**Attachment E: COVID-19 Monthly Outcome Survey – Ipsos Omnibus COVID Questions**

**Item #:** CV1

**Question Type**:Single punch

**CV1:** Currently, would you say your physical health is… *Select one answer only*

**Variable Label:** CV1: Physical health

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
| 5 | Poor |
| -99 | Refused |

**Question Type**:Grid

**CV2**. Have you experienced any of the following symptoms in the past 2 weeks? *Select one answer from each row in the grid*

**// Randomize subitem order //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CV2\_1\_Fever | Fever | CV2\_1: IPSOS Fever |
| CV2\_2\_Cough | Dry Cough | CV2\_2: IPSOS Dry cough |
| CV2\_3\_Breath | Shortness of Breath | CV2\_3: IPSOS Shortness of breath |
| CV2\_4\_Senses | Decreased Sense of Smell/Taste | CV2\_4: IPSOS Decreased sense of smell and taste |
| CV2\_5\_Flu | Other Flu like Symptoms | CV2\_5: IPSOS Flu symptoms |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Yes |
| 2 | No |
| 3 | Don’t know |
| -99 | Refusal |

**Question Type**:Grid

**CV3**. Has anyone else in your household besides yourself experienced any of the following symptoms in the past two weeks? *Select one answer from each row in the grid*

**// Randomize subitem order //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CV3\_1\_Fever | Fever | CV3\_1: IPSOS Fever |
| CV3\_2\_Cough | Dry Cough | CV3\_2: IPSOS Dry cough |
| CV3\_3\_Breath | Shortness of Breath | CV3\_3: IPSOS Shortness of breath |
| CV3\_4\_Senses | Decreased Sense of Smell/Taste | CV3\_4: IPSOS Decreased sense of smell and taste |
| CV3\_5\_Flu | Other Flu like Symptoms | CV3\_5: IPSOS Flu symptoms |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Yes |
| 2 | No |
| 3 | Don’t know |
| -99 | Refusal |

**Question Type:** Multi punch

**CV4:** Have you, or someone in your immediate family, been diagnosed with the coronavirus/COVID-19? *Select all answers that apply*

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CV4\_1\_Self | Yes, I have | CV4\_1: IPSOS Self COVID diagnosis |
| CV4\_2\_Family | Yes, someone in my family has | CV4\_2: IPSOS Family COVID diagnosis |
| CV4\_3\_No | No | CV4\_3: IPSOS No COVID diagnosis |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Marked |
| 0 | Not Marked |

**Question Type:** Multi punch

**CV5:** Have you sought any medical help related to your COVID-19 like symptoms or COVID-19 diagnosis? *Select all answers that apply*

**// Ask if CV2 = 1 (any symptoms) OR CV4 = 1 (Yes, I have) //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CV5\_1\_Hospital | Gone to a hospital or emergency room | CV5\_1: IPSOS Hospital or emergency room |
| CV5\_2\_Urgent care | Gone to an urgent care facility | CV5\_2: IPSOS Urgent care facility |
| CV5\_3\_Doctor | Visited a doctor’s office | CV5\_3: IPSOS Visited doctor’s office |
| CV5\_4\_Phone | Consulted with a healthcare provider over the phone | CV5\_4: IPSOS Consulted with healthcare provider over the phone |
| CV5\_5\_Video | Consulted with a healthcare provider using a video chat system | CV5\_5: IPSOS Consulted with healthcare provider using video chat |
| CV5\_6\_Chat | Consulted with a healthcare provider using chat, text, or email | CV5\_6: IPSOS Consulted with healthcare provider using chat, text, or email |
| CV5\_7\_None | None of the above | CV5\_7: IPSOS None of the above |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Marked |
| 0 | Not Marked |
| -100 | Valid skip |

**Item #:** CV6a

**Question Type**:Single punch

**CV6a:** What was your employment status prior to the coronavirus/COVID-19 pandemic? *Select one answer only*

**Variable Label:** CV6a: IPSOS Employment status prior to COVID pandemic

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Employed full time (35 hours or more per week) for pay with an organization or company |
| 2 | Employed part time (less than 35 hours per week) for pay with an organization or company |
| 3 | Self-employed |
| 4 | Unemployed, looking for work |
| 5 | Unable to work due to a disability |
| 6 | On temporary layoff from a job |
| 7 | Retired |
| 8 | A student |
| 9 | Other |
| -99 | Refused |

