

| Variable | Description |
|------------------------|---|
| AGE | Respondent age |
| AGE4 | Age - 4 Categories |
| AGE7 | Age - 7 Categories |
| ALT_NHISTEST1 | Have you ever had a test to determine if you were infected with Coronavirus or COVID-19 at the time of the test? |
| ALT_NHISTEST2 | Have you ever had an antibody test to determine if you had Coronavirus or COVID-19 in the past? |
| ALT_NHISTEST_TOTALTIME | DATA ONLY: ALT_NHISTEST1 and ALT_NHISTEST2 Time on Screen (in seconds) |
| ANXFREQ | How often do you feel worried, nervous or anxious? |
| ANXFREQ_TOTALTIME | DATA ONLY: ANXFREQ Time on Screen (in seconds) |
| ANXLEVEL | Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? |
| ANXLEVEL_TOTALTIME | DATA ONLY: ANXLEVEL Time on Screen (in seconds) |
| ANXMED | Do you take prescription medication for these feelings? |
| ANXMED_TOTALTIME | DATA ONLY: ANXMED Time on Screen (in seconds) |
| ASEV | [Asthma?] Have you ever been told by a doctor or other health professional that you had... |
| ASTILL | Do you still have asthma? |
| AUTOIM | Do you currently have a health condition that a doctor or other health professional told you weakens the immune system, making it easier for you to get sick? |
| CANEV | [Cancer or a malignancy of any kind?] Have you ever been told by a doctor or other health professional that you had... |
| CHDEV | [Coronary heart disease?] Have you ever been told by a doctor or other health professional that you had... |
| CHLEV | [High cholesterol?] Have you ever been told by a doctor or other health professional that you had... |
| 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... |
| COVIDCARNO_1 | [Too expensive] Why did you not seek this medical care? |
| COVIDCARNO_2 | [Not available] Why did you not seek this medical care? |
| COVIDCARNO_3 | [Symptoms were not severe enough] Why did you not seek this medical care? |
| COVIDCARNO_4 | [Something else, please specify:] Why did you not seek this medical care? |
| COVIDCARNO_DK | [DON'T KNOW] Why did you not seek this medical care? |
| COVIDCARNO_REF | [REFUSED] Why did you not seek this medical care? |
| COVIDCARNO_SKP | [SKIPPED ON WEB] Why did you not seek this medical care? |
| COVIDEV | Has a doctor or other health professional ever |

| Variable | Description |
|--------------------|--|
| COVIDNOCAR_A | told you that you had or likely had Coronavirus or COVID-19? |
| COVIDNOCAR_B | [Urgent Care for an Accident or Illness] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDNOCAR_C | [A Surgical Procedure] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDNOCAR_D | [Diagnostic or Medical Screening Test] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDNOCAR_E | [Treatment for Ongoing Condition] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDNOCAR_F | [A Regular Check-up] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDNOCAR_G | [Prescription drugs or medications] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDNOCAR_H | [Dental Care] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDNOCAR_I | [Vision Care] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDNOCAR_J | [Hearing Care] For the following, were you unable able to get this because of the Coronavirus pandemic? |
| COVIDSEEK | Did you seek medical care for Coronavirus or Covid-19? |
| COVID_CARE | At any time in the last 4 weeks, did you need medical care for something other than Coronavirus, but not get it because of the Coronavirus pandemic? |
| COVID_INS | Did you lose health insurance coverage at any point because of the Coronavirus pandemic? |
| COVID_NOWK | Were you unable to work because you or a family member was sick with the Coronavirus? |
| CaseId | Case ID |
| DEPFREQ | How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never? |
| DEPFREQ_TOTALTIME | DATA ONLY: DEPFREQ Time on Screen (in seconds) |
| DEPLEVEL | Thinking about the last time you felt depressed, how depressed did you feel? |
| DEPLEVEL_TOTALTIME | DATA ONLY: DEPLEVEL Time on Screen (in seconds) |
| DEPMED | Do you take prescription medication for depression? |
| DEPMED_TOTALTIME | DATA ONLY: DEPMED Time on Screen (in seconds) |
| DIBEV | Has a doctor or other health professional ever told you that you had diabetes? |
| DISR_DOC | [To get a doctor's appointment or some other kind of healthcare?] Since the Coronavirus pandemic began, have you been able, unable, or |

