



Client	Swan Solutions
Project Name	NCHS COVID19 RANDS Survey 1
Project Number	8401
Survey length (median)	20 minute survey
Population	18+ General Population
Pretest	N=25
Main	N=6,000 (Dynata)
MODE	Web
Language	English
Sample Source	Dynata
Incentive	5,000
Survey description	Recent Events – COVID-19
Eligibility Rate	100%

Please code refusals in CAWI:

98 IMPLICIT REFUSAL, WEB SKIP

Do not code 77 Don't Know/99 Refused options in CAWI unless written in item response options

Text shown in green includes researcher notes and should not be included in the programming.

[START OF SURVEY]

CREATE DATA-ONLY VARIABLE: QUAL

1=Qualified Complete

2=Not Qualified

3=In progress

AT START OF SURVEY COMPUTE QUAL=3 "IN PROGRESS"

CREATE MODE_START

2=CAWI

NCHS COVID-19 RANDS Survey 1 v9

Date: June 2, 2020

IF PANEL_TYPE>=20, SURVEY LOGO IS NORC IMAGE

[SHOW IF PANEL_TYPE>=20]

DISPLAY – OPTINTRO.

Thank you for agreeing to participate in our survey! This survey is about recent events regarding COVID-19. Your answers are confidential.

Please use the "Continue" and "Previous" buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

[SHOW IF PANEL_TYPE>=20]

[NUMBOX]

[FORCE RESPONSE: "Please enter in your age. We require this information for your responses to be counted"]

AGE2.

What is your current age?

[0-100] years

[IF AGE2<18, TERMINATE AND SET QUAL=2]

[SHOW IF PANEL_TYPE>=20]

[SP]

[FORCE RESPONSE: "Please tell us your gender. We require this information for your responses to be counted"]

GENDER2.

Are you

RESPONSE OPTIONS:

1. Male
 2. Female
-

[SHOW IF PANEL_TYPE>=20]

[FORCE RESPONSE]

[SP]

HHSIZE1.

Tell us a little about your household. Including yourself, how many persons currently live in your household at least 50 percent of the time? Please include any children as well as adults.

RESPONSE OPTIONS:

1. One person, I live by myself
 2. Two persons
 3. Three persons
 4. Four persons
 5. Five persons
 6. Six or more persons
-

[SHOW IF HHSIZE1>1]

[FORCE RESPONSE]

[NUMBOXES]

Please tell us how many persons currently living in your household, including yourself, are...

HH01S. ___ 0-1 years old

HH25S. ___ 2-5 years old

HH612S. ___ 6-12 years old

HH1317S. ___ 13-17 years old

HH18OVS. ___ 18 years old or older

HHtotal. ___ Total household members

HHtotal SHOULD SHOW AUTO-SUM OF HH01S-H18OVS

DO NOT ALLOW R TO CONTINUE IN SURVEY IF HHtotal<HHSIZE1

[SHOW IF PANEL_TYPE>=20]
[NUMBOX] [FORCE RESPONSE]

ZIP.

What is your zipcode?

__ [00000-99999,777777,999998,999999] __

[ZIP validation check: must contain 5-digits, only numbers, leading 0s okay]

[SHOW IF PANEL_TYPE>=20]
[DROPDOWN] [FORCE RESPONSE]

STATE2.

What state do you live in?

[DROPDOWN LIST OF STATES]

[SHOW IF PANEL_TYPE>=20]
[SP] [FORCE RESPONSE]

[custom prompt: "Information about any possible Hispanic ethnicity is very important. We greatly appreciate your response to this question."]

HISPAN.

This question is about Hispanic ethnicity. Are you of Spanish, Hispanic, or Latino descent?

RESPONSE OPTIONS:

1. No, I am not
 2. Yes, Mexican, Mexican-American, Chicano
 3. Yes, Puerto Rican
 4. Yes, Cuban
 5. Yes, Central American
 6. Yes, South American
 7. Yes, Caribbean
 8. Yes, Other Spanish/Hispanic/Latino
-

[SHOW IF PANEL_TYPE>=20]
[MP] [FORCE RESPONSE]

RACE_1.

Please indicate what you consider your racial background to be. We greatly appreciate your help. The categories we use may not fully describe you, but they do match those used by the Census Bureau.

[SPACE]

Please check one or more categories below to indicate what race or races you consider yourself to be.

