

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	(1) ALIVE AND NOT INSTITUTIONALIZED (2) ALIVE AND INSTITUTIONALIZED (3) DECEASED - DIED IN COMMUNITY (4) DECEASED - DIED IN INSTITUTION/FACILITY	(1) SPAPPROXIN (2) INTTHANK (3) INTTHANK (4) INTTHANK

Var Name	Question Text/Description	Response Options	Routing
	DECEASED AND WHERE THE RESPONDENT IS LOCATED. IS THE RESPONDENT CURRENTLY:		
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	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
		(91) OTHER (-8) DON'T KNOW (-7) REFUSED	
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

Var Name	Question Text/Description	Response Options	Routing
PLACKIND	<p>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?</p> <p>IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic?</p> <p>CODE BASED ON THE RESPONSE R GIVES:</p>	<p>(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</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
TELMED	<p>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?</p> <p>[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?]</p> <p>[IF NEEDED: Telephone appointments may include "audio-only" appointments.]</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NEXT QUESTION (02) COMPUTER (-8) COMPUTER (-7) COMPUTER
TELMEDT1	<p>Do they offer telephone appointments, video appointments, or both?</p> <p>FOR "AUDIO-ONLY" APPOINTMENTS, SELECT "TELEPHONE".</p>	(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
TELMEDBE	<p>Did [your/(SP)'s] usual provider offer telephone or video appointments before the coronavirus pandemic?</p> <p>[IF NEEDED: Telephone appointments may include "audio-only" appointments.]</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NEXT QUESTION (02) TELMEDDU (-8) TELMEDDU (-7) TELMEDDU
TELMEDT2	<p>Did they offer telephone appointments, video appointments, or both?</p> <p>FOR "AUDIO-ONLY" APPOINTMENTS, SELECT "TELEPHONE".</p>	(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
TELMEDDU	<p>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?</p> <p>[IF NEEDED: Telephone appointments may include "audio-only" appointments.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) NEXT QUESTION (02) TELMEDUS (-8) TELMEDUS (-7) TELMEDUS</p>
TELMEDT3	<p>Did they offer telephone appointments, video appointments, or both?</p> <p>FOR "AUDIO-ONLY" APPOINTMENTS, SELECT "TELEPHONE".</p>	<p>(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>
TELMEDUS	<p>Since July 1, 2020, [have you/has (SP)] had an appointment with a doctor or other health professional by telephone or video?</p> <p>[IF NEEDED: Telephone appointments may include "audio-only" appointments.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) NEXT QUESTION (02) COMPUTER (-8) COMPUTER (-7) COMPUTER</p>
TELMEDT4	<p>Was it a telephone appointment, video appointment, or both?</p> <p>FOR "AUDIO-ONLY" APPOINTMENTS, SELECT "TELEPHONE".</p>	<p>(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>

Var Name	Question Text/Description	Response Options	Routing
COMPUTER	<p>The next questions ask about use of the internet.</p> <p>[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.</p> <p>COMPDESK. Desktop or laptop COMPPHON. Smartphone COMPTAB. Tablet or other portable wireless computer</p>	(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	<p>Now I'd like to ask about care [you were/(SP) was] unable to get because of the coronavirus pandemic.</p> <p>Since July 1, 2020, did [you/(SP)] need medical care for something other than coronavirus, but not get it because of the coronavirus pandemic?</p> <p>[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?]</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NOCARTY1 (02) AUTOINT (-8) AUTOINT (-7) AUTOINT

Var Name	Question Text/Description	Response Options	Routing
NOCARTY1	<p>Since July 1, 2020, [were you/was (SP)] unable to get any of the following types of care because of the coronavirus pandemic?</p> <p>[IF NEEDED: Please include preventative tests like mammograms and colonoscopies as “Diagnostic or Medical Screening Test”]</p> <p>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</p>	(01) YES (02) NO (03) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
NOCARTY2	<p>[Since July 1, 2020, [were you/was (SP)] unable to get any of the following types of care because of the coronavirus pandemic?]</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE: TYPDRUGS. Prescription drugs or medications TYPDENTA. Dental Care TYPVISIO. Vision Care TYPHEAR. Hearing Care</p>	(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.

Var Name	Question Text/Description	Response Options	Routing
NOCARDIR DIRURGNT DIRSURGE DIRDIAGN DIRTREAT DIRCHKUP DIRDRUGS DIRDENTA DIRVISIO DIRHEAR	<p>Regarding [your/(SP)'s] [NOCARTY1/NOCARTY2], did [your/his/her] medical provider make this decision or did [you/he/she]?</p> <p>[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.]</p>	(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	<p>Did [your/(SP)'s] medical provider give [you/him/her] a reason why they needed to reschedule?</p>	(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.

