



<b>Client</b>	Swan Solutions
<b>Project Name</b>	NCHS COVID19 RANDS Survey 2
<b>Project Number</b>	8401
<b>Survey length (median)</b>	20 minute survey
<b>Population</b>	18+ General Population
<b>Pretest</b>	N=25
<b>Main</b>	N=10,000 (5,000 AmeriSpeak; 5,000 Dynata)
<b>MODE</b>	Phone and Web
<b>Language</b>	English
<b>Sample Source</b>	AmeriSpeak AND Dynata
<b>Incentive</b>	5,000
<b>Survey description</b>	Recent Events – COVID-19
<b>Eligibility Rate</b>	100%

## Standard demographic preloads:

<u>Var Name</u>	<u>Include on Preload Testing-page?</u>	<u>Var Type</u>	<u>Var length</u>	<u>Variable Label</u>
S_AGE	Y	Numeric	5	Age
S_GENDER	Y	String	8	Gender
S_RACETH	Y	Numeric	8	Race/ethnicity
S_EDUC	Y	Numeric	6	Education
S_MARITAL	Y	Numeric	9	Marital Status
S_EMPLOY	Y	Numeric	8	Current employment status
S_INCOME	Y	Numeric	8	Household income
S_STATE	Y	String	7	State
S_METRO	N	Numeric	7	Metropolitan area flag
S_INTERNET	N	Numeric	10	Household internet access
S_HOUSING	N	Numeric	9	Home ownership
S_HOME_TYPE	N	Numeric	11	Building type of panelist's residence
S_PHONESERV	N	Numeric	11	Telephone service for the household
S_HHSIZE	N	Numeric	8	Household size (including children)
S_HH01	N	Numeric	6	Number of HH members age 0-1
S_HH25	N	Numeric	6	Number of HH members age 2-5
S_HH612	N	Numeric	7	Number of HH members age 6-12
S_HH1317	N	Numeric	8	Number of HH members age 13-17
S_HH18OV	N	Numeric	8	Number of HH members age 18+
S_file_date	N	Date	11	
S_GENFRACE	N	Numeric	8	GenF custom race

These populated as a pre-load when the panelists get sampled into the survey

## Standard sample preloads

<u>Variable Name</u>	<u>Include on Preload Testing-only page?</u>	<u>Variable Type</u>	<u>Variable Label</u>
Username	N	Numeric	Analogous to Member_PIN
P_Batch	N	Numeric	Batch Number (if only one assignment, then everyone will be 1)
Dialmode	N	Numeric	CATI Dialmode (predictive, preview, etc)
P_LCS	N	Numeric	Life cycle stage, 0=released but not touched
Y_FCELLP	N	String	
Surveylength	N	Numeric	Estimated length of survey
Incentwcomma	N	String	Study specific
P_Hold01	N	Numeric	Prevents dialing cases without phone numbers
PANEL_TYPE	Y	Numeric	1 AmeriSpeak 2 Next Generation 3 GenF Extended (not in use) 4 AmeriSpeak Teen Panel 20 Lucid 21 SSI

			50 Household 13-17 51 Household < 13 52 Household Adult
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## Custom survey-specific preloads

<u>Variable Name</u>	<u>Program in VCC?</u>	<u>Include on Preload Testing-only page?</u>	<u>Variable Type</u>	<u>Variable Label</u>
P_COVIDEXP	Y	Y	Numeric	1=NHIS 2=Alternate
P_QUAR	Y	Y	Numeric	1=Multi-punch format 2=Open-end format
PSID	N	N	Numeric	OPT-IN RESPONDENT ID
P_MAILEXP	N	Y	Numeric	1 – Letter, Portal Text 2 – Letter, URL Text 3 – Letter + \$2, Portal Text 4 – Letter + \$2, URL Text
P_IMMUNE	Y	Y	Numeric	1=Original 2=Alternate
P_COVIDEX	Y	Y	Numeric	1=What 2=Why
P_PULSE	Y	Y	Numeric	1=Pulse (4 weeks) 2=NHIS (12 months)
S_BASEWEIGHT		Y	Numeric	
S_INVPROB		Y	Numeric	
S_INVPROB_WEB		Y	Numeric	
S_VSTRAT		Y	Numeric	
S_VSTRAT_SAMP		Y	Numeric	
S_VPSU		Y	Numeric	
S_NRFU		Y	Numeric	

