

SAS Data Set Name	COVID_3_DRB
Number of Variables	221
Number of Observations	5,458

Variable Name	Label	Raw Value	Possible Values
AGE	Respondent age, topcoded at 70		19-70
ALT_TELMED	Does this provider offer telephone or video appointments, so that you don't need to physically visit their office or facility?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
ALT_TELMED_TOTALTIME	DATA ONLY: ALT_TELMED Time on Screen (in seconds)		1-95
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	WEB SKIP
		99	REFUSED
ANXFREQ_TOTALTIME	DATA ONLY: ANXFREQ Time on Screen (in seconds)		1-93
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
		3	Somewhere in between a little and a lot
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
ANXLEVEL_TOTALTIME	DATA ONLY: ANXLEVEL Time on Screen (in seconds)		1-97
ANXMED	Do you take prescription medication for these feelings?	1	Yes

Variable Name	Label	Raw Value	Possible Values
ANXMED	Do you take prescription medication for these feelings?	2 77 98 99	No DON'T KNOW WEB SKIP REFUSED
ANXMED_TOTALTIME	DATA ONLY: ANXMED Time on Screen (in seconds)		1-9
ASEV	[Asthma?] Have you ever been told by a doctor or other health professional that you had...	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
ASTILL	Do you still have asthma?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
BURDEN1	How burdensome was it to complete this survey?	1 2 3 4 5 77 98 99	Not at all burdensome A little burdensome Moderately burdensome Very burdensome Extremely burdensome DON'T KNOW WEB SKIP REFUSED
BURDEN2	How difficult was it to answer the questions?	1 2 3 4 5 77	Not at all difficult A little difficult Moderately difficult Very difficult Extremely difficult DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
BURDEN2	How difficult was it to answer the questions?	98 99	WEB SKIP 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 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
CHDEV	[Coronary heart disease?] Have you ever been told by a doctor or other health professional that you had...	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
CHLEV	[High cholesterol?] Have you ever been told by a doctor or other health professional that you had...	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
COGMEMDIFF	Do you have difficulty remembering or concentrating?	1 2 3 4 77 98 99	No difficulty Some difficulty A lot of difficulty Cannot do at all DON'T KNOW WEB SKIP REFUSED
COMDIFF	Using your usual language, do you have difficulty communicating, for example, understanding or being understood?	1	No difficulty

Variable Name	Label	Raw Value	Possible Values
COMDIFF	Using your usual language, do you have difficulty communicating, for example, understanding or being understood?	2	Some difficulty
		3	A lot of difficulty
		4	Cannot do at all
		77	DON'T KNOW
		98	WEB SKIP
		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	WEB SKIP
		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	WEB SKIP
		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	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
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	WEB SKIP
		99	REFUSED
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	WEB SKIP
		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	WEB SKIP
		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	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
COVIDNOCAR_G	[Dental Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1 2 77 98 99	Yes, because of the pandemic No, not because of the pandemic DON'T KNOW WEB SKIP REFUSED
COVIDNOCAR_H	[Vision Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1 2 77 98 99	Yes, because of the pandemic No, not because of the pandemic DON'T KNOW WEB SKIP REFUSED
COVIDNOCAR_I	[Hearing Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1 2 77 98 99	Yes, because of the pandemic No, not because of the pandemic DON'T KNOW WEB SKIP REFUSED
COVID_HES	Thinking specifically about potential COVID-19 vaccines, how hesitant would you consider yourself to be?	1 2 3 4 77 98 99	Not at all hesitant Not that hesitant Somewhat hesitant Very hesitant DON'T KNOW WEB SKIP REFUSED
COVID_IMPACT1	Since the pandemic, is the time you spend doing physical activities or exercise more, less, or about the same?	1	More

