# Attachment A: COVID-19 Attitudes and Beliefs Survey (CABS) – Questionnaire

# Welcome

*// Display OMB number and exp in the bottom right off all screens //*

You have been selected to participate in a national survey about COVID-19. The purpose of this survey is to help better understand U.S. adults' experience, opinions, behaviors, and their trusted information sources related to COVID-19. It is expected this nation-wide survey will take about 35-minutes to complete

This survey will provide important feedback on six main topics, including:

- Your interests and intentions about recommended actions by health officials
- Your opinions on COVID-19
- Views on science, research, and medical professionals
- Health public education campaigns
- How COVID-19 has impacted your life
- More about you and other health conditions

If you would like additional information about the purpose of the survey or how your survey responses will be used, please select the additional pages you would like to read below, if any. You will then be shown a privacy statement before proceeding with the survey.

**[Checkbox]** Frequently Asked Questions
**[Checkbox]** Contact Us

Thank you for your participation in this survey. If you are willing to take part in this study, please click "continue" below to begin the survey.

**[Continue]**

For question or concerns about this survey, email: tbd_helpdesk@tbd.com

# Privacy Advisory

This survey does NOT collect or use personally identifiable information (PII) such as your name, date of birth, or contact information. Responding to this survey is voluntary. Your responses will be treated as confidential and will be maintained in a secure dataset. There is no penalty to you if you choose not to respond. However, we encourage you to answer all questions so that the data will be complete and will represent typical attitudes and beliefs of all Americans.

# Frequently Asked Questions (FAQ)
**// FAQs should link to their corresponding page positions below. "TOP" buttons should link back to top of FAQ //**

[Why is this study being conducted?](#)
[Why should I participate?](#)
[Do I have to answer all questions?](#)
[Can I save my answers and return to the survey later?](#)
[What is TBDhelpdesk@tbd.com?](#)
[Will my answers be kept private?](#)
[Can I withdraw answers once I have started the survey?](#)
[What are the costs and benefits of participating?](#)
[How will my responses be used?](#)
[Will I see the results of the survey?](#)

## Why is this study being conducted? [Top](#)

- This study is being conducted to understand changes over time of people's opinions of, experience with, and behaviors related to COVID-19 as well as exposure to and trust of sources on COVID-information.

## Why should I participate? [Top](#)

- You may learn more about COVID-19 and ways you can help slow its spread as a result of information you learn by taking part in this survey.

## Do I have to answer all questions? [Top](#)

- No, it is not necessary to answer every question. Your participation in this study is completely voluntary. This means that you are free to withdraw from this survey at any time or to skip any questions. There is no penalty to you if you choose not to respond.
- Some questions in this survey will ask about your personal experiences with COVID-19, which may be uncomfortable to answer. You have the right to skip these questions. Additionally, if you experience any distress taking this survey, you may contact the 1) SAMHSA Disaster Distress Helpline (1-800-985-5990) or the 2) Suicide Prevention Lifeline (1-800-273-8255), which both offer free 24/7 support services.

- At the bottom of your survey screen, you have two control buttons: *Continue* (>>), and *Previous* (<<). Use these buttons to navigate through the survey or skip questions.

## Can I save my answers and return to the survey later? [Top](Top)

- Yes. If you exit the survey, your progress will be saved. To return to the survey, use the same survey link provided to you. When you return to the survey website, you will be directed to the place in the survey where you had stopped. Use the control buttons, *Continue* (>>), and *Previous* (<<), to navigate through the survey to return to unanswered questions.

## What is tbd_helpdesk@tbd.com? [Top](Top)

- tbd_helpdesk@tbd.com is the official email address for communicating with study researchers about the *COVID-19 Attitudes and Beliefs Survey (CABS)*.

## Will my answers be kept private? [Top](Top)

- Responses will remain private to the extent allowable by law. None of the information you provide will be used to contact you for or will be used in future research or distributed to another investigator for future studies. Survey responses will be aggregated (combined), and only group statistics will be reported. You will not be identified even if the results of this study are published.

## Can I withdraw answers once I have started the survey? [Top](Top)

- If you wish to withdraw your answers, please notify the survey helpdesk by sending an email to tbd_helpdesk@tbd.com.

## [What are the costs and benefits of participating? Top](Top)

- There is no cost to you for participating in this study.
- This study is for research purposes only. There is no direct benefit to you for taking part in this study. Any compensation you receive is a small token to thank you for participating, if you choose to do so.
- If you decide to participate, you will receive $10 for the first survey and $18 each for the remaining 5 surveys.

## How will my responses be used? [Top](Top)

- Your responses will be used to inform a public education campaign on scientifically proven behaviors on how to decrease COVID-19 infection rates. This is your chance to be heard on issues that directly affect you. While your survey responses will be kept confidential, summarized responses may be released to the public.

**Will I see the results of the survey?** <u>Top</u>

- Results from this study might appear in professional journals or scientific conferences or submitted in a report to Congress. No individual participants will be identified or linked to the results. We will not disclose your identity in any report or presentation.

# Contact Us

During this study, if you have questions or concerns about the study, please email <u>tbd_helpdesk@tbd.com</u>.

An external institutional review board (IRB), which is an independent committee established to help protect the rights of research subjects, has approved this study. If you have any questions about your rights as a research subject, and/or concerns or complaints regarding this research study, contact the IRB at:

By mail:

BRANY IRB

1981 Marcus Avenue, Suite 210

Lake Success, NY 11042

- Or call toll free: 516-470-6900

- Or by email: info@brany.com

Please reference the following number when contacting the Study Subject Adviser: [IRB Study Number].

# Section 1: Your Interest & Intentions about Actions Recommended by Health Officials

### *COVID-19 Vaccine*

The following questions ask about your actions and beliefs about COVID-19 vaccine(s). The FDA has authorized a vaccine to protect against COVID-19 and we want to learn more about your beliefs and plans related to this vaccine. For the following questions, please assume there are enough vaccines so that everyone who wants a COVID-19 vaccine can get one.

**Item #:** BEH0
**Question type:** Single punch
**Variable Name:** BEH0
**Variable Text:** A Food and Drug Administration (FDA)-authorized vaccine to prevent COVID-19 is now available at no cost. Have you received a COVID-19 vaccine?
**Variable Label:** BEH0: Intention to get vaccinated

| Value | Value Label |
|-------|-------------|
| 0 | No, I have not received a COVID-19 vaccine |
| 1 | Yes, but I have only received one shot out of two required shots |
| 2 | Yes, I have received all of my required shots |
| -99 | Refused |

**Item #:** BEH1
**Question type:** Single punch
**Variable Name:** BEH1
**Variable Text:** What is the likelihood you will get a COVID-19 vaccine?
**Variable Label:** BEH1: Intention to get vaccinated
**// Ask if BEH0 (Intention to get vaccinated) = "No…" or "Refused" //**

| Value | Value Label |
|-------|-------------|
| 1 | Very unlikely |
| 2 | Somewhat unlikely |
| 3 | Neither likely nor unlikely |
| 4 | Somewhat likely |
| 5 | Very likely |
| -99 | Refused |

**Item #:** BEH2
**Question type:** Single punch
**Variable Name:** BEH2
**Variable Text:** A Food and Drug Administration (FDA)-authorized vaccine to prevent COVID-19 is now available at no cost. How soon will you get vaccinated? *For

*this question, assume there is enough vaccine so that everyone who wants it can get it.*

**Variable Label:** BEH2: Wait to get vaccinated

| Value | Value Label |
|---|---|
| 1 | I would get a vaccine as soon as I could |
| 2 | I would wait to get a vaccine for one or |
| 3 | I would never get a COVID-19 vaccine |
| -99 | Refused |

**Item #:** BEH3
**Question type:** Grid
**Variable Name:** BEH3
**Variable Text:** You responded that you would wait to get a COVID-19 vaccine. For each of the following statements, is this a reason why you would wait to get a COVID-19 vaccine? *Select yes or no for each item.*
**Variable Label:** BEH3: Reasons: Waiting to get vaccinated
**// Randomize order of subitems //**
**// Ask if BEH2 (Wait to get vaccinated) = "I would wait to get the vaccine for one or more reasons" //**

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| BEH3_1 | I would because of my age. | BEH3_1: Age |
| BEH3_2 | I would because of my health status, allergies, or medical history. | BEH3_2: Health |
| BEH3_3 | I would want to know if the vaccine is effective first. | BEH3_3: Confirm effectiveness |
| BEH3_4 | I am pregnant or expect to become pregnant. | BEH3_4: Pregnant |
| BEH3_5 | I would want to talk to my doctor first. | BEH3_5: Talk to doctor first |
| BEH3_6 | I would want to compare the effectiveness of the different vaccines. | BEH3_6: Compare vaccines |
| BEH3_7 | I would want to see if my friends and family get the vaccine. | BEH3_7: Friends/family |
| BEH3_8 | I would want to see if others who get the vaccine first develop any problems. | BEH3_8: Side effects |
| BEH3_9 | I want to make sure it is safe for people like me first. | BEH3_9: Confirm safety |
| BEH3_10 | I would want to hear from leaders in my community about the vaccine first. | BEH3_10: Hear from leaders |
| BEH3_11 | Other [Specify] | BEH3_11: Other |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** BEH5
**Question type:** Single punch

**Variable Name:** BEH5
**Variable Text:** A Food and Drug Administration (FDA)-authorized vaccine to prevent COVID-19 is now available at no cost but it would need to be given again each year (similar to the flu shot), how likely would you be to get the COVID-19 vaccine?
**Variable Label:** BEH5: Frequency of vaccine attitude_2
**// Ask if BEH0 (Intention to get vaccinated) = 4|5 (Likely/Very Likely) //**

| Value | Value Label |
|-------|-------------|
| 1 | Very unlikely |
| 2 | Somewhat unlikely |
| 3 | Neither likely nor unlikely |
| 4 | Somewhat likely |
| 5 | Very likely |
| -99 | Refused |

**Item #:** BEH6
**Question type:** Single punch
**Variable Name:** BEH6
**Variable Text:** Which of the following best describes your current status on the vaccinations recommended by your health care provider (e.g., primary care doctor)?
**Variable Label:** BEH6: Past vaccine behaviors

| Value | Value Label |
|-------|-------------|
| 1 | I am current on all vaccinations |
| 2 | I am current on some vaccinations |
| 3 | I am not current on any vaccinations |
| 4 | I am uncertain |
| -99 | Refused |

**Item #:** BEH7
**Question type:** Grid
**Variable Name:** BEH7
**Variable Text:** The following questions ask about your thoughts and behaviors about the COVID-19 vaccine. How much do you agree or disagree with the following statements*? Select one response for each item.*
Variable Label: BEH7: Vaccine: Intentions

| Variable Name | Variable Text | Variable Label |
|---------------|---------------|----------------|
| BEH7_1 | In the next year, it is mostly up to me whether I get a COVID-19 vaccine | BEH7_1: Up to me – get vaccine |
| BEH7_2 | In the next year, it would be easy for me to get a COVID-19 vaccine | BEH7_2: Easy for me – get vaccine |
| BEH7_3 | In the next year, I intend to get a COVID-19 vaccine | BEH7_3: Intend – get vaccine |

| Value | Value Label |
|-------|-------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |

| | |
|---|---|
| 5 | Strongly agree |
| -99 | Refused |

## *Face Mask Wearing*

The following questions will ask about your actions and beliefs related to wearing a face mask, meaning a face covering that covers your nostrils, mouth, and chin which can include items like a cloth face mask, an N95, or a disposable face mask.

