# COVID-19 Questionnaire Specifications

Var Name	Question Text/Description	Response Options	Routing
LANGUAGE	PLEASE SELECT THE LANGUAGE IN WHICH YOU	(01) ENGLISH	NEXT QUESTION
	WOULD LIKE TO CONDUCT THE INTERVIEW.	(02) SPANISH	
INTROQ	Thank you for agreeing to participate in this short	(01) CONTINUE	NEXT QUESTION
	survey about [your/RESPONDENT'S NAME]		
	experiences during the coronavirus pandemic,		
ATROOR	also known as COVID-19 or SARS-CoV-2.	(04) CONTINUE	NEVT OUESTION
ATDOOR	All survey information will be kept private to the	(01) CONTINUE	NEXT QUESTION
	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.		
SPVERNAM	VERIFY THE SP'S NAME. IS THE SP'S NAME	(01) YES	(01) SPSTATUS
	CORRECT AND COMPLETE?	(02) NO	(02) SPCORNAM
	FIRST NAME: [FIRST_NAME]		
	MIDDLE INITIAL: [MIDDLE_NAME]		
	LAST NAME: [LAST_NAME]	(0.1) 000 = 100 = 1	
SPCORNAM	MAKE ALL NECESSARY CORRECTIONS TO THE SP'S	(01) CONTINUE	SPSTATUS
	NAME.		
	SPFNAME. FIRST NAME:		
	SFITMAINE, FINST INAIVIL.		
	SPMIDIN. MIDDLE INITIAL:		
	SPLNAME. LAST NAME:		

Var Name	Question Text/Description	Response Options	Routing
SPSTATUS	PLEASE INDICATE THE RESPONDENT'S CURRENT	(01) ALIVE AND NOT INSTITUTIONALIZED	(01) SPPROXIN
	STATUS. IF THE CASE IS A PROXY INTERVIEW AND	(02) ALIVE AND INSTITUTIONALIZED	(02) INTHANK
	YOU HAVEN'T TALKED ABOUT THE RESPONDENT'S	(03) DECEASED – DIED IN COMMUNITY	(03) INTHANK
	VITAL STATUS, PROBE AT THIS TIME ABOUT	(04) DECEASED – DIED IN	(04) INTHANK
	WHETHER THE RESPONDENT IS ALIVE OR	INSTITUTION/FACILITY	
	DECEASED AND WHERE THE RESPONDENT IS		
	LOCATED.		
	IS THE RESPONDENT CURRENTLY:		
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	(01) SAMPLE PERSON	(01) HLTHINT
	SAMPLE PERSON OR WITH A PROXY?	(02) PROXY	(02) SPRELATE
SPRELATE	[What is the relationship to (SP)?]	(02) SPOUSE	NEXT QUESTION
		(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	
Ì		(51) FRIEND/NEIGHBOR	

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	(01) SP NOT CAPABLE	HLTHINT
	RESPONDENT IS NECESSARY?	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	The first set of questions are about [your/SP's]	(01) CONTINUE	NEXT QUESTION
	experiences using health care services.		
PLACPART	Is there a particular doctor or other health	(01) YES	(01) PLACKIND
	professional, or a clinic [you/(SP)] usually	(02) NO	(02) COMPUTER
	[go/goes] to when [you are/he is/she is] are sick	(-8) DON'T KNOW	(-8) COMPUTER
	or for advice about [your/SP's] health?	(-7) REFUSED	(-7) COMPUTER