| Variable | Description |
|----------------|--|
| DISR_MED | have not needed... [To get medications?] Since the Coronavirus pandemic began, have you been able, unable, or have not needed... |
| DOV_ANX | DATA ONLY: Categorization variable of responses to ANXFREQ, ANXMED, ANXLEVEL. |
| DOV_DEP | DATA ONLY: Categorization variable of responses to DEPFREQ, DEPMED, DEPLEVEL. |
| DOV_GAD | DATA ONLY: Binary variable of GAD7 |
| DOV_PHQ | DATA ONLY: Binary variable of PHQ |
| ECIGNOW | Do you now vape or use e-cigarettes every day, some days or not at all? |
| EDUC | Education (Highest Degree Received) |
| EDUC4 | 4-level education |
| EMPLASTWK | Last week, did you work for pay at a job or business? |
| EMPLOY | Current Employment Status |
| FEEL_ANX | Since the Coronavirus pandemic began, have you felt more stressed or anxious, less stressed or anxious, or about the same? |
| FEEL_DEP | Since the Coronavirus pandemic began, have you felt more lonely or sad, less lonely or sad, or about the same? |
| FEEL_SOC | Since the Coronavirus pandemic began, have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same? |
| GAD7_A | [Feeling nervous, anxious, or on edge] Over the last 2 weeks, how often have you been bothered by the following problems? |
| 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? |
| GAD7_TOTALTIME | DATA ONLY: GAD7 Time on Screen (in seconds) |
| GENDER | Respondent gender |
| HH01 | Number of HH members age 0-1 |
| HH1317 | Number of HH members age 13-17 |
| HH18OV | Number of HH members age 18+ |
| HH25 | Number of HH members age 2-5 |
| HH612 | Number of HH members age 6-12 |
| HHSIZE | Household size (including children) |
| HICOV | Are you covered by any kind of health insurance or some other kind of health care plan? |
| HOME_TYPE | Type of building of panelists' residence |
| HOUSING | Home Ownership |
| HYPEV | [Hypertension, also called high blood pressure?] Have you ever been told by a doctor or other health professional that you had... |
| INCOME | Household Income |
| INTERNET | HH internet access via dial-up, DSL, or cable broadband at home |
| MARITAL | Marital Status |
| METRO | Metropolitan area flag |
| MODE_PREF | Panelist Profile Variable: Panelist's Self-Selected Survey Mode Preference |

| Variable | Description |
|---------------------|--|
| NHIS_RSLT | Did the test find that you had Coronavirus or COVID-19? |
| NHIS_TEST | Have you ever been tested for Coronavirus or COVID-19? |
| NHIS_TEST_TOTALTIME | DATA ONLY: NHIS_TEST Time on Screen (in seconds) |
| NOCARDIR_A | [Urgent Care for an Accident or Illness] For the following, did your medical provider make this decision or did you? |
| NOCARDIR_B | [A Surgical Procedure] For the following, did your medical provider make this decision or did you? |
| NOCARDIR_C | [Diagnostic or Medical Screening Test] For the following, did your medical provider make this decision or did you? |
| NOCARDIR_D | [Treatment for Ongoing Condition] For the following, did your medical provider make this decision or did you? |
| NOCARDIR_E | [A Regular Check-up] For the following, did your medical provider make this decision or did you? |
| NOCARDIR_F | [Prescription drugs or medications] For the following, did your medical provider make this decision or did you? |
| NOCARDIR_G | [Dental Care] For the following, did your medical provider make this decision or did you? |
| NOCARDIR_H | [Vision Care] For the following, did your medical provider make this decision or did you? |
| NOCARDIR_I | [Hearing Care] For the following, did your medical provider make this decision or did you? |
| 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? |
| 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? |
| 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? |
| 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? |
| 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? |
| 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? |
| NOCARTYP_G | [Dental Care] In the last two months, were you unable to get any of the following types of care for any reason? |
| NOCARTYP_H | [Vision Care] In the last two months, were you unable to get any of the following types of care for any reason? |
| NOCARTYP_I | [Hearing Care] In the last two months, were you unable to get any of the following types of |