Var Name	Question Text/Description	Response Options	Routing
NOCARYMD	<p>What reasons [were you/was (SP)] given by [your/his/her] provider for this decision regarding [ITEM SELECTED AT NOCARTY1 OR NOCARTY2]?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(1) Was the medical office closed?</p> <p>CLSURGNT CLSSURGE CLSDIAGN CLSTREAT CLSCHKUP CLSDRUGS CLSDENTA CLSVISIO CLSHEAR</p> <p>(2) Was priority given to other types of appointments?</p> <p>PRIURGNT PRISURGE PRIDIAGN PRITREAT PRICHKUP PRIDRUGS PRIDENTA PRIVISIO PRIHEAR</p> <p>(3) Did the medical office reduce available appointments?</p> <p>REDURGNT REDSURGE</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>IF NOCARDIR= "BOTH" GO TO NOCARYR.</p> <p>ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTY1 OR NOCARTY2, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.</p> <p>ELSE, GO TO AUTOINT.</p>

Var Name	Question Text/Description	Response Options	Routing
NOCARYR	<p>What reasons did [you/(SP)] have for [your/his/her] decision regarding [ITEM SELECTED AT NOCARTY1 OR NOCARTY2]?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(1) Did [you/he/she] have no access to transportation?</p> <p>TRAURGNT TRASURGE TRADIAGN TRATREAT TRACHKUP TRADRUGS TRADENTA TRAVISIO TRAHEAR</p> <p>(2) Did [you/he/she] not want to leave [your/his/her] house?</p> <p>HOUURGNT HOUSURGE HOUDIAGN HOUTREAT HOCHKUP HOUDRUGS HOUDENTA HOUVISIO HOUHEAR</p> <p>(3) Did [you/he/she] not want to risk being at a medical facility?</p> <p>RSKURGNT</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>IF MORE THAN ONE TYPE OF CARE WAS SELECTED AT NOCARTY1 OR NOCARTY2, GO TO NOCARDIR AND ASK ABOUT NEXT TYPE.</p> <p>OTHERWISE, GO TO AUTOINT.</p>

Var Name	Question Text/Description	Response Options	Routing
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
AUTOCOND	[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

Var Name	Question Text/Description	Response Options	Routing
SUSPECTY	<p>What symptoms did [you/(SP)] have that made [you/him/her/they] suspect [you/he/she] had the coronavirus?</p> <p>INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT.</p>	<p>(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</p>	NEXT QUESTION
COVIDEV	<p>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?</p> <p>[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].</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
COVSWAB	<p>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?</p> <p>[IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth.]</p> <p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) SWABRSLT (02) ANTBDTST (-8) ANTBDTST (-7) ANTBDTST</p>
SWABRSLT	<p>Did the test find that [you/(SP)] had Coronavirus or COVID-19?</p> <p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>(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</p>	<p>(01) SWABWAIT (02) SWABWAIT (03) CVTSTPAY (-8) CVTSTPAY (-9) CVTSTPAY</p>

Var Name	Question Text/Description	Response Options	Routing
SWABWAIT	<p>How long did it take to get [you/(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?</p> <p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>(01) SAME DAY (02) NEXT DAY (03) 2-3 DAYS (04) 4 DAYS OR MORE (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
CVTSTPAY	<p>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?</p> <p>[IF NEEDED: Please answer to the best of your knowledge.]</p> <p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>(01) NONE OF THE COST (02) PART OF THE COST (03) ALL OF THE COST (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
ANTBDTST	<p>Since July 1, 2020, have [you/(SP)] received an antibody test to determine if [you/he/she] ever had the coronavirus?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[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.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) ANTRESLT (02) BOX A (-8) BOX A (-7) BOX A</p>
ANTRESLT	<p>Did the test find that [you/(SP)] had Coronavirus or COVID-19?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[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.]</p>	<p>(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</p>	<p>(01) ANTWAIT (02) ANTWAIT (03) ANTPAY (-8) ANTPAY (-9) ANTPAY</p>
ANTWAIT	<p>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?</p> <p>[IF NEEDED: If [you/(SP)] have had more than one antibody test to determine if [you/he/she] ever</p>	<p>(01) SAME DAY (02) NEXT DAY (03) 2-3 DAYS (04) 4 DAYS OR MORE (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>

Var Name	Question Text/Description	Response Options	Routing
	had the coronavirus, think about your most recent test.]		
ANTPAY	<p>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?</p> <p>[IF NEEDED: Please answer to the best of your knowledge.]</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[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.]</p>	<p>(01) NONE OF THE COST (02) PART OF THE COST (03) ALL OF THE COST (-8) DON'T KNOW (-7) REFUSED</p>	BOX A
BOX A	<p>IF P_PRIORCOVID=YES THEN GO TO CVEFFECT.</p> <p>ELSE IF COVIDEV=YES OR SWABRSLT=01 OR ANTRESLT=01 THEN GO TO CVDSVRE.</p> <p>ELSE GO TO CVDEVHH.</p>		
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?	<p>(01) NO SYMPTOMS (02) MILD SYMPTOMS (03) MODERATE SYMPTOMS (04) SEVERE SYMPTOMS (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
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

