

Variable Name	MR Screen	Question Type	Question Text/Description	Code List	Routing
			<p>COVID-19 BENEFICIARY SECTION SPECIFICATIONS</p> <p><u>CRITERIA</u> SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR RHALIVE= 1/Alive</p> <p><u>SEASON</u> If SAMPLE TYPE= CFR, then SEASON= WINTER If SAMPLE TYPE in (CFC, FFC, FCF), then SEASON= ALL</p> <p><u>PLACEMENT</u> Administered in flexible order after FQ and RH sections are completed.</p>		
	BOX CVBEG	routing	IF PVACNUM = 4, GO TO BOX CVEND ELSE GO TO CV1-CVDINTRO		
CVDINTRO	CV1	CODE ONE	I am now going to ask you some questions about COVID-19 vaccines services (SP) may have received.	(01) CONTINUE	(01) CV2-CVDTEST-BOX CV4
	BOX CV4		IF SECOND ROUND BASELINE OR CROSSOVER, GO TO CV11 - EVRVAC. ELSE IF CONTINUING ROUND, GO TO CV13 - YRVAC.		
EV RVAC	CV11		Has (SP) received any COVID-19 vaccines? [IF NEEDED: Please include booster shots and any additional doses.] [IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that (SP) has received since the vaccine first became available in December 2020.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CVEND-CVENDCT (01) CV12 - EVRVNUM (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
EV RVNUM	CV12		How many COVID-19 vaccines has (SP) received in total? [IF NEEDED: Please include booster shots and any additional doses.] [IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that (SP) has received since the vaccine first became available in December 2020.]	(01) ONE VACCINE (02) TWO VACCINES (03) THREE VACCINES (04) FOUR OR MORE VACCINES (-8) DON'T KNOW (-9) REFUSED	CVEND-CVENDCT
YRVAC	CV13		In (PREVIOUS YEAR), has (SP) received at least one dose of the COVID-19 vaccine? [IF NEEDED: Please include booster shots and any additional doses.] [IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that (SP) has received since the vaccine first became available in December 2020.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	CVEND-CVENDCT
CVDTEST	CV2	yes/no	Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) been tested to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test? [IF NEEDED: For example, the test can be done by swabbing someone's nose.]— DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CV6-VACROST- (01) CV2B-COVRSLT (-8) CV6-VACROST- (-9) CV6-VACROST-
COVRSLT	CV2B	CODE ONE	Did the test find that (SP) had Coronavirus or COVID-19? [IF NEEDED: If (SP) had more than one test since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) to see whether (he/she) was infected with coronavirus or COVID-19, answer yes if any of them were positive.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-9) REFUSED	(01) CV4-MCARECV- (02) CV6-VACROST- (03) CV6-VACROST- (-8) CV6-VACROST- (-9) CV6-VACROST-
MCARECV	CV4	yes/no	Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) received medical care (either inside or outside this (facility/home)) for the coronavirus or COVID-19? [IF NEEDED: Please include services provided by all health care personnel.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CV6-VACROST (01) CV4A-PROVTYP (-8) CV6-VACROST (-9) CV6-VACROST
PROVTYP	CV4A	code-all	What kind of provider did (he/she) receive care from for the coronavirus or COVID-19? SELECT ALL THAT APPLY. _____ CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES.	(01) EMERGENCY MEDICAL SERVICE PERSONNEL (02) NURSES (03) NURSING ASSISTANTS (04) PHARMACISTS (05) PHLEBOTOMISTS (06) PHYSICIANS (07) TECHNICIANS (08) THERAPISTS (09) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) CV6-VACROST (02) CV6-VACROST (03) CV6-VACROST (04) CV6-VACROST (05) CV6-VACROST (06) CV6-VACROST (07) CV6-VACROST (08) CV6-VACROST (09) CV4A-PROVOTH (-8) CV6-VACROST (-9) CV6-VACROST
PROVOTH	CV4A	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS	(01) CV6-VACROST

