



# Monthly Outcome Survey - Annotated Questionnaire

## Wave 11

### U.S. Department of Health and Human Services (HHS) COVID-19 Public Education Campaign

We would like to ask you about some COVID-19-related content that may or may not have appeared in the media in the past month. This section will also ask you about your opinions on COVID-19 testing and vaccination.

// Page Break //

Item #: CAM1\_Aw

Question type: Single punch

Variable Name: CAM1\_Aw

Variable Text: In the past month—that is, since October 12, 2021—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 “We Can Do This” or “Juntos Sí Podemos” (in Spanish). Some content would have included the images or video below.

*Below is a video clip from the campaign. Please make sure your speakers are on and the volume is turned up. Click on the button below to play the clip. You will not be able to proceed to the next question until the video ends. After the approximately 30 second video clip is finished playing you will be able to answer the next question.*

[Insert Irreplaceable\_LevelUp\_Combined or Irreplaceable\_SPA\_30s\_Compessed]



**Variable Label:** CAM1\_Aw: Campaign awareness

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

**// Page Break //**

**Item #:** CAM1\_Aw\_2

**Question type:** Single punch

**Variable Name:** CAM1\_Aw\_2

**Variable Text:** In the past month—that is, since October 12, 2021—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 “We Can Do This” or “Juntos Sí Podemos” (in Spanish). Some content would have included the video clips below.

*Below is a series of short video clips from the campaign. Please make sure your speakers are on and the volume is turned up. Click on the button below to play the clip. You will not be able to proceed to the next question until the video ends. After the approximately 60 second video clip is finished playing you will be able to answer the next question.*

**[Insert English\_Video\_Collage or Spanish\_Video\_Collage]**

**Variable Label:** CAM1\_Aw\_2: Campaign awareness (New)

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

**// Page Break //**

**Item #:** CAM2\_Bel

**Question Type:** Single punch

**Variable Name:** CAM2\_Bel

**Variable Text:** How believable do you find the information from the HHS COVID-19 Public Education Campaign?

**Variable Label:** CAM2: Believability of campaign

**// Ask if CAM1\_Aw = 2|3|4|5 or CAM1\_Aw\_2 = 2|3|4|5 //**

Value	Value Label
1	Very unbelievable
2	Unbelievable
3	Neither believable nor unbelievable
4	Believable
5	Very believable
-99	Refused
-100	Valid skip

**// Page Break //**

**Item #:** CAM3\_Rel

**Question type:** Single punch

**Variable Name:** CAM3\_Rel

**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:** CAM3: Relevance of campaign

**// Ask if CAM1\_Aw = 2|3|4|5 or CAM1\_Aw\_2 = 2|3|4|5 //**

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

**// Page Break //**

**Item #:** CAM4\_Atn

**Question Type:** Single punch

**Variable Name:** CAM4\_Atn

**Variable Text:** Do you agree or disagree with following statement? The HHS COVID-19 Public Education Campaign media content grabbed my attention.

**Variable Label:** CAM4: Attention grabbing of campaign

**// Ask if CAM1\_Aw = 2|3|4|5 or CAM1\_Aw\_2 = 2|3|4|5 //**

Value	Value Label
1	Strongly disagree

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

**// Page Break //**

**Item #:** CAM5\_VaccUptake

**Question Type:** Single punch

**Variable Name:** CAM5\_VaccUptake

**Variable Text:** Food and Drug Administration (FDA)-authorized and FDA-approved vaccines to prevent COVID-19 are now available at no cost. Have you received a COVID-19 vaccine?

**Variable Label:** CAM5: Vaccine Uptake\_V2

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

**// Page Break //**

**Item #:** CAM5a\_VaccLike

**Question Type:** Single punch

**Variable Name:** CAM5a\_VaccLike

**Variable Text:** What is the likelihood that you will [PIPE: "get a COVID-19 vaccine" if CAM5\_VaccUptake = 0 | -99, "complete COVID-19 vaccination" if CAM5\_VaccUptake = 1]?

**Variable Label:** CAM5a: Vaccine Likelihood

**// Ask if CAM5\_VaccUptake = 0|1|-99 //**

Value	Value Label
1	Very unlikely
2	Somewhat unlikely

3	Neither likely nor unlikely
4	Somewhat likely
5	Very likely
-99	Refused
-100	Valid skip

**// Page Break //**

**Item #:** CAM6\_VaccWait

**Question type:** Single punch

**Variable Name:** CAM6\_VaccWait

**Variable Text:** U.S. Food and Drug Administration (FDA)-authorized and FDA-approved vaccines to prevent COVID-19 are now available at no cost. [PIPE: “How soon will you get vaccinated?” if CAM5\_VaccUptake = 0 | -99, “How soon will you get the second required shot?” if CAM5\_VaccUptake = 1]

