

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

**Item #:** CV1

**Question Type:** Single punch

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

**Variable Label:** CV1: Physical health

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

**Question Type:** Grid

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

// **Randomize subitem order** //

Variable Name	Variable Text	Variable Label
CV2_1_Fever	Fever	CV2_1: IPSOS Fever
CV2_2_Cough	Dry Cough	CV2_2: IPSOS Dry cough
CV2_3_Breath	Shortness of Breath	CV2_3: IPSOS Shortness of breath
CV2_4_Senses	Decreased Sense of Smell/Taste	CV2_4: IPSOS Decreased sense of smell and taste
CV2_5_Flu	Other Flu like Symptoms	CV2_5: IPSOS Flu symptoms

Value	Value Label
1	Yes
2	No
3	Don't know
-99	Refusal

**Question Type:** Grid

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

// **Randomize subitem order** //

Variable Name	Variable Text	Variable Label
CV3_1_Fever	Fever	CV3_1: IPSOS Fever
CV3_2_Cough	Dry Cough	CV3_2: IPSOS Dry cough

CV3_3_Breath	Shortness of Breath	CV3_3: IPSOS Shortness of breath
CV3_4_Senses	Decreased Sense of Smell/Taste	CV3_4: IPSOS Decreased sense of smell and taste
CV3_5_Flu	Other Flu like Symptoms	CV3_5: IPSOS Flu symptoms

Value	Value Label
1	Yes
2	No
3	Don't know
-99	Refusal

**Question Type:** Multi punch

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

Variable Name	Variable Text	Variable Label
CV4_1_Self	Yes, I have	CV4_1: IPSOS Self COVID diagnosis
CV4_2_Family	Yes, someone in my family has	CV4_2: IPSOS Family COVID diagnosis
CV4_3_No	No	CV4_3: IPSOS No COVID diagnosis

Value	Value Label
1	Marked
0	Not Marked

**Question Type:** Multi punch

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

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

Variable Name	Variable Text	Variable Label
CV5_1_Hospital	Gone to a hospital or emergency room	CV5_1: IPSOS Hospital or emergency room
CV5_2_Urgent care	Gone to an urgent care facility	CV5_2: IPSOS Urgent care facility
CV5_3_Doctor	Visited a doctor's office	CV5_3: IPSOS Visited doctor's office
CV5_4_Phone	Consulted with a healthcare provider over the phone	CV5_4: IPSOS Consulted with healthcare provider over the phone
CV5_5_Video	Consulted with a healthcare provider using a video chat system	CV5_5: IPSOS Consulted with healthcare provider using video chat
CV5_6_Chat	Consulted with a healthcare provider using chat, text, or email	CV5_6: IPSOS Consulted with healthcare provider using chat, text, or email
CV5_7_None	None of the above	CV5_7: IPSOS None of the above

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

**Item #:** CV6a

**Question Type:** Single punch

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

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

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

**Item #:** CV6b

**Question Type:** Single punch

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

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

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

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

**Item #:** CV6c

**Question Type:** Single punch

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

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

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

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

**Item #:** CV7a

**Question Type:** Single punch

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

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

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

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

**Item #:** CV7b

**Question Type:** Single punch

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

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

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

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

**Item #:** CV8a

**Question Type:** Single punch

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

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

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

**Item #:** CV8b

**Question Type:** Single punch

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

*Select one answer only*

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

Value	Value Label
1	Yes
2	No
-99	Refused

**Item #:** CV8c

**Question Type:** Single punch

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

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

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

Value	Value Label
1	Health insurance through your or someone else's employer or union
2	Medicare, a government plan that pays healthcare bills for people aged 65 or older and for some disabled people
3	Medicaid, or any state government medical assistance plan for those with lower incomes
4	Health insurance that you bought from the federal Health Insurance Marketplace, also known as Healthcare.gov, or a state-run Health Insurance Marketplace
5	Veteran's Affairs (VA), Department of Defense, or other military programs

6	Health insurance from some other source
7	I do not have any healthcare insurance/coverage
-99	Refused
-100	Valid skip

**Question Type:** Multi punch

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

Variable Name	Variable Text	Variable Label
CV9_1_Unemployment benefits	Unemployment benefits	CV9_1: IPSOS Unemployment benefits
CV9_2_COVID enhanced	COVID-19 related enhanced unemployment benefits	CV9_2: IPSOS COVID related enhanced unemployment benefits
CV9_3_CARES	CARES Act check (direct stimulus payments)	CV9_3: IPSOS CARES Act check
CV9_4_None	None of the above	CV9_4: IPSOS None

Value	Value Label
1	Marked
0	Not Marked

**Question Type:** Multi punch

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

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

Variable Name	Variable Text	Variable Label
CV10_1_Children home	I have kept my children home from school	CV10_1: IPSOS kept children home from school
CV10_2_Home schooled	I home schooled my children	CV10_2: IPSOS home schooled children
CV10_3_Work from home	I have worked from home more than before the pandemic	CV10_3: IPSOS worked from home more than before the pandemic
CV10_4_Return to work	I have recently returned to work after a temporary closure of my company	CV10_4: IPSOS returned to work after temporary closure
CV10_5_None	None of the above	CV10_5: IPSOS None

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

**Question Type:** Grid

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

// **Randomize subitem order** //

Variable Name	Variable Text	Variable Label
CV11_1_Nervous	Feeling nervous, anxious, or on edge	CV11_1: IPSOS Household nervous, anxious, on edge
CV11_2_Worrying	Not being able to stop or control worrying	CV11_2: IPSOS Household not able to stop worrying
CV11_3_Depressed	Feeling down, depressed or hopeless	CV11_3: IPSOS Household feeling down, depressed, or hopeless
CV11_4_Little interest	Little interest or pleasure in doing things	CV11_4: IPSOS Household little interest or pleasure

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

**Question Type:** Grid

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

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

Variable Name	Variable Text	Variable Label
CV12_1_Nervous	Feeling nervous, anxious, or on edge	CV12_1: IPSOS Self nervous, anxious, on edge
CV12_2_Worrying	Not being able to stop or control worrying	CV12_2: IPSOS Self not able to stop worrying
CV12_3_Depressed	Feeling down, depressed or hopeless	CV12_3: IPSOS Self feeling down, depressed, or hopeless
CV12_4_Little interest	Little interest or pleasure in doing things	CV12_4: IPSOS Self little interest or pleasure

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

**Item #:** CV13

**Question Type:** Single punch

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

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

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

**Item #:** CV14

**Question Type:** Multi punch

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

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

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

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

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

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

**Item #:** CV15

**Question Type:** Single punch

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

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

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



**Item #:** CV16

**Question Type:** Single punch

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

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

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

<b>Value</b>	<b>Value Label</b>
1	Less than 10 seconds
2	10-19 seconds
3	20 seconds or more
-99	Refused
-100	Valid skip