

Subject Case Report Forms

CoVPN5002_Version_2.0_PROD_BK_31MAR2021 - ALL

Signature Prompt: I certify that I have ensured the accuracy and completeness of the data reported in the Case Report Forms.

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
Form: Participant Identifier
Generated On: 15 Dec 2022 21:01:35

Participant ID:

1

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① SUBJID	\$9	Subject Identifier			SUBJID

Date of questionnaire administration _____

1

Interviewer please check one of the following:

Participant is completing the questionnaire for themselves
Legally authorized representative is completing this questionnaire on behalf of another person

2

DEMOGRAPHICS

.Interviewer (read aloud): First, we would like to ask you some questions about you and your household.

1 - .How old are you? (For participants less than 1 years old, enter "0" and then complete "Infant age in months below".)

Fixed Unit: yrs

4

Infant age in months _____

Fixed Unit: months

5

2 - .What is your ethnicity? (mark one)

Hispanic or Latino.
Not Hispanic or Latino.
Don't Know/ Not sure.
Prefer not to answer.

6

3 -
.What is your race? (Check all that apply)

7

.American Indian or Alaska Native

.Asian

8

.Black or African American

9

.Native Hawaiian or other Pacific Islander 10

.White 11

.Other 12

.Don't know/ Not sure 13

.Prefer not to answer 14

.If "Other", specify: _____ 15

4 - .Are you currently a full time or part time student? (13 and older only) Yes-Full time. 16
Yes-Part time.
No.

5 - .What is the highest level of education you have completed? No formal education. 17
Pre-kindergarten.
Kindergarten.
Elementary school (1st to 5th grade).
Middle school (6th – 8th grade).
High school diploma/GED.
Some college/university.
College/university degree.
Post-graduate degree.

6 - .What is your marital status (13 and older only) Single. 18
Married or Cohabiting.
Widowed.

- Divorced.
Separated.
Prefer not to answer.

7 - .What is the zip code of your primary residence? _____ **19**

- 8 - .What best describes your current primary residence? (If not "House or apartment", skip to question 10)
- House or apartment. **20**
Nursing home or retirement home.
Hotel or motel.
Drug recovery or transitional house.
Shelter for people without homes.
Prefer not to answer.
Other.

.If "Other", specify: _____ **21**

9 - .How many bedrooms are in the residence? _____ **22**

- 10 - .Do you live alone, with a group, family, or multiple families in you primary residence? (If "Alone", skip to question 12)
- Alone. **23**
Group (small, residential facilities located within a community, recovery residence, transitional housing, or roommates).
Single family (parents/guardians, children, grandparents, etc.).
Multiple families (two or more families).

11 - .How many people are currently living in your household, including yourself? A household is defined as all the people that occupy a single housing unit such as house, apartment, group of rooms, or single room. _____ **24**

12 - .Are you a caregiver to anyone in your family or household? (13 and older only) Yes. **25**

No.
Don't Know/ Not sure.

13 - .What best describes your current employment status? (13 and older only)

(If not "Employed-full time", or "Employed-part time", skip to question 16.)

Employed – full time. 26
Employed – part time.
Homemaker or stay at home parent.
Not currently employed.
Retired.
Disabled (not currently employed due to long- or short-term disability).
Other.

.If "Other", specify: _____

27

14 - .Are you an essential worker? (Essential workers are exempt from stay at home and shelter in place orders and must report to their place of work. Essential workers include but are not limited to those working in public health/health care, law enforcement, public safety, first responders, food and agriculture, energy and electricity, petroleum, water and wastewater, transportation, public works, communications and IT, and others.) (13 and older only) (If "No" or "Prefer not to answer", skip to question 16)

Yes. 28
No.
Prefer not to answer

15 - .Since March 2020, have you experienced any discrimination (such as being treated badly, harassed, threatened, isolated) from anyone because you are an essential worker? (13 and older only)

Yes. 29
No.
Don't Know/ Not sure.

16 - .Is a member of your household an essential worker? Essential workers are exempt from stay at home and shelter in place orders and must report to their place of work. Essential workers include but are not limited to those working in public health/health care, law enforcement, public safety, first responders, food and agriculture, energy and electricity, petroleum, water and wastewater, transportation, public works, communications and IT, and others.

Yes. 30
No.
Don't Know/ Not sure.

17 - .Interviewer (read aloud): The next question is about your sex. When I ask about your sex, I am asking about what sex you were determined to be at birth. When babies are born, they are generally labeled by someone as "male" or "female" based on their genitals (sex organs)

Male **31**
Female

.What was your sex assigned at birth?

18 - .Interviewer (read aloud): The next question asks about gender. Gender is the social part of being male or female. It relates to your self-identity. When I ask about gender, I am asking about whether you regard yourself to be male, female, gender non-conforming transgender male, transgender female, or if you identify yourself in an additional category.

Male. **32**
Female.
Gender non-conforming.
Transgender female.
Transgender male.
Additional category, specify.
Prefer not to answer.

.What is your current gender identity? (check one)

18 - .Interviewer (read aloud): The next question asks about gender. Gender is the social part of being male or female. It relates to your self-identity. When I ask about gender, I am asking about whether you regard yourself to be male, female, gender non-conforming transgender male, transgender female, or if you identify yourself in an additional category.

33

.What is your current gender identity? (mark all that apply)

Male.

Female.

34

Gender non-conforming.

35

Transgender female.

36

Transgender male. **37**

Additional category, specify. **38**

Prefer not to answer. **39**

.If "Additional category", specify: _____ **40**

.If "Additional category", specify: _____ **41**

- 19 - .What is your sexual orientation? (13 and older only) (select one)
- Straight/Heterosexual. **42**
 - Gay/Lesbian/Homosexual.
 - Bisexual.
 - Queer.
 - Two Spirit.
 - Additional category.
 - Don't Know/ Not sure.
 - Prefer not to answer.

.If "Additional category", specify: _____ **43**

- 20 - .What was your total household income in the past 12 months?
- <\$15,000. **44**
 - \$15,000 - \$24,999.
 - \$25,000 - \$34,999.
 - \$35,000 - \$49,999.
 - \$50,000 - \$74,999.
 - \$75,000 - \$99,999.
 - \$100,000 - \$149,999.
 - \$150,000 - \$199,999.
 - >\$200,000.

Note to interviewer: if a person lives with multiple people (e.g. roommate(s)) and does not know the income of everyone else, instruct them to respond with their total personal income.

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Don't Know/Not sure.

Prefer not to answer.

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① QSDAT	dd MMM yyyy	Date of questionnaire administration			QSDAT
② COMP	1	Questionnaire completed by		1 = Participant COMP is completing the questionnaire for themselves 2 = Legally authorized representative is completing this questionnaire on behalf of another person	
④ AGE	3	Age			AGE
⑤ AGEINF	2	Infant age			AGEINF
⑥ ETHNIC	1	Ethnicity		1 = Hispanic or Latino. 2 = Not Hispanic or Latino. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	ETHNIC
⑦ RACEAMIND	1	American Indian or Alaska Native			RACEAMIND
⑧ RACEASIAN	1	Asian			RACEASIAN

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
9 RACEAFRAM	1	Black or African American			RACEAFRAM
10 RACEHAWAII	1	Native Hawaiian or other Pacific Islander			RACEHAWAII
11 RACECAUC	1	White			RACECAUC
12 RACEOTH	1	Race Other			RACEOTH
13 RACEDK	1	Race Don't know			RACEDK
14 RACEPNA	1	Race, prefer not to answer			RACEPNA
15 RACEOSP	\$200	Race other specify			RACEOSP
16 STUDENT	1	Student		1 = Yes-Full time. 2 = Yes-Part time. 3 = No.	STUDENT
17 EDU	1	Education		1 = No formal education. 2 = Pre-kindergart en. 3 = Kindergarten.	EDU

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				4 = Elementary school (1st to 5th grade). 5 = Middle school (6th – 8th grade). 6 = High school diploma/GED. 7 = Some college/univers ity. 8 = College/univer sity degree. 9 = Post-graduate degree.	
18 MAR	1	Marital status		1 = Single. 2 = Married or Cohabiting. 3 = Widowed. 4 = Divorced. 5 = Separated. 6 = Prefer not to answer.	MAR
19 ZIPCODE	5+	Zip code			ZIPCODE
20 LIVESIT	2	Living situation		1 = House or apartment. 2 = Nursing home or retirement home. 3 = Hotel or motel. 4 = Drug recovery or transitional house.	LIVESIT

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				5 = Shelter for people without homes. 6 = Prefer not to answer. 99 = Other.	
21 LIVSITOSP	\$200	Living situation, Other specify			LIVSITOSP
22 BEDRMS	2	Number of bedrooms			BEDRMS
23 LIVWITH	1	Living with		1 = Alone. 2 = Group (small, residential facilities located within a community, recovery residence, transitional housing, or roommates)). 3 = Single family (parents/guardians, children, grandparents, etc.). 4 = Multiple families (two or more families).	LIVWITH
24 LIVNUM	2	Number of people			LIVNUM

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
25 CARE	1	Caregiver		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	CARE
26 EMPLOY	2	Employment		1 = Employed - full time. 2 = Employed - part time. 3 = Homemaker or stay at home parent. 4 = Not currently employed. 5 = Retired. 6 = Disabled (not currently employed due to long- or short-term disability). 99 = Other.	EMPLOY
27 EMPLOYOSP	\$200	Employment other			EMPLOYOSP
28 ESSWRKYN	1	Essential worker		1 = Yes. 2 = No. 3 = Prefer not to answer	ESSWRKYN
29 ESSWKDIS	1	Discrimination		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	ESSWKDIS

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
30 ESSWKHS	1	Live with essential worker		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	ESSWKHS
31 SEXBRTH	\$1	Sex at Birth		M = Male F = Female	SEXBRTH
32 GNDR	1	Gender		1 = Male. 2 = Female. 3 = Gender non-conformin g. 4 = Transgender female. 5 = Transgender male. 6 = Additional category, specify. 7 = Prefer not to answer.	GNDR
33 SCORRES_GN DRM	1	" Gender Male"			SCORRES_GN DRM
34 SCORRES_GN DRF	1	Female.			SCORRES_GN DRF
35 SCORRES_GN DRGV	1	Gender non-conformin g.			SCORRES_GN DRGV
36 SCORRES_GN DRTGF	1	Gender Transgender female.			SCORRES_GN DRTGF

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
37 SCORRES_GN DRTGM	1	Gender Transgender male.			SCORRES_GN DRTGM
38 SCORRES_GN DRAC	1	Gender Additional category, specify.			SCORRES_GN DRAC
39 SCREASND_GN1 DRNA		Gender Prefer not to answer.			SCREASND_GN DRNA
40 SCORRES_GN DRACSP	\$200	Gender other specify			SCORRES_GN DRACSP
41 GNDROSP	\$200	Gender other specify			GNDROSP
42 SEXORIEN	1	Sexual Orientation		1 = Straight/Heter osexual. 2 = Gay/Lesbian/H omosexual . 3 = Bisexual. 4 = Queer. 5 = Two Spirit. 6 = Additional category. 7 = Don't Know/ Not sure. 8 = Prefer not to answer.	SEXORIEN
43 SEXORIENOSP	\$200	Sexual Orientation Other Specify			SEXORIENOSP

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
44 INCOME	2	Income		1 = <\$15,000. INCOME 2 = \$15,000 - \$24,999. 3 = \$25,000 - \$34,999. 4 = \$35,000 - \$49,999. 5 = \$50,000 - \$74,999. 6 = \$75,000 - \$99,999. 7 = \$100, 000 - \$149,999. 8 = \$150,000 - \$199,999. 9 = >\$200,000. 10 = Don't Know/Not sure. 11 = Prefer not to answer.	

Was the participant enrolled in the study? Yes 1
No

Date of Enrollment _____ 2

Recruitment Date _____ 3

Recruitment Time Slot 8:00am-12:00pm 4
12:00pm-4:00pm
4:00pm-8:00pm

Population cohort Adults residing in nursing homes/assisted living facilities 5
Adults from outpatient healthcare facilities
Community

Venue code _____ 6

For adults residing in nursing homes/assisted living facilities, is the participant able to complete the questionnaire? Yes 7
No

Did the participant complete all study procedures at the enrollment visit? Yes 8
No

If "No", at what date did the participant complete all study procedures? _____ 9

Specimen ID _____ 10

Will the participant be submitting an oral/saliva specimen sample? Yes 11
No

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① ENRYN	\$1	Was the participant enrolled in the study?		Y = Yes N = No	ENRYN
② ENRDAT	dd MMM yyyy	Date of Enrollment			ENRDAT
③ RECRDATE	dd MMM yyyy	Recruitment Date			RECRDATE
④ RECRTMSLT	1	Recruitment Time Slot		1 = 8:00am-12:00 pm 2 = 12:00pm-4:00 pm 3 = 4:00pm-8:00pm	RECRTMSLT
⑤ COHOR	1	Cohort		1 = Adults residing in nursing homes/assisted living facilities 2 = Adults from outpatient healthcare facilities 3 = Community	COHOR
⑥ CODE	3+	Venue code			CODE

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
7 ABLEQS	\$1	Nursing home residence able to complete questionnaire		Y = Yes N = No	ABLEQS
8 ENRPROCYN	\$1	Did the participant complete all study procedures at the enrollment visit?		Y = Yes N = No	ENRPROCYN
9 ENRREASC	dd MMM yyyy	If "No", at what date did the participant complete all study procedures?			ENRREASC
10 SPECID	11+	Specimen ID			SPECID
11 SALGRP	\$1	Participant to submit saliva		Y = Yes N = No	SALGRP

Did the participant meet all eligibility criteria?

Yes 1
No

Eligibility status

Eligible and enrolled 2
Eligible/Not enrolled
Ineligible
Incomplete screening

If "Eligible and enrolled", or "Incomplete screening", end of form.

Select reason(s) why participant is ineligible.

- 11. Adults residing in nursing homes/assisted living facilities or attending outpatient healthcare facilities - At least 18 years of age 4
 - 12. Adults residing in nursing homes/assisted living facilities or attending outpatient healthcare facilities - Willing and able to provide informed consent or consent has been provided by legal representative (for those with mental incapacity)
 - 13. Adults residing in nursing homes/assisted living facilities or attending outpatient healthcare facilities - Recruited from a selected facility
 - 14. Adults and children from select neighborhoods of research site communities - Adults and children > 2 months of age
 - 15. Adults and children from select neighborhoods of research site communities - For individuals < 18 years old, a guardian must be present
 - 16. Adults and children from select neighborhoods of research site communities - Willing and able to provide consent (or assent for individuals < 18 years, parent/guardian will provide consent)
-

- 17. Adults and children from select neighborhoods of research site communities - Resident of the CRS catchment area or recruited from a selected venue
- E1. Prior or current enrollment in any interventional COVID-19 clinical trial, including studies involving prophylactic, therapeutic or immune modulating agents
- E2. Previous enrollment in this study, either from the same or another CRS community
- E3. Any condition that, in the opinion of the study staff, would make participation in the study unsafe, complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives

If "E3. Any condition that, in the opinion of the study staff, would make participation in the study unsafe, complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives", specify (max. 200 characters):

5

If eligible, but participant declined enrollment, specify reason:

6

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Inclusion Exclusion Criteria
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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① IEYN	\$1	Any Inclusion/Exclu sion Criteria Findings		Y = Yes N = No	IEYN
② IESTATUS	1	Eligibility Status		1 = Eligible and enrolled 2 = Eligible/Not enrolled 3 = Ineligible 4 = Incomplete screening	IESTATUS
④ IETEST	2	Inclusion Exclusion Criterion Result		1 = I1. Adults residing in nursing homes/assiste d living facilities or attending outpatient healthcare facilities - At least 18 years of age	IETEST

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
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2 = I2. Adults residing in nursing homes/assisted living facilities or attending outpatient healthcare facilities - Willing and able to provide informed consent or consent has been provided by legal representative (for those with mental incapacity)
 3 = I3. Adults residing in nursing homes/assisted living facilities or attending outpatient healthcare facilities - Recruited from a selected facility
 4 = I4. Adults and children from select neighborhoods of research site communities - Adults and children > 2 months of age

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
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5 = I5. Adults and children from select neighborhoods of research site communities - For individuals < 18 years old, a guardian must be present
 6 = I6. Adults and children from select neighborhoods of research site communities - Willing and able to provide consent (or assent for individuals < 18 years, parent/guardian will provide consent)
 7 = I7. Adults and children from select neighborhoods of research site communities - Resident of the CRS catchment area or recruited from a selected venue

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				8 = E1. Prior or current enrollment in any interventional COVID-19 clinical trial, including studies involving prophylactic, therapeutic or immune modulating agents 9 = E2. Previous enrollment in this study, either from the same or another CRS community 10 = E3. Any condition that, in the opinion of the study staff, would make participation in the study unsafe, complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives	
5 IETESTOSP	\$200	Any condition specify			IETESTOSP

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
⑥ IEREASON	\$200	Eligible/not enrolled specify			IEREASON

Date of medical record abstraction _____ **1**

1 - MEDICAL HISTORY

Yes **2**

No

Don't Know/ Not sure

Did the participant receive an influenza vaccine ("flu shot") during the 2019-2020 Flu season?