**Item #:** BEH8
**Question type:** Single punch
**Variable Name:** BEH8
**Variable Text:** How often do you wear a face mask when outside of your home and in public?
**Variable Label:** BEH8: Wear mask

| Value | Value Label |
|---|---|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Very often |
| 5 | Always |
| -99 | Refused |

**Item #:** BEH9
**Question type:** Grid
**Variable Name:** BEH9
**Variable Text:** There are some public places individuals may avoid in order to limit the spread of COVID-19. In the past 7 days, have you visited or engaged in any of the following activities? *Select yes or no for each item.*
**Variable Label:** BEH9: Locations
**// Randomize order of subitems//**

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| BEH9_1 | Indoor dining at a restaurant | BEH9_1: Indoor dining |
| BEH9_2 | Outdoor dining at a restaurant | BEH9_2: Outdoor dining |
| BEH9_3 | Gym | BEH9_3: Gym |
| BEH9_4 | Indoor religious service | BEH9_4: Indoor religious service |
| BEH9_5 | Exercising outside | BEH9_5: Exercising outside |
| BEH9_6 | Grocery shopping | BEH9_6: Grocery shopping |
| BEH9_7 | Bars and clubs | BEH9_7: Bars/clubs |
| BEH9_8 | School or college | BEH9_8: School/college |
| BEH9_9 | Attending a sporting event | BEH9_9: Sporting event |
| BEH9_10 | Parks or beaches | BEH9_10: Parks/beaches |
| BEH9_11 | Public transportation (e.g., buses, subway) | BEH9_11: Public transportation |
| BEH9_12 | Close contact with individuals outside household | BEH9_12: Close contact |

| | | |
|---|---|---|
| BEH9_13 | Gatherings with 10 or more people including those from outside of your household | BEH9_13: Gatherings with 10+ people |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** BEH10
**Question type:** Grid
**Variable Name:** BEH10
**Variable Text:** For places you indicated that you have visited in the past 7 days, please indicate how often you wore a mask in the following statements.
**Variable Label:** BEH10: Locations: Masks
**// Randomize order of subitems//**
**//Ask if BEH9 matching = 1(Yes) //**

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| BEH10_1 | Indoor dining at a restaurant (except when eating/drinking) | BEH10_1: Indoor dining |
| BEH10_2 | Outdoor dining at a restaurant (except when eating/drinking) | BEH10_2: Outdoor dining |
| BEH10_3 | Gym | BEH10_3: Gym |
| BEH10_4 | Indoor religious service | BEH10_4: Indoor religious service |
| BEH10_5 | Exercising outside | BEH10_5: Exercising outside |
| BEH10_6 | Grocery shopping | BEH10_6: Grocery shopping |
| BEH10_7 | Bars and clubs | BEH10_7: Bars/clubs |
| BEH10_8 | School or college | BEH10_8: School/college |
| BEH10_9 | Attending a sporting event | BEH10_9: Sporting event |
| BEH10_10 | Parks or beaches | BEH10_10: Parks/beaches |
| BEH10_11 | Public transportation (e.g., buses, subway) | BEH10_11: Public transportation |
| BEH10_12 | Close contact with individuals outside household | BEH10_12: Close contact |
| BEH10_13 | Gatherings with 10 or more people including those from outside of your household | BEH10_13: Gatherings with 10+ people |

| Value | Value Label |
|---|---|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Most of the time |
| 5 | Always |
| -99 | Refused |

**Item #:** BEH11
**Question type:** Grid
**Variable Name:** BEH11
**Variable Text:** The following questions ask about your thoughts and behaviors about face mask wearing to prevent COVID-19. How frequently do you do the following? *Select one response for each item.*
**Variable Label:** BEH11: Guidelines: Masks
**// Randomize order of subitems//**
**// Ask if BEH8 (Wear mask) = 2-5(Rarely - Always) //**

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| BEH11_1 | Adjust your face mask while wearing it | BEH11_1: Adjust mask |
| | | |
| BEH11_2 | Share your face mask with others (e.g., friends, family) **[Reverse Coded]** | BEH11_2: Share mask |
| BEH11_3 | Cover your chin, mouth, and nostrils with your face mask | BEH11_3: Cover face with mask |

| Value | Value Label |
|---|---|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Very often |
| 5 | Always |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** BEH12
**Question type:** Single punch
**Variable Name:** BEH12
**Variable Text:** When you wear a face mask, what type of face mask do you typically wear?
**Variable Label:** BEH12: Mask type
**// Ask if QXX (Wear mask) = 2-5(Rarely - Always) //**

| Value | Value Label |
|---|---|
| 1 | Cloth mask |
| 2 | Cloth mask with filter |
| 3 | Cone-style mask |
| 4 | Disposable surgical mask |
| 5 | N95 or other respirator (e.g., KN95) |
| 6 | Neck gaiter or balaclava |
| 7 | Bandana |
| 8 | Other [Please specify] |
| -99 | Refused |

**Item #:** BEH13
**Question type:** Single punch
**Variable Name:** BEH13

**Variable Text:** How long do you plan to maintain your current level of face mask wearing?
**Variable Label:** BEH13: Sustain mask wearing
**// Ask if QXX (Wear mask) = 2-5(Rarely - Always) //**

| Value | Value Label |
|-------|-------------|
| 1 | Until I receive a COVID-19 vaccine |
| 2 | Until most people receive a COVID-19 vaccine, including me |
| 3 | Until local, state, or federal mandates no longer require me to wear a face mask |
| 4 | Until even longer, after most people receive a COVID-19 vaccine and face masks are not required |
| -99 | Refused |

**Item #:** BEH14
**Question type:** Grid
**Variable Name:** BEH14
**Variable Text:** The following questions ask about your thoughts and behaviors about face mask wearing to prevent COVID-19. How much do you agree or disagree with the following statements? *Select one response for each item.*
**Variable Label:** BEH14: Masks: Intentions

| Variable Name | Variable Text | Variable Label |
|---------------|---------------|----------------|
| BEH14_1 | It is mostly up to me whether I wear a face mask. | BEH14_1: Up to me – wear mask |
| BEH14_2 | It would be easy for me to wear a face mask. | BEH14_2: Easy for me – wear mask |
| BEH14_3 | In the next week, I intend to wear a face mask. | BEH14_3: Intend – wear mask |

| Value | Value Label |
|-------|-------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

### Social Distancing

The following questions will ask about your actions and beliefs related to social distancing, which includes limiting your exposure to individuals outside your household, maintaining physical distance while in public (i.e., staying at least 6 feet apart from other people), avoiding indoor spaces when with people from outside your household, and avoiding crowds.

**Item #:** BEH15

**Question type:** Single punch
**Variable Name:** BEH15
**Variable Text:** How often do you maintain social distance of at least 6 feet from others when outside your home in public? *Exclude members from your household when responding.*
**Variable Label:** BEH15: Social distanced

| Value | Value Label |
|-------|-------------|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Very often |
| 5 | Always |
| -99 | Refused |


**Item #:** BEH16
**Question type:** Single punch
**Variable Name:** BEH16
**Variable Text:** In the last 7 days, how many people outside of your household have you been closer to than 6 feet for more than a few seconds? *Exclude members from your household when responding.*
**Variable Label:** BEH16: Close contact_7days

| Value | Value Label |
|-------|-------------|
| 1 | None |
| 2 | 1 person |
| 3 | 2-3 people |
| 4 | 4-5 people |
| 5 | 6-9 people |
| 6 | 10-25 people |
| 7 | More than 25 people |
| -99 | Refused |


**Item #:** BEH17
**Question type:** Single punch
**Variable Name:** BEH17
**Variable Text:** In the last 7 days, how many times were you in a room with a group of more than 10 people? *Exclude your household and visits to the supermarket or pharmacy to get essential food or medicine*
**Variable Label:** BEH17: 10 or more_7days

| Value | Value Label |
|-------|-------------|
| 0 | Zero times |
| 1 | One time |
| 2 | Two times |
| 3 | Three times |
| 4 | Four times |
| 5 | Five or more times |
| -99 | Refused |


**Item #:** BEH18
**Question type:** Single punch
**Variable Name:** BEH18

**Variable Text:** How long do you plan to maintain your current level of social distancing?
**Variable Label:** BEH18: Sustain distancing

| Value | Value Label |
|---|---|
| 1 | Until I receive a COVID-19 vaccine |
| 2 | Until most people receive a COVID-19 vaccine, including me |
| 3 | Until local, state, or federal mandates no longer require me to social distance |
| 4 | Until even longer, after most people receive a COVID-19 vaccine and social distancing is not required |
| -99 | Refused |

**Item #:** BEH19
**Question type:** Grid
**Variable Name:** BEH19
**Variable Text:** The following questions ask about your thoughts and behaviors about social distancing to prevent COVID-19. How much do you agree or disagree with the following statements? *Select one response for each item.*
**Variable Label:** BEH19: Distancing: Intentions

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| BEH19_1 | It is mostly up to me whether I maintain social distancing | BEH19_1: Up to me - social distance |
| BEH19_2 | It would be easy for me to maintain social distancing | BEH19_2: Easy for me - social distance |
| BEH19_3 | In the next week, I intend to social distance | BEH19_3: Intend - social distance |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

### *Handwashing*

The following questions will ask about your actions and beliefs related to handwashing, meaning cleaning your hands with soap and water.

**Item #:** BEH20
**Question type:** Single punch
**Variable Name:** BEH20
**Variable Text:** How often do you typically wash your hands with soap and water?
**Variable Label:** BEH20: Typically wash hands

| Value | Value Label |
|---|---|

| | |
|---|---|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Very often |
| 5 | Always |
| -99 | Refused |

**Item #:** BEH21
**Question type:** Open End Numeric
**Variable Name:** BEH21
**Variable Text:** Thinking about yesterday, about how many times would you say you washed your hands with soap and water?
**Variable Label:** BEH21: Washed hands frequency
**// Limit to whole numbers between 0-99 //**

[ ]

**Item #:** BEH22
**Question type:** Single punch
**Variable Name:** BEH22
**Variable Text:** For how long do you usually wash your hands each time?
**Variable Label:** BEH22: Washed hands length

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

# Section 2: Your Opinions on COVID-19

This section asks for your opinion on statements related to COVID-19, handwashing (cleaning your hands with soap and water for at least 20 seconds), social distancing (keeping at least a 6-foot distance from others outside of your household), and wearing a face mask.