Variable Name	Label	Raw Value	Possible Values
COVID_IMPACT1	Since the pandemic, is the time you spend doing physical activities or exercise more, less, or about the same?	2	Less
		3	About the same
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_IMPACT2	Since the pandemic, do you feel more sad or lonely, less sad or lonely, or about the same?	1	More sad or lonely
		2	Less sad or lonely
		3	About the same
		77	DON'T KNOW
		98	WEB SKIP
COVID_IMPACT3	Since the pandemic, do you feel closer to your family, less close to your family, or about the same?	1	Closer
		2	Less close
		3	About the same
		77	DON'T KNOW
		98	WEB SKIP
COVID_IMPACT4	Since the pandemic, do you feel more socially connected to friends, less connected, or about the same?	1	More connected
		2	Less connected
		3	About the same
		77	DON'T KNOW
		98	WEB SKIP
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

Variable Name	Label	Raw Value	Possible Values
COVID_NOWK	Were you unable to work because you or a family member was sick with the Coronavirus?	98	WEB SKIP
		99	REFUSED
COVID_S6A_A	[Shopping] In the last week, did you socially distance when you were...	1	Yes
		2	No
		3	Not applicable
		77	DON'T KNOW
		98	WEB SKIP
COVID_S6A_B	[Eating at a restaurant] In the last week, did you socially distance when you were...	99	REFUSED
		1	Yes
		2	No
		3	Not applicable
		77	DON'T KNOW
COVID_S6A_C	[Visiting with people outside your household] In the last week, did you socially distance when you were...	98	WEB SKIP
		99	REFUSED
		1	Yes
		2	No
		3	Not applicable
COVID_S6A_D	[Using public transportation or ride sharing] In the last week, did you socially distance when you were...	77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
		1	Yes
		2	No
		3	Not applicable
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
COVID_S6A_E	[Working out or exercising] In the last week, did you socially distance when you were...	1	Yes
		2	No
		3	Not applicable
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6A_F	[Visiting a medical facility] In the last week, did you socially distance when you were...	1	Yes
		2	No
		3	Not applicable
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6A_G	[Receiving nail, hair care, or spa services] In the last week, did you socially distance when you were...	1	Yes
		2	No
		3	Not applicable
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6A_H	[Attending a faith or religious service] In the last week, did you socially distance when you were...	1	Yes
		2	No
		3	Not applicable
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6A_I	[Attending a gathering with more than 10 people] In the last week, did you socially distance when you were...	1	Yes
		2	No

Variable Name	Label	Raw Value	Possible Values
COVID_S6A_I	[Attending a gathering with more than 10 people] In the last week, did you socially distance when you were...	3	Not applicable
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6B_A	[Shopping] Did you do the following activities inside, outside, or both?	1	Inside
		2	Outside
		3	Both inside and outside
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6B_B	[Eating at a restaurant] Did you do the following activities inside, outside, or both?	1	Inside
		2	Outside
		3	Both inside and outside
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6B_C	[Visiting with people outside your household] Did you do the following activities inside, outside, or both?	1	Inside
		2	Outside
		3	Both inside and outside
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6B_E	[Working out or exercising] Did you do the following activities inside, outside, or both?	1	Inside
		2	Outside
		3	Both inside and outside
		77	DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
COVID_S6B_E	[Working out or exercising] Did you do the following activities inside, outside, or both?	98	WEB SKIP
		99	REFUSED
COVID_S6B_G	[Receiving nail, hair care, or spa services] Did you do the following activities inside, outside, or both?	1	Inside
		2	Outside
		3	Both inside and outside
		77	DON'T KNOW
		98	WEB SKIP
COVID_S6B_H	[Attending a faith or religious service] Did you do the following activities inside, outside, or both?	99	REFUSED
		1	Inside
		2	Outside
		3	Both inside and outside
		77	DON'T KNOW
COVID_S6B_I	[Attending a gathering with more than 10 people] Did you do the following activities inside, outside, or both?	98	WEB SKIP
		99	REFUSED
		1	Inside
		2	Outside
		3	Both inside and outside
COVID_S6C_A	[Shopping] When doing the following activities, did you always wear a mask?	77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
		1	Yes
		2	No

