

MEDICARE CURRENT BENEFICIARY SURVEY (MCBS)

COVID-19 Summer 2020 Supplement Test Report

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Executive Summary

The Medicare Current Beneficiary Survey (MCBS) is a longitudinal panel, multi-purpose survey of a nationally representative sample of the Medicare population, conducted by the Centers for Medicare & Medicaid Services (CMS) through a contract with NORC at the University of Chicago. CMS received approval under Generic Clearance 0938-1275 on May 7, 2020 to conduct a field test of the MCBS COVID-19 Rapid Response Supplement. The purpose of the COVID-19 Supplement Test was to demonstrate that a standalone supplement could be administered to MCBS beneficiaries in parallel with the main MCBS conducted under MCBS Clearance 0938-0568. The test would enable CMS to continue collecting important data on the impact of COVID-19 in the Fall of 2020 through an emergency clearance and later in 2021 through a revision to the MCBS clearance.

Testing the questions and methodology under the generic clearance provided meaningful information for the Fall COVID-19 Supplement (later approved through the emergency clearance 0938-1379). It demonstrated that the questions worked as intended and that the flow and administration by phone was smooth. It also provided important confirmation that the production of the main MCBS would not be hampered or negatively impacted by an additional data collection. Finally, it provided a confirmation of the respondent burden which was estimated to be 15 minutes and was confirmed through timing data to be 13.9 minutes.

After the test was concluded, data were processed, cleaned, and delivered to CMS in mid-August (within four weeks of the close of data collection). CMS, in turn, was able to release a Public Use File (PUF) in October 2020.¹ The MCBS COVID-19 Supplement PUF has provided a publicly available MCBS file for researchers interested in the experiences of Medicare beneficiaries during the COVID-19 pandemic. The file provides information not available in the CMS administrative data on topics such as telehealth availability, computer/internet access, and forgone health care while providing the very highest degree of protection to the Medicare beneficiaries' protected health information. The MCBS COVID-19 PUF was prepared from data collected from community-dwelling Medicare beneficiaries and contains standard demographic variables, such as age categories, race/ethnicity and gender as well as the COVID-19 measures.

¹ The PUF can be accessed at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File> .

Introduction

The Medicare Current Beneficiary Survey (MCBS) was launched in 1991 and is a continuously fielded survey of a nationally representative sample of the Medicare population conducted by CMS through a contract with NORC at the University of Chicago. The Medicare population includes all Medicare eligible persons aged 65 and over, and persons under age 65 with certain disabilities or with end-stage renal disease (ESRD). The MCBS uses a rotating panel design and collects data from Medicare beneficiaries up to eleven times over a span of four years. Incoming panels are sampled and recruited in the fall of each year to replace the panel that rotates out in the winter.

On January 31, 2020, the Secretary of the Department of Health and Human Services (HHS) determined that a Public Health Emergency (PHE) exists for the United States to aid the nation’s healthcare community in responding to the novel “severe acute respiratory syndrome coronavirus 2” (“SARS-CoV-2”) virus and the disease it causes, “coronavirus disease 2019” (“COVID-19”); this determination was most recently renewed on October 23, 2020.² Older people and people of all ages with severe chronic medical conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.³ With the emergence of the COVID-19 pandemic in the U.S., CMS was uniquely positioned to collect timely and vital information on how the pandemic was impacting the Medicare population by utilizing the MCBS.

CMS took advantage of the MCBS panel design to assess and understand the COVID-19 pandemic by planning a series of rapid response surveys as a supplement to the main MCBS. The COVID-19 Supplement Field Test was administered in Summer 2020 by phone to existing MCBS sampled beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and were alive, eligible for and enrolled in Medicare at the time of the interview in Summer 2020. The test was conducted in parallel with the regular MCBS production cycle for Summer 2020 (Round 87).

The approximately 15-minute survey collected data on the impact of COVID-19 on the lives of Medicare beneficiaries, including topics such as the availability of telemedicine visits, deferred medical care, social distancing and other preventive health behaviors, COVID-19 testing, and the consequences for social, emotional, and financial well-being.

Research Questions

The first aim of the field test was to assess the feasibility of conducting a standalone supplemental phone interview to existing MCBS respondents in parallel with regular MCBS data collection.

² “Public Health Emergency Declarations”. U. S. Department of Health & Human Services. Last reviewed January 12, 2021. <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>.

³ Garg S, Kim L, Whitaker M, et al. Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020; 69:458–464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6915e3>.

Analysis focused on three main factors. First, survey completion rates were analyzed to determine if participation in a standalone supplemental interview would be sufficient for analytic goals. Second, interview timing data was analyzed to determine if the burden of the supplemental interview was approximately 15-minutes, as estimated. And finally, survey completion rates of the main MCBS data collection were analyzed to determine if the addition of the supplemental interview had an impact on participation in the main MCBS data collection. The second key goal of the field test was to assess the performance of the COVID-19 items via regular monitoring of content frequencies and interviewer feedback.

Methods

The COVID-19 Summer 2020 Supplement Test was conducted as an out-of-cycle, standalone survey and was administered as a supplement to the main MCBS survey design. The COVID-19 Summer 2020 Supplement was conducted by telephone during a five-week data collection period during June-July 2020 to existing MCBS respondents who had completed an MCBS interview from August 2019 through December 2019, making data for the sampled beneficiary eligible to be included in the 2019 Survey File.

Sampling

The MCBS uses a rotating panel sample design, covering the population of Medicare beneficiaries residing in the continental U.S. (48 states and the District of Columbia) for the survey year.⁴ Each MCBS panel, an annual statistical sample of all Medicare enrollees, is interviewed up to three times per year over four consecutive years.⁵ One panel is retired at the conclusion of each winter round, and a new panel is selected to replace it each fall round.

Beneficiaries for the MCBS are sampled from the Medicare Administrative enrollment data. The beneficiaries included in the MCBS represent a randomly selected cross-section of all beneficiaries who were ever enrolled in either Part A or Part B of the Medicare program for any portion of 2019.

The COVID-19 Supplement Field Test was a cross-sectional survey conducted with existing MCBS sample members from the 2016, 2017, 2018, and 2019 panels. Exhibit 1 shows the distribution of fielded sample in the four panels included in the field test. Under the main MCBS sample design, the 2016 panel completed their last MCBS interview in Winter 2020 (Round 86). However, in order to conduct the COVID-19 Summer 2020 Supplement with the 2019 Limited Data Set Survey File population, the COVID-19 Supplement was also administered to the 2016 panel in Summer 2020.

⁴ Alaska and Hawaii are not included among the states from which the sample is selected due to the high cost of data collection in those areas; however, they are included in control totals for weighting purposes. Beginning in 2017, sampling from Puerto Rico was discontinued. Beginning in 2018, all data collection in Puerto Rico was discontinued.

⁵ The three rounds per year are referred to seasonally. Respondents are interviewed in the winter round, the summer round, and the fall round each year.

Beneficiaries were eligible for the COVID-19 Summer 2020 Supplement if they were continuously enrolled in Medicare from the beginning of 2020 and were alive, living in the community, and still eligible for and enrolled in Medicare at the time of their COVID-19 Summer Supplement interview.

