SAS Data Set Name   COVID_2_DRB_NP
Number of Variables   338
Number of Observations   5,502

Variable Name	Label	Raw Value	Possible Values
AGE	Respondent age, topcoded at 70		18-70
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?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ALT_NHISTEST1_TOTALTIME	DATA ONLY: ALT_NHISTEST1 Time on Screen (in seconds)		1-93
ALT_NHISTEST2	Have you ever had an antibody test to determine if you had Coronavirus or COVID-19 in the past?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ALT_NHISTEST2_TOTALTIME	DATA ONLY: ALT_NHISTEST2 Time on Screen (in seconds)		1-93
ANXFREQ	How often do you feel worried, nervous or anxious?	1	Daily
		2	Weekly
		3	Monthly
		4	A few times a year
		5	Never
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXFREQ_TOTALTIME	DATA ONLY: ANXFREQ Time on Screen (in seconds)		1-98
ANXLEVEL	Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	1	A little
		2	A lot

Variable Name	Label	Raw Value	Possible Values
ANXLEVEL	Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	3	Somewhere in between a little and a lot
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXLEVEL_TOTALTIME	DATA ONLY: ANXLEVEL Time on Screen (in seconds)		1-99
ANXMED	Do you take prescription medication for these feelings?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXMED_TOTALTIME	DATA ONLY: ANXMED Time on Screen (in seconds)		1-94
ASEV	[Asthma?] Have you ever been told by a doctor or other health professional that you had┬	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ASTILL	Do you still have asthma?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
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?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS

Variable Name	Label	Raw Value	Possible Values
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?	99	REFUSED
AUTOIM_ALT1	In the past 12 months, have you taken prescription medication or had any medical treatments that a doctor or other health professional told you would weaken your immune system?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
AUTOIM_ALT2	Do you currently have a health condition that a doctor or other health professional told you weakens the immune system?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
CANEV	[Cancer or a malignancy of any kind?] Have you ever been told by a doctor or other health professional that you had⊤	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
CHDEV	[Coronary heart disease?] Have you ever been told by a doctor or other health professional that you had⊤	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
CHLEV	[High cholesterol?] Have you ever been told by a doctor or other health professional that you had⊤	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
COPDEV	[Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis?] Have you ever been told by a doctor or other health professional that you had⊤	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDCARNO_1	[Too expensive] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_2	[Not available] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_3	[Symptoms were not severe enough] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_4	[Something else, please specify:] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_DK	[DON'T KNOW] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_REF	[REFUSED] Why did you not seek this medical care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
COVIDEV	Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_A	[Urgent Care for an Accident or Illness] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_B	[A Surgical Procedure] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_C	[Diagnostic or Medical Screening Test] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
COVIDNOCAR_D	[Treatment for Ongoing Condition] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_E	[A Regular Check-up] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_F	[Prescription drugs or medications] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_G	[Dental Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
COVIDNOCAR_H	[Vision Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_I	[Hearing Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDSEEK	Did you seek medical care for Coronavirus or Covid-19?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
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?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVID_INS	Did you lose health insurance coverage at any point because of the Coronavirus pandemic?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS

Variable Name	Label	Raw Value	Possible Values
COVID_INS	Did you lose health insurance coverage at any point because of the Coronavirus pandemic?	99	REFUSED
COVID_NOWK	Were you unable to work because you or a family member was sick with the Coronavirus?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
CaseID			10001-15502
DEPFREQ	How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?	1	Daily
		2	Weekly
		3	Monthly
		4	A few times a year
		5	Never
		77	DON'T KNOW
		98	WS
		99	REFUSED
DEPFREQ_TOTALTIME	DATA ONLY: DEPFREQ Time on Screen (in seconds)		1-99
DEPLEVEL	Thinking about the last time you felt depressed, how depressed did you feel?	1	A little
		2	A lot
		3	Somewhere in between a little and a lot
		77	DON'T KNOW
		98	WS
		99	REFUSED
DEPLEVEL_TOTALTIME	DATA ONLY: DEPLEVEL Time on Screen (in seconds)		1-98

