

COVID-19 Questionnaire Specifications

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

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:	(01) ALIVE AND NOT INSTITUTIONALIZED (02) ALIVE AND INSTITUTIONALIZED (03) DECEASED – DIED IN COMMUNITY (04) DECEASED – DIED IN INSTITUTION/FACILITY	(01) SPPROXIN (02) INTHANK (03) INTHANK (04) INTHANK
INTHANK	THIS CASE IS NOT ELIGIBLE FOR THE [MCBS/NGACO] 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	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
		(52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) DON'T KNOW (-7) REFUSED	
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.	(01) 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</p> <p>(02) MEDICAL CLINIC</p> <p>(03) MANAGED CARE PLAN CENTER/HMO</p> <p>(04) NEIGHBORHOOD/FAMILY HEALTH CENTER</p> <p>(05) FREESTANDING SURGICAL CENTER</p> <p>(06) RURAL HEALTH CLINIC</p> <p>(07) COMPANY CLINIC</p> <p>(08) OTHER CLINIC</p> <p>(09) WALK-IN URGENT CENTER</p> <p>(10) DOCTOR COMES TO SP'S HOME</p> <p>(11) HOSPITAL EMERGENCY ROOM</p> <p>(12) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC</p> <p>(13) VA FACILITY</p> <p>(14) MENTAL HEALTH CENTER</p> <p>(91) OTHER</p> <p>(-8) DON'T KNOW</p> <p>(-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 (REFERENCE DATE), 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 (REFERENCE DATE), [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 (REFERENCE DATE), [have you (ever)/has (SP) (ever)] 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

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 pandemic.</p> <p>Since (REFERENCE DATE), 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 (REFERENCE DATE) 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>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) NOCARTY1 (02) AUTOINT (-8) AUTOINT (-7) AUTOINT</p>
NOCARTY1	<p>Since (REFERENCE DATE), [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>	<p>(01) YES (02) NO (03) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>

Var Name	Question Text/Description	Response Options	Routing
<p><i>NOCARTY2</i></p>	<p>[Since (REFERENCE DATE), [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:</p> <p>TYPDRUGS. Prescription drugs or medications TYPDENTA. Dental Care TYPVISIO. Vision Care TYPHEAR. Hearing Care TYPMENT. Mental Health Care</p>	<p>(01) YES (02) NO (03) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED</p>	<p>FOR EACH TYPE OF CARE SELECTED AT NOCARTY1 AND NOCARTY2, ASK <i>NOCARDIR</i> AND THE APPLICABLE FOLLOW-UP:</p> <p>IF YES SELECTED FOR ANY ITEMS, GO TO <i>NOCARDIR</i>.</p> <p>IF NO TYPES SELECTED AT NOCARTY1 AND NOCARTY2, SKIP TO <i>AUTOINT</i>.</p>
<p><i>NOCARDIR</i></p> <p>DIRURGNT DIRSURGE DIRDIAGN DIRTREAT DIRCHKUP DIRDRUGS DIRDENTA DIRVISIO DIRHEAR DIRMENT</p>	<p>Regarding [your/(SP)'s] [<i>NOCARTY1/NOCARTY2</i>], 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>	<p>(01) PROVIDER DECIDED (02) R DECIDED (03) BOTH (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) REASONMD (02) NOCARYR (03) REASONMD (-8) AUTOINT (-7) AUTOINT</p>

Var Name	Question Text/Description	Response Options	Routing
<p><i>REASONMD</i></p> <p>RSNURGNT</p> <p>RSNSURGE</p> <p>RSNDIAGN</p> <p>RSNTREAT</p> <p>RSNCHKUP</p> <p>RSNDRUGS</p> <p>RSNDENTA</p> <p>RSNVISIO</p> <p>RSNHEAR</p> <p>RSNMENT</p>	<p>Did [your/(SP)'s] medical provider give [you/him/her] a reason why they needed to reschedule?</p>	<p>(01) YES</p> <p>(02) NO</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	<p>(01) NOCARYMD</p> <p>(02), (-8), (-7): 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>

