ELSE, GO TO AUTOINT. |
| *NOCARYMD* | What reasons ~~were~~ [were you/was (SP)] given by [your/his/her] provider for this decision regarding [ITEM SELECTED AT *NOCARTY1* OR *NOCARTY2*]? READ EACH ITEM AND RECORD YES/NO RESPONSE:1. Was the medical office closed?

**CLSURGNT****CLSSURGE****CLSDIAGN****CLSTREAT****CLSCHKUP****CLSDRUGS****CLSDENTA****CLSVISIO****CLSHEAR**1. Was priority given to other types of appointments?

**PRIURGNT****PRISURGE****PRIDIAGN****PRITREAT****PRICHKUP****PRIDRUGS****PRIDENTA****PRIVISIO****PRIHEAR**1. Did the medical office reduce available appointments?

**REDURGNT****REDSURGE****REDDIAGN****REDTREAT****REDCHKUP****REDDRUGS****REDDENTA****REDVISIO****REDHEAR**(04) Was there some other reason? **OMDURGNT****OMDSURGE****OMDDIAGN** **OMDTREAT****OMDCHKUP****OMDDRUGS****OMDDENTA****OMDVISIO****OMDHEAR** | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | IF NOCARDIR= “BOTH” GO TO NOCARYR.ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTY1 OR NOCARTY2, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.ELSE, GO TO AUTOINT. |
| *NOCARYR* | What reasons did [you/(SP)] have for [your/his/her] decision regarding [ITEM SELECTED AT *NOCARTY1* OR *NOCARTY2*]? READ EACH ITEM AND RECORD YES/NO RESPONSE:1. Did [you/he/she] have no access to transportation?

**TRAURGNT****TRASURGE****TRADIAGN****TRATREAT****TRACHKUP****TRADRUGS****TRADENTA****TRAVISIO****TRAHEAR**1. Did [you/he/she] not want to leave [your/his/her] house?

**HOUURGNT****HOUSURGE****HOUDIAGN****HOUTREAT****HOUCHKUP****HOUDRUGS****HOUDENTA****HOUVISIO****HOUHEAR**1. Did [you/he/she] not want to risk being at a medical facility?

**RSKURGNT****RSKSURGE****RSKDIAGN****RSKTREAT****RSKCHKUP****RSKDRUGS****RSKDENTA****RSKVISIO****RSKHEAR**1. Was there some other reason?

**OYRURGNT****OYRSURGE****OYRDIAGN****OYRTREAT****OYRCHKUP****OYRDRUGS****OYRDENTA****OYRVISIO****OYRHEAR** | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | IF MORE THAN ONE TYPE OF CARE WAS SELECTED AT NOCARTY1 OR NOCARTY2, GO TO NOCARDIR AND ASK ABOUT NEXT TYPE. OTHERWISE, GO TO NEXT QUESTION. |
| AUTOINT | The next questions are about health conditions [you/(SP)] may have. | (01) CONTINUE | NEXT QUESTION  |
| AUTOIMRX | Since July 1, 2020, [have you/has (SP)] taken prescription medication or had any medical treatments that a doctor or other health professional told [you/him/her] would weaken [your/his/her] immune system? | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | NEXT QUESTION |
| AUTOCND | [Do you/Does (SP)] currently have a health condition that a doctor or other health professional told [you/him/her] weakens the immune system? | (01) YES(02) NO(-8) DON’T KNOW (-7) REFUSED | NEXT QUESTION |
| ~~AUTOCHRO~~ | ~~Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had…~~~~…a weakened immune system caused by a chronic illness?~~ ~~[IF NEEDED: Some diseases cause people to become immunocompromised or immunodeficient, which means [your/their] body can’t fight off infections as well. Examples of diseases like this include multiple sclerosis, rheumatoid arthritis, lupus, HIV/AIDS, and many others.]~~ | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~  | ~~NEXT QUESTION~~  |
| ~~AUTOMEDI~~ | ~~[Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had…]~~~~…a weakened immune system caused by medicines or treatment for a chronic illness?~~ ~~[IF NEEDED: People with certain health conditions may need to take medications with side effects that can weaken their immune system.]~~ | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~ | ~~COVIDINT~~ |
