

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p>COVID-19 BENEFICIARY SUPPLEMENT SECTION SPECIFICATIONS</p> <p><u>CRITERIA</u> SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR RHALIVE= 1/Alive</p> <p><u>PLACEMENT</u> Administered in flexible order after FQ and RH sections are completed.</p>		
	BOX CVBEG	routing	GO TO CV1-CVDINTRO		
CVDINTRO	CV1	CODE ONE	I am now going to ask you some questions about different types of coronavirus tests (SP) may have had.	(01) CONTINUE	(01) CV2-CVDTEST
CVDTEST	CV2	yes/no	<p>Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) been tested to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test?</p> <p>[IF NEEDED: For example, the test can be done by swabbing someone's nose.]</p> <p>[IF NEEDED: If (SP) had more than one test to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test, refer to their most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CV3-ANTICVD (01) CV2A-TESTRES (-8) CV3-ANTICVD (-9) CV3-ANTICVD
TESTRES	CV2A	CODE ONE	<p>Did the test find that (SP) had Coronavirus or COVID-19?</p> <p>[IF NEEDED: If (SP) had more than one test to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test, refer to their most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-9) REFUSED	(01) CV3-ANTICVD (02) CV3-ANTICVD (03) CV3-ANTICVD (-8) CV3-ANTICVD (-9) CV3-ANTICVD
ANTICVD	CV3	yes/no	<p>Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) received an antibody test to determine if (he/she) had Coronavirus or COVID-19 in the past?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[IF NEEDED: If (SP) had more than one antibody test to determine if (he/she) ever had the coronavirus, refer to their most recent test.]</p>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) BOX CVMC (01) CV3A-ANTIRES (-8) BOX CVMC (-9) BOX CVMC
ANTIRES	CV3A	CODE ONE	<p>Did the test find that (SP) had Coronavirus or COVID-19?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[IF NEEDED: If (SP) had more than one antibody test to determine if (he/she) ever had the coronavirus, refer to their most recent test.]</p>	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-9) REFUSED	(01) BOX CVMC (02) BOX CVMC (03) BOX CVMC (-8) BOX CVMC (-9) BOX CVMC
	BOX CVMC	routing	IF CV2A-TESTRES = 1/YES OR CV3A-ANTIRES = 1/YES, GO TO CV4-MCARECV ELSE GO TO BOX CVVAC		
MCARECV	CV4	yes/no	<p>Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) received medical care (either inside or outside this (facility/home)) for the coronavirus or COVID-19?</p> <p>[IF NEEDED: Please include services provided by all health care personnel.]</p>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) BOX CVVAC (01) CV4A-PROVTYP (-8) BOX CVVAC (-9) BOX CVVAC
PROVTYP	CV4A	code all	<p>What kind of provider did (he/she) receive care from for the coronavirus or COVID-19?</p> <p>SELECT ALL THAT APPLY.</p> <p>CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES.</p>	(01) EMERGENCY MEDICAL SERVICE PERSONNEL (02) NURSES (03) NURSING ASSISTANTS (04) PHARMACISTS (05) PHLEBOTOMISTS (06) PHYSICIANS (07) TECHNICIANS (08) THERAPISTS (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) BOX CVVAC (02) BOX CVVAC (03) BOX CVVAC (04) BOX CVVAC (05) BOX CVVAC (06) BOX CVVAC (07) BOX CVVAC (08) BOX CVVAC (91) CV4A-PROVOTH (-8) BOX CVVAC (-9) BOX CVVAC

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PROVOTH	CV4A	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS	(01) BOX CVVAC