Var Name	Question Text/Description	Response Options	Routing
CVEFFECT	<p>(IF P_ FALLCOVID=YES DISPLAY: The last time we spoke you told me [you/(SP)] had been diagnosed with the coronavirus.)</p> <p>Some people experience persistent symptoms of coronavirus.</p> <p>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?</p> <p>SMPTFATG. Fatigue SMPHEAD. 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?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	CVDEVHH
CVDEVHH	<p>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?</p> <p>[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.]</p>	<p>(01) YES (02) NO (03) R LIVES ALONE (-8) DON'T KNOW (-7) REFUSED</p>	CVDVAC

Var Name	Question Text/Description	Response Options	Routing
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 <u>first</u> 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 <u>second</u> dose of coronavirus vaccination?	MONTH (VACMON2) YEAR (VACYR2)	DESCPRE1

Var Name	Question Text/Description	Response Options	Routing
NOVACRSN	<p>For what reason didn't [you/(SP)] get a Coronavirus vaccine?</p> <p>[PROBE: Any other reason?]</p> <p>DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.</p> <p>CHECK ALL THAT APPLY.</p>	<p>(01) WAS SICK WITH COVID-19 SO DOESN'T NEED THE VACCINE</p> <p>(02) DIDN'T KNOW THE VACCINE WAS NEEDED</p> <p>(03) THE VACCINE COULD CAUSE COVID-19</p> <p>(04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE</p> <p>(05) DIDN'T THINK THE VACCINE WOULD PREVENT COVID-19</p> <p>(06) COVID-19 IS NOT SERIOUS</p> <p>(07) DOCTOR DID NOT RECOMMEND THE VACCINE</p> <p>(08) DOCTOR RECOMMENDED AGAINST GETTING THE VACCINE</p> <p>(09) DON'T LIKE VACCINES OR NEEDLES</p> <p>(10) COULDN'T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE</p> <p>(11) COULDN'T FIND A PLACE THAT WAS OFFERING THE VACCINE</p> <p>(12) FORGOT</p> <p>(13) COULD NOT AFFORD THE VACCINE</p> <p>(14) HAD THE VACCINE BEFORE AND DOESN'T NEED TO GET IT AGAIN</p> <p>(15) THE VACCINE WAS NOT AVAILABLE</p> <p>(16) THE VACCINE IS NOT WORTH THE MONEY</p> <p>(17) DIDN'T HAVE TIME TO GET THE VACCINE</p> <p>(18) NOT IN HIGH RISK/PRIORITY GROUP</p> <p>(19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE</p>	DESCPRE1

Var Name	Question Text/Description	Response Options	Routing
DESCPRE1	<p>Since July 1, 2020, [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <ul style="list-style-type: none"> (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 	<p>(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DESCPRE2	<p>[Since July 1, 2020 [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?]</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <ul style="list-style-type: none"> (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” 	<p>(01) YES (02) NO (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>

Var Name	Question Text/Description	Response Options	Routing
DESCPRE3	<p>[Since July 1, 2020 [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus?]</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <ul style="list-style-type: none"> (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 	<p>(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
DESC_INF	<p>What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.</p> <p>CLICK NEXT FOR SOURCES</p>	CONTINUE	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
INFOSORC1	<p>[What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.]</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>INFONEWS. Traditional news sources, including on TV, radio, websites, and newspapers INFOSOCI. Social media INFOGOVT. Comments or guidance from government officials</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
INFOSORC2	<p>What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>INFOINT. Other webpages/internet INFOFRIE. Friends or family members INFOHCPR. Health care providers</p>	(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	<p>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 <u>most</u>?</p>	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.

Var Name	Question Text/Description	Response Options	Routing
CVDAGREE	<p>For each of the following statements, please rate whether you strongly agree, agree, either agree nor disagree, disagree, or strongly disagree:</p> <p>CONTAG. Coronavirus is more contagious than the flu.</p> <p>DEADLY. Coronavirus is more deadly than the flu.</p> <p>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).</p>	<p>(01) STRONGLY AGREE (02) AGREE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
GETVAC	<p>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?</p>	<p>(01) DEFINITELY (02) PROBABLY (03) PROBABLY NOT (04) DEFINITELY NOT (05) NOT SURE (-7) REFUSED</p>	<p>(01) RECCDC (02) RECCDC (03) NOGETVAC (04) NOGETVAC (-8) RECCDC (-7) RECCDC</p>

Var Name	Question Text/Description	Response Options	Routing
NOGETVAC	<p>For what reason would you not get a Coronavirus vaccine?</p> <p>[PROBE: Any other reason?]</p> <p>DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.</p>	<p>(01) THE VACCINE COULD CAUSE COVID-19</p> <p>(02) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE</p> <p>(03) DOESN'T THINK THE VACCINE WOULD PREVENT COVID-19</p> <p>(04) COVID-19 IS NOT SERIOUS</p> <p>(05) DOESN'T LIKE VACCINES OR NEEDLES</p> <p>(06) DOESN'T HAVE TIME TO GET THE VACCINE</p> <p>(07) NOT IN HIGH RISK/PRIORITY GROUP</p> <p>(08) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE</p> <p>(09) DOESN'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE</p> <p>(91) OTHER</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	NEXT QUESTION

