Monthly Outcome Survey – Annotated Questionnaire
*Wave 22*

# 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 September 14, 2022—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** **MOS Wave 22\_Combined English Video or MOS Wave 22\_Combined Spanish Video]**

**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 September 14, 2022—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** **ASPA MOS WAVE 22\_Video Collage\_English or ASPA MOS WAVE 22\_Video Collage\_Spanish]**

**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 #:** 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 #:** BSTR\_UV\_Uptake

**Question Type**:Grid

**Variable Name:** BSTR\_UV\_Uptake
**Variable Text:** U.S. health officials and medical experts now recommend additional COVID-19 doses after the initial vaccine series (two doses of Pfizer, Moderna, or Novavax; or one dose of Johnson & Johnson).

Boosters are additional doses you may have received after your initial series. Boosters were available from August 2021 to the end of August 2022.

Updated vaccines are COVID-19 vaccines reformulated to better target Omicron variants, sometimes called “updated boosters” or “bivalent boosters.” Updated vaccines became available in early September 2022.

Have you received a COVID-19 booster or updated vaccine?

**Variable Label:** BSTR\_UV\_Uptake: Booster uptake – Updated Vaccine Guidance
**// Ask if CAM5\_VaccUptake = 2 //**

|  |  |  |
| --- | --- | --- |
| **Variable Name**  | **Variable Text**  | **Variable Label**  |
| BSTR\_UV\_Uptake\_1 | I have received one or more booster dose(s) (available August 2021-August 2022)  | BSTR\_UV\_Uptake\_1: Booster |
| BSTR\_UV\_Uptake\_2 | I have received an updated vaccine (available starting September 2022)  | BSTR\_UV\_Uptake\_2: Updated vaccine |

|  |  |
| --- | --- |
| **Value**  | **Value Label**  |
| 0  | No  |
| 1  | Yes  |
| -99  | Refused  |
| -100  | Valid skip  |

**// Page Break //**

**Item #:** Uptake\_Dates

**Question Type**:Dropdown menu

**Variable Name:** Uptake\_Dates
**Variable Text:** Approximately when did you receive each of the following COVID-19 doses? If you do not remember the exact date, give your best guess.

**Variable Label:** Uptake\_Dates: Date received vaccine, booster, and updated vaccine

**// Ask if CAM5\_VaccUptake=2 | BSTR\_UV\_Uptake\_1=1 | BSTR\_UV\_Uptake\_2=1; See variable names for additional display logic//**

|  |  |  |
| --- | --- | --- |
| **Variable Name**  | **Variable Text**  | **Variable Label**  |
| Uptake\_Dates\_1**// Ask if CAM5\_VaccUptake=2 //** | Final dose of initial vaccine series (either the second dose of the Pfizer, Moderna, or Novavax vaccine, or the single dose of the Johnson & Johnson vaccine) | Uptake\_Dates\_1: Primary vaccine**//Set date range to Dec 1, 2020 to present//** |
| Uptake\_Dates\_2**// Ask if BSTR\_UV\_Uptake\_1=1 //**  | Booster\* (Additional doses received after your initial vaccine series; available August 2021-August 2022) *\*If you have received multiple booster doses, please select the date of your first booster dose* | Uptake\_Dates\_2: Booster**//Set date range to Aug 2021 to Aug 2022//** |
| Uptake\_Dates\_3**// Ask if BSTR\_UV\_Uptake\_2=1//** | Updated vaccine (Reformulated vaccine that better targets Omicron variant; available starting September 2022)  | Uptake\_Dates\_3: Updated vaccine**//Set date range to Sep 2022 to present//** |

**//Participants select date from range for each//**

**// Page Break //**

**Item #**: BSTR3\_Like\_2

**Question Type:** Single punch

**Variable Name:** BSTR3\_Like\_2

**Variable Text:** What is the likelihood that you will get an updated COVID-19 vaccine?

*Updated vaccines are COVID-19 vaccines reformulated to better target Omicron variants, sometimes called “updated boosters” or “bivalent boosters.” Updated vaccines became available in early September 2022.*

**Variable Label:** BSTR3\_Like\_2: Intention to get an updated vaccine

**// Ask if BSTR\_UV\_Uptake\_2= 0|-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 #**: BSTR4\_Readiness\_2

**Question Type:** Single punch

**Variable Name:** BSTR4\_Readiness\_2

**Variable Text:** How soon will you get an updated COVID-19 vaccine?

*Updated vaccines are COVID-19 vaccines reformulated to better target Omicron variants, sometimes called “updated boosters” or “bivalent boosters.” Updated vaccines became available in early September 2022.*