1 - MEDICAL HISTORY

Yes **3**

No

Does the participant's medical history include any of the following medical conditions? (Check all that apply)

Asthma

Other chronic lung disease

Yes **4**

No

Heart disease

Yes **5**

No

Hypertension (high blood pressure)

Yes **6**

No

Cancer chemotherapy in the last 12 months

Yes **7**

No

Other immunosuppression condition

Yes **8**

No

HIV

Yes **9**

No

Diabetes

Yes **10**
No

Kidney or renal disease

Yes **11**
No

Liver Disease

Yes **12**
No

Sickle cell disease

Yes **13**
No

Obesity

Yes **14**
No

Mental health condition

Yes **15**
No

Substance abuse disorder

Yes **16**
No

Other chronic medical conditions that have not already been mentioned

Yes **17**
No

If "Other", specify:

_____ **18**

2 - Has the participant sought assistance for daily activities because of a physical, mental, or emotional disability?
(Check all that apply)

Yes 19
No

Physical disability

Mental disability

Yes 20
No

Emotional disability

Yes 21
No

4 - Is the participant currently pregnant?

Yes 22
No
Don't know/Not Sure
Prefer not to answer
Not applicable

3 - Does the participant have any medical conditions that require medication or routine visits to the doctor?

Yes 23
No

4 - Has the participant received a COVID-19 diagnostic test in the past? A diagnostic test is usually a swab in the nose, mouth, or throat. (If "Yes-they tested negative", skip to question 11. If "Never been tested" or "Don't know/Not sure", skip to question 11.)

Yes - they tested positive 24
Yes - they tested negative
Never been tested
Don't Know/Not Sure

5 - What was the date of the positive diagnostic test? _____

25

8 - How many days did it take to get the results for the diagnostic test?"

Fixed Unit: days 26

Skip to question 19 if diagnostic test was negative.

6 - Has the participant tested positive for COVID-19 via a diagnostic test more than once?

Yes 27
No
Don't Know/ Not sure

7 - Did the participant seek care after testing positive via diagnostic test? (If "No" or "Don't know/Not sure", skip to question 11)

Yes 28
No
Don't Know/ Not sure

11 - Where did the participant seek medical care ?

Visited their primary care provider's office or another doctor's office 29
Telephone call to their primary care provider's office or doctor's office
Telemedicine such as an electronic consultation or video call with a health care provider
Retail clinic or pharmacy
Urgent care
Emergency room
Hospital, not in the emergency room
Other

8 - Where did the participant seek medical care ?

Yes 30
No

Visited their primary care provider's office or another doctor's office

Telephone call to their primary care provider's office or doctor's office

Yes 31
No

Telemedicine such as an electronic consultation or video call with a health care provider

Yes 32
No

Retail clinic or pharmacy Yes **33**
No

Urgent care Yes **34**
No

Emergency room Yes **35**
No

Hospital, not in the emergency room Yes **36**
No

Other Yes **37**
No

If "Other", specify: _____ **38**

12 - How many days after testing positive did the participant first seek care? Same day **39**
1-2 days
3-5 days
More than 5 days
Don't know/ Not sure

9 - Did the participant spend at least one night in a hospital after testing positive? (If "No" or "Don't know/Not sure", skip to question 11) Yes **40**
No
Don't Know/ Not sure

10 - How many nights was the participant hospitalized? 1-2 nights **41**
3-5 nights

More than 5 nights
Don't know/ Not sure

11 - Has the participant received a COVID-19 antibody test in the past?
An antibody test is usually a blood test. (If "Yes-they tested
negative", or "Never been tested" or "Don't know/Not sure", skip to
question 13.)

Yes - they tested positive 42
Yes - they tested negative
Never been tested
Don't Know/Not Sure

12 - What is the date of the positive antibody test? _____

43

17 - How many days did it take to get the results for the antibody test?

Fixed Unit: days 44

13 - In the past 14 days, has the participant reported any of the
following symptoms?

Yes 45
No

Fever or chills

Cough with phlegm or mucus

Yes 46
No

Dry cough with no phlegm or mucus

Yes 47
No

Shortness of breath or difficulty breathing

Yes 48
No

Fatigue/ Feeling tired

Yes 49
No

Muscle or body aches	Yes <input type="checkbox"/> 50
	No <input type="checkbox"/>

Headache	Yes <input type="checkbox"/> 51
	No <input type="checkbox"/>

Sudden loss of taste or smell	Yes <input type="checkbox"/> 52
	No <input type="checkbox"/>

Sore throat	Yes <input type="checkbox"/> 53
	No <input type="checkbox"/>

Congestion or runny nose	Yes <input type="checkbox"/> 54
	No <input type="checkbox"/>

Nausea or vomiting	Yes <input type="checkbox"/> 55
	No <input type="checkbox"/>

Diarrhea	Yes <input type="checkbox"/> 56
	No <input type="checkbox"/>

Abdominal pain	Yes <input type="checkbox"/> 57
	No <input type="checkbox"/>

14 - Note to data abstractor: skip to question 17 if "No" to all symptoms?	Yes <input type="checkbox"/> 58
	No <input type="checkbox"/>
	Don't Know/ Not sure <input type="checkbox"/>

Is the participant currently experiencing any of these symptoms?

20 - In the past 14 days prior to developing these symptoms, did the participant travel within the state, outside the state, or outside the country?

- No 59
 - Yes, within the state
 - Yes, outside the state
 - Yes, outside the country
-

15 - While experiencing these symptoms, did the participant seek care from a healthcare professional? (seeking care includes a getting a test)

- Yes 60
 - No
 - Don't Know/ Not sure
-

If "No" or "Don't know/Not sure", skip to question 17.

22 - Where did the participant seek medical care?

- Visited their primary care provider's office or another doctor's office 61
 - Telephone call to their primary care provider's office or doctor's office
 - Telemedicine such as an electronic consultation or video call with a health care provider
 - Retail clinic or pharmacy
 - Urgent care
 - Emergency room
 - Hospital, not in the emergency room
 - Other
-

16 - Where did the participant seek medical care?

- Yes 62
 - No
-

Visited their primary care provider's office or another doctor's office

Telephone call to their primary care provider's office or doctor's office

- Yes 63
 - No
-

Telemedicine such as an electronic consultation or video call with a health care provider

- Yes 64
-

No

Retail clinic or pharmacy

Yes **65**
No

Urgent care

Yes **66**
No

Emergency room

Yes **67**
No

Hospital, not in the emergency room

Yes **68**
No

Other

Yes **69**
No

If "Other", specify:

70

23 - How many days after symptoms started did the participant first seek care?

Same day **71**
1-2 days
3-5 days
More than 5 days
Don't know/ Not sure

17 - Note to data abstractor: Recently refers to the last 2 months.

Yes **72**
No
Don't Know/ Not sure

In the past month, did the participant interact in person or through direct physical contact, such as touching, hugging, or shaking hands, with someone who recently tested positive for COVID-19?

18 - Has anyone in the participant's household tested positive for COVID-19?

Yes 73
No
Don't Know/ Not sure

19 - In the past month, has a member of your household other than you experienced any symptoms of COVID-19?

Yes 74
No
Don't Know/ Not sure

20 - COVID 19 IMPACT

Yes 75
No

Has the participant smoked or vaped tobacco (including cigarettes and e-cigarettes) in the last 6 months?

21 - Is there a history of alcohol use in the last 6 months?

Yes 76
No

Alcohol

Cannabis/marijuana

Yes 77
No

Opioids such as heroin, fentanyl, or painkillers

Yes 78
No

Cocaine, crystal meth, LSD, or steroids

Yes 79
No

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
Form: Medical Record Abstraction
Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① QSDAT	dd MMM yyyy	Date of record abstraction			QSDAT
② FLUVACM	1	Flu vaccine		1 = Yes 2 = No 3 = Don't Know/ Not sure	FLUVACM
③ ASTHM	\$1	Asthma		Y = Yes N = No	ASTHM
④ CLDM	\$1	Other lung disease		Y = Yes N = No	CLDM
⑤ HDM	\$1	Heart disease		Y = Yes N = No	HDM
⑥ HYPM	\$1	Hypertension		Y = Yes N = No	HYPM
⑦ CAYRM	\$1	Cancer chemotherapy in the last 12 months		Y = Yes N = No	CAYRM
⑧ IMMUNM	\$1	Immunosuppression		Y = Yes N = No	IMMUNM
⑨ HIVM	\$1	HIV		Y = Yes N = No	HIVM
⑩ DIABM	\$1	Diabetes		Y = Yes N = No	DIABM

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
Form: Medical Record Abstraction
Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
11 KDRDM	\$1	Kidney or renal disease		Y = Yes N = No	KDRDM
12 LIVDM	\$1	Liver Disease		Y = Yes N = No	LIVDM
13 SCDM	\$1	Sickle cell disease		Y = Yes N = No	SCDM
14 OBESM	\$1	Obesity		Y = Yes N = No	OBESM
15 MHM	\$1	Mental health condition		Y = Yes N = No	MHM
16 SUBABM	\$1	Substance abuse		Y = Yes N = No	SUBABM
17 MCOTHM	\$1	Other medical conditions		Y = Yes N = No	MCOTHM
18 MCOTHSP	\$200	Medical conditions other specify			MCOTHSP
19 PHYSDM	\$1	Physical disability		Y = Yes N = No	PHYSDM
20 MENTM	\$1	Mental disability		Y = Yes N = No	MENTM
21 EMODI	\$1	Emotional disability		Y = Yes N = No	EMODI

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Medical Record Abstraction
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
22 PREGM	1	Currently pregnant		1 = Yes 2 = No 3 = Don't know/Not Sure 4 = Prefer not to answer 5 = Not applicable	PREGM
23 MCVISM	\$1	Requires visits		Y = Yes N = No	MCVISM
24 COVDXYNM	1	Previous covid test		1 = Yes - they tested positive 2 = Yes - they tested negative 3 = Never been tested 4 = Don't Know/Not Sure	
25 DXDAT	dd- MMM yyyy	Positive covid test date			DXDAT
26 DXDAYSM	3	Days until covid results			DXDAYSM
27 PREPOS	1	Covid positive more than once		1 = Yes 2 = No 3 = Don't Know/ Not sure	PREPOS
28 PCDXM	1	Sought care for covid		1 = Yes 2 = No 3 = Don't Know/ Not sure	PCDXM

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Medical Record Abstraction
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
29 HCLOCM	2	Healthcare location		1 = Visited their primary care provider's office or another doctor's office 2 = Telephone call to their primary care provider's office or doctor's office 3 = Telemedicine such as an electronic consultation or video call with a health care provider 4 = Retail clinic or pharmacy 5 = Urgent care 6 = Emergency room 7 = Hospital, not in the emergency room 99 = Other	HCLOCM
30 HCLOPCM	\$1	Doctor office after test		Y = Yes N = No	HCLOPCM
31 HCLOCPHM	\$1	Doctor telephone call after test		Y = Yes N = No	HCLOCPHM
32 HCLOCTELM	\$1	Telemedicine after test		Y = Yes N = No	HCLOCTELM

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Medical Record Abstraction
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
33 HCLOCRCM	\$1	Retail clinic pharmacy after test		Y = Yes N = No	HCLOCRCM
34 HCLOCUCM	\$1	Urgent care after test		Y = Yes N = No	HCLOCUCM
35 HCLOCERM	\$1	Emergency room after test		Y = Yes N = No	HCLOCERM
36 HCLOCHSPM	\$1	Hospital, not ER after test		Y = Yes N = No	HCLOCHSPM
37 HCLOCOTHM	\$1	Other healthcare location after test		Y = Yes N = No	HCLOCOTHM
38 HCLOCOSP	\$200	Healthcare location other			HCLOCOSP
39 COVDACM	1	Days after testing		1 = Same day 2 = 1-2 days 3 = 3-5 days 4 = More than 5 days 5 = Don't know/ Not sure	COVDACM
40 HCONM	1	One night hospitalization		1 = Yes 2 = No 3 = Don't Know/ Not sure	HCONM

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
Form: Medical Record Abstraction
Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
41 HCHOSPDM	1	Nights hospitalized		1 = 1-2 nights 2 = 3-5 nights 3 = More than 5 nights 4 = Don't know/ Not sure	HCHOSPDM
42 PABTM	1	Previous covid AB test		1 = Yes - they tested positive 2 = Yes - they tested negative 3 = Never been tested 4 = Don't Know/Not Sure	PABTM
43 ABDAT	dd- MMM yyyy	AB test date			ABDAT
44 ABDAYSM	3	Days until covid results			ABDAYSM
45 SMPFEVM	\$1	Fever or chills		Y = Yes N = No	SMPFEVM
46 SMPCPM	\$1	Cough with phlegm or mucus		Y = Yes N = No	SMPCPM
47 SMPDCM	\$1	Dry cough with no phlegm or mucus		Y = Yes N = No	SMPDCM
48 SMPSOBM	\$1	Shortness of breath or difficulty breathing		Y = Yes N = No	SMPSOBM

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Medical Record Abstraction
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
49 SMPFATM	\$1	Fatigue		Y = Yes N = No	SMPFATM
50 SMPMBA	\$1	Muscle or body aches		Y = Yes N = No	SMPMBA
51 SMPHDA	\$1	Headache		Y = Yes N = No	SMPHDA
52 SMPLSM	\$1	Sudden loss of taste or smell		Y = Yes N = No	SMPLSM
53 SMPSTH	\$1	Sore throat		Y = Yes N = No	SMPSTH
54 SMPCGRN	\$1	Congestion or runny nose		Y = Yes N = No	SMPCGRN
55 SMPNSVM	\$1	Nausea or vomiting		Y = Yes N = No	SMPNSVM
56 SMPDHM	\$1	Diarrhea		Y = Yes N = No	SMPDHM
57 SMPABDM	\$1	Abdominal pain		Y = Yes N = No	SMPABDM
58 SMCEXP	1	Symptoms currently		1 = Yes 2 = No 3 = Don't Know/ Not sure	SMCEXP

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Medical Record Abstraction
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
59 SMTRAVM	1	Travel symptoms prior		1 = No 2 = Yes, within the state 3 = Yes, outside the state 4 = Yes, outside the country	SMTRAVM
60 SMHCPM	1	Seek healthcare		1 = Yes 2 = No 3 = Don't Know/ Not sure	SMHCPM
61 SMLOCM	2	Medical care location		1 = Visited their primary care provider's office or another doctor's office 2 = Telephone call to their primary care provider's office or doctor's office 3 = Telemedicine such as an electronic consultation or video call with a health care provider 4 = Retail clinic or pharmacy 5 = Urgent care 6 = Emergency room	SMLOCM

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Medical Record Abstraction
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				7 = Hospital, not in the emergency room 99 = Other	
62 SMLOCPCM	\$1	Doctor office after symptoms		Y = Yes N = No	SMLOCPCM
63 SMLOCPHM	\$1	Doctor telephone call after symptoms		Y = Yes N = No	SMLOCPHM
64 SMLOCTELM	\$1	Telemedicine after symptoms		Y = Yes N = No	SMLOCTELM
65 SMLOCRCM	\$1	Retail clinic pharmacy after symptoms		Y = Yes N = No	SMLOCRCM
66 SMLOCUCM	\$1	Urgent care after symptoms		Y = Yes N = No	SMLOCUCM
67 SMLOCERM	\$1	Emergency room after symptoms		Y = Yes N = No	SMLOCERM
68 SMLOCHSPM	\$1	Hospital, not ER after symptoms		Y = Yes N = No	SMLOCHSPM

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
Form: Medical Record Abstraction
Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
69 SMLOCOTHM	\$1	Other healthcare location after symptoms		Y = Yes N = No	SMLOCOTHM
70 SMLOCOSP	\$200	Other care location			SMLOCOSP
71 SMDYSM	1	Days medical care symptoms		1 = Same day 2 = 1-2 days 3 = 3-5 days 4 = More than 5 days 5 = Don't know/ Not sure	SMDYSM
72 SMPCONM	1	Covid contact		1 = Yes 2 = No 3 = Don't Know/ Not sure	SMPCONM
73 COVHOUSM	1	Household positive coronavirus		1 = Yes 2 = No 3 = Don't Know/ Not sure	COVHOUSM
74 COVPMOM	1	Past month covid interaction		1 = Yes 2 = No 3 = Don't Know/ Not sure	COVPMOM
75 TOBH	\$1	Tobacco use		Y = Yes N = No	TOBH

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
Form: Medical Record Abstraction
Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
76 ETOHM	\$1	Alcohol		Y = Yes N = No	ETOHM
77 CANM	\$1	Cannabis		Y = Yes N = No	CANM
78 OPIDM	\$1	Opioids		Y = Yes N = No	OPIDM
79 OTHSUBM	\$1	Other substances		Y = Yes N = No	OTHSUBM

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
Form: Protocol Deviations Y/N
Generated On: 15 Dec 2022 21:01:35

Have any protocol deviations been reported?