Exhibit 1. Fielded Sample Size by Panel for the MCBS COVID-19 Summer 2020 Supplement

Data Year	Fielded Sample Sizes
2016	2,321
2017	2,742
2018	3,574
2019	5,695

Approximately 90 percent of the interviews for the main MCBS are administered for beneficiaries living in the community (i.e., not in a long-term care facility such as a nursing home). These interviews are called Community interviews; the remaining 10 percent of the interviews are administered for beneficiaries living in a facility such as long-term care nursing homes or other institutions. The COVID-19 Supplement was only administered for beneficiaries living in the community. If beneficiaries were unable to answer questions or require language assistance, they could enlist the help of an assistant, such as a family member, to help complete the interview; a proxy could also respond on behalf of the beneficiary if they were incapacitated or unable to complete the interview.

All of the panels in the MCBS data releases are distributed across the subset of 104 non-Puerto Rican Primary Sampling Units (PSUs) from the redesigned sample of 107 PSUs selected in 2001.⁶ These PSUs are a representative, national sample of beneficiaries who are geographically dispersed throughout metropolitan areas and groups of non-metropolitan counties. Secondary Sampling Units (SSUs) are census tracts or groups of contiguous tracts within the selected PSUs.

The MCBS sampling design provides nearly self-weighting (i.e., equal probabilities of selection) samples of beneficiaries within each of the 14 sampling strata. Within the selected PSUs and SSUs, a systematic sampling scheme with random starts is employed for selecting beneficiaries.⁷

⁶ An original set of 107 PSUs was selected at the start of the MCBS in 1991; the current PSUs were selected in 2001 with a focus on maximizing overlap with the original set of PSUs. With the rotating panel design, the PSU redesign is transparent to data users and no special processing is required. For more details on the PSU redesign, see Lo, A, A Chu, and R Apodaca. "Redesign of the Medicare Current Beneficiary Survey Sample," Proceedings of the Survey Research Section of the American Statistical Association 2002.

⁷ The MCBS Incoming Panel was drawn by systematic random sampling with probability proportional to probabilities of selection with an independently selected random start within each PSU. For more information on this sampling method, please see the *MCBS Methodology Report*, available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Codebooks>.

Material Development and Approval

On May 7, 2020, OMB approved CMS-10549 GenIC#7 MCBS COVID-19 Rapid Response Supplement Testing under the MCBS Generic Clearance (0938-1275). This conveyed approval for testing both the COVID-19 items as well as the standalone telephone survey methodology in parallel with main MCBS data collection.

Advance Letter

An advance letter was sent to all eligible sample members informing them of the addition of the COVID-19 Supplement (Appendix A). Consistent with MCBS protocols, beneficiaries were able to use the help of an assistant or proxy when needed. A Spanish version of the COVID-19 Supplement was available and bilingual interviewers were also available to conduct the COVID-19 Supplement in Spanish.

Questionnaire Instrumentation

Due to the COVID-19 pandemic, the COVID-19 Supplement was conducted by telephone. The COVID-19 Supplement was programmed using Voxco, a software platform well-suited for computer assisted web interviewing (CAWI) surveys. It was administered by trained field interviewers using the same interview equipment already in their possession for use on the MCBS – laptops, tablets, and telephone. Even though it was programmed for web administration, the questions were asked by trained interviewers using the telephone. Like the MCBS instrument loaded on a laptop, the CAWI instrument automatically guided the field interviewer through questions, recoded the answers, and contained logic and skip flows that increased the output of timely and high quality data.

The COVID-19 Summer 2020 Supplement questionnaire consisted of topics specific to the impact of the COVID-19 pandemic on Medicare beneficiaries' lives. Information from the 2019 MCBS was appended to the COVID-19 Summer 2020 Supplement data file for use in analysis, including demographics, chronic conditions, and inhaled tobacco product use. The questions in the COVID-19 Supplement were adapted from a range of sources and intended to align with other federal surveys on similar topics.

A limited testing effort of fewer than 9 cognitive interviews with a convenience sample of Medicare beneficiaries aged 65 and over were conducted before implementation to test the flow, timing, and cognition of the questions. CMS made a number of revisions to the draft instrument based on the results of the cognitive testing, including revising the order of items for improved question flow, adding on-screen help text to provide interviewer instruction, and updating routing for certain items based on earlier responses to avoid repetition. The questionnaire was revised based on these cognitive interviews before submission to OMB for approval.

The topics measured by the COVID-19 Summer 2020 Supplement were:

- Availability and Use of Telemedicine
- Access to Computers and Internet
- Forgone Health Care as a Result of the Pandemic
- Autoimmune Disease Prevalence
- COVID-19 Symptoms and Diagnosis
- Access to and Utilization of COVID-19 Testing
- COVID-19 Care
- Preventive Measures
- Sources of COVID-19 Information
- Knowledge of COVID-19 Public Health Guidance
- Ability to Access Basic Needs During the Pandemic
- Impact to Financial and Mental Health

Below are descriptions of each topic area. The questionnaire specifications can be found in Appendix B.

Availability and Use of Telemedicine

During the COVID-19 pandemic, Medicare temporarily expanded coverage of telemedicine to help beneficiaries access a wider range of services from providers without having to travel to a healthcare office.⁸ To measure the impacts of this change in policy, the COVID-19 Summer 2020 Supplement included questions on availability of telemedicine services before and during the pandemic. These questions were adapted from items on the National Center for Health Statistics (NCHS) COVID-19 Research and Development Survey (RANDS).⁹

Access to Computers and Internet

To inform research questions pertaining to access to telemedicine services, the COVID-19 Summer 2020 Supplement also contained a series of items on the use of computers, smartphones, tablets, videoconferencing, and access to the internet. These items were sourced from the Census Bureau's American Community Survey (ACS)¹⁰ and November 2019 Current Population Survey (CPS) Computer and Internet Use Supplement.¹¹

⁸ "Medicare & Coronavirus" U.S. Centers for Medicare & Medicaid Services. Accessed on August 5, 2020.

<https://www.medicare.gov/medicare-coronavirus>

⁹ "COVID-19 Research and Development Survey (RANDS)" National Center for Health Statistics. 2020.

<https://www.cdc.gov/nchs/covid19/rands.htm>

¹⁰ "2020 American Community Survey" U.S. Census Bureau. Accessed May, 2020.

<https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf>

¹¹ "November 2019 Current Population Survey Computer and Internet Use Supplement" U.S. Census Bureau. Accessed May, 2020. <https://www2.census.gov/programs-surveys/cps/techdocs/cpsnov19.pdf>

Forgone Health Care as a Result of the Pandemic

The COVID-19 Summer 2020 Supplement contained a series of items about medical care that was needed for something other than COVID-19 but was not obtained because of the pandemic. The Supplement asked if any care was forgone, what type of care it was, and for each type of care forgone, the Supplement asked whether it was the beneficiary or provider who made the decision to forego care, and why the decision to forego care was made. These items were adapted from the NCHS RANDS survey.

