MCBS COVID-19 Rapid Response Supplement Questionnaire: Summer 2020

Var Name	Question Text/Description	Response Options	Routing
LANGUAGE	PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW.	(01) ENGLISH (02) SPANISH	NEXT QUESTION
INTROQ	Thank you for agreeing to participate in this short survey about [your/RESPONDENT'S NAME] experiences during the coronavirus outbreak.	(01) CONTINUE	NEXT QUESTION
ATDOOR	All survey information will be kept private to the extent permitted by law, as prescribed by the Privacy Act of 1974. Medicare benefits will not be affected in any way by survey responses or participation. REFER TO THE CORONAVIRUS SURVEY FAQ CARD IF THE RESPONDENT NEEDS ADDITIONAL REASSURANCE	(01) CONTINUE	NEXT QUESTION
SPVERNAM	VERIFY THE SP'S NAME. IS THE SP'S NAME CORRECT AND COMPLETE? FIRST NAME: [FIRST_NAME] MIDDLE INITIAL: [MIDDLE_NAME] LAST NAME: [LAST_NAME]	(01) YES (02) NO	(01) SPSTATUS (02) SPCORNAM
SPCORNAM	MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME. **SPFNAME**. FIRST NAME: **SPMIDIN**. MIDDLE INITIAL: **SPLNAME**. LAST NAME:	(01) CONTINUE	SPSTATUS

Var Name	Question Text/Description	Response Options	Routing
SPSTATUS	PLEASE INDICATE THE RESPONDENT'S CURRENT STATUS. IF THE CASE IS A PROXY INTERVIEW AND YOU HAVEN'T TALKED ABOUT THE RESPONDENT'S VITAL STATUS, PROBE AT THIS TIME ABOUT WHETHER THE RESPONDENT IS ALIVE OR DECEASED AND WHERE THE RESPONDENT IS LOCATED. WHEN WE REFER TO INSTITUTIONALIZED, WE ARE REFERRING TO THE MCBS DEFINITION OF A FACILITY. PLEASE REMEMBER THAT HOSPITALS AND HOSPICE CARE ARE NOT FACILITIES UNDER THE MCBS DEFINITION SO RESPONDENTS IN HOSPITALS AND HOSPICE CARE SHOULD NOT BE CONSIDERED TO BE INSTITUTIONALIZED BELOW. FOR THE FULL MCBS DEFINITION OF A FACILITY, SEE THE "MCBS FACILITY DEFINITION" REFERENCE CARD. IS THE RESPONDENT CURRENTLY:	(01) ALIVE AND NOT INSTITUTIONALIZED (02) ALIVE AND INSTITUTIONALIZED (03) DECEASED – DIED IN COMMUNITY (04) DECEASED – DIED IN INSTITUTION/FACILITY	(01) SPPROXIN (02) INTHANK (03) INTHANK (04) INTHANK
INTHANK	THIS CASE IS NOT ELIGIBLE FOR THE MCBS CORONAVIRUS SURVEY. THANK THE RESPONDENT THEN PRESS NEXT. ONCE YOU SYNC NORC SUITE THE CASE WILL BE CODED WITH THE APPROPRIATE INELIGIBLE DISPOSITION.		
SPPROXIN	WILL THIS INTERVIEW BE CONDUCTED WITH THE SAMPLE PERSON OR WITH A PROXY?	(01) SAMPLE PERSON (02) PROXY	(01) HLTHINT (02) SPRELATE

