Client	NCHS
Project Name	COVID-19 RANDS 3
Project Number	8935
Survey length (median)	20 minute survey
Population	18+ General Population
Pretest	N=50
Main	N=5,200 (4,000 Web; 1,200 Phone)
MODE	Phone and Web
Language	English
Sample Source	AmeriSpeak only (1,2,3,4,11)
Incentive	5,000 AmeriPoints
Survey description	COVID-19 perceptions
Eligibility Rate	100%

Standard demographic preloads:

Var Name	Include on Preload Testing-page?	Var Type	Var length	Variable Label
S_AGE	Y	Numeric	5	Age
S_GENDER	Y	String	8	Gender
S_RACETH	Y	Numeric	8	Race/ethnicity
S_EDUC	N	Numeric	6	Education
S_EDUC5	Y	Numeric	4	5-level education
S_MARITAL	Y	Numeric	9	Marital Status
S_EMPLOY	Y	Numeric	8	Current employment status
S_INCOME	N	Numeric	8	Household income
S_HHINC_4	N	Numeric	4	4-level income
S_HHINC_9	N	Numeric	4	9-level 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_PHONESERVC	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

Variable Name	Include on Preload Testing-only page?	Variable Type	Variable Label
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
			11 UTUS Converted
			20 Lucid
			21 SSI
			50 Household 13-17
			51 Household < 13
			52 Household Adult

Custom survey-specific preloads

Variable Name	Program in VCC?	Include on Preload Testing-only page?	Variable Type	Variable Label
P_LIFESAT	Yes	Yes	Numeric	Life Satisfaction Experiment Preload 1. Unlabeled scale 1-10 2. Labeled scale 1-5
P_LIFEOPEN	Yes	Yes	Numeric	PROBE_LIFESAT Open-End 'Other' Response Option Experiment 0. Do NOT show Other 1. Show Other response option
P_VAXOPEN	Yes	Yes	Numeric	PROBE_VAX Open-End 'Other' Response Option Experiment 0. Do NOT show Other 1. Show Other response option
P_TELMEDEXP	Yes	Yes	Numeric	Telemedicine Question Type Experiment 1. Original 2-month telemedicine format 2. Alternate telemedicine format
P_PROBETEL	Yes	Yes	Numeric	TELMED Probe Question Type Experiment 1. Multi-punch probe format 2. Single-punch probe format
P_PROBEANXDEP	Yes	Yes	Numeric	1. Display Other in Anxiety Probe 2. Display Other in Depression Probe
S_BASEWEIGHT		Yes	Numeric	
S_INVPROB		Yes	Numeric	
S_INVPROB_WEB		Yes	Numeric	
S_VSTRAT		Yes	Numeric	
S_VSTRAT_SAMP		Yes	Numeric	
S_VPSU		Yes	Numeric	
S_NRFU		Yes	Numeric	

This survey will use the following RND_xx variables:
Note, these are randomized in the script (NOT preloads)

RND_xx	Associated survey Qs
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

Thank you for your continued participation in AmeriSpeak. I'm calling to let you know that you have a survey waiting for you and we want you to call us back to complete it. This survey is being conducted in partnership with the CDC on the COVID-19 pandemic and people's health and experiences with it. 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 RANDS COVID-19 Survey 3 v7
Date: May 10, 2021

[SHOW IF MODE_PREF=CATI and MODE_JS=CAWI]
[SEE LAST YEAR RANDS WEB-PHONE SURVEY – CHRIS IMPLEMENTED THIS]
[DISPLAY]
[REMOVE 'CONTINUE' BUTTON ON SCREEN, AUTO-DIRECT BACK TO PORTAL AFTER 10 SECONDS]
[DISPLAY_CATI_INTRO]
Thank you for starting your new AmeriSpeak survey! We really want you to complete on the phone. In order to complete this survey and receive your [INCENTWCOMMA] AmeriPoints, please give us a call at 888-326-9424 to complete this survey.