| COVIDINT | Now I want to ask you some questions about the recent coronavirus ~~outbreak~~ pandemic, also known as COVID-19 or SARS-CoV-2. | CONTINUE | BOX B |
| BOX B | IF P\_PRIORCOVID=YES THEN GO TO ANTBDTST. ELSE GO TO SUSPECT. |  |  |
| ~~DESC\_SYM~~ | ~~Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?~~~~CLICK NEXT FOR SYMPTOMS~~ | ~~CONTINUE~~ | ~~NEXT QUESTION~~ |
| ~~SYMPTOM1~~ | ~~[Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?]~~~~READ EACH ITEM AND RECORD YES/NO RESPONSE:~~**~~SYMFEVER.~~** ~~Fever~~ **~~SYMCOUGH.~~** ~~Ongoing dry cough~~ **~~SYMRNOSE.~~** ~~Runny nose~~ **~~SYMSNEEZ.~~** ~~Sneezing~~ **~~SYMSRTBR.~~** ~~Shortness of breath~~  | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~ | ~~NEXT QUESTION~~ |
| ~~SYMPTOM2~~ | ~~[Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?]~~~~READ EACH ITEM AND RECORD YES/NO RESPONSE:~~**~~SYMHDACH.~~** ~~Headache~~ **~~SYMTHROA.~~** ~~Sore throat~~ **~~SYMNAUSE.~~** ~~Nausea~~ **~~SYMVOMIT.~~** ~~Vomiting~~ **~~SYMFATIG.~~** ~~Extreme fatigue~~  | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~ | ~~NEXT QUESTION~~ |
| ~~SYMPTOM3~~ | ~~[Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?]~~~~READ EACH ITEM AND RECORD YES/NO RESPONSE:~~**~~SYMCHILL.~~** ~~Chills/repeated shaking with chills~~ **~~SYMMUSCL.~~** ~~Muscle pain~~ **~~SYMLTSSM.~~** ~~New loss of taste or smell~~ **~~SYMLAPPE.~~** ~~Loss of appetite~~ **~~SYMDIAH.~~** ~~Diarrhea~~  | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~ | ~~NEXT QUESTION~~ |
| SUSPECT | Since July 1, 2020, ~~[Do you/Does (SP)]~~ [have you/has (SP)] suspected that [you have/he has/she has] ~~ever~~ had the coronavirus or COVID-19?  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) NEXT QUESTION(02) COVIDEV(-8) COVIDEV(-7) COVIDEV |
| *SUSPECTY* | What symptoms did [you/(SP)] have that made [you/him/her/they] suspect [you/he/she] had the coronavirus?INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT. | 1. **SUSFEVER** FEVER
2. **SUSCOUGH** ONGOING DRY COUGH
3. **SUSRNOSE** RUNNY NOSE
4. **SUSSNEEZ** SNEEZING
5. **SUSSRTBR** SHORTNESS OF BREATH
6. **SUSHDACH** HEADACHE
7. **SUSTHROA** SORE THROAT
8. **SUSNAUSE** NAUSEA
9. **SUSVOMIT** VOMITING
10. **SUSFATIG** EXTREME FATIGUE
11. **SUSCHILL** CHILLS/REPEATED SHAKING WITH CHILLS
12. **SUSMUSCL** MUSCLE PAIN
13. **SUSLTSSM** NEW LOSS OF TASTE OR SMELL
14. **SUSLAPPE** LOSS OF APPETITE
15. **SUSDIAH** DIARRHEA

(91) **SUSOTHER** OTHER(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| COVIDEV | Since July 1, 2020, h~~H~~as a doctor or other health professional ~~ever~~ told [you/(SP)] that [you have/he has/she has] or likely had coronavirus or COVID-19?[IF NEEDED: A doctor or other health professional might make this diagnosis based on a test for COVID-19 or based on symptoms [you have/(SP)] has]. | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| ~~WANTTST~~ | ~~[Have you/Has (SP)] ever asked a doctor or medical professional for a coronavirus test?~~ | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~ | ~~NEXT QUESTION~~ |