Question Text/Description	Response Options	Routing
What kind of place [do you/does (SP)] usually go	(01) DOCTOR'S OFFICE OR GROUP	NEXT QUESTION
to when [you are/he is/she is] sick or for advice	PRACTICE	
about [your/his/her] health is that a managed	(02) MEDICAL CLINIC	
care plan or HMO center, a clinic, a doctor or	(03) MANAGED CARE PLAN	
other health professional's office, a hospital, or	CENTER/HMO	
some other place?	(04) NEIGHBORHOOD/FAMILY HEALTH	
	CENTER	
IF CLINIC, ASK: Is it a hospital outpatient clinic, or	(05) FREESTANDING SURGICAL CENTER	
some other kind of clinic?	(06) RURAL HEALTH CLINIC	
	(07) COMPANY CLINIC	
CODE BASED ON THE RESPONSE R GIVES:	(08) OTHER CLINIC	
	(09) WALK-IN URGENT CENTER	
	(10) DOCTOR COMES TO SP'S HOME	
	(11) HOSPITAL EMERGENCY ROOM	
	(12) HOSPITAL OUTPATIENT	
	DEPARTMENT/CLINIC	
	(13) VA FACILITY	
	(14) MENTAL HEALTH CENTER	
	(91) OTHER	
	(-8) DON'T KNOW	
	(-7) REFUSED	
	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?  IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic?	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?  IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic?  CODE BASED ON THE RESPONSE R GIVES:  (01) DOCTOR'S OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) COMPANY CLINIC (09) WALK-IN URGENT CENTER (10) DOCTOR COMES TO SP'S HOME (11) HOSPITAL EMERGENCY ROOM (12) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (13) VA FACILITY (14) MENTAL HEALTH CENTER (91) OTHER (-8) DON'T KNOW

Var Name	Question Text/Description	Response Options	Routing
TELMED	Does [your/(SP)'s] usual provider offer telephone	(01) YES	(01) NEXT QUESTION
	or video appointments, so that [you don't/he/she	(02) NO	(02) COMPUTER
	doesn't] need to physically visit their office or	(-8) DON'T KNOW	(-8) COMPUTER
	facility?	(-7) REFUSED	(-7) COMPUTER
	[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?]		
	[IF NEEDED: Telephone appointments may include		
	"audio-only" appointments.]		
TELMEDT1	Do they offer telephone appointments, video	(01) TELEPHONE	NEXT QUESTION
	appointments, or both?	(02) VIDEO	
		(03) BOTH	
	FOR "AUDIO-ONLY" APPOINTMENTS, SELECT	(-8) DON'T KNOW	
	"TELEPHONE".	(-7) REFUSED	
TELMEDBE	Did [your/(SP)'s] usual provider offer telephone or	(01) YES	(01) NEXT QUESTION
	video appointments before the coronavirus	(02) NO	(02) TELMEDDU
	pandemic?	(-8) DON'T KNOW	(-8) TELMEDDU
		(-7) REFUSED	(-7) TELMEDDU
	[IF NEEDED: Telephone appointments may include		
	"audio-only" appointments.]		
TELMEDT2	Did they offer telephone appointments, video	(01) TELEPHONE	NEXT QUESTION
	appointments, or both?	(02) VIDEO	
		(03) BOTH	
	FOR "AUDIO-ONLY" APPOINTMENTS, SELECT	(-8) DON'T KNOW	
	"TELEPHONE".	(-7) REFUSED	

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

Var Name	Question Text/Description	Response Options	Routing
COMPUTER	The next questions ask about use of the internet.	(01) YES	NEXT QUESTION
		(02) NO	
	[Do you/Does (SP)] own or use any of the	(-8) DON'T KNOW	
	following types of computers? Please tell me yes or no for each item I list.	(-7) REFUSED	
	COMPDESK. Desktop or laptop		
	COMPPHON. Smartphone		
	<b>COMPTAB.</b> Tablet or other portable wireless		
	computer		
INTERNET	[Do you/ Does (SP)] have access to the internet?	(01) YES	NEXT QUESTION
		(02) NO	
		(-8) DON'T KNOW	
		(-7) REFUSED	
AUDIOVID	Since (REFERENCE DATE), [have you (ever)/has	(01) YES	NEXT QUESTION
	(SP) (ever)] participated in video or voice calls or	(02) NO	
	conferencing over the internet, such as with	(-8) DON'T KNOW	
	Zoom, Skype, or FaceTime?	(-7) REFUSED	

Var Name	Question Text/Description	Response Options	Routing
COVIDCAR	Now I'd like to ask about care [you were/(SP) was]	(01) YES	(01) NOCARTY1
	unable to get because of the coronavirus	(02) NO	(02) AUTOINT
	pandemic.	(-8) DON'T KNOW	(-8) AUTOINT
		(-7) REFUSED	(-7) AUTOINT
	Since (REFERENCE DATE), did [you/(SP)] need		
	medical care for something other than		
	coronavirus, but not get it because of the		
	coronavirus pandemic?		
	[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?]		
NOCARTY1	Since (REFERENCE DATE), [were you/was (SP)]	(01) YES	NEXT QUESTION
	unable to get any of the following types of care	(02) NO	
	because of the coronavirus pandemic?	(03) NOT APPLICABLE	
		(-8) DON'T KNOW	
	[IF NEEDED: Please include preventative tests like	(-7) REFUSED	
	mammograms and colonoscopies as "Diagnostic		
	or Medical Screening Test"]		
	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		