Autoimmune Disease Prevalence

Early findings show that certain preexisting medical conditions and autoimmune diseases make a person more vulnerable to contracting COVID-19.¹² The main MCBS questionnaire already collects information on prevalence of chronic conditions but does not ask about diagnosis of autoimmune diseases. Therefore, the COVID-19 Summer 2020 Supplement asked two questions about autoimmune diseases. These items were adapted from the CDC's National 2009 H1N1 Flu Survey (NHFS).¹³

COVID-19 Symptoms and Diagnosis

The COVID-19 Summer 2020 Supplement included a number of items relating to beneficiaries who had a probable or confirmed diagnosis of COVID-19. Topics included COVID-19 symptoms experienced since the start of the pandemic, suspected diagnosis of COVID-19, and confirmed diagnosis by a doctor or other health professional. These items were adapted from the NCHS RANDS survey.

Access to and Utilization of COVID-19 Testing

The COVID-19 Summer 2020 Supplement included items relating to access to COVID-19 testing, utilization of testing, and test results (if applicable). The item on asking a doctor or medical professional for a COVID-19 test was adapted from the NCHS RANDS survey. The item on ever having been refused a test was sourced from the Washington Post-ABC News March 22-25, 2020 poll.¹⁴ The items on utilization of a test and results of the test were sourced from the NCHS RANDS survey and National Health Interview Survey.¹⁵

¹² "Certain Medical Conditions and Risk for Severe COVID-19 Illness" U.S. Centers for Disease Control and Prevention. Last modified July 30, 2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

¹³ "National 2009 H1N1 Flu Survey" U.S. Centers for Disease Control and Prevention. Accessed May, 2020. https://www.cdc.gov/nchs/nis/data_files_h1n1.htm

¹⁴ "March 22-25, 2020 poll" Washington Post-ABC News. Accessed May, 2020. <https://www.washingtonpost.com/context/washington-post-abc-news-poll-march-22-25-2020/974c3312-5a40-4764-afb1-4bb6b86f1cf4/>

COVID-19 Care

For those who had a probable or confirmed diagnosis of COVID-19, the Summer Supplement included items related to utilization of medical care and hospitalization for COVID-19. These items were adapted from the NCHS RANDS survey.

Preventive Measures

The COVID-19 Summer 2020 Supplement included items on which preventive measures were taken to avoid exposure to the virus. The survey asked about 15 different measures that were recommended by the CDC and public health community during the pandemic, including washing hands, coughing or sneezing into a tissue, avoiding gatherings with groups of 10 or more people, and purchasing extra supplies such as food, cleaning supplies, and prescriptions. These items were adapted from the NCHS RANDS survey and other sources.¹⁶

Sources of COVID-19 Information

The COVID-19 Summer 2020 Supplement included items relating to the media or other types of sources the beneficiary relied on for information about the pandemic. These items were sourced from the March 2020 AP-NORC Center Poll.¹⁷

Knowledge of COVID-19 Public Health Guidance

The COVID-19 Summer 2020 Supplement included an item measuring knowledge of public health messaging about the virus. The survey asked about knowledge of guidance related to frequent hand washing, healthy people wearing facemasks in public, avoiding gatherings with large numbers of people, sheltering in place, and seeking medical attention for trouble breathing. This item was sourced from the March 2020 AP-NORC Center Poll.

Ability to Access Basic Needs During the Pandemic

The COVID-19 Summer 2020 Supplement included a series of items measuring disruption to basic needs caused by the pandemic, including ability to pay rent or mortgage and access to medication, health care, food, and household supplies. These items were adapted from the NCHS RANDS survey.

¹⁵ “National Health Interview Survey” U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm>

¹⁶ “How to Protect Yourself & Others” U.S. Centers for Disease Control. Accessed May, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

¹⁷ “March 2020 Poll AP-NORC Center Poll” The Associated Press-NORC Center for Public Affairs Research. Accessed May, 2020. https://apnorc.org/wp-content/uploads/2020/04/march2020_topline.pdf

Impact to Financial and Mental Health

The COVID-19 Summer 2020 Supplement included a series on impacts of the outbreak, including financial security, and feelings of stress or anxiety, loneliness or sadness, and social connection. These items were adapted from the NCHS RANDS survey.

Training Field Staff to Conduct Experiment

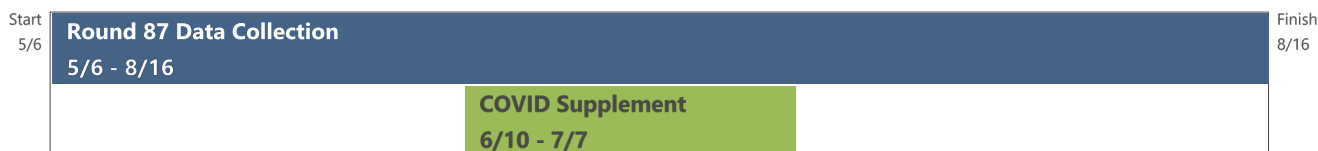
CMS contracts with NORC at the University of Chicago (NORC) to administer the MCBS. A national team of specially trained and certified NORC field interviewers typically conduct either face-to-face interviews with MCBS beneficiaries or their designated proxies or they conduct face-to-face interviews with Facility administrators on behalf of beneficiaries. Starting in March 2020, MCBS interviews were conducted only by telephone in accordance with public health guidance during the COVID-19 pandemic.

Field interviewers completed a remote training on the COVID-19 Summer 2020 Supplement field protocols, case management system, and questionnaire instrument before the start of data collection. All field interviewers were required to complete a certification quiz and participate in a group call with field management staff.

Implementation

The COVID-19 Summer 2020 Supplement was conducted by telephone from June 10 to July 15, 2020. Fielding of the Supplement overlapped with the MCBS Summer 2020 (Round 87) data collection which was conducted from May through August 2020. Exhibit 2 shows the how the two data collection efforts overlapped.

Exhibit 2. Overlap of COVID-19 Supplement and Round 87 MCBS Data Collection



Contacting Approach

MCBS respondents were divided into groups based on the type of interviews the respondent required. This allowed MCBS interviewers to work more efficiently and tailor the contacting strategy to the type of respondent. Respondents who had recently completed the R87 interview were administered the COVID-19 Supplement as a follow-up to their R87 interview whereas respondents who had not yet completed their R87 interview were administered the two interviews at the same time, with the option to separate them into multiple phone calls as required by the respondent.

Exhibit 3. COVID-19 Supplement Contacting Strategy

Group	Contacting Strategy
Cases not eligible for R87	Cases that were no longer eligible for R87 because of the R87 eligibility criteria but were eligible for the COVID-19 Supplement, such as the 2016 panel as described above. Required a COVID-19 Supplement interview only.
R87 Early Completes	Cases that had already completed their R87 MCBS interview by the time of the start of the COVID-19 Supplement so required a COVID-19 interview as follow-up
R87 Not Yet Complete	Cases had not yet completed the R87 MCBS interview at the time of the start of the COVID-19 Supplement so field interviewers could attempt to do the interviews simultaneously or could schedule them separately.

Findings

Key Metrics

To assess the success of the data collection protocol, three metrics were used: interview completion rates for the COVID-19 Supplement, interview timing data, and interview completion rates for the R87 interview. In addition, to assess the performance of the questionnaire items, content frequencies and field interviewer feedback were reviewed.