**Item #:** ATT1
**Question Type**: Grid
**Variable Name:** ATT1
**Variable Text:** How much do you agree or disagree with the following statements?
*Select one response for each item.*
**Variable Label:** ATT1: Importance: Vaccines

| Variable Name | Variable Text | Variable Label |
|---|---|---|

| | | |
|---|---|---|
| ATT1_1 | It is important for me to get all recommended COVID-19 vaccines. | ATT1_1: Important for me to get all recommended COVID-19 vaccines |
| ATT1_2 | It is important for everyone to get all recommended COVID-19 vaccines. | ATT1_2: Important for everyone to get all recommended COVID-19 vaccines |
| ATT1_3 | Getting all recommended vaccines helps to reduce the spread of COVID-19. | ATT1_3: Getting all recommended vaccines helps to reduce COVID-19 |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT2
**Question Type**: Grid
**Variable Name:** ATT2
**Variable Text:** How much do you agree or disagree with the following statements?
*Select one response for each item.*
**Variable Label:** ATT2: Importance: Masks

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT2_1 | It is important for me to wear a face mask when I am out in public. | ATT2_1: Important for me to wear mask out in public |
| ATT2_2 | It is important for everyone to wear a face mask when they are out in public. | ATT2_2: Important for everyone to wear mask out in public |
| ATT2_3 | Wearing a face mask helps to reduce the spread of COVID-19. | ATT2_3: Wearing mask helps to reduce COVID-19 |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT3
**Question Type**: Grid
**Variable Name:** ATT3

**Variable Text:** How much do you agree or disagree with the following statements? *Select one response for each item.*
**Variable Label:** ATT3: Importance: Social Distance

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT3_1 | It is important for me to social distance when I am out in public. | ATT3_1: Important for me to social distance out in public |
| ATT3_2 | It is important for everyone to social distance when they are out in public. | ATT3_2: Important for everyone to social distance out in public |
| ATT3_3 | Maintaining social distance helps to reduce the spread of COVID-19. | ATT3_3: Social distancing helps to reduce COVID-19 |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT4
**Question Type**: Grid
**Variable Name:** ATT4
**Variable Text:** How much do you agree or disagree with the following statements? *Select one response for each item.*
**Variable Label:** ATT4: Importance: Handwashing

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT4_1 | It is important for me to wash my hands with soap and water for 20 seconds. | ATT4_1: Important for me to wash my hands |
| ATT4_2 | It is important for everyone to wash their hands with soap and water for 20 seconds. | ATT4_2: Important for everyone to wash their hands |
| ATT4_3 | Washing hands with soap and water for 20 seconds helps to reduce the spread of COVID-19. | ATT4_3: Washing hands helps to reduce COVID-19 |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT5
**Question Type**: Grid

**Variable Name:** ATT5
**Variable Text:** How much do you agree or disagree with the following statements?
*Select one response for each item.*
**Variable Label:** ATT5: COVID beliefs

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT5_1 | COVID-19 is probably a hoax. | ATT5_1: Hoax |
| ATT5_2 | Public health officials are exaggerating the seriousness of COVID-19. | ATT5_2: Exaggerating seriousness |
| ATT5_3 | The malaria drug Hydroxychloroquine is an effective treatment for COVID-19. | ATT5_3: Hydroxychloroquine is effective |
| ATT5_4 | There are people who want the pandemic to continue for their own personal gain. | ATT5_4: Information is being suppressed |
| ATT5_5 | COVID-19 was created in a lab. | ATT5_5: COVID-19 created in lab |
| ATT5_6 | COVID-19 is more dangerous than the flu. | ATT5_6: COVID-19 not more dangerous than flu |
| ATT5_7 | If people wear face masks, it will slow the development of widespread immunity to COVID-19. **[Reverse Code]** | ATT5_7: Wearing masks slows immunity |
| ATT5_8 | If people social distance, it will slow the development of widespread immunity to COVID-19. **[Reverse Code]** | ATT5_8: Social distancing slows immunity |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT6
**Question Type**: Grid
**Variable Name:** ATT6
**Variable Text:** How much do you agree or disagree that each of the following actions are effective at keeping you safe from COVID-19? *Select one response for each item.*
**Variable Label:** ATT6: Perceived effectiveness

| Variable Name | Variable Text | Variable Text |
|---|---|---|
| ATT6_1 | Wearing a face mask | ATT6_1: Wearing face mask |
| ATT6_2 | Washing your hands | ATT6_2: Washing hands |
| ATT6_3 | Maintaining social distance | ATT6_3: Maintaining social distance |
| ATT6_4 | Receiving a COVID-19 vaccine | ATT6_4: Receiving vaccine |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |


**Item #:** ATT7
**Question Type**: Grid
**Variable Name:** ATT7
**Variable Text:** Which of the following do you think are symptoms of COVID-19?
*Select yes or no for each item.*
**Variable Label:** ATT7: COVID symptoms beliefs
**// Randomize subitem order //**

| Variable | Variable Text | Variable Label |
|---|---|---|
| ATT7_1 | Abdominal discomfort | ATT7_1: Abdominal |
| ATT7_2 | Changed or lost sense of taste or | ATT7_2: Changed/lost |
| ATT7_3 | Chest congestion | ATT7_3: Chest congestion |
| ATT7_4 | Chills | ATT7_4: Chills |
| ATT7_5 | Cough | ATT7_5: Cough |
| ATT7_6 | Diarrhea | ATT7_6: Diarrhea |
| ATT7_7 | Fatigue or tiredness | ATT7_7: Fatigue/tiredness |
| ATT7_8 | Fever | ATT7_8: Fever |
| ATT7_9 | Headaches | ATT7_9: Headaches |
| ATT7_10 | Loss of appetite | ATT7_10: Loss of appetite |
| ATT7_11 | Muscle or body aches | ATT7_11: Muscle/body |
| ATT7_12 | Nausea or vomiting | ATT7_12: |
| ATT7_13 | Runny or stuffy nose | ATT7_13: Runny/stuffy |
| ATT7_14 | Shortness of breath | ATT7_14: Shortness of |
| ATT7_15 | Skin rash | ATT7_15: Skin rash |
| ATT7_16 | Sneezing | ATT7_16: Sneezing |
| ATT7_17 | Sore throat | ATT7_17: Sore throat |


| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |


**Item #:** ATT8
**Question Type**: Grid
**Variable Name:** ATT8
**Variable Text:** Do you think COVID-19 is transmitted in the following ways? *Select yes or no for each item.*
**Variable Label:** ATT8: COVID knowledge

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT8_1 | Close contact with an infected person who has symptoms | ATT8_1: Close contact with symptomatic, |

| | | infected person |
|---|---|---|
| ATT8_2 | Close contact with an infected person even if they aren't showing symptoms of infection | ATT8_2: Close contact with asymptomatic, infected person |
| ATT8_3 | Contact with surfaces an infected person has touched | ATT8_3: Contact with surfaces infected person has touched |
| ATT8_4 | Contact with someone who previously had COVID-19 | ATT8_4: Contact with someone who had COVID-19 |
| ATT8_5 | Through the air while outdoors with an infected person | ATT8_5: Through the air outdoors |
| ATT8_6 | Through the air while indoors with an infected person | ATT8_6: Through the air indoors |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** ATT9
**Question Type**: Grid
**Variable Name:** ATT9
**Variable text:** How much do you agree or disagree with the following statements about COVID-19? *Select one response for each item.*
**Variable Label:** ATT9: COVID vaccine worries

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT9_1 | I would accept a COVID-19 vaccine offered during a regularly scheduled appointment with my health care provider. | ATT9_1: Regular appointment |
| ATT9_2 | I am worried that a COVID-19 vaccine could give me COVID-19. | ATT9_2: Worried vaccine will give me COVID-19 |
| ATT9_3 | I would rather build immunity by exposure to an infected individual than receive a COVID-19 vaccine. | ATT9_3: Immunity by exposure |
| ATT9_4 | I would get a COVID-19 vaccine if it would help life return to normal more quickly. | ATT9_4: Life return normal |
| ATT9_5 | I am worried about side effects of a COVID-19 vaccine for myself. | ATT9_5: Worried about side effects |
| ATT9_6 | I am worried that side effects of a COVID-19 vaccine could be worse than COVID-19 itself. | ATT9_6: Side effects worse than COVID-19 |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |

| 2 | Disagree |
|---|---|
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT10
**Question Type**: Grid
**Variable Name:** ATT10
**Variable Text:** How much do you agree or disagree with the following statements?
*Select one response for each item.*
**Variable Label:** ATT10: Returning to norms

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT10_1 | A COVID-19 vaccine will allow me to spend more time with my loved ones. | ATT10_1: More time with loved ones |
| ATT10_2 | A COVID-19 vaccine will allow me to return to normal day-to-day activities. | ATT10_2: Normal day-to-day activities |
| ATT10_3 | A COVID-19 vaccine will improve the economy | ATT10_3: Improve the economy |
| ATT10_4 | A COVID-19 vaccine will allow schools and businesses to reopen. | ATT10_4: Allow schools/businesses to reopen |
| ATT10_5 | The benefits of a COVID-19 vaccine outweigh any risks associated with it. | ATT10_5: Benefits of vaccine outweigh risks |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT11
**Question Type**: Grid
**Variable Name:** ATT11
**Variable text:** How much do you agree or disagree with the following statements about vaccines in general? *Select one response for each item.*
**Variable Label:** ATT11: Confidence in vaccines

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT11_1 | I am completely confident that vaccines are safe. | ATT11_1: Vaccines are safe |
| ATT11_2 | Vaccinations are effective. | ATT11_2: Vaccines are effective |
| ATT11_3 | I am confident that public authorities decide to approve vaccines when it is in the best interest of the community. | ATT11_3: Confident in public authorities |

| | | |
|---|---|---|
| ATT11_4 | Diseases that have a vaccine (e.g., chicken pox, polio, measles) are not so bad that I need to get the vaccine for them. | ATT11_4: Not severe |
| ATT11_5 | This is a quality control check. Please check disagree for this item. | ATT11_5: QC check |
| ATT11_6 | When I think about getting vaccinated, I weigh benefits and risks to make the best decision possible. | ATT11_6: Weigh benefits and risks |
| ATT11_7 | When everyone is vaccinated, I don't have to get vaccinated, too. | ATT11_7: Don't have to get vaccinated |
| ATT11_8 | I get vaccinated because it protects people with a weaker immune system. | ATT11_8: Protects others with weak immune system |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT12
**Question Type**: Grid
**Variable Name:** ATT12
**Variable Text:** How much do you agree or disagree with the following statements?
*Select one response for each item.*
**Variable Label:** ATT12: Severity of COVID