Var Name	Question Text/Description	Response Options	Routing
NOCARTY2	[Since (REFERENCE DATE), [were you/was (SP)]	(01) YES	FOR EACH TYPE OF
	unable to get any of the following types of care	(02) NO	CARE SELECTED AT
	because of the coronavirus pandemic?]	(03) NOT APPLICABLE	NOCARTY1 AND
		(-8) DON'T KNOW	NOCARTY2, ASK
	READ EACH ITEM AND RECORD YES/NO	(-7) REFUSED	NOCARDIR
	RESPONSE:		AND THE APPLICABLE
	<b>TYPDRUGS.</b> Prescription drugs or medications		FOLLOW-UP:
	TYPDENTA. Dental Care		
	TYPVISIO. Vision Care		IF YES SELECTED FOR
	TYPHEAR. Hearing Care		ANY ITEMS, GO TO
	TYPMENT. Mental Health Care		NOCARDIR.
			IF NO TYPES SELECTED
			AT NOCARTY1 AND
			NOCARTY2, SKIP TO
			AUTOINT.
NOCARDIR	Regarding [your/(SP)'s] [NOCARTY1/NOCARTY2],	(01) PROVIDER DECIDED	(01) REASONMD
	did [your/his/her] medical provider make this	(02) R DECIDED	(02) NOCARYR
DIRURGNT	decision or did [you/he/she]?	(03) BOTH	(03) REASONMD
DIRSURGE		(-8) DON'T KNOW	(-8) AUTOINT
DIRDIAGN	[IF NEEDED: If [you/(SP)] had contact with	(-7) REFUSED	(-7) AUTOINT
DIRTREAT	[your/his/her] medical provider about re-		
DIRCHKUP	scheduling or canceling an appointment for care,		
DIRDRUGS	but they gave [you/him/her] the option to keep		
DIRDENTA	[your/his/her] originally-scheduled appointment,		
DIRVISIO	please answer that [you/he/she] decided not to		
DIRHEAR	get care.]		
DIRMENT			

Var Name	Question Text/Description	Response Options	Routing
REASONMD	Did [your/(SP)'s] medical provider give	(01) YES	(01) NOCARYMD
	[you/him/her] a reason why they needed to	(02) NO	
RSNURGNT	reschedule?	(-8) DON'T KNOW	(02), (-8), (-7):
RSNSURGE		(-7) REFUSED	IF NOCARDIR= "BOTH"
RSNDIAGN			GO TO NOCARYR.
RSNTREAT			
RSNCHKUP			ELSE, IF MORE THAN
RSNDRUGS			ONE TYPE OF CARE
RSNDENTA			SELECTED AT
RSNVISIO			NOCARTY1 OR
RSNHEAR			NOCARTY2, GO BACK
RSNMENT			TO NOCARDIR AND
			ASK ABOUT THE NEXT
			CONDITION.
			ELSE, GO TO
			AUTOINT.

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

Var Name	Question Text/Description	Response Options	Routing
	REDURGNT		
	REDSURGE		
	REDDIAGN		
	REDTREAT		
	REDCHKUP		
	REDDRUGS		
	REDDENTA		
	REDVISIO		
	REDHEAR		
	REDMENT		
	(04) Was there some other reason?		
	OMDURGNT		
	OMDSURGE		
	OMDDIAGN		
	OMDTREAT		
	OMDCHKUP		
	OMDDRUGS		
	OMDDENTA		
	OMDVISIO		
	OMDHEAR		
	OMDMENT		