This survey will use the following RND\_xx variables:

Note, these are randomized in the script (NOT preloads)

<u>RND_xx</u>	<u>Associated survey Qs</u>
RND_00	
RND_01	
RND_02	
RND_03	
RND_04	
RND_05	
RND_06	

PHONE SCRIPTS

[CATI - OUTBOUND]

INTRO

Hello, my name is \$I. I'm calling from AmeriSpeak by NORC. May I please speak with [FIRSTNAME]?

[IF RESPONDENT IS AVAILABLE]

Thank you for your continued participation in AmeriSpeak. I am calling to let you know that your next survey is available. The survey takes approximately [SURVEYLENGTH] minutes to complete. If you complete the survey, you will receive [INCENTWCOMMA] AmeriPoints for your time. We will keep all of your answers confidential. Shall we proceed?

Great. As always, for quality assurance purposes, this call may be recorded or monitored.

[CATI-INBOUND]

INTRO

Thank you for calling AmeriSpeak by NORC. My name is \$I. How are you today?

And are you calling to take your next survey?

I just need to confirm that I'm speaking with [FIRSTNAME] [LASTNAME]. Is that you?

Great. This survey takes approximately [SURVEYLENGTH] minutes to complete over the phone and you will receive [INCENTWCOMMA] AmeriPoints for your time. We will keep all of your answers confidential.

As always, for quality assurance purposes, this call may be recorded or monitored.

Shall we proceed?

[CATI-CALLBACK]

CBINTRO

Hello, my name is \$I. I'm calling from AmeriSpeak by NORC. We previously spoke with [FIRSTNAME] about completing an AmeriSpeak survey. Is [FIRSTNAME] available?

[IF RESPONDENT IS AVAILABLE]

Hello, my name is \$I, calling from AmeriSpeak by NORC. We previously spoke with you about completing an AmeriSpeak survey. Are you available now to continue?

As always, for quality assurance purposes, this call may be recorded or monitored.

[DISPLAY THIS AM LANGUAGE IF SurveyAccessEnd-CALLDATE>1 DAY]

[CATI-MISSED OUTBOUND, ANSWERING MACHINE]

AM1

Hello, this message is [FIRSTNAME] [LASTNAME]. I'm calling from AmeriSpeak from NORC to let you know that you have a survey waiting for you. The survey will take approximately [SURVEYLENGTH] minutes and you will receive [INCENTWCOMMA] AmeriPoints for your time. Call us toll-free at 888-326-9424 and enter your PIN number, [MEMBER\_PIN], to complete your survey and receive rewards. Thank you.

[DISPLAY THIS AM LANGUAGE IF SurveyAccessEnd-CALLDATE>1 DAY]  
[CATI-ANSWERING MACHINE MISSED APPOINTMENT CALLBACK]

AMHARD

Hello, this message is for [FIRSTNAME] and I'm calling from AmeriSpeak from NORC. When we spoke previously, you requested that we call you back <at this time>. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call any time at 888-326-9424 and enter your PIN number, [MEMBER\_PIN], to complete your survey and receive rewards. Thank you.

[DISPLAY THIS AM LANGUAGE IF SurveyAccessEnd-CALLDATE>1 DAY]  
[CATI-ANSWERING MACHINE MISSED CALLBACK]

AMSOFT

Hello, this message is for [FIRSTNAME]. I am calling from AmeriSpeak from NORC. We are calling you back to complete your AmeriSpeak survey. Remember, you will receive rewards for completing this survey. I'm sorry that we've missed you. We'll try to contact you again soon but please feel free to return our call any time at 888-326-9424 and enter your PIN number, [MEMBER\_PIN], to complete this survey. Thank you.