**Variable Label:** CAM6: Wait to get vaccinated\_V2

**// Ask if CAM5\_VaccUptake = 0|1|-99 //**

**// In response options, replace “a vaccine” with “the second required shot” if**

**CAM5\_VaccUptake = 1 //**

Value	Value Label
1	I will get a vaccine as soon as I can.
2	I will wait to get a vaccine for one or more reasons.
60	I will never get a vaccine.
-99	Refused
-100	Valid Skip

**// Page Break //**

**Item #:** CAM7\_VaccBel

**Question Type:** Grid

**Variable Name:** CAM7\_VaccBel

**Variable Text:** How much do you agree or disagree with the following statements about COVID-19? *Select one response for each item.*

**Variable Label:** CAM7: Vaccine Beliefs

Variable Name	Variable Text	Variable Label
CAM7_VaccBel_1	I would accept a COVID-19 vaccine offered during a regularly scheduled appointment with my health care provider.	CAM7_VaccBel_1: COVID vaccine likelihood
CAM7_VaccBel_2	I am worried that a COVID-19 vaccine could give me COVID-19.	CAM7_VaccBel_2: Worried COVID from vaccine
CAM7_VaccBel_3	I would rather build immunity by exposure to an	CAM7_VaccBel_3:

	infected individual than receive a COVID-19 vaccine.	Immunity from exposure
CAM7_VaccBel_5	I am worried about side effects of a COVID-19 vaccine for myself.	CAM7_VaccBel_5: Worried side effects
CAM7_VaccBel_6	I am worried that side effects of a COVID-19 vaccine could be worse than COVID-19 itself.	CAM7_VaccBel_6: Worse side effects

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

**// Page Break //**

**Item #:** Child\_Age

**Question Type:** Multi-punch

**Variable Name:** Child\_Age

**Variable Text:** Are you the parent of a child or children in the following age groups?

**Variable Label:** Child\_Age: Parent of children in following age groups

Value	Value Label
1	Younger than 6 months old
2	6 months to <2 years old
3	2 to 4 years old
4	5 to 11 years old
5	12 to 15 years old
6	16 to 17 years old
99	None of the above, I do not have children in those age groups [EXCLUSIVE]
-99	Refused

**// Page Break //**

**Item #:** CAM11\_Par1\_Grid

**Question Type:** Grid

**Variable Name:** CAM11\_Par1\_Grid

**Variable Text:** Has your child(ren) in the following age group(s) received a COVID-19 vaccine?

**Note:** If you have more than one child in the same age group, please answer for at least one of

them.

**Variable Label:** CAM11\_Par1\_Grid: Parent Vaccine Uptake of Children

**// Ask if Child\_Age= 4|5|6, See Variable Names for Piping //**

Variable Name	Variable Text	Variable Label
CAM11_Par1_Grid_511 <b>// Ask if Child_Age=4 //</b>	5 to 11 years old	CAM11_Par1_Grid_511: 5 to 11 years old
CAM11_Par1_Grid_1215 <b>// Ask if Child_Age=5 //</b>	12 to 15 years old	CAM11_Par1_Grid_1215: 12 to 15 years old
CAM11_Par1_Grid_1617 <b>// Ask if Child_Age=6 //</b>	16 to 17 years old	CAM11_Par1_Grid_1617: 16 to 17 years old

Value	Value Label
0	No, has not received a COVID-19 vaccine
1	Yes, but has only received one shot out of the two required shots
2	Yes, has received all of the required shots
-99	Refused
-100	Valid skip

**// Page Break //**

**Item #:** CAM11\_Par2\_Grid

**Question Type:** Grid

**Variable Name:** CAM11\_Par2\_Grid

**Variable Text:** Children ages 5 and older are now eligible to take Food and Drug Administration (FDA)-authorized vaccines to prevent COVID-19. How soon will your child(ren) in the following age groups get a COVID-19 vaccine?

*Note: If you have more than one child in the same age group, please answer for at least one of them.*

**Variable Label:** CAM11\_Par2\_Grid: Parent Readiness for Children ages 5-17

**// Ask if Child\_Age= 4|5|6, See Variable Names for Piping //**

Variable Name	Variable Text	Variable Label
CAM11_Par2_Grid_511 <b>// Ask if Child_Age=4 and CAM11_Par1_Grid_511 ≠ 1 or 2 //</b>	5 to 11 years old	CAM11_Par2_Grid_511: 5 to 11 years old
CAM11_Par2_Grid_1215 <b>// Ask if Child_Age=5 and CAM11_Par1_Grid_1215≠ 1 or 2 //</b>	12 to 15 years old	CAM11_Par2_Grid_1215: 12 to 15 years old
CAM11_Par2_Grid_1617 <b>// Ask if Child_Age=6 and CAM11_Par1_Grid_1617≠ 1 or 2 //</b>	16 to 17 years old	CAM11_Par2_Grid_1617: 16 to 17 years old

Value	Value Label
1	I will get my child(ren) in this age group vaccinated against COVID-19 as soon as I can.

