

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| | | | COVID-19 BENEFICIARY SUPPLEMENT SECTION SPECIFICATIONS <u>CRITERIA</u> SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR RHALIVE= 1/Alive <u>PLACEMENT</u> Administered in flexible order after FQ and RH sections are completed. | | |
| | BOX CVBEG | routing | GO TO CV1-CVDINTRO | | |
| CVDINTRO | CV1 | CODE ONE | I am now going to ask you some questions about COVID-19 services (SP) may have received. | (01) CONTINUE | (01) CV2-CVDTEST |
| CVDTEST | CV2 | yes/no | Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) been tested to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test? [IF NEEDED: For example, the test can be done by swabbing someone's nose.] [IF NEEDED: If (SP) had more than one test to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test, refer to their most recent test.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED | (00) CV6-VACROST (01) CV2A-TESTRES (-8) CV6-VACROST (-9) CV6-VACROST |
| TESTRES | CV2A | CODE ONE | Did the test find that (SP) had Coronavirus or COVID-19? [IF NEEDED: If (SP) had more than one test to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test, refer to their most recent test.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS. | (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 (-9) REFUSED | (01) CV4-MCARECV (02) CV6-VACROST (03) CV6-VACROST (-8) CV6-VACROST (-9) CV6-VACROST |
| MCARECV | CV4 | yes/no | Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) received medical care (either inside or outside this (facility/home)) for the coronavirus or COVID-19? [IF NEEDED: Please include services provided by all health care personnel.] | (00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED | (00)-CV6-VACROST (01) CV4A-PROVTYP (-8) CV6-VACROST (-9) CV6-VACROST |
| PROVTYP | CV4A | code all | What kind of provider did (he/she) receive care from for the coronavirus or COVID-19? SELECT ALL THAT APPLY. CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES. | (01) EMERGENCY MEDICAL SERVICE PERSONNEL (02) NURSES (03) NURSING ASSISTANTS (04) PHARMACISTS (05) PHLEBOTOMISTS (06) PHYSICIANS (07) TECHNICIANS (08) THERAPISTS (91) OTHER (-8) DON'T KNOW (-9) REFUSED | (01) CV6-VACROST (02) CV6-VACROST (03)-CV6-VACROST (04) CV6-VACROST (05)-CV6-VACROST (06) CV6-VACROST (07) CV6-VACROST (08) CV6-VACROST (91) CV4A-PROVOTH (-8) CV6-VACROST (-9)-CV6-VACROST |
| PROVOTH | CV4A | verbatim | OTHER (SPECIFY) | (01) CONTINUOUS | (01) CV6-VACROST |
| VACROST | CV6 | yes/no | [It was previously reported that (SP) received the following COVID-19 vaccines.] DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER] Has (SP) received any [additional] COVID-19 vaccines? | (00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED | (00) CVEND-CVENDCT (01) CV7-VACDATMM (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT |
| VACDATMM | CV7 | DATE | When did (SP) receive this dose of the COVID-19 vaccine? MONTH PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED. IT WAS PREVIOUSLY REPORTED THAT (SP) RECEIVED THE FOLLOWING COVID-19 VACCINES. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER] | (01) CONTINUOUS | (01) CV7-VACDATYY |

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| VACDATYY | CV7 | DATE | When did (SP) receive this dose of the COVID-19 vaccine? YEAR PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED. IT WAS PREVIOUSLY REPORTED THAT (SP) RECEIVED THE FOLLOWING COVID-19 VACCINES. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER] | (01) CONTINUOUS | (01) CV8-VACNME |
| VACNME | CV8 | code one | Which COVID-19 vaccine did (SP) get? Examples include Pfizer-BioNTech/Comirnaty, Moderna/Spikevax, and Johnson & Johnson/Janssen. 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) CV9-VACSITE (02) CV9-VACSITE (03) CV9-VACSITE (91) CV8-VACNEMOS (-8) CV9-VACSITE (-9) CV9-VACSITE |
| VACNMEOS | CV8 | verbatim | OTHER (SPECIFY) | (01) CONTINUOUS | (01) CV9-VACSITE |
| VACSITE | CV9 | code one | Where did (SP) go for their COVID-19 vaccine in (VACDATMM) (VACDATYY)? | (01) (FACILITY) (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 (-8) DON'T KNOW (-9) REFUSED | (01) BOX CV2 (02) BOX CV2 (03) BOX CV2 (04) BOX CV2 (05) BOX CV2 (06) BOX CV2 (07) BOX CV2 (08) BOX CV2 (09) BOX CV2 (10) BOX CV2 (11) BOX CV2 (12) BOX CV2 (91) CV9-VACSITOS (-8) BOX CV2 (-9) BOX CV2 |
| VACSITOS | CV9 | verbatim | OTHER (SPECIFY) | (01) CONTINUOUS | (01) BOX CV2 |
| | BOX CV2 | | IF LESS THAN TEN DOSES HAVE BEEN REPORTED AND/OR PRELOADED GO TO CV10-VACMOR ELSE GO TO CVEND-CVENDCT | | |
| VACMOR | CV10 | yes/no | 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. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] DOSE 3: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER] | (00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED | (00) BOX CV3 (01) BOX CV3 (-8) BOX CV3 (-9) BOX CV3 |
| | BOX CV3 | | IF CV10-VACMOR= 1/YES AND LESS THAN TEN DOSES HAVE BEEN REPORTED GO TO CV7-VACDATMM ELSE GO TO CVEND-CVENDCT | | |
| CVENDCT | CVEND | code one | YOU HAVE COMPLETED THE COVID-19 BENEFICIARY SUPPLEMENT SECTION FOR THIS SP. PRESS "1" TO RETURN TO NAVIGATION SCREEN. | (01) Continue | (01) BOX CVEND |
| | BOX CVEND | routing | GO TO NAVIGATOR | | |