



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
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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 <u>second</u> dose of the Pfizer, Moderna, or Novavax vaccine, or the <u>single</u> 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) <i>*If you have received multiple booster doses, please select the date of your first booster dose</i>	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	2 to 4 years old	CAM11_Par2_Grid_24: 2 to 4

// Ask if Child_Age_3=1 and CAM11_Par1_Grid_24 ≠ 1 or 2 //		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 <u>symptoms of COVID</u> , I spoke to a doctor or another health care provider for guidance. //Ask if TTT3=0// If I had <u>symptoms of COVID</u> , 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	TTT4_4: Did not seek

	<p>COVID, I did not seek any treatment because my symptoms were mild.</p> <p>//Ask if TTT3=0// If I tested positive for COVID, I would not seek treatment if my symptoms were mild.</p>	treatment
TTT4_5	<p>//Ask if TTT3=1// After I tested positive for COVID, I looked for information about antiviral pills or monoclonal antibodies used to treat COVID.</p> <p>//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.</p>	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_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	CV11_3: IPSOS Household feeling

	hopeless	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
Value	Value Label

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