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT12_1 | Concerns regarding COVID-19 are overblown. | ATT12_1: Concerns are overblown |
| ATT12_2 | There is currently too much panic around COVID-19. | ATT12_2: Too much panic |
| ATT12_3 | COVID-19 is not as dangerous as the media claim. | ATT12_3: Not as dangerous as media claims |
| ATT12_4 | People should not be worried about COVID-19. | ATT12_4: People shouldn't be worried about COVID-19 |
| ATT12_5 | I will go to the hospital if I get infected. | ATT12_5: Will go to hospital if infected |
| ATT12_6 | Someone in my social circle (family, friends, colleagues) will die if they are infected. | ATT12_6: Someone in social circle will die if infected |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |

| 3 | Neither agree nor disagree |
|---|---|
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT13
**Question Type**: Grid
**Variable Name:** ATT13
**Variable Text:** How much do you agree or disagree with the following statements?
*Select one response for each item.*
**Variable Label:** ATT13: Perceived norms

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT13_1 | People who are important to me believe that I should receive a COVID-19 vaccine when it is available. | ATT13_1: Receive a vaccine |
| ATT13_2 | People who are important to me want me to wear a face mask when I am out in public. | ATT13_2: Wear a face mask |
| ATT13_3 | People who are important to me believe that I should maintain social distance from those outside of my household. | ATT13_3: Maintain social distance |
| ATT13_4 | People who are important to me believe that I should wash my hands frequently. | ATT13_4: Wash hands frequently |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT14
**Question Type**: Grid
**Variable Name:** ATT14
**Variable Text:** How much do you agree or disagree with the following statements?
*Select one response for each item.*
**Variable Label:** ATT14: Perceived norms

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT14_1 | Getting all recommended vaccines is the right thing to do. | ATT14_1: Get all recommended vaccines |
| ATT14_2 | Wearing a face mask is the right thing to do | ATT14_2: Wear mask |
| ATT14_3 | Social distancing is the right thing to do. | ATT14_3: Social distancing |

| ATT14_4 | Washing my hands frequently is the right thing to do. | ATT14_4: Wash hands frequently |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** ATT15
**Question Type**: Grid
**Variable Name:** ATT15
**Variable Text:** How much do you agree or disagree with the following statements?
*Select one response for each item.*
**Variable Label:** ATT15: Message fatigue

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| ATT15_1 | I have heard enough about how important it is to follow COVID-19 health guidelines. | ATT15_1: Have heard enough |
| ATT15_2 | After hearing them for months, messages about COVID-19 seem repetitive. | ATT15_2: Messages are repetitive |
| ATT15_3 | I am burned out from hearing that COVID-19 is a serious problem. | ATT15_3: Burned out from hearing about COVID-19 |
| ATT15_4 | I want more information regarding COVID-19 | ATT15_4: Want more information |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**[Page Break]**

The last questions in this section ask for your opinion on statements related to another disease, the flu.

**Item #:** ATT16
**Question type:** Single punch
**Variable Name:** ATT16

**Variable Text:** In your opinion, how much would the flu vaccine protect you against getting the flu?
**Variable Label:** ATT16: Flu Vaccine Beliefs

| Value | Value Label |
|-------|-------------|
| 1 | Not at all |
| 2 | A little |
| 3 | A moderate amount |
| 4 | A lot |
| -99 | Refused |


**Item #:** ATT17
**Question type:** Grid
**Variable Name:** ATT17
**Variable Text:** For the following years, did you receive a flu vaccine? *Select one response for each item.*
**Variable Label:** ATT17: Past flu behaviors

| Variable Name | Variable Text | Variable Label |
|---------------|---------------|----------------|
| ATT17_1 | 2020/2021 (this flu season) | ATT17_1: this flu season |
| ATT17_2 | 2019/2020 (last flu season) | ATT17_2: last flu season |

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| 2 | I prefer not to answer |
| 3 | I don't remember |
| -99 | Refused |


**Item #:** ATT18
**Question type:** Single punch
**Variable Name:** ATT18
**Variable Text:** What is the likelihood you will get the flu vaccine within the next 12 months?
**Variable Label:** ATT18: Intention to get vaccinated

| Value | Value Label |
|-------|-------------|
| 1 | Very unlikely |
| 2 | Somewhat unlikely |
| 3 | Neither likely nor unlikely |
| 4 | Somewhat likely |
| 5 | Very likely |
| -99 | Refused |

# Section 3: Views on Science, Research, and Medical Professionals

The following questions are about your trust in individuals in science, research, and medical fields.

**Item #:** SCI1
**Question Type**: Grid
**Variable Name:** SCI1
**Variable Text:** How much do you agree or disagree with the following statements? *Select one response for each item.*
**Variable Label:** SCI1: Trust in scientists

| Variable Name | Variable Text | Variable Label |
| --- | --- | --- |
| SCI1_1 | When scientists change their minds about a scientific idea it diminishes my trust in their work. **[Reverse coded]** | SCI1_1: Scientists changing minds reduces trust |
| SCI1_2 | Scientists ignore evidence that contradicts their work**. [Reverse coded]** | SCI1_2: Scientists ignore contradictory evidence |
| SCI1_3 | We can trust scientists to share their discoveries even if they don't like their findings. | SCI1_3: Trust scientists to share findings they don't like |
| SCI1_4 | We should trust the work of scientists. | SCI1_4: Should trust work of scientists |
| SCI1_5 | We cannot trust scientists because they are biased in their perspectives. **[Reverse coded]** | SCI1_5: Scientists are biased |
| SCI1_6 | Today's scientists will sacrifice the well-being of others to advance their research. **[Reverse coded]** | SCI1_6: Scientists will sacrifice well-being of others |

| Value | Value Label |
| --- | --- |
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Not sure |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** SCI2
**Question Type**: Grid
**Variable Name:** SCI2
**Variable Text:** How much do you agree or disagree with the following statements regarding government public health experts? A government public health expert is a person with a degree and career in protecting and promoting community health that works for a government agency such as the CDC or the FDA. *Select one response for each item.*

**Variable Label:** SCI2: Trust in government

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| SCI2_1 | I trust the information I receive from government public health experts. | SCI2_1: Trust experts |
| SCI2_2 | Government public health experts have their own agenda. | SCI2_2: Experts have agenda |
| SCI2_3 | Government public health experts have my best interests in mind. | SCI2_3: Experts have my best interests in mind |
| SCI2_4 | Information provided by government public health experts changes too often for me. **[Reverse coded]** | SCI2_4: Information from experts changes too often |
| SCI2_5 | Information provided by governmental public health experts has been helpful to me in the past. | SCI2_5: Information from experts has been helpful |
| SCI2_6 | I have been misled by government public health experts in the past. **[Reverse coded]** | SCI2_6: Misled by experts |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** SCI3
**Question type:** Single punch
**Variable Name:** SCI3
**Variable Text:** This question is for quality control purposes. Please select 'disagree' from the list below.
**Variable Label:** SCI3: Attention check

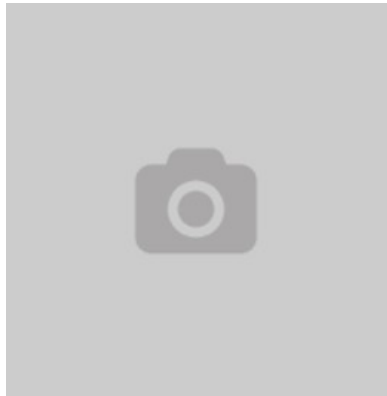| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

# Section 4: Public Health Campaigns

**Item #:** CAM1
**Question type:** Single punch
**Variable Name:** CAM1
**Variable Text:** In the past four months, have you seen or heard any media content from the U.S. Department of Health and Human Services (HHS) COVID-19 Public Education Campaign? Campaign content would have included the statement [TAGLINE] and the images below.
**[Collage of ads example]**



**Variable Label:** CAM1: Campaign awareness
 **// Soft Prompt: "We would like your response to this question." //**

| Value | Value Label |
|-------|-------------|
| 0     | No          |
| 1     | Yes         |
| -99   | Refused     |

**Item #:** CAM2
**Question type:** Single punch
**Variable Name:** CAM2
**Variable Text:** In the past four months, how frequently have you seen or heard any media content from the HHS COVID-19 Public Education Campaign? Campaign content would have included the statement [TAGLINE] and the images below.

 **[Collage of ads example]**

**Variable Label:** CAM2: Campaign awareness frequency
**// Soft Prompt: "We would like your response to this question." //**
**// Ask if CAM1 (Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Often |
| 5 | Very often |
| -99 | Refused |

**Item #:** CAM3
**Question type:** Single punch
**Variable Name:** CAM3
**Variable Text:** How believable do you find the information from the HHS COVID-19 Public Education Campaign?
**Variable Label:** CAM3: Believability of campaign
**// Ask if CAM1 (Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 1 | Very unbelievable |
| 2 | Unbelievable |
| 3 | Neither believable nor unbelievable |
| 4 | Believable |
| 5 | Very believable |
| -99 | Refused |

**Item #:** CAM4
**Question type:** Single punch
**Variable Name:** CAM4
**Variable Text:** Do you agree or disagree with the following statement? The HHS COVID-19 Public Education Campaign media content is for everyone, including me.
**Variable Label:** CAM4: Relevance of campaign
**// Ask if CAM1 (Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** CAM5
**Question type:** Single punch
**Variable Name:** CAM5
**Variable Text:** Do you agree or disagree with following statement? The HHS COVID-19 Public Education Campaign media content grabbed my attention.
**Variable Label:** CAM5: Attention grabbing of campaign

| Value | Value Label |
|-------|-------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** CAM6
**Question type:** Single punch
**Variable Name:** CAM6
**Variable Text:** After seeing or hearing this media content, did you feel more negative, more positive, or no different about a COVID-19 vaccine?
**[Collage of ads example]**



 **Variable Label:** CAM6 valence of campaign

| Value | Value Label |
|-------|-------------|
| 1 | Negative |
| 2 | Positive |
| 3 | No different |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** CAM7
**Question type:** Single punch
**Variable Name:** CAM7
**Variable Text:** After seeing or hearing this media content, did you talk about it with those in your immediate social network (e.g. friends, family, colleagues)?
 **Variable Label:** CAM7: Discussed campaign