| Variable | Description |
|------------------|--|
| NOCARWHYMD_A_1 | care for any reason? [Medical office was closed] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness? |
| NOCARWHYMD_A_2 | [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness? |
| NOCARWHYMD_A_3 | [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness? |
| NOCARWHYMD_A_4 | [No reason was given] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness? |
| NOCARWHYMD_A_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness? |
| NOCARWHYMD_A_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness? |
| NOCARWHYMD_A_REF | [REFUSED] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness? |
| NOCARWHYMD_A_SKP | [SKIPPED ON WEB] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness? |
| NOCARWHYMD_B_1 | [Medical office was closed] What reasons were you given by your provider for this decision regarding a surgical procedure? |
| NOCARWHYMD_B_2 | [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a surgical procedure? |
| NOCARWHYMD_B_3 | [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a surgical procedure? |
| NOCARWHYMD_B_4 | [No reason was given] What reasons were you given by your provider for this decision regarding a surgical procedure? |
| NOCARWHYMD_B_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding a surgical procedure? |
| NOCARWHYMD_B_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding a surgical procedure? |
| NOCARWHYMD_B_REF | [REFUSED] What reasons were you given by your provider for this decision regarding a surgical procedure? |
| NOCARWHYMD_B_SKP | [SKIPPED ON WEB] What reasons were you given by your provider for this decision regarding a |

| Variable | Description |
|------------------|--|
| NOCARWHYMD_C_1 | surgical procedure? [Medical office was closed] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test? |
| NOCARWHYMD_C_2 | [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test? |
| NOCARWHYMD_C_3 | [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test? |
| NOCARWHYMD_C_4 | [No reason was given] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test? |
| NOCARWHYMD_C_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test? |
| NOCARWHYMD_C_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test? |
| NOCARWHYMD_C_REF | [REFUSED] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test? |
| NOCARWHYMD_C_SKP | [SKIPPED ON WEB] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test? |
| NOCARWHYMD_D_1 | [Medical office was closed] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition? |
| NOCARWHYMD_D_2 | [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition? |
| NOCARWHYMD_D_3 | [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition? |
| NOCARWHYMD_D_4 | [No reason was given] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition? |
| NOCARWHYMD_D_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition? |
| NOCARWHYMD_D_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition? |
| NOCARWHYMD_D_REF | [REFUSED] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition? |
| NOCARWHYMD_D_SKP | [SKIPPED ON WEB] What reasons were you given by |

| Variable | Description |
|------------------|---|
| NOCARWHYMD_E_1 | your provider for this decision regarding treatment for an ongoing condition? [Medical office was closed] What reasons were you given by your provider for this decision regarding a regular check-up? |
| NOCARWHYMD_E_2 | [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a regular check-up? |
| NOCARWHYMD_E_3 | [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a regular check-up? |
| NOCARWHYMD_E_4 | [No reason was given] What reasons were you given by your provider for this decision regarding a regular check-up? |
| NOCARWHYMD_E_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding a regular check-up? |
| NOCARWHYMD_E_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding a regular check-up? |
| NOCARWHYMD_E_REF | [REFUSED] What reasons were you given by your provider for this decision regarding a regular check-up? |
| NOCARWHYMD_E_SKP | [SKIPPED ON WEB] What reasons were you given by your provider for this decision regarding a regular check-up? |
| NOCARWHYMD_F_1 | [Medical office was closed] What reasons were you given by your provider for this decision regarding prescription drugs or medications? |
| NOCARWHYMD_F_2 | [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding prescription drugs or medications? |
| NOCARWHYMD_F_3 | [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding prescription drugs or medications? |
| NOCARWHYMD_F_4 | [No reason was given] What reasons were you given by your provider for this decision regarding prescription drugs or medications? |
| NOCARWHYMD_F_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding prescription drugs or medications? |
| NOCARWHYMD_F_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding prescription drugs or medications? |
| NOCARWHYMD_F_REF | [REFUSED] What reasons were you given by your provider for this decision regarding prescription drugs or medications? |
| NOCARWHYMD_F_SKP | [SKIPPED ON WEB] What reasons were you given by your provider for this decision regarding prescription drugs or medications? |
| NOCARWHYMD_G_1 | [Medical office was closed] What reasons were |