| ~~REFUSTST~~ | ~~[Have you/Has (SP)] ever been refused a coronavirus test when [you/he/she] wanted one?~~~~THE PREVIOUS QUESTION WAS ABOUT SPECIFICALLY ASKING A DOCTOR OR MEDICAL PROFESSIONAL FOR A CORONAVIRUS TEST. IF THE RESPONDENT HAS NEVER ASKED A DOCTOR OR MEDICAL PROFESSIONAL FOR A CORONAVIRUS TEST, PROBE ABOUT WHETHER THEY TRIED TO ASK FOR A TEST FROM ANY OTHER SOURCE, SUCH AS A MEDICAL OR CORONAVIRUS HOTLINE.~~  | ~~(01) YES, HAVE BEEN~~~~(02) NO, HAVE NOT BEEN REFUSED TEST~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~ | ~~NEXT QUESTION~~ |
| ~~COVIDTST~~ | ~~[Have you/Has (SP)] ever been tested for coronavirus or COVID-19?~~~~[IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose.]~~ | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~ | ~~(01) RESULTS~~~~(02) BOX A~~~~(-8) BOX A~~~~(-7) BOX A~~ |
| COVSWAB | Since July 1, 2020, [have you/has(SP)] been tested to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test?[IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth.][IF NEEDED: If [you/(SP)] have had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about your most recent test.]DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) SWABRSLT(02) ANTBDTST(-8) ANTBDTST(-7) ANTBDTST |
| ~~RESULTS~~ | ~~What was the result of the test?~~ | ~~(01) THE TEST SHOWED R HAD COVID-19~~~~(02) THE TEST SHOWED R DID NOT HAVE COVID-19~~~~(03) NO RESULTS YET~~~~(-8) DON’T KNOW~~~~(-7) REFUSED~~ | ~~BOX A~~  |
| SWABRSLT | Did the test find that [you/(SP)] had Coronavirus or COVID-19?[IF NEEDED: If [you/(SP)] have had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about your most recent test.]DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (01) YES, THE TEST SHOWED R HAD COVID-19(02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19(03) NO RESULTS YET(-8) DON’T KNOW(-7) REFUSED | (01) SWABWAIT(02) SWABWAIT(03) CVTSTPAY(-8) CVTSTPAY(-9) CVTSTPAY |
| SWABWAIT | How long did it take to get [your/(SP)’s] test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, or after 4 days or more?[IF NEEDED: If [you/(SP)] have had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about your most recent test.]DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (01) SAME DAY(02) NEXT DAY(03) 2-3 DAYS(04) 4 DAYS OR MORE(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| CVTSTPAY | How much did [you/(SP)] pay out of pocket for the test: none of the cost, part of the cost, or all of the cost?[IF NEEDED: Please answer to the best of your knowledge.][IF NEEDED: If [you/(SP)] have had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about your most recent test.]DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (01) NONE OF THE COST(02) PART OF THE COST(03) ALL OF THE COST(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| ANTBDTST | Since July 1, 2020, have [you/(SP)] received an antibody test to determine if [you/he/she] ever had the coronavirus?[IF NEEDED: An antibody test looks at someone’s blood to see if they have ever been infected with the coronavirus.][IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about your most recent test.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) ANTRESLT(02) BOX A(-8) BOX A(-7) BOX A |
| ANTRESLT | Did the test find that [you/(SP)] had Coronavirus or COVID-19?[IF NEEDED: An antibody test looks at someone’s blood to see if they have ever been infected with the coronavirus.][IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about your most recent test.] | (01) YES, THE TEST SHOWED R HAD COVID-19(02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19(03) NO RESULTS YET(-8) DON’T KNOW(-7) REFUSED | (01) ANTWAIT(02) ANTWAIT(03) ANTPAY(-8) ANTPAY(-9) ANTPAY  |