RESPONSE OPTIONS:

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native – *Type in name of enrolled or principal tribe.* [TEXTBOX]
[SPACE]
- 4 Asian Indian
- 5 Chinese
- 6 Filipino
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Other Asian – *Type in race* [TEXTBOX]
[SPACE]
- 11 Native Hawaiian
- 12 Guamanian or Chamorro
- 13 Samoan
- 14 Other Pacific Islander – *Type in race* [TEXTBOX]
[SPACE]
- 15 Some other race – *Type in race* [TEXTBOX]

[SHOW IF PANEL_TYPE>=20]

DISPLAY - HHINCINTRO.

The next question is about the total income of YOUR HOUSEHOLD for [CURRENTYEAR-1]. Please include your own income PLUS the income of all members living in your household (including cohabiting partners and armed forces members living at home). Please count income BEFORE TAXES and from all sources (such as wages, salaries, tips, net income from a business, interest, dividends, child support, alimony, and Social Security, public assistance, pensions, or retirement benefits).

[SHOW IF PANEL_TYPE>=20]

[SP]

[FORCE RESPONSE] Information about your household income is very important. We greatly appreciate your response and will keep your answer confidential.]

INCOME2.

Was your total HOUSEHOLD income in [CURRENTYEAR-1] ...

RESPONSE OPTIONS:

- 1. Less than \$5,000
- 2. \$5,000 to \$9,999
- 3. \$10,000 to \$14,999
- 4. \$15,000 to \$19,999
- 5. \$20,000 to \$24,999
- 6. \$25,000 to \$29,999
- 7. \$30,000 to \$34,999

8. \$35,000 to \$39,999
 9. \$40,000 to \$49,999
 10. \$50,000 to \$59,999
 11. \$60,000 to \$74,999
 12. \$75,000 to \$84,999
 13. \$85,000 to \$99,999
 14. \$100,000 to \$124,999
 15. \$125,000 to \$149,999
 16. \$150,000 to \$174,999
 17. \$175,000 to \$199,999
 18. \$200,000 or more
-

[SHOW IF PANEL_TYPE>=20]

[SP] [FORCE RESPONSE]

HOME_TYPE2.

Which best describes the building where you live?

RESPONSE OPTIONS:

1. A one-family house detached from any other house
 2. A one-family house attached to one or more houses
 3. A building with 2 or more apartments
 4. A mobile home or trailer
 5. Boat, RV, van, etc
-

[SHOW IF PANEL_TYPE>=20]

[SP] [FORCE RESPONSE]

HOUSING2.

Share with us a little about where you live. Are your living quarters...

RESPONSE OPTIONS:

1. Owned or being bought by you or someone in your household
 2. Rented for cash
 3. Occupied without payment of cash rent
-

[SHOW IF PANEL_TYPE>=20]

[SP] [FORCE RESPONSE]

Q5PHONE.

What best describes your telephone service for your household?

RESPONSE OPTIONS:

1. Landline telephone only
2. Have a landline, but mostly use cellphone
3. Have cellphone, but mostly use landline

4. Cellphone only

[SHOW IF PANEL_TYPE>=20]

[SP] [FORCE RESPONSE]

MARITAL2.

Are you

RESPONSE OPTIONS:

1. Married
 2. Widowed
 3. Divorced
 4. Separated
 5. Never married
 6. Living with partner
-

[SHOW IF PANEL_TYPE>=20]

[SP] [FORCE RESPONSE]

EDUCAT.

What is the highest level of school you have completed?

RESPONSE OPTIONS:

1. No formal education
 2. 1st, 2nd, 3rd, or 4th grade
 3. 5th or 6th grade
 4. 7th or 8th grade
 5. 9th grade
 6. 10th grade
 7. 11th grade
 8. 12th grade no diploma
 9. High school graduate – high school diploma or the equivalent (GED)
 10. Some college, no degree
 11. Associate degree
 12. Bachelor's degree
 13. Master's degree
 14. Professional or Doctorate degree
-

[SHOW IF PANEL_TYPE>=20]

[SP] [FORCE RESPONSE]

EMPLOY2.

Which statement best describes your current employment status?

RESPONSE OPTIONS:

1. Working – as a paid employee
2. Working – self-employed

3. Not working – on temporary layoff from a job
4. Not working – looking for work
5. Not working – retired
6. Not working – disabled
7. Not working – other

[SHOW IF PANEL_TYPE>=20 AND AGE2<18]
TERMSORRY_OFF.

Thank you for your time today. Unfortunately you are not eligible for this study. We appreciate your participation.

SET QUAL=2 AND REDIRECT TO OPT-IN VENDOR

Screen out (Terminate)- <https://dkr1.ssisurveys.com/projects/end?rst=2&psid=XXXX>

[DISPLAY]
[COPY FROM ADEV SID 131]
OMBNOTICE.