[SHOW ALL] [DISPLAY – WINTRO_1]
[CAWI] Thank you for agreeing to participate in our new AmeriSpeak survey!

[ALL] This survey is about different health-related topics and issues.

[CAWI] 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.

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

[DISPLAY]
OMBNOTICE.
[CAWI]Thank you again for agreeing to participate. Your survey will continue on the next screen.
[SPACE]
[REDUCE TEXT SIZE SLIGHTLY; TEXT BELOW BORDED BY THIN BLACK BOX/OUTLINE]

Notice - CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333; ATTN: PRA (0902-1323).

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) and the Confidential Information Protection and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018 (Pub. L. No. 115-435, 132 Stat. 5529 § 302)). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

[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 (0902-1323).

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[DISPLAY]
CONFID_DISPLAY.

Some of the content of the questions in the survey are sensitive in nature. This research is covered by a Certificate of Confidentiality from the National Institutes of Health. The Certificate of Confidentiality (CoC) protects your privacy by prohibiting disclosure of identifiable, sensitive research information to anyone not connected to the research. This means that the researchers cannot release or use information that may identify you in any action or suit unless you say it is okay. An example would be a court subpoena.

The Certificate does not stop reporting what federal, state or local laws require. Some examples are laws that require reporting of child or elder abuse and threats to harm yourself or others.

[DISPLAY]
[SHOW IF CAWI]
WEBINTRO

[SPACE]
<unbold>The National Center for Health Statistics, part of the Centers for Disease Control and Prevention, is conducting a study and we need your help. We are interested in your health and wellness, and will be asking you a series of questions about your health history, behaviors, and opinions. This should take about 20 minutes or less to complete. Participation in this survey is completely voluntary, and you may skip any question(s) you do not want to answer and may quit the survey at any time. You will not receive any monetary reward or incentive from the government for participating in this survey. The information being collected is for research purposes only, and will assist NCHS and CDC in their ongoing efforts to track the health of the American public. Your data will be held confidential, will be used for statistical purposes only, and will not be disclosed or released to other persons without your consent in accordance with Section 308(d) of the Public Health Service Act [42 U.S.C. 242m(d)] and the Confidential Information and Statistical Efficiency Act (Title III of the Foundations for Evidence-Based Policymaking Act of 2018, Pub. L. No. 115-435, 132 Stat. 5529, § 302).
[SPACE]
If you have any questions about this study, please call the office of the Ethics Review Board at the National Center for Health Statistics, toll-free at 1-800-223-8118. Please leave a brief message with your

name and phone number. Say that you are calling about Protocol #2016-16-54. Your call will be returned as soon as possible.

Click the "Continue" button below to begin. <remove unbold>

[DISPLAY]
[SHOW IF CATI]
PHONEINTRO.
- o <unbold>We are asking for your help as we construct a health survey on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.
- o Phone call takes on average 20 minutes to complete.
- o All information which would permit identification of an individual, a practice, or an establishment will be held confidential, and will be used for statistical purposes only by NCHS staff and agents and will not be disclosed or released to other persons without your consent. If you have any questions about your rights as a participant in this research study, call NCHS' Confidentiality Officer at (888) 642-1459.
- o Participation is voluntary, but will assist greatly in helping further our nation's understanding of health and how we ask the public about public health issues. <remove unbold>

GENERAL HEALTH AND LIFE STATISFACTION

[SP; PROMPT TWICE IF REFUSED]
[COPY FROM ATEST SID 1804]
PHSTAT.
Would you say your <u>health in general</u> 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 P_LIFESAT=1]
[RECORD TIME ON SCREEN]
[SP]

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?

[CAT] DO NOT READ NUMBERS IN RESPONSE OPTIONS; RE-READ QUESTION IF NECESSARY FOR SCALE ENDPOINTS

RESPONSE OPTIONS:
1. 0
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7
9. 8
10. 9
11. 10

[SHOW IF P_LIFESAT=2]
[RECORD TIME ON SCREEN]
[SP]
LIFESAT2.
In general, how satisfied are you with your life? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?