Variable Name	Label	Raw Value	Possible Values
COVID_S6C_B	[Eating at a restaurant] When doing the following activities, did you always wear a mask?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6C_C	[Visiting with people outside your household] When doing the following activities, did you always wear a mask?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6C_D	[Using public transportation or ride sharing] When doing the following activities, did you always wear a mask?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6C_E	[Working out or exercising] When doing the following activities, did you always wear a mask?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
COVID_S6C_F	[Visiting a medical facility] When doing the following activities, did you always wear a mask?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
COVID_S6C_G	[Receiving nail, hair care, or spa services] When doing the following activities, did you always wear a mask?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
COVID_S6C_H	[Attending a faith or religious service] When doing the following activities, did you always wear a mask?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
COVID_S6C_I	[Attending a gathering with more than 10 people] When doing the following activities, did you always wear a mask?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
CaseID			10001-15458
DEPFREQ	How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?	1 2 3 4 5 77 98 99	Daily Weekly Monthly A few times a year Never DON'T KNOW WEB SKIP REFUSED
DEPFREQ_TOTALTIME	DATA ONLY: DEPFREQ Time on Screen (in seconds)		1-95

Variable Name	Label	Raw Value	Possible Values
DEPLEVEL	Thinking about the last time you felt depressed, how depressed did you feel?	1 2 3 77 98 99	A little A lot Somewhere in between a little and a lot DON'T KNOW WEB SKIP REFUSED
DEPLEVEL_TOTALTIME	DATA ONLY: DEPLEVEL Time on Screen (in seconds)		1-9
DEPMED	Do you take prescription medication for depression?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
DEPMED_TOTALTIME	DATA ONLY: DEPMED Time on Screen (in seconds)		1-9
DIBEV	[Not including prediabetes] Has a doctor or other health professional ever told you that you had diabetes?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
DIFF	Do you have difficulty walking or climbing steps?	1 2 3 4 77 98 99	No difficulty Some difficulty A lot of difficulty Cannot do at all DON'T KNOW WEB SKIP REFUSED

Variable Name	Label	Raw Value	Possible Values
DNGCARE	Was there any time when you needed medical care for something other than Coronavirus, but did not get it because of the Coronavirus pandemic?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		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	WEB SKIP
		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
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

Variable Name	Label	Raw Value	Possible Values
GAD7_A	[Feeling nervous, anxious, or on edge] Over the last 2 weeks, how often have you been bothered by the following problems?	4	Nearly every day
		77	DON'T KNOW
		98	WEB SKIP
		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
		3	More than half the days
		4	Nearly every day
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
GAD7_TOTALTIME	DATA ONLY: GAD7 Time on Screen (in seconds)		1-99
GENDER	Respondent gender	1	Male
		2	Female
HEARINGDF	Do you have difficulty hearing, even if using hearing aides?	1	No difficulty
		2	Some difficulty
		3	A lot of difficulty
		4	Cannot do at all
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
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

Variable Name	Label	Raw Value	Possible Values
HICOV	Are you covered by any kind of health insurance or some other kind of health care plan?	77	DON'T KNOW
		98	WEB SKIP
		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.
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	WEB SKIP
		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

Variable Name	Label	Raw Value	Possible Values
INCOME	Household Income, topcoded at \$150K+	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
INTERNET	HH internet access via dial-up, DSL, or cable broadband at home	0	Non-internet household
		1	Internet Household
LIFESAT1	Using a scale of 0 to 10 where 0 means 'Very dissatisfied' and 10 means 'Very satisfied', how do you feel about your life as a whole these days?	0	0 - Very dissatisfied
		1	1
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		10	10 - Very satisfied
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
LIFESAT1_TOTALTIME	[Your successes and achievements in life] DATA ONLY: LIFESAT1 Time on Screen (in seconds)		1-98
LIFESAT2	In general, how satisfied are you with your life? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?	1 2 3 4 77 98 99	Very satisfied Satisfied Dissatisfied Very dissatisfied DON'T KNOW WEB SKIP REFUSED
LIFESAT2_TOTALTIME	DATA ONLY: LIFESAT2 Time on Screen (in seconds)		1-90
MARITAL	Marital Status	1 2 3 4 5 6	Married Widowed Divorced Separated Never married Living with partner
MODE_PREF	Panelist Profile Variable: Panelist's Self-Selected Survey Mode Preference		CATI,CAWI
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 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED

Variable Name	Label	Raw Value	Possible Values
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	WEB SKIP
		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
		98	WEB SKIP
		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	WEB SKIP
		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	WEB SKIP
		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

Variable Name	Label	Raw Value	Possible Values
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?	77	DON'T KNOW
		98	WEB SKIP
		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	WEB SKIP
		99	REFUSED
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	WEB SKIP
		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	WEB SKIP
		99	REFUSED
PHONESERVICE	Telephone service for the household	1	Landline telephone only
		2	Have a landline, but mostly use cellphone
		3	Have cellphone, but mostly use landline
		4	Cellphone only
		5	No telephone service

Variable Name	Label	Raw Value	Possible Values
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	WEB SKIP
		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	WEB SKIP
		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	WEB SKIP
		99	REFUSED
PLIFESAT_TOTALTIME	DATA ONLY: PROBE_LIFESAT Time on Screen (in seconds)		1-99

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	WEB SKIP
		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	No
		1	Yes
PROBE_ANX_7	[I would describe them some other way, please specify:] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	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	No
		1	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	No
		1	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	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
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	No
		1	Yes
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_7	[I would describe them some other way, please specify:] 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_DIST_TIMER_TOTALTIME	DATA ONLY: PROBE_DISTANCE Time on Screen (in seconds)		1-99
PROBE_GETCAR	How much of the care that [your provider you you and your provider] delayed or cancelled were you eventually able to reschedule or receive?	1	All of it
		2	Most of it

Variable Name	Label	Raw Value	Possible Values
PROBE_GETCAR	How much of the care that [your provider you and your provider] delayed or cancelled were you eventually able to reschedule or receive?	3	Some of it
		4	None of it
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_LIFESAT_1	[Your successes and achievements in life] When you answered the previous question about how satisfied [...], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_LIFESAT_2	[Your inner strength or mental outlook] When you answered the previous question about how satisfied [...], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_LIFESAT_3	[Your experiences related to the pandemic] When you answered the previous question about how satisfied [...], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_LIFESAT_4	[Your feelings related to politics and the direction of the country] When you answered the previous question about how satisfied [...], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_LIFESAT_5	[Something else, please specify:] When you answered the previous question about how satisfied [...], which of the following, if any, were you thinking about?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_LIFESAT_DK	[DON'T KNOW] When you answered the previous question about how satisfied [...], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_LIFESAT_REF	[REFUSED] When you answered the previous question about how satisfied [...], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_MASKTYPE_A	[A neck gaiter] When asked about wearing a mask in the previous question, which of the following, if any, were you thinking about?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_MASKTYPE_B	[A bandana] When asked about wearing a mask in the previous question, which of the following, if any, were you thinking about?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_MASKTYPE_C	[A cloth mask] When asked about wearing a mask in the previous question, which of the following, if any, were you thinking about?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
PROBE_MASKTYPE_D	[A surgical or medical mask] When asked about wearing a mask in the previous question, which of the following, if any, were you thinking about?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_MASKTYPE_E	[A mask with a valve] When asked about wearing a mask in the previous question, which of the following, if any, were you thinking about?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_MASKTYPE_F	[Something else, please specify:] When asked about wearing a mask in the previous question, which of the following, if any, were you thinking about?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_MASKUSE	Which of the following is most common in your community?	1	People wearing masks over their mouths and noses at all times
		2	People wearing two masks at the same time to increase their utility
		3	People wearing masks over their mouths and noses when they are within a few feet of each other