[CAWI]Thank you again for agreeing to participate. Your survey will continue on the next screen.

[SPACE]

[REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BORDED BY THIN BLACK BOX/OUTLINE]

Notice - CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1298).

Assurance of confidentiality - We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347).

[SPACE]

[REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BORDED BY THIN BLACK BOX/OUTLINE]

The CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control

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[SP; PROMPT TWICE IF REFUSED]

[COPY FROM ADEV SID 131]

PHSTAT.

Would you say your health in general is excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

[SHOW IF PHSTAT=1,2,3,4,5]

[MP]

PROBE_SRH.

When you said your health in general was [INSERT RESPONSE FROM PHSTAT; MAKE FIRST LETTER LOWERCASE], which of the following, if any, were you thinking about?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Your diet and nutrition
2. Your exercise habits
3. Your smoking or drinking habits
4. Your health problems or conditions
5. Your lack of health problems or conditions
6. The amount of pain that you have
7. Your ability to do daily activities without assistance
8. The amount of sleep you get
9. Your mental or emotional health
10. The Coronavirus or COVID-19 pandemic
11. Something else, please specify: [TEXTBOX]

12. None of the above [SP]

[SHOW IF PROBE_SRH=12,77,98,99]

[MEDIUM TEXTBOX]

PROBE_NONE.

What were you thinking about when you said that your health in general was [INSERT RESPONSE FROM PHSTAT; MAKE FIRST LETTER LOWERCASE]?

[TEXTBOX]

[SP]

SRHPSYCH.

Would you say your <u>mental health</u> is excellent, very good, good, fair, or poor?

CAWI RESPONSE OPTIONS:

1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
-

WG Anxiety and Depression

[SP]

[RECORD TIME ON SCREEN]

ANXFREQ.

How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never?

CAWI RESPONSE OPTIONS:

1. Daily
 2. Weekly
 3. Monthly
 4. A few times a year
 5. Never
-

[SP]

[RECORD TIME ON SCREEN]

ANXMED.

Do you take prescription medication for these feelings?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF (ANXFREQ=1,2,3,4,77,98,99) OR ((ANXFREQ=5) AND (ANXMED=1,77,98,99))]

[SP]

[RECORD TIME ON SCREEN]

ANXLEVEL.

Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?

CAWI RESPONSE OPTIONS:

1. A little
 2. A lot
 3. Somewhere in between a little and a lot
-

CREATE DOV_ANX; DISPLAY FOR TESTING PURPOSES

If ANXFREQ == 4 or ANXFREQ==5, DOV_ANX=1;
If ANXFREQ==1, 2, or 3 AND ANXLEVEL==1, DOV_ANX=2;
If ANXFREQ==2, or 3 AND ANXLEVEL==3, DOV_ANX=2;
If ANXFREQ==3 AND ANXLEVEL==2, DOV_ANX=2
If ANXFREQ==1 AND ANXLEVEL==3, DOV_ANX=3
If ANXFREQ==2 AND ANXLEVEL==2, DOV_ANX=3;
If ANXFREQ==1 AND ANXLEVEL==2, DOV_ANX=4;
If ANXFREQ==77,98,99 OR ANXLEVEL==77,98,99, DOV_ANX=99

[SP]

[RECORD TIME ON SCREEN]

DEPFREQ.

How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?

CAWI RESPONSE OPTIONS:

1. Daily
 2. Weekly
 3. Monthly
 4. A few times a year
 5. Never
-

[SP]

[RECORD TIME ON SCREEN]

DEPMED.

Do you take prescription medication for depression?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF (DEPFREQ=1,2,3,4,77,98,99) OR ((DEPFREQ=5) AND (DEPMED=1,77,98,99))]

[SP]

[RECORD TIME ON SCREEN]

DEPLEVEL.

Thinking about the last time you felt depressed, how depressed did you feel?

CAWI RESPONSE OPTIONS:

1. A little
2. A lot
3. Somewhere in between a little and a lot

CREATE DOV_DEP; DISPLAY FOR TESTING PURPOSES

If DEPFREQ == 4 or DEPFREQ ==5, DOV_DEP=1;

If DEPFREQ==1, 2, or 3 AND DEPLEVEL==1, DOV_DEP=2;

If DEPFREQ==2, or 3 AND DEPLEVEL==3, DOV_DEP=2;

If DEPFREQ==3 AND DEPLEVEL==2, DOV_DEP=2

If DEPFREQ==1 AND DEPLEVEL==3, DOV_DEP=3

If DEPFREQ==2 AND DEPLEVEL==2, DOV_DEP=3;

If DEPFREQ==1 AND DEPLEVEL==2, DOV_DEP=4;

If DEPFREQ==77,98,99 OR DEPLEVEL==77,98,99, DOV_DEP=99

Chronic Conditions

[GRID SP]

CHRONSERIES.