| Variable | Description |
|------------------|--|
| NOCARWHYMD_G_2 | you given by your provider for this decision regarding dental care? [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding dental care? |
| NOCARWHYMD_G_3 | [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding dental care? |
| NOCARWHYMD_G_4 | [No reason was given] What reasons were you given by your provider for this decision regarding dental care? |
| NOCARWHYMD_G_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding dental care? |
| NOCARWHYMD_G_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding dental care? |
| NOCARWHYMD_G_REF | [REFUSED] What reasons were you given by your provider for this decision regarding dental care? |
| NOCARWHYMD_G_SKP | [SKIPPED ON WEB] What reasons were you given by your provider for this decision regarding dental care? |
| NOCARWHYMD_H_1 | [Medical office was closed] What reasons were you given by your provider for this decision regarding vision care? |
| NOCARWHYMD_H_2 | [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding vision care? |
| NOCARWHYMD_H_3 | [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding vision care? |
| NOCARWHYMD_H_4 | [No reason was given] What reasons were you given by your provider for this decision regarding vision care? |
| NOCARWHYMD_H_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding vision care? |
| NOCARWHYMD_H_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding vision care? |
| NOCARWHYMD_H_REF | [REFUSED] What reasons were you given by your provider for this decision regarding vision care? |
| NOCARWHYMD_H_SKP | [SKIPPED ON WEB] What reasons were you given by your provider for this decision regarding vision care? |
| NOCARWHYMD_I_1 | [Medical office was closed] What reasons were you given by your provider for this decision regarding hearing care? |
| NOCARWHYMD_I_2 | [Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding |

| Variable | Description |
|------------------|---|
| NOCARWHYMD_I_3 | hearing care? [Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding hearing care? |
| NOCARWHYMD_I_4 | [No reason was given] What reasons were you given by your provider for this decision regarding hearing care? |
| NOCARWHYMD_I_5 | [Something else, please specify:] What reasons were you given by your provider for this decision regarding hearing care? |
| NOCARWHYMD_I_DK | [DON'T KNOW] What reasons were you given by your provider for this decision regarding hearing care? |
| NOCARWHYMD_I_REF | [REFUSED] What reasons were you given by your provider for this decision regarding hearing care? |
| NOCARWHYMD_I_SKP | [SKIPPED ON WEB] What reasons were you given by your provider for this decision regarding hearing care? |
| NOCARWHYR_A_1 | [The cost of the care] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_A_2 | [No access to transportation] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_A_3 | [Childcare or eldercare responsibilities] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_A_4 | [Did not want to leave your house] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_A_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_A_6 | [Something else, please specify:] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_A_DK | [DON'T KNOW] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_A_REF | [REFUSED] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_A_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding urgent care for an accident or illness? |
| NOCARWHYR_B_1 | [The cost of the care] What reasons did you have for your decision regarding a surgical procedure? |
| NOCARWHYR_B_2 | [No access to transportation] What reasons did you have for your decision regarding a surgical procedure? |
| NOCARWHYR_B_3 | [Childcare or eldercare responsibilities] What |

| Variable | Description |
|-----------------|--|
| NOCARWHYR_B_4 | reasons did you have for your decision regarding a surgical procedure? [Did not want to leave your house] What reasons did you have for your decision regarding a surgical procedure? |
| NOCARWHYR_B_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a surgical procedure? |
| NOCARWHYR_B_6 | [Something else, please specify:] What reasons did you have for your decision regarding a surgical procedure? |
| NOCARWHYR_B_DK | [DON'T KNOW] What reasons did you have for your decision regarding a surgical procedure? |
| NOCARWHYR_B_REF | [REFUSED] What reasons did you have for your decision regarding a surgical procedure? |
| NOCARWHYR_B_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding a surgical procedure? |
| NOCARWHYR_C_1 | [The cost of the care] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_C_2 | [No access to transportation] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_C_3 | [Childcare or eldercare responsibilities] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_C_4 | [Did not want to leave your house] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_C_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_C_6 | [Something else, please specify:] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_C_DK | [DON'T KNOW] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_C_REF | [REFUSED] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_C_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding a diagnostic or medical screening test? |
| NOCARWHYR_D_1 | [The cost of the care] What reasons did you have for your decision regarding treatment for an ongoing condition? |
| NOCARWHYR_D_2 | [No access to transportation] What reasons did you have for your decision regarding treatment for an ongoing condition? |
| NOCARWHYR_D_3 | [Childcare or eldercare responsibilities] What reasons did you have for your decision regarding treatment for an ongoing condition? |