Results

COVID-19 Supplement Response Rate

By using the three-group contacting strategy described above, we were able to surpass data collection targets for the number of COVID-19 Supplement interviews completed in the short 5-week field period. In total, 11,114 interviews were completed, far exceeding the target of 8,000 completed interviews, which was set to align with the number of completes for other MCBS topical sections and which ensures the analytic utility of the data.

The overall response rate was 78.9 percent, calculated using the guidelines specified in the American Association for Public Opinion Research (AAPOR) and OMB.

COVID-19 Supplement Interview Timings

The median interview timing was 13.9 minutes, consistent with and slightly shorter than our estimates that the interview would take approximately 15 minutes to administer. The 25th percentile interview duration was 11.5 minutes and the 75th percentile interview duration was 17.3 minutes.¹⁸

Impact on R87 Data Collection

Conducting the COVID-19 Supplement during the Summer Round 87 was not detrimental to the main R87 MCBS data collection. In total, 9,800 R87 cases were completed, exceeding all overall and panel targets set for the data collection period to ensure sufficient analytic utility of the data. The overall response rate in Summer Round 87 was 87.48 percent, calculated using the guidelines specified by AAPOR and OMB¹⁹.

The ability to complete the R87 and COVID-19 Supplement interviews simultaneously proved to be a major asset in securing participation in both interviews. Of the 2,779 COVID-19 Supplement interviews that were completed with respondents in the “R87 Not Yet Complete” group, field interviewers self-reported to have completed the R87 and COVID-19 interviews on the same day for 1,832 cases, or 67%.

Performance of Questionnaire Items

CMS and NORC reviewed content frequencies for key questionnaire items on a weekly basis during data collection and at the conclusion of data collection. The overall rate of item-level refusals were less than 0.2% for all items and the rate of “Don’t Know” responses was less than 2% for all items with one exception. For three items in the telemedicine series, higher rates of “Don’t Know” responses were observed. This finding, however, was expected given that these items asked whether beneficiaries’ providers offer certain services via telemedicine, which can be challenging for a respondent to know or recall, particularly if they hadn’t sought medical care or had deferred medical care since the start of the pandemic. Further, these items were administered relatively early after the expansion of telemedicine coverage meaning that some respondents may not have had the chance to experience telehealth care during the limited time since the start of the pandemic.

A benchmarking comparison of the estimates from the MCBS telemedicine items compared to telemedicine estimates collected by the NCHS RANDS survey was also conducted. This analysis

¹⁸ Timings data were available for 9,386 out of 11,114 completed COVID-19 Summer 2020 Rapid Response Supplement interviews. Of those excluded from timings reports, 174 cases were outliers and 1,554 cases were breakoffs. Outliers are defined as interviews with a duration less than or greater than the mean interview time plus three standard deviations. A case is considered a breakoff if it has at least one record of call indicating a breakoff or dropped/interrupted contact and at least one record of call indicating the interview was resumed and completed.

¹⁹ This response rate is based on the final in-round data collection reports and may change slightly after CMS receives complete Medicare enrollment data. The final response rate incorporating enrollment data will be published in the 2020 Methodology Report.

found that, on questionnaire items that were asking about similar concepts, estimates from the MCBS COVID-19 Supplement were consistent with NCHS RANDS estimates.

Feedback from field interviewers showed that the questionnaire was easy to administer, that the items worked as intended, and that the flow and administration of items by phone went smoothly.

Anecdotally, field interviewers expressed that respondents were eager to respond to a survey on such a critically important and relevant topic-area. Interview timings, as discussed above, also suggest that the items performed as expected and were not difficult to answer.

Discussion

The goal of this experiment was to determine whether conducting a standalone supplemental interview simultaneous to main MCBS data collection would be successful, both in terms of response to the supplement and not causing harm to the main MCBS data collection. The findings above present a strong case for utilizing standalone supplemental interviews on urgent policy areas for the future. Further, findings indicate that the questionnaire items performed as intended and that the flow and administration of these items by phone was smooth.

More specifically, these findings show that the standalone supplement data collection protocol is a feasible vehicle for continuing to collect rapid response data on the evolving COVID-19 pandemic. CMS plans to continue to field COVID-19 items as long as it is relevant to do so in order to provide CMS will valuable data on the pandemic that are not available through administrative data.

Recommendations for the Future

Before implementing the COVID-19 Supplement again during Fall 2020, CMS recommends revising the questionnaire to align terminology and items with other Federal surveys and to meet additional needs of CMS and Centers for Disease Control and Prevention (CDC) collaborators. To align the MCBS with other Federal surveys including the National Center for Health Statistics RANDS survey, CMS plans to remove items pertaining to COVID-19 symptoms experienced and revise the section on COVID-19 testing to account for the emergence of COVID-19 antibody testing. To meet the needs of CMS and CDC collaborators, CMS will add items on perceptions of COVID-19 severity and presumptive COVID-19 vaccination uptake written in consultation with CDC. Appendix C contains a crosswalk of all changes planned for the Fall 2020 COVID-19 Supplement and will be submitted along with the revised questionnaire specifications as part of the Fall 2020 emergency clearance request (0938-1379). CMS also recommends expanding the COVID-19 data collection effort to respondents living in long-term care facilities for Fall 2020.

Appendix A: Advance Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Month, Year]

[Respondent Name]
[Respondent Address]
[Respondent City, State Zip]

Dear [Respondent Name]:

Within the next few weeks, an interviewer from NORC at the University of Chicago will be calling you to ask you to take part in a special telephone survey related to the coronavirus (COVID-19) pandemic. We have selected you because of your recent participation in the Medicare Current Beneficiary Survey.

The interviewer will ask you a short set of questions about your experiences during the coronavirus outbreak. The telephone survey will take about 15 minutes of your time.

Your participation in this special survey is your choice. Your Medicare benefits cannot be affected in any way by your decision to participate or the answers you provide, and your information will be kept private to the extent permitted by law, as prescribed by the Federal Privacy Act of 1974.

If you have any questions, please call NORC toll-free at 1-877-389-3429, or email mcbs@norc.org. If it would be more convenient for you to set up an appointment for your interview, please call or email us.

We know many Medicare beneficiaries are concerned about the spread of coronavirus and the threat it poses to their well-being. I hope you will be able to help us with this important project.

A handwritten signature in black ink, appearing to read "Debra Reed-Gillette".