Variable Name	Label	Raw Value	Possible Values
PROBE_MASKUSE	Which of the following is most common in your community?	4 5 6 77 98 99	People wearing masks over their mouths, but not their noses People wearing masks over their chins, but not their mouths or noses People not wearing masks at all DON'T KNOW WEB SKIP REFUSED
PROBE_NOCAR_A	[Your provider cancelled appointments] Why do you say you were unable to get care because of the pandemic?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
PROBE_NOCAR_B	[Your provider delayed appointments] Why do you say you were unable to get care because of the pandemic?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
PROBE_NOCAR_C	[You delayed making an appointment] Why do you say you were unable to get care because of the pandemic?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
PROBE_NOCAR_D	[You delayed or cancelled an existing appointment] Why do you say you were unable to get care because of the pandemic?	1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_NOCAR_D	[You delayed or cancelled an existing appointment] Why do you say you were unable to get care because of the pandemic?	2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_NOCAR_E	[Something else, please specify:] Why do you say you were unable to get care because of the pandemic?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_REL6_TIMER_TOTALTIME	DATA ONLY: PROBE_REL6 Time on Screen (in seconds)		1-99
PROBE_TELMEDALT1	When you answered the previous question [...], were you thinking about... Whether or not you had scheduled or participated in a telephone or video appointment	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_TELMEDALT2	When you answered the previous question [...], were you thinking about... Your provider's ability to do appointments over telephone or video	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_TELMEDALT3	When you answered the previous question [...], were you thinking about... Whether or not your provider contacted you [...] ability to conduct appointments over telephone or video	1	Yes
		2	No

Variable Name	Label	Raw Value	Possible Values
PROBE_TELMEDALT3	When you answered the previous question [...], were you thinking about... Whether or not your provider contacted you [...] ability to conduct appointments over telephone or video	77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
PROBE_TELMEDORIG_1	[Whether or not you had scheduled or participated in a telephone or video appointment] When you answered the previous question about telephone or video appointments, were you thinking about...	0	No
		1	Yes
PROBE_TELMEDORIG_2	[Your provider's ability to do appointments over telephone or video] When you answered the previous question about telephone or video appointments, were you thinking about...	0	No
		1	Yes
PROBE_TELMEDORIG_3	[Whether or not your provider contacted you [...] ability to conduct appointments over telephone or video] When you answered the previous question about telephone or video appointments, were you thinking about...	0	No
		1	Yes
PROBE_TELMEDORIG_DK	[DON'T KNOW] When you answered the previous question about telephone or video appointments, were you thinking about...	0	No
		1	Yes
PROBE_TELMEDORIG_REF	[REFUSED] When you answered the previous question about telephone or video appointments, were you thinking about...	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_VAX_1	[Overall social benefit of vaccine] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_VAX_10	[Something else, please specify:] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_VAX_2	[Long-term health impacts] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_VAX_3	[Speed of development] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_VAX_4	[Government approval process] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE_VAX_4	[Government approval process] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	1	Yes
PROBE_VAX_5	[Personal risk of getting vaccinated] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No
PROBE_VAX_6	[Risk of contracting COVID-19] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	1	Yes
PROBE_VAX_7	[Information you received from a medical provider] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No
PROBE_VAX_8	[Information you received from friends or social media] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	1	Yes
PROBE_VAX_8	[Information you received from friends or social media] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE_VAX_8	[Information you received from friends or social media] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	1	Yes
PROBE_VAX_9	[Previous experiences with vaccines] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No
PROBE_VAX_DK	[DON'T KNOW] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	1	Yes
PROBE_VAX_REF	[REFUSED] When thinking about [receiving your plan to get your plan not to get whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?	0	No
PROBE_VAX_TIMER_TOTALTIME	DATA ONLY: PROBE_VAX Time on Screen (in seconds)	1	Yes
P_LIFEOPEN	DATA ONLY: Custom Preload for PROBE_LIFESAT Open-End 'Other' Response Option Experiment	0	Do NOT show Other
		1	Show Other response optio