| ANTWAIT | How long did it take to get [your/(SP)’s] antibody test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, or after 4 days or more?[IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about your most recent test.] | (01) SAME DAY(02) NEXT DAY(03) 2-3 DAYS(04) 4 DAYS OR MORE(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| ANTPAY | How much did [you/(SP)] pay out of pocket for the test: none of the cost, part of the cost, or all of the cost?[IF NEEDED: Please answer to the best of your knowledge.][IF NEEDED: An antibody test looks at someone’s blood to see if they have ever been infected with the coronavirus.][IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about your most recent test.] | (01) NONE OF THE COST(02) PART OF THE COST(03) ALL OF THE COST(-8) DON'T KNOW (-7) REFUSED | BOX A |
| BOX A | IF P\_PRIORCOVID=YES THEN GO TO CVEFFECT.ELSE IF COVIDEV=YES ~~OR SUSPECT=YES OR RESULTS=01~~ OR SWABRSLT=01 OR ANTRESLT=01 THEN GO TO CVDSVRE. ELSE GO TO CVDEVHH. |  |  |
| CVDSVRE | How would you describe [your/(SP)’s] coronavirus symptoms when they were at their worst? Would you say [you/he/she] had no symptoms, mild symptoms, moderate symptoms, or severe symptoms? | (01) NO SYMPTOMS(02) MILD SYMPTOMS(03) MODERATE SYMPTOMS(04) SEVERE SYMPTOMS(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| CVDSEEK | Did [you/(SP)] seek medical care for coronavirus or COVID-19? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) CVDHOSP(02) CVDNOTRE(-8) CVDHOSP(-7) CVDHOSP |
| ~~CVDTREAT~~ | ~~[Have you/Has (SP)] been treated for the coronavirus or COVID-19?~~~~[IF NEEDED: Treatment for coronavirus might include prescribing medication to help manage symptoms, hospitalization, or the use of oxygen or a ventilator.]~~ | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~  | ~~(01) CVDHOSP~~~~(02) CVDNOTRE~~~~(-8) CVDHOSP~~~~(-7) CVDHOSP~~ |
| *CVDNOTRE* | Why did [you/(SP)] not ~~get this treatment~~ seek medical care?READ EACH ITEM AND RECORD YES/NO RESPONSE:**CVDEXPEN.** Was it too expensive? **CVDNTAVA.** Was it not available? **CVDSYMNS.** Were [your/his/her] symptoms not severe enough? **CVDOTHER.** Was there some other reason?  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | CVDHOSP~~CVDEVHH~~  |
| CVDHOSP | [Have you/Has (SP)] been hospitalized overnight for coronavirus?[IF NEEDED: This could include visiting the emergency room or being admitted to the hospital.] | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| CVEFFECT | (IF P\_ FALLCOVID=YES DISPLAY:The last time we spoke you told me [you/(SP)] had been diagnosed with the coronavirus.)Some people experience persistent symptoms of coronavirus.Did [you/(SP)] experience any of the following symptoms for longer than 3 weeks after [you were/he was/she was] first diagnosed with coronavirus?**SMPTFATG**. Fatigue**SMPTHEAD**. Headaches**SMPTHRT**. Chest pressure, heart palpitations, or irregular heartbeats **SMPTACHE**. Muscle aches**SMPTCOGH**. Cough, shortness of breath, or other respiratory symptoms**SMPTDIZZ**. Dizziness or memory problems**SMPTANX**. Anxiety**SMPTOTH**. Any other symptoms? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | CVDEVHH |