Yes 1
No

If "Yes", update the Protocol Deviations log.

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
Form: Protocol Deviations Y/N
Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① DVYN	\$1	Any Protocol Deviations		Y = Yes N = No	DVYN

Site awareness date _____ ①

Deviation date _____ ②

Has or will this deviation be reported to local IRB/EC? Yes ③
No

Type of deviation

- Inappropriate enrollment ④
- Conduct of non-protocol procedure
- Breach of confidentiality
- Mishandled lab specimen
- Staff performing duties they are not qualified to perform
- Questionnaire administration deviation
- Informed consent process deviation
- Visit completed outside of window
- Other

Description of deviation _____ ⑤

Plans and/or action taken to address the deviation _____ ⑥

Plans and/or action taken to prevent future occurrences of the deviation _____ ⑦

Deviation reported by _____ ⑧

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Protocol Deviations Log
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① DVDAT	dd MMM yyyy	Site Awareness Date			DVDAT
② DVSTDAT	dd MMM yyyy	Start Date of Deviation			DVSTDAT
③ DVIRB	\$1	Deviation Reported to Local IRB/EC		Y = Yes N = No	DVIRB
④ DVDECOD	2	Deviation Dictionary-Deri ved/Standardiz ed Term		1 = Inappropriate enrollment 8 = Conduct of non-protocol procedure 12 = Breach of confidentiality 15 = Mishandled lab specimen 16 = Staff performing duties they are not qualified to perform 17 = Questionnaire administration deviation 21 = Informed consent process deviation 22 = Visit completed outside of window 99 = Other	DVDECOD

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Protocol Deviations Log
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
5 DVTERM	\$600	Protocol Deviation Reported Term			DVTERM
6 DVPLNADRES	\$600	Plans Taken to Address This Deviation			DVPLNADRES
7 DVPLNPRVNT	\$600	Plans Taken to Prevent Future Deviations			DVPLNPRVNT
8 DVREPORT	\$100	Deviation Reported by Staff			DVREPORT

Was specimen collected?

Yes ①
No

If "No", provide reason and end of form.

Participant declined ②
Participant unable to provide sample
Other

Primary reason specimen was not collected

If "Other", specify (max. 200 characters):

_____ ③

Specimen ID

_____ ④

Specimen collection date

_____ ⑤

Specimen collection time

_____ ⑥

Were all requirements of the specimen collection met per the SSP?

Yes ⑦
No

If "No", provide explanation in Comments.

_____ ⑧

Comments (max. 600 characters):

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Specimen Collection - Nasal Swab
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① BSYN	\$1	Any Specimen Collected		Y = Yes N = No	BSYN
② BSWHYNO	2	Primary Reason Specimen Was Not Collected		1 = Participant BSWHYNO declined 2 = Participant unable to provide sample 99 = Other	
③ BSOTH	\$200	Primary Reason Other Specify			BSOTH
④ BSID	11+	Specimen ID			BSID
⑤ BSDAT	dd MMM yyyy	Specimen Collection Date			BSDAT
⑥ BSTIM	HH:nn	Specimen Collection Time			BSTIM
⑦ BSCOND	\$1	Specimen Collection Requirements Met?		Y = Yes N = No	BSCOND
⑧ BSCOVAL	\$600	Comments			BSCOVAL

Was specimen collected?

Yes ①
No

If "No", provide reason and end of form.

Participant declined ②
Participant unable to provide sample
Other

Primary reason specimen was not collected

If "Other", specify (max. 200 characters):

_____ ③

Specimen ID

_____ ④

Specimen collection date

_____ ⑤

Specimen collection time

_____ ⑥

Were all requirements of the specimen collection met per the SSP?

Yes ⑦
No

If "No", provide explanation in Comments.

⑧

Comments (max. 600 characters):

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Specimen Collection - Saliva
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① BSYN	\$1	Any Specimen Collected		Y = Yes N = No	BSYN
② BSWHYNO	2	Primary Reason Specimen Was Not Collected		1 = Participant BSWHYNO declined 2 = Participant unable to provide sample 99 = Other	
③ BSOTH	\$200	Primary Reason Other Specify			BSOTH
④ BSID	11+	Specimen ID			BSID
⑤ BSDAT	dd MMM yyyy	Specimen Collection Date			BSDAT
⑥ BSTIM	HH:nn	Specimen Collection Time			BSTIM
⑦ BSCOND	\$1	Specimen Collection Requirements Met?		Y = Yes N = No	BSCOND
⑧ BSCOVAL	\$600	Comments			BSCOVAL

Specimen type

Serum ①
Dried Blood Spot

Was specimen collected?

Yes ②
No

If "No", provide reason and end of form.

Participant declined ③
Participant unable to provide
sample
Other

Primary reason specimen was not collected

If "Other", specify (max. 200 characters):

_____ ④

Specimen ID

_____ ⑤

Specimen collection date

_____ ⑥

Specimen collection time

_____ ⑦

Was sample stored?

Stored ⑧
Not stored

If "No", record reason why sample was not stored (max. 200 characters).

_____ ⑨

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Specimen Collection and Storage - Blood
 Generated On: 15 Dec 2022 21:01:35

	Field Name	Data Type	SAS Label	Units	Values	Include Field OID
①	BSSPEC	1	Specimen Type		1 = Serum 2 = Dried Blood Spot	BSSPEC
②	BSCOLL	\$1	Any Specimen Collected		Y = Yes N = No	BSCOLL
③	BSWHYNO	2	Primary Reason Specimen Was Not Collected		1 = Participant BSWHYNO declined 2 = Participant unable to provide sample 99 = Other	
④	BSOTH	\$200	Primary Reason Other Specify			BSOTH
⑤	BSID	11+	Specimen ID			BSID
⑥	BSDAT	dd MMM yyyy	Specimen Collection Date			BSDAT
⑦	BSTIM	HH:nn	Specimen Collection Time			BSTIM
⑧	BSSTORE	1	Sample Stored		1 = Stored 2 = Not stored	BSSTORE
⑨	BSREASNS	\$200	Reason Sample Not Stored			BSREASNS

Date of study exit _____ **1**

Primary reason for completion/discontinuation

Scheduled exit visit/end of study **2**

Participant is unwilling or unable to comply with required study procedures

Lost to follow-up

Protocol deviation

Withdrawal of consent by participant

Other, specify

If "Other", specify (max. 200 characters): _____ **3**

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Study Termination
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① DSSTDAT	dd MMM yyyy	Date of Study Completion or Discontinuation			DSSTDAT
② DSTERM	2	Study Completion Reported Term		1 = Scheduled exit visit/end of study 4 = Participant is unwilling or unable to comply with required study procedures 5 = Lost to follow-up 7 = Protocol deviation 10 = Withdrawal of consent by participant 99 = Other, specify	
③ DSTERMOSP	\$200	Study Completion Reported Term Other Specify			DSTERMOSP

Informed consent date _____

1

Consent obtained for additional nasal swab for viral DNA sequencing

Yes

2

No

N/A

If the participant has already consented to providing a saliva sample and additional nasal swab, mark "N/A".

Consent obtained for extra samples to be used in other studies

Yes

3

No

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Informed Consent
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① RFICDAT	dd MMM yyyy	Informed Consent Date			RFICDAT
② DSTERM1	\$2	Consent obtained for additional nasal swab		Y = Yes N = No NA = N/A	DSTERM1
③ DSTERM2	\$1	Future testing consent obtained		Y = Yes N = No	DSTERM2

Specimen ID _____ **1**

Specimen collection date _____ **2**

Test result

Detected **3**

Not Detected

Indeterminate

Not performed/ unacceptable
sample/invalid

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: SARS-CoV-2 Test Results
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① LBID	11+	Specimen ID			LBID
② LBDAT	dd MMM yyyy	Specimen Collection Date			LBDAT
③ LBORRES	1	Test Result		1 = Detected 2 = Not Detected 3 = Indeterminate 4 = Not performed/ unacceptable sample/invalid	LBORRES

Date of questionnaire administration _____

1

Interviewer please check one of the following:

Participant is completing the questionnaire for themselves **2**
Legally authorized representative is completing this questionnaire on behalf of another person

.Interviewer (read aloud): We are conducting this study to estimate the number of people who have or have had SARS-CoV-2 or COVID-19 in the United States and better understand how the COVID-19 pandemic affected peoples' lives. We would like to ask you some questions about you, your health, your household, possible exposure to COVID-19 and your thoughts and feelings about COVID-19.

The questionnaire will take about 15-20 minutes to complete. Your participation is completely voluntary, and please be assured that your answers will remain strictly confidential.

Do you have any questions before we begin?

MEDICAL HISTORY

.Interviewer script (read aloud): We are now going to ask about your medical conditions and how they may have been affected by the COVID-19 pandemic. Please answer these questions to the best of your ability.

1 - . Did you receive an influenza vaccine ("flu shot") during the 2019-2020 Flu season?

Yes. **5**
No.
Don't Know/ Not sure.

1 - . Have you ever been diagnosed with any of the following medical conditions? (Check all that apply)

Yes. **6**
No.

.Asthma

.Other chronic lung disease

Yes. **7**

No.

.Heart disease

Yes. **8**
No.

.Hypertension (high blood pressure)

Yes. **9**
No.

.Cancer chemotherapy in the last 12 months

Yes. **10**
No.

.Other immunosuppression condition

Yes. **11**
No.

.HIV

Yes. **12**
No.

.Diabetes

Yes. **13**
No.

.Kidney or renal disease

Yes. **14**
No.

.Liver Disease

Yes. **15**
No.

.Sickle cell disease

Yes. **16**
No.

.Obesity Yes. **17**
No.

.Mental health condition Yes. **18**
No.

.Substance abuse disorder Yes. **19**
No.

.Other chronic medical conditions that have not already been mentioned Yes. **20**
No.

.If "Other", specify: _____ **21**

2 - . Are you limited in any way in your daily activities because of a physical, mental, or emotional disability? (Check all that apply) Yes. **22**
No.

.Physical disability

.Mental disability Yes. **23**
No.

.Emotional disability Yes. **24**
No.

.None of the above Yes. **25**
No.

.Prefer not to answer Yes. **26**

No.

4 - . Are you currently pregnant?

Yes. 27

No.

Don't know/Not Sure.

Prefer not to answer.

Not applicable.

3 - . Do you have any medical conditions that require medication or routine visits to the doctor? (If "No", skip to next section)

Yes. 28

No.

4 - . Because of the COVID-19 pandemic, were you unable or unwilling to attend scheduled appointments with your health care provider? (If "No" or "Don't Know/Not sure", skip to question 6.)

Yes, I did miss appointments. 29

No, I did not miss an appointment.

No, I did not have any appointments to miss.

Don't Know/ Not sure.

5 - . What is the main reason you missed appointments with your healthcare provider?

My clinic cancelled my appointment because of COVID-19. 30

I had symptoms of COVID-19 so did not go.

I felt good, didn't need to go.

I did not have money or insurance.

Inconvenient (location/hours/times, etc.).

Forgot to go/missed appointment.

Disrespected by the office or medical staff.

I could not attend telemedicine visit.

Did not have transportation.

I postponed my appointment until it was safe to go.

Other.

.If "Other", specify: _____

31

6 - . Because of the COVID-19 pandemic, were you unable to take any medications?

- Yes, I could not get a refill from the pharmacy.
- Yes, I did not get my refill from the pharmacy because I was concerned about social distancing/interacting with other/exposure to coronavirus.
- Yes, I have medication in my possession, but I forgot to take them.
- Yes, I could no longer afford them because of lost employment or insurance.
- No.
- Don't Know.
- Prefer not to answer.

32

7 - COVID-19 INFECTION HISTORY, RISK , AND EXPOSURE

.Interviewer script (read aloud): We are now going to ask about any history of COVID-19 symptoms, testing, and illness in you or your household.

- Yes – tested positive via diagnostic or antibody test.
- Yes – did not get tested.
- No.
- Don't Know/ Not sure.

33

. Do you think you ever had COVID-19?

7 - COVID-19 INFECTION HISTORY, RISK , AND EXPOSURE

.Interviewer script (read aloud): We are now going to ask about any history of COVID-19 symptoms, testing, and illness in you or your household.

- Yes – had symptoms.
- No-never had symptoms.
- Don't Know/ Not sure.

34

. Have you ever had COVID-19 symptoms since November 2019?

Note to interviewer: diagnostic tests are usually collected through swabs in the nose, mouth, and throat and antibody tests are usually blood tests.

8 - .Have you received a COVID-19 diagnostic test in the past? A diagnostic test is usually a swab in the nose, mouth, or throat.

(If "Yes- I tested positive", skip to question 10. If "Yes-I tested negative", skip to question 16. If "Don't know/Not sure/Inconclusive Test", skip to question 16.)

Yes – I tested positive. **36**
Yes – I tested negative.
Never been tested.
Don't Know/Not Sure/Inconclusive Test.

9 - .What were the reasons you have not gotten a COVID-19 diagnostic test? (Check all that apply)

Yes. **37**
No.

.Insurance/ could not afford the test

.Fear of the test

Yes. **38**
No.

.Fear of the results

Yes. **39**
No.

.I did not know where to get tested

Yes. **40**
No.

.I did not have a reason to get tested

Yes. **41**
No.

.I was sure I already had COVID-19 (had symptoms or was exposed)

Yes. **42**
No.

.CDC recommended not testing if you have mild symptoms

Yes. **43**
No.

.The test was not available near where I live

Yes. **44**

No.

.I was quarantining/socially distancing

Yes. 45
No.

.I was avoiding healthcare facilities

Yes. 46
No.

10 - Note to interviewer: Skip question 10 - question 15 if participant has never had a COVID-19 diagnostic test.

47

.What was the date of the positive diagnostic test? _____

13 - .How many days did it take to receive your results?

Fixed Unit: days 48

11 - .Have you tested positive for COVID-19 via a diagnostic test more than once?

Yes. 49
No.
Prefer not to answer

12 - .Did you seek care after testing positive via diagnostic test? (If "No" or "Prefer not to answer", skip to question 16.)

Yes. 50
No.
Prefer not to answer

16 - .Where did you seek medical care?

Visited your primary care provider's office or another doctor's office. 51
Telephone call to your primary care provider's office or doctor's office.
Telemedicine such as an electronic consultation or video call with a health care provider.

-
- Retail clinic or pharmacy.
 - Urgent care.
 - Emergency room.
 - Hospital, not in the emergency room.
 - Other.

13 - .Where did you seek medical care? (Check all that apply) Yes. 52
No.

Visited your primary care provider's office or another doctor's office.

Telephone call to your primary care provider's office or doctor's office. Yes. 53
No.

Telemedicine such as an electronic consultation or video call with a health care provider. Yes. 54
No.

Retail clinic or pharmacy. Yes. 55
No.

Urgent care. Yes. 56
No.

Emergency room. Yes. 57
No.

Hospital, not in the emergency room. Yes. 58
No.

Other.

Yes. 59
No.

.If "Other", specify: _____

60

17 - .How many days after testing positive did you first seek care?

Same day. 61
1-2 days.
3-5 days.
More than 5 days.
Don't know/ Not sure.

14 - .Did you spend at least one night in a hospital after testing positive? (If "No" or "Prefer not to answer", skip to question 16.)

Yes. 62
No.
Prefer not to answer

15 - .How many nights were you hospitalized?

1-2 nights 63
3-5 nights
More than 5 nights
Don't know/ Not sure

16 - .Have you received a COVID-19 antibody test in the past? An antibody test is usually a blood test. (If "Yes-I tested negative", or "Never been tested", or "Don't know/Not sure/Inconclusive Test", skip to question 18.

Yes - I tested positive. 64
Yes - I tested negative.
Never been tested.
Don't Know/Not Sure/Inconclusive Test.

17 - .What is the date of the positive antibody test? _____

65

22 - .How many days did it take to receive the results of your antibody test?

Fixed Unit: days 66

18 - Note to interviewer: only ask question 18 to people who tested positive for COVID-19 through diagnostic and/or antibody test.

Yes. **67**
No.
Don't know/Not Sure.
Prefer not to answer.
Not applicable.

.Did you experience any discrimination (such as being treated badly, harassed, threatened) from anyone because you were diagnosed with COVID-19 or had a positive antibody test?

19 - .In the past 14 days, have you had any of the following symptoms?

Yes. **68**
No.

.Fever or chills

.Cough with phlegm or mucus

Yes. **69**
No.

.Dry cough with no phlegm or mucus

Yes. **70**
No.

.Shortness of breath or difficulty breathing

Yes. **71**
No.

.Fatigue/ Feeling tired

Yes. **72**
No.

.Muscle or body aches

Yes. **73**
No.

.Headache

Yes. **74**
No.

.Sudden loss of taste or smell

Yes. **75**
No.

.Sore throat

Yes. **76**
No.

.Congestion or runny nose

Yes. **77**
No.