Debra Reed-Gillette, Director

Medicare Current Beneficiary Survey
Centers for Medicare & Medicaid Services

Appendix B: Questionnaire Specifications

Var Name	Question Text/Description	Response Options	Routing
QUEXLANG	PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW.	(01) ENGLISH (02) SPANISH	NEXT QUESTION
INTRO1	Thank you for agreeing to participate in this short survey about your experiences during the coronavirus outbreak.	(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. REFER TO THE "AT-THE-DOOR" SHEET IF THE RESPONDENT NEEDS ADDITIONAL REASSURANCE	(01) CONTINUE	NEXT QUESTION
VERIFYSP	VERIFY THE SP'S NAME. IS THE SP'S NAME CORRECT AND COMPLETE? FIRST NAME: (SP'S FIRST NAME) MIDDLE INITIAL: (SP'S MIDDLE INITIAL) LAST NAME: (SP'S LAST NAME)	(01) YES (02) NO	(01) SPAISTATUS (02) ROSTNAME
ROSTNAME	MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME. FIRST NAME: MIDDLE INITIAL: LAST NAME	(01) CONTINUE	SPAISTATUS
SPAISTATUS	PLEASE INDICATE THE SP'S CURRENT STATUS. IF THE CASE IS A PROXY INTERVIEW AND YOU HAVEN'T TALKED ABOUT THE	(1) ALIVE AND NOT INSTITUTIONALIZED (2) ALIVE AND	(1) SPPROXY (2) INTHANK (3) INTHANK (4) INTHANK

Var Name	Question Text/Description	Response Options	Routing
	<p>SP’S VITAL STATUS, PROBE AT THIS TIME ABOUT WHETHER THE SP IS ALIVE OR DECEASED AND WHERE THE SP IS LOCATED.</p> <p>WHEN WE REFER TO INSTITUTIONALIZED, WE ARE REFERRING TO THE MCBS DEFINITION OF A FACILITY. PLEASE REMEMBER THAT HOSPITALS ARE NOT FACILITIES UNDER THE MCBS DEFINITION SO SPS IN HOSPITALS SHOULD NOT BE CONSIDERED TO BE INSTITUTIONALIZED BELOW.</p> <p>FOR THE FULL MCBS DEFINITION OF A FACILITY, SEE THE “MCBS FACILITY DEFINITION” REFERENCE CARD.</p> <p>IS THE SP CURRENTLY:</p>	<p>INSTITUTIONALIZED</p> <p>(3) DECEASED – DIED IN COMMUNITY</p> <p>(4) DIED IN INSTITUTION</p>	
INTHANK	<p>THIS CASE IS NOT ELIGIBLE FOR THE MCBS CORONAVIRUS SURVEY.</p> <p>THANK THE RESPONDENT THEN BREAKOFF AND CODE THE CASE IN NORCSUITE USING THE APPROPRIATE DISPOSITION.</p>		
SPPROXY	WILL THIS INTERVIEW BE CONDUCTED WITH THE SAMPLE PERSON OR WITH A PROXY?	<p>(01) SAMPLE PERSON</p> <p>(02) PROXY</p>	<p>(01) INTRO2</p> <p>(02) ROSTREL</p>
ROSTREL	[What is the relationship to (SP)?]	<p>(02) SPOUSE</p> <p>(03) SON</p> <p>(04) DAUGHTER</p> <p>(05) BROTHER</p> <p>(06) SISTER</p> <p>(07) FATHER</p> <p>(08) MOTHER</p> <p>(09) SON-IN-LAW</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
		(10) DAUGHTER- IN-LAW (11) GRANDSON (12) GRANDDAUGHTE R (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBO R (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIA L OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) DON'T KNOW (-9) REFUSED	
WHYPROXY	WHAT IS THE MAIN REASON THAT A PROXY RESPONDENT NECESSARY?	(01) SP NOT CAPABLE PHYSICALLY/SICK /BLIND/CAN'T SPEAK/HEAR (02) SP NOT CAPABLE MENTALLY/POOR MEMORY/PSYCHI ATRIC DISORDER (03) SP UNABLE TO PROVIDE INFORMATION REGARDING MEDICAL RECORDS (04) SP IN	INTRO2

Var Name	Question Text/Description	Response Options	Routing
		HOSPITAL (05) LANGUAGE PROBLEM (08) SP NOT AVAILABLE THIS ROUND (09) AUTHORIZED PROXY MUST ANSWER QUESTIONS FOR SP (CODE REASON WHY) (91) OTHER	
INTRO2	The first set of questions are about your experiences using health care services.	(1) CONTINUE	NEXT QUESTION
PLACEPAR	Is there a particular doctor or other health professional, or a clinic you usually go to when you are sick or for advice about your health?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PLACEKIND (02) COMPUTER (-8) COMPUTER (-9) COMPUTER

Var Name	Question Text/Description	Response Options	Routing
PLACEKIND	<p>What kind of place do you usually go to when you are sick or for advice about your 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>IF SOME OTHER PLACE, ASK: Where is this?</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>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
TELMED	Does your usual provider offer telephone or video appointments, so that you don't need to physically visit their office or facility? IF NEEDED: Did your provider offer to talk to you about your symptoms over the phone or video so that you wouldn't have to visit their office or facility?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) NEXT QUESTION (02) TELMEDNEW (-8) TELMEDNEW (-9) TELMEDNEW
TELMEDTYPE1	Do they offer telephone appointments, video appointments, or both?	(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
TELMEDNEW	Did your usual provider offer telephone or video appointments before the Coronavirus outbreak?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) NEXT QUESTION (02) TELMEDNEW2 (-8) TELMEDNEW2 (-9) TELMEDNEW2
TELMEDTYPE2	Did they offer telephone appointments, video appointments, or both?	(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
TELMEDNEW2	Did your usual provider offer you a telephone or video appointment to replace a regularly scheduled appointment during the Coronavirus outbreak?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) NEXT QUESTION (02) COMPUTER (-8) COMPUTER (-9) COMPUTER
TELMEDTYPE3	Did they offer telephone appointments, video appointments, or both?	(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
COMPUTER	<p>The next questions ask about use of the internet.</p> <p>Do you own or use any of the following types of computers? Please tell me yes or no for each item I list.</p> <ul style="list-style-type: none"> a. Desktop or laptop b. Smartphone c. Tablet or other portable wireless computer 	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
INTERNET	<p>Do you have access to the internet?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
AUDIOVIDEO	<p>Have you ever participated in video or voice calls or conferencing over the Internet, such as with Skype or FaceTime?</p> <p>IF NEEDED: Do you participate in video or voice calls or conferencing?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
COVID_CARE	<p>Now I'd like to ask about care you were unable to get because of the coronavirus pandemic.</p> <p>At any time since the beginning of the Coronavirus outbreak, did you need medical care for something other than coronavirus, but not get it because of the coronavirus outbreak?</p> <p>IF NEEDED: Have you had any medical appointments rescheduled because of the coronavirus outbreak? Or, have you needed a medical appointment but were unable to schedule one because of the coronavirus outbreak?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>(01) NOCARTYP (02) AUTOINTRO (-8) AUTOINTRO (-9) AUTOINTRO</p>