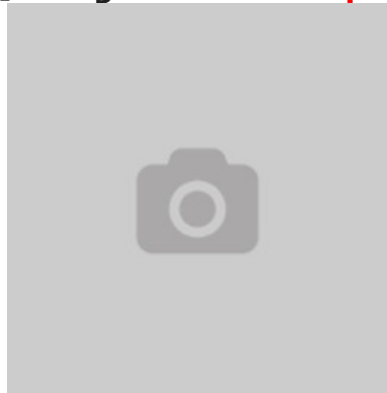| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** CAM8

**Question type:** Single punch
**Variable Name:** CAM8
**Variable Text:** In the last four months, have you seen or heard any media content from [Fake Campaign Name]? Campaign content would have included the statement [TAGLINE] and the images below.
**[Collage of ads example]**



**Variable Label:** CAM8: Fake campaign awareness

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** CAM9
**Question type:** Single punch
**Variable Name:** CAM9
**Variable Text:** In the past four months, how frequently have you seen or heard any media content from [Fake Campaign Name]? Campaign content would have included the statement [TAGLINE] and the images below.
**[Collage of ads example]**
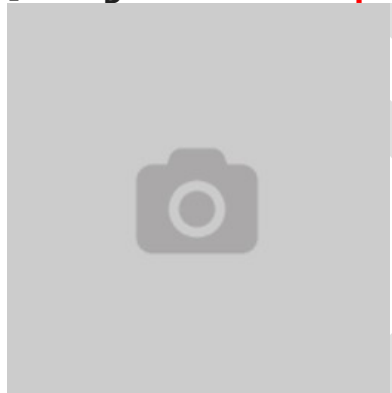


**Variable Label:** CAM9: Fake Campaign awareness frequency
**// Soft Prompt: "We would like your response to the question above." //**
**// Ask if CAM8 (Fake Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 1 | Never |
| 2 | Rarely |
| 3 | Sometimes |
| 4 | Often |
| 5 | Very often |
| -99 | Refused |

**Item #:** CAM10
**Question type:** Single punch
**Variable Name:** CAM10
**Variable Text:** How believable do you find the information from the [Fake Campaign Name]?
**Variable Label:** CAM10: Believability of fake campaign
**// Ask if CAM8 (Fake Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 1 | Very unbelievable |
| 2 | Unbelievable |
| 3 | Neither believable nor unbelievable |
| 4 | Believable |
| 5 | Very believable |
| -99 | Refused |

**Item #:** CAM11
**Question type:** Single punch
**Variable Name:** CAM11
**Variable Text:** Do you agree or disagree with the following statement? The [Fake Campaign Name] media content is for everyone, including me.
**Variable Label:** CAM11: Relevance of fake campaign
**// Ask if CAM8 (Fake Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** CAM12
**Question type:** Single punch
**Variable Name:** CAM12
**Variable Text:** Do you agree or disagree with following statement? The [Fake Campaign Name] media content grabbed my attention.
**Variable Label:** CAM12: Attention grabbing of fake campaign
**// Ask if CAM8 (Fake Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

**Item #:** CAM13
**Question type:** Single punch
**Variable Name:** CAM13
**Variable Text:** After seeing or hearing this media content, did you feel more negative, more positive, or no different about a COVID-19 vaccine?
**[Collage of ads example]**



**Variable Label:** CAM13: Valence of fake campaign
**// Ask if CAM8 (Fake Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 1 | Negative |
| 2 | Positive |
| 3 | No different |
| -99 | Refused |

**Item #:** CAM14
**Question type:** Single punch
**Variable Name:** CAM14
**Variable Text:** After seeing or hearing this media content, did you talk about it with those in your immediate social network (e.g. friends, family, colleagues)?
**Variable Label:** CAM14: Discussed campaign
**// Ask if CAM8 (Fake Campaign Recall in last 4 months) = "Yes" //**

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** CAM15
**Variable Name:** CAM15
**Question Type**: Grid
**Variable Text:** In the last week, have you used the following government sources to get information about COVID-19? *Select yes or no for each item.*
**Variable Label:** CAM15: Government sources used

| Variable Name | Variable Text | Variable Label |
|---------------|---------------|----------------|
| CAM15_1 | Official U.S. government websites | CAM15_1: Official government websites |
| CAM15_2 | The President of the United States/The White House | CAM15_2: President/White House |
| CAM15_3 | U.S. Department of Health and Human | CAM15_3: HHS |

| CAM15_4 | U.S. Food and Drug Administration (FDA) | CAM15_4: FDA |
|---|---|---|
| CAM15_5 | World Health Organization (WHO) | CAM15_5: WHO |
| CAM15_6 | U.S. Centers for Disease Control and Prevention (CDC) | CAM15_6: CDC |
| CAM15_7 | Dr. Fauci/Dr. Collins/National Institute of Allergy and Infectious Diseases (NIAID) | CAM15_7: Fauci/Collins/NIAID |
| CAM15_8 | The Surgeon General of the United States | CAM15_8: Surgeon General |
| CAM15_9 | My state, county, or city health department | CAM15_9: State/County/ City |
| CAM15_10 | My State Governor | CAM15_10: Governor |
| CAM15_11 | National Institute of Health (NIH) | CAM15_11: NIH |
| CAM15_12 | U.S. Military/Department of Defense | CAM15_12: DoD |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** CAM16
**Question Type**: Grid
**Variable Name:** CAM16
**Variable Text:** In the last week, have you used the following news media sources to get information about COVID-19? *Select yes or no for each item.*
**Variable Label:** CAM16: Most used news sources

| Variable | Variable Text | Value Label |
|---|---|---|
| CAM16_1 | Fox News | CAM16_1: Fox |
| CAM16_2 | Breitbart News | CAM16_2: Breitbart |
| CAM16_3 | One America News (OAN) | CAM16_3: OAN |
| CAM16_4 | New York Post | CAM16_4: NY Post |
| CAM16_5 | Wall Street Journal | CAM16_5: WSJ |
| CAM16_6 | ABC News | CAM16_6: ABC |
| CAM16_7 | NBC News | CAM16_7: NBC |
| CAM16_8 | CBS News | CAM16_8: CBS |
| CAM16_9 | MSNBC | CAM16_9: MSNBC |
| CAM16_10 | CNN | CAM16_10: CNN |
| CAM16_11 | New York Times | CAM16_11: NY Times |
| CAM16_12 | NPR / PBS | CAM16_12: NPR/PBS |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** CAM17
**Question Type**: Grid
**Variable Name:** CAM17
**Variable Text:** In the last week, have you used the following social media sources to get information about COVID-19? *Select yes or no for each item.*
**Variable Label:** CAM17: Most used social media

| Variable | Variable Text | Variable Label |
|---|---|---|
| CAM17_1 | Facebook | CAM17_1: Facebook |
| CAM17_2 | Twitter | CAM17_2: Twitter |
| CAM17_3 | Instagram | CAM17_3: Instagram |
| CAM17_4 | Snapchat | CAM17_4: Snapchat |
| CAM17_5 | YouTube | CAM17_5: Youtube |
| CAM17_6 | TikTok | CAM17_6: TikTok |
| CAM17_7 | Reddit | CAM17_7: Reddit |
| CAM18_8 | Other [Specify] | CAM18_8: Other [Specify] |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** CAM18
**Question Type**: Single Punch
**Variable Name:** CAM18
**Variable Text:** Before today, have you <u>heard of</u> the website cdc.gov/coronavirus?
**Variable Label:** CAM18: CDC site awareness

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** CAM19
**Question Type**: Single-Punch
**Variable Name:** CAM19
**Variable Text:** Before today, have you <u>visited</u> the website cdc.gov/coronavirus?
**Variable Label:** CAM19: CDC site visit
**// Ask if CAM18 (CDC site heard) = "Yes" //**

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** CAM20
**Question Type:** Grid
**Variable Name:** CAM20
**Variable Text:** How much do you agree or disagree with the following statements about the website cdc.gov/coronavirus? *Select one response for each item.*
**Variable Label:** CAM20: CDC website receptivity
**// Ask if CAM19 (CDC site visit) = "Yes" //**

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| CAM20_1 | The information on the website is believable. | CAM20_1: Believable |

| | | |
|---|---|---|
| CAM20_2 | The information on the website is helpful. | CAM20_2: Helpful |
| CAM20_3 | The website allows me to take action. | CAM20_3: Allows me to take action |
| CAM20_4 | The website grabbed my attention. | CAM20_4: Grabbed my attention |
| CAM20_5 | I like the website. | CAM20_5: I like the HHS website |

| Value | Value Label |
|---|---|
| 1 | Strongly Disagree |
| 2 | Disagree |
| 3 | Neither Agree/Disagree |
| 4 | Agree |
| 5 | Strongly Agree |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** CAM21
**Question Type**: Grid
**Variable Name:** CAM21
**Variable Text:** How much do you trust each of the following sources to provide accurate COVID-19 information? *Select one response for each item.*
**Variable Label:** CAM21: Trust sources on COVID

| Variable | Variable Text | Variable Label |
|---|---|---|
| CAM21_1 | Official U.S. government websites | CAM21_1: Official government websites |
| CAM21_2 | The President of the United States/The White House | CAM21_2: President/White House |
| CAM21_3 | U.S. Department of Health and Human Services (HHS) | CAM21_3: HHS |
| CAM21_4 | U.S. Food and Drug Administration | CAM21_4: FDA |
| CAM21_5 | World Health Organization (WHO) | CAM21_5: WHO |
| CAM21_6 | U.S. Centers for Disease Control and Prevention (CDC) | CAM21_6: CDC |
| CAM21_7 | Dr. Fauci/Dr. Collins/National Institute of Allergy and Infectious | CAM21_7: Fauci/Collins/NIAID |
| CAM21_8 | The Surgeon General of the United States | CAM21_8: Surgeon General |
| CAM21_9 | My State, County, or City health department | CAM21_9: State/County/ City health department |
| CAM21_10 | My State Governor | CAM21_10: Governor |
| CAM21_11 | National Institute of Health (NIH) | CAM21_11: NIH |
| CAM21_12 | U.S. Military/Department of Defense | CAM21_12: DoD |

| Value | Value Label |
|---|---|
| 1 | Not at all |
| 2 | Somewhat |
| 3 | Mostly |
| 4 | Completely |
| -99 | Refused |