Variable Name	Label	Raw Value	Possible Values
DEPMED	Do you take prescription medication for depression?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
DEPMED_TOTALTIME	DATA ONLY: DEPMED Time on Screen (in seconds)		1-9
DIBEV	Has a doctor or other health professional ever told you that you had diabetes?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
DISR_DOC	[To get a doctor's appointment or some other kind of healthcare?] Since the Coronavirus pandemic began, have you been able, unable, or have not needed⊤	1	Able
		2	Unable
		3	Have not needed
		77	DON'T KNOW
		98	WS
		99	REFUSED
DISR_MED	[To get medications?] Since the Coronavirus pandemic began, have you been able, unable, or have not needed⊤	1	Able
		2	Unable
		3	Have not needed
		77	DON'T KNOW
		98	WS
		99	REFUSED
ECIGNOW	Do you now vape or use e-cigarettes every day, some days or not at all?	1	Every day
		2	Some days

Variable Name	Label	Raw Value	Possible Values
ECIGNOW	Do you now vape or use e-cigarettes every day, some days or not at all?	3	Not at all
		77	DON'T KNOW
		98	WS
		99	REFUSED
EDUC	3-level education	2	HS graduate or less
		3	Some college
		4	BA or above
EMPLASTWK	Last week, did you work for pay at a job or business?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
EMPLOY	Current Employment Status	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
FEEL_ANX	Since the Coronavirus pandemic began, have you felt more stressed or anxious, less stressed or anxious, or about the same?	1	More stressed or anxious
		2	Less stressed or anxious
		3	About the same
		77	DON'T KNOW
		98	WS

Variable Name	Label	Raw Value	Possible Values
FEEL_ANX	Since the Coronavirus pandemic began, have you felt more stressed or anxious, less stressed or anxious, or about the same?	99	REFUSED
FEEL_DEP	Since the Coronavirus pandemic began, have you felt more lonely or sad, less lonely or sad, or about the same?	1	More lonely or sad
		2	Less lonely or sad
		3	About the same
		77	DON'T KNOW
		98	WS
		99	REFUSED
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?	1	More socially connected
		2	Less socially connected
		3	About the same
		77	DON'T KNOW
		98	WS
		99	REFUSED
GAD7_A	[Feeling nervous, anxious, or on edge] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	WS
		99	REFUSED
GAD7_B	[Not being able to stop or control worrying] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days

Variable Name	Label	Raw Value	Possible Values
GAD7_B	[Not being able to stop or control worrying] Over the last 2 weeks, how often have you been bothered by the following problems?	3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	WS
		99	REFUSED
GAD7_TOTALTIME	DATA ONLY: GAD7 Time on Screen (in seconds)		1-99
GENDER	Respondent gender	1	Male
		2	Female
HHSIZE	Household size (including children)		1-6
HICOV	Are you covered by any kind of health insurance or some other kind of health care plan?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
HOME_TYPE	Type of building of panelists' residence	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, boat, RV, van, etc

Variable Name	Label	Raw Value	Possible Values
HOUSING	Home Ownership	1	Owned or being bought by you or someone in your household
		2	Rented for cash
		3	Occupied without payment of cash rent
HYPEV	[Hypertension, also called high blood pressure?] Have you ever been told by a doctor or other health professional that you had⊤	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
INCOME	Household Income, topcoded at $150K+	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 or more
MARITAL	Marital Status	1	Married
		2	Widowed
		3	Divorced

Variable Name	Label	Raw Value	Possible Values
MARITAL	Marital Status	4	Separated
		5	Never married
		6	Living with partner
MHAPPT_NHIS	During the past 12 months, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MHAPPT_N_TOTALTIME	DATA ONLY: MHAPPT_NHIS Time on Screen (in seconds)	1-95	
MHAPPT_PULSE	At any time in the last 4 weeks, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MHAPPT_P_TOTALTIME	DATA ONLY: MHAPPT_PULSE Time on Screen (in seconds)	1-90	
MHCOST_NHIS	During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but did not get it because of the cost?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
MHCOST_PULSE	At any time in the last 4 weeks, did you need counseling or therapy from a mental health professional, but did not get it for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MHCOST_P_TOTALTIME	DATA ONLY: MHCOST_NHIS Time on Screen (in seconds)		1-945
MHMED_NHIS	During the past 12 months, did you take prescription medication to help you with any emotions or with your concentration, behavior or mental health?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MHMED_N_TOTALTIME	DATA ONLY: MHMED_NHIS Time on Screen (in seconds)		1-98
MHMED_PULSE	At any time in the last 4 weeks, did you take prescription medication to help you with any emotions or with your concentration, behavior or mental health?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MHMED_P_TOTALTIME	DATA ONLY: MHMED_PULSE Time on Screen (in seconds)		1-90
NHIS_RSLT	Did the test find that you had Coronavirus or COVID-19?	1	Yes
		2	No
		3	Did not receive results
		77	Don't know
		98	WS