CAWI RESPONSE OPTIONS:
1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

CATI RESPONSE OPTIONS:
1. VERY SATISFIED
2. SATISFIED
3. DISSATISFIED
4. VERY DISSATISFIED

[MP]
[RECORD TIME ON SCREEN]
PROBE_LIFESAT.
When you answered the previous question about how satisfied you are with your life, which of the following, if any, were you thinking about?

RESPONSE OPTIONS, RANDOMIZE 1-4:

1. Your successes and achievements in life
2. Your inner strength or mental outlook
3. Your experiences related to the pandemic
4. Your feelings related to politics and the direction of the country
5. [SHOW IF P_LIFEOPEN=1]Something else, please specify: [TEXTBOX]

CHRONIC CONDITIONS

[COPY FROM ATEST SID 1804]
[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

[COPY FROM ATEST SID 1804]
[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 ATEST SID 1804]
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 ATEST SID 1804]
[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

[DISPLAY]
[COPY FROM ADEV SID 1804]
CIGINTRO.
These next questions are about cigarette smoking.

[SP]
[COPY FROM ADEV SID 1804]
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 1804]
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

EMPLOYMENT AND BENEFITS

[SP]
[COPY FROM ADEV SID 1804]
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]
[COPY FROM ADEV SID 1804]
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]
[COPY FROM ADEV SID 1804]
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

ACCESS TO CARE AND REGULAR HEALTH PROVIDER (E.G. TELEMEDICINE)

[SP]
[COPY FROM ADEV SID 1804 – NAME 'COVD_CARE' PREVIOUSLY; UPDATED QUESTION TEXT]
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?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SP]
[COPY FROM ADEV SID 1804]
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]
[COPY FROM ADEV SID 1804]
USPLKIND.
What kind of place [IF USUALPL=1, INSERT: is it; IF USUALP=3,77,98,99, INSERT: do you go to most often]?

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

[SHOW IF USUALPL=1,3,77,98,99 AND P_TELMEDEXP=1]
[SP]
[COPY FROM ADEV SID 1804 WITH UPDATED LOGIC]
[RECORD TIME ON SCREEN]
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 USUALPL=1,3,77,98,99 AND P_TELMEDEXP=2]
[SP]
[RECORD TIME ON SCREEN]
ALT_TELMED.
Does this provider offer telephone or video appointments, so that you don't need to physically visit their office or facility?

[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 AND P_PROBETEL=1]
[MP]
[RECORD TIME ON SCREEN]
PROBE_TELMEDORIG.
When you answered the previous question about telephone or video appointments, were you thinking about…

RESPONSE OPTIONS, RANDOMIZE 1-3:
1. Whether or not you had scheduled or participated in a telephone or video appointment
2. Your provider's ability to do appointments over telephone or video
3. Whether or not your provider contacted you and let you know that they had the ability to conduct appointments over telephone or video

---

PROGRAMMING: CREATE DOV_PROBETELMEDATL_ORDER

RANDOMIZE AND RECORD ORDER OF PROBE_TELMEDALT1, PROBE_TELMEDALT2, AND PROBE_TELMEDALT3

DISPLAY DOV_PROBETELMEDALT_ORDER

[SHOW IF USUALPL=1,3,77,98,99 AND P_PROBETEL=2]
[SP]
[RECORD TIME ON SCREEN]
PROBE_TELMEDALT1.
When you answered the previous question about telephone or video appointments, were you thinking about…
[SPACE]
Whether or not you had scheduled or participated in a telephone or video appointment

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SHOW IF USUALPL=1,3,77,98,99 AND P_PROBETEL=2]
[SP]
[RECORD TIME ON SCREEN]
PROBE_TELMEDALT2.
When answering the previous question about telephone or video appointments, were you thinking about…
[SPACE]
Your provider's ability to do appointments over telephone or video

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SHOW IF USUALPL=1,3,77,98,99 AND P_PROBETEL=2]
[SP]
[RECORD TIME ON SCREEN]
PROBE_TELMEDALT3.