<p>RECCDC</p>	<p>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?</p> <p>[IF NEEDED: As far as you know, have public health experts recommended this as a way to help slow the spread of coronavirus?]</p> <p>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</p>	<p>(01) YES, RECOMMENDED (02) NO, NOT RECOMMENDED (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>
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DISRUPT	<p>Since July 1, 2020, [have you/has (SP)] been able, unable, or have not needed...</p> <p>DISRRENT. To pay rent or [your/his/her] mortgage?</p> <p>IF THE RESPONDENT OWNS THEIR HOME OUTRIGHT AND/OR DOESN'T NEED TO PAY RENT OR MORTGAGE, SELECT "HAVE NOT NEEDED".</p> <p>DISRMEDI. To get medications?</p> <p>DISRAPPT. To get a doctor's appointment or some other kind of healthcare?</p> <p>DISRFOOD. To get the food [you want/he wants/she wants]?</p> <p>DISRSUPP. To get household supplies, such as toilet paper?</p> <p>DISRMASK. To get face masks?</p> <p>IF RESPONDENT WANTED TO GET HOUSEHOLD SUPPLIES BUT WAS NOT ABLE TO BECAUSE OF SUPPLY SHORTAGES, SELECT "UNABLE".</p>	<p>(01) ABLE (02) UNABLE (03) HAVE NOT NEEDED (-8) DON'T KNOW (-7) REFUSED</p>	BOX C
BOX C	<p>IF SPPROXIN=01 GO TO FEELFINC. ELSE IF SPPROXIN=02 GO TO THANKYOU.</p>		
FEELFINC	<p>Since July 1, 2020...</p> <p>Have you felt more financially secure, less financially secure, or about the same?</p>	<p>(01) MORE FINANCIALLY SECURE (02) LESS FINANCIALLY SECURE (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED</p>	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

Var Name	Question Text/Description	Response Options	Routing
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:	(5) ALIVE AND NOT INSTITUTIONALIZED (6) ALIVE AND INSTITUTIONALIZED (7) DECEASED - DIED IN COMMUNITY (8) DECEASED - DIED IN INSTITUTION/FACILITY	(5) SPPROXIN (6) INTHANK (7) INTHANK (8) 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	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
		(53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) DON'T KNOW (-7) REFUSED	
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.	(2) 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

Var Name	Question Text/Description	Response Options	Routing
PLACKIND	<p>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?</p> <p>IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic?</p> <p>CODE BASED ON THE RESPONSE R GIVES:</p>	<p>(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</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
TELMED	<p>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?</p> <p>[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?]</p> <p>[IF NEEDED: Telephone appointments may include "audio-only" appointments.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) NEXT QUESTION (02) COMPUTER (-8) COMPUTER (-7) COMPUTER</p>
TELMEDT1	<p>Do they offer telephone appointments, video appointments, or both?</p> <p>FOR "AUDIO-ONLY" APPOINTMENTS, SELECT "TELEPHONE".</p>	<p>(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>
TELMEDBE	<p>Did [your/(SP)'s] usual provider offer telephone or video appointments before the coronavirus outbreak-pandemic?</p> <p>[IF NEEDED: Telephone appointments may include "audio-only" appointments.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) NEXT QUESTION (02) TELMEDDU (-8) TELMEDDU (-7) TELMEDDU</p>
TELMEDT2	<p>Did they offer telephone appointments, video appointments, or both?</p> <p>FOR "AUDIO-ONLY" APPOINTMENTS, SELECT "TELEPHONE".</p>	<p>(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>

Var Name	Question Text/Description	Response Options	Routing
TELMEDDU	<p>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 during the coronavirus outbreak?</p> <p>[IF NEEDED: Telephone appointments may include "audio-only" appointments.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) NEXT QUESTION (02) COMPUTER-TELMEDUS (-8) COMPUTER-TELMEDUS (-7) COMPUTER-TELMEDUS</p>
TELMEDT3	<p>Did they offer telephone appointments, video appointments, or both?</p> <p>FOR "AUDIO-ONLY" APPOINTMENTS, SELECT "TELEPHONE".</p>	<p>(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>
TELMEDUS	<p>Since July 1, 2020, [have you/has (SP)] had an appointment with a doctor or other health professional by telephone or video?</p> <p>[IF NEEDED: Telephone appointments may include "audio-only" appointments.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) NEXT QUESTION (02) COMPUTER (-8) COMPUTER (-7) COMPUTER</p>
TELMEDT4	<p>Was it a telephone appointment, video appointment, or both?</p> <p>FOR "AUDIO-ONLY" APPOINTMENTS, SELECT "TELEPHONE".</p>	<p>(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>