Var Name	Question Text/Description	Response Options	Routing
SPRELATE	[What is the relationship to (SP)?]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
PROXYWHY	WHAT IS THE MAIN REASON THAT A PROXY RESPONDENT IS NECESSARY?	(01) SP NOT CAPABLE PHYSICALLY/SICK/BLIND/CAN'T SPEAK/HEAR (02) SP NOT CAPABLE MENTALLY/POOR MEMORY/PSYCHIATRIC DISORDER (03) SP UNABLE TO PROVIDE INFORMATION REGARDING MEDICAL RECORDS (04) SP IN HOSPITAL (05) LANGUAGE PROBLEM (08) SP NOT AVAILABLE THIS ROUND (09) AUTHORIZED PROXY MUST ANSWER QUESTIONS FOR SP (91) OTHER	HLTHINT
HLTHINT	The first set of questions are about [your/SP's] experiences using health care services.	(01) CONTINUE	NEXT QUESTION
PLACPART	Is there a particular doctor or other health professional, or a clinic [you/(SP)]usually [go/goes]to when [you are/he is/she is]are sick or for advice about [your/SP's] health?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) PLACKIND (02) COMPUTER (-8) COMPUTER (-7) COMPUTER

Var Name	Question Text/Description	Response Options	Routing
PLACKIND	What kind of place [do you/does (SP)] usually go to when [you are/he is/she is] sick or for advice about [your/his/her] health -- is that a managed care plan or HMO center, a clinic, a doctor or other health professional's office, a hospital, or some other place? IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic? CODE BASED ON THE RESPONSE R GIVES:	(01) DOCTOR'S OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) COMPANY CLINIC (08) OTHER CLINIC (09) WALK-IN URGENT CENTER (10) DOCTOR COMES TO SP'S HOME (11) HOSPITAL EMERGENCY ROOM (12) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (13) VA FACILITY (14) MENTAL HEALTH CENTER (91) OTHER (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
TELMED	Does [your/(SP)'s] usual provider offer telephone or video appointments, so that [you don't/he/she doesn't] need to physically visit their office or facility? [IF NEEDED: Did [your/(SP)'s] provider offer to talk to [you/him/her] about [your/his/her] symptoms over the phone or video so that [you/he/she] wouldn't have to visit their office or facility?]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NEXT QUESTION (02) COMPUTER (-8) COMPUTER (-7) COMPUTER

Var Name	Question Text/Description	Response Options	Routing
TELMEDT1	Do they offer telephone appointments, video appointments, or both?	(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
TELMEDBE	Did [your/(SP)'s] usual provider offer telephone or video appointments **before the coronavirus outbreak**?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NEXT QUESTION (02) TELMEDDU (-8) TELMEDDU (-7) TELMEDDU
TELMEDT2	Did they offer telephone appointments, video appointments, or both?	(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
TELMEDDU	Did [your/(SP)'s] usual provider offer [you/him/her] a telephone or video appointment to replace a regularly scheduled appointment **during the coronavirus outbreak**?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NEXT QUESTION (02) COMPUTER (-8) COMPUTER (-7) COMPUTER
TELMEDT3	Did they offer telephone appointments, video appointments, or both?	(01) TELEPHONE (02) VIDEO (03) BOTH (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
COMPUTER	The next questions ask about use of the internet. [Do you/Does (SP)] own or use any of the following types of computers? Please tell me yes or no for each item I list. **COMPDESK.** Desktop or laptop **COMPPHON.** Smartphone **COMPTAB.** Tablet or other portable wireless computer	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
INTERNET	[Do you/ Does (SP)] have access to the internet?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
AUDIOVID	[Have you/ Has (SP)] ever participated in video or voice calls or conferencing over the internet, such as with Skype or FaceTime? [IF NEEDED: [Do you/Does (SP)] participate in video or voice calls or conferencing?]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
COVIDCAR	Now I'd like to ask about care [you were/(SP) was] unable to get because of the coronavirus outbreak. At any time since the beginning of the coronavirus outbreak, did [you/(SP)] need medical care for something other than coronavirus, **but not get** it because of the coronavirus outbreak?' [IF NEEDED: [Have you/Has (SP)] had any medical appointments rescheduled because of the coronavirus outbreak? Or, [have you/has he/has she] needed a medical appointment but [were/was] unable to schedule one because of the coronavirus outbreak?]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NOCARTY1 (02) AUTOINT (-8) AUTOINT (-7) AUTOINT