When answering the previous question about telephone or video appointments, were you thinking about…
[SPACE]
Whether or not your provider contacted you and let you know that they had the ability to conduct appointments over telephone or video

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SHOW IF TELMED =1 OR ALT_TELMED=1]
[COPY FROM ADEV SID 1804 WITH UPDATED LOGIC]
[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 TELMED =1 OR ALT_TELMED=1]
[COPY FROM ADEV SID 1804 WITH UPDATED LOGIC]
[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]
[COPY FROM ADEV SID 1804]
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]
[COPY FROM ADEV SID 1804]
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 COVIDNOCARA THRU COVIDNOCARI=1 'YES']
[GRID, SP]
PROBE_NOCAR.
Why do you say you were unable to get care because of the pandemic?

GRID ITEMS:
A.   Your provider cancelled appointments
B.   Your provider delayed appointments
C.   You delayed making an appointment
D.   You delayed or cancelled an existing appointment
E.   Something else, please specify: [TEXTBOX, ACTIVATED ONLY WHEN "YES" IS PUNCHED]

CAWI RESPONSE OPTIONS:
1.   Yes
2.   No

CATI RESPONSE OPTIONS:
1.   YES
2.   NO

[SHOW IF ANY NOCARTYP_A THRU NOCARTYP_I=1 'YES' AND ANY (PROBE_NOCARA THRU PROBE_NOCARD=1)]
[SP]
PROBE_GETCAR.
How much of the care that [IF (PROBE_NOCARA=1 OR PROBE_NOCARB=1) AND (PROBE_NOCARC NE 1 AND PROBE_NOCARD NE 1): your provider; (PROBE_NOCARC=1 OR PROBE_NOCARD=1) AND (PROBE_NOCARA NE 1 AND PROBE_NOCARB NE 1): you; (PROBE_NOCARA=1 OR PROBE_NOCARB=1) AND (PROBE_NOCARC=1 OR PROBE_NOCARD=1): you and your provider] delayed or cancelled were you eventually able to reschedule or receive?

RESPONSE OPTIONS:
1.   All of it
2.   Most of it
3.   Some of it
4.   None of it

VACCINES

CREATE VAX_SECTION_TIME_START: CAPTURE TIME WHEN VAX_HES REACHED
CREATE VAX_SECTION_DATE_START: CAPTURE DATE WHEN VAX_HES REACHED

[SP]
VAX_HES.
The next few questions are about vaccines.
[SPACE]
Overall, how hesitant about vaccines in general would you consider yourself to be?

RESPONSE OPTIONS:
1. Not at all hesitant
2. Not that hesitant
3. Somewhat hesitant
4. Very hesitant

[SHOW IF VA_HES=1,2,3,4]
[LARGE TEXTBOX]
PROBE_HES.
Please list the reasons you say you [IF VAX_HES=3,4: are; IF VAX_HES=1,2: are not] hesitant about vaccines in general:

[TEXTBOX]

[SP]
VAX_SIDE.
Have concerns about serious, long-term side effects impacted your decision to get vaccinated in the past?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SP]
VAX_KNOW.
Do you personally know anyone who has had a serious, long-term side effect from a vaccine?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SP]
VAX_MD.
Is your doctor or health provider your most trusted source of information about vaccines?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SP]
VAX_RISK.
How confident are you that the benefits of vaccines outweigh their risks?

RESPONSE OPTIONS:
1. Very confident
2. Somewhat confident
3. Not at all confident

[SP]
VAX_HERD.
Do you believe that getting vaccinated helps protect others from getting disease?

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SP]

COVID_HES.
Thinking specifically about potential COVID-19 vaccines, how hesitant would you consider yourself to be?