Var Name	Question Text/Description	Response Options	Routing
COMPUTER	<p>The next questions ask about use of the internet.</p> <p>[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.</p> <p>COMPDESK. Desktop or laptop COMPPHON. Smartphone COMPTAB. Tablet or other portable wireless computer</p>	(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	<p>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?</p> <p>[IF NEEDED: [Do you/Does (SP)] participate in video or voice calls or conferencing?]</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
COVIDCAR	<p>Now I'd like to ask about care [you were/(SP) was] unable to get because of the coronavirus outbreak-pandemic.</p> <p>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?</p> <p>[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?]</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NOCARTY1 (02) AUTOINT (-8) AUTOINT (-7) AUTOINT

Var Name	Question Text/Description	Response Options	Routing
NOCARTY1	<p>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?</p> <p>[IF NEEDED: Please include preventative tests like mammograms and colonoscopies as “Diagnostic or Medical Screening Test”]</p> <p>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</p>	(01) YES (02) NO (03) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
NOCARTY2	<p>[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?]</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE: TYPDRUGS. Prescription drugs or medications TYPDENTA. Dental Care TYPVISIO. Vision Care TYPHEAR. Hearing Care</p>	(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.

Var Name	Question Text/Description	Response Options	Routing
NOCARDIR DIRURGNT DIRSURGE DIRDIAGN DIRTREAT DIRCHKUP DIRDRUGS DIRDENTA DIRVISIO DIRHEAR	<p>Regarding [your/(SP)'s] [NOCARTY1/NOCARTY2], did [your/his/her] medical provider make this decision or did [you/he/she]?</p> <p>[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.]</p>	(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	<p>Did [your/(SP)'s] medical provider give [you/him/her] a reason why they needed to reschedule?</p>	(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.

Var Name	Question Text/Description	Response Options	Routing
NOCARYMD	<p>What reasons were [were you/was (SP)] given by [your/his/her] provider for this decision regarding [ITEM SELECTED AT NOCARTY1 OR NOCARTY2]?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(4) Was the medical office closed?</p> <p>CLSURGNT CLSSURGE CLSDIAGN CLSTREAT CLSCHKUP CLSDRUGS CLSDENTA CLSVISIO CLSHEAR</p> <p>(5) Was priority given to other types of appointments?</p> <p>PRIURGNT PRISURGE PRIDIAGN PRITREAT PRICHKUP PRIDRUGS PRIDENTA PRIVISIO PRIHEAR</p> <p>(6) Did the medical office reduce available appointments?</p> <p>REDURGNT REDSURGE</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>IF NOCARDIR= "BOTH" GO TO NOCARYR.</p> <p>ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTY1 OR NOCARTY2, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.</p> <p>ELSE, GO TO AUTOINT.</p>

Var Name	Question Text/Description	Response Options	Routing
NOCARYR	<p>What reasons did [you/(SP)] have for [your/his/her] decision regarding [ITEM SELECTED AT NOCARTY1 OR NOCARTY2]?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(4) Did [you/he/she] have no access to transportation?</p> <p>TRAURGNT TRASURGE TRADIAGN TRATREAT TRACHKUP TRADRUGS TRADENTA TRAVISIO TRAHEAR</p> <p>(5) Did [you/he/she] not want to leave [your/his/her] house?</p> <p>HOUURGNT HOUSURGE HOUDIAGN HOUTREAT HOCHKUP HOUDRUGS HOUDENTA HOUVISIO HOUHEAR</p> <p>(6) Did [you/he/she] not want to risk being at a medical facility?</p> <p>RSKURGNT</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>IF MORE THAN ONE TYPE OF CARE WAS SELECTED AT NOCARTY1 OR NOCARTY2, GO TO NOCARDIR AND ASK ABOUT NEXT TYPE.</p> <p>OTHERWISE, GO TO NEXT QUESTION.</p>

Var Name	Question Text/Description	Response Options	Routing
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
AUTOCOND	[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

Var Name	Question Text/Description	Response Options	Routing
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 ANTBBDTST. 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

Var Name	Question Text/Description	Response Options	Routing
SYMPTOM2	<p>{Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?}</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>SYMHDACH. Headache SYMTHROA. Sore throat SYMNAUSE. Nausea SYMVOMIT. Vomiting SYMFATIG. Extreme fatigue</p>	<p>{01} YES {02} NO {-8} DON'T KNOW {-7} REFUSED</p>	NEXT QUESTION
SYMPTOM3	<p>{Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?}</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>SYMCHILL. Chills/repeated shaking with chills SYMMUSCL. Muscle pain SYMLTSSM. New loss of taste or smell SYMLAPPE. Loss of appetite SYMDIAH. Diarrhea</p>	<p>{01} YES {02} NO {-8} DON'T KNOW {-7} REFUSED</p>	NEXT QUESTION
SUSPECT	<p>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?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) NEXT QUESTION (02) COVIDEV (-8) COVIDEV (-7) COVIDEV</p>