2	I will wait to get my child(ren) in this age group vaccinated against COVID-19 for one or more reasons.
3	I will never get my child(ren) in this age group vaccinated against COVID-19.
-99	Refused
-100	Valid skip

**// Page Break //**

**Item #:** CAM11\_Par3\_Grid

**Question Type:** Grid

**Variable Name:** CAM11\_Par3\_Grid

**Variable Text:** Children under the age of 5 are not currently eligible to take U.S. Food and Drug Administration (FDA)-authorized vaccines to prevent COVID-19. This may change as more clinical trial findings become available. If a COVID-19 vaccine is authorized for children under 5, how soon will your child(ren) in the following age groups get a COVID-19 vaccine?

*Note: If you have more than one child in the same age group, please answer for at least one of them.*

**Variable Label:** CAM11\_Par3\_Grid: Parent Readiness for Children Ages 6 months-4 years

**// Ask if Child\_Age= 2|3, See Variable Names for Piping //**

Variable Name	Variable Text	Variable Label
CAM11_Par3_Grid_6mo2 <b>// Ask if Child_Age=2 //</b>	6 months to <2 years old	CAM11_Par3_Grid_6mo2: 6 months to <2 years old
CAM11_Par2_Grid_2to4 <b>// Ask if Child_Age=3 //</b>	2 to 4 years old	CAM11_Par2_Grid_2to4: 2 to 4 years old

Value	Value Label
1	I will get my child(ren) in this age group vaccinated against COVID-19 as soon as they are eligible.
2	Once they are eligible, I will still wait to get my child(ren) in this age group vaccinated against COVID-19 for one or more reasons.
3	I will never get my child(ren) in this age group vaccinated against COVID-19.
-99	Refused
-100	Valid skip

**// Page Break //**



## 5K Omni – COVID-19 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_Sense s	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_Sense s	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	CV5_4: IPSOS Consulted with

	provider over the phone	healthcare provider over the phone
CV5_5_Video	Consulted with a healthcare provider using a video chat system	CV5_5: IPSOS Consulted with healthcare provider using video chat
CV5_6_Chat	Consulted with a healthcare provider using chat, text, or email	CV5_6: IPSOS Consulted with healthcare provider using chat, text, or email
CV5_7_None	None of the above	CV5_7: IPSOS None of the above

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

**Item #:** CV6a

**Question Type:** Single punch

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

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

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

**Item #:** CV6b

**Question Type:** Single punch

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

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

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

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

**Item #:** CV6c

**Question Type:** Single punch

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

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

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

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

**Item #:** CV7a

**Question Type:** Single punch

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

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

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

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

-100	Valid skip
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**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
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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 difficult at all
2	Somewhat difficult
3	Very difficult
4	Extremely difficult
-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

## 5K Omni – Additional Variables Available for Purchase

*ASPA: Note, Table 1 below shows the IPSOS 5K Omni additional variables that will be included in the final monthly dataset. These are included at no additional price. Additionally, in Table 2, are variables have been purchased and added to the dataset delivery each month. These questions come from other sections of the omni survey 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 purchased beyond what is included.*

**Table 1: Additional Included Variables**

**Health Condition Variables (26 total)**

- (1) Attention-deficit/hyperactivity disorder (ADHD or ADD)
- (2) Asthma, chronic bronchitis, or chronic obstructive pulmonary disease (COPD)
- (3) Body mass index (BMI)
- (4) Cancer
- (5) Concussion
- (6) Chronic pain (such as low back pain, neck pain, or fibromyalgia)
- (7) Diabetes or pre-diabetes
- (8) Eye condition (other than poor vision)
- (9) Heart attack, heart disease, or other heart condition
- (10) High blood pressure
- (11) High cholesterol
- (12) Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- (13) Inflammatory bowel disease (IBD) (such as ulcerative colitis or Crohn's disease)
- (14) Irritable bowel syndrome (IBS)
- (15) Kidney disease
- (16) Multiple sclerosis
- (17) Nonalcoholic fatty liver disease
- (18) Osteoarthritis, joint pain or inflammation
- (19) Osteoporosis or osteopenia
- (20) Psoriasis
- (21) Pulmonary arterial hypertension (PAH)

- (22) Rheumatoid arthritis
- (23) Sexual dysfunction
- (24) Sleep disorders such as sleep apnea or insomnia
- (25) Stroke
- (26) Traumatic brain injury (TBI)

**Demographic Variables (20 total)**

- (1) Age
- (2) Education
- (3) Race/ethnicity
- (4) Gender
- (5) Household head
- (6) Household size
- (7) Household type
- (8) Household income
- (9) Marital status
- (10) Metropolitan Statistical Area (MSA) status
- (11) Census 4 Regions
- (12) Census 9 Regions
- (13) Ownership status of living quarters
- (14) State
- (15) Current employment status
- (16) Total number of household members age 0-17

**Table 2: Purchased Additional Variables**

- (1) Political ideology
- (2) Zip code
- (3) FIPS code