Variable Name	Label	Raw Value	Possible Values
P_LIFESAT	DATA ONLY: Custom Preload for Life Satisfaction Format Experiment	1	Unlabeled scale 1-10
		2	Labeled scale 1-5
P_PROBEANXDEP 2	DATA ONLY: Custom Preload for Open-End Response in PROBE_ANX and PROBE_DEP	1	Display Other in Anxiety Probe
		2	Display Other in Depression Probe
P_PROBETEL	DATA ONLY: Custom Preload for TELMED Probe Question Type Experiment	1	Multi-punch probe format
		2	Single-punch probe format
P_TELMEDEXP	DATA ONLY: Custom Preload for Telemedicine Question Type Experiment	1	Original 2-month telemedicine format
		2	Alternate telemedicine format
P_VAXOPEN	DATA ONLY: Custom Preload for PROBE_VAX Open-End 'Other' Response Option Experiment	0	Do NOT show Other
		1	Show Other response optio
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
REL1	In what religion were you raised, if any?	1	Christianity
		2	Judaism

Variable Name	Label	Raw Value	Possible Values
REL1	In what religion were you raised, if any?	3 4 5 6 7 77 98 99	Islam Hinduism Buddhism Some other religion, please specify: No religion (including being raised agnostic or atheist) DON'T KNOW WEB SKIP REFUSED
REL2	Which of these were you raised as, if any?	1 2 3 4 5 77 98 99	Catholic Mainline or Ecumenical Protestant, such as Episcopalian, Lutheran, Presbyterian, or Methodis Mormon or Latter Day Sain An Evangelical, Charismatic, or Fundamental Christian Something else, please specify DON'T KNOW WEB SKIP REFUSED
REL3	When you were 14, about how often did you usually attend religious services?	1 2 3 4 5 6	More than once a week Once a week 2-3 times a month Once a month (about 12 times a year) 3-11 times a year Once or twice a year

Variable Name	Label	Raw Value	Possible Values
REL3	When you were 14, about how often did you usually attend religious services?	7	Never
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
REL4	What religion are you now?	1	Christianity
		2	Judaism
		3	Islam
		4	Hinduism
		5	Buddhism
		6	Some other religion, please specify:
		7	No religion (including being agnostic or atheist)
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
REL5	Which of these are you now, if any?	1	Catholic
		2	Mainline or Ecumenical Protestant, such as Episcopalian, Lutheran, Presbyterian, or Methodist
		3	Mormon or Latter Day Saint
		4	An Evangelical, Charismatic, or Fundamental Christian
		5	Something else, please specify
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
REL6	Currently, how important is religion in your daily life?	1	Very important

Variable Name	Label	Raw Value	Possible Values
REL6	Currently, how important is religion in your daily life?	2 3 77 98 99	Somewhat important Not important DON'T KNOW WEB SKIP REFUSED
REL7	About how often do you attend religious services?	1 2 3 4 5 6 7 77 98 99	More than once a week Once a week 2-3 times a month Once a month (about 12 times a year) 3-11 times a year Once or twice a year Never DON'T KNOW WEB SKIP REFUSED
REL_TOTALTIME	Time spent in RELIGION Section, in minutes	0	0-16976
SMKEV	Have you smoked at least 100 cigarettes in your entire life?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
SMKNOW	Do you now smoke cigarettes every day, some days, or not at all?	1 2 3 77 98 99	Every day Some days Not at all DON'T KNOW WEB SKIP REFUSED
SUM_GAD7	DATA ONLY: Sum variable of responses to GAD7_A and GAD7_B		0-6

Variable Name	Label	Raw Value	Possible Values
SUM_PHQ	DATA ONLY: Sum variable of responses to PHQ_A and PHQ_B		0-6
SURV_MODE	Survey interview mode (online or phone)	1 2	Phone interview Web Interview
S_VPSU	DATA ONLY: Statistical Variable - Numeric variable to identify cluster of panelist - Updated		1-7
S_VSTRAT	DATA ONLY: Statistical Variable - Numeric variable to identify strata of panelist (scrambled)		1-71
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 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
TELMEDALT1_TOTALTIME	DATA ONLY: PROBE_TELMEDALT1 Time on Screen (in seconds)		1-97
TELMEDALT2_TOTALTIME	DATA ONLY: PROBE_TELMEDALT2 Time on Screen (in seconds)		1-99
TELMEDALT3_TOTALTIME	DATA ONLY: PROBE_TELMEDALT3 Time on Screen (in seconds)		1-92
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 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
TELMEDORIG_TOTALTIME	DATA ONLY: PROBE_TELMEDORIG Time on Screen (in seconds)		1-99