Var Name	Question Text/Description	Response Options	Routing
SUSPECTY	<p>What symptoms did [you/(SP)] have that made [you/him/her/they] suspect [you/he/she] had the coronavirus?</p> <p>INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT.</p>	<p>(16) SUSFEVER FEVER (17) SUSCOUGH ONGOING DRY COUGH (18) SUSRNOSE RUNNY NOSE (19) SUSSNEEZ SNEEZING (20) SUSSRTBR SHORTNESS OF BREATH (21) SUSHDACH HEADACHE (22) SUSTHROA SORE THROAT (23) SUSNAUSE NAUSEA (24) SUSVOMIT VOMITING (25) SUSFATIG EXTREME FATIGUE (26) SUSCHILL CHILLS/REPEATED SHAKING WITH CHILLS (27) SUSMUSCL MUSCLE PAIN (28) SUSLTSSM NEW LOSS OF TASTE OR SMELL (29) SUSLAPPE LOSS OF APPETITE (30) SUSDIAH DIARRHEA (91) SUSOTHER OTHER (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
COVIDEV	<p>Since July 1, 2020, hH 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?</p> <p>[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].</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	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

Var Name	Question Text/Description	Response Options	Routing
REFUSTST	<p>{Have you/Has (SP)} ever been refused a coronavirus test when [you/he/she] wanted one?</p> <p>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.</p>	<p>{01} YES, HAVE BEEN</p> <p>{02} NO, HAVE NOT BEEN REFUSED TEST</p> <p>{8} DON'T KNOW</p> <p>{7} REFUSED</p>	<p>NEXT QUESTION</p>
COVIDTST	<p>{Have you/Has (SP)} ever been tested for coronavirus or COVID-19?</p> <p>[IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose.]</p>	<p>{01} YES</p> <p>{02} NO</p> <p>{8} DON'T KNOW</p> <p>{7} REFUSED</p>	<p>{01} RESULTS</p> <p>{02} BOX A</p> <p>{8} BOX A</p> <p>{7} BOX A</p>
COVSWAB	<p>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?</p> <p>[IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth.]</p> <p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>{01} YES</p> <p>{02} NO</p> <p>{8} DON'T KNOW</p> <p>{7} REFUSED</p>	<p>{01} SWABRSLT</p> <p>{02} ANTBDTST</p> <p>{8} ANTBDTST</p> <p>{7} ANTBDTST</p>

Var Name	Question Text/Description	Response Options	Routing
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	<p>Did the test find that [you/(SP)] had Coronavirus or COVID-19?</p> <p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(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	<p>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?</p> <p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(01) SAME DAY (02) NEXT DAY (03) 2-3 DAYS (04) 4 DAYS OR MORE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
CVTSTPAY	<p>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?</p> <p>[IF NEEDED: Please answer to the best of your knowledge.]</p> <p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>(01) NONE OF THE COST (02) PART OF THE COST (03) ALL OF THE COST (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>
ANTBDTST	<p>Since July 1, 2020, have [you/(SP)] received an antibody test to determine if [you/he/she] ever had the coronavirus?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[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.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) ANTRESLT (02) BOX A (-8) BOX A (-7) BOX A</p>

Var Name	Question Text/Description	Response Options	Routing
ANTRESLT	<p>Did the test find that [you/(SP)] had Coronavirus or COVID-19?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[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.]</p>	<p>(01) YES, THE TEST SHOWED R HAD COVID-19</p> <p>(02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19</p> <p>(03) NO RESULTS YET</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	<p>(01) ANTWAIT</p> <p>(02) ANTWAIT</p> <p>(03) ANTPAY</p> <p>(-8) ANTPAY</p> <p>(-9) ANTPAY</p>
ANTWAIT	<p>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?</p> <p>[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.]</p>	<p>(01) SAME DAY</p> <p>(02) NEXT DAY</p> <p>(03) 2-3 DAYS</p> <p>(04) 4 DAYS OR MORE</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
ANTPAY	<p>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?</p> <p>[IF NEEDED: Please answer to the best of your knowledge.]</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[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.]</p>	<p>(01) NONE OF THE COST (02) PART OF THE COST (03) ALL OF THE COST (-8) DON'T KNOW (-7) REFUSED</p>	BOX A
BOX A	<p>IF P_PRIORCOVID=YES THEN GO TO CVEFFECT.</p> <p>ELSE IF COVIDEV=YES OR SUSPECT=YES OR RESULTS=01 OR SWABRSLT=01 OR ANTRESLT=01 THEN GO TO CVDSVRE.</p> <p>ELSE GO TO CVDEVHH.</p>		
CVDSVRE	<p>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?</p>	<p>(01) NO SYMPTOMS (02) MILD SYMPTOMS (03) MODERATE SYMPTOMS (04) SEVERE SYMPTOMS (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
CVDSEEK	<p>Did [you/(SP)] seek medical care for coronavirus or COVID-19?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) CVDHOSP (02) CVDNOTRE (-8) CVDHOSP (-7) CVDHOSP</p>

Var Name	Question Text/Description	Response Options	Routing
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