NOCARYR	What reasons did [you/(SP)] have for	(01) YES	IF MORE THAN ONE
	[your/his/her] decision regarding [ITEM SELECTED	(02) NO	TYPE OF CARE WAS
	AT NOCARTY1 OR NOCARTY2]?	(-8) DON'T KNOW	SELECTED AT
	_	(-7) REFUSED	NOCARTY1 OR
	READ EACH ITEM AND RECORD YES/NO		NOCARTY2, GO TO
	RESPONSE:		NOCARDIR AND ASK
			ABOUT NEXT TYPE.
	(01) Did [you/he/she] have no access to		
	transportation?		OTHERWISE, GO TO
	TRAURGNT		AUTOINT.
	TRASURGE		
	TRADIAGN		
	TRATREAT		
	TRACHKUP		
	TRADRUGS		
	TRADENTA		
	TRAVISIO		
	TRAHEAR		
	TRAMENT		
	(02) Did [you/he/she] not want to leave		
	[your/his/her] house?		
	HOUURGNT		
	HOUSURGE		
	HOUDIAGN		
	HOUTREAT		
	HOUCHKUP		
	HOUDRUGS		
	HOUDENTA		
	HOUVISIO		
	HOUHEAR		
	HOUMENT		

Var Name	Question Text/Description	Response Options	Routing
	(03) Did [you/he/she] not want to risk being at		
	a medical facility?		
	RSKURGNT		
	RSKSURGE		
	RSKDIAGN		
	RSKTREAT		
	RSKCHKUP		
	RSKDRUGS		
	RSKDENTA		
	RSKVISIO		
	RSKHEAR		
	RSKMENT		
	(04) Was there some other reason?		
	OYRURGNT		
	OYRSURGE		
	OYRDIAGN		
	OYRTREAT		
	ОҮРСНКИР		
	OYRDRUGS		
	OYRDENTA		
	OYRVISIO		
	OYRHEAR		
	OYRMENT		
AUTOINT	The next questions are about health conditions	(01) CONTINUE	NEXT QUESTION
	[you/(SP)] may have.		

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
AUTOCND	[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
вох в	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	What symptoms did [you/(SP)] have that made	(01) SUSFEVER FEVER	NEXT QUESTION
	[you/him/her/they] suspect [you/he/she] (ever)	(02) <b>SUSCOUGH</b> ONGOING DRY COUGH	
	had the coronavirus?	(03) <b>SUSRNOSE</b> RUNNY NOSE	
		(04) <b>SUSSNEEZ</b> SNEEZING	
		(05) <b>SUSSRTBR</b> SHORTNESS OF BREATH	
	INTERVIEWER CODE BASED ON VERBATIM	(06) <b>SUSHDACH</b> HEADACHE	
	RESPONSE FROM RESPONDENT.	(07) <b>SUSTHROA</b> SORE THROAT	
		(08) <b>SUSNAUSE</b> NAUSEA	
		(09) <b>SUSVOMIT</b> VOMITING	
		(10) <b>SUSFATIG</b> EXTREME FATIGUE	
		(11) SUSCHILL CHILLS/REPEATED	
		SHAKING WITH CHILLS	
		(12) <b>SUSMUSCL</b> MUSCLE PAIN	
		(13) <b>SUSLTSSM</b> NEW LOSS OF TASTE OR	
		SMELL	
		(14) <b>SUSLAPPE</b> LOSS OF APPETITE	
		(15) <b>SUSDIAH</b> DIARRHEA	
		(91) <b>SUSOTHER</b> OTHER	
		(-8) DON'T KNOW	
		(-7) REFUSED	
OVIDEV	Since (REFERENCE DATE), has a doctor or other	(01) YES	NEXT QUESTION
	health professional (ever) told [you/(SP)] that	(02) NO	
	[you have/he has/she has] or likely had	(-8) DON'T KNOW	
	coronavirus or COVID-19?	(-7) REFUSED	
	[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].		

Var Name	Question Text/Description	Response Options	Routing
COVSWAB	Since (REFERENCE DATE), [have you (ever)	(01) YES	(01) SWABRSLT
	/has(SP) (ever)] been tested to see whether [you	(02) NO	(02) ANTBDTST
	were/he was/she was] infected with coronavirus	(-8) DON'T KNOW	(-8) ANTBDTST
	or COVID-19 at the time of the test?	(-7) REFUSED	(-7) ANTBDTST
	[IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth.]		
	[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.]		
	DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.		
SWABRSLT	Did the test find that [you/(SP)] had Coronavirus or COVID-19?  [IF NEEDED: If [you/(SP)] have had more than one	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19	(01) SWABWAIT (02) SWABWAIT (03) CVTSTPAY (-8) CVTSTPAY
	test to see whether [you were/he was/she was]	(03) NO RESULTS YET	(-9) CVTSTPAY
	infected with coronavirus or COVID-19 at the time	(-8) DON'T KNOW	
	of the test, think about your most recent test.]	(-7) REFUSED	
	DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.		