[CAWI] The next few questions are about medical conditions you may have been told you had.

[SPACE]

Have you <u>ever</u> been told by a doctor or other health professional that you had...

GRID ITEMS, RANDOMIZE:

- HYPEV. Hypertension, also called high blood pressure?
- CHLEV. High cholesterol?
- CHDEV. Coronary heart disease?
- ASEV. Asthma?
- COPDEV. Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis?
- CANEV. Cancer or a malignancy of any kind?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF CHRONSERIES_ASEV=1]

[SP]

ASTILL.

Do you still have asthma?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SP]

[COPY FROM ADEV SID 131]

PREDIB.

Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[COPY FROM ADEV SID 131]

[SP]

DIBEV.

[SHOW IF (PREDIB= 1)] Not including prediabetes, has a doctor or other health professional ever told you that you had diabetes?

[SHOW IF (PREDIB=2,77,98,99)] Has a doctor or other health professional ever told you that you had diabetes?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SP]

AUTOIM.

Do you currently have a health condition that a doctor or other health professional told you weakens the immune system, making it easier for you to get sick?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF AUTOIM=1]

[MEDIUM TEXTBOX]

PROBE_AUTOIM.

What is this condition?

[TEXTBOX]

[DISPLAY]

CIGINTRO.

These next questions are about cigarette smoking.

[SP]

[COPY FROM ADEV SID 131]

SMKEV.

Have you smoked at least 100 cigarettes in your <u>entire life</u>?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF SMKEV=1]

[SP]

[COPY FROM ADEV SID 131]

SMKNOW.

Do you <u>now</u> smoke cigarettes every day, some days, or not at all?

CAWI RESPONSE OPTIONS:

1. Every day
 2. Some days
 3. Not at all
-

[SP]

ECIGNOW.

Do you now vape or use e-cigarettes every day, some days or not at all?

CAWI RESPONSE OPTIONS:

1. Every day
 2. Some days
 3. Not at all
-

Employment and Benefits

[SP]

EMPLASTWK.

Last week, did you work for pay at a job or business?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF EMPLASTWK=2,77,98,99]

[SP]

COVID_NOWK.

Were you unable to work because you or a family member was sick with the Coronavirus?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

Insurance

[SP]

HICOV.

Are you covered by any kind of health insurance or some other kind of health care plan?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SP]

COVID_INS.

Did you lose health insurance coverage at any point because of the Coronavirus pandemic?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

Access to Care and Regular Health Provider

[SP]

COVID_CARE.

At any time in the last 4 weeks, did you need medical care for something other than Coronavirus, but not get it because of the Coronavirus pandemic?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SP]

USUALPL.

Is there a place that you usually go to if you are sick and need health care?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No, there is no place
 3. There is more than one place
-

[SHOW IF USUALPL=1,3,77,98,99]

[SP]

USPLKIND.

What kind of place [IF USUALPL=1, INSERT: is it; IF USUALP=3,77,98,99, INSERT: do you go to most often]?

RESPONSE OPTIONS:

1. Doctor's office or health center
 2. Urgent care center
 3. Clinic in a drug store or grocery store
 4. Hospital emergency room
 5. VA Medical Center or VA outpatient clinic
 6. Some other place, please specify: [TEXTBOX]
-

[SHOW IF USUALPL=1,3,77,98,99]

[SP]

TELMED.

In the last two months, has this provider offered you an appointment with a doctor, nurse, or other health professional by video or by phone?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
 77. Don't know
-

[SHOW IF TELMED=1,2,77,98,99]

[MEDIUM TEXTBOX]

PROBE_TELMED.

How do you know whether your provider offers telemedicine, or not?

[TEXTBOX]

[SHOW IF TELMED =1,77,98,99]

[SP]

TELMEDUSE.

In the last two months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
 77. Don't know
-

[SHOW IF USUALPL=1,3,77,98,99]

[SP]

TELMEDNEW.

Did this provider offer you an appointment with a doctor, nurse, or other health professional by video or by phone before the Coronavirus pandemic?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
 77. Don't know
-

[GRID SP]

[PROMPT]

NOCARTYP.

In the last two months, were you unable to get any of the following types of care for any reason?