| Variable | Description |
|-----------------|--|
| NOCARWHYR_D_4 | [Did not want to leave your house] What reasons did you have for your decision regarding treatment for an ongoing condition? |
| NOCARWHYR_D_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding treatment for an ongoing condition? |
| NOCARWHYR_D_6 | [Something else, please specify:] What reasons did you have for your decision regarding treatment for an ongoing condition? |
| NOCARWHYR_D_DK | [DON'T KNOW] What reasons did you have for your decision regarding treatment for an ongoing condition? |
| NOCARWHYR_D_REF | [REFUSED] What reasons did you have for your decision regarding treatment for an ongoing condition? |
| NOCARWHYR_D_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding treatment for an ongoing condition? |
| NOCARWHYR_E_1 | [The cost of the care] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_E_2 | [No access to transportation] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_E_3 | [Childcare or eldercare responsibilities] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_E_4 | [Did not want to leave your house] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_E_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_E_6 | [Something else, please specify:] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_E_DK | [DON'T KNOW] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_E_REF | [REFUSED] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_E_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding a regular check-up? |
| NOCARWHYR_F_1 | [The cost of the care] What reasons did you have for your decision regarding prescription drugs or medications? |
| NOCARWHYR_F_2 | [No access to transportation] What reasons did you have for your decision regarding prescription drugs or medications? |
| NOCARWHYR_F_3 | [Childcare or eldercare responsibilities] What reasons did you have for your decision regarding prescription drugs or medications? |
| NOCARWHYR_F_4 | [Did not want to leave your house] What reasons did you have for your decision regarding prescription drugs or medications? |

| Variable | Description |
|-----------------|---|
| NOCARWHYR_F_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding prescription drugs or medications? |
| NOCARWHYR_F_6 | [Something else, please specify:] What reasons did you have for your decision regarding prescription drugs or medications? |
| NOCARWHYR_F_DK | [DON'T KNOW] What reasons did you have for your decision regarding prescription drugs or medications? |
| NOCARWHYR_F_REF | [REFUSED] What reasons did you have for your decision regarding prescription drugs or medications? |
| NOCARWHYR_F_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding prescription drugs or medications? |
| NOCARWHYR_G_1 | [The cost of the care] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_G_2 | [No access to transportation] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_G_3 | [Childcare or eldercare responsibilities] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_G_4 | [Did not want to leave your house] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_G_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_G_6 | [Something else, please specify:] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_G_DK | [DON'T KNOW] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_G_REF | [REFUSED] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_G_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding dental care? |
| NOCARWHYR_H_1 | [The cost of the care] What reasons did you have for your decision regarding vision care? |
| NOCARWHYR_H_2 | [No access to transportation] What reasons did you have for your decision regarding vision care? |
| NOCARWHYR_H_3 | [Childcare or eldercare responsibilities] What reasons did you have for your decision regarding vision care? |
| NOCARWHYR_H_4 | [Did not want to leave your house] What reasons did you have for your decision regarding vision care? |
| NOCARWHYR_H_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding vision care? |
| NOCARWHYR_H_6 | [Something else, please specify:] What reasons did you have for your decision regarding vision care? |

| Variable | Description |
|-----------------|---|
| | care? |
| NOCARWHYR_H_DK | [DON'T KNOW] What reasons did you have for your decision regarding vision care? |
| NOCARWHYR_H_REF | [REFUSED] What reasons did you have for your decision regarding vision care? |
| NOCARWHYR_H_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding vision care? |
| NOCARWHYR_I_1 | [The cost of the care] What reasons did you have for your decision regarding hearing care? |
| NOCARWHYR_I_2 | [No access to transportation] What reasons did you have for your decision regarding hearing care? |
| NOCARWHYR_I_3 | [Childcare or eldercare responsibilities] What reasons did you have for your decision regarding hearing care? |
| NOCARWHYR_I_4 | [Did not want to leave your house] What reasons did you have for your decision regarding hearing care? |
| NOCARWHYR_I_5 | [Did not want to risk being at a medical facility] What reasons did you have for your decision regarding hearing care? |
| NOCARWHYR_I_6 | [Something else, please specify:] What reasons did you have for your decision regarding hearing care? |
| NOCARWHYR_I_DK | [DON'T KNOW] What reasons did you have for your decision regarding hearing care? |
| NOCARWHYR_I_REF | [REFUSED] What reasons did you have for your decision regarding hearing care? |
| NOCARWHYR_I_SKP | [SKIPPED ON WEB] What reasons did you have for your decision regarding hearing care? |
| PANEL_TYPE | Pattr/PRELOAD variable defining the sample source/type |
| PHONESERVICE | Telephone service for the household |
| PHQ_A | [Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by the following problems? |
| PHQ_B | [Feeling down, depressed, or hopeless] Over the last 2 weeks, how often have you been bothered by the following problems? |
| PHQ_TOTALTIME | DATA ONLY: PHQ Time on Screen (in seconds) |
| PHSTAT | Would you say your health in general is excellent, very good, good, fair, or poor? |
| PREDIB | Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes? |
| PREVENTFREQ_A | [Washed your hands for 20 seconds with soap and water] In the last two months, have you done the following more, about the same, or less than before? |
| PREVENTFREQ_B | [Used hand sanitizer] In the last two months, have you done the following more, about the same, or less than before? |
| PREVENTFREQ_C | [Coughed or sneezed into a tissue or sleeve] In the last two months, have you done the following more, about the same, or less than |