RESPONSE OPTIONS:
1. Not at all hesitant
2. Not that hesitant
3. Somewhat hesitant
4. Very hesitant
77. Don't know

[SP]
VAX_COVID.
Have you already received a COVID-19 vaccine?

[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 VAX_COVID=2,77,98,99]
[SP]
VAX_PLAN.
Do you plan on getting a COVID-19 vaccine?

CAWI RESPONSE OPTIONS:
1. Yes
2. No
77. Don't know

CATI RESPONSE OPTIONS:
1. YES
2. NO
77. DON'T KNOW

[MP]
[RECORD TIME ON SCREEN]

PROBE_VAX.

When thinking about [IF VAX_COVID=1: receiving; IF VAX_PLAN=1: your plan to get; IF VAX_PLAN=2: your plan not to get; IF VAX_PLAN=77,98,99: whether to get] a COVID-19 vaccine, which of the following, if any, were you thinking about?

[CAWI - REMOVE BOLD] <i>Select all that apply. </i>
[CATI] SELECT ALL THAT APPLY

RESPONSE OPTIONS, RANDOMIZE 1-9:
1. Overall social benefit of vaccine
2. Long-term health impacts
3. Speed of development
4. Government approval process
5. Personal risk of getting vaccinated
6. Risk of contracting COVID-19
7. Information you received from a medical provider
8. Information you received from friends or social media
9. Previous experiences with vaccines
10. [SHOW IF P_VAXOPEN=1]Something else, please specify: [TEXTBOX]

[GRID, SP; 4,3]
VAX_BELIEF.
Do you agree or disagree with the following about the COVID-19 vaccines?

GRID ITEMS:
A. They lower your risk for getting the COVID-19 virus
B. You won't spread the virus to other people even if you've been exposed
C. With the vaccine, you no longer need to wear a mask or social distance
D. With the vaccine, you can go into public places like restaurants, sports arenas, and movie theaters
E. They might cause a mild reaction
F. For people with other health conditions, it is important to be vaccinated
G. Many of your family and friends think it's important for you to be vaccinated

CAWI RESPONSE OPTIONS:
1. Agree
2. Disagree

CATI RESPONSE OPTIONS:
1. AGREE
2. DISAGREE

CREATE VAX_SECTION_TIME_END: CAPTURE TIME WHEN COVID_S6A REACHED
CREATE VAX_SECTION_DATE_END: CAPTURE DATE WHEN COVID_S6A REACHED

COVID-19 MITIGATION BEHAVIORS

[GRID SP; 5,4]
COVID_S6A.
In the last week, did you socially distance when you were…

[CATI] READ RESPONSE SCALE ONCE AND ONLY REPEAT IF NEEDED

GRID ITEMS, RANDOMIZE AND RECORD:
   A. Shopping
   B. Eating at a restaurant
   C. Visiting with people outside your household
   D. Using public transportation or ride sharing
   E. Working out or exercising
   F. Visiting a medical facility
   G. Receiving nail, hair care, or spa services
   H. Attending a faith or religious service
   I. Attending a gathering with more than 10 people

RESPONSE OPTIONS:
   1. Yes
   2. No
   3. Not applicable

[SHOW IF COVID_S6AA=1 OR COVID_S6AB=1 OR COVID_S6AC=1 OR COVID_S6AE=1 OR COVID_S6AG=1 OR COVID_S6AH=1 OR COVID_S6AI=1]
[GRID SP]
COVID_S6B.
Did you do the following activities inside, outside, or both?