GRID ITEMS, RANDOMIZE:

- A. Urgent Care for an Accident or Illness
- B. A Surgical Procedure
- C. Diagnostic or Medical Screening Test
- D. Treatment for Ongoing Condition
- E. A Regular Check-up
- F. Prescription drugs or medications
- G. Dental Care
- H. Vision Care
- I. Hearing Care

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF ANY NOCARTYP_A THRU NOCARTYP_I=1 'YES']

[GRID SP]

[PROMPT]

COVIDNOCAR.

For the following, were you unable able to get this because of the Coronavirus pandemic?

GRID ITEMS, DISPLAY IN SAME ORDER AS NOCARTYP LIST:

- A. [SHOW IF NOCARTYP_A=1] Urgent Care for an Accident or Illness
- B. [SHOW IF NOCARTYP_B=1] A Surgical Procedure
- C. [SHOW IF NOCARTYP_C=1] Diagnostic or Medical Screening Test
- D. [SHOW IF NOCARTYP_D=1] Treatment for Ongoing Condition
- E. [SHOW IF NOCARTYP_E=1] A Regular Check-up
- F. [SHOW IF NOCARTYP_F=1] Prescription drugs or medications
- G. [SHOW IF NOCARTYP_G=1] Dental Care
- H. [SHOW IF NOCARTYP_H=1] Vision Care
- I. [SHOW IF NOCARTYP_I=1] Hearing Care

RESPONSE OPTIONS:

1. Yes, because of the pandemic
 2. No, not because of the pandemic
-

[SHOW IF ANY NOCARTYP_A THRU NOCARTYP_I=1 'YES']

[GRID SP]

[PROMPT]

NOCARDIR.

For the following, did your medical provider make this decision or did you?

GRID ITEMS, DISPLAY IN SAME ORDER AS NOCARTYP LIST:

- A. [SHOW IF NOCARTYP_A=1] Urgent Care for an Accident or Illness
- B. [SHOW IF NOCARTYP_B=1] A Surgical Procedure
- C. [SHOW IF NOCARTYP_C=1] Diagnostic or Medical Screening Test
- D. [SHOW IF NOCARTYP_D=1] Treatment for Ongoing Condition
- E. [SHOW IF NOCARTYP_E=1] A Regular Check-up
- F. [SHOW IF NOCARTYP_F=1] Prescription drugs or medications
- G. [SHOW IF NOCARTYP_G=1] Dental Care
- H. [SHOW IF NOCARTYP_H=1] Vision Care
- I. [SHOW IF NOCARTYP_I=1] Hearing Care

RESPONSE OPTIONS:

1. You decided
2. The provider decided
3. Both have occurred

[SHOW IF ANY NOCARDIR_A=2,3]

[MP]

NOCARWHYMD_A.

What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Medical office was closed
2. Priority was given to other types of appointments
3. Medical office reduced available appointments
4. No reason was given [SP]
5. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_B=2,3]

[MP]

NOCARWHYMD_B.

What reasons were you given by your provider for this decision regarding a surgical procedure?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Medical office was closed
2. Priority was given to other types of appointments
3. Medical office reduced available appointments
4. No reason was given [SP]
5. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_C=2,3]

[MP]

NOCARWHYMD_C.

What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Medical office was closed
2. Priority was given to other types of appointments
3. Medical office reduced available appointments
4. No reason was given [SP]
5. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_D=2,3]

[MP]

NOCARWHYMD_D.

What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Medical office was closed
2. Priority was given to other types of appointments
3. Medical office reduced available appointments
4. No reason was given [SP]
5. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_E=2,3]

[MP]

NOCARWHYMD_E.

What reasons were you given by your provider for this decision regarding a regular check-up?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Medical office was closed
2. Priority was given to other types of appointments
3. Medical office reduced available appointments
4. No reason was given [SP]
5. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_F=2,3]

[MP]

NOCARWHYMD_F.

What reasons were you given by your provider for this decision regarding prescription drugs or medications?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Medical office was closed
2. Priority was given to other types of appointments
3. Medical office reduced available appointments
4. No reason was given [SP]
5. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_G=2,3]

[MP]

NOCARWHYMD_G.

What reasons were you given by your provider for this decision regarding dental care?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Medical office was closed
2. Priority was given to other types of appointments
3. Medical office reduced available appointments
4. No reason was given [SP]
5. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_H=2,3]

[MP]

NOCARWHYMD_H.

What reasons were you given by your provider for this decision regarding vision care?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

6. Medical office was closed
7. Priority was given to other types of appointments
8. Medical office reduced available appointments
9. No reason was given [SP]
10. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_I=2,3]

[MP]

NOCARWHYMD_I.