**Variable Label:** BSTR4\_Readiness\_2: Wait to get an updated vaccine

**// Ask if BSTR\_UV\_Uptake\_2= 0|-99 //**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | I will get an updated COVID-19 vaccine as soon as I can. |
| 2 | I will wait to get an updated COVID-19 vaccine for one or more reasons. |
| 3 | I will never get an updated COVID-19 vaccine. |
| -99 | Refused |
| -100 | Valid skip |

**// 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:** [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 #:** 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? (Select all that apply.)
**Variable Label:** Child\_Age: Parent of children in following age groups

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| Child\_Age\_1 | Younger than 6 months old | Child\_Age\_1: Younger than 6 months old |
| Child\_Age\_2 | 6 months to <2 years old | Child\_Age\_2: 6 months to <2 years old |
| Child\_Age\_3 | 2 to 4 years old | Child\_Age\_3: 2 to 4 years old |
| Child\_Age\_4 | 5 to 11 years old | Child\_Age\_4: 5 to 11 years old |
| Child\_Age\_5 | 12 to 15 years old | Child\_Age\_5: 12 to 15 years old |
| Child\_Age\_6 | 16 to 17 years old | Child\_Age\_6: 16 to 17 years old |
| Child\_Age\_99 | None of the above, I do not have children in those age groups [EXCLUSIVE] | Child\_Age\_99: No Children |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Yes |
| 0 | No |
| -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.*

*\*Children ages 6 months – 4 years old who received a Pfizer vaccine have* ***3 doses*** *included in their vaccine series. Children ages 5 – 17 years old who received a Pfizer vaccine, or children of any age who received a Moderna vaccine, have* ***2 doses*** *included in their vaccine series.***Variable Label:**CAM11\_Par1\_Grid: Parent Vaccine Uptake of Children
**// Ask if Child\_Age\_2=1 | Child\_Age\_3=1 | Child\_Age\_4=1 | Child\_Age\_5=1 | Child\_Age\_6=1, See Variable Names for Piping //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CAM11\_Par1\_Grid\_6mo2**// Ask if Child\_Age\_2=1 //** | 6 months to <2 years old | CAM11\_Par1\_Grid\_6mo2: 6 months to <2 years old |
| CAM11\_Par1\_Grid\_24**// Ask if Child\_Age\_3=1 //** | 2 to 4 years old | CAM11\_Par1\_Grid\_24: 2 to 4 years old |
| CAM11\_Par1\_Grid\_511**// Ask if Child\_Age\_4=1 //** | 5 to 11 years old | CAM11\_Par1\_Grid\_511: 5 to 11 years old |
| CAM11\_Par1\_Grid\_1215**// Ask if Child\_Age\_5=1 //** | 12 to 15 years old | CAM11\_Par1\_Grid\_1215: 12 to 15 years old |
| CAM11\_Par1\_Grid\_1617**// Ask if Child\_Age\_6=1//** | 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, has started **but not yet finished** their vaccine series.\*  |
| 2 | Yes, has received **all** of the required shots in their vaccine series.\* |
| -99 | Refused |
| -100 | Valid skip |

**// Page Break //**

**Item #:** CAM11\_Par2\_Grid **Question Type:** Grid
**Variable Name:** CAM11\_Par2\_Grid
**Variable Text:** Children ages 6 months 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
**// Ask if Child\_Age\_2=1 | Child\_Age\_3=1 | Child\_Age\_4=1 | Child\_Age\_5=1 | Child\_Age\_6=1, See Variable Names for Piping //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| CAM11\_Par2\_Grid\_6mo2**// Ask if Child\_Age\_2=1 and CAM11\_Par1\_Grid\_6mo2 ≠ 1 or 2 //** | 6 months to <2 years old | CAM11\_Par2\_Grid\_6mo2: 6 months to <2 years old |
| CAM11\_Par2\_Grid\_24**// Ask if Child\_Age\_3=1 and CAM11\_Par1\_Grid\_24 ≠ 1 or 2 //** | 2 to 4 years old | CAM11\_Par2\_Grid\_24: 2 to 4 years old |
| CAM11\_Par2\_Grid\_511**// Ask if Child\_Age\_4=1 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=1 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=1 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 #:** BSTR5\_Par\_Uptake
**Question Type**:Grid
**Variable Name:** BSTR5\_Par\_Uptake
**Variable Text:** U.S. health officials and medical experts now recommend additional COVID-19 doses for children after their initial vaccine series. Has your child(ren) in the following age group(s) received a COVID-19 booster or updated vaccine for COVID-19?
*Note: If you have more than one child in the same age group, please answer for at least one of them.*

