



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_Compresed]



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 // Ask if Child_Age=4 // | 5 to 11 years old | CAM11_Par1_Grid_511: 5 to 11 years old |
| CAM11_Par1_Grid_1215 // Ask if Child_Age=5 // | 12 to 15 years old | CAM11_Par1_Grid_1215: 12 to 15 years old |
| CAM11_Par1_Grid_1617 // Ask if Child_Age=6 // | 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 // Ask if Child_Age=4 and CAM11_Par1_Grid_511 ≠ 1 or 2 // | 5 to 11 years old | CAM11_Par2_Grid_511: 5 to 11 years old |
| CAM11_Par2_Grid_1215 // Ask if Child_Age=5 and CAM11_Par1_Grid_1215≠ 1 or 2 // | 12 to 15 years old | CAM11_Par2_Grid_1215: 12 to 15 years old |
| CAM11_Par2_Grid_1617 // Ask if Child_Age=6 and CAM11_Par1_Grid_1617≠ 1 or 2 // | 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 // Ask if Child_Age=2 // | 6 months to <2 years old | CAM11_Par3_Grid_6mo2: 6 months to <2 years old |
| CAM11_Par2_Grid_2to4 // Ask if Child_Age=3 // | 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 |
|------|------------|

Item #: CV7b

Question Type: Single punch

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

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

Variable Label: CV7b: IPSOS Healthcare worker

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

Item #: CV8a

Question Type: Single punch

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

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

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

Item #: CV8b

Question Type: Single punch

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

Variable Label: CV8b: IPSOS Insurance changed since COVID pandemic

| Value | Value Label |
|-------|-------------|
| 1 | Yes |
| 2 | No |
| -99 | Refused |

Item #: CV8c

Question Type: Single punch

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

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

Variable Label: CV8c: IPSOS Current insurance coverage

| Value | Value Label |
|-------|---|
| 1 | Health insurance through your or someone else's employer or union |
| 2 | Medicare, a government plan that pays healthcare bills for people aged 65 or older and for some disabled people |
| 3 | Medicaid, or any state government medical assistance plan for those with lower incomes |
| 4 | Health insurance that you bought from the federal Health Insurance Marketplace, also known as Healthcare.gov, or a state-run Health Insurance Marketplace |
| 5 | Veteran's Affairs (VA), Department of Defense, or other military programs |
| 6 | Health insurance from some other source |
| 7 | I do not have any healthcare insurance/coverage |
| -99 | Refused |
| -100 | Valid skip |

Question Type: Multi punch

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

| Variable Name | Variable Text | Variable Label |
|-----------------------------|---|---|
| CV9_1_Unemployment_benefits | Unemployment benefits | CV9_1: IPSOS Unemployment benefits |
| CV9_2_COVID_enhanced | COVID-19 related enhanced unemployment benefits | CV9_2: IPSOS COVID related enhanced unemployment benefits |
| CV9_3_CARES | CARES Act check (direct stimulus payments) | CV9_3: IPSOS CARES Act check |
| CV9_4_None | None of the above | CV9_4: IPSOS None |

| Value | Value Label |
|-------|-------------|
|-------|-------------|

| | |
|---|------------|
| | |
| 1 | Marked |
| 0 | Not Marked |

Question Type: Multi punch

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

// Ask CV10 1 & CV10 2 if XPARENT = 1 //

| Variable Name | Variable Text | Variable Label |
|-----------------------|--|--|
| CV10_1_Children_home | I have kept my children home from school | CV10_1: IPSOS kept children home from school |
| CV10_2_Home_schooled | I home schooled my children | CV10_2: IPSOS home schooled children |
| CV10_3_Work_from_home | I have worked from home more than before the pandemic | CV10_3: IPSOS worked from home more than before the pandemic |
| CV10_4_Return_to_work | I have recently returned to work after a temporary closure of my company | CV10_4: IPSOS returned to work after temporary closure |
| CV10_5_None | None of the above | CV10_5: IPSOS None |

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

Question Type: Grid

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

// Randomize subitem order //

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

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

Question Type: Grid

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

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

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

| Value | Value Label |
|-------|----------------------|
| 1 | Not 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

| Value | Value Label |
|--------------|----------------------|
| 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