What reasons were you given by your provider for this decision regarding hearing care?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. Medical office was closed
 2. Priority was given to other types of appointments
 3. Medical office reduced available appointments
 4. No reason was given [SP]
 5. Something else, please specify: [TEXTBOX]
-

[SHOW IF ANY NOCARDIR_A=1,3]

[MP]

NOCARWHYR_A.

What reasons did you have for your decision regarding urgent care for an accident or illness?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. The cost of the care
 2. No access to transportation
 3. Childcare or eldercare responsibilities
 4. Did not want to leave your house
 5. Did not want to risk being at a medical facility
 6. Something else, please specify: [TEXTBOX]
-

[SHOW IF ANY NOCARDIR_B=1,3]

[MP]

NOCARWHYR_B.

What reasons did you have for your decision regarding a surgical procedure?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. The cost of the care
 2. No access to transportation
 3. Childcare or eldercare responsibilities
 4. Did not want to leave your house
 5. Did not want to risk being at a medical facility
 6. Something else, please specify: [TEXTBOX]
-

[SHOW IF ANY NOCARDIR_C=1,3]

[MP]

NOCARWHYR_C.

What reasons did you have for your decision regarding a diagnostic or medical screening test?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. The cost of the care
 2. No access to transportation
 3. Childcare or eldercare responsibilities
 4. Did not want to leave your house
 5. Did not want to risk being at a medical facility
 6. Something else, please specify: [TEXTBOX]
-

[SHOW IF ANY NOCARDIR_D=1,3]

[MP]

NOCARWHYR_D.

What reasons did you have for your decision regarding treatment for an ongoing condition?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. The cost of the care
 2. No access to transportation
 3. Childcare or eldercare responsibilities
 4. Did not want to leave your house
 5. Did not want to risk being at a medical facility
 6. Something else, please specify: [TEXTBOX]
-

[SHOW IF ANY NOCARDIR_E=1,3]

[MP]

NOCARWHYR_E.

What reasons did you have for your decision regarding a regular check-up?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. The cost of the care
 2. No access to transportation
 3. Childcare or eldercare responsibilities
 4. Did not want to leave your house
 5. Did not want to risk being at a medical facility
 6. Something else, please specify: [TEXTBOX]
-

[SHOW IF ANY NOCARDIR_F=1,3]

[MP]

NOCARWHYR_F.

What reasons did you have for your decision regarding prescription drugs or medications?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. The cost of the care
2. No access to transportation
3. Childcare or eldercare responsibilities
4. Did not want to leave your house
5. Did not want to risk being at a medical facility
6. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_G=1,3]

[MP]

NOCARWHYR_G.

What reasons did you have for your decision regarding dental care?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. The cost of the care
2. No access to transportation
3. Childcare or eldercare responsibilities
4. Did not want to leave your house
5. Did not want to risk being at a medical facility
6. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_H=1,3]

[MP]

NOCARWHYR_H.

What reasons did you have for your decision regarding vision care?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

7. The cost of the care
8. No access to transportation
9. Childcare or eldercare responsibilities
10. Did not want to leave your house
11. Did not want to risk being at a medical facility
12. Something else, please specify: [TEXTBOX]

[SHOW IF ANY NOCARDIR_I=1,3]

[MP]

NOCARWHYR_I.

What reasons did you have for your decision regarding hearing care?

[SPACE]

[CAWI - REMOVE BOLD] *Select all that apply.*

RESPONSE OPTIONS:

1. The cost of the care
2. No access to transportation
3. Childcare or eldercare responsibilities
4. Did not want to leave your house
5. Did not want to risk being at a medical facility

6. Something else, please specify: [TEXTBOX]

COVID-19 Health

[SP]

COVIDEV.

Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF P_COVIDEXP=1]

[RECORD TIME ON SCREEN]

[SP]

NHIS_TEST.

Have you ever been tested for Coronavirus or COVID-19?

CAWI RESPONSE OPTIONS:

1. Yes
 2. No
-

[SHOW IF NHIS_TEST=1]

[RECORD TIME ON SCREEN]

[MP]

PROBE_TESTTYP.

What kind of Coronavirus test did you receive?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

RESPONSE OPTIONS:

1. A test to determine if you were infected with the Coronavirus at the time of the test
 2. An antibody test to determine if you had the Coronavirus in the past
 3. Something else, please specify: [TEXTBOX]
-

[SHOW IF P_COVIDEXP=2]

[RECORD TIME ON SCREEN]

[SP]

ALT_NHISTEST1.