[DISPLAY THIS AM LANGUAGE IF SurveyAccessEnd-CALLDATE=1 DAY]  
[CATI-NEARING END OF FIELD, ANSWERING MACHINE]

AMEND

Hello, this message is for [FIRSTNAME]. I'm calling from AmeriSpeak from NORC to let you know that a survey will be ending tomorrow. We'd love to hear from you so please call us toll-free at 888-326-9424 and enter your PIN number, [MEMBER\_PIN], to complete your survey and receive rewards. Thank you.

Please include the following options for all questions in CATI:

77 DON'T KNOW

99 REFUSED

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

1=CATI

2=CAWI

---

NCHS COVID-19 RANDS Survey 2 v7

Date: July 31, 2020

---

IF PANEL\_TYPE<20 SURVEY LOGO IS AMERISPEAK LOGO (STANDARD SURVEY HEADER)

IF PANEL\_TYPE>=20, SURVEY LOGO IS NORC IMAGE

---

[SHOW IF PANEL\_TYPE<20]

[DISPLAY – WINTRO\_1]

Thank you for agreeing to participate in our new AmeriSpeak survey! This survey is about recent events regarding COVID-19.

[SPACE]

To thank you for sharing your opinions, we will give you a reward of [INCENTWCOMMA] AmeriPoints after completing the survey. As always, your answers are confidential.

[SPACE]

*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]

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. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> grade
3. 5<sup>th</sup> or 6<sup>th</sup> grade
4. 7<sup>th</sup> or 8<sup>th</sup> grade
5. 9<sup>th</sup> grade

6. 10<sup>th</sup> grade
  7. 11<sup>th</sup> grade
  8. 12<sup>th</sup> 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 BORDDED 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
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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).

[CATI] Thank you again for agreeing to participate.

[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 number. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, 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).

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).

[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

CATI 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] <i>Select all that apply. </i>

[CATI] SELECT ALL THAT APPLY; IF RESPONDENT SAYS 'NONE' OF THESE, SELECT 'SOMETHING ELSE, PLEASE SPECIFY' AND LEAVE NOTE IN THE TEXTBOX

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]

---

[SHOW IF PROBE\_SRH=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]

---

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

CATI 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

CATI 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?

[CATI] Would you say a little, a lot, or somewhere in between?

CAWI RESPONSE OPTIONS:

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

CATI 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

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[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

CATI 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

CATI 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?

[CATI] Would you say a little, a lot, or somewhere in between?

CAWI RESPONSE OPTIONS:

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

CATI 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

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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...

[CATI] Now I'm going to ask you about certain medical conditions.

[SPACE]

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

[CATI] READ AS NECESSARY Have you ever 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

CATI 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

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

[COPY FROM ADEV SID 131]

PREDIB.

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI 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 <u>ever</u> told you that you had diabetes?

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

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

[SHOW IF P\_IMMUNE=1]

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

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SP]

[SHOW IF P\_IMMUNE=2]

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?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES

2. NO

---

[SP]

[SHOW IF P\_IMMUNE=2]

AUTOIM\_ALT2.

Do you currently have a health condition that a doctor or other health professional told you weakens the immune system?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF AUTOIM=1 OR AUTOIM\_ALT1=1 OR AUTOIM\_ALT2=1]

[MEDIUM TEXTBOX]

PROBE\_AUTOIM.

[SHOW IF AUTOIM=1] What is this condition?

[SHOW IF AUTOIM\_ALT1=1 AND AUTOIM\_ALT2=2,77,98,99] What is this medication or treatment?

[SHOW IF AUTOIM\_ALT1=2,77,98,99 AND AUTOIM\_ALT2=1] What is this condition?