Var Name	Question Text/Description	Response Options	Routing
NOCARTY1	[Were you/Was (SP)] unable to get any of the following types of care because of the coronavirus outbreak? [IF NEEDED: Please include preventative tests like mammograms and colonoscopies as "Diagnostic or Medical Screening Test"] READ EACH ITEM AND RECORD YES/NO RESPONSE: **TYPURGNT.** Urgent Care for an Accident or Illness **TYPSURGE.** A Surgical Procedure **TYPDIAGN.** Diagnostic or Medical Screening Test **TYPTREAT.** Treatment for an Ongoing Condition **TYPCHKUP.** A Regular Check-up	(01) YES (02) NO (03) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
NOCARTY2	[[Were you/Was (SP)] unable to get any of the following types of care because of the coronavirus outbreak?] READ EACH ITEM AND RECORD YES/NO RESPONSE: **TYPDRUGS.** Prescription drugs or medications **TYPDENTA.** Dental Care **TYPVISIO.** Vision Care **TYPHEAR.** Hearing Care	(01) YES (02) NO (03) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	FOR EACH TYPE OF CARE SELECTED AT NOCARTY1 AND NOCARTY1, ASK *NOCARDIR* AND THE APPLICABLE FOLLOW-UP: IF YES SELECTED FOR ANY ITEMS, GO TO NOCARDIR. IF NO TYPES SELECTED AT NOCARTY1 AND NOCARTY2, SKIP TO AUTOINT

Var Name	Question Text/Description	Response Options	Routing
NOCARDIR **DIRURGNT** **DIRSURGE** **DIRDIAGN** **DIRTREAT** **DIRCHKUP** **DIRDRUGS** **DIRDENTA** **DIRVISIO** **DIRHEAR**	Regarding [your/(SP)'s] [NOCARTY1/NOCARTY2], did [your/his/her] medical provider make this decision or did [you/he/she]? [IF NEEDED: If [you/(SP)] had contact with [your/his/her] medical provider about re-scheduling or canceling an appointment for care, but they gave [you/him/her] the option to keep [your/his/her] originally-scheduled appointment, please answer that [you/he/she] decided not to get care.]	(01) PROVIDER DECIDED (02) R DECIDED (03) BOTH (-8) DON'T KNOW (-7) REFUSED	(01) REASONMD (02) NOCARYR (03) REASONMD (-8) AUTOINT (-7) AUTOINT
REASONMD **RSNURGNT** **RSNSURGE** **RSNDIAGN** **RSNTREAT** **RSNCHKUP** **RSNDRUGS** **RSNDENTA** **RSNVISIO** **RSNHEAR**	Did [your/(SP)'s] medical provider give [you/him/her] a reason why they needed to reschedule?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NOCARYMD (02), (-8), (-7): IF NOCARDIR= "BOTH" GO TO NOCARYR ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTY1 OR NOCARTY2, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION. ELSE, GO TO AUTOINT.

| NOCARYMD | What reasons were [you/(SP)] given for this decision?

READ EACH ITEM AND RECORD YES/NO RESPONSE:

(01) Was the medical office closed?
    CLSURGNT
    CLSSURGE
    CLSDIAGN
    CLSTREAT
    CLSCHKUP
    CLSDRUGS
    CLSDENTA
    CLSVISIO
    CLSHEAR

(02) Was priority given to other types of appointments?
    PRIURGNT
    PRISURGE
    PRIDIAGN
    PRITREAT
    PRICHKUP
    PRIDRUGS
    PRIDENTA
    PRIVISIO
    PRIHEAR

(03) Did the medical office reduce available appointments?
    REDURGNT
    REDSURGE
    REDDIAGN
    REDTREAT
    REDCHKUP

    REDDRUGS
    REDDENTA | (01) YES
(02) NO
(-8) DON'T KNOW
(-7) REFUSED | IF NOCARDIR= "BOTH" GO TO NOCARYR

ELSE, IF MORE THAN ONE TYPE OF CARE SELECTED AT NOCARTY1 OR NOCARTY2, GO BACK TO NOCARDIR AND ASK ABOUT THE NEXT CONDITION.

