

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

Form Approved
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Proposed Web Questionnaire Introduction Screen



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

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

Click the “Next” button below to begin.

Proposed Phone Interview Introduction

Introduction and verification of respondent’s name.

Explain why calling

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

Share confidentiality, informed consent, and voluntary participation information

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

RANDS during COVID-19 Questionnaire

General health and Life Satisfaction

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

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

LIFESAT1 **Using a scale of 0 to 10 where 0 means "Very dissatisfied" and 10 means "Very satisfied," how do you feel about your life as a whole these days?**

- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. 10
- 77. [Don't Know]
- 99. [Refused]

LIFESAT2 **In general, how satisfied are you with your life? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?**

- 1. Very satisfied

- 2. Satisfied
- 3. Dissatisfied
- 4. Very dissatisfied
- 77. [Don't Know]
- 99. [Refused]

PROBE_LIFESAT **When you answered the previous question [FILL LIFESAT1 or LIFESAT2], what were you thinking about?**

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

Chronic Conditions

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

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

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

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

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

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

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

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

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

ASEV

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

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

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

ASTILL

Do you still have asthma?

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

COPDEV

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

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

PREDIB

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

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

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

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

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

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

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

These next questions are about cigarette smoking

CIGINTRO

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

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

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

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

Employment and Benefits

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

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

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

[SKIP: If EMPLASTWK==2, CONTINUE TO EMPRSNOWK; Else SKIP to COVID_WRKPREV]

[IF EMPRSNOWK==1, 4, 5, or 8, CONTINUE TO COVID_NOWK; Else, SKIP to COVID_WRKPREV]

COVID_NOWK **Were you unable to work because you or a family member was sick with the Coronavirus?**

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

Insurance

HICOV **Are you covered by any kind of health insurance or some other kind of health care plan?**

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

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

DNGCARE **Was there any time when you needed medical care for**

something other than coronavirus, but did not get it because of the coronavirus pandemic?

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

USUALPL

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

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

[SKIP: If USUALPL==2, SKIP to NOCARTYP; Else if USUALPL==c(1, 3, R, DK) & P_TELMEDEXP==1, CONTINUE to TELMED; Else if USUALPL==c(1, 3, R, DK) & P_TELMEDEXP==2, CONTINUE to ALT_TELMED]

TELMED

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

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

ALT_TELMED

Does this provider offer telephone or video appointments, so that you don't need to physically visit their office or facility?

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

PROBE_TELMED

When answer the previous question about telephone or video appointments, were you thinking about...

- 1. Whether or not you had scheduled or participated in a telephone or video appointment

- 2. Your provider's ability to do appointments over telephone or video
- 3. Whether or not your provider contacted you and let you know that they had the ability to conduct appointments over telephone or video
- 77. Don't Know
- 99. [Refused]

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

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

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

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

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

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

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

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

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

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

PROBE_NOCAR Why do you say you were unable to get care because of the pandemic (select all that apply)?

1. Your provider cancelled appointments
2. Your provider delayed appointments
3. You delayed making an appointment
4. You delayed or cancelled an existing appointment
- 77 [Don’t Know]
99. [Refused]

PROBE_GETCAR How much of the care that [your provider/you/you and your provider] delayed or cancelled were eventually able to reschedule or receive?

1. All of it
2. Most of it
3. Some of it
4. None of it
77. [Don’t Know]
99. [Refused]

Vaccine

VAX_HES The next few questions are about vaccines.

Overall, how hesitant about vaccines in general would you consider yourself to be?

1. Not at all hesitant
2. Not that hesitant
4. Somewhat hesitant
5. Very hesitant
77. [Don’t Know]
99. [Refused]

PROBE_HES Please list the reasons you say you [fill based on VAX_HES: are/are not] hesitant about vaccines in general:

1. [Open]
99. *Refused*

VAX_SIDE Have concerns about serious, long-term side effects impacted your decision to get vaccinated in the past?

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

VAX_KNOW Do you personally know anyone who has had a serious, long-term side effect from a vaccine?

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

VAX_MD Is your doctor or health provider your most trusted source of information about vaccines?

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

VAX_RISK How confident are you that the benefits of vaccines outweigh their risks?

1. Very Confident
2. Somewhat Confident
3. Not at all Confident
77. [Don't Know]
99. [Refused]

VAX_HERD Do you believe that getting vaccinated helps protect others from getting disease?

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

COVID_HES Thinking specifically about potential COVID-19 vaccines, how hesitant would you consider yourself to be?

1. Not at all hesitant
2. Not that hesitant

- 4. Somewhat hesitant
- 5. Very hesitant
- 77 Don't Know
- .
- 99 [Refused]
- .

VAX_COVID Do you plan on getting a COVID-19 vaccine if and when one becomes available?