| CVDEVHH | Since July 1, 2020, h~~H~~as a doctor or other health professional told anyone living in [your/SP’s] household that they have or likely have coronavirus or COVID-19?[IF NEEDED: A doctor or other health professional might make this diagnosis based on a test for COVID-19 or based on symptoms they have.] | (01) YES(02) NO(03) R LIVES ALONE(-8) DON'T KNOW (-7) REFUSED  | CVDVAC~~01) SYMPTSHH~~~~(02) SYMPTSHH~~~~(03) DESCPRE1~~~~(-8) SYMPTSHH~~ ~~(-7) SYMPTSHH~~  |
| CVDVAC | Since [DATE of COVID-19 vaccine availability] [have you/has (SP)] had a coronavirus vaccination? | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | (01) VACNUM(02) *NOVACRSN*(-8) *DESCPRE1*(-7) *DESCPRE1* |
| VACNUM | How many coronavirus vaccinations [have you/has (SP)] had? | (01) ONE(02) TWO(-8) DON'T KNOW (-7) REFUSED | (01) *VACDAT1*(02) *VACDAT1*(-8) *DESCPRE1*(-7) *DESCPRE1* |
| *VACDAT1* | When did [you/(SP)] receive the first dose of coronavirus vaccination? | MONTH **(VACMON1)**YEAR **(VACYR1)** | IF RESPONSE TO VACNUM=(02) GO TO *VACDAT2*. ELSE GO TO *DESCPRE1*. |
| *VACDAT2* | When did [you/(SP)] receive the second dose of coronavirus vaccination? | MONTH **(VACMON2)**YEAR **(VACYR2)** | *DESCPRE1* |
| *NOVACRSN* | For what reason didn’t [you/(SP)] get a Coronavirus vaccine?[PROBE: Any other reason?]DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.  CHECK ALL THAT APPLY.  | (01) WAS SICK WITH COVID-19 SO DOESN’T NEED THE VACCINE(02) DIDN’T KNOW THE VACCINE WAS NEEDED(03) THE VACCINE COULD CAUSE COVID-19(04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE(05) DIDN’T THINK THE VACCINE WOULD PREVENT COVID-19(06) COVID-19 IS NOT SERIOUS(07) DOCTOR DID NOT RECOMMEND THE VACCINE(08) DOCTOR RECOMMENDED AGAINST GETTING THE VACCINE(09) DON’T LIKE VACCINES OR NEEDLES(10) COULDN’T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE(11) COULDN’T FIND A PLACE THAT WAS OFFERING THE VACCINE(12) FORGOT(13) COULD NOT AFFORD THE VACCINE(14) HAD THE VACCINE BEFORE AND DOESN’T NEED TO GET IT AGAIN(15) THE VACCINE WAS NOT AVAILABLE (16) THE VACCINE IS NOT WORTH THE MONEY(17) DIDN’T HAVE TIME TO GET THE VACCINE(18) NOT IN HIGH RISK/PRIORITY GROUP(19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE(20) DON’T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE(91) OTHER(-8) DON’T KNOW(-7) REFUSED | *DESCPRE1* |
| ~~SYMPTSHH~~ | ~~Since the beginning of the coronavirus outbreak, has anyone living in [your/SP’s] household had a fever, dry cough and shortness of breath?~~ | ~~(01) YES~~~~(02) NO~~~~(-8) DON'T KNOW~~ ~~(-7) REFUSED~~ | ~~NEXT QUESTION~~ |
| *DESCPRE1* | Since July 1, 2020, ~~[Have you/Has (SP)]~~ [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?READ EACH ITEM AND RECORD YES/NO RESPONSE:1. **PREVWASH.** Washed [your/his/her] hands for 20 seconds with soap and water
2. **PREVSANI.** Used hand sanitizer
3. **PREVFACE.** Avoided touching [your/his/her] face
4. **PREVTISS.** Coughed or sneezed into a tissue or sleeve
5. **PREVMASK.** Worn a facemask when out in public
 | (01) YES(02) NO(03) UNABLE DUE TO SHORTAGES(04) NOT APPLICABLE(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *DESCPRE2* | [Since July 1, 2020 ~~[Have you/Has (SP)]~~ [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?]READ EACH ITEM AND RECORD YES/NO RESPONSE:1. **PREVCLEA.** Cleaned or sterilized commonly-touched surfaces, such as door knobs
2. **PREVCONT.** Avoided contact with sick people
3. **PREVDIST.** Kept a six-foot distance between [yourself/himself/herself] and people outside [your/his/her] household
4. **PREVGRP ~~PREVGATH~~.** Avoided ~~gathering with groups of 10 or more~~ large groups of people