Var Name	Question Text/Description	Response Options	Routing
CVEFFECT	<p>(IF P_ FALLCOVID=YES DISPLAY: The last time we spoke you told me [you/(SP)] had been diagnosed with the coronavirus.)</p> <p>Some people experience persistent symptoms of coronavirus.</p> <p>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?</p> <p>SMPTFATG. Fatigue SMPTHEAD. Headaches SMPHRT. 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?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	CVDEVHH
CVDEVHH	<p>Since July 1, 2020, hHas a doctor or other health professional told anyone living in [your/SP's] household that they have or likely have coronavirus or COVID-19?</p> <p>[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.]</p>	<p>(01) YES (02) NO (03) R LIVES ALONE (-8) DON'T KNOW (-7) REFUSED</p>	<p>CVDVAC</p> <p>(01) SYMPTSHH (02) SYMPTSHH (03) DESCPRE1 (-8) SYMPTSHH (-7) SYMPTSHH</p>

Var Name	Question Text/Description	Response Options	Routing
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 <u>first</u> 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 <u>second</u> dose of coronavirus vaccination?	MONTH (VACMON2) YEAR (VACYR2)	DESCPRE1

Var Name	Question Text/Description	Response Options	Routing
NOVACRSN	<p>For what reason didn't [you/(SP)] get a Coronavirus vaccine?</p> <p>[PROBE: Any other reason?]</p> <p>DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.</p> <p>CHECK ALL THAT APPLY.</p>	<p>(01) WAS SICK WITH COVID-19 SO DOESN'T NEED THE VACCINE</p> <p>(02) DIDN'T KNOW THE VACCINE WAS NEEDED</p> <p>(03) THE VACCINE COULD CAUSE COVID-19</p> <p>(04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE</p> <p>(05) DIDN'T THINK THE VACCINE WOULD PREVENT COVID-19</p> <p>(06) COVID-19 IS NOT SERIOUS</p> <p>(07) DOCTOR DID NOT RECOMMEND THE VACCINE</p> <p>(08) DOCTOR RECOMMENDED AGAINST GETTING THE VACCINE</p> <p>(09) DON'T LIKE VACCINES OR NEEDLES</p> <p>(10) COULDN'T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE</p> <p>(11) COULDN'T FIND A PLACE THAT WAS OFFERING THE VACCINE</p> <p>(12) FORGOT</p> <p>(13) COULD NOT AFFORD THE VACCINE</p> <p>(14) HAD THE VACCINE BEFORE AND DOESN'T NEED TO GET IT AGAIN</p> <p>(15) THE VACCINE WAS NOT AVAILABLE</p> <p>(16) THE VACCINE IS NOT WORTH THE MONEY</p> <p>(17) DIDN'T HAVE TIME TO GET THE VACCINE</p> <p>(18) NOT IN HIGH RISK/PRIORITY GROUP</p> <p>(19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE</p>	DESCPRE1

Var Name	Question Text/Description	Response Options	Routing
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	<p>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?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(6) PREVWASH. Washed [your/his/her] hands for 20 seconds with soap and water</p> <p>(7) PREVSANI. Used hand sanitizer</p> <p>(8) PREVFACE. Avoided touching [your/his/her] face</p> <p>(9) PREVTISS. Coughed or sneezed into a tissue or sleeve</p> <p>(10) PREVMASK. Worn a facemask when out in public</p>	(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DESCPRE2	<p>[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?]</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <ul style="list-style-type: none"> (6) PREVCLEA. Cleaned or sterilized commonly-touched surfaces, such as door knobs (7) PREVCONT. Avoided contact with sick people (8) PREVDIST. Kept a six-foot distance between [yourself/himself/herself] and people outside [your/his/her] household (9) PREVGRP PREVGATH. Avoided gathering with groups of 10 or more large groups of people (10) PREVSHEL. Left [your/his/her] home for essential purposes only, such as for medical appointments or grocery shopping, sometimes called “sheltering in place” 	<p>(01) YES (02) NO (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DESCPRE3	<p>[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?]</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <ul style="list-style-type: none"> (6) PREVFOOD. Purchased extra food (7) PREVSUPP. Purchased extra cleaning supplies (8) PREVMEDI. Purchased or picked up extra prescription medicines beyond [your/his/her] usual purchases (9) PREVCONS. Consulted with a health care provider about coronavirus (10) PREVPPL. Avoided other people as much as possible 	<p>(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
DESC_INF	<p>What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.</p> <p>CLICK NEXT FOR SOURCES</p>	CONTINUE	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
INFOSORC1	<p>[What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.]</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>INFONEWS. Traditional news sources, including on TV, radio, websites, and newspapers INFOSOCI. Social media INFOGOVT. Comments or guidance from government officials</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
INFOSORC2	<p>What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>INFOINT. Other webpages/internet INFOFRIE. Friends or family members INFOHCPR. Health care providers</p>	(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	<p>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 <u>most?</u></p>	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.