Variable Name	Label	Raw Value	Possible Values
NHIS_RSLT	Did the test find that you had Coronavirus or COVID-19?	99	REFUSED
NHIS_TEST	Have you ever been tested for Coronavirus or COVID-19?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NHIS_TEST_TOTALTIME	DATA ONLY: NHIS_TEST Time on Screen (in seconds)		
NOCARDIR_A	[Urgent Care for an Accident or Illness] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_B	[A Surgical Procedure] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_C	[Diagnostic or Medical Screening Test] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
NOCARDIR_D	[Treatment for Ongoing Condition] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_E	[A Regular Check-up] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_F	[Prescription drugs or medications] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_G	[Dental Care] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_H	[Vision Care] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided

Variable Name	Label	Raw Value	Possible Values
NOCARDIR_H	[Vision Care] For the following, did your medical provider make this decision or did you?	3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_I	[Hearing Care] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_A	[Urgent Care for an Accident or Illness] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_B	[A Surgical Procedure] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_C	[Diagnostic or Medical Screening Test] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
NOCARTYP_C	[Diagnostic or Medical Screening Test] In the last two months, were you unable to get any of the following types of care for any reason?	98	WS
		99	REFUSED
NOCARTYP_D	[Treatment for Ongoing Condition] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_E	[A Regular Check-up] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_F	[Prescription drugs or medications] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_G	[Dental Care] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
NOCARTYP_H	[Vision Care] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_I	[Hearing Care] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARWHYMD_A_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_4	[No reason was given] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_A_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_REF	[REFUSED] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_B_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_B_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_B_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_B_4	[No reason was given] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_B_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding a surgical procedure?	0 1	No Yes
NOCARWHYMD_B_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding a surgical procedure?	0 1	No Yes
NOCARWHYMD_B_REF	[REFUSED] What reasons were you given by your provider for this decision regarding a surgical procedure?	0 1	No Yes
NOCARWHYMD_C_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0 1	No Yes
NOCARWHYMD_C_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0 1	No Yes
NOCARWHYMD_C_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0 1	No Yes
NOCARWHYMD_C_4	[No reason was given] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_C_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0 1	No Yes
NOCARWHYMD_C_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0 1	No Yes
NOCARWHYMD_C_REF	[REFUSED] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0 1	No Yes
NOCARWHYMD_D_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0 1	No Yes
NOCARWHYMD_D_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0 1	No Yes
NOCARWHYMD_D_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0 1	No Yes
NOCARWHYMD_D_4	[No reason was given] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_D_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_D_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_D_REF	[REFUSED] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_E_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_4	[No reason was given] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_E_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding a regular check-up?	1	Yes
NOCARWHYMD_E_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_REF	[REFUSED] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_F_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_4	[No reason was given] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_F_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	1	Yes
NOCARWHYMD_F_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_REF	[REFUSED] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_G_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_4	[No reason was given] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_G_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding dental care?	0 1	No Yes
NOCARWHYMD_G_REF	[REFUSED] What reasons were you given by your provider for this decision regarding dental care?	0 1	No Yes
NOCARWHYMD_H_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding vision care?	0 1	No Yes
NOCARWHYMD_H_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding vision care?	0 1	No Yes
NOCARWHYMD_H_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding vision care?	0 1	No Yes
NOCARWHYMD_H_4	[No reason was given] What reasons were you given by your provider for this decision regarding vision care?	0 1	No Yes
NOCARWHYMD_H_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding vision care?	0 1	No Yes
NOCARWHYMD_H_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding vision care?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_H_REF	[REFUSED] What reasons were you given by your provider for this decision regarding vision care?	0	No
		1	Yes