.Nausea or vomiting

Yes. **78**
No.

.Diarrhea

Yes. **79**
No.

.Abdominal pain

Yes. **80**
No.

20 - Note to interviewer: Skip to question 23 if respondent says "No" to all symptoms.

Yes. **81**
No.
Don't Know/ Not sure.

.Are you currently experiencing any of these symptoms?

26 - .In the past 14 days prior to developing these symptoms, had you traveled within your state, outside your state, or outside the country?

No. **82**
Yes, within the state.
Yes, outside the state.
Yes, outside the country.

21 - .While you were experiencing these symptoms, did you seek care from a healthcare professional? (seeking care includes a getting a test) (If "No" or "Don't know/Not sure", skip to question 23.)

Yes. 83
No.
Don't Know/ Not sure.

28 - .Where did you seek medical care?

Visited your primary care provider's office or another doctor's office. 84
Telephone call to your primary care provider's office or doctor's office.
Telemedicine such as an electronic consultation or video call with a health care provider.
Retail clinic or pharmacy.
Urgent care.
Emergency room.
Hospital, not in the emergency room.
Other.

22 - .Where did you seek medical care? (Check all that apply)

Yes. 85
No.

Visited your primary care provider's office or another doctor's office.

Telephone call to your primary care provider's office or doctor's office.

Yes. 86
No.

Telemedicine such as an electronic consultation or video call with a health care provider.

Yes. 87
No.

Retail clinic or pharmacy.

Yes. 88
No.

Urgent care. Yes. **89**
No.

Emergency room. Yes. **90**
No.

Hospital, not in the emergency room. Yes. **91**
No.

Other. Yes. **92**
No.

.If "Other", specify: _____ **93**

29 - .How many days after your symptoms started did you first seek care? Same day. **94**
1-2 days.
3-5 days.
More than 5 days.
Don't know/ Not sure.

23 - Note to interviewer: If participant asks, recently refers to the last 2 months. Yes. **95**
No.
Don't Know/ Not sure.

.In the past month, have you interacted in person or through direct physical contact, such as touching, hugging, or shaking hands, with someone who recently tested positive for COVID-19?

31 - Note to interviewer: Skip question 31 – question 32, if participant lives alone. Yes. **96**
No.
Don't Know/ Not sure.

.Has anyone in your household tested positive for COVID-19?

24 - Note to interviewer: Skip question 24 – question 25, if participant lives alone.

Yes. 97
No.
Don't Know/ Not sure/Inconclusive Test.

.Has anyone in your household tested positive for COVID-19 via nasal swab or antibody test?

25 - .In the past month, has a member of your household other than you experienced any symptoms of COVID-19?

Yes. 98
No.
Don't Know/ Not sure.

KNOWLEDGE, ATTITUDES, AND BEHAVIOR ABOUT COVID-19

.Interviewer (read aloud): We would like to ask about your knowledge, attitudes, and behavior about COVID-19. Please answer to the best your ability.

26 - .On a scale of 1 to 5, 1 being never, 3 being some of the time, and 5 being all of the time, in the last 7 days, how often did you do the following actions?

Never. 101
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Wearing a face mask in public

.Wash your hands with soap and water after coming home from a public place

Never. 101
Almost Never.
Some of the time.
Most of the time.
All of the time.

.See a health care provider because you felt sick

Never. 102
Almost Never.
Some of the time.
Most of the time.

All of the time.

.See a health care provider if you felt healthy but worried that you were exposed to COVID-19

Never. 10
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Keep a 6 ft distance between you and others when outside your home

Never. 10
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Sanitize any items coming into the house (i.e. packages, groceries)

Never. 10
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Spend time in public spaces, gatherings, and crowds

Never. 10
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Have physical contact with people who could be high-risk (i.e. essential workers, health care workers, elderly individuals, small children, or students who are in institutional/group setting on a daily or near daily basis)

Never. 10
Almost Never.
Some of the time.
Most of the time.

All of the time.

.Go to restaurants for in-person dining

Never. 10
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Go to bars for in-person service

Never. 10
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Use public transportation

Never. 11
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Increase daily intake of fluid, electrolytes, and vitamins

Never. 11
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Increase daily intake of herbal, holistic, or homeopathic medicine

Never. 11
Almost Never.
Some of the time.
Most of the time.

All of the time.

.Take an anti-malarial drug (hydroxychloroquine)

Never. 115
Almost Never.
Some of the time.
Most of the time.
All of the time.

.Attend indoor religious service

Never. 114
Almost Never.
Some of the time.
Most of the time.
All of the time.

34 - .Do you personally know someone who was diagnosed with COVID-19?

Yes. 115
No.
Don't Know/ Not sure.
Prefer not to answer.

35 - . Do you personally know someone who has died in 2020? (If not "Yes", skip to the next section.)

Yes. 116
No.
Don't Know/ Not sure.
Prefer not to answer.

36 - .Did they die from COVID-19?

Yes. 117
No.
Don't Know/ Not sure.
Prefer not to answer.

37 - .Since March 2020, have you experienced an increase of physical violence such as slapping, shoving, kicking, punching, and burning from a partner or someone in your household?

Yes. 11
No.
Don't Know/ Not sure.
Prefer not to answer.

38 - .Since March 2020, have you experienced an increase of verbal violence such as yelling and threats of physical violence, and insults, from a partner or someone in your household?

Yes. 11
No.
Don't Know/ Not sure.
Prefer not to answer.

39 - .Since March 2020, have you experienced an increase of sexual violence such as unwanted sexual comments, advances, or coercion from a partner or someone in your household?

Yes. 12
No.
Don't Know/ Not sure.
Prefer not to answer.

COVID-19 IMPACT

.Interviewer (read aloud): We would like to ask you about the impact COVID-19 has had on your daily life, your household, and how you feel. If no experiences apply to you, please respond with not applicable. Some of these questions may be very personal. Please be assured that your answers will remain completely confidential.

27 - .Did you experience any of the following because of the COVID-19 pandemic?

Yes. 12
No.
N/A

.Financial

.Working or studying from home

.Not working

Yes. 12
No.

N/A

.Reduced work hours

Yes. 124
No.
N/A

.Worrying about paying rent/mortgage

Yes. 125
No.
N/A

.Personal financial loss

Yes. 126
No.
N/A

.Loss of housing

Yes. 127
No.
N/A

.Getting financial support from family, friends, partners, an organization, or someone else

Yes. 128
No.
N/A

.Not having enough basic supplies like toilet paper, paper towels, bottled water, or soap, etc.

Yes. 129
No.
N/A

.Emotional

Yes. 130
No.
N/A

.Worrying about friends, family, partners, etc.

.More anxiety than usual

Yes. 13
No.
N/A

.More depression than usual

Yes. 13
No.
N/A

.Frustration or boredom

Yes. 13
No.
N/A

.Getting emotional or social support from family, friends, partner, a counselor, or someone else

Yes. 13
No.
N/A

.Loneliness

Yes. 13
No.
N/A

.Feeling that you are contributing to the greater good by preventing yourself or others from getting COVID-19

Yes. 13
No.
N/A

.Fear of getting COVID-19

Yes. 13
No.
N/A

.Fear of giving COVID-19 to someone else

Yes. 13

No.
N/A

.Confusion about what COVID-19 is, how to prevent it, or why physical distancing/isolation/quarantines are needed

Yes. 13
No.
N/A

.Interpersonal

Yes. 14
No.
N/A

.Caring for someone at home

.Spending more time with your family or loved ones

Yes. 14
No.
N/A

.Not being able to receive visitors

Yes. 14
No.
N/A

.Not being able to visit elderly or sick relatives because they were not allowed visitors

Yes. 14
No.
N/A

.Not being able to visit incarcerated loved ones because they were not allowed visitors

Yes. 14
No.
N/A

.Other

Yes. 14
No.
N/A

.Switched to alternative travel methods (e.g. driving instead of flying, driving instead of public transportation, etc.)

.Released from being incarcerated due to COVID-19 (reduce jail or prison time)

Yes. 14
No.
N/A

41 - .What changes, if any, have you noticed regarding your normal sleep pattern during the COVID-19 pandemic?

I sleep a lot more. 14
I sleep more.
About the same.
I sleep less.
I sleep a lot less.

42 - .What changes, if any, have you noticed regarding your sexual activity during the COVID-19 pandemic

A lot more sexual encounters. 14
More sexual encounters.
About the same.
Less sexual encounters.
A lot less sexual encounters.

43 - .What changes, if any, have you noticed regarding your travel habits during the COVID-19 pandemic?

I travel a lot more. 14
I travel more.
About the same.
I travel less.
I travel a lot less.

28 - .Have you had any alcoholic drinks in the last 6 months? (If "No" or "Prefer not to answer", skip question 29.)

Yes. 15
No.
Don't Know/ Not sure.

29 - .What changes, if any, have you noticed regarding your use of alcohol during the COVID-19 pandemic?

- I use a lot more. 15
- I use more.
- About the same.
- I use less.
- I use a lot less.

30 - .Have you smoked or vaped tobacco (including cigarettes and e-cigarettes) in the last 6 months? (If "No" or "Prefer not to answer", skip question 31.)

- Yes. 15
- No.
- Don't Know/ Not sure.

31 - .What changes, if any, have you noticed regarding your use of tobacco during the COVID-19 pandemic?

- I use a lot more. 15
- I use more.
- About the same.
- I use less.
- I use a lot less.

48 - .Have you smoked or vaped cannabis/marijuana in the last 6 months? (If "No" or "Prefer not to answer", skip question 49.)

- Yes. 15
- No.
- Don't Know/ Not sure.

49 - .What changes, if any, have you noticed regarding your use of cannabis/marijuana during the COVID-19 pandemic?

- I use a lot more. 15
- I use more.
- About the same.
- I use less.
- I use a lot less.

50 - .Have you used opioids such as heroin, fentanyl, or painkillers in the last 6 months? (If "No" or "Prefer not to answer", skip question 51.)

- Yes. 15
- No.
- Don't Know/ Not sure.

51 - .What changes, if any, have you noticed regarding your use of these substances during the COVID-19 pandemic?

- I use a lot more. 15
- I use more.
- About the same.
- I use less.
- I use a lot less.

52 - .Have you used other substances such as cocaine, crystal meth, LSD, or steroids in the last 6 months? (If "No" or "Prefer not to answer", skip question 53.)

- Yes. 15
- No.
- Don't Know/ Not sure.

53 - .What changes, if any, have you noticed regarding your use of these substances during the COVID-19 pandemic?

- I use a lot more. 15
- I use more.
- About the same.
- I use less.
- I use a lot less.

WILLINGNESS TO PARTICIPATE IN COVID-19 VACCINE TRIAL

.Interviewer (read aloud): Thank you for responses so far. We are now going to ask about your experience and willingness to participate in a vaccine trial and get a COVID-19 vaccine in the future.

54 - .Have you ever participated in a vaccine clinical trial?

- Yes. 16
- No.

55 - .On a scale of 1 to 5, 1 being very unlikely, 3 being neutral, and 5 being very likely, how likely are you to enroll in a COVID-19 vaccine trial in the future?

- Very Unlikely. 16
- Unlikely.
- Neutral.
- Likely.
- Very Likely.

32 - .On a scale of 1 to 5, 1 being very unlikely, 3 being neutral, and 5 being very likely, how likely are you to enroll in a COVID-19 vaccine trial in the future?

Very Unlikely. 16

Unlikely.

Neutral.

Likely.

Very Likely.

I have already participated in a COVID-19 trial.

.If you have already participated in a COVID-19 vaccine trial, when did you receive your first dose? _____

16

56 - .On a scale of 1 to 5, 1 being very likely, 3 being neutral, and 5 being very likely, how likely are you to get an approved COVID-19 vaccine in the future?

Very Unlikely. 16

Unlikely.

Neutral.

Likely.

Very Likely.

33 - .On a scale of 1 to 5, 1 being very unlikely, 3 being neutral, and 5 being very likely, how likely are you to get an approved COVID-19 vaccine in the future?

Very Unlikely. 16

Unlikely.

Neutral.

Likely.

Very Likely.

I have already received an approved vaccine.

33 - .If you have already received an approved COVID-19 vaccine, when did you receive your first dose? _____

16

.Interviewer (read aloud): Thank you for taking the time to participate in our study and to complete this questionnaire. The responses you provided are extremely valuable. Do you have any questions for me?

Did the participant finish the questionnaire?

Yes. 16

No.

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 Form: Questionnaire-Adult
 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① QSDAT	dd MMM yyyy	Date of questionnaire administration			QSDAT
② COMP	1	Questionnaire completed by		1 = Participant COMP is completing the questionnaire for themselves 2 = Legally authorized representative is completing this questionnaire on behalf of another person	
⑤ FLUVAC	1	Flu vaccine		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	FLUVAC
⑥ ASTH	\$1	Asthma		Y = Yes. N = No.	ASTH
⑦ CLD	\$1	Other lung disease		Y = Yes. N = No.	CLD
⑧ HD	\$1	Heart disease		Y = Yes. N = No.	HD
⑨ HYP	\$1	Hypertension		Y = Yes. N = No.	HYP

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
10 CAYR	\$1	Cancer chemotherapy in the last 12 months		Y = Yes. N = No.	CAYR
11 IMMUN	\$1	Immunosuppre ssion		Y = Yes. N = No.	IMMUN
12 HIV	\$1	HIV		Y = Yes. N = No.	HIV
13 DIAB	\$1	Diabetes		Y = Yes. N = No.	DIAB
14 KDRD	\$1	Kidney or renal disease		Y = Yes. N = No.	KDRD
15 LIVD	\$1	Liver Disease		Y = Yes. N = No.	LIVD
16 SCD	\$1	Sickle cell disease		Y = Yes. N = No.	SCD
17 OBES	\$1	Obesity		Y = Yes. N = No.	OBES
18 MH	\$1	Mental health condition		Y = Yes. N = No.	MH
19 SUBABU	\$1	Substance abuse		Y = Yes. N = No.	SUBABU
20 MCOTH	\$1	Other medical conditions		Y = Yes. N = No.	MCOTH

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
21 MCOTHSP	\$200	Medical conditions other specify			MCOTHSP
22 PHYSD	\$1	Physical disability		Y = Yes. N = No.	PHYSD
23 MENTD	\$1	Mental disability		Y = Yes. N = No.	MENTD
24 EMOD	\$1	Emotional disability		Y = Yes. N = No.	EMOD
25 DISNONE	\$1	None of the disabilities		Y = Yes. N = No.	DISNONE
26 DISPNA	\$1	Prefer not to answer disabilities		Y = Yes. N = No.	DISPNA
27 PREG	1	Currently pregnant		1 = Yes. 2 = No. 3 = Don't know/Not Sure. 4 = Prefer not to answer. 5 = Not applicable.	PREG
28 MCVIS	\$1	Requires visits		Y = Yes. N = No.	MCVIS
29 HCMIS	1	Appointments		1 = Yes, I did miss appointments.	HCMIS

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				2 = No, I did not miss an appointment. 3 = No, I did not have any appointments to miss. 4 = Don't Know/ Not sure.	
30 MREAS	2	Missed appointments reasons		1 = My clinic cancelled my appointment because of COVID-19. 2 = I had symptoms of COVID-19 so did not go. 3 = I felt good, didn't need to go. 4 = I did not have money or insurance. 5 = Inconvenient (location/hours /times, etc.). 6 = Forgot to go/missed appointment. 7 = Disrespected by the office or medical staff. 8 = I could not attend telemedicine visit. 9 = Did not have transportation.	MREAS

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				10 = I postponed my appointment until it was safe to go. 99 = Other.	
31 MREASOSP	\$200	Missed appointments other specify			MREASOSP
32 NOMED	1	Missed medication		1 = Yes, I could not get a refill from the pharmacy. 2 = Yes, I did not get my refill from the pharmacy because I was concerned about social distancing/inte racting with other/exposure to coronavirus. 3 = Yes, I have medication in my possession, but I forgot to take them. 4 = Yes, I could no longer afford them because of lost employment or insurance.	NOMED

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				5 = No. 6 = Don't Know. 7 = Prefer not to answer.	
33 COVTHNK	1	Think you had covid		1 = Yes – tested positive via diagnostic or antibody test. 2 = Yes – did not get tested. 3 = No. 4 = Don't Know/ Not sure.	COVTHNK
34 HAVSYMP	1	Had covid symptoms		1 = Yes – had symptoms. 2 = No-never had symptoms. 3 = Don't Know/ Not sure.	HAVSYMP
36 COVDXYN	1	Previous covid test		1 = Yes – I tested positive. 2 = Yes – I tested negative. 3 = Never been tested. 4 = Don't Know/Not Sure/Inconclus ive Test.	COVDXYN
37 NDINS	\$1	No diagnostic insurance		Y = Yes. N = No.	NDINS