Var Name	Question Text/Description	Response Options	Routing
NOCARTYP	<p>Were you unable to get any of the following types of care because of the outbreak?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <ul style="list-style-type: none"> (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 (8) Vision Care (9) Hearing Care <p>IF NEEDED: Please include preventative tests like mammograms and colonoscopies as “Diagnostic or Medical Screening Test”</p>	<p>(01) YES (02) NO (03) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED</p>	<p>IF YES SELECTED FOR ANY ITEMS, GO TO NOCARDIR.</p> <p>FOR EACH TYPE OF CARE SELECTED AT NOCARTYP, ASK NOCARWHYR AND THE APPLICABLE FOLLOW-UP</p> <p>IF NO TYPES SELECTED AT NOCARTYP, SKIP TO AUTOINTRO</p>
NOCARDIR	<p>Regarding your [NOCARTYP], did your medical provider make this decision or did you?</p> <p>IF NEEDED: If you had contact with your medical provider about re-scheduling or canceling an appointment for care, but they gave you the option to keep your originally-scheduled appointment, please answer that you decided not to get care.</p>	<p>(01) PROVIDER DECIDED (02) R DECIDED (03) BOTH (-8) DON'T KNOW (-9) REFUSED</p>	<p>(1) REASONMD (2) NOCARWHYR (3) REASONMD (-8) AUTOINTRO (-9) AUTOINTRO</p>

Var Name	Question Text/Description	Response Options	Routing
REASONMD	Did your medical provider give you a reason why they needed to reschedule?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) NOCARWHYMD (02), (-8), (-9): IF NOCARDIR= "BOTH" GO TO NOCARWHYR ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTYP, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.
NOCARWHYMD	<p>What reasons were you given for this decision?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(01) Was the medical office closed? (02) Was priority given to other types of appointments? (03) Did the medical office reduce available appointments? (04) Was there some other reason? IF ANOTHER REASON: What was that reason?</p>	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	<p>IF NOCARDIR= "BOTH" GO TO NOCARWHYR</p> <p>ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTYP, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.</p>

Var Name	Question Text/Description	Response Options	Routing
NOCARWHYR	<p>What reasons did you have for your decision?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(01) Did you have no access to transportation?</p> <p>(02) Did you not want to leave your house?</p> <p>(03) Did you not want to risk being at a medical facility?</p> <p>(04) Was there some other reason? IF ANOTHER REASON: What was that reason?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>IF MORE THAN ONE TYPE OF CARE WERE SELECTED AT NOCARDIR, GO TO COCARDIR AND ASK ABOUT NEXT TYPE.</p> <p>OTHERWISE, GO TO NEXT QUESTION.</p>
AUTOINTRO	<p>The next questions are about health conditions you may have.</p>	<p>(01) CONTINUE</p>	<p>NEXT QUESTION</p>
AUTOEV1	<p>Has a doctor or other health professional ever told you that you had . . .</p> <p>...a weakened immune system caused by a chronic illness?</p> <p>[IF NEEDED: Some diseases cause you to become immunocompromised or immunodeficient, which means your body can't fight off infections as well. Examples of diseases like this include multiple sclerosis, rheumatoid arthritis, lupus, HIV/AIDS, and many others.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>NEXT QUESTION</p>

Var Name	Question Text/Description	Response Options	Routing
AUTOEV2	<p>[Has a doctor or other health professional ever told you that you had . . .]</p> <p>...a weakened immune system caused by medicines or treatment for a chronic illness?</p> <p>[IF NEEDED: People with certain health conditions may need to take medications with side effects that can weaken their immune system.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
COVIDINTRO	Now I want to ask you some questions about the recent coronavirus, also known as COVID-19.	CONTINUE	NEXT QUESTION
SYMPTOMS	<p>Which, if any, of the following symptoms have you had since the coronavirus outbreak started?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(1) Fever (2) Ongoing dry cough (3) Runny nose and/or wet cough (4) Sneezing (5) Shortness of breath (6) Headache (7) Sore throat (8) Nausea (9) Vomiting (10) Extreme fatigue (11) Chills/repeated shaking with chills (12) Muscle pain (13) New loss of taste or smell (14) Loss of appetite</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
SUSPECT	Do you suspect that you have ever had the Coronavirus or Covid-19?	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>(01) NEXT QUESTION (02) COVIDEV (-8) COVIDEV (-9) COVIDEV</p>

Var Name	Question Text/Description	Response Options	Routing
SUSPECTWHY	What symptoms did you have that made you suspect you had the coronavirus?	[INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT] (1) Fever (2) Ongoing dry cough (3) Runny nose and/or wet cough (4) Sneezing (5) Shortness of breath (6) Headache (7) Sore throat (8) Nausea (9) Vomiting (10) Extreme fatigue (11) Chills/ repeated shaking with chills (12) Muscle pain (13) New loss of taste or smell (14) Loss of appetite (15) OTHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
COVIDEV	Has a doctor or other health professional ever told you that you have or likely had Coronavirus or COVID-19? [IF NEEDED: A doctor might make this diagnosis based on a test for COVID-19 or based on symptoms you have.]	(01) YES (02) NO	NEXT QUESTION
WANTTEST	Have you ever asked a doctor or medical professional for a Coronavirus test?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
REFUSTEST	Have you ever been refused a coronavirus test when you wanted one?	(01) YES, HAVE BEEN (02) NO, HAVE	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
		NOT BEEN REFUSED TEST (-8) DON'T KNOW (-9) REFUSED	
COVIDPOS	Have you ever been tested for Coronavirus or COVID-19? [IF NEEDED: For example, the test can be done by swabbing your nose.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) RESULTS (02) BOX A (-8) BOX A (-9) BOX A
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 (1) NO RESULTS YET (-8) DON'T KNOW (-9) REFUSED	BOX A
BOX A	IF COVIDEV=YES OR SUSPECT=YES OR RESULTS=01 THEN GO TO COVIDCAR. OTHERWISE GO TO COVIDEVHH.		
COVIDCAR	Have you 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 (-9) REFUSED	(01) COVID_HOSP (02) COVIDCARNO (-9) COVID_HOSP (-9) COVID_HOSP