**Item #:** CAM22
**Question Type**: Grid
**Variable Name:** CAM22
**Variable Text:** How much do you trust each of the following sources to provide accurate COVID-19 information? *Select one response for each item.*
**Variable Label:** CAM22: Trust social media on COVID

| Variable | Variable Text | Variable Label |
|---|---|---|
| CAM22_1 | Facebook | CAM22_1: Facebook |
| CAM22_2 | Twitter | CAM22_2: Twitter |
| CAM22_3 | Instagram | CAM22_3: Instagram |
| CAM22_4 | Snapchat | CAM22_4: Snapchat |
| CAM22_5 | YouTube | CAM22_5: Youtube |
| CAM22_6 | TikTok | CAM22_6: TikTok |
| CAM22_7 | Reddit | CAM22_7: Reddit |

| Value | Value Label |
|---|---|
| 1 | Not at all |
| 2 | Somewhat |
| 3 | Mostly |
| 4 | Completely |
| -99 | Refused |

**Item #:** CAM23
**Question Type**: Grid
**Variable Name:** CAM23
**Variable Text:** How much do you trust each of the following sources to provide accurate COVID-19 information? *Select one response for each item.*
**Variable Label:** CAM23: Trust news sources on COVID

| Variable Name | Variable Text | Value Label |
|---|---|---|
| CAM23_1 | Fox News | CAM23_1: Fox |
| CAM23_2 | Breitbart News | CAM23_2: Breitbart |
| CAM23_3 | One America News (OAN) | CAM23_3: OAN |
| CAM23_4 | New York Post | CAM23_4: NY Post |
| CAM23_5 | Wall Street Journal | CAM23_5: WSJ |
| CAM23_6 | ABC News | CAM23_6: ABC |
| CAM23_7 | NBC News | CAM23_7: NBC |
| CAM23_8 | CBS News | CAM23_8: CBS |
| CAM23_9 | MSNBC | CAM23_9: MSNBC |
| CAM23_10 | CNN | CAM23_10: CNN |
| CAM23_11 | New York Times | CAM23_11: NY Times |
| CAM23_12 | NPR / PBS | CAM23_12: NPR/PBS |

| Value | Value Label |
|---|---|
| 1 | Not at all |

| 2 | Somewhat |
|---|---|
| 3 | Mostly |
| 4 | Completely |
| -99 | Refused |

**Item #:** CAM24
**Question Type**: Single Punch
**Variable Name:** CAM24
**Variable Text:** How often, if ever, do you think governmental public health organizations (e.g., HHS, CDC, FDA, etc.) get the facts right about the COVID-19 outbreak?
**Variable Label:** CAM24: Information accuracy

| Value | Value Label |
|---|---|
| 1 | Never |
| 2 | Hardly ever |
| 3 | Sometimes |
| 4 | Most of the time |
| 5 | Almost all the time |
| -99 | Refused |

**Item #:** CAM25
**Question Type**: Single Punch
**Variable Name:** CAM25
**Variable Text:** Which of the following best describes your feelings about the COVID-19 outbreak in the U.S.?
**Variable Label:** CAM25: Hope and despair - Feelings

| Value | Value Label |
|---|---|
| 1 | The worst is yet to come. |
| 2 | The worst is behind us. |
| 3 | COVID-19 is not/will not be a major problem in the U.S. |
| -99 | Refused |

**Item #:** CAM26
**Question Type**: Single Punch
**Variable Name:** CAM26
**Variable Text:** How hopeful are you that the U.S. will get COVID-19 under control in the next 6 months?
**Variable Label:** CAM26: Feelings six months

| Value | Value Label |
|---|---|
| 1 | Not hopeful at all |
| 2 | Hardly hopeful |
| 3 | Somewhat hopeful |
| 4 | Hopeful |
| 5 | Very hopeful |
| -99 | Refused |

**Item #:** CAM27
**Question Type**: Single Punch

**Variable Name:** CAM27
**Variable Text:** How hopeful are you that the U.S. will get COVID-19 under control in the next year?
**Variable Label:** CAM27: Feelings next year

| Value | Value Label |
|-------|-------------------|
| 1 | Not hopeful at all |
| 2 | Hardly hopeful |
| 3 | Somewhat hopeful |
| 4 | Hopeful |
| 5 | Very hopeful |
| -99 | Refused |

**Item #:** CAM28
**Question Type**: Single Punch
**Variable Name:** CAM28
**Variable Text:** Have you posted or shared any materials from the HHS COVID-19 Public Education Campaign on social media?
**Variable Label:** CAM28: Social media sharing
**// Ask if CAM1 (Aware of campaign) = "Yes" //**

| Value | Value Label |
|-------|-------------------|
| 0 | Yes, I have. |
| 1 | No, I have not. |
| -99 | Refused |

**Item #:** CAM29
**Question Type**: Single Punch
**Variable Name:** CAM29
**Variable Text:** Have you talked with others (e.g., friends, family, or colleagues) about what you have seen in the HHS COVID-19 Public Education Campaign?
**Variable Label:** CAM29: Sharing with others
**// Ask if CAM28 (Shared Materials) = "Yes, I have" //**

| Value | Value Label |
|-------|-------------------|
| 0 | Yes, I have. |
| 1 | No, I have not. |
| -99 | Refused |

# Section 5: Your COVID-19 Experience

The following questions are about your experience with COVID-19.

**Item #:** COV1
**Question type:** Single punch
**Variable Name:** COV1
**Variable Text:** Have you ever been tested to see if you have COVID-19?
**Variable Label:** COV1: Ever tested for COVID

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |

| | |
|---|---|
| 2 | I do not want to share this information |
| -99 | Refused |

**Item #:** COV2
**Question type:** Single punch
**Variable Name:** COV2
**Variable Text:** How easy or difficult was it for you to get a test for COVID-19?
**Variable Label:** COV2: Ever tested for COVID difficulty
**// Ask if COV1 (Ever tested for COVID) = "Yes" //**

| Value | Value Label |
|---|---|
| 1 | Very difficult |
| 2 | Difficult |
| 3 | Easy |
| 4 | Very easy |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV3
**Question type:** Grid
**Variable Name:** COV3
**Variable Text:** Was getting a COVID-19 test difficult because of the following reasons? *Select yes or no for each item.*
**Variable Label:** COV3: Reasons: Not tested for COVID
**// Randomize order of subitems //**
**// Ask if COV2 (Difficulty getting a test) = "Very Difficult" or "Difficult" //**

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| COV3_1 | My doctor originally said I did not meet the criteria to get tested | COV3_1: Didn't meet testing criteria |
| COV3_2 | I was unsure where to get tested | COV3_2: Unsure where to get tested |
| COV3_3 | The lines to get tested were long | COV3_3: Long testing lines |
| COV3_4 | I had to wait a long time to receive my test results | COV3_4: Long wait time for test results |
| COV3_5 | The test itself was difficult/painful | COV3_5: Test was difficult/painful |
| COV3_6 | I had to take time off from work and/or arrange childcare | COV3_6: Had to take time off from work |
| COV3_7 | I had to take the test multiple times | COV3_7: Had to take test multiple times |
| COV3_8 | It's hard to get to a testing site (e.g., cost of transportation or gas, location, etc.) | COV3_8: Couldn't find transportation |
| COV3_9 | Other [Specify] | COV3_9: Other [Specify] |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

| | |
|---|---|
| -100 | Valid skip |

**Item #:** COV4
**Question type:** Single punch
**Variable Name:** COV4
**Variable Text:** Have you ever thought that you had COVID-19 because of symptoms but were unsuccessful in getting tested?
**Variable Label:** COV4: Unable to get tested
**// Ask if COV1 (Ever tested for COVID) = "No" //**

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV5
**Question type:** Single punch
**Variable Name:** COV5
**Variable Text:** What is the main reason that you were unsuccessful in getting tested for COVID-19?
**Variable Label:** COV5: Reasons: Ever symptoms
**// Ask if COV4 (Unable to get tested) = "Yes" //**

| Value | Value Label |
|---|---|
| 1 | Could not find a place to get tested |
| 2 | Health care provider (e.g., primary care doctor) said that I did not need to get tested |
| 3 | Trouble collecting the sample from my nose or throat |
| 4 | The test costs too much |
| 5 | No transportation |
| 6 | Other [Specify] |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV6
**Question type:** Single punch
**Variable Name:** COV6
**Variable Text:** If you were given the opportunity to take a free COVID-19 test within the next 3 days, would you take the test?
**Variable Label:** COV6: Would take test

| Value | Value Label |
|---|---|
| 0 | No, I would not take the test. |
| 1 | Yes, I would take the test. |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV7
**Question type:** Grid
**Variable Name:** COV7

**Variable Text:** Do you prefer not to take the COVID-19 test for the following reasons? *Select yes or no for each item.*
**Variable Label:** COV7: Not take test: Reasons
**// Ask if COV6 (Would take test) = "No" //**

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| COV7_1 | I do not think I have COVID-19 | COV7_1: Don't think I have COVID-19 |
| COV7_2 | I would not change my behavior if I learned I had the virus. | COV7_2: Would not change behavior if I had virus |
| COV7_3 | I do not want to self-isolate for 14 days. | COV7_3: Don't want to self-isolate |
| COV7_4 | My job prevents me from self-isolating for 14 days. | COV7_4: Job prevents me from self-isolating |
| COV7_5 | I think I have already had the virus. | COV7_5: I think I already had the virus |
| COV7_6 | It would cause me emotional discomfort if I knew I had the virus. | COV7_6: Emotional discomfort |
| COV7_7 | It does not matter to me if I get tested or not. | COV7_7: Don't care about getting tested |
| COV7_8 | I worry I might get the virus by going to a testing center | COV7_8: Worried about getting virus |
| COV7_9 | Other [Specify] | COV7_9: Other |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV8
**Question type:** Grid
**Variable Name:** COV8
**Variable Text:** For each of the following statements, have you experienced the following? *Select yes or no for each item.*
**Variable Label:** COV8: Tested: Reasons

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| COV8_1 | I have tested positive for COVID-19 | COV8_1: I tested positive |
| COV8_2 | An immediate member of my household has tested positive for COVID-19 | COV8_2: Household member tested positive |
| COV8_3 | An extended family member outside of my household has tested positive for COVID-19 | COV8_3: Extended family member tested positive |
| COV8_4 | A friend outside of my household has tested positive for COVID-19 | COV8_4: Friend tested positive |
| COV8_5 | A roommate who lives with me has tested | COV8_5: Roommate |

| | positive for COVID-19 | tested positive |
|---|---|---|
| COV8_6 | A coworker has tested positive for COVID-19 | COV8_6: Coworker tested positive |
| COV8_7 | A friend of a friend has tested positive for COVID-19 | COV8_7: Friend of a friend tested positive |
| COV8_8 | I do not know anyone who has tested positive for COVID-19 | COV8_8: Don't know anyone who tested positive |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| 60 | I do not want to share this information |
| -99 | Refused |

**Item #:** COV9
**Question type:** Calendar (Month/Year)
**Variable Name:** COV9
**Variable Text:** What month did you first test positive for COVID-19?
**Variable Label:** COV9: Tested date
**// Ask if COV8_1 (I tested positive) = "Yes"//**