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
38 NDFT	\$1	No diagnostic fear of test		Y = Yes. N = No.	NDFT
39 NDFR	\$1	No diagnostic fear of results		Y = Yes. N = No.	NDFR
40 NDDK	\$1	No diagnostic do not know		Y = Yes. N = No.	NDDK
41 NDDN	\$1	No diagnostic do not need		Y = Yes. N = No.	NDDN
42 NAN	\$1	No diagnostic symptomatic		Y = Yes. N = No.	NAN
43 NDCDC	\$1	No diagnostic CDC		Y = Yes. N = No.	NDCDC
44 NDNA	\$1	No diagnostic available		Y = Yes. N = No.	NDNA
45 NDSD	\$1	No diagnostic quarantine		Y = Yes. N = No.	NDSD
46 NDNHC	\$1	No diagnostic facilities		Y = Yes. N = No.	NDNHC
47 DXDAT	dd- MMM yyyy	Positive covid test date			DXDAT
48 DXDAYS	3	Days until covid results			DXDAYS

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
49 PREPOS	1	Covid positive more than once		1 = Yes. 2 = No. 3 = Prefer not to answer	PREPOS
50 PCDX	1	Sought care for covid		1 = Yes. 2 = No. 3 = Prefer not to answer	PCDX
51 HCLOC	2	Healthcare location		1 = Visited your primary care provider's office or another doctor's office. 2 = Telephone call to your primary care provider's office or doctor's office. 3 = Telemedicine such as an electronic consultation or video call with a health care provider. 4 = Retail clinic or pharmacy. 5 = Urgent care. 6 = Emergency room. 7 = Hospital, not in the emergency room.	HCLOC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
99 = Other.					
52 HCLOCPC	\$1	Doctor office after test		Y = Yes. N = No.	HCLOCPC
53 HCLOCPH	\$1	Doctor telephone call after test		Y = Yes. N = No.	HCLOCPH
54 HCLOCTEL	\$1	Telemedicine after test		Y = Yes. N = No.	HCLOCTEL
55 HCLOCRC	\$1	Retail clinic pharmacy after test		Y = Yes. N = No.	HCLOCRC
56 HCLOCUC	\$1	Urgent care after test		Y = Yes. N = No.	HCLOCUC
57 HCLOCER	\$1	Emergency room after test		Y = Yes. N = No.	HCLOCER
58 HCLOCHSP	\$1	Hospital, not ER after test		Y = Yes. N = No.	HCLOCHSP
59 HCLOCOTH	\$1	Other healthcare location after test		Y = Yes. N = No.	HCLOCOTH
60 HCLOCOSP	\$200	Healthcare location other			HCLOCOSP

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
61 COVDAC	1	Days after testing		1 = Same day. COVDAC 2 = 1-2 days. 3 = 3-5 days. 4 = More than 5 days. 5 = Don't know/ Not sure.	
62 HCON	1	One night hospitalization		1 = Yes. 2 = No. 3 = Prefer not to answer	HCON
63 HCHOSPD	1	Nights hospitalized		1 = 1-2 nights 2 = 3-5 nights 3 = More than 5 nights 4 = Don't know/ Not sure	HCHOSPD
64 PABT	1	Previous covid AB test		1 = Yes - I tested positive. 2 = Yes - I tested negative. 3 = Never been tested. 4 = Don't Know/Not Sure/Inconclusive Test.	PABT
65 ABDAT	dd- MMM yyyy	AB test date			ABDAT
66 ABDAYS	3	Days until AB result			ABDAYS

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
67 HARAS	1	Covid discrimination		1 = Yes. 2 = No. 3 = Don't know/Not Sure. 4 = Prefer not to answer. 5 = Not applicable.	HARAS
68 SMPFEV	\$1	Fever or chills		Y = Yes. N = No.	SMPFEV
69 SMPCP	\$1	Cough with phlegm or mucus		Y = Yes. N = No.	SMPCP
70 SMPDC	\$1	Dry cough with no phlegm or mucus		Y = Yes. N = No.	SMPDC
71 SMPSOB	\$1	Shortness of breath or difficulty breathing		Y = Yes. N = No.	SMPSOB
72 SMPFAT	\$1	Fatigue		Y = Yes. N = No.	SMPFAT
73 SMPMA	\$1	Muscle or body aches		Y = Yes. N = No.	SMPMA
74 SMPHA	\$1	Headache		Y = Yes. N = No.	SMPHA
75 SMPLS	\$1	Sudden loss of taste or smell		Y = Yes. N = No.	SMPLS

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
76 SMPST	\$1	Sore throat		Y = Yes. N = No.	SMPST
77 SMPCRN	\$1	Congestion or runny nose		Y = Yes. N = No.	SMPCRN
78 SMPNV	\$1	Nausea or vomiting		Y = Yes. N = No.	SMPNV
79 SMPDH	\$1	Diarrhea		Y = Yes. N = No.	SMPDH
80 SMPABD	\$1	Abdominal pain		Y = Yes. N = No.	SMPABD
81 SMEXP	1	Symptoms currently		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMEXP
82 SMTRAV	1	Travel symptoms prior		1 = No. 2 = Yes, within the state. 3 = Yes, outside the state. 4 = Yes, outside the country.	SMTRAV
83 SMHC	1	Seek healthcare		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMHC

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
 Form: Questionnaire-Adult
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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
84 SMLOC	2	Medical care location		1 = Visited your primary care provider's office or another doctor's office. 2 = Telephone call to your primary care provider's office or doctor's office. 3 = Telemedicine such as an electronic consultation or video call with a health care provider. 4 = Retail clinic or pharmacy. 5 = Urgent care. 6 = Emergency room. 7 = Hospital, not in the emergency room. 99 = Other.	SMLOC
85 SMLOCPC	\$1	Doctor office after symptoms		Y = Yes. N = No.	SMLOCPC
86 SMLOCPH	\$1	Doctor telephone call after symptoms		Y = Yes. N = No.	SMLOCPH

CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
87 SMLOCTEL	\$1	Telemedicine after symptoms		Y = Yes. N = No.	SMLOCTEL
88 SMLOCRC	\$1	Retail clinic pharmacy after symptoms		Y = Yes. N = No.	SMLOCRC
89 SMLOCUC	\$1	Urgent care after symptoms		Y = Yes. N = No.	SMLOCUC
90 SMLOCER	\$1	Emergency room after symptoms		Y = Yes. N = No.	SMLOCER
91 SMLOCHSP	\$1	Hospital, not ER after symptoms		Y = Yes. N = No.	SMLOCHSP
92 SMLOCOTH	\$1	Other healthcare location after symptoms		Y = Yes. N = No.	SMLOCOTH
93 SMLOCOSP	\$200	Other care location			SMLOCOSP
94 SMDAYS	1	Days medical care symptoms		1 = Same day. SMDAYS 2 = 1-2 days. 3 = 3-5 days. 4 = More than 5 days. 5 = Don't know/ Not sure.	





CoVPN5002_Version_2.0_PROD_BK_31MAR2021: ALL
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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
95 SMPCON	1	Covid contact		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMPCON
96 COVHOUSYN	1	Household positive coronavirus		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	COVHOUSYN
97 COVHSYN	1	Household positive coronavirus		1 = Yes. 2 = No. 3 = Don't Know/ Not sure/Inconclusi ve Test.	COVHSYN
98 COVPSTMO	1	Past month covid interaction		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	COVPSTMO
100 MASK	1	Wearing a face mask in public		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	MASK
101 HANDWSH	1	Washing your hands with soap or using hand sanitizer frequently		1 = Never. 2 = Almost Never. 3 = Some of the time.	HANDWSH






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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				4 = Most of the time. 5 = All of the time.	
102 HCPSICK	1	Seeing a health care provider if you feel sick		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	HCPSICK
103 HCPEXP	1	Seeing a health care provider if you feel healthy but worry about that you were exposed		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	HCPEXP
104 SIXFT	1	Six feet social distance		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	SIXFT
105 SANIT	1	Sanitizing any items coming into the house		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time.	SANIT

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				5 = All of the time.	
 PUBSPC	1	Time spent in public		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	PUBSPC
 PHYSCON	1	High risk contact		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	PHYSCON
 RESTAUR	1	Restaurants		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	RESTAUR
 BARS	1	Bars		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	BARS

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
 PUBTRANS	1	Public transportation		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	PUBTRANS
 VITAMIN	1	Vitamins and fluids		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	VITAMIN
 INHERBAL	1	Herbal medicine		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	INHERBAL
 HCQ	1	Anti-malarial		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	HCQ
 RELIG	1	Religion		1 = Never.	RELIG

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	
113 COVKNW	1	Know someone who was diagnosed with COVID-19		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	COVKNW
116 KNWD	1	Know someone who has died		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	KNWD
117 COVDTH	1	Know someone who died from COVID-19		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	COVDTH
118 PHYSVIO	1	Physical violence		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	PHYSVIO

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
116 VERBVIO	1	Verbal violence		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	VERBVIO
120 SEXVIO	1	Sexual violence		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	SE XVIO
121 WFH	\$2	Working or studying from home		Y = Yes. N = No. NA = N/A	WFH
123 NWRK	\$2	Not working		Y = Yes. N = No. NA = N/A	NWRK
124 REDHR	\$2	Reduced work hours		Y = Yes. N = No. NA = N/A	REDHR
125 WRENT	\$2	Worrying about paying rent/mortgage		Y = Yes. N = No. NA = N/A	WRENT
126 PFL	\$2	Personal financial loss		Y = Yes. N = No. NA = N/A	PFL
127 LHOUSE	\$2	Loss of housing		Y = Yes. N = No.	LHOUSE

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				NA = N/A	
128 FINSUP	\$2	Financial support		Y = Yes. N = No. NA = N/A	FINSUP
129 NEBASIC	\$2	Not enough basics		Y = Yes. N = No. NA = N/A	NEBASIC
130 WFAM	\$2	Worrying		Y = Yes. N = No. NA = N/A	WFAM
131 ANX	\$2	Anxiety		Y = Yes. N = No. NA = N/A	ANX
132 DEPRESS	\$2	Depression		Y = Yes. N = No. NA = N/A	DEPRESS
133 BORED	\$2	Frustration		Y = Yes. N = No. NA = N/A	BORED
134 EMSUP	\$2	Emotional support		Y = Yes. N = No. NA = N/A	EMSUP
135 LONE	\$2	Loneliness		Y = Yes. N = No. NA = N/A	LONE
136 GGOOD	\$2	Greater good		Y = Yes. N = No.	GGOOD

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				NA = N/A	
137 GETCOV	\$2	Fear of getting covid		Y = Yes. N = No. NA = N/A	GETCOV
138 GIVCOV	\$2	Fear of giving covid		Y = Yes. N = No. NA = N/A	GIVCOV
139 CONFUS	\$2	Confusion		Y = Yes. N = No. NA = N/A	CONFUS
140 CARHM	\$2	Caring for someone		Y = Yes. N = No. NA = N/A	CARHM
141 MOFAM	\$2	More time with family		Y = Yes. N = No. NA = N/A	MOFAM
142 NOVIS	\$2	No visitors		Y = Yes. N = No. NA = N/A	NOVIS
143 NOVSICK	\$2	No visiting the sick		Y = Yes. N = No. NA = N/A	NOVSICK
144 NOVINC	\$2	No visiting the incarcerated		Y = Yes. N = No. NA = N/A	NOVINC
145 ALT	\$2	Alternative travel		Y = Yes. N = No.	ALT

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
NA = N/A					
146 ERELS	\$2	Early release		Y = Yes. N = No. NA = N/A	ERELS
147 SLEEP	1	Sleep		1 = I sleep a lot more. 2 = I sleep more. 3 = About the same. 4 = I sleep less. 5 = I sleep a lot less.	SLEEP
148 SEXACT	1	Sexual activity		1 = A lot more SEXACT sexual encounters. 2 = More sexual encounters. 3 = About the same. 4 = Less sexual encounters. 5 = A lot less sexual encounters.	
149 TRAVHAB	1	Travel habits		1 = I travel a lot more. 2 = I travel more. 3 = About the same. 4 = I travel less. 5 = I travel a lot less.	TRAVHAB

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
153 SMETOH	1	Past 6 month drink		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMETOH
153 ETOH	1	Drinking habits		1 = I use a lot more. 2 = I use more. 3 = About the same. 4 = I use less. 5 = I use a lot less.	ETOH
153 SMTOB	1	Past 6 month tobacco		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMTOB
153 TOB	1	Tobacco habits		1 = I use a lot more. 2 = I use more. 3 = About the same. 4 = I use less. 5 = I use a lot less.	TOB
153 SMCAN	1	Past 6 months cannabis		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMCAN
153 CAN	1	Cannabis habits		1 = I use a lot more.	CAN

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				2 = I use more. 3 = About the same. 4 = I use less. 5 = I use a lot less.	
15 SMOP	1	Past 6 months opioids		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMOP
15 OPIOID	1	Opioids habits		1 = I use a lot more. 2 = I use more. 3 = About the same. 4 = I use less. 5 = I use a lot less.	OPIOID
15 SMOTHER	1	Past 6 months other		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMOTHER
15 OTHSUB	1	Other substances habits		1 = I use a lot more. 2 = I use more. 3 = About the same. 4 = I use less. 5 = I use a lot less.	OTHSUB

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
161 TRIPART	\$1	Trial participation		Y = Yes. N = No.	TRIPART
162 TRIENR	1	Enroll in trial		1 = Very Unlikely. 2 = Unlikely. 3 = Neutral. 4 = Likely. 5 = Very Likely.	TRIENR
163 TRIALAD	1	Enroll in trial		1 = Very Unlikely. 2 = Unlikely. 3 = Neutral. 4 = Likely. 5 = Very Likely. 6 = I have already participated in a COVID-19 trial.	TRIALAD
164 TRIDAT	dd- MMM yyyy	First dose vaccine trial			TRIDAT
165 VACC	1	Approved vaccine		1 = Very Unlikely. 2 = Unlikely. 3 = Neutral. 4 = Likely. 5 = Very Likely.	VACC
166 VACCAD	1	Approved vaccine		1 = Very Unlikely. 2 = Unlikely. 3 = Neutral. 4 = Likely.	VACCAD

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				5 = Very Likely. 6 = I have already received an approved vaccine.	
167 VACCDAT	dd- MMM yyyy	First dose approved vaccine			VACCDAT
169 QSFIN	\$1	Finished questionnaire		Y = Yes. N = No.	QSFIN

Date of questionnaire administration _____

1

.Interviewer Script (read aloud): We are conducting this study to estimate the number of people who have or have had SARS-CoV-2 or coronavirus the United States and better understand how the COVID-19 pandemic affected peoples' lives. We would like to ask you some questions about you, your health, your home, possible exposure to COVID-19. Your parent or guardian will help you answer the questions, and it is ok to ask them if you are not sure of the answer. You can skip any question you do not want to answer.

The questionnaire will take about 15 minutes to complete. Your participation is completely voluntary, and we will protect the answers you give.

Do you have any questions before we begin?

MEDICAL HISTORY

.Interviewer script (read aloud): We are now going to ask about your medical conditions and how they may have been affected by the COVID-19 pandemic. Please answer these questions to the best of your ability. Remember you can ask your parent or guardian to help you answer these questions.

1 - .Did you receive an ("flu shot") influenza vaccine during the 2019-2020 Flu season?

Yes. 4

No.

Don't Know/ Not sure.

1 - .Have you ever been diagnosed with any of the following medical conditions? (Check all that apply)

Yes. 5

No.

.Asthma

.Other chronic lung disease

Yes. 6

No.

.Heart disease

Yes. 7

No.

.Hypertension (high blood pressure)

Yes. **8**
No.

.Cancer chemotherapy in the last 12 months

Yes. **9**
No.

.Other immunosuppression condition

Yes. **10**
No.

.HIV

Yes. **11**
No.

.Diabetes

Yes. **12**
No.

.Kidney or renal disease

Yes. **13**
No.

.Liver Disease

Yes. **14**
No.

.Sickle cell disease

Yes. **15**
No.

.Obesity

Yes. **16**
No.

.Mental health condition

Yes. 17
No.

.Other chronic medical conditions that have not already been mentioned

Yes. 18
No.

.If "Other", specify: _____

19

2 - . Are you limited in any way in your daily activities because of a physical, mental, or emotional disability? (Check all that apply)

Yes. 20
No.

.Physical disability

.Mental disability

Yes. 21
No.

.Emotional disability

Yes. 22
No.

.None of the above

Yes. 23
No.

.Prefer not to answer

Yes. 24
No.

3 - . Do you have any medical conditions that require medication or routine visits to the doctor? (If "No", skip to next section)

Yes. 25
No.

4 - . Because of the COVID-19 pandemic, were you unable or unwilling to attend scheduled appointments with your health care provider? (If "No" or "Don't Know/Not sure", skip to question 6.)

- Yes, I did miss appointments. 26
- No, I did not miss an appointment.
- No, I did not have any appointments to miss.
- Don't Know/ Not sure.

5 - . What is the main reason you missed appointments with your healthcare provider?