[SHOW IF AUTOIM\_ALT1=1 AND AUTOIM\_ALT2=1] What is this medication, treatment, or 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

CATI 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

CATI 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

CATI 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

CATI 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

CATI 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

CATI 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

CATI 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

CATI 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

CATI 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 USUALPL=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?

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

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

CATI RESPONSE OPTIONS:

1. YES
  2. NO
  77. DON'T KNOW
- 

[SHOW IF TELMED=1,2,77,98,99 AND P\_QUAR=1]

[MEDIUM TEXTBOX]

PROBE\_TELMED.

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

[TEXTBOX]

---

[SHOW IF TELMED=1,2,77,98,99 AND P\_QUAR=2]

[MP]

PROBE\_TELMED2.

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

[SPACE]

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

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

1. The provider told you in an email, phone call, or mailing.
  2. Had a previous telemedicine appointment
  3. Checked provider's website or social media pages
  4. Told by a family member
  5. Do not know whether the provider offers this
  6. Some other place, please specify: [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?

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

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

CATI 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?

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

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

CATI 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

CATI 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 to get this because of the Coronavirus pandemic?

[CATI] **READ AS NECESSARY** Were you unable 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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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.*

[CATI] **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] <i>Select all that apply. </i>

[CATI] 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\_I=1,3]

[MP]

NOCARWHYR\_I.

What reasons did you have for your decision regarding <u>hearing care</u>?

[SPACE]

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

[CATI] 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

CATI 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

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[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

CATI 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

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF NHIS\_TEST=1 OR ALT\_NHISTEST1=1 OR ALT\_NHISTTEST2=1]  
[RECORD TIME ON SCREEN]  
[MP]

PROBE\_TESTTYP2.

What kind of Coronavirus test did you receive?

[SPACE]

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

[CATI] SELECT ALL THAT APPLY

RESPONSE OPTIONS, RANDOMIZE 1-6:

1. A cotton swab up the nose
2. A cotton swab through the mouth and into the throat
3. Saliva spit into a vial
4. A blood test to check for antibodies
5. A temperature check for a fever
6. Assessment of physical symptoms, for example, cough, chills, and aches
7. Something else, please specify: [TEXTBOX] [ANCHOR]

---

CREATE DOV\_SUSPECT

IF COVIDEV=2 AND (NHIS\_TEST=2 OR (ALT\_NHISTEST1=2 AND ALT\_NHISTEST2=2)) DOV\_SUSPECT=1  
(HAVE NOT BEEN TOLD BY DOCTOR THEY HAVE COVID AND HAVE NOT RECEIVED ANY TEST)

ALL ELSE, DOV\_SUSPECT=2 (HAVE BEEN TOLD BY DOCTOR OR HAVE RECEIVED ANY TEST OR BOTH)

---

[SHOW IF NHIS\_TEST=1 OR ALT\_NHISTEST1=1 OR ALT\_NHISTEST2=1]

[SP]

NHIS\_RSLT.

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

[CATI] If you are unsure or don't know, you may say "Don't know".

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

CATI RESPONSE OPTIONS:

1. NOT TOLD RESULTS
  2. STILL WAITING ON RESULTS
  3. DO NOT REMEMBER RESULTS
- 

[SHOW IF DOV\_SUSPECT=1 OR NHIS\_RSLT=3,77]

[SP]

SUSPECT.

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

[CATI] If you are unsure or don't know, you may say "Don't know".

CAWI RESPONSE OPTIONS:

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

CATI 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

CATI 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>

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS:

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

[SHOW IF COVIDEV=1 OR NHIS\_RSLT=1 OR SUSPECT=1]

[SP]

SYMPTOMS.

How would you describe your coronavirus symptoms when they were at their worst?

[SPACE]

[CATI] WOULD YOU SAY NO SYMPTOMS, MILD SYMPTOMS, MODERATE SYMPTOMS, OR SEVERE SYMPTOMS?