Var Name	Question Text/Description	Response Options	Routing
SWABWAIT	How long did it take to get [your/(SP)'s] test	(01) SAME DAY	NEXT QUESTION
	results? Did [you/he/she] get the results the same	(02) NEXT DAY	
	day, the next day, within 2-3 days, within 4-6	(03) 2-3 DAYS	
	days, or after 8 days or more?	(04) 4-6 DAYS	
		(05) 7 DAYS OR MORE	
	[IF NEEDED: If [you/(SP)] have had more than one	(-8) DON'T KNOW	
	test to see whether [you were/he was/she was]	(-7) REFUSED	
	infected with coronavirus or COVID-19 at the time		
	of the test, think about your most recent test.]		
	DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST		
	WHETHER SOMEONE HAS EVER BEEN INFECTED		
	WITH CORONAVIRUS.		
CVTSTPAY	How much did [you/(SP)] pay out of pocket for	(01) NONE OF THE COST	NEXT QUESTION
	the test: none of the cost, part of the cost, or all	(02) PART OF THE COST	
	of the cost?	(03) ALL OF THE COST	
		(-8) DON'T KNOW	
	[IF NEEDED: Please answer to the best of your	(-7) REFUSED	
	knowledge.]		
	[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.]		
	DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST		
	WHETHER SOMEONE HAS EVER BEEN INFECTED		
	WITH CORONAVIRUS.		

Var Name	Question Text/Description	Response Options	Routing
ANTBDTST	Since (REFERENCE DATE), have [you (ever)/(SP) (ever)] received an antibody test to determine if [you/he/she] ever had the coronavirus?  [IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]  [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.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) ANTRESLT (02) BOX A (-8) BOX A (-7) BOX A
ANTRESLT	Did the test find that [you/(SP)] had Coronavirus or COVID-19?  [IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]  [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.]	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-7) REFUSED	(01) ANTWAIT (02) ANTWAIT (03) ANTPAY (-8) ANTPAY (-9) ANTPAY
ANTWAIT	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?	(01) SAME DAY (02) NEXT DAY (03) 2-3 DAYS (04) 4-6 DAYS (05) 7 DAYS OR MORE (-8) DON'T KNOW	NEXT QUESTION

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	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?  [IF NEEDED: Please answer to the best of your knowledge.]  [IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]  [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.]	(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	
0.450554		(04) //50	(24) 6) (24) 60
CVDSEEK	Did [you/(SP)] seek medical care for coronavirus	(01) YES	(01) CVDHOSP
	or COVID-19?	(02) NO	(02) CVDNOTRE
		(-8) DON'T KNOW	(-8) CVDHOSP
0.00.0000	W. 1.15 (CD)3	(-7) REFUSED	(-7) CVDHOSP
CVDNOTRE	Why did [you/(SP)] not seek medical care?	(01) YES	CVDHOSP
		(02) NO	
	DEAD FACILITEM AND DECORD VEC/NO	(-8) DON'T KNOW	
	READ EACH ITEM AND RECORD YES/NO RESPONSE:	(-7) REFUSED	
	CVDEXPEN. Was it too expensive?		
	CVDNTAVA. Was it not available?		
	CVDSYMNS. Were [your/his/her] symptoms not		
	severe enough?		
	<b>CVDOTHER.</b> Was there some other reason?		
CVDHOSP	[Have you/Has (SP)] been hospitalized overnight	(01) YES	NEXT QUESTION
	for coronavirus?	(02) NO	
		(-8) DON'T KNOW	
		(-7) REFUSED	
	[IF NEEDED: This could include visiting the		
	emergency room or being admitted to the		
	hospital.]		