Var Name	Question Text/Description	Response Options	Routing
COVIDCARNO	<p>Why did you not get this treatment?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>(1) Was it too expensive? (2) Was it not available? (3) Were your symptoms not severe enough? (4) Was there some other reason? IF ANOTHER REASON: What was that reason?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	COVIDEVHH
COVID_HOSP	<p>Have you been hospitalized overnight for coronavirus?</p> <p>[IF NEEDED: This could include visiting the emergency room or being admitted to the hospital.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
COVIDEVHH	<p>Has a doctor or other health professional ever told anyone living in your household that they have or likely have Coronavirus or COVID-19?</p> <p>[IF NEEDED: A doctor 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 (-9) REFUSED</p>	<p>(01) HHSYMPTOMS (02) HHSYMPTOMS (03) PREVENT (-8) HHSYMPTOMS (-9) HHSYMPTOMS</p>
HHSYMPTOMS	<p>Since the beginning of the coronavirus outbreak, has anyone living in your household had a fever, dry cough and shortness of breath?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
PREVENT	<p>Have you 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> <ol style="list-style-type: none"> (1) Washed your hands for 20 seconds with soap and water (2) Used hand sanitizer (3) Avoiding touching your face (4) Coughed or sneezed into a tissue or sleeve (5) Wore a facemask when out in public (6) Cleaned or sterilized commonly-touched surfaces, such as door knobs (7) Avoided contact with sick people (8) Kept a six-foot distance between yourself and people outside your household (9) Avoided gathering with groups of 10 or more people (10) Left your home for essential purposes only, such as for medical appointments or grocery shopping, sometimes called “sheltering in place” (11) Purchased extra food (12) Purchased extra cleaning supplies (13) Purchased or picked up extra prescription medicines beyond your usual purchases (14) Consulted with a health care provider about coronavirus (15) Avoided other people as much as possible 	<p>(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DESC_INF	<p>What sources do you 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>(01) Traditional news sources, including on TV, radio, websites, and newspapers (02) Social media (03) Comments or guidance from government officials (04) Other webpages/internet (05) Friends or family members (06) Health care providers</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>	<p>IF AT LEAST ONE RESPONSE IS YES, GO TO INFOMOST</p> <p>ELSE GO TO CDREC1.</p>
INFOMOST	<p>You said you rely on [DISPLAY ALL ITEMS FOR WHICH RESPONSE TO BVI5 WAS YES] for information about the coronavirus. Which of these sources do you rely on <u>most</u>?</p>	<p>DISPLAY ALL ITEMS FOR WHICH RESPONSE TO BVI5 WAS "YES".</p> <p>(-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
CDCREC1	<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>a. Frequent hand washing</p>	<p>(1) YES, RECOMMENDED (2) NO, NOT RECOMMENDED (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
CDCREC2	<p>b. Healthy people wearing facemasks in public</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>(01) YES, RECOMMENDED (02) NO, NOT RECOMMENDED (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
CDCREC3	<p>c. Avoiding gatherings with large numbers of people</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>(01) YES, RECOMMENDED (02) NO, NOT RECOMMENDED (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
CDCREC4	<p>d. Staying home except for essential activities such as grocery shopping or medical care (shelter in place)</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>(01) YES, RECOMMENDED (02) NO, NOT RECOMMENDED (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
CDCREC5	<p>d. Seeking medical attention if you are having trouble breathing</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>(01) YES, RECOMMENDED (02) NO, NOT RECOMMENDED (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
DISR_HOUSE	<p>Since the coronavirus outbreak began, have you been able, unable, or have not needed...</p> <p>To pay rent or your mortgage?</p> <p>IF THE RESPONDENT OWNS THEIR HOME OUTRIGHT SO DOESN'T NEED TO PAY RENT OR MORTGAGE, SELECT "HAVE NOT NEEDED".</p>	<p>(01) ABLE (02) UNABLE (03) HAVE NOT NEEDED (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION
DISR_MED	<p>[Since the coronavirus outbreak began, have you been able, unable, or have not needed...]</p> <p>To get medications?</p>	<p>(01) ABLE (02) UNABLE (03) HAVE NOT NEEDED (-8) DON'T KNOW (-9) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DISR_DOC	<p>[Since the coronavirus outbreak began, have you been able, unable, or have not needed...]</p> <p>To get a doctor’s appointment or some other kind of healthcare?</p>	<p>(01) ABLE (02) UNABLE (03) HAVE NOT NEEDED (-8) DON’T KNOW (-9) REFUSED</p>	NEXT QUESTION
DISR_FOOD	<p>[Since the coronavirus outbreak began, have you been able, unable, or have not needed...]</p> <p>To get the food you want?</p>	<p>(01) ABLE (02) UNABLE (03) HAVE NOT NEEDED (-8) DON’T KNOW (-9) REFUSED</p>	NEXT QUESTION
DISR_SUP	<p>[Since the coronavirus outbreak began, have you been able, unable, or have not needed...]</p> <p>To get household supplies, such as toilet paper?</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 (-9) REFUSED</p>	NEXT QUESTION
FEEL_FINC	<p>Since 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 (-9) REFUSED</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
FEEL_ANX	<p>[Since 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</p> <p>(02) LESS STRESSED OR ANXIOUS</p> <p>(03) ABOUT THE SAME</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>	NEXT QUESTION
FEEL_DEP	<p>[Since 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</p> <p>(02) LESS LONELY OR SAD</p> <p>(03) ABOUT THE SAME</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>	NEXT QUESTION
FEEL_SOC	<p>[Since 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</p> <p>(02) LESS SOCIALLY CONNECTED</p> <p>(03) ABOUT THE SAME</p> <p>(-8) DON'T KNOW</p> <p>(-9) 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>HANG UP THE PHONE AND THEN PROCEED TO THE IRQ QUESTIONS</p>	<p>(01) CONTINUE</p>	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
BUNDLE	WAS THIS INTERVIEW CONDUCTED ON THE SAME DAY AS THE CURRENT ROUND INTERVIEW?	(01) YES (02) NO	NEXT QUESTION
RRECHLP	DID THE [SP/PROXY] RECEIVE ANY HELP IN ANSWERING THE QUESTIONS?	(01) YES (02) NO	NEXT QUESTION
RINFOSAT	DO YOU FEEL THAT THE INFORMATION PROVIDED BY THE RESPONDENT WAS SATISFACTORY?	(01) YES (02) NO	END