CAWI RESPONSE OPTIONS:

1. No symptoms
2. Mild symptoms
3. Moderate symptoms
4. Severe symptoms

CATI RESPONSE OPTIONS:

1. NO SYMPTOMS
  2. MILD SYMPTOMS
  3. MODERATE SYMPTOMS
  4. SEVERE SYMPTOMS
- 

[SHOW IF SYMPTOMS=2,3,4, and P\_COVIDEX=1]

[LARGE TEXTBOX]

PROBE\_SYMPTOMS\_WHAT.

What were you thinking about when you said that your symptoms were [INSERT RESPONSE FROM SYMPTOMS; MAKE FIRST LETTER LOWERCASE] at their worst?

[TEXTBOX]

---

[SHOW IF SYMPTOMS=2,3,4, and P\_COVIDEX=2]

[LARGE TEXTBOX]

PROBE\_SYMPTOMS\_WHY.

Why do you say your symptoms were [INSERT RESPONSE FROM SYMPTOMS; MAKE FIRST LETTER LOWERCASE] at their worst?

[TEXTBOX]

---

[SP]

QUARANTINE.

Have you isolated or quarantined yourself because of the Coronavirus?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI 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>

[CATI] **SELECT ALL THAT APPLY**

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]

---

### 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...

[CATI] REPEAT AS NEEDED: 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

CATI 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

CATI 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

CATI 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

CATI 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.

[CATI] Finally, I'm going to ask you about how often you may have felt some things over the last 2 week.

---

[GRID SP]

[RECORD TIME ON SCREEN]

GAD7.

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

[CATI] Would you say not at all, several days, more than half the days, or nearly every day?

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

CATI 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?

[CATI] Would you say not at all, several days, more than half the days, or nearly every day?

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

CATI 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 [CAWI: my; CATI: your] chest hurts and [CAWI: I; CATI: you] have trouble breathing.
  2. These are positive feelings that help [CAWI: me; CATI: you] to accomplish goals and be productive.
  3. The feelings sometimes interfere with [CAWI: my; CATI: your] life, and [CAWI: I; CATI: you] wish that [CAWI: I; CATI: you] did not have them.
  4. Feeling that way is normal, and everyone feels that way sometimes
  5. [CAWI: I; CATI: you] have been told by a medical professional that [CAWI: I; CATI: you] have anxiety.
  6. [CAWI: I; CATI: you] 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 [CAWI: I; CATI: you] cannot get out of bed.
2. The feelings sometimes interfere with [CAWI: my; CATI: your] life, and [CAWI: I; CATI: you] wish that [CAWI: I; CATI: you] did not have them.
3. [CAWI: I; CATI: You] get over the feelings quickly.
4. Feeling that way is normal, and everyone feels that way sometimes.
5. [CAWI: I; CATI: you] have been told by a medical professional that [CAWI: I; CATI: you] have depression.
6. [CAWI: I; CATI: you] have these feelings because of the Coronavirus pandemic

---

[SHOW IF P\_PULSE=1]

[RECORD TIME ON SCREEN]

[SP]

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?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF P\_PULSE=2]

[RECORD TIME ON SCREEN]

[SP]

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?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[MP]

[SHOW IF MHMED\_PULSE=1 or MHMED\_NHIS=1]

PROBE\_MHMED

For what reason do you take the medication?

[SPACE]

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

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS, RANDOMIZE 1-4:

1. Depression, anxiety or other mental health problem
2. Pain
3. A concentration-related condition, such as ADHD

4. An ongoing, chronic health condition
5. Something else, please specify: [TEXTBOX] [ANCHOR]

---

[SHOW IF P\_PULSE=1]

[RECORD TIME ON SCREEN]

[SP]

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?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

---

[SHOW IF P\_PULSE=2]

[RECORD TIME ON SCREEN]

[SP]

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?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

---

[SP]

PROBE\_MHAPPT1

Do you have a usual mental health professional that you go to for counseling or therapy?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES

2. NO

---

[SP]

[SHOW IF PROBE\_MHAPPT1=1]

PROBE\_MHAPPT2

When was the last time you spoke to this mental health professional, either in person or over phone or video?