Have you ever had a test to determine if you were infected with Coronavirus or COVID-19 at the time of the test?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF P_COVIDEXP=2]

[RECORD TIME ON SCREEN]

[SP]

ALT_NHISTEST2.

Have you ever had an antibody test to determine if you had Coronavirus or COVID-19 in the past?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF NHIS_TEST=1 OR ALT_NHISTEST1=1 OR ALT_NHISTTEST2=1]

[SP]

NHIS_RSLT.

Did the test find that you had Coronavirus or COVID-19?

RESPONSE OPTIONS:

1. Yes
2. No
3. Did not receive results
77. Don't know

[SHOW IF NHIS_RSLT=3,77]

[SP]

PROBE_RSLT.

Were you not told the results, are you still waiting on the results, or do you not remember the results of the test?

CAWI RESPONSE OPTIONS:

1. Not told results
2. Still waiting on results
3. Do not remember results

[SHOW IF PROBE_RSLT=2,98,99]

[SP]

SUSPECT.

Do you suspect that you have ever had the Coronavirus or Covid-19?

CAWI RESPONSE OPTIONS:

1. Yes

- 2. No
- 77. Don't know

[SHOW IF SUSPECT =1,2,77]

[TEXTBOX]

PROBE_SUSPECT.

Why do believe this?

[LARGE TEXTBOX; 77 DK, 98 SKP, 99 REF]

[SHOW IF COVIDEV=1 OR NHIS_RSLT=1 OR SUSPECT=1]

[SP]

COVIDSEEK.

Did you seek medical care for Coronavirus or Covid-19?

CAWI RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-

[SHOW IF COVIDSEEK=2]

[MP]

COVIDCARNO.

Why did you not seek this medical care?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

RESPONSE OPTIONS:

- 1. Too expensive
 - 2. Not available
 - 3. Symptoms were not severe enough
 - 4. Something else, please specify: [TEXTBOX]
-

[SP]

QUARANTINE.

Have you isolated or quarantined yourself because of the Coronavirus?

CAWI RESPONSE OPTIONS:

- 1. Yes
 - 2. No
-

[SHOW IF P_QUAR=1]

[RECORD TIME ON SCREEN]

[MP]

PROBE_QUAR1.

When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?

[SPACE]

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>

RESPONSE OPTIONS:

1. Staying inside your house and not leaving at all
 2. Staying in one room in your house as much as possible
 3. Limiting interactions with members of your household as much as possible
 4. Limiting interactions with people outside your household as much as possible
 5. Leaving your house for essential purposes only, such as grocery shopping, healthcare appointments, and exercise
 6. Staying six feet away from other people as much as possible
 7. Something else, please specify: [TEXTBOX]
-

[SHOW IF P_QUAR=2]

[RECORD TIME ON SCREEN]

[LARGE TEXTBOX]

PROBE_QUAR2.

When answering the previous question about isolating or quarantining because of the Coronavirus, what were you thinking about?

[TEXTBOX]

Preventative COVID Health Behaviors

[GRID SP]

PREVENTFREQ.

In the last two months, have you done the following more, about the same, or less than before?

GRID ITEMS, RANDOMIZE:

- A. Washed your hands for 20 seconds with soap and water
- B. Used hand sanitizer
- C. Coughed or sneezed into a tissue or sleeve
- D. Cleaned or sterilized commonly-touched surfaces, such as door knobs
- E. Avoided contact with sick people
- F. Kept a six-foot distance between yourself and people outside your household
- G. Avoided gathering with groups of 10 or more people
- H. Left your home for essential purposes only, such as for medical appointments or grocery shopping

CAWI RESPONSE OPTIONS:

1. More than before
 2. About the same as before
 3. Less than before
-

Disruption and Access to Non-COVID Health Care

[GRID SP]

DISR.

Since the Coronavirus pandemic began, have you been able, unable, or have not needed...

GRID ITEMS, RANDOMIZE:

MED. To get medications?

DOC. To get a doctor's appointment or some other kind of healthcare?

CAWI RESPONSE OPTIONS:

1. Able
 2. Unable
 3. Have not needed
-

[SP]

FEEL_ANX.

Since the Coronavirus pandemic began, have you felt more stressed or anxious, less stressed or anxious, or about the same?

CAWI RESPONSE OPTIONS:

1. More stressed or anxious
 2. Less stressed or anxious
 3. About the same
-

[SP]

FEEL_DEP.

Since the Coronavirus pandemic began, have you felt more lonely or sad, less lonely or sad, or about the same?

CAWI RESPONSE OPTIONS:

1. More lonely or sad
 2. Less lonely or sad
 3. About the same
-

[SP]

FEEL_SOC.