Month/Year

| Value | Value Label |
|---|---|
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV10
**Question type:** Single punch
**Variable Name:** COV10
**Variable Text:** What was the primary reason you were tested for COVID-19?
**Variable Label:** COV10: Reason for COVID test
**// Ask if COV1 (Ever been tested for COVID-19) = "Yes"//**

| Value | Value Label |
|---|---|
| 1 | I showed symptoms of COVID-19. |
| 2 | A family member showed symptoms of COVID-19. |
| 3 | A friend showed symptoms of COVID-19. |
| 4 | I showed no symptoms but wanted to know if I was infected. |
| 5 | A family member was tested positive for COVID-19. |
| 6 | A friend of a friend was tested positive for COVID-19. |
| 7 | I was required to get tested for school, work, travel, or by a medical facility for an unrelated procedure (e.g. surgery, screening |
| 8 | Other [specify] |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV11
**Question type:** Single punch
**Variable Name:** COV11
**Variable Text:** Where did you go to get tested for COVID-19?
**Variable Label:** COV11: Testing location
**// Ask if COV1 (Ever been tested for COVID-19) = "Yes"//**

| Value | Value Label |
|---|---|
| 1 | Doctor's office, health clinic, or hospital |
| 2 | A drive-thru testing site |
| 3 | Pharmacy (e.g., CVS, Rite Aid, Walgreens) |
| 4 | A test was mailed to my home |
| 5 | Other [Specify] |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV12
**Question Type**: Grid
**Variable Name:** COV12
**Variable Text**: There are some options for testing people for COVID-19. If these options were available to you, how likely would you be to participate in them?
*Select one response for each item.*
**Variable Label:** COV12: Secondary: Behaviors

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| COV12_1 | Getting tested for a COVID-19 infection using a Q-Tip to swab your cheek or nose | COV12_1: Cheek/nose swab |
| COV12_2 | Getting tested for immunity to COVID-19 by drawing a small amount of blood | COV12_2: Draw blood |

| Value | Value Label |
|---|---|
| 1 | Very unlikely |
| 2 | Somewhat unlikely |
| 3 | Neither likely nor unlikely |
| 4 | Somewhat likely |
| 5 | Very likely |
| -99 | Refused |

**Item #:** COV13
**Question type:** Single punch
**Variable Name:** COV13
**Variable Text:** How severe was your COVID-19 infection?
**Variable Label:** COV13: Severity of COVID
**// Ask if COV8_1 (I tested positive) = "Yes"//**

| Value | Value Label |
|---|---|
| 1 | No symptoms/mild symptoms |
| 2 | Moderate symptoms, but did not seek health care |
| 3 | Moderate symptoms and sought health care |
| 4 | Severe symptoms/hospitalization |

| | |
|---|---|
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV14
**Question type:** Single punch
**Variable Name:** COV14
**Variable Text:** How much do you agree or disagree that you are fully recovered from your COVID-19 infection?
**Variable Label:** COV14: recovered from COVID
**// Ask if COV8_1 (I tested positive) = "Yes"//**

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** COV15
**Question type:** Single punch
**Variable Name:** COV15
**Variable Text:** Do you know anyone who has been hospitalized with COVID-19?
**Variable Label:** COV15: Hospitalized for COVID

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| 60 | I do not want to share this information |
| -99 | Refused |

**Item #:** COV16
**Question type:** Single punch
**Variable Name:** COV16
**Variable Text:** Do you know anyone in your immediate social network (e.g., friends, family, or colleagues) who has been hospitalized for COVID-19?
**Variable Label:** COV16: COVID in social network
**// Ask if COV15 (Hospitalized for COVID) = "Yes"//**

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |

**Item #:** COV17
**Question type:** Single punch
**Variable Name:** COV17

**Variable Text:** Of the people you know who have had COVID-19, did any of them die as a result of COVID-19?
**Variable Label:** COV17: Died from COVID

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| 60 | I do not want to share this information |
| -99 | Refused |

**Item #:** COV18
**Question type:** Single punch
**Variable Name:** COVXX
**Variable Text:** Of the people you know who have had COVID-19, did anyone in your immediate social network (e.g., friends, family, or colleagues) die as a result of COVID-19?
**Variable Label:** COV18: Died in social circle
**// Ask if COV17 (Died from COVID) = "Yes"//**

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| 60 | I do not want to share this information |
| -99 | Refused |

**Item #:** COV19
**Question type:** Grid
**Variable Name:** COV19
**Variable Text:** Have you experienced any of the following symptoms in the past 7 days? *Select yes or no for each item.*
**Variable Label:** COV19: Symptoms: COVID
**// Randomize response options //**

| Variable Name | Variable Text | Variable Label |
|---------------|---------------|----------------|
| COV19_1 | Abdominal discomfort | COV19_1: Abdominal discomfort |
| COV19_2 | Changed or lost sense of taste or smell | COV19_2: Changed/lost sense of taste or smell |
| COV19_3 | Chest congestion | COV19_3: Chest congestion |
| COV19_4 | Chills | COV19_4: Chills |
| COV19_5 | Cough | COV19_5: Cough |
| COV19_6 | Diarrhea | COV19_6: Diarrhea |
| COV19_7 | Fatigue or tiredness | COV19_7: Fatigue/tiredness |
| COV19_8 | Fever | COV19_8: Fever |
| COV19_9 | Headaches | COV19_9: Headaches |
| COV19_10 | Loss of appetite | COV19_10: Loss of appetite |
| COV19_11 | Muscle or body aches | COV19_11: Muscle/body aches |
| COV19_12 | Nausea or vomiting | COV19_12: Nausea/vomiting |
| COV19_13 | Runny or stuffy nose | COV19_13: Runny/stuffy nose |

| COV19_14 | Shortness of breath | COV19_14: Shortness of breath |
| COV19_15 | Skin rash | COV19_15: Skin rash |
| COV19_16 | Sneezing | COV19_16: Sneezing |
| COV19_17 | Sore throat | COV19_17: Sore throat |

| Value | Value Label |
| --- | --- |
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** COV20
**Question Type**: Grid
**Variable Name:** COV20
**Variable Text**. Have you taken the following actions because of the spread of COVID-19? *Select yes or no for each item.*
**Variable Label:** COV20: Steps to slow spread of COVID
**// Randomize order of subitems //**

| Variable Name | Variable Text | Variable Label |
| --- | --- | --- |
| COV20_1 | Stopped shaking hands with people | COV20_1: Stopped shaking hands |
| COV20_2 | Stopped hugging and kissing close friends or relatives | COV20_2: Stopped hugging/kissing |
| COV20_3 | Limited my use of public transportation (e.g., buses, ridesharing services) | COV20_3: Limited public transportation |
| COV20_4 | Stayed home instead of going to work, school, or other regular activities | COV20_4: Stayed home |
| COV20_5 | Avoided places where many people gather, like shopping centers, markets, movie theaters, sporting events, or restaurants | COV20_5: Avoided places with large gatherings |
| COV20_6 | Avoided attendance at religious places of worship | COV20_6: Avoided religious places of worship |
| COV20_7 | Avoided family or personal events, such as parties, wedding ceremonies, or funeral services | COV20_7: Avoided family/personal events |
| COV20_8 | Stopped traveling outside my local community | COV20_8: Stopped traveling outside of local community |
| COV20_9 | Limited the number of trips to the grocery store | COV20_9: Limited trips to grocery store |

| Value | Value Label |
| --- | --- |
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** COV21
**Question type:** Single punch

**Variable Name:** COV21
**Variable Text:** As a part of the COVID-19 response, scientists will need volunteers for research studies, also commonly called "clinical trials." How willing would you be to volunteer for a clinical trial about treatments to reduce the symptoms and severity of COVID-19?
**Variable Label:** COV21: Interest in clinical trials

| Value | Value Label |
|-------|-------------|
| 1 | Definitely not willing |
| 2 | Probably not willing |
| 3 | Not sure |
| 4 | Probably willing |
| 5 | Definitely willing |
| -99 | Refused |

**Item #:** COV22
**Question type:** Grid
**Variable Name:** COV22
**Variable Text:** Do you have any of the following concerns about volunteering for a clinical trial about treatments to reduce the symptoms and severity of COVID-19? *Select yes or no for each item.*
**Variable Label:** COV22: Concerns: Clinical trials
**// Randomize order of response options //**

| Variable Name | Variable Text | Variable Label |
|---------------|---------------|----------------|
| COV22_1 | The treatment might not be safe | COV22_1: Not safe |
| COV22_2 | The treatment might not work | COV22_2: Might not work |
| COV22_3 | I have health problems and may not be able to volunteer | COV22_3: Health problems |
| COV22_4 | I do not trust doctors | COV22_4: Don't trust doctors |
| COV22_5 | People might find out that I am in the clinical trial | COV22_5: Privacy |
| COV22_5 | Something else, please specify [Specify] | COV22_6: Something else |

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** COV23
**Question type:** Grid
**Variable Name:** COV23
**Variable Text:** Have you experienced any of the following symptoms in the past two weeks? *Select one response for each item.*
**Variable Label:** COV23: Health: Mental
**// Randomize subitem order //**

| Variable Name | Variable Text | Variable Label |
|---------------|---------------|----------------|
| COV23_1 | Feeling nervous, anxious, or on edge | COV23_1: Nervous |

| COV23_2 | Not being able to stop or control worrying | COV23_2: Worried |
| COV23_3 | Feeling down, depressed, or hopeless | COV23_3: Depressed |
| COV23_4 | Little interest or pleasure in doing things | COV23_4: Little interest/pleasure in things |

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

**Item #:** COV24
**Question Type**: Grid
**Variable Name:** COV24
**Variable Text:** How much do you agree or disagree with the following statements? *Select one response for each item.*
**Variable Label:** COV24: Worry about COVID

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| COV24_1 | I worry a lot about COVID-19. | COV24_1: Worry a lot |
| COV24_2 | I am afraid of dying because of COVID-19. | COV24_2: Afraid of losing life |
| COV24_3 | I am afraid of losing the lives of my family members because of COVID-19. | COV24_3: Afraid of family members dying |
| COV24_4 | When watching news and stories about COVID-19 on social media, I become nervous or anxious. | COV24_4: Watching news makes me nervous |

| Value | Value Label |
|---|---|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Neither agree nor disagree |
| 4 | Agree |
| 5 | Strongly agree |
| -99 | Refused |

# Section 6: Other Health Conditions

The following questions are about other health conditions that may be important when understanding your COVID-19 experience.