- My clinic cancelled my appointment because of COVID-19. 27
- I had symptoms of COVID-19 so did not go.
- I felt good, didn't need to go.
- I did not have money or insurance.
- Inconvenient (location/hours/times, etc.).
- Forgot to go/missed appointment.
- Disrespected by the office or medical staff.
- I could not attend telemedicine visit.
- Did not have transportation.
- I postponed my appointment until it was safe to go.
- Other.

.If "Other", specify:

28

6 - . Because of the COVID-19 pandemic, did you miss taking any medications?

- Yes, my parent could not get a refill from the pharmacy. 29
- Yes, my parent did not get my refill from the pharmacy because I was concerned about social distancing/interacting with other/exposure to coronavirus.
- Yes, I have medication, but I forgot to take them.
- Yes, my parent could no longer afford them because of lost employment or insurance.
- No.
- Don't Know/ Not Sure.

Prefer not to answer.

8 - COVID-19 INFECTION HISTORY, RISK , AND EXPOSURE

Yes – tested positive via diagnostic or antibody test. **30**
Yes – did not get tested.
No.
Don't Know/ Not sure.

.Interviewer script (read aloud): We are now going to ask about any history of COVID-19 symptoms, testing, and illness in you or your household.

. Do you think you ever had COVID-19?

7 - COVID-19 INFECTION HISTORY, RISK , AND EXPOSURE

Yes – had symptoms. **31**
No-never had symptoms.
Don't Know/ Not sure.

.Interviewer script (read aloud): We are now going to ask about any history of COVID-19 symptoms, testing, and illness in you or your household.

. Have you ever had COVID-19 symptoms since November 2019?

Note to interviewer: diagnostic tests are usually collected through swabs in the nose, mouth, and throat and antibody tests are usually blood tests.

8 - . Have you received a COVID-19 diagnostic test in the past? A diagnostic test is usually a swab in the nose, mouth, or throat. (If "Yes-I tested positive", skip to question 10. If "Yes-I tested negative", or "Don't know/Not sure/Inconclusive Test", skip to question 16.)

Yes – I tested positive. **33**
Yes – I tested negative.
Never been tested.
Don't Know/Not Sure/Inconclusive Test.

9 - . What were the reasons did not get a COVID-19 diagnostic test? (Check all that apply)

Yes. **34**
No.

.Insurance/ could not afford the test

.Fear of the test Yes. **35**
No.

.Fear of the results Yes. **36**
No.

.I did not know where to get tested Yes. **37**
No.

.I did not have a reason to get tested Yes. **38**
No.

.I was sure I already had COVID-19 (I felt sick or was exposed) Yes. **39**
No.

.CDC recommended not testing if you have mild symptoms Yes. **40**
No.

.The test was not available near where I live Yes. **41**
No.

.I was quarantining/socially distancing Yes. **42**
No.

.I was avoiding healthcare facilities Yes. **43**
No.

10 - Note to interviewer: Skip question 10 - question 15 if participant has never had a COVID-19 diagnostic test.

44

. What was the date of the positive diagnostic test? _____

12 - . How many days did it take to receive your results?

Fixed Unit: days 45

11 - . Have you tested positive for COVID-19 via a diagnostic test more than once?

Yes. 46

No.

Prefer not to answer

12 - . Did you seek care after testing positive via diagnostic test? (If "No" or "Prefer not to answer", skip to question 16.)

Yes. 47

No.

Prefer not to answer

15 - . Where did you seek medical care?

Visited your primary care provider's office or another doctor's office. 48

Telephone call to your primary care provider's office or doctor's office.

Telemedicine such as an electronic consultation or video call with a health care provider.

Retail clinic or pharmacy.

Urgent care.

Emergency room.

Hospital, not in the emergency room.

Other.

13 - .Where did you seek medical care? (Check all that apply)

Yes. 49

No.

Visited your primary care provider's office or another doctor's office.

Telephone call to your primary care provider's office or doctor's office. Yes. **50**
No.

Telemedicine such as an electronic consultation or video call with a health care provider. Yes. **51**
No.

Retail clinic or pharmacy. Yes. **52**
No.

Urgent care. Yes. **53**
No.

Emergency room. Yes. **54**
No.

Hospital, not in the emergency room. Yes. **55**
No.

Other. Yes. **56**
No.

.If "Other", specify: _____ **57**

16 - . How many days after testing positive did you first seek care? Same day. **58**
1-2 days.
3-5 days.
More than 5 days.
Don't know/ Not sure.

14 - . Did you spend at least one night in a hospital after testing positive? (If "No" or "Prefer not to answer", skip to question 16.)

Yes. **59**
No.
Prefer not to answer

15 - . How many nights were you hospitalized?

1-2 nights **60**
3-5 nights
More than 5 nights
Don't know/ Not sure

16 - . Have you received a COVID-19 antibody test in the past? An antibody test is usually a blood test . (If "Yes-I tested negative", or "Never been tested", or "Don't know/Not sure/Inconclusive Test", skip to question 18.)

Yes - I tested positive. **61**
Yes - I tested negative.
Never been tested.
Don't Know/Not Sure/Inconclusive Test.

17 - . What is the date of the positive antibody test?

_____ **62**

21 - . How many days did it take to receive the results of your antibody test?

Fixed Unit: days **63**

18 - Note to interviewer: only ask question 18 to people who tested positive for COVID-19 through diagnostic and/or antibody test.

Yes. **64**
No.
Don't know/Not Sure.
Prefer not to answer.
Not applicable.

.Did you experience any discrimination (such as being treated badly, harassed, threatened) from anyone because you were diagnosed with COVID-19 or had a positive antibody test?

19 - . In the past 14 days, have you had any of the following symptoms?

Yes. **65**
No.

.Fever or chills

.Cough with phlegm or mucus	Yes. <input type="checkbox"/> 66
	No. <input type="checkbox"/>

.Dry cough with no phlegm or mucus	Yes. <input type="checkbox"/> 67
	No. <input type="checkbox"/>

.Shortness of breath or difficulty breathing	Yes. <input type="checkbox"/> 68
	No. <input type="checkbox"/>

.Fatigue/ Feeling tired	Yes. <input type="checkbox"/> 69
	No. <input type="checkbox"/>

.Muscle or body aches	Yes. <input type="checkbox"/> 70
	No. <input type="checkbox"/>

.Headache	Yes. <input type="checkbox"/> 71
	No. <input type="checkbox"/>

.Sudden loss of taste or smell	Yes. <input type="checkbox"/> 72
	No. <input type="checkbox"/>

.Sore throat	Yes. <input type="checkbox"/> 73
	No. <input type="checkbox"/>

.Congestion or runny nose	Yes. <input type="checkbox"/> 74
	No. <input type="checkbox"/>

.Nausea or vomiting	Yes. <input type="checkbox"/> 75
---------------------	---

No.

.Diarrhea

Yes. 76
No.

.Abdominal pain

Yes. 77
No.

20 - .Note to interviewer: Skip to question 23 if respondent says "No" to all symptoms.

Yes. 78
No.
Don't Know/ Not sure.

. Are you currently experiencing any of these symptoms?

25 - . In the past 14 days prior to developing these symptoms, had you traveled within your state, outside your state, or outside the country?

No. 79
Yes, within the state.
Yes, outside the state.
Yes, outside the country.

21 - . While you were experiencing these symptoms, did you seek care from a healthcare professional? (seeking care includes a getting a test) If "No" or "Don't know/Not sure", skip to question 23.

Yes. 80
No.
Don't Know/ Not sure.

27 - . Where did you seek medical care?

Visited your primary care provider's office or another doctor's office. 81
Telephone call to your primary care provider's office or doctor's office.
Telemedicine such as an electronic consultation or video call with a health care provider.
Retail clinic or pharmacy.
Urgent care.

Emergency room.
Hospital, not in the emergency room.
Other.

22 - .Where did you seek medical care?

Yes. **82**
No.

Visited your primary care provider's office or another doctor's office.

Telephone call to your primary care provider's office or doctor's office.

Yes. **83**
No.

Telemedicine such as an electronic consultation or video call with a health care provider.

Yes. **84**
No.

Retail clinic or pharmacy.

Yes. **85**
No.

Urgent care.

Yes. **86**
No.

Emergency room.

Yes. **87**
No.

Hospital, not in the emergency room.

Yes. **88**
No.

Other.

Yes. **89**
No.

.If "Other", specify: _____

90

28 - . How many days after your symptoms started did you first seek care?

- Same day.
- 1-2 days.
- 3-5 days.
- More than 5 days.
- Don't know/ Not sure.

91

23 -

. In the past month, have you interacted in person or through direct physical contact, such as touching, hugging, or shaking hands, with someone who recently tested positive for COVID-19?

- Yes.
- No.
- Don't Know/ Not sure.

92

Note to interviewer: If participant asks, recently refers to the last 2 months.

30 - . Has anyone in your home tested positive for COVID-19?

- Yes.
- No.
- Don't Know/ Not sure.

93

24 - . Has anyone in your home tested positive for COVID-19 via nasal swab or antibody test?

- Yes.
- No.
- Don't Know/ Not sure/Inconclusive Test.

94

25 - . In the past month, has anyone in your home other than you experienced any symptoms of COVID-19?

- Yes.
- No.
- Don't Know/ Not sure.

95

KNOWLEDGE, ATTITUDES, AND BEHAVIOR ABOUT COVID-19

.Interviewer (read aloud): We would like to ask about your knowledge, attitudes, and behavior about COVID-19. Please answer to the best your ability.

26 - . On a scale of 1 to 5, 1 being never, 3 being some of the time, and 5 being all of the time, in the last 7 days, how often did you do the following actions?

.Wearing a face mask in public

- Never. 97
- Almost Never.
- Some of the time.
- Most of the time.
- All of the time.
-

.Wash your hands with soap and water after coming home from a public place

- Never. 98
- Almost Never.
- Some of the time.
- Most of the time.
- All of the time.
-

.See a health care provider because you felt sick

- Never. 99
- Almost Never.
- Some of the time.
- Most of the time.
- All of the time.
-

.Spend time in public spaces, gatherings, and crowds

- Never. 100
- Almost Never.
- Some of the time.
- Most of the time.
- All of the time.
-

.Go to restaurants

- Never. 100
-

- Almost Never.
 - Some of the time.
 - Most of the time.
 - All of the time.
-

.Use public transportation

- Never. 102
 - Almost Never.
 - Some of the time.
 - Most of the time.
 - All of the time.
-

.Attend indoor religious service

- Never. 103
 - Almost Never.
 - Some of the time.
 - Most of the time.
 - All of the time.
-

33 - . Do you personally know someone who was diagnosed with COVID-19?

- Yes. 104
 - No.
 - Don't Know/ Not sure.
 - Prefer not to answer.
-

34 - . Do you personally know someone who has died in 2020? (If not "Yes", skip to the next section.)

- Yes. 105
 - No.
 - Don't Know/ Not sure.
 - Prefer not to answer.
-

35 - . Did they die from COVID-19?

- Yes. 106
 - No.
 - Don't Know/ Not sure.
-

Prefer not to answer.

COVID-19 IMPACT

.Interviewer (read aloud): We would like to ask you about the impact COVID-19 has had on your daily life, your household, and how you feel. If no experiences apply to you, please respond with not applicable.

27 - . Did you experience any of the following because of the COVID-19 pandemic?

Yes. 10
No.
N/A

.Financial

.Loss of housing

.Getting support from family, friends, partners, an organization, or someone else

Yes. 10
No.
N/A

.Not having enough basic supplies like toilet paper, paper towels, bottled water, or soap, etc.

Yes. 11
No.
N/A

.Emotional

.Worrying about friends and/or family

Yes. 11
No.
N/A

.More anxiety

Yes. 11
No.
N/A

.More depression

Yes. 114
No.
N/A

.Frustration or boredom

Yes. 114
No.
N/A

.Getting emotional or social support from family, friends, partner, a counselor, or someone else

Yes. 115
No.
N/A

.Loneliness

Yes. 116
No.
N/A

.Fear of getting COVID-19

Yes. 117
No.
N/A

.Fear of giving COVID-19 to someone else

Yes. 118
No.
N/A

.Confusion about what COVID-19 is, how to prevent it, or why physical distancing/isolation/quarantines are needed

Yes. 119
No.
N/A

.Interpersonal

Yes. 12
No.
N/A

.Spending more time with your family or loved ones

.Not being able to visit elderly or sick relatives because they were not allowed visitors

Yes. 12
No.
N/A

.Not being able to spend time with classmates, teammates, or friends

Yes. 12
No.
N/A

37 - . What changes, if any, have you noticed regarding your normal sleep pattern during the COVID-19 pandemic?

I sleep a lot more. 12
I sleep more.
About the same.
I sleep less.
I sleep a lot less.

WILLINGNESS TO PARTICIPATE IN COVID-19 VACCINE TRIAL

.Interviewer (read aloud): Thank you for responses so far. We are now going to ask about your experience and willingness to participate in a vaccine trial and get a COVID-19 vaccine in the future.

38 - . Have you ever participated in a vaccine clinical trial?

Yes. 12
No.

28 - . On a scale of 1 to 5, 1 being very unlikely, 3 being neutral, and 5 being very likely, how likely are you to enroll in a COVID-19 vaccine trial in the future?

Very Unlikely. 12
Unlikely.
Neutral.
Likely.

Very Likely.

29 - . On a scale of 1 to 5, 1 being very unlikely, 3 being neutral, and 5 being very likely, how likely are you to get an approved COVID-19 vaccine in the future?

Very Unlikely. 12
Unlikely.
Neutral.
Likely.
Very Likely.

.Interviewer (read aloud): Thank you for taking the time to participate in our study and to complete this questionnaire. The responses your provided are extremely valuable. Do you have any questions for me?

Did the participant finish the questionnaire?

Yes. 12
No.

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① QSDAT	dd MMM yyyy	Date of questionnaire administration			QSDAT
④ FLUVAC	1	Flu vaccine		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	FLUVAC
⑤ ASTH	\$1	Asthma		Y = Yes. N = No.	ASTH
⑥ CLD	\$1	Other lung disease		Y = Yes. N = No.	CLD
⑦ HD	\$1	Heart disease		Y = Yes. N = No.	HD
⑧ HYP	\$1	Hypertension		Y = Yes. N = No.	HYP
⑨ CAYR	\$1	Cancer chemotherapy in the last 12 months		Y = Yes. N = No.	CAYR
⑩ IMMUN	\$1	Immunosuppre sion		Y = Yes. N = No.	IMMUN
⑪ HIV	\$1	HIV		Y = Yes. N = No.	HIV
⑫ DIAB	\$1	Diabetes		Y = Yes. N = No.	DIAB

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
13 KDRD	\$1	Kidney or renal disease		Y = Yes. N = No.	KDRD
14 LIVD	\$1	Liver Disease		Y = Yes. N = No.	LIVD
15 SCD	\$1	Sickle cell disease		Y = Yes. N = No.	SCD
16 OBES	\$1	Obesity		Y = Yes. N = No.	OBES
17 MH	\$1	Mental health condition		Y = Yes. N = No.	MH
18 MCOTH	\$1	Other medical conditions		Y = Yes. N = No.	MCOTH
19 MCOSP	\$200	Other medical conditions specify			MCOSP
20 PHYSD	\$1	Physical disability		Y = Yes. N = No.	PHYSD
21 MENTD	\$1	Mental disability		Y = Yes. N = No.	MENTD
22 EMOD	\$1	Emotional disability		Y = Yes. N = No.	EMOD
23 DISNONE	\$1	None of the disabilities		Y = Yes. N = No.	DISNONE

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
24 DISPNA	\$1	Prefer not to answer disabilities		Y = Yes. N = No.	DISPNA
25 MCVIS	\$1	Requires visits		Y = Yes. N = No.	MCVIS
26 HCMIS	1	Appointments		1 = Yes, I did miss appointments. 2 = No, I did not miss an appointment. 3 = No, I did not have any appointments to miss. 4 = Don't Know/ Not sure.	HCMIS
27 MREAS	2	Missed appointments reasons		1 = My clinic cancelled my appointment because of COVID-19. 2 = I had symptoms of COVID-19 so did not go. 3 = I felt good, didn't need to go. 4 = I did not have money or insurance. 5 = Inconvenient (location/hours /times, etc.). 6 = Forgot to go/missed appointment.	MREAS

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				7 = Disrespected by the office or medical staff. 8 = I could not attend telemedicine visit. 9 = Did not have transportation. 10 = I postponed my appointment until it was safe to go. 99 = Other.	
28 MREASOSP	\$200	Missed appointments other specify			MREASOSP
29 NOMEDT	1	Missed medication		1 = Yes, my parent could not get a refill from the pharmacy. 2 = Yes, my parent did not get my refill from the pharmacy because I was concerned about social distancing/inte racting with other/exposure to coronavirus.	NOMEDT