GRID ITEMS, DISPLAY IN SAME ORDER FOR ONLY THOSE CONDITIONS SATISFIED:
   A. [SHOW IF COVID_S6AA=1]Shopping
   B. [SHOW IF COVID_S6AB=1]Eating at a restaurant
   C. [SHOW IF COVID_S6AC=1]Visiting with people outside your household
   E. [SHOW IF COVID_S6AE=1]Working out or exercising
   G. [SHOW IF COVID_S6AG=1]Receiving nail, hair care, or spa services
   H. [SHOW IF COVID_S6AH=1]Attending a faith or religious service
   I. [SHOW IF COVID_S6AI=1]Attending a gathering with more than 10 people

CAWI RESPONSE OPTIONS:
   1. Inside
   2. Outside
   3. Both inside and outside

CATI RESPONSE OPTIONS:

1. INSIDE
2. OUTSIDE
3. BOTH INSIDE AND OUTSIDE

[LARGE TEXTBOX]
[RECORD TIME ON SCREEN]
PROBE_DISTANCE.
When you were answering about social distancing in the previous questions, what were you thinking about?

[TEXTBOX]

[SHOW IF COVID_S6AA=1 OR COVID_S6AB=1 OR COVID_S6AC=1 OR COVID_S6AD=1 OR COVID_S6AE=1 OR COVID_S6AF=1 OR COVID_S6AG=1 OR COVID_S6AH=1 OR COVID_S6AI=1]
[GRID SP]
COVID_S6C.
When doing the following activities, did you always wear a mask?

GRID ITEMS, DISPLAY IN SAME ORDER FOR ONLY THOSE CONDITIONS SATISFIED:
A. [SHOW IF COVID_S6AA=1]Shopping
B. [SHOW IF COVID_S6AB=1]Eating at a restaurant
C. [SHOW IF COVID_S6AC=1]Visiting with people outside your household
D. [SHOW IF COVID_S6AD=1]Using public transportation or ride sharing
E. [SHOW IF COVID_S6AE=1]Working out or exercising
F. [SHOW IF COVID_S6AF=1]Visiting a medical facility
G. [SHOW IF COVID_S6AG=1]Receiving nail, hair care, or spa services
H. [SHOW IF COVID_S6AH=1]Attending a faith or religious service
I. [SHOW IF COVID_S6AI=1]Attending a gathering with more than 10 people

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SHOW IF COVID_S6AA=1 OR COVID_S6AB=1 OR COVID_S6AC=1 OR COVID_S6AD=1 OR COVID_S6AE=1 OR COVID_S6AF=1 OR COVID_S6AG=1 OR COVID_S6AH=1 OR COVID_S6AI=1]
[GRID SP]
PROBE_MASKTYPE.
When asked about wearing a mask in the previous question, which of the following, if any, were you thinking about?

GRID ITEMS:
- A. A neck gaiter
- B. A bandana
- C. A cloth mask
- D. A surgical or medical mask
- E. A mask with a valve
- F. Something else, please specify: [TEXTBOX, ACTIVATED ONLY WHEN "YES" IS PUNCHED]

CAWI RESPONSE OPTIONS:
1. Yes
2. No

CATI RESPONSE OPTIONS:
1. YES
2. NO

[SP]
PROBE_MASKUSE.
Which of the following is most common in your community?

RESPONSE OPTIONS:
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
4. People wearing masks over their mouths, but not their noses
5. People wearing masks over their chins, but not their mouths or noses
6. People not wearing masks at all

[SP]
COVID_IMPACT1.
Since the pandemic, is the time you spend doing physical activities or exercise more, less, or about the same?

CAWI RESPONSE OPTIONS:
1. More
2. Less
3. About the same

CATI RESPONSE OPTIONS:
1. MORE
2. LESS
3. ABOUT THE SAME

[SP]
COVID_IMPACT2.
Since the pandemic, do you feel more sad or lonely, less sad or lonely, or about the same?

CAWI RESPONSE OPTIONS:
1. More sad or lonely
2. Less sad or lonely
3. About the same

CATI RESPONSE OPTIONS:
1. MORE SAD OR LONELY
2. LESS SAD OR LONELY
3. ABOUT THE SAME

[SP]
COVID_IMPACT3.
Since the pandemic, do you feel closer to your family, less close to your family, or about the same?