Appendix C: Crosswalk of Changes for Fall 2020 COVID-19 Supplement

The following crosswalk summarizes all changes made from the COVID-19 Supplement Test Questionnaire recommended before fielding the MCBS Fall 2020 COVID-19 Rapid Response Supplement Questionnaire. Wherever applicable, changes were made to align with other federal COVID-19 surveys, especially the National Health Interview Survey and the RANDS COVID-19 items.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
	Coronavirus outbreak	Coronavirus pandemic	Minor wording update to align with other federal COVID-19 surveys.
	Since the beginning of the Coronavirus outbreak....	Since July 1, 2020....	Established reference periods throughout survey to account for administration of Summer COVID-19 Supplement.
INTROQ	Thank you for agreeing to participate in this short survey about [your/RESPONDENT’S NAME] experiences during the coronavirus outbreak.	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.	Minor wording update to reference additional common terms for Coronavirus.
AUDIOVID	[Have you/ Has (SP)] ever participated in video or voice calls or conferencing over the internet, such as with Skype or FaceTime?	Since July 1, 2020, [have you/has (SP)] participated in video or voice calls or conferencing over the internet, such as with Zoom,	Minor wording update to reference additional common forms of video conferencing.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
		Skype, or FaceTime?	
TELMEDUS/ TELMEDT4	N/A	Since July 1, 2020, [have you/has (SP)] had an appointment with a doctor, nurse, or other health professional by video or by phone?	Added new item to measure telehealth use and to align with other federal COVID-19 surveys.
NOCARYMD	What reasons were [you/ (SP)] given for this decision?	What reasons [were you/was (SP)] given by [your/his/her] provider for this decision regarding [ITEM SELECTED AT NOCARTY1 OR NOCARTY2]?	Minor wording update to align with parallel item on other federal COVID-19 surveys.
NOCARYR	What reasons did [you/ (SP)] have for [your/his/her] decision?	What reasons did [you/ (SP)] have for [your/his/her] decision regarding [ITEM SELECTED AT NOCARTY1 OR NOCARTY2]?	Minor wording update to align with parallel item on other federal COVID-19 surveys.
AUTOMEDI/ AUTOIMRX	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?	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?	Minor wording update to align with parallel item on other federal COVID-19 surveys.
AUTOCHRO/AUTOCHND	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?	[Do you/Does (SP)] currently have a health condition that a doctor or other health professional told [you/him/her] weakens the immune system?	Minor wording update to align with parallel item on other federal COVID-19 surveys.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
DESC_SYM	Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?	N/A	Removed item to align with other federal COVID-19 surveys.
SYMPTOM1	READ EACH ITEM AND RECORD YES/NO RESPONSE: SYMFEVER. Fever SYMCOUGH. Ongoing dry cough SYMRNOSE. Runny nose SYMSNEEZ. Sneezing SYMSRTBR. Shortness of breath	N/A	Removed item to align with other federal COVID-19 surveys.
SYMPTOM2	READ EACH ITEM AND RECORD YES/NO RESPONSE: SYMHDACH. Headache SYMTHROA. Sore throat SYMNAUSE. Nausea SYMVOMIT. Vomiting SYMFATIG. Extreme fatigue	N/A	Removed item to align with other federal COVID-19 surveys.
SYMPTOM3	READ EACH ITEM AND RECORD YES/NO RESPONSE: SYMCHILL. Chills/repeated shaking with chills SYMMUSCL. Muscle pain	N/A	Removed item to align with other federal COVID-19 surveys.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
	SYMLTSSM. New loss of taste or smell SYMLAPPE. Loss of appetite SYMDIAH. Diarrhea		
WANTTEST	[Have you/Has (SP)] ever asked a doctor or medical professional for a coronavirus test?	N/A	Removed item to align with other federal COVID-19 surveys.
REFUSTST	[Have you/Has (SP)] ever been refused a coronavirus test when [you/he/she] wanted one?	N/A	Removed item to align with other federal COVID-19 surveys.
COVIDTST/COVSWAB	[Have you/Has (SP)] ever been tested for coronavirus or COVID-19?	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?	Revised items to align with other federal COVID-19 surveys, which ask about virus testing and antibody testing separately.
SWABRSLT/ANTRESLT	What was the result of the test?	Did the test find that [you/ (SP)] had Coronavirus or COVID-19?	Minor wording update to align with parallel item on other federal COVID-19 surveys.
SWABWAIT/ANTWAIT	N/A	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?	Added new item to measure wait time for COVID-19 test results.
CVTSTPAY/ANTPAY	N/A	How much did [you/(SP)] pay out of pocket for the test: none of the	Added new item to measure out of pocket payments for COVID-19

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
		cost, part of the cost, or all of the cost?	tests.
ANTBDTST/ANTRESLT	N/A	Since July 1, 2020, have [you/(SP)] received an antibody test to determine if [you/he/she] ever had the coronavirus?	Revised items to align with other federal COVID-19 surveys, which ask about virus testing and antibody testing separately.
CVDSVRE	N/A	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?	Added new item to measure severity of COVID-19 symptoms and to align with other federal COVID-19 surveys.
CVDTREAT/CVDSEEK	[Have you/Has (SP)] been treated for the coronavirus or COVID-19?	Did you seek medical care for Coronavirus or COVID-19?	Minor wording update to align with other federal COVID-19 surveys.
CVDNOTRE	Why did [you/(SP)] not get this treatment?	Why did [you/(SP)] not seek this medical care?	Minor working update to align with other federal COVID-19 surveys.
CVEFFECT	N/A	(The last time we spoke you told me you had been diagnosed with the coronavirus.) Some people experience persistent symptoms of coronavirus.	Added item to address measurement gap related to long-term health effects of COVID-19.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
		<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 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>	
CVDVAC	N/A	Since [DATE of COVID-19 vaccine availability] [have you/has SP] had a coronavirus vaccination?	Added CDC vaccination items to align with other federal COVID-19 surveys. Note that the vaccination series will only be asked if a COVID-19 vaccine is

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			available by the time that the Fall COVID-19 Supplement is administered.
VACNUM	N/A	How many coronavirus vaccinations [have you/has (SP)] had?	Added CDC vaccination items to align with other federal COVID-19 surveys.
VACDAT1	N/A	When did [you/(SP)] receive the first dose of coronavirus vaccination?	Added CDC vaccination items to align with other federal COVID-19 surveys.
VACDAT2	N/A	When did [you/(SP)] receive the second dose of coronavirus vaccination?	Added CDC vaccination items to align with other federal COVID-19 surveys.
NOVACRSN	N/A	<p>For what reason didn't [you/(SP)] get a Coronavirus vaccine?</p> <p>[PROBE: Any other reason?] CHECK ALL THAT APPLY. (01) WAS SICK WITH COVID-19 SO DOESN'T NEED THE VACCINE (02) DIDN'T KNOW THE VACCINE WAS NEEDED (03) THE VACCINE COULD CAUSE COVID-19 (04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE</p>	Added CDC vaccination items to align with other federal COVID-19 surveys.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
		<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</p>	

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
		WORTH THE MONEY (17) DIDN'T HAVE TIME TO GET THE VACCINE (18) NOT IN HIGH RISK/PRIORITY GROUP (19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE (20) DON'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE (91) OTHER (-8) DON'T KNOW (-7) REFUSED	
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?	N/A	Removed item to align with other federal COVID-19 surveys.
DESCREP1	[[Have you/Has (SP)] done any of the following in response to the outbreak of the new coronavirus?] PREVMASK. Wore a facemask when out in public	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?	Corrected grammar in question wording.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
		PREVMASK. Worn a facemask when out in public	
DESCPRE2	<p>[[Have you/Has (SP)] done any of the following in response to the outbreak of the new coronavirus?]</p> <p>PREVGATH. Avoided gathering with groups of 10 or more people</p>	<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>PREVGRP. Avoided large groups of people.</p>	Updated wording to align with current public health messaging related to COVID-19.
CVDAGREE	N/A	<p>For each of the following statements, please rate whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree:</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,</p>	Added new item to measure perception of severity of COVID-19 among Medicare beneficiaries.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
		chronically ill).	
GETVAC	N/A	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?	Added CDC item to measure presumptive vaccine uptake to align with other federal COVID-19 surveys. Note that GETVAC and NOGETVAC will only be asked if a COVID-19 vaccine is unavailable when the Fall COVID-19 Supplement is administered.
NOGETVAC	N/A	For what reason would you not get a Coronavirus vaccine? (01) THE VACCINE COULD CAUSE COVID-19 (02) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE (03) DOESN'T THINK THE VACCINE WOULD PREVENT COVID-19 (04) COVID-19 IS NOT SERIOUS (05) DOESN'T LIKE VACCINES OR NEEDLES (06) DOESN'T HAVE TIME TO GET THE VACCINE (07) NOT IN HIGH RISK/PRIORITY GROUP	Added item to measure reasons that Medicare beneficiaries may not elect to get a COVID-19 vaccine.

Variable Name(s)	Summer COVID-19 Supplement	Fall COVID-19 Supplement	Justification for Update
		(08) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE (09) DOESN'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE (91) OTHER (-8) DON'T KNOW (-7) REFUSED	
DISRUPT	N/A	Since the coronavirus outbreak began, [have you/has (SP)] been able, unable, or have not needed... DISRMASK. To get face masks?	Added new item to align with public health messaging related to COVID-19.