

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			COVID-19 BENEFICIARY SECTION SPECIFICATIONS <u>CRITERIA</u> SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR RHALIVE= 1/Alive <u>PLACEMENT</u> Administered in flexible order after FQ and RH sections are completed.		
	BOX CVBEG	routing	GO TO CV1-CVDINTRO		
CVDINTRO	CV1	CODE ONE	I am now going to ask you some questions about COVID-19 services (SP) may have received.	(01) CONTINUE	(01) CV2-CVDTEST
CVDTEST	CV2	yes/no	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? [IF NEEDED: For example, the test can be done by swabbing someone's nose.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CV6-VACROST (01) CV2B-COVRSLT (-8) CV6-VACROST (-9) CV6-VACROST
COVRSLT	CV2B	CODE ONE	Did the test find that (SP) had Coronavirus or COVID-19? [IF NEEDED: If (SP) had more than one test since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) to see whether (he/she) was infected with coronavirus or COVID-19, answer yes if any of them were positive.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(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) CV4-MCARECV (02) CV6-VACROST (03) CV6-VACROST (-8) CV6-VACROST (-9) CV6-VACROST
MCARECV	CV4	yes/no	Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) received medical care (either inside or outside this (facility/home)) for the coronavirus or COVID-19? [IF NEEDED: Please include services provided by all health care personnel.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CV6-VACROST (01) CV4A-PROVTYP (-8) CV6-VACROST (-9) CV6-VACROST
PROVTYP	CV4A	code all	What kind of provider did (he/she) receive care from for the coronavirus or COVID-19? SELECT ALL THAT APPLY. CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES.	(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) CV6-VACROST (02) CV6-VACROST (03) CV6-VACROST (04) CV6-VACROST (05) CV6-VACROST (06) CV6-VACROST (07) CV6-VACROST (08) CV6-VACROST (91) CV4A-PROVOTH (-8) CV6-VACROST (-9) CV6-VACROST
PROVOTH	CV4A	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS	(01) CV6-VACROST
VACROST	CV6	yes/no	[It was previously reported that (SP) received the following COVID-19 vaccines.] DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER] Has (SP) received any [additional] COVID-19 vaccines?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CVEND-CVENDCT (01) CV7-VACDATMM (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT

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VACDATMM	CV7	DATE	When did (SP) receive this dose of the COVID-19 vaccine? MONTH PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED. IT WAS PREVIOUSLY REPORTED THAT (SP) RECEIVED THE FOLLOWING COVID-19 VACCINES. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER]	(01) CONTINUOUS	(01) CV7-VACDATYY
VACDATYY	CV7	DATE	When did (SP) receive this dose of the COVID-19 vaccine? YEAR PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED. IT WAS PREVIOUSLY REPORTED THAT (SP) RECEIVED THE FOLLOWING COVID-19 VACCINES. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER]	(01) CONTINUOUS	(01) CV8-VACNME
VACNME	CV8	code one	Which COVID-19 vaccine did (SP) get? [IF NEEDED: Examples include Pfizer-BioNTech/Comirnaty, Moderna/Spikevax, Johnson & Johnson/Janssen, and Novavax.] ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO	(01) PFIZER-BIONTECH/COMIRNATY (02) MODERNA/SPIKEVAX (03) JOHNSON & JOHNSON/JANSSEN (04) NOVAVAX (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) CV9-VACSITE (02) CV9-VACSITE (03) CV9-VACSITE (04) CV9-VACSITE (91) CV8-VACNEMOS (-8) CV9-VACSITE (-9) CV9-VACSITE
VACNMEOS	CV8	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS	(01) CV9-VACSITE
VACSITE	CV9	code one	Where did (SP) go for their COVID-19 vaccine in (VACDATMM) (VACDATYY)?	(01) (FACILITY) (02) PHARMACY/DRUG STORE (03) DOCTORS OFFICE OR GROUP PRACTICE (04) MASS VACCINATION SITE (05) MANAGED CARE PLAN CENTER/HMO (06) NEIGHBORHOOD/FAMILY HEALTH CENTER/MEDICAL CLINIC (07) COMPANY CLINIC/WORKPLACE (08) WALK-IN URGENT CENTER (09) HOSPITAL (10) VA FACILITY (11) HEALTH DEPARTMENT OFFICE (12) AT HOME (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) BOX CV2 (02) BOX CV2 (03) BOX CV2 (04) BOX CV2 (05) BOX CV2 (06) BOX CV2 (07) BOX CV2 (08) BOX CV2 (09) BOX CV2 (10) BOX CV2 (11) BOX CV2 (12) BOX CV2 (91) CV9-VACSITOS (-8) BOX CV2 (-9) BOX CV2
VACSITOS	CV9	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS	(01) BOX CV2
	BOX CV2		IF LESS THAN TEN DOSES HAVE BEEN REPORTED AND/OR PRELOADED GO TO CV10-VACMOR ELSE GO TO CVEND-CVENDCT		
VACMOR	CV10	yes/no	Has (SP) had any other COVID-19 vaccine doses? PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED. DOSE 1: [MONTH] [YEAR] [MANUFACTURER] DOSE 2: [MONTH] [YEAR] [MANUFACTURER] DOSE 3: [MONTH] [YEAR] [MANUFACTURER] ... DOSE 10: [MONTH] [YEAR] [MANUFACTURER]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) BOX CV3 (01) BOX CV3 (-8) BOX CV3 (-9) BOX CV3

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	BOX CV3		IF CV10-VACMOR= 1/YES AND LESS THAN TEN DOSES HAVE BEEN REPORTED GO TO CV7-VACDATMM ELSE GO TO CVEND-CVENDCT		
CVENDCT	CVEND	code one	YOU HAVE COMPLETED THE COVID-19 BENEFICIARY SECTION FOR THIS SP. PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) Continue	(01) BOX CVEND
	BOX CVEND	routing	GO TO NAVIGATOR		