

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p>COVID-19 QUESTIONNAIRE SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=ALL SPALIVE=1 SEASON=ALL SPPROXY=SP or PROXY Other: N/A</p> <p><u>PLACEMENT</u> Administer after PVQ</p>		
SUSPECT	SUSPECT	yes/no	Since April 1, 2021, [have you/has (SP)] suspected that [you have/he has/she has] had the coronavirus or COVID-19?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) SUSPECTY (02) COVIDEV (-8) COVIDEV (-7) COVIDEV
SUSPECTY	SUSPECTY	code all	<p>What symptoms did [you/(SP)] have that made [you/(SP)] suspect [you/he/she] had the coronavirus?</p> <p>INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT.</p>	(01) FEVER (02) ONGOING DRY COUGH (03) RUNNY NOSE (04) SNEEZING (05) SHORTNESS OF BREATH (06) HEADACHE (07) SORE THROAT (08) NAUSEA (09) VOMITING (10) EXTREME FATIGUE (11) CHILLS/REPEATED SHAKING WITH CHILLS (12) MUSCLE PAIN (13) NEW LOSS OF TASTE OR SMELL (14) LOSS OF APPETITE (15) DIARRHEA (91) OTHER (-8) DON'T KNOW (-7) REFUSED	COVIDEV
COVIDEV	COVIDEV	yes/no	<p>Since April 1, 2021, has a doctor or other health professional told [you/(SP)] that [you have/he has/she has] or likely had coronavirus or COVID-19?</p> <p>[IF NEEDED: A doctor or other health professional might make this diagnosis based on a test for COVID-19 or based on symptoms [you have/(SP)] has].</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	COVSWAB
COVSWAB	COVSWAB	yes/no	<p>Since April 1, 2021, [have you/has(SP)] been tested to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test?</p> <p>[IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth.]</p> <p>[IF NEEDED: If [you have/(SP)] has had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about [your/his/her] most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) SWABRSLT (02) BOX CV1A (-8) BOX CV1A (-7) BOX CV1A
SWABRSLT	SWABRSLT	code one	<p>Did the test find that [you/(SP)] had coronavirus or COVID-19?</p> <p>[IF NEEDED: If [you have/(SP)] has had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about [your/his/her] most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-7) REFUSED	(01) SWABWAIT (02) SWABWAIT (03) CVTSTPAY (-8) CVTSTPAY (-9) CVTSTPAY
SWABWAIT	SWABWAIT	code one	<p>How long did it take to get [your/(SP)'s] test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, within 4-6 days, or after 7 days or more?</p> <p>[IF NEEDED: If [you have/(SP)] has had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about [your/his/her] most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(01) SAME DAY (02) NEXT DAY (03) 2-3 DAYS (04) 4-6 DAYS (05) 7 DAYS OR MORE (-8) DON'T KNOW (-7) REFUSED	CVTSTPAY

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CVTSTPAY	CVTSTPAY	code one	How much did [you/(SP)] pay out of pocket for the test: none of the cost, part of the cost, or all of the cost? [IF NEEDED: Please answer to the best of your knowledge.] [IF NEEDED: If [you have/(SP) has] had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about [your/his/her] most recent test.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(01) NONE OF THE COST (02) PART OF THE COST (03) ALL OF THE COST (-8) DON'T KNOW (-7) REFUSED	BOX CV1A
	BOX CV1A	routing	IF COVIDEV=YES OR SWABRSLT=01 THEN GO TO CVDSVRE. ELSE GO TO VACROST.		
CVDSVRE	CVDSVRE	code one	How would you describe [your/(SP)'s] coronavirus symptoms when they were at their worst? Would you say [you/he/she] had no symptoms, mild symptoms, moderate symptoms, or severe symptoms?	(01) NO SYMPTOMS (02) MILD SYMPTOMS (03) MODERATE SYMPTOMS (04) SEVERE SYMPTOMS (-8) DON'T KNOW (-7) REFUSED	CVDSEEK
CVDSEEK	CVDSEEK	yes/no	Did [you/(SP)] seek medical care for coronavirus or COVID-19?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) CVDHOSP (02) CVDEXPEN-CV1 (-8) CVDHOSP (-7) CVDHOSP
CVDEXPEN	CV1	grid	Why did [you/(SP)] not seek medical care? READ EACH ITEM AND RECORD YES/NO RESPONSE: Was it too expensive?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDNTAVA-CV1
CVDNTAVA	CV1	grid	Was it not available?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDSYMNS-CV1
CVDSYMNS	CV1	grid	Were [your/(SP)'s] symptoms not severe enough?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDOTHER-CV1
CVDOTHER	CV1	grid	Was there some other reason?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDHOSP
CVDHOSP	CVDHOSP	yes/no	[Have you/Has (SP)] been hospitalized overnight for coronavirus? [IF NEEDED: This could include visiting the emergency room or being admitted to the hospital.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	LONGCVD
LONGCVD	LONGCVD	yes/no	Did [you/(sp)] have any symptoms lasting 3 months or longer that [you/(sp)] did not have prior to having coronavirus or COVID-19? [IF NEEDED: Long term symptoms may include tiredness or fatigue, difficulty thinking, concentrating, forgetfulness or memory problems, sometimes referred to as "brain fog," difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, depression, anxiety or mood changes.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	VACROST
VACROST	VACROST	roster	[IF NEEDED: You previously reported the following COVID-19 vaccines.] Since [December 2020/(REFERENCE DATE)], [have you/has (SP)] received any [additional] doses of a COVID-19 vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) VACDAT-VACDATMM (02) BOX CV2 (-8) BOX CVEND (-9) BOX CVEND
VACDATMM	VACDAT	date	When did [you/(SP)] receive this dose of the COVID-19 vaccine? IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available. PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED.	MONTH (VACMON)	VACDAT-VACDATYY
VACDATYY	VACDAT	date	When did [you/(SP)] receive this dose of the COVID-19 vaccine? IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.	YEAR (VACYR)	VACNAME