CAWI RESPONSE OPTIONS:
1. Closer
2. Less close
3. About the same

CATI RESPONSE OPTIONS:
1. CLOSER
2. LESS CLOSE
3. ABOUT THE SAME

[SP]
COVID_IMPACT4.
Since the pandemic, do you feel more socially connected to friends, less connected, or about the same?

CAWI RESPONSE OPTIONS:
1. More connected
2. Less connected
3. About the same

CATI RESPONSE OPTIONS:
1. MORE CONNECTED
2. LESS CONNECTED
3. ABOUT THE SAME

AFFECT

[COPY FROM ATEST SID 1804]
[DISPLAY]
GADPHQ_INTRO.
[CAWI] The next questions are about how often you may have felt some things over the last 2 weeks.

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

[COPY FROM ATEST SID 1804]
[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

[COPY FROM ATEST SID 1804]

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

[COPY FROM ATEST SID 1804]
[GRID SP]
[RECORD TIME ON SCREEN]

PHQ.
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. 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

[COPY FROM ATEST SID 1804]

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

WG SHORT SET AND AFFECT

[SP]
VISIONDF.
Do you have difficulty seeing, even if wearing glasses?

[CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

CAWI RESPONSE OPTIONS:
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

CATI RESPONSE OPTIONS:
1. NO DIFFICULTY
2. SOME DIFFICULTY
3. A LOT OF DIFFICULTY
4. CANNOT DO AT ALL

[SP]
HEARINGDF.
Do you have difficulty hearing, even if using hearing aides?

[CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

CAWI RESPONSE OPTIONS:
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

CATI RESPONSE OPTIONS:
1. NO DIFFICULTY
2. SOME DIFFICULTY
3. A LOT OF DIFFICULTY
4. CANNOT DO AT ALL

[COPY FROM ATEST SID 1596 – SIMPLIFIED QUESTION TEXT]
[SP]
DIFF.
Do you have difficulty walking or climbing steps?

[CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

CAWI RESPONSE OPTIONS:
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

CATI RESPONSE OPTIONS:
1. NO DIFFICULTY
2. SOME DIFFICULTY
3. A LOT OF DIFFICULTY
4. CANNOT DO AT ALL

[COPY FROM ATEST SID 1596 – SIMPLIFIED QUESTION TEXT]

[SP]
COMDIFF.
Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

[CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

CAWI RESPONSE OPTIONS:
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

CATI RESPONSE OPTIONS:
1. NO DIFFICULTY
2. SOME DIFFICULTY
3. A LOT OF DIFFICULTY
4. CANNOT DO AT ALL

[COPY FROM ATEST SID 1596 – SIMPLIFIED QUESTION TEXT]
[SP]
COGMEMDIFF.
Do you have difficulty remembering or concentrating?

[CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

CAWI RESPONSE OPTIONS:
1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

CATI RESPONSE OPTIONS:
1. NO DIFFICULTY
2. SOME DIFFICULTY
3. A LOT OF DIFFICULTY
4. CANNOT DO AT ALL

[SP]
UPPSLFCR.
Do you have difficulty with self-care, such as washing all over or dressing?

[CATI] Would you say no difficulty, some difficulty, a lot of difficulty, or you cannot do this at all?

CAWI RESPONSE OPTIONS:
1. No difficulty

2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

CATI RESPONSE OPTIONS:
1. NO DIFFICULTY
2. SOME DIFFICULTY
3. A LOT OF DIFFICULTY
4. CANNOT DO AT ALL

[COPY FROM ATEST SID 1804]
[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

[COPY FROM ATEST SID 1804]
[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

[COPY FROM ATEST SID 1804]
[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

[COPY FROM ATEST SID 1804]

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

[COPY FROM ATEST SID 1804]
[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

[COPY FROM ATEST SID 1804]
[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

[COPY FROM ATEST SID 1804]
[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

[COPY FROM ATEST SID 1804]