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VACROST	CV6	yes/no	{It was previously reported that (SP) received the following COVID-19 vaccines: DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER] Has (SP) received any {additional} COVID-19 vaccines?	(00) NO (01) YES (8) DON'T KNOW (9) REFUSED	(00) CVEND-CVENDCT- (01) CV7-VACDATMM (8) CVEND-CVENDCT- (9) CVEND-CVENDCT-
VACDATMM	CV7	DATE	When did (SP) receive this dose of the COVID-19 vaccine? MONTH PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED. IT WAS PREVIOUSLY REPORTED THAT (SP) RECEIVED THE FOLLOWING COVID-19 VACCINES. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER]	(01) CONTINUOUS	(01) CV7-VACDATYY
VACDATYY	CV7	DATE	When did (SP) receive this dose of the COVID-19 vaccine? YEAR PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED. IT WAS PREVIOUSLY REPORTED THAT (SP) RECEIVED THE FOLLOWING COVID-19 VACCINES. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER]	(01) CONTINUOUS	(01) CV8-VACNME
VACNME	CV8	code-one	Which COVID-19 vaccine did (SP) get? {IF NEEDED: Examples include Pfizer-BioNTech/Comirnaty, Moderna/Spikevax, Johnson & Johnson/Janssen, and Novavax} ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO	(01) PFIZER-BIONTECH/COMIRNATY (02) MODERNA/SPIKEVAX (03) JOHNSON & JOHNSON/JANSSEN (04) NOVAVAX (01) OTHER (8) DON'T KNOW (9) REFUSED	(01) CV9-VACSITE (02) CV9-VACSITE (03) CV9-VACSITE (04) CV9-VACSITE (01) CV8-VACNEMOS (8) CV9-VACSITE (9) CV9-VACSITE
VACNMEOS	CV8	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS	(01) CV9-VACSITE
VACSITE	CV9	code-one	Where did (SP) go for their COVID-19 vaccine in (VACDATMM) (VACDATYY)?	(01) FACILITY (02) PHARMACY/DRUG STORE (03) DOCTORS OFFICE OR GROUP PRACTICE (04) MASS VACCINATION SITE (05) MANAGED CARE PLAN CENTER/HMO (06) NEIGHBORHOOD/FAMILY HEALTH CENTER/MEDICAL CLINIC (07) COMPANY CLINIC/WORKPLACE (08) WALK-IN URGENT CENTER (09) HOSPITAL (10) VA FACILITY (11) HEALTH DEPARTMENT OFFICE (12) AT HOME (01) OTHER (8) DON'T KNOW (9) REFUSED	(01) BOX-CV2 (02) BOX-CV2 (03) BOX-CV2 (04) BOX-CV2 (05) BOX-CV2 (06) BOX-CV2 (07) BOX-CV2 (08) BOX-CV2 (09) BOX-CV2 (10) BOX-CV2 (11) BOX-CV2 (12) BOX-CV2 (01) CV9-VACSITE (8) BOX-CV2 (9) BOX-CV2
VACSITOS	CV9	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS	(01) BOX-CV2
	BOX-CV2		IF LESS THAN TEN DOSES HAVE BEEN REPORTED AND/OR PRELOADED GO TO CV10-VACMOR ELSE GO TO CVEND-CVENDCT		
VACMOR	CV10	yes/no	Has (SP) had any other COVID-19 vaccine doses? PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] DOSE 3: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER]	(00) NO (01) YES (8) DON'T KNOW (9) REFUSED	(00) BOX-CV3 (01) BOX-CV3 (8) BOX-CV3 (9) BOX-CV3

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	BOX-CV3		IF CV19-VACMOR=1/YES AND LESS THAN TEN DOSES HAVE BEEN REPORTED GO TO CV7-VACDATMM ELSE GO TO CVEND-CVENDCT		
CVENDCT	CVEND	code one	YOU HAVE COMPLETED THE COVID-19 BENEFICIARY SECTION FOR THIS SP. PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) Continue	(01) BOX CVEND
	BOX CVEND	routing	GO TO NAVIGATOR		