CAWI RESPONSE OPTIONS:

1. Within the last month
2. Within the last year
3. More than a year ago

CATI RESPONSE OPTIONS:

1. WITHIN THE LAST MONTH
  2. WITHIN THE LAST YEAR
  3. MORE THAN A YEAR AGO
- 

[SHOW IF P\_PULSE=1]

[RECORD TIME ON SCREEN]

[SP]

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?

CAWI RESPONSE OPTIONS:

1. Yes
2. No

CATI RESPONSE OPTIONS:

1. YES
  2. NO
- 

[SHOW IF P\_PULSE=2]

[RECORD TIME ON SCREEN]

[SP]

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?

CAWI RESPONSE OPTIONS:

1. Yes

2. No

CATI RESPONSE OPTIONS:

1. YES
2. NO

---

[MP]

[SHOW IF MHCOST\_PULSE=1 OR MHCOST\_NHIS=1]

PROBE\_MHCOST

Why didn't you get care?

[SPACE]

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

[CATI] **SELECT ALL THAT APPLY**

RESPONSE OPTIONS; RANDOMIZE 1-5:

1. Did not know where to go
2. Could not get appointment
3. It is too expensive
4. Therapy or counseling would not help
5. Not comfortable talking about problems
6. Something else, please specify: [TEXTBOX] [ANCHOR]

---

[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

1=CATI

2=CAWI

---

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

[SHOW IF PANEL\_TYPE<20]

[SP]

QFINAL1. Thank you for your time today. To help us improve the experience of AmeriSpeak members like yourself, please give us feedback on this survey.

[RED TEXT – CAWI ONLY] If you do not have any feedback for us today, please click “Continue” through to the end of the survey so we can make sure your opinions are counted and for you to receive your AmeriPoints reward.

Please rate this survey overall from 1 to 7 where 1 is Poor and 7 is Excellent.

Poor						Excellent
1	2	3	4	5	6	7

[SHOW IF PANEL\_TYPE<20 AND CAWI-ONLY]

[SP]

QFINAL2. Did you experience any technical issues in completing this survey?

Yes – please tell us more in the next question

No

[SHOW IF PANEL\_TYPE<20]

[TEXTBOX]

QFINAL3. Do you have any general comments or feedback on this survey you would like to share? If you would like a response from us, please email [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call (888) 326-9424.

---

[SHOW IF PANEL\_TYPE<20]

[DISPLAY]

END.

[CATI version]

Those are all the questions we have. We will add [INCENTWCOMMA] AmeriPoints to your AmeriPoints balance for completing the survey. If you have any questions at all for us, you can email us at [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call us toll-free at **888-326-9424**. Let me repeat that again: email us at [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call us at **888-326-9424**. Thank you for participating in our new AmeriSpeak survey!

[CAWI version]

Those are all the questions we have. We will add [INCENTWCOMMA] AmeriPoints to your AmeriPoints balance for completing the survey. If you have any questions at all for us, you can email us at [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call us toll-free at **888-326-9424**. Thank you for participating in our new AmeriSpeak survey!

You can close your browser window now if you wish or click Continue below to be redirected to the AmeriSpeak member website.



---

[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.

---

[BELOW REDIRECTS RETURN OFF-PANEL RESPONDENTS TO HOME PANEL]

Redirect Links: Security level: Basic

Complete(Qualified)- <https://dkr1.ssisurveys.com/projects/end?rst=1&psid=XXXX&basic=50927>

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

Quota Full- <https://dkr1.ssisurveys.com/projects/end?rst=3&psid=XXXX>

Where XXXX is the captured value for psid (panelist survey id).

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