<p><i>NOCARYMD</i></p>	<p>What reasons [were you/was (SP)] given by [your/his/her] provider for this decision regarding [ITEM SELECTED AT <i>NOCARTY1</i> OR <i>NOCARTY2</i>]?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(01) Was the medical office closed?</p> <p>CLSURGNT CLSSURGE CLSDIAGN CLSTREAT CLSCHKUP CLSDRUGS CLSDENTA CLSVISIO CLSHEAR CLSMENT</p> <p>(02) Was priority given to other types of appointments?</p> <p>PRIURGNT PRISURGE PRIDIAGN PRITREAT PRICHKUP PRIDRUGS PRIDENTA PRIVISIO PRIHEAR PRIMENT</p> <p>(03) Did the medical office reduce available appointments?</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>
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Var Name	Question Text/Description	Response Options	Routing
	<p> REDURGNT REDSURGE REDDIAGN REDTREAT REDCHKUP REDDRUGS REDDENTA REDVISIO REDHEAR REDMENT </p> <p>(04) Was there some other reason?</p> <p> OMDURGNT OMDSURGE OMDDIAGN OMDTREAT OMDCHKUP OMDDRUGS OMDDENTA OMDVISIO OMDHEAR OMDMENT </p>		

<p>NOCARYR</p>	<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>(01) Did [you/he/she] have no access to transportation?</p> <p>TRAURGNT TRASURGE TRADIAGN TRATREAT TRACHKUP TRADRUGS TRADENTA TRAVISIO TRAHEAR TRAMENT</p> <p>(02) Did [you/he/she] not want to leave [your/his/her] house?</p> <p>HOUURGNT HOUSURGE HOUDIAGN HOUTREAT HOCHKUP HOUDRUGS HOUDENTA HOUVISIO HOUHEAR HOUMENT</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>
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Var Name	Question Text/Description	Response Options	Routing
	<p>(03) Did [you/he/she] not want to risk being at a medical facility?</p> <p>RSKURGNT RSKSURGE RSKDIAGN RSKTREAT RSKCHKUP RSKDRUGS RSKDENTA RSKVISIO RSKHEAR RSKMENT</p> <p>(04) Was there some other reason?</p> <p>OYRURGNT OYRSURGE OYRDIAGN OYRTREAT OYRCHKUP OYRDRUGS OYRDENTA OYRVISIO OYRHEAR OYRMENT</p>		
AUTOINT	The next questions are about health conditions [you/(SP)] may have.	(01) CONTINUE	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
AUTOIMRX	Since (REFERENCE DATE), [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 (REFERENCE DATE), [have you/has (SP)] suspected that [you have/he has/she has] (ever) had the coronavirus or COVID-19?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NEXT QUESTION (02) COVIDEV (-8) COVIDEV (-7) COVIDEV

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] (ever) had the coronavirus?</p> <p>INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT.</p>	<p>(01) SUSFEVER FEVER (02) SUSCOUGH ONGOING DRY COUGH (03) SUSRNOSE RUNNY NOSE (04) SUSSNEEZ SNEEZING (05) SUSSRTBR SHORTNESS OF BREATH (06) SUSHDACH HEADACHE (07) SUSTHROA SORE THROAT (08) SUSNAUSE NAUSEA (09) 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 (REFERENCE DATE), has 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

Var Name	Question Text/Description	Response Options	Routing
COVSWAB	<p>Since (REFERENCE DATE), [have you (ever) /has(SP) (ever)] 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 [your/(SP)'s] test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, within 4-6 days, or after 8 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) 4-6 DAYS (05) 7 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 (REFERENCE DATE), have [you (ever)/(SP) (ever)] 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, within 4-6 days, or after 7 days or more?</p>	<p>(01) SAME DAY (02) NEXT DAY (03) 2-3 DAYS (04) 4-6 DAYS (05) 7 DAYS OR MORE (-8) DON'T KNOW</p>	<p>NEXT QUESTION</p>