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				3 = Yes, I have medication, but I forgot to take them. 4 = Yes, my parent could no longer afford them because of lost employment or insurance. 5 = No. 6 = Don't Know/ Not Sure. 7 = Prefer not to answer.	
30 COVTHNK	1	Think you had covid		1 = Yes - tested positive via diagnostic or antibody test. 2 = Yes - did not get tested. 3 = No. 4 = Don't Know/ Not sure.	COVTHNK
31 HAVSYMP	1	Had covid symptoms		1 = Yes - had symptoms. 2 = No-never had symptoms. 3 = Don't Know/ Not sure.	HAVSYMP

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
33 COVDXYN	1	Previous covid test		1 = Yes - I tested positive. 2 = Yes - I tested negative. 3 = Never been tested. 4 = Don't Know/Not Sure/Inconclus ive Test.	COVDXYN
34 NDINS	\$1	No diagnostic insurance		Y = Yes. N = No.	NDINS
35 NDFT	\$1	No diagnostic fear of test		Y = Yes. N = No.	NDFT
36 NDFR	\$1	No diagnostic fear of results		Y = Yes. N = No.	NDFR
37 NDDK	\$1	No diagnostic do not know		Y = Yes. N = No.	NDDK
38 NDDN	\$1	No diagnostic do not need		Y = Yes. N = No.	NDDN
39 NAN	\$1	No diagnostic symptomatic		Y = Yes. N = No.	NAN
40 NDCDC	\$1	No diagnostic CDC		Y = Yes. N = No.	NDCDC
41 NDNA	\$1	No diagnostic available		Y = Yes. N = No.	NDNA

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
42 NDS	\$1	No diagnostic quarantine		Y = Yes. N = No.	NDS
43 NDNHC	\$1	No diagnostic facilities		Y = Yes. N = No.	NDNHC
44 DXDAT	dd- MMM yyyy	Positive covid test date			DXDAT
45 DXDAYS	3	Days until covid results			DXDAYS
46 PREPOS	1	Covid positive more than once		1 = Yes. 2 = No. 3 = Prefer not to answer	PREPOS
47 PCDX	1	Sought care for covid		1 = Yes. 2 = No. 3 = Prefer not to answer	PCDX
48 HCLOC	2	Healthcare location		1 = Visited your primary care provider's office or another doctor's office. 2 = Telephone call to your primary care provider's office or doctor's office.	HCLOC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				3 = Telemedicine such as an electronic consultation or video call with a health care provider. 4 = Retail clinic or pharmacy. 5 = Urgent care. 6 = Emergency room. 7 = Hospital, not in the emergency room. 99 = Other.	
49 HCLOCPC	\$1	Doctor office after test		Y = Yes. N = No.	HCLOCPC
50 HCLOCPH	\$1	Doctor telephone call after test		Y = Yes. N = No.	HCLOCPH
51 HCLOCTEL	\$1	Telemedicine after test		Y = Yes. N = No.	HCLOCTEL
52 HCLOCRC	\$1	Retail clinic pharmacy after test		Y = Yes. N = No.	HCLOCRC
53 HCLOCUC	\$1	Urgent care after test		Y = Yes. N = No.	HCLOCUC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
54 HCLOCER	\$1	Emergency room after test		Y = Yes. N = No.	HCLOCER
55 HCLOCHSP	\$1	Hospital, not ER after test		Y = Yes. N = No.	HCLOCHSP
56 HCLOCOTH	\$1	Other healthcare location after test		Y = Yes. N = No.	HCLOCOTH
57 HCLOCOSP	\$200	Healthcare location other			HCLOCOSP
58 COVDAC	1	Days after testing		1 = Same day. COVDAC 2 = 1-2 days. 3 = 3-5 days. 4 = More than 5 days. 5 = Don't know/ Not sure.	
59 HCON	1	One night hospitalization		1 = Yes. 2 = No. 3 = Prefer not to answer	HCON
60 HCHOSPD	1	Nights hospitalized		1 = 1-2 nights HCHOSPD 2 = 3-5 nights 3 = More than 5 nights 4 = Don't know/ Not sure	

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
61 PABT	1	Previous covid AB test		1 = Yes - I tested positive. 2 = Yes - I tested negative. 3 = Never been tested. 4 = Don't Know/Not Sure/Inconclus ive Test.	PABT
62 ABDAT	dd- MMM yyyy	AB test date			ABDAT
63 ABDAYS	3	Days until AB result			ABDAYS
64 HARAS	1	Covid discrimination		1 = Yes. 2 = No. 3 = Don't know/Not Sure. 4 = Prefer not to answer. 5 = Not applicable.	HARAS
65 SMPFEV	\$1	Fever or chills		Y = Yes. N = No.	SMPFEV
66 SMPCP	\$1	Cough with phlegm or mucus		Y = Yes. N = No.	SMPCP
67 SMPDC	\$1	Dry cough with no phlegm or mucus		Y = Yes. N = No.	SMPDC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
68 SMPSOB	\$1	Shortness of breath or difficulty breathing		Y = Yes. N = No.	SMPSOB
69 SMPFAT	\$1	Fatigue		Y = Yes. N = No.	SMPFAT
70 SMPMA	\$1	Muscle or body aches		Y = Yes. N = No.	SMPMA
71 SMPHA	\$1	Headache		Y = Yes. N = No.	SMPHA
72 SMPLS	\$1	Sudden loss of taste or smell		Y = Yes. N = No.	SMPLS
73 SMPST	\$1	Sore throat		Y = Yes. N = No.	SMPST
74 SMPCRN	\$1	Congestion or runny nose		Y = Yes. N = No.	SMPCRN
75 SMPNV	\$1	Nausea or vomiting		Y = Yes. N = No.	SMPNV
76 SMPDH	\$1	Diarrhea		Y = Yes. N = No.	SMPDH
77 SMPABD	\$1	Abdominal pain		Y = Yes. N = No.	SMPABD

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
78 SMEXP	1	Symptoms currently		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMEXP
79 SMTRAV	1	Travel symptoms prior		1 = No. 2 = Yes, within the state. 3 = Yes, outside the state. 4 = Yes, outside the country.	SMTRAV
80 SMHC	1	Seek healthcare		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMHC
81 SMLOC	2	Medical care location		1 = Visited your primary care provider's office or another doctor's office. 2 = Telephone call to your primary care provider's office or doctor's office. 3 = Telemedicine such as an electronic consultation or video call with a health care provider.	SMLOC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				4 = Retail clinic or pharmacy. 5 = Urgent care. 6 = Emergency room. 7 = Hospital, not in the emergency room. 99 = Other.	
82 SMLOCPC	\$1	Doctor office after symptoms		Y = Yes. N = No.	SMLOCPC
83 SMLOCPH	\$1	Doctor telephone call after symptoms		Y = Yes. N = No.	SMLOCPH
84 SMLOCTEL	\$1	Telemedicine after symptoms		Y = Yes. N = No.	SMLOCTEL
85 SMLOCRC	\$1	Retail clinic pharmacy after symptoms		Y = Yes. N = No.	SMLOCRC
86 SMLOCUC	\$1	Urgent care after symptoms		Y = Yes. N = No.	SMLOCUC
87 SMLOCER	\$1	Emergency room after symptoms		Y = Yes. N = No.	SMLOCER

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
88 SMLOCHSP	\$1	Hospital, not ER after symptoms		Y = Yes. N = No.	SMLOCHSP
89 SMLOCOTH	\$1	Other healthcare location after symptoms		Y = Yes. N = No.	SMLOCOTH
90 SMLOCOSP	\$200	Other care location			SMLOCOSP
91 SMDAYS	1	Days medical care symptoms		1 = Same day. SMDAYS 2 = 1-2 days. 3 = 3-5 days. 4 = More than 5 days. 5 = Don't know/ Not sure.	
92 SMPCON	1	Covid contact		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMPCON
93 HOUSYN	1	Household positive coronavirus		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	HOUSYN
94 COVHSYN	1	Household positive coronavirus		1 = Yes. 2 = No. 3 = Don't Know/ Not sure/Inconclusi ve Test.	COVHSYN

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
95 PSTMO	1	Past month covid interaction		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	PSTMO
97 MASK	1	Wearing a face mask in public		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	MASK
98 HANDWSH	1	Washing your hands with soap or using hand sanitizer frequently		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	HANDWSH
99 HCPSICK	1	Seeing a health care provider if you feel sick		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	HCPSICK
100 PUBSPC	1	Time spent in public		1 = Never. 2 = Almost Never. 3 = Some of the time.	PUBSPC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				4 = Most of the time. 5 = All of the time.	
101 RESTAUR	1	Restaurants		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	RESTAUR
102 PUBTRANS	1	Public transportation		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	PUBTRANS
103 RELIG	1	Religion		1 = Never. 2 = Almost Never. 3 = Some of the time. 4 = Most of the time. 5 = All of the time.	RELIG
104 COVKNW	1	Know someone who was diagnosed with COVID-19		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	COVKNW

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				4 = Prefer not to answer.	
108 KNWD	1	Know someone who has died		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	KNWD
109 COVDTH	1	Know someone who died from COVID-19		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	COVDTH
108 LHOUSE	\$2	Loss of housing		Y = Yes. N = No. NA = N/A	LHOUSE
108 FINSUP	\$2	Financial support		Y = Yes. N = No. NA = N/A	FINSUP
110 NEBASIC	\$2	Not enough basics		Y = Yes. N = No. NA = N/A	NEBASIC
111 WFAM	\$2	Worrying		Y = Yes. N = No. NA = N/A	WFAM
112 ANX	\$2	Anxiety		Y = Yes. N = No. NA = N/A	ANX

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
113 DEPRESS	\$2	Depression		Y = Yes. N = No. NA = N/A	DEPRESS
114 BORED	\$2	Frustration		Y = Yes. N = No. NA = N/A	BORED
115 EMSUP	\$2	Emotional support		Y = Yes. N = No. NA = N/A	EMSUP
116 LONE	\$2	Loneliness		Y = Yes. N = No. NA = N/A	LONE
117 GETCOV	\$2	Fear of getting covid		Y = Yes. N = No. NA = N/A	GETCOV
118 GIVCOV	\$2	Fear of giving covid		Y = Yes. N = No. NA = N/A	GIVCOV
119 CONFUS	\$2	Confusion		Y = Yes. N = No. NA = N/A	CONFUS
120 MOFAM	\$2	More time with family		Y = Yes. N = No. NA = N/A	MOFAM
121 NOVSICK	\$2	No visiting the sick		Y = Yes. N = No. NA = N/A	NOVSICK

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
127 FRIEND	\$2	Not being with friends		Y = Yes. N = No. NA = N/A	FRIEND
128 SLEEP	1	Sleep		1 = I sleep a lot more. 2 = I sleep more. 3 = About the same. 4 = I sleep less. 5 = I sleep a lot less.	SLEEP
129 TRIPART	\$1	Trial participation		Y = Yes. N = No.	TRIPART
126 TRIENR	1	Enroll in trial		1 = Very Unlikely. 2 = Unlikely. 3 = Neutral. 4 = Likely. 5 = Very Likely.	TRIENR
127 VACC	1	Approved vaccine		1 = Very Unlikely. 2 = Unlikely. 3 = Neutral. 4 = Likely. 5 = Very Likely.	VACC
129 QSFIN	\$1	Finished questionnaire		Y = Yes. N = No.	QSFIN

Date of questionnaire administration _____

1

.Interviewer Script (read aloud): We are conducting this study to estimate the number of people who have or have had SARS-CoV-2 or COVID-19 in the United States and better understand how the COVID-19 pandemic affected peoples' lives. We would like to ask you some questions about your child, their health, your household, and possible exposure to SARS-CoV-2. We ask that you answer these questions on behalf of your child to the best of your ability.

The questionnaire will take about 15 minutes to complete. Your participation is completely voluntary, and your answers will remain strictly confidential.

Do you have any questions before we begin?

MEDICAL HISTORY

.Interviewer (read aloud): We are now going to ask about your child's medical history. Please answer these questions to the best of your ability. We would like to assure you that your responses to these questions will remain strictly confidential.

1 - .Did your child receive an influenza vaccine ("flu shot") during the 2019-2020 Flu season?

Yes. 4

No.

Don't Know/ Not sure.

1 - .Has your child ever been diagnosed with any of the following medical conditions? (Check all that apply)

Yes. 5

No.

.Asthma

.Other chronic lung disease

Yes. 6

No.

.Heart disease

Yes. 7

No.

.Hypertension (high blood pressure)

Yes. **8**
No.

.Cancer chemotherapy in the last 12 months

Yes. **9**
No.

.Other immunosuppression condition

Yes. **10**
No.

.HIV

Yes. **11**
No.

.Diabetes

Yes. **12**
No.

.Kidney or renal disease

Yes. **13**
No.

.Liver Disease

Yes. **14**
No.

.Sickle cell disease

Yes. **15**
No.

.Obesity

Yes. **16**
No.

.Mental health condition Yes. **17**
No.

.Other chronic medical conditions that have not already been mentioned Yes. **18**
No.

.If "Other", specify: _____ **19**

2 - .Is your child limited in any way in your daily activities because of a physical, mental, or emotional disability? (Check all that apply) Yes. **20**
No.

.Physical disability

.Mental disability Yes. **21**
No.

.Emotional disability Yes. **22**
No.

.None of the above Yes. **23**
No.

.Prefer not to answer Yes. **24**
No.

3 - . Does your child have any medical conditions that require medication or routine visits to the doctor? (If "No", skip to next section) Yes. **25**
No.

4 - .Because of the COVID-19 pandemic, did your child miss any scheduled appointments with their health care provider? (If "No" or "Don't Know/Not sure", skip to question 6.)

- Yes, they did miss appointments. **26**
- No, they did not miss an appointment.
- No, they did not have any appointments to miss.
- Don't Know/ Not sure.

5 - . What is the main reason your child missed appointments with your healthcare provider?

- Their clinic cancelled their appointment because of COVID-19. **27**
- My child had symptoms of COVID-19 so did not go.
- They felt good, didn't need to go.
- Didn't have money or insurance.
- Inconvenient (location/hours/times, etc.).
- Forgot to go/missed appointment.
- Disrespected by the office or medical staff.
- Could not attend telemedicine visit.
- Did not have transportation.
- Postponed their appointment until it was safe to go.
- Other.

.If "Other", specify:

28

6 - . Because of the COVID-19 pandemic, did your child miss taking any medications?

- Yes, I could not get a refill from the pharmacy. **29**
- Yes, I did not get their refill from the pharmacy because I was concerned about social distancing/interacting with other/exposure to coronavirus.
- Yes, they have medication in their possession, forgot to take them.
- Yes, I could no longer afford them because of lost employment or insurance.
- No.
- Don't Know.

Prefer not to answer.

8 - COVID-19 INFECTION HISTORY, RISK , AND EXPOSURE

Yes – tested positive via diagnostic or antibody test. **30**

Yes – did not get tested.

No.

Don't Know/ Not sure.

.Interviewer script (read aloud): We are now going to ask about your child's history of COVID-19 symptoms, testing, and illness in them or your household.

. Do you think your child ever had COVID-19?

7 - COVID-19 INFECTION HISTORY, RISK , AND EXPOSURE

Yes – had symptoms. **31**

No-never had symptoms.

Don't Know/ Not sure.

.Interviewer script (read aloud): We are now going to ask about your child's history of COVID-19 symptoms, testing, and illness in them or your household.

. Has your child ever had COVID-19 symptoms since November 2019?

Note to interviewer: diagnostic tests are usually collected through swabs in the nose, mouth, and throat and antibody tests are usually blood tests.

8 - . Has your child received a COVID-19 diagnostic test in the past? A diagnostic test is usually a swab in the nose, mouth, or throat. (If "Yes- they tested positive", skip to question 10. If "Yes-they tested negative", or "Don't know/Not sure/Inconclusive Test", skip to question 16.)

Yes – they tested positive. **33**

Yes – they tested negative.

Never been tested.

Don't Know/Not Sure/Inconclusive Test.

9 - . What were the reasons your child did not get a COVID-19 diagnostic test? (Check all that apply)

Yes. **34**

No.

.Insurance/ could not afford the test

.Fear of the test Yes. **35**
No.

.Fear of the results Yes. **36**
No.

.I did not know where to take them get tested Yes. **37**
No.

.They did not have a reason to get them tested Yes. **38**
No.

.I was sure they already had COVID-19 (had symptoms or was exposed) Yes. **39**
No.

.CDC recommended not testing if they have mild symptoms Yes. **40**
No.

.The test was not available near where I live Yes. **41**
No.

.We were quarantining/socially distancing Yes. **42**
No.

.We were avoiding healthcare facilities Yes. **43**
No.

10 - Note to interviewer: Skip question 10 - question 15 if participant has never had a COVID-19 diagnostic test.

44

. What was the date of your child's the positive diagnostic test? _____

12 - . How many days did it take to receive your child's results?

Fixed Unit: days

45

11 - . Has your child tested positive for COVID-19 via a diagnostic test more than once?

Yes.

46

No.

Prefer not to answer

12 - . Did you seek care for your child after they tested positive via diagnostic test? (If "No" or "Prefer not to answer", skip to question 16.)

Yes.

47

No.

Prefer not to answer

15 - . Where did you seek medical care for your child?