NOCARWHYMD_I_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_4	[No reason was given] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_REF	[REFUSED] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_A_1	[The cost of the care] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_2	[No access to transportation] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_4	[Did not want to leave your house] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_6	[Something else, please specify:] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_DK	[DON'T KNOW] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_REF	[REFUSED] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_A_REF	[REFUSED] What reasons did you have for your decision regarding urgent care for an accident or illness?	1	Yes
NOCARWHYR_B_1	[The cost of the care] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_2	[No access to transportation] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_4	[Did not want to leave your house] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_6	[Something else, please specify:] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_DK	[DON'T KNOW] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_REF	[REFUSED] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_C_1	[The cost of the care] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_2	[No access to transportation] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_4	[Did not want to leave your house] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_6	[Something else, please specify:] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_DK	[DON'T KNOW] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_REF	[REFUSED] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_C_REF	[REFUSED] What reasons did you have for your decision regarding a diagnostic or medical screening test?	1	Yes
NOCARWHYR_D_1	[The cost of the care] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_2	[No access to transportation] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_4	[Did not want to leave your house] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_6	[Something else, please specify:] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_DK	[DON'T KNOW] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_D_REF	[REFUSED] What reasons did you have for your decision regarding treatment for an ongoing condition?	0 1	No Yes
NOCARWHYR_E_1	[The cost of the care] What reasons did you have for your decision regarding a regular check-up?	0 1	No Yes
NOCARWHYR_E_2	[No access to transportation] What reasons did you have for your decision regarding a regular check-up?	0 1	No Yes
NOCARWHYR_E_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding a regular check-up?	0 1	No Yes
NOCARWHYR_E_4	[Did not want to leave your house] What reasons did you have for your decision regarding a regular check-up?	0 1	No Yes
NOCARWHYR_E_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a regular check-up?	0 1	No Yes
NOCARWHYR_E_6	[Something else, please specify:] What reasons did you have for your decision regarding a regular check-up?	0 1	No Yes
NOCARWHYR_E_DK	[DON'T KNOW] What reasons did you have for your decision regarding a regular check-up?	0 1	No Yes
NOCARWHYR_E_REF	[REFUSED] What reasons did you have for your decision regarding a regular check-up?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_E_REF	[REFUSED] What reasons did you have for your decision regarding a regular check-up?	1	Yes
NOCARWHYR_F_1	[The cost of the care] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_2	[No access to transportation] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_4	[Did not want to leave your house] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_6	[Something else, please specify:] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_DK	[DON'T KNOW] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_F_REF	[REFUSED] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_G_1	[The cost of the care] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_2	[No access to transportation] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_4	[Did not want to leave your house] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_6	[Something else, please specify:] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_DK	[DON'T KNOW] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_REF	[REFUSED] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_H_1	[The cost of the care] What reasons did you have for your decision regarding vision care?	0 1	No Yes
NOCARWHYR_H_2	[No access to transportation] What reasons did you have for your decision regarding vision care?	0 1	No Yes
NOCARWHYR_H_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding vision care?	0 1	No Yes
NOCARWHYR_H_4	[Did not want to leave your house] What reasons did you have for your decision regarding vision care?	0 1	No Yes
NOCARWHYR_H_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding vision care?	0 1	No Yes
NOCARWHYR_H_6	[Something else, please specify:] What reasons did you have for your decision regarding vision care?	0 1	No Yes
NOCARWHYR_H_DK	[DON'T KNOW] What reasons did you have for your decision regarding vision care?	0 1	No Yes
NOCARWHYR_H_REF	[REFUSED] What reasons did you have for your decision regarding vision care?	0 1	No Yes
NOCARWHYR_I_1	[The cost of the care] What reasons did you have for your decision regarding hearing care?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_I_2	[No access to transportation] What reasons did you have for your decision regarding hearing care?	0 1	No Yes
NOCARWHYR_I_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding hearing care?	0 1	No Yes
NOCARWHYR_I_4	[Did not want to leave your house] What reasons did you have for your decision regarding hearing care?	0 1	No Yes
NOCARWHYR_I_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding hearing care?	0 1	No Yes
NOCARWHYR_I_6	[Something else, please specify:] What reasons did you have for your decision regarding hearing care?	0 1	No Yes
NOCARWHYR_I_DK	[DON'T KNOW] What reasons did you have for your decision regarding hearing care?	0 1	No Yes
NOCARWHYR_I_REF	[REFUSED] What reasons did you have for your decision regarding hearing care?	0 1	No Yes
PHONESERVICE	Telephone service for the household	1 2 3 4	Landline telephone only Have a landline, but mostly use cellphone Have cellphone, but mostly use landline Cellphone only