Var Name	Question Text/Description	Response Options	Routing
	[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.]	(-7) REFUSED	
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>	(01) NONE OF THE COST (02) PART OF THE COST (03) ALL OF THE COST (-8) DON'T KNOW (-7) REFUSED	BOX A
BOX A	IF P_PRIORCOVID=YES THEN GO TO CVEFFECT. ELSE IF COVIDEV=YES OR SWABRSLT=01 OR ANTRESLT=01 THEN GO TO CVDSVRE. ELSE GO TO CVDEVHH.		
CVDSVRE	How would you describe [your/(SP)'s] coronavirus symptoms when they were at their worst? Would you say [you/he/she] had no symptoms, mild symptoms, moderate symptoms, or severe symptoms?	(01) NO SYMPTOMS (02) MILD SYMPTOMS (03) MODERATE SYMPTOMS (04) SEVERE SYMPTOMS (-8) DON'T KNOW	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
		(-7) REFUSED	
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
<i>CVDNOTRE</i>	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 (REFERENCE DATE), has a doctor or other health professional (ever) 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	<p>Since [DATE of COVID-19 vaccine availability] [have you/has (SP)] had a coronavirus vaccination?</p> <p>DO NOT REPORT VACCINES THAT ARE SCHEDULED FOR THE FUTURE. ONLY REPORT VACCINATIONS THAT HAVE BEEN RECEIVED BY THE DATE OF THE INTERVIEW.</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) VACNUM (02) NOVACRSN (-8) DESCPRE1 (-7) DESCPRE1</p>
VACNUM	<p>How many coronavirus vaccination doses [have you/has (SP)] had?</p> <p>IF NEEDED: Some vaccinations require two doses, given on separate days, in order to work properly.</p> <p>DO NOT REPORT VACCINES THAT ARE SCHEDULED FOR THE FUTURE. ONLY REPORT VACCINATIONS THAT HAVE BEEN RECEIVED BY THE DATE OF THE INTERVIEW.</p>	<p>(01) ONE VACCINATION DOSE (02) TWO VACCINATION DOSES (-8) DON'T KNOW (-7) REFUSED</p>	<p>(01) VACDAT1 (02) VACDAT1 (-8) DESCPRE1 (-7) DESCPRE1</p>
VACDAT1	<p>When did [you/(SP)] receive the <u>first</u> dose of coronavirus vaccination?</p>	<p>MONTH (VACMON1) YEAR (VACYR1)</p>	<p>IF RESPONSE TO VACNUM=(02) GO TO VACDAT2. ELSE GO TO DESCPRE1.</p>
VACDAT2	<p>When did [you/(SP)] receive the <u>second</u> dose of coronavirus vaccination?</p>	<p>MONTH (VACMON2) YEAR (VACYR2)</p>	<p>DESCPRE1</p>

<p><i>NOVACRSN</i></p>	<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 (02) DIDN'T KNOW THE VACCINE WAS NEEDED (03) THE VACCINE COULD CAUSE COVID-19 (04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE (05) DIDN'T THINK THE VACCINE WOULD PREVENT COVID-19 (06) COVID-19 IS NOT SERIOUS (07) DOCTOR DID NOT RECOMMEND THE VACCINE (08) DOCTOR RECOMMENDED AGAINST GETTING THE VACCINE (09) DON'T LIKE VACCINES OR NEEDLES (10) COULDN'T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE (11) COULDN'T FIND A PLACE THAT WAS OFFERING THE VACCINE (12) FORGOT (13) COULD NOT AFFORD THE VACCINE (14) HAD THE VACCINE BEFORE AND DOESN'T NEED TO GET IT AGAIN (15) THE VACCINE WAS NOT AVAILABLE (16) THE VACCINE IS NOT WORTH THE MONEY (17) DIDN'T HAVE TIME TO GET THE VACCINE (18) NOT IN HIGH RISK/PRIORITY GROUP (19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON</p>	<p>(01)-(20), (-8), (-7) <i>DESCPRE1</i></p> <p>(91) NOVCRNOS</p>
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Var Name	Question Text/Description	Response Options	Routing
		WHICH PREVENTS GETTING THE VACCINE (20) DON'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE (91) OTHER (-8) DON'T KNOW (-7) REFUSED	
NOVCRNOS	OTHER (SPECIFY)	Verbatim text box	<i>DESCPRE1</i>
<i>DESCPRE1</i>	Since (REFERENCE DATE), [have you/has (SP)] done any of the following in response to the outbreak of the new coronavirus? READ EACH ITEM AND RECORD YES/NO RESPONSE: (01) PREVWASH. Washed [your/his/her] hands for 20 seconds with soap and water (02) PREVSANI. Used hand sanitizer (03) PREVFACE. Avoided touching [your/his/her] face (04) PREVTISS. Coughed or sneezed into a tissue or sleeve (05) PREVMASK. Worn a facemask when out in public	(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DESCPRE2	<p>[Since (REFERENCE DATE) [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>(01)PREVCLEA. Cleaned or sterilized commonly-touched surfaces, such as door knobs</p> <p>(02)PREVCONT. Avoided contact with sick people</p> <p>(03)PREVDIST. Kept a six-foot distance between [yourself/himself/herself] and people outside [your/his/her] household</p> <p>(04)PREVGRP. Avoided large groups of people</p> <p>(05)PREVSHEL. Left [your/his/her] home for essential purposes only, such as for medical appointments or grocery shopping, sometimes called “sheltering in place”</p>	<p>(01) YES</p> <p>(02) NO</p> <p>(04) NOT APPLICABLE</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
<i>DESCPRE3</i>	<p>[Since (REFERENCE DATE) [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>(01) PREVFOOD. Purchased extra food (02) PREVSUPP. Purchased extra cleaning supplies (03) PREVMEDI. Purchased or picked up extra prescription medicines beyond [your/his/her] usual purchases (04) PREVCONS. Consulted with a health care provider about coronavirus (05) 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	NEXT QUESTION
<i>DESC_INF</i>	<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
<i>INFOSORC1</i>	<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>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>NEXT QUESTION</p>
<i>INFOSORC2</i>	<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>	<p>(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED</p>	<p>IF INFOSUM IS GREATER THAN OR EQUAL TO 2 THEN GO TO INFOMOST.</p> <p>ELSE IF INFOSUM=1 THEN SET INFOMOST=THE VARIABLE THAT HAD THE YES RESPONSE.</p> <p>ELSE IF SPPROXY=01 GO TO <i>CVDAGREE</i>.</p> <p>ELSE GO TO <i>RECCDC</i>.</p>

