

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.		
			Has (SP) received any COVID-19 vaccines?		
EV RVAC	CV11		<p>[IF NEEDED: Please include booster shots and any additional doses.]</p> <p>[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.]</p>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CVEND-CVENDCT (01) CV12 - EVRVNUM (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
			How many COVID-19 vaccines has (SP) received in total?		
EV RVNUM	CV12		<p>[IF NEEDED: Please include booster shots and any additional doses.]</p> <p>[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.]</p>	(01) ONE VACCINE (02) TWO VACCINES (03) THREE VACCINES (04) FOUR OR MORE VACCINES (-8) DON'T KNOW (-9) REFUSED	CVEND-CVENDCT
			In (PREVIOUS YEAR), has (SP) received at least one dose of the COVID-19 vaccine?		
YRVAC	CV13		<p>[IF NEEDED: Please include booster shots and any additional doses.]</p> <p>[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.]</p>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	CVEND-CVENDCT
			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?		
CVDTEST	CV2	yes/no	<p>[IF NEEDED: For example, the test can be done by swabbing someone's nose.]—</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CV6-VACROST- (01) CV2B-COVRSLT (-8) CV6-VACROST- (-9) CV6-VACROST-
			Did the test find that (SP) had Coronavirus or COVID-19?		
COVRSLT	CV2B	CODE ONE	<p>[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.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(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-
			Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) received medical care (either inside or outside this (facility/home)) for the coronavirus or COVID-19?		
MCARECV	CV4	yes/no	[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
			What kind of provider did (he/she) receive care from for the coronavirus or COVID-19?		
PROVTYP	CV4A	code-all	<p>SELECT ALL THAT APPLY. _____</p> <p>CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES.</p>	(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		