5. **PREVSHEL.** Left [your/his/her] home for essential purposes only, such as for medical appointments or grocery shopping, sometimes called “sheltering in place”
 | (01) YES(02) NO(04) NOT APPLICABLE(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *DESCPRE3* | [Since July 1, 2020 ~~[Have you/Has (SP)]~~ [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?]READ EACH ITEM AND RECORD YES/NO RESPONSE:1. **PREVFOOD.** Purchased extra food
2. **PREVSUPP.** Purchased extra cleaning supplies
3. **PREVMEDI.** Purchased or picked up extra prescription medicines beyond [your/his/her] usual purchases
4. **PREVCONS.** Consulted with a health care provider about coronavirus
5. **PREVPPL.** Avoided other people as much as possible
 | (01) YES(02) NO(03) UNABLE DUE TO SHORTAGES(04) NOT APPLICABLE(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *DESC\_INF* | What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.CLICK NEXT FOR SOURCES | CONTINUE | NEXT QUESTION |
| *INFOSORC1* | [What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.]READ EACH ITEM AND RECORD YES/NO RESPONSE:**INFONEWS.** Traditional news sources, including on TV, radio, websites, and newspapers **INFOSOCI.** Social media **INFOGOVT.** Comments or guidance from government officials  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *INFOSORC2* | What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.READ EACH ITEM AND RECORD YES/NO RESPONSE:**INFOINT.** Other webpages/internet **INFOFRIE.** Friends or family members **INFOHCPR.** Health care providers  | (01) YES(02) NO(-8) DON'T KNOW (-7) REFUSED  | IF INFOSUM IS GREATER THAN OR EQUAL TO 2 THEN GO TO INFOMOST.ELSE IF INFOSUM=1 THEN SET INFOMOST=THE VARIABLE THAT HAD THE YES RESPONSE.ELSE GO TO RECCDC. |
| INFOMOST | You said [you rely/(SP) relies] on [DISPLAY ALL ITEMS FOR WHICH RESPONSE TO INFOSORC1 OR INFOSORC2 WAS YES] for information about the coronavirus. Which of these sources [do you/does he/does she] rely on most?  | DISPLAY ALL ITEMS FOR WHICH RESPONSE TO INFOSORC1 OR INFOSORC2 WAS “YES”.(-8) DON'T KNOW (-7) REFUSED | IF SPPROXIN=01 GO TO *~~RECCDC~~ CVDAGREE*.IF SPPROXIN=02 GO TO DISRUPT. |
| *CVDAGREE* | For each of the following statements, please rate whether you strongly agree, agree, either agree nor disagree, disagree, or strongly disagree: **CONTAG**. Coronavirus is more contagious than the flu. **DEADLY**. Coronavirus is more deadly than the flu.**TAKECAUT**. It is important for everyone to take precautions to prevent the spread of the Coronavirus, even if they are not in a high-risk group (e.g., elderly, chronically ill). | (01) Strongly agree(02) Agree(03) Neither agree nor disagree(04) disagree(05) STRONGLY Disagree(-8) DON'T KNOW (-7) REFUSED | NEXT QUESTION |
| *GETVAC* | If a vaccine that protected you from Coronavirus was available to everyone who wanted it, would you get it? Definitely, probably, probably not, definitely not, or are you not sure? | (01) Definitely(02) PROBABLY(03) PROBABLY NOT(04) DEFINITELY NOT(05) NOT SURE(-7) REFUSED | (01) *RECCDC*(02) *RECCDC*(03) *NOGETVAC*(04) *NOGETVAC*(-8) *RECCDC*(-7) *RECCDC* |