**Item #:** MOB1
**Question Type:** Grid
**Variable Name:** MOB1

**Panel Available:** NORC (Yes)
**Variable Text:** People with certain health conditions may be more at risk of serious illness when contracting COVID-19. Has a health care provider (e.g., primary care doctor) <u>ever</u> told you that you have any of the following conditions? *Select yes or no for each item.*
**Varriable Label:** MOB1: Comorbidities
**// Randomize MOB1_1-MOB1_20 //**

| Variable Name | Variable Text | Variable Label |
|---|---|---|
| MOB1_1 | High blood pressure or hypertension | MOB1_1: High blood pressure |
| MOB1_2 | Diabetes or high blood sugar | MOB1_2: Diabetes |
| MOB1_3 | High blood cholesterol level | MOB1_3: High cholesterol |
| MOB1_4 | Cancer or a malignant tumor, excluding minor skin cancer | MOB1_4: Cancer |
| MOB1_5 | Lung disease such as chronic bronchitis or emphysema | MOB1_5: Lung disease |
| MOB1_6 | A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems | MOB1_6: Heart attack |
| MOB1_7 | A stroke | MOB1_7: Stroke |
| MOB1_8 | Any emotional, nervous, or psychiatric problem | MOB1_8: Psychiatric problem |
| MOB1_9 | Alzheimer's disease | MOB1_9: Alzheimer's |
| MOB1_10 | Dementia, senility or any other serious memory impairment | MOB1_10: Dementia |
| MOB1_11 | Arthritis or rheumatism | MOB1_11: Arthritis/rheumatism |
| MOB1_12 | Asthma | MOB1_12: Asthma |
| MOB1_13 | Cerebrovascular disease (affects blood vessels and blood supply to the brain) | MOB1_13: Cerebrovascular disease |
| MOB1_14 | Chronic kidney disease | MOB1_14: Chronic kidney disease |
| MOB1_15 | Sickle cell disease | MOB1_15: Sickle cell disease |
| MOB1_16 | Liver disease, including end stage liver disease | MOB1_16: Liver disease |
| MOB1_17 | A compromised immune system | MOB1_17: Compromised immune system |
| MOB1_18 | Overweight or obesity | MOB1_18: Overweight/obesity |
| MOB1_19 | Other, please specify: [TEXTBOX] | MOB1_19: Other |
| MOB1_20 | None of the above | MOB_1_20: None of the above |

| Value | Value Label |
|---|---|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** MOB2
**Question Type:** Single Punch
**Variable Name:** MOB2
**Variable Text:** Are you currently pregnant?
**Variable Label:** MOB2: Pregnancy status
**// Ask if respondent's sex is female. //**

| Value | Value Label |
|-------|-------------|
| 0 | Yes |
| 1 | No |
| -99 | Refused |

**Item #:** MOB3
**Question Type:** Single Punch
**Variable Name:** MOB3
**Panel Available:** NORC (Yes)
**Variable Text:** Do you smoke <u>cigarettes</u> every day, some days, or not at all?
**Variable Label:** MOB3: Smoke cigarettes

| Value | Value Label |
|-------|-------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |
| -99 | Refused |

**Item #:** MOB4
**Question Type:** Single Punch
**Variable Name:** MOB4
**Variable Text:** Do you smoke <u>e-cigarettes</u> (i.e., vape) every day, some days, or not at all?
**Variable Label:** MOB4: Smoke e-cigarettes

| Value | Value Label |
|-------|-------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |
| -99 | Refused |

**Item #:** MOB5
**Question Type:** Single Punch
**Variable Name:** MOB5
**Variable Text:** In general, how would you rate your MENTAL OR EMOTIONAL health?
**Variable Label:** MOB5: Mental/emotional health

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

**Item #:** MOB6
**Question Type:** Single Punch
**Variable Name:** MOB6
**Variable Text:** Have you ever been diagnosed with an anxiety disorder?
**Variable Label:** MOB6: Anxiety

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**Item #:** MOB7
**Question Type:** Single Punch
**Variable Name:** MOB7
**Variable Text:** Have you ever been diagnosed with depression?
**Variable Label:** MOB7: Depression

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| -99 | Refused |

# Section 7: More About You

The following questions are about your background, which may be important when understanding your COVID-19 experience.

**Item #:** DEM1
**Question Type:** Single Punch
**Variable Name:** DEM1
**Panel Available:** NORC (Yes)
**Variable Text:** Which statement best describes your current employment status?
**Variable Label:** DEM1: Employment status

| Value | Value Label |
|-------|-------------|
| 1 | Working – as a paid employee |
| 2 | Working – self-employed |
| 3 | Not working – on temporary layoff from a job |
| 4 | Not working – looking for work |
| 5 | Not working – retired |
| 6 | Not working – disabled |
| 7 | Not working – other |
| -99 | Refused |

**Item #:** DEM2
**Question Type:** Open-End Numeric
**Variable Name:** DEM2
**Panel Available:** NORC (No)
**Variable Text:** In the past four months, how many hours did you usually work per week?

**Variable Label:** DEM2: Number of hours worked per week
**// Ask if DEM1 = "Working as a paid employee" or "Working – self employed" //**
**// Limit to 168 hours (24 hours x 7 days). Do not allow negative numbers. //**

| |
| --- |
| |

**Item #:** DEM3
**Question Type:** Single Punch
**Variable Name:** DEM3
**Panel Available:** NORC (No)
**Variable Text:** Does where you work (e.g., state/territory) designate your occupation as providing "essential" services? "Essential" may vary depending on where you live, but may include those who provide:

- Public health and safety (janitors and cleaners, registered nurses, police and sheriff's patrol officers, physicians and surgeons, EMT's and paramedics, pharmacists)
- Essential products (cashiers, hand laborers and freight/stock/material movers, delivery truck drivers and driver/sales workers, agricultural workers, food processing workers, postal service workers)
- Other infrastructure support (general maintenance and repair workers, engineers, electricians, computer support specialists, financial managers, plant and system operators, information security analysts, hazard materials removal workers)

**Variable Label:** DEM3: Essential service status
**// Ask if DEM1 = "Working as a paid employee" or "Working – self employed") //**

| Value | Value Label |
| --- | --- |
| 0 | No |
| 1 | Yes |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** DEM4
**Question Type:** Single Punch
**Variable Name:** DEM4
**Panel Available:** NORC (Yes)
**Variable Text:** Are you now covered by any form of health insurance or health plan? A health plan would include any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid.
**Variable Label:** DEM4: Health insurance status

| Value | Value Label |
| --- | --- |
| 0 | No |
| 1 | Yes |
| 77 | Don't know |
| -99 | Refused |

**Item #:** DEM5
**Question Type:** Single Punch
**Variable Name:** DEM5
**Panel Available:** NORC (Yes)
**Variable Text:** Which best describes the building where you live?
**Variable Label:** DEM5: Building type

| Value | Value Label |
|-------|-------------|
| 1 | A one-family house detached from any other house |
| 2 | A one-family house attached to one or more houses |
| 3 | A building with 2 or more apartments |
| 4 | A mobile home or trailer |
| 5 | Boat, RV, van. |
| -99 | Refused |

**Item #:** DEM6
**Question Type:** Single Punch
**Variable Name:** DEM6
**Panel Available:** NORC (No)
**Variable Text:** Some apartment buildings are part of a complex of multiple apartment buildings.  Is this building part of a complex?
**Variable Label:** DEM6: Complex status
**// Ask if DEM5 = "A building with 2 or more apartments". //**

| Value | Value Label |
|-------|-------------|
| 0 | No |
| 1 | Yes |
| -99 | Refused |
| -100 | Valid skip |

**Item #:** DEM7
**Question Type:** Open-End Numeric
**Variable Name:** DEM7
**Panel Available:** NORC (Yes, diff)
**Variable Text:** How many total people – adults and children – currently live in your household, including yourself? *Please enter a number.*
**Variable Label:** DEM7: Total number of people in household

|  |
|--|
|  |

**Item #:** DEM8
**Question Type:** Open-End Numeric
**Variable Name:** DEM8
**Panel Available:** NORC (Yes, diff)
**Variable Text:** How many people under 18 years-old currently live in your household? *Please enter a number.*
**Variable Label:** DEM8: Number of minors living in household
**// Response cannot exceed total number of people living in household. //**

|  |
|--|
|  |

**Item #:** DEM9
**Question Type:** Open-end numeric
**Variable Name:** DEM9
**Panel Available:** NORC (No)
**Variable Text:** How many people in your household, excluding yourself, work in occupations that are designated as providing "essential" services? "Essential" may vary depending on where you live, but may include those who provide:

- Public health and safety (janitors and cleaners, registered nurses, police and sheriff's patrol officers, physicians and surgeons, EMT's and paramedics, pharmacists)
- Essential products (cashiers, hand laborers and freight/stock/material movers, delivery truck drivers and driver/sales workers, agricultural workers, food processing workers, postal service workers)
- Other infrastructure support (general maintenance and repair workers, engineers, electricians, computer support specialists, financial managers, plant and system operators, information security analysts, hazard materials removal workers)

**Variable Label:** DEM9: Number of essential workers in household (excluding self) **// Response cannot exceed total number of people in household, minus one. //**

|  |
|--|


**Item #:** DEM10
**Question Type:** Single Punch
**Variable Name:** DEM10
**Panel Available:** NORC (Yes, diff)
**Variable Text:** Last year, that is in [2019/2020/2021], what was your total household income from all sources, before taxes?
**Variable Label:** DEM10: Family income

| Value | Value Label |
|-------|-------------|
| 1 | Less than $15,000 |
| 2 | $15,000 to $24,999 |
| 3 | $25,000 to $34,999 |
| 4 | $35,000 to $49,999 |
| 5 | $50,000 to $74,999 |
| 6 | $75,000 to $99,999 |
| 7 | $100,000 to $149,999 |
| 8 | $150,000 to $199,999 |
| 9 | $200,000 and over |
| -99 | Refused |


*Note, Table 1 below shows the planned additional profile variables that will be included in the final dataset from the panel. These questions come from the panel either from other surveys or from screeners during recruitment of panelists. It is not feasible to modify any of these variables. There is a cost implication for each variable, where each has a price per respondent per wave. We expect that certain*

> *basic demographic variables, such as geographic location, and basic operations*
> *metadata may be included at no additional cost.*

| **Table 1: Additional Included Variables** |
| --- |
| **Demographic Variables (16 total)** |
| 1. Race<br>2. Ethnicity<br>3. Age<br>4. Geographic location (i.e., zip code)<br>5. College student status<br>6. Highest degree/level of school completed<br>7. Occupation/Industry<br>8. Birth sex<br>9. Gender identity<br>10. Sexual orientation<br>11. Parental status<br>12. Political party<br>13. Political ideology<br>14. Country of birth<br>15. Citizenship status<br>16. Veteran status |