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VACNME	VACNME	code one	Which COVID-19 vaccine did (you/(SP)) get? Examples include Pfizer-BioNTech/Comirnaty, Moderna/Spikevax, and Johnson & Johnson/Janssen. IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available. ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO	(01) PFIZER-BIONTECH/COMIRNATY (02) MODERNA/SPIKEVAX (03) JOHNSON & JOHNSON/JANSSEN (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01)-(03), (-8), (-9) VACSITE (91) VACNMEOS
VACNMEOS	VACNMEOS	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	VACSITE
VACSITE	VACSITE	code one	Where did [you/(SP)] go for this dose of the COVID-19 vaccine? A MASS VACCINATION SITE IS A LOCATION THAT WAS SET UP ESPECIALLY TO ADMINISTER COVID-19 VACCINES, OFTEN ORGANIZED BY A LOCAL, STATE, OR FEDERAL AGENCY. MASS VACCINATION SITES MAY BE LOCATED AT A SHOPPING CENTER, CONVENTION CENTER, SPORTING FACILITY, CHURCH, LIBRARY, HOSPITAL OR OTHER COMMUNITY LOCATION.	(01) FACILITY ONLY- FACILITY NAME (DO NOT DISPLAY) (02) PHARMACY/DRUG STORE (03) DOCTORS OFFICE OR GROUP PRACTICE (04) MASS VACCINATION SITE (05) MANAGED CARE PLAN CENTER/HMO (06) NEIGHBORHOOD/FAMILY HEALTH CENTER/MEDICAL CLINIC (07) COMPANY CLINIC/WORKPLACE (08) WALK-IN URGENT CENTER (09) HOSPITAL (10) VA FACILITY (11) HEALTH DEPARTMENT OFFICE (12) AT HOME (91) OTHER, SPECIFY (-8) DON'T KNOW (-9) REFUSED	(01)-(12), (-8), (-9) VACMOR (91) VACSITOS
VACSITOS	VACSITOS	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	VACMOR
VACMOR	VACMOR	yes/no	Since [December 2020/(REFERENCE DATE)], [have you/has (SP)] had any other COVID-19 vaccine doses? PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) VACDAT-VACDATMM (02) PREVMASK (-8) PREVMASK (-9) PREVMASK
	BOX CV2	routing	IF NO VACCINE DOSES IN THE ROSTER, GO TO PRSUMVAC, ELSE IF AT LEAST ONE DOSE IN ROSTER AND VACROST=02/NO, GO TO NOVACRSN. ELSE GO TO BOX CVEND.		
PRSUMVAC	PRSUMVAC	code one	Now that a vaccine to prevent COVID-19 is available to most adults in the United States, will [you/(SP)] get it? Definitely, probably, probably not, definitely not, or are you not sure?	(01) DEFINITELY (02) PROBABLY (03) PROBABLY NOT (04) DEFINITELY NOT (05) NOT SURE (-9) REFUSED	NOVACRSN
NOVACRSN	NOVACRSN	code all	For what reason didn't [you/(SP)] get a COVID-19 vaccine [since (REFERENCE DATE)]? [PROBE: Any other reason?] DO NOT READ ALOUD. CODE BASED ON WHAT THE RESPONDENT SAYS. CHECK ALL THAT APPLY.	(01) CONCERNED ABOUT POSSIBLE SIDE EFFECTS OF A COVID-19 VACCINE (02) CONCERNED ABOUT HAVING AN ALLERGIC REACTION (03) DOESN'T KNOW IF A COVID-19 VACCINE WILL PROTECT THEM (04) DOESN'T BELIEVE THEY NEED A COVID-19 VACCINE (05) ALREADY HAD COVID-19 (06) DOES NOT SPEND TIME WITH ANY HIGH-RISK PEOPLE (07) PLANS TO USE MASKS OR OTHER PRECAUTIONS INSTEAD (08) DOESN'T THINK VACCINES ARE BENEFICIAL (09) THINKS IMMUNE SYSTEM IS STRONG ENOUGH (10) DOCTOR HAS NOT RECOMMENDED IT (11) PLANS TO WAIT AND SEE IF IT IS SAFE AND MAY GET IT LATER (12) CONCERNED ABOUT THE COST OF A COVID-19 VACCINE (13) DOESN'T TRUST COVID-19 VACCINES (14) DOESN'T THINK COVID-19 IS THAT BIG OF A THREAT (15) HARD TO GET A COVID-19 VACCINE (16) FAMILY AND FRIENDS ARE CHOOSING NOT TO GET A COVID-19 VACCINE (17) AFRAID OF NEEDLES (18) CAN'T GET THE BRAND OF VACCINE THAT THEY PREFER (19) APPOINTMENT SCHEDULED	(01)-(20); (-8), (-9) BOX CVEND (91) NOVCRNOS

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				(20) HAS A HEALTH OR MEDICAL CONDITION WHICH PREVENTS GETTING THE VACCINE (91) OTHER (-8) DON'T KNOW (-9) REFUSED	
NOVCRNOS	NOVCRNOS	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX CVEND
	BOX CVEND	routing	IF SEASON=FALL, GO TO HFQ. ELSE IF SEASON=WINTER, GO TO KNQ. ELSE IF SEASON=SUMMER AND RESPONDENT=SP, GO TO CPQ. ELSE IF SEASON=SUMMER AND RESPONDENT=PROXY, GO TO IAQ.		