ELSE, GO TO AUTOINT. |

Var Name	Question Text/Description	Response Options	Routing

	REDVISIO
	REDHEAR
	
	(04) Was there some other reason?
	    OMDURGNT
	    OMDSURGE
	    OMDDIAGN
	    OMDTREAT
	    OMDCHKUP
	    OMDDRUGS
	    OMDDENTA
	    OMDVISIO
	    OMDHEAR		

NOCARYR	What reasons did [you/(SP)] have for [your/his/her] decision?
	
	READ EACH ITEM AND RECORD YES/NO RESPONSE:
	
	(01) Did [you/he/she] have no access to transportation?
	    TRAURGNT
	    TRASURGE
	    TRADIAGN
	    TRATREAT
	    TRACHKUP
	    TRADRUGS
	    TRADENTA
	    TRAVISIO
	    TRAHEAR
	
	(02) Did [you/he/she] not want to leave [your/his/her] house?
	    HOUURGNT
	    HOUSURGE
	    HOUDIAGN
		(01) YES
		(02) NO
		(-8) DON'T KNOW
		(-7) REFUSED
			IF MORE THAN ONE TYPE OF CARE WAS SELECTED AT NOCARTY1 OR NOCARTY2, GO TO NOCARDIR AND ASK ABOUT NEXT TYPE.
			
			OTHERWISE, GO TO NEXT QUESTION.

Var Name	Question Text/Description	Response Options	Routing
	HOUTREAT **HOUCHKUP** **HOUDRUGS** **HOUDENTA** **HOUVISIO** **HOUHEAR** (03) Did [you/he/she] not want to risk being at a medical facility? **RSKURGNT** **RSKSURGE** **RSKDIAGN** **RSKTREAT** **RSKCHKUP** **RSKDRUGS** **RSKDENTA** **RSKVISIO** **RSKHEAR** (04) Was there some other reason? **OYRURGNT** **OYRSURGE** **OYRDIAGN** **OYRTREAT** **OYRCHKUP** **OYRDRUGS** **OYRDENTA** **OYRVISIO** **OYRHEAR**		
AUTOINT	The next questions are about health conditions [you/(SP)] may have.	(01) CONTINUE	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
AUTOCHRO	Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had… …a weakened immune system caused by a chronic illness? [IF NEEDED: Some diseases cause people to become immunocompromised or immunodeficient, which means [your/their] body can't fight off infections as well. Examples of diseases like this include multiple sclerosis, rheumatoid arthritis, lupus, HIV/AIDS, and many others.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
AUTOMEDI	[Has a doctor or other health professional ever told [you/(SP)] that [you/he/she] had…] …a weakened immune system caused by medicines or treatment for a chronic illness? [IF NEEDED: People with certain health conditions may need to take medications with side effects that can weaken their immune system.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
COVIDINT	Now I want to ask you some questions about the recent coronavirus outbreak, also known as COVID-19.	CONTINUE	NEXT QUESTION
DESC_SYM	Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started? CLICK NEXT FOR SYMPTOMS	CONTINUE	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
SYMPTOM1	[Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?] READ EACH ITEM AND RECORD YES/NO RESPONSE: **SYMFEVER.** Fever **SYMCOUGH.** Ongoing dry cough **SYMRNOSE.** Runny nose **SYMSNEEZ.** Sneezing **SYMSRTBR.** Shortness of breath	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
SYMPTOM2	[Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?] READ EACH ITEM AND RECORD YES/NO RESPONSE: **SYMHDACH.** Headache **SYMTHROA.** Sore throat **SYMNAUSE.** Nausea **SYMVOMIT.** Vomiting **SYMFATIG.** Extreme fatigue	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
SYMPTOM3	[Which, if any, of the following symptoms [have you/has (SP)] had since the coronavirus outbreak started?] READ EACH ITEM AND RECORD YES/NO RESPONSE: **SYMCHILL.** Chills/repeated shaking with chills **SYMMUSCL.** Muscle pain **SYMLTSSM.** New loss of taste or smell **SYMLAPPE.** Loss of appetite **SYMDIAH.** Diarrhea	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
SUSPECT	[Do you/Does (SP)] suspect that [you have/he has/she has] ever had the coronavirus or COVID-19?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) NEXT QUESTION (02) COVIDEV (-8) COVIDEV (-7) COVIDEV