| Variable | Description |
|---------------|---|
| PREVENTFREQ_D | before? [Cleaned or sterilized commonly-touched surfaces, such as door knobs] In the last two months, have you done the following more, about the same, or less than before? |
| PREVENTFREQ_E | [Avoided contact with sick people] In the last two months, have you done the following more, about the same, or less than before? |
| PREVENTFREQ_F | [Kept a six-foot distance between yourself and people outside your household] In the last two months, have you done the following more, about the same, or less than before? |
| PREVENTFREQ_G | [Avoided gathering with groups of 10 or more people] In the last two months, have you done the following more, about the same, or less than before? |
| PREVENTFREQ_H | [Left your home for essential purposes only, such as for medical appointments or grocery shopping] In the last two months, have you done the following more, about the same, or less than before? |
| 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? |
| 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? |
| 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? |
| 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? |
| 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? |
| 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? |
| PROBE_ANX_DK | [DON'T KNOW] Which of the following statements, if any, describe your feelings of being nervous or anxious? |
| PROBE_ANX_REF | [REFUSED] Which of the following statements, if any, describe your feelings of being nervous or anxious? |
| PROBE_ANX_SKP | [SKIPPED ON WEB] Which of the following statements, if any, describe your feelings of |

| Variable | Description |
|---------------|--|
| PROBE_DEP_1 | being nervous or anxious? [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? |
| 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? |
| PROBE_DEP_3 | [I get over the feelings quickly.] Which of the following statements, if any, describe your feelings of being sad or depressed? |
| 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? |
| 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? |
| 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? |
| PROBE_DEP_DK | [DON'T KNOW] Which of the following statements, if any, describe your feelings of being sad or depressed? |
| PROBE_DEP_REF | [REFUSED] Which of the following statements, if any, describe your feelings of being sad or depressed? |
| PROBE_DEP_SKP | [SKIPPED ON WEB] Which of the following statements, if any, describe your feelings of being sad or depressed? |
| PROBE_QUAR1_1 | [Staying inside your house and not leaving at all] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |
| PROBE_QUAR1_2 | [Staying in one room in your house as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |
| PROBE_QUAR1_3 | [Limiting interactions with members of your household as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |
| PROBE_QUAR1_4 | [Limiting interactions with people outside your household as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |

| Variable | Description |
|-----------------------|--|
| PROBE_QUAR1_5 | [Leaving your house for essential purposes only, such as grocery shopping, healthcare appointments, and exercise] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thin |
| PROBE_QUAR1_6 | [Staying six feet away from other people as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |
| PROBE_QUAR1_7 | [Something else, please specify:] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |
| PROBE_QUAR1_DK | [DON'T KNOW] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |
| PROBE_QUAR1_REF | [REFUSED] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |
| PROBE_QUAR1_SKP | [SKIPPED ON WEB] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about? |
| PROBE_QUAR1_TOTALTIME | DATA ONLY: PROBE_QUAR1 Time on Screen (in seconds) |
| PROBE_QUAR2_TOTALTIME | DATA ONLY: PROBE_QUAR2 Time on Screen (in seconds) |
| PROBE_RSLT | Were you not told the results, are you still waiting on the results, or do you not remember the results of the test? |
| PROBE_SRH_1 | [Your diet and nutrition] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_10 | [The Coronavirus or COVID-19 pandemic] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_11 | [Something else, please specify:] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_12 | [None of the above] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_2 | [Your exercise habits] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_3 | [Your smoking or drinking habits] When you said |