**Variable Label:** BSTR5\_Par\_Uptake: Child booster uptake
**// Ask if CAM11\_Par1\_Grid\_511=2 or CAM11\_Par1\_Grid\_1215=2 or CAM11\_Par1\_Grid\_1617=2 //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| BSTR5\_Par\_Uptake\_511**// Ask if CAM11\_Par1\_Grid\_511=2 //**  | 5 to 11 years old | BSTR5\_Par\_Uptake\_511: 5 to 11 years old |
| BSTR5\_Par\_Uptake\_1215**// Ask if CAM11\_Par1\_Grid\_1215=2 //** | 12 to 15 years old | BSTR5\_Par\_Uptake\_1215: 12 to 15 years old |
| BSTR5\_Par\_Uptake \_1617**// Ask if CAM11\_Par1\_Grid\_1617=2 //** | 16 to 17 years old | BSTR5\_Par\_Uptake\_1617: 16 to 17 years old |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 0 | No, has not received a COVID-19 booster or updated vaccine for COVID-19. |
| 1 | Yes, has received at least one COVID-19 booster or updated vaccine for COVID-19. |
| -99 | Refused |
| -100 | Valid skip |

**// Page Break //**

**Item #:** BSTR6\_Par\_Read
**Question Type**:Grid
**Variable Name:** BSTR6\_Par\_Read
**Variable Text:** How soon will you get your child(ren) in the following age groups an updated vaccine for COVID-19?
*Note: If you have more than one child in the same age group, please answer for at least one of them.***Variable Label:** BSTR6\_Par\_Read: Child booster readiness
**// Ask if CAM11\_Par1\_Grid\_511=2 or CAM11\_Par1\_Grid\_1215=2 or CAM11\_Par1\_Grid\_1617=2 //**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| BSTR6\_Par\_Read\_511**// Ask if CAM11\_Par1\_Grid\_511=2 and BSTR5\_Par\_Uptake\_511≠1 //** | 5 to 11 years old | BSTR6\_Par\_Read\_511: 5 to 11 years old |
| BSTR6\_Par\_Read\_1215**// Ask if CAM11\_Par1\_Grid\_1215=2 and BSTR5\_Par\_Uptake\_1215≠1 //** | 12 to 15 years old | BSTR6\_Par\_Read\_1215: 12 to 15 years old |
| CAM11\_Par4\_BSTR\_1617**// Ask if CAM11\_Par1\_Grid\_1617=2 and BSTR5\_Par\_Uptake\_1617≠1 //** | 16 to 17 years old | BSTR6\_Par\_Read\_1617: 16 to 17 years old |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | I will get them an updated vaccine for COVID-19 as soon as I can. |
| 2 | I will wait to get them an updated vaccine for COVID-19 for one or more reasons. |
| 3 | I will never get them an updated vaccine for COVID-19. |
| -99 | Refused |
| -100 | Valid skip |

**// Page Break //**

**Item #:** TTT1

**Question type:** Single punch
**Variable Name:** TTT1

**Variable Text:** How likely would you be to get tested for COVID-19 in the following situations? This could be either an at-home test or a test administered at a pharmacy or medical office.

**Variable Label:** TTT1: Testing situations

**//PROGRAMMING NOTE:  RANDOMIZE options //**

|  |  |  |
| --- | --- | --- |
| **Variable Name**  | **Variable Text**  | **Variable Label**  |
| TTT1\_1 | If you were experiencing symptoms of COVID | TTT1\_1: Symptoms of COVID |
| TTT1\_2 | If you were exposed to someone with COVID | TTT1\_2: Exposure to COVID |
| TTT1\_3 | If you recently traveled   | TTT1\_3: Recently travelled |
| TTT1\_4 | If you were about to travel  | TTT1\_4: About to travel |
| TTT1\_5 | If you were about to attend a large gathering | TTT1\_5: Large gathering |

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Very unlikely |
| 2 | Somewhat unlikely |
| 3 | Neither likely nor unlikely |
| 4 | Somewhat likely |
| 5 | Very likely |
| -99 | Refused |