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

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

NOVACRSN	For what reason didn't [you/(SP)] get a	(01) WAS SICK WITH COVID-19 SO	(01)-(20), (-8), (-7)
	Coronavirus vaccine?	DOESN'T NEED THE VACCINE	DESCPRE1
		(02) DIDN'T KNOW THE VACCINE WAS	
	[PROBE: Any other reason?]	NEEDED	(91) NOVCRNOS
		(03) THE VACCINE COULD CAUSE COVID-	
	DO NOT READ ALOUD. CODE BASED ON WHAT	19	
	THE R SAYS.	(04) THE VACCINE COULD HAVE SIDE	
		EFFECTS OR IS NOT SAFE	
	CHECK ALL THAT APPLY.	(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	

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	DESCPRE1
DESCPRE1	Since (REFERENCE DATE), [have you/has (SP)]	(01) YES	NEXT QUESTION
	done any of the following in response to the	(02) NO	
	outbreak of the new coronavirus?	(03) UNABLE DUE TO SHORTAGES	
		(04) NOT APPLICABLE	
	READ EACH ITEM AND RECORD YES/NO	(-8) DON'T KNOW	
	RESPONSE:	(-7) REFUSED	
	(01) <b>PREVWASH.</b> Washed [your/his/her] hands		
	for 20 seconds with soap and water		
	(02) <b>PREVIACE</b> Avaided to ushing		
	(03) <b>PREVFACE.</b> Avoided touching [your/his/her] face		
	(04) <b>PREVTISS.</b> Coughed or sneezed into a		
	tissue or sleeve		
	(05) <b>PREVMASK.</b> Worn a facemask when out in		
	public		
	ρασιις		

Var Name	Question Text/Description	Response Options	Routing
DESCPRE2	[Since (REFERENCE DATE) [have you/has (SP)]	(01) YES	NEXT QUESTION
	done any of the following in response to the	(02) NO	
	outbreak of the new coronavirus?]	(04) NOT APPLICABLE	
		(-8) DON'T KNOW	
	READ EACH ITEM AND RECORD YES/NO	(-7) REFUSED	
	RESPONSE:		
	(01) <b>PREVCLEA.</b> Cleaned or sterilized		
	commonly-touched surfaces, such as door		
	knobs		
	(02) <b>PREVCONT.</b> Avoided contact with sick		
	people		
	(03) <b>PREVDIST.</b> Kept a six-foot distance		
	between [yourself/himself/herself] and		
	people outside [your/his/her] household		
	(04) <b>PREVGRP.</b> Avoided large groups of people		
	(05) <b>PREVSHEL.</b> Left [your/his/her] home for		
	essential purposes only, such as for		
	medical appointments or grocery		
	shopping, sometimes called "sheltering in		
	place"		

Var Name	Question Text/Description	Response Options	Routing
DESCPRE3	[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) PREVFOOD. Purchased extra food (02) PREVSUPP. Purchased extra cleaning	(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
	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		
DESC_INF	What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.  CLICK NEXT FOR SOURCES	CONTINUE	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
INFOSORC1	[What sources [do you/does (SP)] rely on for information about the coronavirus? For each	(01) YES (02) NO	NEXT QUESTION
	source I read, please tell me yes or no.]	(-8) DON'T KNOW (-7) REFUSED	
	READ EACH ITEM AND RECORD YES/NO RESPONSE:		
	INFONEWS. Traditional news sources, including on TV, radio, websites, and newspapers INFOSOCI. Social media INFOGOVT. Comments or guidance from government officials		
INFOSORC2	What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.  READ EACH ITEM AND RECORD YES/NO RESPONSE:	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	IF INFOSUM IS GREATER THAN OR EQUAL TO 2 THEN GO TO INFOMOST.  ELSE IF INFOSUM=1 THEN SET
	INFOINT. Other webpages/internet INFOFRIE. Friends or family members INFOHCPR. Health care providers		INFOMOST=THE VARIABLE THAT HAD THE YES RESPONSE.
			ELSE IF SPPROXY=01 GO TO <i>CVDAGREE</i> .
			ELSE GO TO <i>RECCDC</i> .

