

# Crosswalk of Questionnaire Changes in Fall COVID-19 Supplement Community Questionnaire

The following crosswalk summarizes all changes made from the COVID-19 Supplement Test Questionnaire (tested under CMS-10549 GenIC#7 in Summer 2020) in preparation for 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, Skype, or FaceTime?	Minor wording update to reference additional common forms of video conferencing.
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	Minor wording update to align with parallel item on other federal COVID-19 surveys.

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		regarding [ITEM SELECTED AT NOCARTY1 OR NOCARTY2]?	
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/AUTOCND	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.
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:	N/A	Removed item to align with other federal COVID-19 surveys.

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	SYMHDACH. Headache SYMTHROA. Sore throat SYMNAUSE. Nausea SYMVOMIT. Vomiting SYMFATIG. Extreme fatigue		
SYMPTOM3	READ EACH ITEM AND RECORD YES/NO RESPONSE:  SYMCHILL. Chills/repeated shaking with chills SYMMUSCL. Muscle pain SYMLTSSM. New loss of taste or smell SYMLAPPE. Loss of appetite SYMDIAH. Diarrhea	N/A	Removed item to align with other federal COVID-19 surveys.
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	Added new item to measure wait time for COVID-19 test results.

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		[you/he/she] get the results the same day, the next day, within 2-3 days, or after 4 days or more?	
CVTSTPAY/ANTPAY	N/A	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?	Added new item to measure out of pocket payments for COVID-19 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	<p>(The last time we spoke you told me you 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</p>	Added item to address measurement gap related to long-term health effects of COVID-19.

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		<p>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 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.

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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.</p> <p>(01) WAS SICK WITH COVID-19 SO DOESN'T NEED THE VACCINE</p> <p>(02) DIDN'T KNOW THE VACCINE WAS NEEDED</p> <p>(03) THE VACCINE COULD CAUSE COVID-19</p> <p>(04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE</p> <p>(05) DIDN'T THINK THE VACCINE WOULD PREVENT COVID-19</p> <p>(06) COVID-19 IS NOT SERIOUS</p> <p>(07) DOCTOR DID NOT RECOMMEND THE VACCINE</p> <p>(08) DOCTOR RECOMMENDED AGAINST GETTING THE VACCINE</p> <p>(09) DON'T LIKE VACCINES OR NEEDLES</p> <p>(10) COULDN'T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE</p> <p>(11) COULDN'T FIND A PLACE THAT WAS OFFERING THE VACCINE</p> <p>(12) FORGOT</p> <p>(13) COULD NOT AFFORD THE VACCINE</p> <p>(14) HAD THE VACCINE BEFORE AND DOESN'T NEED TO GET IT</p>	Added CDC vaccination items to align with other federal COVID-19 surveys.

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		AGAIN (15) THE VACCINE WAS NOT AVAILABLE (16) THE VACCINE IS NOT WORTH THE MONEY (17) DIDN'T HAVE TIME TO GET THE VACCINE (18) NOT IN HIGH RISK/PRIORITY GROUP (19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE (20) DON'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE (91) OTHER (-8) DON'T KNOW (-7) REFUSED	
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?  PREVMASK. Worn a facemask when out in public	Corrected grammar in question wording.
DESCPRE2	[[Have you/Has (SP)] done any of	[Since July 1, 2020 [have you/has	Updated wording to align with current

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	<p>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>(SP)] done any of the following in response to the outbreak of the new coronavirus?]</p> <p>PREVGRP. Avoided large groups of people.</p>	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, chronically ill).</p>	Added new item to measure perception of severity of COVID-19 among Medicare beneficiaries.
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?	Added item to measure reasons that Medicare beneficiaries may not elect to



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		(01) THE VACCINE COULD CAUSE COVID-19 (02) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE (03) DOESN'T THINK THE VACCINE WOULD PREVENT COVID-19 (04) COVID-19 IS NOT SERIOUS (05) DOESN'T LIKE VACCINES OR NEEDLES (06) DOESN'T HAVE TIME TO GET THE VACCINE (07) NOT IN HIGH RISK/PRIORITY GROUP (08) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE (09) DOESN'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE (91) OTHER (-8) DON'T KNOW (-7) REFUSED	get a COVID-19 vaccine.
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.