**//Page Break//**

**Item #:** TTT2

**Question type:** Grid
**Variable Name:** TTT2

**Variable Text:** How much do you agree or disagree with the following statements?

**Variable Label:** TTT2: Treatment awareness

**//PROGRAMMING NOTE:  RANDOMIZE options //**

|  |  |  |
| --- | --- | --- |
| **Variable Name**  | **Variable Text**  | **Variable Label**  |
| TTT2\_1 | Effective treatments for COVID are currently available. | TTT2\_1: Effective treatments |
| TTT2\_2 | Antiviral pills (Paxlovid, Veklury, Lagevrio) and monoclonal antibodies (Bebtelovimab) can be used to treat COVID.  | TTT2\_2: Antiviral pills and monoclonal antibodies |
| TTT2\_3 | For COVID treatments to work, they need to be taken within the first few days of infection. | TTT2\_3: First few days |
| TTT2\_4 | I am familiar with the different options for treating COVID. | TTT2\_4: Different options for treatment |
| TTT2\_5 | If I tested positive for COVID, I think I would be a good candidate for treatment with antiviral pills (Paxlovid, Veklury, Lagevrio) or monoclonal antibodies (Bebtelovimab). | TTT2\_5: Good candidate for treatment  |

|  |  |
| --- | --- |
| **Value**     | **Value Label**     |
| 1     | Strongly disagree     |
| 2   | Somewhat disagree   |
| 3   | Neither agree nor disagree     |
| 4   | Somewhat agree   |
| 5     | Strongly agree     |
| -99   | Refused   |

**//Page Break//**

**Item #:** TTT3

**Question type:** Single punch
**Variable Name:** TTT3

**Variable Text:** In the past month, have you tested positive for COVID-19?

**Variable Label: TTT3:** Tested positive for COVID in past month

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 0 | No |
| 1 | Yes |
| -99 | Refused |

**//Page Break//**

**Item #: TTT4**

**Question type:** Grid
**Variable Name:** TTT4

**Variable Text:** How much do you agree or disagree with the following statements?

**Variable Label:** TTT4: COVID Treatments

**//PROGRAMMING NOTE:  RANDOMIZE options //**

|  |  |  |
| --- | --- | --- |
| **Variable Name**  | **Variable Text**  | **Variable Label**  |
| TTT4\_1 | **//Ask if TTT3=1//** After I tested positive for COVID, I spoke to a doctor or another health care provider.**//Ask if TTT3=0//** If I tested positive for COVID, I would speak to a doctor or another health care provider. | TTT4\_1: Speak to a doctor |
| TTT4\_2 | **//Ask if TTT3=1//** After I tested positive for COVID, I treated my infection with antiviral pills or monoclonal antibodies. **//Ask if TTT3=0//** If I tested positive for COVID, I would be willing to treat my infection with antiviral pills or monoclonal antibodies.  | TTT4\_2: Treat with antiviral pills or monoclonal antibodies |
| TTT4\_3 | **//Ask if TTT3=1//** After I had symptoms of COVID, I spoke to a doctor or another health care provider for guidance.**//Ask if TTT3=0//** If I had symptoms of COVID, I would speak to a doctor or another health care provider for guidance. | TTT4\_3: Symptoms |
| TTT4\_4 | **//Ask if TTT3=1//** After I tested positive for COVID, I did not seek any treatment because my symptoms were mild.**//Ask if TTT3=0//** If I tested positive for COVID, I would not seek treatment if my symptoms were mild. | TTT4\_4: Did not seek treatment |
| TTT4\_5 | **//Ask if TTT3=1//** After I tested positive for COVID, I looked for information about antiviral pills or monoclonal antibodies used to treat COVID. **//Ask if TTT3=0//** If I tested positive for COVID, I would look for information about antiviral pills or monoclonal antibodies used to treat COVID.  | TTT4\_5: Sought information about antiviral pills or monoclonal antibody treatments  |

|  |  |
| --- | --- |
| **Value**     | **Value Label**     |
| 1     | Strongly disagree     |
| 2   | Somewhat disagree   |
| 3   | Neither agree nor disagree     |
| 4   | Somewhat agree   |
| 5     | Strongly agree     |
| -99   | Refused   |

# 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\_Senses | 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\_Senses | 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 provider over the phone | CV5\_4: IPSOS Consulted with 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
 |