| Variable | Description |
|-------------------------|---|
| PROBE_SRH_4 | your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? [Your health problems or conditions] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_5 | [Your lack of health problems or conditions] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_6 | [The amount of pain that you have] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_7 | [Your ability to do daily activities without assistance] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_8 | [The amount of sleep you get] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_9 | [Your mental or emotional health] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_DK | [DON'T KNOW] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_REF | [REFUSED] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_SRH_SKP | [SKIPPED ON WEB] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about? |
| PROBE_TESTTYP_1 | [A test to determine if you were infected with the Coronavirus at the time of the test] What kind of Coronavirus test did you receive? |
| PROBE_TESTTYP_2 | [An antibody test to determine if you had the Coronavirus in the past] What kind of Coronavirus test did you receive? |
| PROBE_TESTTYP_3 | [Something else, please specify:] What kind of Coronavirus test did you receive? |
| PROBE_TESTTYP_DK | [DON'T KNOW] What kind of Coronavirus test did you receive? |
| PROBE_TESTTYP_REF | [REFUSED] What kind of Coronavirus test did you receive? |
| PROBE_TESTTYP_SKP | [SKIPPED ON WEB] What kind of Coronavirus test did you receive? |
| PROBE_TESTTYP_TOTALTIME | DATA ONLY: PROBE_TESTTYP Time on Screen (in seconds) |
| P_COVIDEXP | DATA ONLY: Custom Preload for NHIS vs. Alternate COVID-19 Test |
| P_MAILEXP | Custom Preload: Low CR Panelist Mailing |

| Variable | Description |
|---------------|---|
| P_QUAR | Experiment DATA ONLY: Custom Preload for Multi-Punch vs. Open-End Quarantine Probe |
| QUAL | DATA-ONLY VARIABLE: QUAL |
| QUARANTINE | Have you isolated or quarantined yourself because of the Coronavirus? |
| RACETHNICITY | Combined Race/Ethnicity |
| REGION4 | 4-level region |
| REGION9 | 9-level region |
| SMKEV | Have you smoked at least 100 cigarettes in your entire life? |
| SMKNOW | Do you now smoke cigarettes every day, some days, or not at all? |
| SRHPSYCH | Would you say your mental health is excellent, very good, good, fair, or poor? |
| STATE | State |
| SUM_GAD7 | DATA ONLY: Sum variable of responses to GAD7_A and GAD7_B |
| SUM_PHQ | DATA ONLY: Sum variable of responses to PHQ_A and PHQ_B |
| SURV_MODE | Survey interview mode (online or phone) |
| SUSPECT | Do you suspect that you have ever had the Coronavirus or Covid-19? |
| S_BASEWEIGHT | DATA ONLY: Statistical Variable - Panel baseweight based on panel recruitment |
| S_INVPROB | DATA ONLY: Statistical Variable - Inverse probability of selection into specific study survey |
| S_INVPROB_WEB | DATA ONLY: Statistical Variable - Inverse probability of selection for Web-only panelists in study survey |
| S_NRFU | DATA ONLY: Statistical Variable - Numeric variable to identify NRFU status of panelist (1: NRFU, 0: Non-NRFU) |
| S_VPSU | DATA ONLY: Statistical Variable - Numeric variable to identify cluster of panelist |
| S_VSTRAT | DATA ONLY: Statistical Variable - Numeric variable to identify strata of panelist |
| S_VSTRAT_SAMP | DATA ONLY: Statistical Variable - Sampling strata (1-48) |
| 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? |
| 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? |
| TELMEDUSE | In the last two months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone? |
| USPLKIND | What kind of place is it / do you go to most often? |
| USUALPL | Is there a place that you usually go to if you are sick and need health care? |

| Variable | Description |
|-------------------|--|
| WEIGHT_AmSp | Normalized AmeriSpeak sample weights - 18+ general population (n=6,800) |
| WEIGHT_CALIBRATED | WEIGHT_AmSp, raked to 2018 NHIS sample adult demographic, geographic, health marginal totals |
| WEIGHTpop_AmSp | AmeriSpeak sample weights - 18+ general population (n=6,800) |
| duration | Time spent in survey, in minutes |