Var Name	Question Text/Description	Response Options	Routing
CVDAGREE	<p>For each of the following statements, please rate whether you strongly agree, agree, either agree nor disagree, disagree, or strongly disagree:</p> <p>CONTAG. Coronavirus is more contagious than the flu.</p> <p>DEADLY. Coronavirus is more deadly than the flu.</p> <p>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).</p>	<p>(01) STRONGLY AGREE (02) AGREE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
GETVAC	<p>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?</p>	<p>(01) DEFINITELY (02) PROBABLY (03) PROBABLY NOT (04) DEFINITELY NOT (05) NOT SURE (-7) REFUSED</p>	<p>(01) RECCDC (02) RECCDC (03) NOGETVAC (04) NOGETVAC (-8) RECCDC (-7) RECCDC</p>

Var Name	Question Text/Description	Response Options	Routing
NOGETVAC	<p>For what reason would you not get a Coronavirus vaccine?</p> <p>[PROBE: Any other reason?]</p> <p>DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.</p>	<p>(01) THE VACCINE COULD CAUSE COVID-19</p> <p>(02) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE</p> <p>(03) DOESN'T THINK THE VACCINE WOULD PREVENT COVID-19</p> <p>(04) COVID-19 IS NOT SERIOUS</p> <p>(05) DOESN'T LIKE VACCINES OR NEEDLES</p> <p>(06) DOESN'T HAVE TIME TO GET THE VACCINE</p> <p>(07) NOT IN HIGH RISK/PRIORITY GROUP</p> <p>(08) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE</p> <p>(09) DOESN'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE</p> <p>(91) OTHER</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	NEXT QUESTION

<p>RECCDC</p>	<p>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?</p> <p>[IF NEEDED: As far as you know, have public health experts recommended this as a way to help slow the spread of coronavirus?]</p> <p>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</p>	<p>(01) YES, RECOMMENDED (02) NO, NOT RECOMMENDED (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>
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<p>DISRUPT</p>	<p>Since July 1, 2020 the coronavirus outbreak began, [have you/has (SP)] been able, unable, or have not needed...</p> <p>DISRRENT. To pay rent or [your/(SP)'s his/her] mortgage?</p> <p>IF THE RESPONDENT OWNS THEIR HOME OUTRIGHT AND/OR DOESN'T NEED TO PAY RENT OR MORTGAGE, SELECT "HAVE NOT NEEDED".</p> <p>DISRMEDI. To get medications?</p> <p>DISRAPPT. To get a doctor's appointment or some other kind of healthcare?</p> <p>DISRFOOD. To get the food [you want/(SP)-wants he wants/she wants]?</p> <p>DISRSUPP. To get household supplies, such as toilet paper?</p> <p>DISRMASK. To get face masks?</p> <p>IF RESPONDENT WANTED TO GET HOUSEHOLD SUPPLIES BUT WAS NOT ABLE TO BECAUSE OF SUPPLY SHORTAGES, SELECT "UNABLE".</p>	<p>(01) ABLE (02) UNABLE (03) HAVE NOT NEEDED (-8) DON'T KNOW (-7) REFUSED</p>	<p>BOX C</p> <p>IF SPPROXIN=01 GO TO FEELFINC.</p> <p>ELSE IF SPPROXIN=02 GO TO THANKYOU.</p>
<p>BOX C</p>	<p>IF SPPROXIN=01 GO TO FEELFINC. ELSE IF SPPROXIN=02 GO TO THANKYOU.</p>		

FEELFINC	<p>Since July 1, 2020 the coronavirus outbreak began...</p> <p>Have you felt more financially secure, less financially secure, or about the same?</p>	<p>(01) MORE FINANCIALLY SECURE (02) LESS FINANCIALLY SECURE (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
FEELANXI	<p>[Since July 1, 2020 the coronavirus outbreak began...]</p> <p>have you felt more stressed or anxious, less stressed or anxious, or about the same?</p>	<p>(01) MORE STRESSED OR ANXIOUS (02) LESS STRESSED OR ANXIOUS (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
FEELDEPR	<p>[Since July 1, 2020 the coronavirus outbreak began...]</p> <p>have you felt more lonely or sad, less lonely or sad, or about the same?</p>	<p>(01) MORE LONELY OR SAD (02) LESS LONELY OR SAD (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
FEELSOCI	<p>[Since July 1, 2020 the coronavirus outbreak began...]</p> <p>have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same?</p>	<p>(01) MORE SOCIALLY CONNECTED (02) LESS SOCIALLY CONNECTED (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED</p>	NEXT QUESTION
THANKYOU	<p>Thank you for participating in this important survey.</p> <p>AFTER THANKING THE RESPONDENT, YOU MAY PROVIDE THEM WITH AN UPDATE ON WHEN YOU WILL NEXT BE IN CONTACT WITH THEM.</p>	<p>(01) CONTINUE</p>	NEXT QUESTION
END	IT IS NOW SAFE TO CLOSE YOUR BROWSER.		