**Item #:** CV6b

**Question Type**:Single punch

**CV6b:** Has your employment status changed since the coronavirus/COVID-19 pandemic? *Select one answer only*

**// Ask if CV6a = 1|2|3|4|6|8|9 //**

**Variable Label:** CV6b: IPSOS Employment status changed since COVID pandemic

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Yes |
| 2 | No |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** CV6c

**Question Type**:Single punch

**CV6c:** What is your current employment status? *Select one answer only*

**// Ask if CV6b = 1 (Yes). All others derived from CV6a. //**

**Variable Label:** CV6c: IPSOS Current employment status

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Employed full time (35 hours or more per week) for pay with an organization or company |
| 2 | Employed part time (less than 35 hours per week) for pay with an organization or company |
| 3 | Self-employed |
| 4 | Unemployed, looking for work |
| 5 | Unable to work due to a disability |
| 6 | On temporary layoff from a job |
| 7 | Retired |
| 8 | A student |
| 9 | Other |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** CV7a

**Question Type**:Single punch

**CV7a:** Are you classified as an essential worker? *Select one answer only*

**// Ask if EMPLOYMENT = 1|2|3 //**

**Variable Label:** CV7a: IPSOS Essential worker

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Yes |
| 2 | No |
| 3 | Don’t know |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** CV7b

**Question Type**:Single punch

**CV7b:** Are you a healthcare worker? *Select one answer only*

**// Ask if EMPLOYMENT = 1|2|3 //**

**Variable Label:** CV7b: IPSOS Healthcare worker

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Yes |
| 2 | No |
| 3 | Don’t know |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** CV8a

**Question Type**:Single punch

**CV8a:** Below is a list of different kinds of health insurance. Which of the following was your primary source of insurance coverage prior to the coronavirus/COVID-19 pandemic? *Select one answer only*

**Variable Label:** CV8a: IPSOS Insurance coverage prior to COVID pandemic

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Health insurance through your or someone else’s employer or union |
| 2 | Medicare, a government plan that pays healthcare bills for people aged 65 or older and for some disabled people |
| 3 | Medicaid, or any state government medical assistance plan for those with lower incomes |
| 4 | Health insurance that you bought from the federal Health Insurance Marketplace, also known as Healthcare.gov, or a state-run Health Insurance Marketplace |
| 5 | Veteran’s Affairs (VA), Department of Defense, or other military programs |
| 6 | Health insurance from some other source |
| 7 | I do not have any healthcare insurance/coverage |
| -99 | Refused |

**Item #:** CV8b

**Question Type**:Single punch

**CV8b:** Has your health insurance status changed since the coronavirus/COVID-19 pandemic? *Select one answer only*

**Variable Label:** CV8b: IPSOS Insurance changed since COVID pandemic

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Yes |
| 2 | No |
| -99 | Refused |

**Item #:** CV8c

**Question Type**:Single punch

**CV8c:** What is your current primary source of insurance coverage? *Select one answer only*

**// Ask if CV8b = 1. All others derived from CV8a //**

**Variable Label:** CV8c: IPSOS Current insurance coverage

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Health insurance through your or someone else’s employer or union |
| 2 | Medicare, a government plan that pays healthcare bills for people aged 65 or older and for some disabled people |
| 3 | Medicaid, or any state government medical assistance plan for those with lower incomes |
| 4 | Health insurance that you bought from the federal Health Insurance Marketplace, also known as Healthcare.gov, or a state-run Health Insurance Marketplace |
| 5 | Veteran’s Affairs (VA), Department of Defense, or other military programs |
| 6 | Health insurance from some other source |
| 7 | I do not have any healthcare insurance/coverage |
| -99 | Refused |
| -100 | Valid skip |

**Question Type:** Multi punch

**CV9:** Since the coronavirus/COVID-19 pandemic, have you received any of the following financial assistance from the government? *Select all answers that apply*

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CV9\_1\_Unemployment benefits | Unemployment benefits | CV9\_1: IPSOS Unemployment benefits |
| CV9\_2\_COVID enhanced | COVID-19 related enhanced unemployment benefits | CV9\_2: IPSOS COVID related enhanced unemployment benefits |
| CV9\_3\_CARES | CARES Act check (direct stimulus payments) | CV9\_3: IPSOS CARES Act check |
| CV9\_4\_None | None of the above | CV9\_4: IPSOS None |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Marked |
| 0 | Not Marked |