| *NOGETVAC* | For what reason would you not get a Coronavirus vaccine?[PROBE: Any other reason?]DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.   | (01) THE VACCINE COULD CAUSE COVID-19(02) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE(03) DOESN’T THINK THE VACCINE WOULD PREVENT COVID-19(04) COVID-19 IS NOT SERIOUS(05) DOESN’T LIKE VACCINES OR NEEDLES(06) DOESN’T HAVE TIME TO GET THE VACCINE(07) NOT IN HIGH RISK/PRIORITY GROUP(08) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE(09) DOESN’T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE(91) OTHER(-8) DON’T KNOW(-7) REFUSED  | NEXT QUESTION |

|  |  |  |  |
| --- | --- | --- | --- |
| *RECCDC* | As far as you know, have public health experts recommended the following things as a way to help slow the spread of coronavirus, or not? [IF NEEDED: As far as you know, have public health experts recommended this as a way to help slow the spread of coronavirus?]**RECWASH**. Frequent hand washing **RECMASK.** Healthy people wearing facemasks in public **RECAVOI.** Avoiding gatherings with groups of 10 or more people **RECSTAY.** Staying home except for essential activities such as grocery shopping or medical care (shelter in place) **RECMEDI.** Seeking medical attention if you are having trouble breathing  | (01) YES, RECOMMENDED(02) NO, NOT RECOMMENDED(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| *DISRUPT* | Since July 1, 2020 ~~the coronavirus outbreak began~~, [have you/has (SP)] been able, unable, or have not needed…**DISRRENT**. To pay rent or [your/~~(SP)’s~~ his/her] mortgage? IF THE RESPONDENT OWNS THEIR HOME OUTRIGHT AND/OR DOESN’T NEED TO PAY RENT OR MORTGAGE, SELECT “HAVE NOT NEEDED”.**DISRMEDI.** To get medications? **DISRAPPT**. To get a doctor’s appointment or some other kind of healthcare? **DISRFOOD**. To get the food [you want/~~(SP) wants~~ he wants/she wants]? **DISRSUPP.** To get household supplies, such as toilet paper? **DISRMASK**. To get face masks? IF RESPONDENT WANTED TO GET HOUSEHOLD SUPPLIES BUT WAS NOT ABLE TO BECAUSE OF SUPPLY SHORTAGES, SELECT “UNABLE”. | (01) ABLE(02) UNABLE(03) HAVE NOT NEEDED(-8) DON’T KNOW(-7) REFUSED | BOX C~~IF SPPROXIN=01 GO TO FEELFINC.~~~~ELSE IF SPPROXIN=02 GO TO THANKYOU.~~ |
| BOX C | IF SPPROXIN=01 GO TO FEELFINC.ELSE IF SPPROXIN=02 GO TO THANKYOU. |  |  |
| FEELFINC | Since July 1, 2020 ~~the coronavirus outbreak began~~… Have you felt more financially secure, less financially secure, or about the same? | (01) MORE FINANCIALLY SECURE(02) LESS FINANCIALLY SECURE(03) ABOUT THE SAME(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| FEELANXI | [Since July 1, 2020 ~~the coronavirus outbreak began~~…] have you felt more stressed or anxious, less stressed or anxious, or about the same? | (01) MORE STRESSED OR ANXIOUS(02) LESS STRESSED OR ANXIOUS(03) ABOUT THE SAME(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| FEELDEPR | [Since July 1, 2020 ~~the coronavirus outbreak began~~…] have you felt more lonely or sad, less lonely or sad, or about the same? | (01) MORE LONELY OR SAD(02) LESS LONELY OR SAD(03) ABOUT THE SAME(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| FEELSOCI | [Since July 1, 2020 ~~the coronavirus outbreak began~~…] have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same? | (01) MORE SOCIALLY CONNECTED(02) LESS SOCIALLY CONNECTED(03) ABOUT THE SAME(-8) DON’T KNOW(-7) REFUSED | NEXT QUESTION |
| THANKYOU | Thank you for participating in this important survey.AFTER THANKING THE RESPONDENT, YOU MAY PROVIDE THEM WITH AN UPDATE ON WHEN YOU WILL NEXT BE IN CONTACT WITH THEM.  | (01) CONTINUE  | NEXT QUESTION |
| END | IT IS NOW SAFE TO CLOSE YOUR BROWSER. |  |  |