	BOX CVVAC	Routing	IF VACNUM = NULL GO TO CV5-CDCVAC1 ELSE IF VACNUM=1/ONE AND CVSD-CDCVAC2 HAS NEVER BEEN ASKED (PVAC2FLG = NULL), GO TO CVSD-CDCVAC2 ELSE GO TO CVEND-CVENDCT		
CDCVAC1	CV5	yes/no	Since [PREVIOUS INTERVIEW DATE/December 2020] has (SP) had a coronavirus vaccination? DO NOT REPORT VACCINES THAT ARE SCHEDULED FOR THE FUTURE. ONLY REPORT VACCINATIONS THAT HAVE BEEN RECEIVED BY THE DATE OF THE INTERVIEW.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CVEND-CVENDCT (01) CV5A-CDCVACNUM (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
CDVACNUM	CV5A	CODE ONE	How many coronavirus vaccination doses has (SP) had? [IF NEEDED: Some vaccinations require two doses, given on separate days, in order to work properly.] DO NOT REPORT VACCINES THAT ARE SCHEDULED FOR THE FUTURE. ONLY REPORT VACCINATIONS THAT HAVE BEEN RECEIVED BY THE DATE OF THE INTERVIEW.	(01) ONE VACCINATION DOSE (02) TWO VACCINATION DOSES (-8) DON'T KNOW (-9) REFUSED	(01) CV5B-VAC1MM (02) CV5B-VAC1MM (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
VAC1MM	CV5B	DATE	Date of <u>first</u> dose of coronavirus vaccination received MONTH	(01) CONTINUOUS	(01) CV5B-VAC1YY
VAC1YY	CV5B	DATE	YEAR	(01) CONTINUOUS	(01) BOX CV1
VAC1TYPE	CV5BT	code one	Which COVID-19 vaccination did (SP) get? Examples include Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen. ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO	(01) PFIZER-BIONTECH (02) MODERNA (03) JOHNSON & JOHNSON/JANSSEN (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) BOX CV1 (02) BOX CV1 (03) BOX CV1 (91) CV5BT-VAC1TYOT (-8) BOX CV1 (-9) BOX CV1
VAC1TYOT	CV5BT	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	(01) BOX CV1
	BOX CV1	routing	IF CVDVACNUM =02, GO TO CV5C-VAC2MM. ELSE GO TO CVEND-CVENDCT.		
CDCVAC2	CVSD	yes/no	We previously recorded that (SP) received the first dose of the coronavirus vaccination (in [PVAC1MM] of [PVAC1YY]). Has (SP) received the <u>second</u> dose of coronavirus vaccination? IF SP RECEIVED A VACCINATION THAT ONLY REQUIRES ONE DOSE, PLEASE SELECT "NOT APPLICABLE- SINGLE DOSE VACCINE".	(00) NO (01) YES (02) NOT APPLICABLE-SINGLE DOSE VACCINE (-8) DON'T KNOW (-9) REFUSED	(00) CVEND-CVENDCT (01) CV5C-VAC2MM (02) CVEND-VENDCT (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
VAC2MM	CV5C	DATE	[(IF NEEDED: We previously recorded that (SP) received the first dose of the coronavirus vaccination (in [PVAC1MM] of [PVAC1YY]).)] Date of <u>second</u> coronavirus vaccination received MONTH	(01) CONTINUOUS	(01) CV5C-VAC2YY
VAC2YY	CV5C	DATE	[(IF NEEDED: We previously recorded that (SP) received the first dose of the coronavirus vaccination (in [PVAC1MM] of [PVAC1YY]).)] Date of <u>second</u> coronavirus vaccination received YEAR	(01) CONTINUOUS	(01) CV5CT-VAC2TYPE
VAC2TYPE	CV5CT	code one	Which COVID-19 vaccination did (SP) get? Examples include Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen. ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO	(01) PFIZER-BIONTECH (02) MODERNA (03) JOHNSON & JOHNSON/JANSSEN (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) CVEND-CVENDCT (02) CVEND-CVENDCT (03) CVEND-CVENDCT (91) CV5CT-VAC2TYOT (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
VAC2TYOT	CV5CT	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	(01) CVEND-CVENDCT
CVENDCT	CVEND	code one	YOU HAVE COMPLETED THE COVID-19 BENEFICIARY SUPPLEMENT SECTION FOR THIS SP. PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) Continue	(01) BOX CVEND
	BOX CVEND	routing	GO TO NAVIGATOR		