Var Name	Question Text/Description	Response Options	Routing
SUSPECTY	What symptoms did [you/(SP)] have that made [you/him/her/they] suspect [you/he/she] had the coronavirus? INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT	(01) **SUSFEVER** FEVER (02) **SUSCOUGH** ONGOING DRY COUGH (03) **SUSRNOSE** RUNNY NOSE (04) **SUSSNEEZ** SNEEZING (05) **SUSSRTBR** SHORTNESS OF BREATH (06) **SUSHDACH** HEADACHE (07) **SUSTHROA** SORE THROAT (08) **SUSNAUSE** NAUSEA (09) **SUSVOMIT** VOMITING (10) **SUSFATIG** EXTREME FATIGUE (11) **SUSCHILL** CHILLS/REPEATED SHAKING WITH CHILLS (12) **SUSMUSCL** MUSCLE PAIN (13) **SUSLTSSM** NEW LOSS OF TASTE OR SMELL (14) **SUSLAPPE** LOSS OF APPETITE (15) **SUSDIAH** DIARRHEA (91) **SUSOTHER** OTHER (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
COVIDEV	Has a doctor or other health professional ever told [you/(SP)] that [you have/he has/she has] or likely had coronavirus or COVID-19? [IF NEEDED: A doctor might make this diagnosis based on a test for COVID-19 or based on symptoms [you have/(SP)] has].	(01) YES (02) NO	NEXT QUESTION
WANTTST	[Have you/Has (SP)] ever asked a doctor or medical professional for a coronavirus test?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
REFUSTST	[Have you/Has (SP)] ever been refused a coronavirus test when [you/he/she] wanted one? THE PREVIOUS QUESTION WAS ABOUT SPECIFICALLY ASKING A DOCTOR OR MEDICAL PROFESSIONAL FOR A CORONAVIRUS TEST. IF THE RESPONDENT HAS NEVER ASKED A DOCTOR OR MEDICAL PROFESSIONAL FOR A CORONAVIRUS TEST, PROBE ABOUT WHETHER THEY TRIED TO ASK FOR A TEST FROM ANY OTHER SOURCE, SUCH AS A MEDICAL OR CORONAVIRUS HOTLINE.	(01) YES, HAVE BEEN (02) NO, HAVE NOT BEEN REFUSED TEST (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
COVIDTST	[Have you/Has (SP)] ever been tested for coronavirus or COVID-19? [IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) RESULTS (02) BOX A (-8) BOX A (-7) BOX A
RESULTS	What was the result of the test?	(01) THE TEST SHOWED R HAD COVID-19 (02) THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-7) REFUSED	BOX A
BOX A	IF COVIDEV=YES OR SUSPECT=YES OR RESULTS=01 THEN GO TO CVDTREAT. OTHERWISE, GO TO CVDEVHH.		
CVDTREAT	[Have you/Has (SP)] been treated for the coronavirus or COVID-19? [IF NEEDED: Treatment for coronavirus might include prescribing medication to help manage symptoms, hospitalization, or the use of oxygen or a ventilator.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) CVDHOSP (02) CVDNOTRE (-8) CVDHOSP (-7) CVDHOSP