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

PROBE_VAX When thinking about your plan to [fill based on VAX_COVID: get/not get] a COVID-19 vaccine, which of the following, if any, were you thinking about?

- 1. Overall social benefit of vaccine
- 2. Long-term health impacts
- 3. Speed of development
- 4. Government approval process
- 5. Personal risk of getting vaccinated
- 6. Risk of contracting COVID-19
- 7. Information you received from a medical provider
- 8. Information you received from friends or social media
- 9. Previous experiences with vaccines
- 10. Something else, please specify _____
- 77. [Don't Know]
- 99. [Refused]

COVID-19 Mitigation Behaviors

COVID_S6A In the last week, did you socially distance when you were...

- 1. Shopping
- 2. Eating at a restaurant
- 3. Visiting with people outside your household
- 4. Using public transportation or ride sharing
- 5. Working out or exercising
- 6. Visiting a medical facility
- 7. Receiving nail, hair care, or spa services
- 8. Attending a faith or religious service
- 9. Attending a gathering with more than 10 people
- 10.
- 77. [Don't Know]
- 99. [Refused]

COVID_S6B [DISPLAY IF YES TO COVID_S6A, Excluding 4 and 6] Did you do this activity inside, outside, or both?

1. Shopping
2. Eating at a restaurant
3. Visiting with people outside your household

5. Working out or exercising

7. Receiving nail, hair care, or spa services
8. Attending a faith or religious service
9. Attending a gathering with more than 10 people
- 10.
77. [Don't Know]
99. [Refused]

PROBE_DISTANCE When you were answering about social distancing in the previous questions, what were you thinking about?

1. [Open]
99. [Refused]

COVID_S6B [DISPLAY IF YES TO COVID_S6A] When doing this activity, did you always wear a mask?

1. Shopping
2. Eating at a restaurant
3. Visiting with people outside your household
4. Using public transportation or ride sharing
5. Working out or exercising
6. Visiting a medical facility
7. Receiving nail, hair care, or spa services
8. Attending a faith or religious service
9. Attending a gathering with more than 10 people
- 10.
77. [Don't Know]
99. [Refused]

PROBE_MASKTYP E When asked about wearing a mask in the previous question, which of the following, if any, were you thinking about?

1. A neck gaiter
2. A bandana
3. A cloth mask
4. A surgical or medical mask
5. A mask with a valve
6. Something else, please specify_____

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

PROBE_MASKUSE

Which of the following, if any, do you commonly see in your community?

- 1. People wearing masks over their mouths and noses at all times
- 2. People wearing masks over their mouths and noses when they are within a few feet of each other
- 3. People wearing masks over their mouths, but not their noses
- 4. People wearing masks over their chins, but not their mouths or noses
- 5. People not wearing masks at all
- 77. [Don't Know]
- 99. [Refused]

COVID_S2

How important are the following reasons for social distancing during the COVID-19 pandemic? [Not at all important, a little important, somewhat important, very important]

- 1. To protect myself
- 2. To protect my family or friends
- 3. To protect the public
- 4. Because people may judge me negatively if I don't
- 5. Because family or friends ask me to socially distance
- 6. Because doctors or public health officials have recommended it
- 7. Because elected officials have urged me to do it
- 8. Because I am required by law
- 77. [Don't Know]
- 99. [Refused]

Affect

GADPHQ_INTRO

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

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

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

GAD71

[If Mode=Phone, read: Over the last 2 weeks, how often have you

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

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

GAD72

[If Mode=Phone, read: Over the last 2 weeks, how often have you been bothered by any of the following problems?] Not being able to stop or control worrying. [If Mode=Phone, read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?]

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

DOV_GAD

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

- 0.
- 1.

PHQ81

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

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

- PHQ82** [If Mode=Phone, read: Over the last 2 weeks, how often have you been bothered by any of the following problems?] Feeling down, depressed, or hopeless. [If Mode=Phone, read if necessary: Would you say not at all, several days, more than half the days, or nearly every day?]
1. Not at all
 2. Several days
 3. More than half the days
 4. Nearly every day
 77. [Don't Know]
 99. [Refused]

- DOV_PHQ** [Create DOV] For PHQ81 and PHQ82, "Not at all"=0, "Several..."=1, "More than half..."=2, "Nearly every..."=3. If $sum(PHQ81 \text{ and } PHQ82) \geq 3$, DOV_PHQ=1, else DOV_PHQ=0
- 0.
 - 1.