Var Name	Question Text/Description	Response Options	Routing
INFOMOST	You said [you rely/(SP) relies] on [DISPLAY ALL ITEMS FOR WHICH RESPONSE TO INFOSORC1 OR INFOSORC2 WAS YES] for information about the coronavirus. Which of these sources [do you/does he/does she] rely on <u>most</u> ?	DISPLAY ALL ITEMS FOR WHICH RESPONSE TO INFOSORC1 OR INFOSORC2 WAS "YES". (-8) DON'T KNOW (-7) REFUSED	IF SPPROXIN=01 GO TO <i>CVDAGREE</i> . IF SPPROXIN=02 GO TO DISRUPT.
<i>CVDAGREE</i>	For each of the following statements, please rate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree: CONTAG. Coronavirus is more contagious than the flu. DEADLY. Coronavirus is more deadly than the flu. TAKECAUT. It is important for everyone to take precautions to prevent the spread of the Coronavirus, even if they are not in a high-risk group (e.g., elderly, chronically ill).	(01) STRONGLY AGREE (02) AGREE (03) NEITHER AGREE NOR DISAGREE (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
<i>GETVAC</i>	If a vaccine that protected you from Coronavirus was available to everyone who wanted it, would you get it? Definitely, probably, probably not, definitely not, or are you not sure?	(01) DEFINITELY (02) PROBABLY (03) PROBABLY NOT (04) DEFINITELY NOT (05) NOT SURE (-7) REFUSED	(01) <i>RECCDC</i> (02) <i>RECCDC</i> (03) <i>NOGETVAC</i> (04) <i>NOGETVAC</i> (05) <i>RECCDC</i> (-7) <i>RECCDC</i>

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>	<p>(01)-(10), (-8), (-7) <i>RECCDC</i></p> <p>(91) NOGETCOS</p>
NOGETCOS	OTHER (SPECIFY)	Verbatim text box	<i>RECCDC</i>

<p><i>RECCDC</i></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><i>DISRUPT</i></p>	<p>Since (REFERENCE DATE), [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>	<p>BOX C</p>
<p>BOX C</p>	<p>IF SPPROXIN=01 GO TO FEELFINC. ELSE IF SPPROXIN=02 GO TO THANKYOU.</p>		

FEELFINC	Since (REFERENCE DATE)...	(01) MORE FINANCIALLY SECURE (02) LESS FINANCIALLY SECURE (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
	Have you felt more financially secure, less financially secure, or about the same?		
FEELANXI	[Since (REFERENCE DATE)...	(01) MORE STRESSED OR ANXIOUS (02) LESS STRESSED OR ANXIOUS (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
	have you felt more stressed or anxious, less stressed or anxious, or about the same?		
FEELDEPR	[Since (REFERENCE DATE) ...]	(01) MORE LONELY OR SAD (02) LESS LONELY OR SAD (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
	have you felt more lonely or sad, less lonely or sad, or about the same?		
FEELSOCI	[Since (REFERENCE DATE)...	(01) MORE SOCIALLY CONNECTED (02) LESS SOCIALLY CONNECTED (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
	have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same?		
THANKYOU	Thank you for participating in this important survey. (IF ACOFLAG=02 (NO) DISPLAY: 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.		