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?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
TELMED_TOTALTIME	DATA ONLY: TELMED Time on Screen (in seconds)		1-90
UPPSLFCR	Do you have difficulty with self-care, such as washing all over or dressing?	1	No difficulty
		2	Some difficulty
		3	A lot of difficulty
		4	Cannot do at all
		77	DON'T KNOW
		98	WEB SKIP
		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	WEB SKIP
		99	REFUSED
USUALPL	Is there a place that you usually go to if you are sick and need health care?	1	Yes

Variable Name	Label	Raw Value	Possible Values
USUALPL	Is there a place that you usually go to if you are sick and need health care?	2	No, there is no place
		3	There is more than one place
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_BELIEF_A	[They lower your risk for getting the COVID-19 virus] Do you agree or disagree with the following about the COVID-19 vaccines?	1	Agree
		2	Disagree
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_BELIEF_B	[You won't spread the virus to other people even if you've been exposed] Do you agree or disagree with the following about the COVID-19 vaccines?	1	Agree
		2	Disagree
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_BELIEF_C	[With the vaccine, you no longer need to wear a mask or social distance] Do you agree or disagree with the following about the COVID-19 vaccines?	1	Agree
		2	Disagree
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_BELIEF_D	[With the vaccine, you can go into public places like restaurants, sports arenas, and movie theaters] Do you agree or disagree with the following about the COVID-19 vaccines?	1	Agree

Variable Name	Label	Raw Value	Possible Values
VAX_BELIEF_D	[With the vaccine, you can go into public places like restaurants, sports arenas, and movie theaters] Do you agree or disagree with the following about the COVID-19 vaccines?	2	Disagree
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_BELIEF_E	[They might cause a mild reaction] Do you agree or disagree with the following about the COVID-19 vaccines?	1	Agree
		2	Disagree
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_BELIEF_F	[For people with other health conditions, it is important to be vaccinated] Do you agree or disagree with the following about the COVID-19 vaccines?	1	Agree
		2	Disagree
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_BELIEF_G	[Many of your family and friends think it's important for you to be vaccinated] Do you agree or disagree with the following about the COVID-19 vaccines?	1	Agree
		2	Disagree
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_COVID	Have you already received a COVID-19 vaccine?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
VAX_HERD	Do you believe that getting vaccinated helps protect others from getting disease?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_HES	Overall, how hesitant about vaccines in general would you consider yourself to be?	1	Not at all hesitant
		2	Not that hesitant
		3	Somewhat hesitant
		4	Very hesitant
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_KNOW	Do you personally know anyone who has had a serious, long-term side effect from a vaccine?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_MD	Is your doctor or health provider your most trusted source of information about vaccines?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED
VAX_PLAN	Do you plan on getting a COVID-19 vaccine?	1	Yes
		2	No
		77	DON'T KNOW
		98	WEB SKIP
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
VAX_RISK	How confident are you that the benefits of vaccines outweigh their risks?	1 2 3 77 98 99	Very confident Somewhat confident Not at all confident DON'T KNOW WEB SKIP REFUSED
VAX_SIDE	Have concerns about serious, long-term side effects impacted your decision to get vaccinated in the past?	1 2 77 98 99	Yes No DON'T KNOW WEB SKIP REFUSED
VAX_TOTALTIME	Time spent in VACCINES Section, in minutes	0	0-47819
VISIONDF	Do you have difficulty seeing, even if wearing glasses?	1 2 3 4 77 98 99	No difficulty Some difficulty A lot of difficulty Cannot do at all DON'T KNOW WEB SKIP REFUSED
WEIGHT	Normalized Post-Stratification weights - 18+ general population (n=5,458)		0.0247921-12.9443342
WEIGHT_CALIBRATED	WEIGHT, raked to 2019 NHIS sample adult demographic, geographic, health marginal totals		0.00960949-17.64717830
duration	Time spent in survey, in minutes		5-151