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

Var Name	Question Text/Description	Response Options	Routing
NOGETVAC	For what reason would you not get a Coronavirus	(01) THE VACCINE COULD CAUSE COVID-	(01)-(10), (-8), (-7)
	vaccine?	19	RECCDC
		(02) THE VACCINE COULD HAVE SIDE	
	[PROBE: Any other reason?]	EFFECTS OR IS NOT SAFE	(91) NOGETCOS
		(03) DOESN'T THINK THE VACCINE	
	DO NOT READ ALOUD. CODE BASED ON WHAT	WOULD PREVENT COVID-19	
	THE R SAYS.	(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	
NOGETCOS	OTHER (SPECIFY)	Verbatim text box	RECCDC

RECCDC	As far as you know, have public health experts	(01) YES, RECOMMENDED	NEXT QUESTION
	recommended the following things as a way to	(02) NO, NOT RECOMMENDED	
	help slow the spread of coronavirus, or not?	(-8) DON'T KNOW	
		(-7) REFUSED	
	[IF NEEDED: As far as you know, have public		
	health experts recommended this as a way to		
	help slow the spread of coronavirus?]		
	RECWASH. Frequent hand washing		
	<b>RECMASK.</b> Healthy people wearing facemasks in		
	public		
	<b>RECAVOI.</b> Avoiding gatherings with groups of 10		
	or more people		
	<b>RECSTAY.</b> Staying home except for essential		
	activities such as grocery shopping or medical		
	care (shelter in place)		
	<b>RECMEDI.</b> Seeking medical attention if you are		
	having trouble breathing		

ZUZI WICDS CUI	initiality Questionnaire		CVQ-C
DISRUPT	Since (REFERENCE DATE), [have you/has (SP)] been able, unable, or have not needed	(01) ABLE (02) UNABLE (03) HAVE NOT NEEDED (-8) DON'T KNOW	BOX C
	<b>DISRRENT</b> . To pay rent or [your/his/her] mortgage?	(-7) REFUSED	
	IF THE RESPONDENT OWNS THEIR HOME OUTRIGHT AND/OR DOESN'T NEED TO PAY RENT OR MORTGAGE, SELECT "HAVE NOT NEEDED".		
	<b>DISRMEDI.</b> To get medications?		
	<b>DISRAPPT</b> . To get a doctor's appointment or some other kind of healthcare?		
	<b>DISRFOOD</b> . To get the food [you want/he wants/she wants]?		
	<b>DISRSUPP.</b> To get household supplies, such as toilet paper?		
	DISRMASK. To get face masks?		
	IF RESPONDENT WANTED TO GET HOUSEHOLD SUPPLIES BUT WAS NOT ABLE TO BECAUSE OF SUPPLY SHORTAGES, SELECT "UNABLE".		
вох с	IF SPPROXIN=01 GO TO FEELFINC. ELSE IF SPPROXIN=02 GO TO THANKYOU.		

ZUZI WICDS CUIII	marity Questionnane		टाय ट
FEELFINC	Since (REFERENCE DATE)	(01) MORE FINANCIALLY SECURE (02) LESS FINANCIALLY SECURE	NEXT QUESTION
	Have you felt more financially secure, less	(03) ABOUT THE SAME	
	financially secure, or about the same?	(-8) DON'T KNOW	
		(-7) REFUSED	
FEELANXI	[Since (REFERENCE DATE)]	(01) MORE STRESSED OR ANXIOUS	NEXT QUESTION
		(02) LESS STRESSED OR ANXIOUS	
	have you felt more stressed or anxious, less	(03) ABOUT THE SAME	
	stressed or anxious, or about the same?	(-8) DON'T KNOW	
		(-7) REFUSED	
FEELDEPR	[Since (REFERENCE DATE)]	(01) MORE LONELY OR SAD	NEXT QUESTION
		(02) LESS LONELY OR SAD	
	have you felt more lonely or sad, less lonely or	(03) ABOUT THE SAME	
	sad, or about the same?	(-8) DON'T KNOW	
		(-7) REFUSED	
FEELSOCI	[Since (REFERENCE DATE)]	(01) MORE SOCIALLY CONNECTED	NEXT QUESTION
		(02) LESS SOCIALLY CONNECTED	
	have you felt more socially connected to family	(03) ABOUT THE SAME	
	and friends, less socially connected to family and	(-8) DON'T KNOW	
	friends, or about the same?	(-7) REFUSED	
THANKYOU	Thank you for participating in this important survey.	(01) CONTINUE	NEXT QUESTION
	(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.)		
END	IT IS NOW SAFE TO CLOSE YOUR BROWSER.		