**Question Type:** Multi punch

**CV10:** Have you changed your daily routine in any way specifically because of the coronavirus/COVID-19 pandemic? *Select all answers that apply*

**// Ask CV10\_1 & CV10\_2 if XPARENT = 1 //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CV10\_1\_Children home | I have kept my children home from school | CV10\_1: IPSOS kept children home from school |
| CV10\_2\_Home schooled | I home schooled my children | CV10\_2: IPSOS home schooled children |
| CV10\_3\_Work from home | I have worked from home more than before the pandemic | CV10\_3: IPSOS worked from home more than before the pandemic |
| CV10\_4\_Return to work | I have recently returned to work after a temporary closure of my company | CV10\_4: IPSOS returned to work after temporary closure |
| CV10\_5\_None | None of the above | CV10\_5: IPSOS None |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Marked |
| 0 | Not Marked |
| -100 | Valid skip |

**Question Type**:Grid

**CV11**. Has anyone else in your household besides yourself experienced any of the following symptoms in the past two weeks? *Select one answer from each row in the grid*

**// Randomize subitem order //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CV11\_1\_Nervous | Feeling nervous, anxious, or on edge | CV11\_1: IPSOS Household nervous, anxious, on edge |
| CV11\_2\_Worrying | Not being able to stop or control worrying | CV11\_2: IPSOS Household not able to stop worrying |
| CV11\_3\_Depressed | Feeling down, depressed or hopeless | CV11\_3: IPSOS Household feeling down, depressed, or hopeless |
| CV11\_4\_Little interest | Little interest or pleasure in doing things | CV11\_4: IPSOS Household little interest or pleasure |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Not at all |
| 2 | Several days |
| 3 | More than half the days |
| 4 | Nearly every day |
| -99 | Refusal |

**Question Type**:Grid

**CV12**. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? *Select one answer only*

**// Ask if matching CV11 = 2|3|4. Randomize subitem order //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CV12\_1\_Nervous | Feeling nervous, anxious, or on edge | CV12\_1: IPSOS Self nervous, anxious, on edge |
| CV12\_2\_Worrying | Not being able to stop or control worrying | CV12\_2: IPSOS Self not able to stop worrying |
| CV12\_3\_Depressed | Feeling down, depressed or hopeless | CV12\_3: IPSOS Self feeling down, depressed, or hopeless |
| CV12\_4\_Little interest | Little interest or pleasure in doing things | CV12\_4: IPSOS Self little interest or pleasure |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Not at all |
| 2 | Several days |
| 3 | More than half the days |
| 4 | Nearly every day |
| -99 | Refusal |
| -100 | Valid skip |

**Item #:** CV13

**Question Type**:Single punch

**CV13:** During the past week, how much of your day have you been spending at home during your normal working or waking hours, including your front or back yard? *Select one answer only*

**Variable Label:** CV13: IPSOS Time spent at home

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | The entire day. I never go outside my home |
| 2 | Most of the day, with an occasional trip outside my home |
| 3 | Some of the day. I am in and out of my home all day |
| 4 | Very little of the day. I am rarely at home |
| -99 | Refused |

**Item #:** CV14

**Question Type**:Multi punch

**CV14:** During the past week, when you were outside your home, did you practice any of the following?

**// Ask if CV13 = 2|3|4. Randomize response option order //**

**Variable Label:** CV14: IPSOS COVID 14

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Kept social distance from others |
| 2 | Wore a mask |
| 3 | Avoided enclosed spaces |
| 4 | Washed or sanitized hands frequently |
| 5 | None of the above |
| -99 | Refused |
| -100 | Valid skip |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Marked |
| 0 | Not Marked |
| -100 | Valid skip |

We would now like to ask you some questions about coronavirus (COVID-19) prevention and social distancing.

**Item #:** CV15

**Question Type**:Single punch

**CV15:** Approximately how many times yesterday did you wash your hands with soap and water or use hand sanitizer? *Select one answer only*

**Variable Label:** CV15: IPSOS Wash hands yesterday

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | 0 times |
| 2 | 1-6 times |
| 3 | More than 6 times |
| -99 | Refused |

**Item #:** CV16

**Question Type**:Single punch

**CV16:** For how long do you usually wash your hands each time? *Select one answer only*

**// Ask if CV15 = 2|3. //**

**Variable Label:** CV16: IPSOS Wash hands time

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Less than 10 seconds |
| 2 | 10-19 seconds |
| 3 | 20 seconds or more |
| -99 | Refused |
| -100 | Valid skip |