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

[COPY FROM ATEST SID 1804]
[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]
CAWI: <i>Please select all that apply.</i>
CATI: 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
7. [SHOW IF P_PROBEANXDEP=1] [CAWI: I; CATI: You] would describe them some other way, please specify: [TEXTBOX]

[COPY FROM ATEST SID 1804]
[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]
CAWI: <i>Please select all that apply.</i>
CATI: 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
7. [SHOW IF P_PROBEANXDEP=2] [CAWI: I; CATI: You] would describe them some other way, please specify: [TEXTBOX]

NSFG RELIGION

CREATE REL_SECTION_TIME_START: CAPTURE TIME WHEN DISPLAY_OUT REACHED
CREATE REL_SECTION_DATE_START: CAPTURE DATE WHEN DISPLAY_OUT REACHED

[DISPLAY]
DISPLAY_OUT.
You are almost done with the survey. Finally, we have some questions on a different topic.

[SP]
REL1.
The next few questions are about religion.
[SPACE]
In what religion were you raised, if any?

RESPONSE OPTIONS:
1. Christianity
2. Judaism
3. Islam
4. Hinduism
5. Buddhism
6. Some other religion, please specify: [TEXTBOX]
7. No religion (including being raised agnostic or atheist)

[SHOW IF REL1=1,6]
[SP]
REL2.
Which of these were you raised as, if any?

RESPONSE OPTIONS:
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: [TEXTBOX]

[SP]
REL3.
When you were 14, about how often did you usually attend religious services?

RESPONSE OPTIONS:
1. More than once a week
2. Once a week
3. 2-3 times a month
4. Once a month (about 12 times a year)
5. 3-11 times a year
6. Once or twice a year
7. Never

[SP]
REL4.
What religion are you now?

RESPONSE OPTIONS:
1. Christianity
2. Judaism
3. Islam
4. Hinduism
5. Buddhism
6. Some other religion, please specify: [TEXTBOX]
7. No religion (including being agnostic or atheist)

[SHOW IF REL4=1,6]
[SP]
REL5.
Which of these are you now, if any?

RESPONSE OPTIONS:
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: [TEXTBOX]

[SHOW IF REL4=1,2,3,4,5,6]
[SP]
REL6.

Currently, how important is religion in your daily life?

[CATI] Would you say it is very important, somewhat important, or not important?

RESPONSE OPTIONS:
1. Very important
2. Somewhat important
3. Not important

[SHOW IF REL6=1,2,3]
[MEDIUM TEXTBOX]
PROBE_REL6.
Why do you say that?

[TEXTBOX]

[SHOW IF REL4=1,2,3,4,5,6]
[SP]
REL7.
About how often do you attend religious services?

RESPONSE OPTIONS:
1. More than once a week
2. Once a week
3. 2-3 times a month
4. Once a month (about 12 times a year)
5. 3-11 times a year
6. Once or twice a year
7. Never

CREATE REL_SECTION_TIME_END: CAPTURE TIME WHEN BURDEN1 REACHED
CREATE REL_SECTION_DATE_END: CAPTURE DATE WHEN BURDEN1 REACHED

[SP]
BURDEN1.
How burdensome was it to complete this survey?

RESPONSE OPTIONS:
1. Not at all burdensome
2. A little burdensome
3. Moderately burdensome
4. Very burdensome
5. Extremely burdensome

[SP]
BURDEN2.
How difficult was it to answer the questions?

RESPONSE OPTIONS:
1. Not at all difficult
2. A little difficult
3. Moderately difficult
4. Very difficult
5. Extremely difficult

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.
[SINGLE CHOICE]
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

[SINGLE CHOICE – CAWI ONLY]
QFINAL2.
Did you experience any technical issues in completing this survey?

1. Yes – please tell us more in the next question
2. No

[TEXT BOX] [CATI version needs "no" option]
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 or call (888) 326-9424.

[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 or call us toll-free at **888-326-942**4. Let me repeat that again: email us at 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 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.