Since the Coronavirus pandemic began, have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same?

CAWI RESPONSE OPTIONS:

1. More socially connected
2. Less socially connected
3. About the same

Affect Redux

[DISPLAY]

GADPHQ_INTRO.

[CAWI] The next questions are about how often you may have felt some things over the last 2 weeks.

[GRID SP]

[RECORD TIME ON SCREEN]

GAD7.

Over the last 2 weeks, how often have you been bothered by the following problems?

GRID ITEMS:

- A. Feeling nervous, anxious, or on edge
- B. Not being able to stop or control worrying

CAWI RESPONSE OPTIONS:

1. Not at all
 2. Several days
 3. More than half the days
 4. Nearly every day
-

CREATE DOV_GAD:

WHEN COMPUTING DOV_GAD, FOR GAD7A AND GAD7B, "NOT AT ALL"=0, "SEVERAL"=1, "MORE THAN HALF"=2, "NEARLY EVERY"=3. ALSO, 77s, 98s, and 99s=0

IF SUM(GAD7A AND GAD7B)>=3, DOV_GAD=1, ELSE DOV_GAD=0

[GRID SP]

[RECORD TIME ON SCREEN]

PHQ.

Over the last 2 weeks, how often have you been bothered by the following problems?

GRID ITEMS:

- A. Little interest or pleasure in doing things
- B. Feeling down, depressed, or hopeless

CAWI RESPONSE OPTIONS:

- 1. Not at all
- 2. Several days
- 3. More than half the days
- 4. Nearly every day

CREATE DOV_PHQ:

WHEN COMPUTING DOV_PHQ, FOR PHQA AND PHQB, "NOT AT ALL"=0, "SEVERAL"=1, "MORE THAN HALF"=2, "NEARLY EVERY"=3. ALSO, 77s, 98s, and 99s=0

IF SUM(PHQA AND PHQB)>=3, DOV_PHQ =1, ELSE DOV_PHQ=0

[SHOW IF DOV_ANX=2,3,4 OR DOV_GAD=1]

[MP]

PROBE_ANX.

Which of the following statements, if any, describe your feelings of being nervous or anxious?

[SPACE]

Please select all that apply.

RESPONSE OPTIONS:

- 1. Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.
- 2. These are positive feelings that help me to accomplish goals and be productive.
- 3. The feelings sometimes interfere with my life, and I wish that I did not have them.
- 4. Feeling that way is normal, and everyone feels that way sometimes
- 5. I have been told by a medical professional that I have anxiety.
- 6. I have these feelings because of the Coronavirus pandemic

[SHOW IF DOV_DEP=2,3,4 OR DOV_PHQ=1]

[MP]

PROBE_DEP.

Which of the following statements, if any, describe your feelings of being sad or depressed?

[SPACE]

Please select all that apply.

RESPONSE OPTIONS:

- 1. Sometimes the feelings can be so intense that I cannot get out of bed.
- 2. The feelings sometimes interfere with my life, and I wish that I did not have them.
- 3. I get over the feelings quickly.
- 4. Feeling that way is normal, and everyone feels that way sometimes.
- 5. I have been told by a medical professional that I have depression.

6. I have these feelings because of the Coronavirus pandemic

[LARGE TEXTBOX]

PROBE_RPEPI.

When do you think the Coronavirus pandemic began? Your best guess is fine.

[TEXTBOX]

[LARGE TEXTBOX]

PROBE_RPEPIAFFECT.

When did the Coronavirus pandemic first affect your daily life? Your best guess is fine.

[TEXTBOX]

[LARGE TEXTBOX]

PROBE_PANDEMIC.

Why do you say that?

[TEXTBOX]

[LARGE TEXTBOX]

PROBE_DISR.

List the ways that the Coronavirus pandemic has affected your life.

[TEXTBOX]

[DISPLAY]

CLOSE_INFO.

Please remember, if you have comments regarding this survey or any other aspect of this collection of information, they can be sent to the CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1298).

[SPACE]

[CAWI] Please select 'Continue' to move to the final screens of the survey in order to complete the survey.

RE-COMPUTE QUAL=1 "COMPLETE"

SET CO_DATE, CO_TIME, CO_TIMER VALUES HERE

CREATE MODE_END

2=CAWI

SCRIPTING NOTES: PUT QFINAL1, QFINAL2, QFINAL3 in the same screen.

[SHOW IF PANEL_TYPE>=20]

[DISPLAY]

CLOSEB.

Those are all the questions we have for you today. Please click "Continue" to be submit your answers.