Var Name	Question Text/Description	Response Options	Routing
CVDNOTRE	Why did [you/(SP)] not get this treatment? READ EACH ITEM AND RECORD YES/NO RESPONSE: **CVDEXPEN.** Was it too expensive? **CVDNTAVA.** Was it not available? **CVDSYMNS.** Were [your/his/her] symptoms not severe enough? **CVDOTHER.** Was there some other reason?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDEVHH
CVDHOSP	[Have you/Has (SP)] been hospitalized overnight for coronavirus? [IF NEEDED: This could include visiting the emergency room or being admitted to the hospital.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
CVDEVHH	Has a doctor or other health professional ever told anyone living in [your/SP's] household that they have or likely have coronavirus or COVID-19? [IF NEEDED: A doctor might make this diagnosis based on a test for COVID-19 or based on symptoms they have.]	(01) YES (02) NO (03) R LIVES ALONE (-8) DON'T KNOW (-7) REFUSED	(01) SYMPTSHH (02) SYMPTSHH (03) DESCPRE1 (-8) SYMPTSHH (-7) SYMPTSHH
SYMPTSHH	Since the beginning of the coronavirus outbreak, has anyone living in [your/SP's] household had a fever, dry cough and shortness of breath?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DESCPRE1	[Have you/Has (SP)] done any of the following in response to the outbreak of the new coronavirus? READ EACH ITEM AND RECORD YES/NO RESPONSE: (01) **PREVWASH.** Washed [your/his/her] hands for 20 seconds with soap and water (02) **PREVSANI.** Used hand sanitizer (03) **PREVFACE.** Avoidedtouching [your/his/her] face Ha evitado tocarse la cara (04) **PREVTISS.** Coughed or sneezed into a tissue or sleeve (05) **PREVMASK.** Wore a facemask when out in public	(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
DESCPRE2	[[Have you/Has (SP)] done any of the following in response to the outbreak of the new coronavirus?] READ EACH ITEM AND RECORD YES/NO RESPONSE: (01) **PREVCLEA.** Cleaned or sterilized commonly-touched surfaces, such as door knobs (02) **PREVCONT.** Avoided contact with sick people (03) **PREVDIST.** Kept a six-foot distance between [yourself/himself/herself] and people outside [your/his/her] household (04) **PREVGATH.** Avoided gathering with groups of 10 or more people (05) **PREVSHEL.** Left [your/his/her] home for essential purposes only, such as for medical appointments or grocery shopping, sometimes called "sheltering in place"	(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DESCPRE3	[Have you/Has (SP)] done any of the following in response to the outbreak of the new coronavirus? READ EACH ITEM AND RECORD YES/NO RESPONSE: (01) **PREVFOOD.** Purchased extra food (02) **PREVSUPP.** Purchased extra cleaning supplies Compró suministros de limpieza extra (03) **PREVMEDI.** Purchased or picked up extra prescription medicines beyond [your/his/her] usual purchases (04) **PREVCONS.** Consulted with a health care provider about coronavirus (05) **PREVPPL.** Avoided other people as much as possible	(01) YES (02) NO (03) UNABLE DUE TO SHORTAGES (04) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
DESC_INF	What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no. CLICK NEXT FOR SOURCES	CONTINUE	NEXT QUESTION
INFOSORC1	[What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no.] READ EACH ITEM AND RECORD YES/NO RESPONSE: **INFONEWS.** Traditional news sources, including on TV, radio, websites, and newspapers **INFOSOCI.** Social media **INFOGOVT.** Comments or guidance from government officials	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
INFOSORC2	What sources [do you/does (SP)] rely on for information about the coronavirus? For each source I read, please tell me yes or no. READ EACH ITEM AND RECORD YES/NO RESPONSE: **INFOINT.** Other webpages/internet **INFOFRIE.** Friends or family members **INFOHCPR.** Health care providers	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	IF INFOSUM IS GREATER THAN OR EQUAL TO 2 THEN GO TO INFOMOST. ELSE IF INFOSUM=1 THEN SET INFOMOST=THE VARIABLE THAT HAD THE YES RESPONSE. ELSE GO TO RECCDC.
INFOMOST	You said [you rely/(SP) relies] on [DISPLAY ALL ITEMS FOR WHICH RESPONSE TO INFOSORC1 OR INFOSORC2 WAS YES] for information about the coronavirus. Which of these sources [do you/does he/does she] rely on <u>most?</u>	DISPLAY ALL ITEMS FOR WHICH RESPONSE TO INFOSORC1 OR INFOSORC2 WAS "YES". (-8) DON'T KNOW (-7) REFUSED	IF SPPROXIN=01 GO TO RECCDC IF SPPROXIN=02 GO TO DISRUPT
RECCDC	As far as you know, have public health experts recommended the following things as a way to help slow the spread of coronavirus, or not? [IF NEEDED: As far as you know, have public health experts recommended this as a way to help slow the spread of coronavirus?] **RECWASH**. Frequent hand washing **RECMASK.** Healthy people wearing facemasks in public **RECAVOI.** Avoiding gatherings with large numbers of people **RECSTAY.** Staying home except for essential activities such as grocery shopping or medical care (shelter in place) **RECMEDI.** Seeking medical attention if you are having trouble breathing	(01) YES, RECOMMENDED (02) NO, NOT RECOMMENDED (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
DISRUPT	Since the coronavirus outbreak began, [have you/has (SP)] been able, unable, or have not needed… **DISRRENT**. To pay rent or [your/(SP)'s] mortgage? IF THE RESPONDENT OWNS THEIR HOME OUTRIGHT AND/OR DOESN'T NEED TO PAY RENT OR MORTGAGE, SELECT "HAVE NOT NEEDED". **DISRMEDI**. To get medications? **DISRAPPT**. To get a doctor's appointment or some other kind of healthcare? **DISRFOOD**. To get the food [you want/(SP) wants]? **DISRSUPP**. To get household supplies, such as toilet paper? IF RESPONDENT WANTED TO GET HOUSEHOLD SUPPLIES BUT WAS NOT ABLE TO BECAUSE OF SUPPLY SHORTAGES, SELECT "UNABLE".	(01) ABLE (02) UNABLE (03) HAVE NOT NEEDED (-8) DON'T KNOW (-7) REFUSED	IF SPPROXIN=01 GO TO FEELFINC IF SPPROXIN=02 GO TO THANKYOU
FEELFINC	Since the coronavirus outbreak began… Have you felt more financially secure, less financially secure, or about the same?	(01) MORE FINANCIALLY SECURE (02) LESS FINANCIALLY SECURE (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
FEELANXI	[Since the coronavirus outbreak began…] have you felt more stressed or anxious, less stressed or anxious, or about the same?	(01) MORE STRESSED OR ANXIOUS (02) LESS STRESSED OR ANXIOUS (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION

Var Name	Question Text/Description	Response Options	Routing
FEELDEPR	[Since the coronavirus outbreak began…] have you felt more lonely or sad, less lonely or sad, or about the same?	(01) MORE LONELY OR SAD (02) LESS LONELY OR SAD (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
FEELSOCI	[Since the coronavirus outbreak began…] have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same?	(01) MORE SOCIALLY CONNECTED (02) LESS SOCIALLY CONNECTED (03) ABOUT THE SAME (-8) DON'T KNOW (-7) REFUSED	NEXT QUESTION
THANKYOU	Thank you for participating in this important survey. AFTER THANKING THE RESPONDENT, YOU MAY PROVIDE THEM WITH AN UPDATE ON WHEN YOU WILL NEXT BE IN CONTACT WITH THEM. HANG UP THE PHONE AND THEN PROCEED TO THE IRQ QUESTIONS.	(01) CONTINUE	NEXT QUESTION
BUNDLE	WAS THIS INTERVIEW CONDUCTED ON THE SAME DAY AS THE CURRENT ROUND INTERVIEW?	(01) YES (02) NO	NEXT QUESTION
HELPANSW	DID THE [SP/PROXY] RECEIVE ANY HELP IN ANSWERING THE QUESTIONS?	(01) YES (02) NO	NEXT QUESTION
SATINFO	DO YOU FEEL THAT THE INFORMATION PROVIDED BY THE RESPONDENT WAS SATISFACTORY?	(01) YES (02) NO	END
END	IT IS NOW SAFE TO CLOSE YOUR BROWSER		