Variable Name	Label	Raw Value	Possible Values
PHONESERVICE	Telephone service for the household	5	No telephone service
PHQ_A	[Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	WS
		99	REFUSED
PHQ_B	[Feeling down, depressed, or hopeless] Over the last 2 weeks, how often have you been bothered by the following problems?	1	Not at all
		2	Several days
		3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	WS
		99	REFUSED
PHQ_TOTALTIME	DATA ONLY: PHQ Time on Screen (in seconds)		1-99
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
PREDIB	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
PROBE_ANX_1	[Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_2	[These are positive feelings that help me to accomplish goals and be productive.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_3	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_4	[Feeling that way is normal, and everyone feels that way sometimes] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_5	[I have been told by a medical professional that I have anxiety.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_ANX_6	[I have these feelings because of the Coronavirus pandemic] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0 1	No Yes
PROBE_ANX_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0 1	No Yes
PROBE_ANX_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0 1	No Yes
PROBE_DEP_1	[Sometimes the feelings can be so intense that I cannot get out of bed.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0 1	No Yes
PROBE_DEP_2	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0 1	No Yes
PROBE_DEP_3	[I get over the feelings quickly.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0 1	No Yes
PROBE_DEP_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_DEP_5	[I have been told by a medical professional that I have depression.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_6	[I have these feelings because of the Coronavirus pandemic] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_MHAPPT1	Do you have a usual mental health professional that you go to for counseling or therapy?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
PROBE_MHAPPT2	When was the last time you spoke to this mental health professional, either in person or over phone or video?	1	Within the last month
		2	Within the last year
		3	More than a year ago
		77	DON'T KNOW
		98	WS
		99	REFUSED
PROBE_MHCOST_1	[Did not know where to go] Why didn't you get care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_MHCOST_2	[Could not get appointment] Why didn't you get care?	0 1	No Yes
PROBE_MHCOST_3	[It is too expensive] Why didn't you get care?	0 1	No Yes
PROBE_MHCOST_4	[Therapy or counseling would not help] Why didn't you get care?	0 1	No Yes
PROBE_MHCOST_5	[Not comfortable talking about problems] Why didn't you get care?	0 1	No Yes
PROBE_MHCOST_6	[Something else, please specify:] Why didn't you get care?	0 1	No Yes
PROBE_MHCOST_DK	[DON'T KNOW] For what reason do you take the medication? Why didn't you get care?	0 1	No Yes
PROBE_MHCOST_REF	[REFUSED] For what reason do you take the medication? Why didn't you get care?	0 1	No Yes
PROBE_MHMED_1	[Depression, anxiety or other mental health problem] For what reason do you take the medication?	0 1	No Yes
PROBE_MHMED_2	[Pain] For what reason do you take the medication?	0 1	No Yes
PROBE_MHMED_3	[A concentration-related condition, such as ADHD] For what reason do you take the medication?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_MHMED_4	[An ongoing, chronic health condition] For what reason do you take the medication?	0	No
		1	Yes
PROBE_MHMED_5	[Something else, please specify:] For what reason do you take the medication?	0	No
		1	Yes
PROBE_MHMED_DK	[DON'T KNOW] For what reason do you take the medication?	0	No
		1	Yes
PROBE_MHMED_REF	[REFUSED] For what reason do you take the medication?	0	No
		1	Yes
PROBE_QUAR1_1	[Staying inside your house and not leaving at all] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_2	[Staying in one room in your house as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_3	[Limiting interactions with members of your household as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_QUAR1_4	[Limiting interactions with people outside your household as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_5	[Leaving your house for essential purposes only, such as grocery shopping, healthcare appointments, and exercise] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thin	0	No
		1	Yes
PROBE_QUAR1_6	[Staying six feet away from other people as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_7	[Something else, please specify:] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_DK	[DON'T KNOW] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_REF	[REFUSED] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_QUAR1_TOTALTIME	DATA ONLY: PROBE_QUAR1 Time on Screen (in seconds)		1-99
PROBE_QUAR2_TOTALTIME	DATA ONLY: PROBE_QUAR2 Time on Screen (in seconds)		1-99
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?	1	Not told results
		2	Still waiting on results
		3	Do not remember results
		77	DON'T KNOW
		98	WS
		99	REFUSED
PROBE_SRH_1	[Your diet and nutrition] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_10	[The Coronavirus or COVID-19 pandemic] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_11	[Something else, please specify:] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_2	[Your exercise habits] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_3	[Your smoking or drinking habits] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE_SRH_3	[Your smoking or drinking habits] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	1	Yes
PROBE_SRH_4	[Your health problems or conditions] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_5	[Your lack of health problems or conditions] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_6	[The amount of pain that you have] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_7	[Your ability to do daily activities without assistance] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_8	[The amount of sleep you get] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_9	[Your mental or emotional health] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_SRH_DK	[DON'T KNOW] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_SRH_REF	[REFUSED] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_TELMED2_1	[The provider told you in an email, phone call, or mailing] How do you know whether your provider offers telemedicine, or not?	0 1	No Yes
PROBE_TELMED2_2	[Had a previous telemedicine appointment] How do you know whether your provider offers telemedicine, or not?	0 1	No Yes
PROBE_TELMED2_3	[Checked provider's website or social media pages] How do you know whether your provider offers telemedicine, or not?	0 1	No Yes
PROBE_TELMED2_4	[Told by a family member] How do you know whether your provider offers telemedicine, or not?	0 1	No Yes
PROBE_TELMED2_5	[Do not know whether the provider offers this] How do you know whether your provider offers telemedicine, or not?	0 1	No Yes
PROBE_TELMED2_6	[Some other place, please specify:] How do you know whether your provider offers telemedicine, or not?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_TELMED2_DK	[DON'T KNOW] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TELMED2_REF	[REFUSED] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TESTTYP2_1	[A cotton swab up the nose] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_2	[A cotton swab through the mouth and into the throat] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_3	[Saliva spit into a vial] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_4	[A blood test to check for antibodies] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_5	[A temperature check for a fever] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_6	[Assessment of physical symptoms, for example, cough, chills, and aches] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_7	[Something else, please specify:] What kind of Coronavirus test did you receive?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE_TESTTYP2_7	[Something else, please specify:] What kind of Coronavirus test did you receive?	1	Yes
PROBE_TESTTYP2_DK	[DON'T KNOW] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_REF	[REFUSED] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_TOTALTIME	DATA ONLY: PROBE_TESTTYP2 Time on Screen (in seconds)		1-91
P_COVIDEX	DATA ONLY: Custom Preload for What vs Why Symptoms Questions	1	
		2	
P_COVIDEXP	DATA ONLY: Custom Preload for NHIS vs. Alternate COVID-19 Test	1	NHIS
		2	Alternate
P_IMMUNE	DATA ONLY: Custom Preload for NHIS vs. Alternate Auto-Immune Questions	1	
		2	
P_PULSE	DATA ONLY: Custom Preload for 4-month vs 12-month Time Reference	1	
		2	
P_QUAR	DATA ONLY: Custom Preload for Multi-Punch vs. Open-End Quarantine Probe	1	Multi-punch format
		2	Open-end format
QUARANTINE	Have you isolated or quarantined yourself because of the Coronavirus?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS

Variable Name	Label	Raw Value	Possible Values
QUARANTINE	Have you isolated or quarantined yourself because of the Coronavirus?	99	REFUSED
RACETHNICITY	Combined Race Ethnicity, some collapsing	1	White, non-Hispanic
		2	Black, non-Hispanic
		3	Other, non-Hispanic
		4	Hispanic
REGION4	4-level region	1	Northeast
		2	Midwest
		3	South
		4	West
SMKEV	Have you smoked at least 100 cigarettes in your entire life?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
SMKNOW	Do you now smoke cigarettes every day, some days, or not at all?	1	Every day
		2	Some days
		3	Not at all
		77	DON'T KNOW
		98	WS
		99	REFUSED
SUM_GAD7	DATA ONLY: Sum variable of responses to GAD7_A and GAD7_B	0-6	
SUM_PHQ	DATA ONLY: Sum variable of responses to PHQ_A and PHQ_B	0-6	
SUSPECT	Do you suspect that you have ever had the Coronavirus or Covid-19?	1	Yes
		2	No

Variable Name	Label	Raw Value	Possible Values
SUSPECT	Do you suspect that you have ever had the Coronavirus or Covid-19?	77	Don't know
		98	WS
		99	REFUSED
SYMPTOMS	How would you describe your coronavirus symptoms when they were at their worst?	1	No symptoms
		2	Mild symptoms
		3	Moderate symptoms
		4	Severe symptoms
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
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?	1	Yes
		2	No
		77	Don't know
		98	WS
		99	REFUSED
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?	1	Yes
		2	No
		77	Don't know
		98	WS
		99	REFUSED
TELMEDUSE	In the last two months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?	1	Yes
		2	No
		77	Don't know

Variable Name	Label	Raw Value	Possible Values
TELMEDUSE	In the last two months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?	98	WS
		99	REFUSED
USPLKIND	What kind of place is it do you go to most often?	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:
		77	DON'T KNOW
		98	WS
		99	REFUSED
USUALPL	Is there a place that you usually go to if you are sick and need health care?	1	Yes
		2	No, there is no place
		3	There is more than one place
		77	DON'T KNOW
		98	WS
		99	REFUSED
WEIGHT_OptIn	Normalized Dynata sample weights - 18+ general population (n=5,502)		0.356008-5.723397
duration	Time spent in survey, in minutes		3-149