WG Short Set and Affect

- VISIONDF** Do you have difficulty seeing, even if wearing glasses? Would you say...
1. No difficulty
 2. Some difficulty
 3. A lot of difficulty
 4. Cannot do at all
 77. [Don't Know]
 99. [Refused]

- HEARINGDF** Do you have difficulty hearing, even if using hearing aides? Would you say...
1. No difficulty
 2. Some difficulty
 3. A lot of difficulty
 4. Cannot do at all
 77. [Don't Know]
 99. [Refused]

DIFF **Do you have difficulty walking or climbing steps? Would you say...**

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
77. [Don't Know]
99. [Refused]

COMDIF **Using your usual language, do you have difficulty communicating, for example, understanding or being understood? Would you say...**

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
77. [Don't Know]
99. [Refused]

COGMEMDF **Do you have difficulty remembering or concentrating? Would you say...**

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
77. [Don't Know]
99. [Refused]

UPPSLFCR **Do you have difficulty with self care, such as washing all over or dressing? Would you say...**

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
77. [Don't Know]
99. [Refused]

ANXFREQ **How often do you feel worried, nervous or anxious? Would you say**

daily, weekly, monthly, a few times a year, or never?

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

ANXMED

Do you take prescription medication for these feelings?

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

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

ANXLEVEL

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

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

[DOV_ANX]

*If ANXFREQ == 4 or ANXFREQ==5, DOV_ANX=1;
If ANXFREQ==1, 2, or 3 AND ANXLEVEL==1, DOV_ANX=2;
If ANXFREQ==2, or 3 AND ANXLEVEL==3, DOV_ANX=2;
If ANXFREQ==3 AND ANXLEVEL==2, DOV_ANX=2
If ANXFREQ==1 AND ANXLEVEL==3, DOV_ANX=3
If ANXFREQ==2 AND ANXLEVEL==2, DOV_ANX=3;
If ANXFREQ==1 AND ANXLEVEL==2, DOV_ANX=4;
If ANXFREQ==99 OR ANXLEVEL==99,*

- 1.
- 2.
- 3.

4.
99. [Refused]

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

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

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

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

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

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

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

[DOV_DEP] **If DEPFREQ == 4 or DEPFREQ ==5, DOV_DEP=1;
If DEPFREQ==1, 2, or 3 AND DEPLEVEL==1, DOV_DEP=2;
If DEPFREQ==2, or 3 AND DEPLEVEL==3, DOV_DEP=2;
If DEPFREQ==3 AND DEPLEVEL==2, DOV_DEP=2
If DEPFREQ==1 AND DEPLEVEL==3, DOV_DEP=3
If DEPFREQ==2 AND DEPLEVEL==2, DOV_DEP=3;**

*If DEPFREQ==1 AND DEPLEVEL==2, DOV_DEP=4;
If DEPFREQ==99 OR DEPLEVEL==99, DOV_DEP=99*

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

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

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

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

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

NSFG Religion

REL1

The next few questions are about religion.

In what religion were you raised, if any?

1. Christianity
2. Judaism
3. Islam
4. Hinduism
5. Buddhism
6. Some other religion, please specify_____
7. No religion (including being raised agnostic or atheist)
77. [Don't Know]
99. [Refused]

[SKIP: If REL1=c(1,6), Continue to REL2; Else Go To REL3]

REL2

Which of these were you raised as, if any?

1. Catholic
2. Mainline or Ecumenical Protestant, such as Episcopalian, Lutheran, Presbyterian, or Methodist
3. Mormon or Latter Day Saint
4. An Evangelical, Charismatic, or Fundamental Christian
5. Something else, please specify_____
77. [Don't Know]
99. [Refused]

REL3

When you were 14, about how often did you usually attend religious services?

1. More than once a week
2. Once a week
3. 2-3 times a month
4. Once a month (about 12 times a year)
5. 3-11 times a year
6. Once or twice a year
7. Never
77. [Don't Know]
99. [Refused]

REL4

What religion are you now?

1. Christianity
2. Judaism
3. Islam
4. Hinduism
5. Buddhism

6. Some other religion, please specify_____
7. No religion (including being raised agnostic or atheist)
77. [Don't Know]
99. [Refused]

[SKIP: If RE4==c(1,6), Continue to REL5; Else Go To REL3]

REL5

Which of these are you now, if any?

1. Catholic
2. Mainline or Ecumenical Protestant, such as Episcopalian, Lutheran, Presbyterian, or Methodist
3. Mormon or Latter Day Saint
4. An Evangelical, Charismatic, or Fundamental Christian
5. Something else, please specify_____
77. [Don't Know]
99. [Refused]

[SKIP: If REL4==c(1,2,3,4,5,6), Continue to REL6; Else if REL4==c(7,77,99), END]

REL6

Currently, how important is religion in your daily life? Would you say it is very important, somewhat important, or not important?

1. Very important
2. Somewhat important
3. Not important
77. [Don't Know]
99. [Refused]

PROBE_REL6

Why do you say that?

1. [Open]
99. [Refused]

REL7

About how often do you attend religious services?

1. More than once a week
2. Once a week
3. 2-3 times a month
4. Once a month (about 12 times a year)
5. 3-11 times a year
6. Once or twice a year

- 7. Never
- 77. [Don't Know]
- 99. [Refused]