

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

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## Welcome

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

OMB No. XXXX-xxxx  
Exp. Date xx/xx/xxxx

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](mailto: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](#)**

- 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](mailto:tbd_helpdesk@tbd.com)? [Top](#)**

- [tbd\\_helpdesk@tbd.com](mailto: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](#)**

- 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](#)**

- If you wish to withdraw your answers, please notify the survey helpdesk by sending an email to [tbd\\_helpdesk@tbd.com](mailto:tbd_helpdesk@tbd.com).

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

- 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](#)**

- 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? [Top](#)

- 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 [tbd\\_helpdesk@tbd.com](mailto:tbd_helpdesk@tbd.com).

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](mailto: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
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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) <b>[Reverse Coded]</b>	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
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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
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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. <b>[Reverse Code]</b>	ATT5_7: Wearing masks slows immunity
ATT5_8	If people social distance, it will slow the development of widespread immunity to COVID-19. <b>[Reverse Code]</b>	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 <u>receive a COVID-19 vaccine</u> when it is available.	ATT13_1: Receive a vaccine
ATT13_2	People who are important to me want me to <u>wear a face mask</u> when I am out in public.	ATT13_2: Wear a face mask
ATT13_3	People who are important to me believe that I should <u>maintain social distance from those outside of my household</u> .	ATT13_3: Maintain social distance
ATT13_4	People who are important to me believe that I <u>should wash my hands frequently</u> .	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
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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. <b>[Reverse coded]</b>	SCI1_1: Scientists changing minds reduces trust
SCI1_2	Scientists ignore evidence that contradicts their work. <b>[Reverse coded]</b>	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. <b>[Reverse coded]</b>	SCI1_5: Scientists are biased
SCI1_6	Today's scientists will sacrifice the well-being of others to advance their research. <b>[Reverse coded]</b>	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

<b>Variable Name</b>	<b>Variable Text</b>	<b>Variable Label</b>
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. <b>[Reverse coded]</b>	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. <b>[Reverse coded]</b>	SCI2_6: Misled by experts

<b>Value</b>	<b>Value Label</b>
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

<b>Value</b>	<b>Value Label</b>
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

// 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 #:** 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

// Ask if CAM1 (Campaign Recall in last 4 months) = "Yes" //

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

// Ask if CAM1 (Campaign Recall in last 4 months) = "Yes" //

Value	Value Label
0	No
1	Yes
-99	Refused

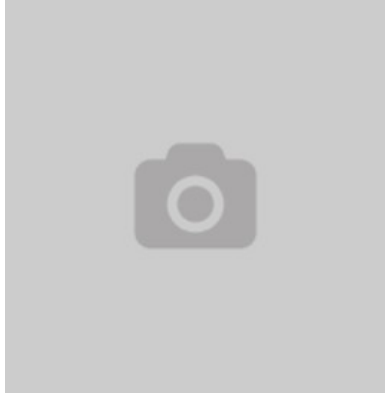
**Item #:** CAM8

**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 heard of the website [cdc.gov/coronavirus/](https://www.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 visited the website [cdc.gov/coronavirus/](https://www.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/](https://www.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"//



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) ever told you that you have any of the following conditions? *Select yes or no for each item.*

**Variable 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	MOB1_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 cigarettes 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 e-cigarettes (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. //**

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**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

<b>Value</b>	<b>Value Label</b>
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
2. Ethnicity
3. Age
4. Geographic location (i.e., zip code)
5. College student status
6. Highest degree/level of school completed
7. Occupation/Industry
8. Birth sex
9. Gender identity
10. Sexual orientation
11. Parental status
12. Political party
13. Political ideology
14. Country of birth
15. Citizenship status
16. Veteran status