Visited your primary care provider's office or another doctor's office.

48

Telephone call to your primary care provider's office or doctor's office.

Telemedicine such as an electronic consultation or video call with a health care provider.

Retail clinic or pharmacy.

Urgent care.

Emergency room.

Hospital, not in the emergency room.

Other.

13 - .Where did you seek medical care?

Yes.

49

No.

Visited your primary care provider's office or another doctor's office.

Telephone call to your primary care provider's office or doctor's office. Yes. **50**
No.

Telemedicine such as an electronic consultation or video call with a health care provider. Yes. **51**
No.

Retail clinic or pharmacy. Yes. **52**
No.

Urgent care. Yes. **53**
No.

Emergency room. Yes. **54**
No.

Hospital, not in the emergency room. Yes. **55**
No.

Other. Yes. **56**
No.

.If "Other", specify: _____ **57**

16 - . How many days after testing positive did you first seek care for your child? Same day. **58**
1-2 days.
3-5 days.
More than 5 days.
Don't know/ Not sure.

14 - . Did your child spend at least one night in a hospital after testing positive? (If "No" or "Prefer not to answer", skip to question 16.)

Yes. **59**
No.
Prefer not to answer

15 - . How many nights was your child hospitalized?

1-2 nights **60**
3-5 nights
More than 5 nights
Don't know/ Not sure

16 - . Has your child received a COVID-19 antibody test in the past? An antibody test is usually a blood test . (If "Yes-they tested negative", or "Never been tested", or "Don't know/Not sure", skip to question 18.)

Yes – they tested positive. **61**
Yes – they tested negative.
Never been tested.
Don't Know/Not Sure.

17 - . What is the date of your child's positive antibody test? _____ **62**

21 - . How many days did it take to receive the results of your child's antibody test? _____ Fixed Unit: days **63**

18 - Note to interviewer: only ask question 18 to people who tested positive for COVID-19 through diagnostic and/or antibody test.

Yes. **64**
No.
Don't know/Not Sure.
Prefer not to answer.
Not applicable.

.Did your child experience any discrimination (such as being treated badly, harassed, threatened) from anyone because you were diagnosed with COVID-19 or had a positive antibody test?

19 - . In the past 14 days, has your child had any of the following symptoms? _____ Yes. **65**
No.

.Fever or chills

.Cough with phlegm or mucus

Yes. **66**
No.

.Dry cough with no phlegm or mucus

Yes. **67**
No.

.Shortness of breath or difficulty breathing

Yes. **68**
No.

.Fatigue/ Feeling tired

Yes. **69**
No.

.Muscle or body aches

Yes. **70**
No.

.Headache

Yes. **71**
No.

.Sudden loss of taste or smell

Yes. **72**
No.

.Sore throat

Yes. **73**
No.

.Congestion or runny nose

Yes. **74**
No.

.Nausea or vomiting

Yes. **75**

No.

.Diarrhea

Yes. **76**
No.

.Abdominal pain

Yes. **77**
No.

20 - .Note to interviewer: Skip to question 23 if respondent says "No" to all symptoms.

Yes. **78**
No.
Don't Know/ Not sure.

. Is your child currently experiencing any of these symptoms?

25 - . In the past 14 days prior to developing these symptoms, had your child traveled within your state, outside your state, or outside the country?

No. **79**
Yes, within the state.
Yes, outside the state.
Yes, outside the country.

21 - . While your child were experiencing these symptoms, did you seek care from a healthcare professional? (seeking care includes a getting a test) If "No" or "Don't know/Not sure", skip to question 23.

Yes. **80**
No.
Don't Know/ Not sure.

27 - . Where did you seek medical care for your child?

Visited your primary care provider's office or another doctor's office. **81**
Telephone call to your primary care provider's office or doctor's office.
Telemedicine such as an electronic consultation or video call with a health care provider.
Retail clinic or pharmacy.
Urgent care.

Emergency room.
Hospital, not in the emergency room.
Other.

22 - .Where did you seek medical care? Yes. 82
No.

Visited your primary care provider's office or another doctor's office.

Telephone call to your primary care provider's office or doctor's office. Yes. 83
No.

Telemedicine such as an electronic consultation or video call with a health care provider. Yes. 84
No.

Retail clinic or pharmacy. Yes. 85
No.

Urgent care. Yes. 86
No.

Emergency room. Yes. 87
No.

Hospital, not in the emergency room. Yes. 88
No.

Other. Yes. 89
No.

.If "Other", specify: _____

90

28 - . How many days after your child's symptoms started did you first seek care?

- Same day. 91
1-2 days.
3-5 days.
More than 5 days.
Don't know/ Not sure.

23 - . In the past month, has your child interacted in person or through direct physical contact, such as touching, hugging, or shaking hands, with someone who recently tested positive for COVID-19?

- Yes. 92
No.
Don't Know/ Not sure.

Note to interviewer: If participant asks, recently refers to the last 2 months.

30 - . Has anyone in your household tested positive for COVID-19?

- Yes. 93
No.
Don't Know/ Not sure.

24 - . Has anyone in your household tested positive for COVID-19 via nasal swab or antibody test?

- Yes. 94
No.
Don't Know/ Not sure/Inconclusive Test.

25 - . In the past month, has anyone in your household other than your child experienced any symptoms of COVID-19?

- Yes. 95
No.
Don't Know/ Not sure.

COVID-19 IMPACT

.Interviewer (read aloud): We would like to ask you about the impact COVID-19 has had on your child's daily life and their feeling. If any experiences do not apply to your child, please respond with not applicable.

26 - . Did your child experience any of the following because of the COVID-19 pandemic?

Yes. 97
No.
N/A

.Financial

.Loss of housing

.Needing support from family, friends, partners, an organization, or someone else

Yes. 98
No.
N/A

.Not having enough basic supplies like toilet paper, paper towels, bottled water, or soap, etc.

Yes. 99
No.
N/A

.Emotional

Yes. 100
No.
N/A

.Worrying about friends and family

.More anxiety

Yes. 101
No.
N/A

.More depression

Yes. 102
No.
N/A

.Frustration or boredom

Yes. 103
No.

N/A

.Getting emotional or social support from family, friends, a counselor,
or someone else

Yes. 10
No.
N/A

.Loneliness

Yes. 10
No.
N/A

.Fear of getting COVID-19

Yes. 10
No.
N/A

.Fear of giving COVID-19 to someone else

Yes. 10
No.
N/A

.Confusion about what COVID-19 is, how to prevent it, or why
physical distancing/isolation/quarantines are needed

Yes. 10
No.
N/A

.Interpersonal

Yes. 10
No.
N/A

.Spending more time with your family or loved ones

.Not being able to visit elderly or sick relatives because they were not
allowed visitors

Yes. 11
No.
N/A

.Isolating or quarantining with the family

Yes. 11
No.
N/A

.Not being able to spend time with classmates, teammates, or friends

Yes. 11
No.
N/A

33 - . What changes, if any, have you noticed regarding your child's normal sleep pattern during the COVID-19 pandemic?

I sleep a lot more. 11
I sleep more.
About the same.
I sleep less.
I sleep a lot less.

34 - . Does your child personally know someone who was diagnosed with COVID-19?

Yes. 11
No.
Don't Know/ Not sure.
Prefer not to answer.

35 - . Does your child personally know someone who has died in 2020? (If not "Yes", skip to the next section.)

Yes. 11
No.
Don't Know/ Not sure.
Prefer not to answer.

36 - . Did the person die from COVID-19?

Yes. 11
No.
Don't Know/ Not sure.
Prefer not to answer.

WILLINGNESS TO PARTICIPATE IN COVID-19 VACCINE TRIAL

.Interviewer (read aloud): Thank you for responses so far. We are now going to ask about your willingness to get your child vaccinated against COVID-19 in the future.

27 - . On a scale of 1 to 5, 1 being very unlikely, 3 being neutral, and 5 being very likely, how likely are you to get an approved COVID-19 vaccine for your child in the future?

- Very Unlikely. 11
- Unlikely.
- Neutral.
- Likely.
- Very Likely.
-

.Interviewer (read aloud): Thank you for taking the time to participate in our study and to complete this questionnaire. The responses you provided are extremely valuable. Do you have any questions for me?

Did the participant finish the questionnaire?

- Yes. 12
- No.
-

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 Generated On: 15 Dec 2022 21:01:35

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
① QSDAT	dd MMM yyyy	Date of questionnaire administration			QSDAT
④ FLUVAC	1	Flu vaccine		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	FLUVAC
⑤ ASTH	\$1	Asthma		Y = Yes. N = No.	ASTH
⑥ CLD	\$1	Other lung disease		Y = Yes. N = No.	CLD
⑦ HD	\$1	Heart disease		Y = Yes. N = No.	HD
⑧ HYP	\$1	Hypertension		Y = Yes. N = No.	HYP
⑨ CAYR	\$1	Cancer chemotherapy in the last 12 months		Y = Yes. N = No.	CAYR
⑩ IMMUN	\$1	Immunosuppre ssion		Y = Yes. N = No.	IMMUN
⑪ HIV	\$1	HIV		Y = Yes. N = No.	HIV
⑫ DIAB	\$1	Diabetes		Y = Yes. N = No.	DIAB

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
13 KDRD	\$1	Kidney or renal disease		Y = Yes. N = No.	KDRD
14 LIVD	\$1	Liver Disease		Y = Yes. N = No.	LIVD
15 SCD	\$1	Sickle cell disease		Y = Yes. N = No.	SCD
16 OBES	\$1	Obesity		Y = Yes. N = No.	OBES
17 MH	\$1	Mental health condition		Y = Yes. N = No.	MH
18 MCOTH	\$1	Other medical conditions		Y = Yes. N = No.	MCOTH
19 MCOSP	\$200	Other medical conditions specify			MCOSP
20 PHYSD	\$1	Physical disability		Y = Yes. N = No.	PHYSD
21 MENTD	\$1	Mental disability		Y = Yes. N = No.	MENTD
22 EMOD	\$1	Emotional disability		Y = Yes. N = No.	EMOD
23 DISNONE	\$1	None of the disabilities		Y = Yes. N = No.	DISNONE

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
24 DISPNA	\$1	Prefer not to answer disabilities		Y = Yes. N = No.	DISPNA
25 MCVIS	\$1	Requires visits		Y = Yes. N = No.	MCVIS
26 HCMCH	1	Appointments		1 = Yes, they did miss appointments. 2 = No, they did not miss an appointment. 3 = No, they did not have any appointments to miss. 4 = Don't Know/ Not sure.	HCMCH
27 MREACH	2	Missed appointments reasons		1 = Their clinic cancelled their appointment because of COVID-19. 2 = My child had symptoms of COVID-19 so did not go. 3 = They felt good, didn't need to go. 4 = Didn't have money or insurance. 5 = Inconvenient (location/hours /times, etc.).	MREACH

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				6 = Forgot to go/missed appointment. 7 = Disrespected by the office or medical staff. 8 = Could not attend telemedicine visit. 9 = Did not have transportation. 10 = Postponed their appointment until it was safe to go. 99 = Other.	
28 MREASOSP	\$200	Missed appointments other specify			MREASOSP
29 NMEDCH	1	Missed medication		1 = Yes, I could not get a refill from the pharmacy. 2 = Yes, I did not get their refill from the pharmacy because I was concerned about social distancing/interacting with other/exposure to coronavirus.	NMEDCH

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				3 = Yes, they have medication in their possession, forgot to take them. 4 = Yes, I could no longer afford them because of lost employment or insurance. 5 = No. 6 = Don't Know. 7 = Prefer not to answer.	
30 COVTHNK	1	Think you had covid		1 = Yes – tested positive via diagnostic or antibody test. 2 = Yes – did not get tested. 3 = No. 4 = Don't Know/ Not sure.	COVTHNK
31 HAVSYMP	1	Had covid symptoms		1 = Yes – had symptoms. 2 = No-never had symptoms. 3 = Don't Know/ Not sure.	HAVSYMP

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
33 CHDXYN	1	Previous covid test		1 = Yes - they tested positive. 2 = Yes - they tested negative. 3 = Never been tested. 4 = Don't Know/Not Sure/Inconclusive Test.	
34 NDINS	\$1	No diagnostic insurance		Y = Yes. N = No.	NDINS
35 NDFT	\$1	No diagnostic fear of test		Y = Yes. N = No.	NDFT
36 NDFR	\$1	No diagnostic fear of results		Y = Yes. N = No.	NDFR
37 NDDK	\$1	No diagnostic do not know		Y = Yes. N = No.	NDDK
38 NDDN	\$1	No diagnostic do not need		Y = Yes. N = No.	NDDN
39 NAN	\$1	No diagnostic symptomatic		Y = Yes. N = No.	NAN
40 NDCDC	\$1	No diagnostic CDC		Y = Yes. N = No.	NDCDC
41 NDNA	\$1	No diagnostic available		Y = Yes. N = No.	NDNA

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
42 NDS	\$1	No diagnostic quarantine		Y = Yes. N = No.	NDS
43 NDNHC	\$1	No diagnostic facilities		Y = Yes. N = No.	NDNHC
44 DXDAT	dd- MMM yyyy	Positive covid test date			DXDAT
45 DXDAYS	3	Days until covid results			DXDAYS
46 PREPOS	1	Covid positive more than once		1 = Yes. 2 = No. 3 = Prefer not to answer	PREPOS
47 PCDX	1	Sought care for covid		1 = Yes. 2 = No. 3 = Prefer not to answer	PCDX
48 HCLOC	2	Healthcare location		1 = Visited your primary care provider's office or another doctor's office. 2 = Telephone call to your primary care provider's office or doctor's office.	HCLOC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				3 = Telemedicine such as an electronic consultation or video call with a health care provider. 4 = Retail clinic or pharmacy. 5 = Urgent care. 6 = Emergency room. 7 = Hospital, not in the emergency room. 99 = Other.	
49 HCLOCPC	\$1	Doctor office after test		Y = Yes. N = No.	HCLOCPC
50 HCLOCPH	\$1	Doctor telephone call after test		Y = Yes. N = No.	HCLOCPH
51 HCLOCTEL	\$1	Telemedicine after test		Y = Yes. N = No.	HCLOCTEL
52 HCLOCRC	\$1	Retail clinic pharmacy after test		Y = Yes. N = No.	HCLOCRC
53 HCLOCUC	\$1	Urgent care after test		Y = Yes. N = No.	HCLOCUC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
54 HCLOCER	\$1	Emergency room after test		Y = Yes. N = No.	HCLOCER
55 HCLOCHSP	\$1	Hospital, not ER after test		Y = Yes. N = No.	HCLOCHSP
56 HCLOCOTH	\$1	Other healthcare location after test		Y = Yes. N = No.	HCLOCOTH
57 HCLOCOSP	\$200	Healthcare location other			HCLOCOSP
58 COVDAC	1	Days after testing		1 = Same day. COVDAC 2 = 1-2 days. 3 = 3-5 days. 4 = More than 5 days. 5 = Don't know/ Not sure.	
59 HCON	1	One night hospitalization		1 = Yes. 2 = No. 3 = Prefer not to answer	HCON
60 HCHOSPD	1	Nights hospitalized		1 = 1-2 nights HCHOSPD 2 = 3-5 nights 3 = More than 5 nights 4 = Don't know/ Not sure	

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
61 PABTCH	1	Previous covid AB test		1 = Yes - they PABTCH tested positive. 2 = Yes - they tested negative. 3 = Never been tested. 4 = Don't Know/Not Sure.	
62 ABDAT	dd- MMM yyyy	AB test date			ABDAT
63 ABDAYS	3	Days until AB result			ABDAYS
64 HARAS	1	Covid discrimination		1 = Yes. 2 = No. 3 = Don't know/Not Sure. 4 = Prefer not to answer. 5 = Not applicable.	HARAS
65 SMPFEV	\$1	Fever or chills		Y = Yes. N = No.	SMPFEV
66 SMPCP	\$1	Cough with phlegm or mucus		Y = Yes. N = No.	SMPCP
67 SMPDC	\$1	Dry cough with no phlegm or mucus		Y = Yes. N = No.	SMPDC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
68 SMPSOB	\$1	Shortness of breath or difficulty breathing		Y = Yes. N = No.	SMPSOB
69 SMPFAT	\$1	Fatigue		Y = Yes. N = No.	SMPFAT
70 SMPMA	\$1	Muscle or body aches		Y = Yes. N = No.	SMPMA
71 SMPHA	\$1	Headache		Y = Yes. N = No.	SMPHA
72 SMPLS	\$1	Sudden loss of taste or smell		Y = Yes. N = No.	SMPLS
73 SMPST	\$1	Sore throat		Y = Yes. N = No.	SMPST
74 SMPCRN	\$1	Congestion or runny nose		Y = Yes. N = No.	SMPCRN
75 SMPNV	\$1	Nausea or vomiting		Y = Yes. N = No.	SMPNV
76 SMPDH	\$1	Diarrhea		Y = Yes. N = No.	SMPDH
77 SMPABD	\$1	Abdominal pain		Y = Yes. N = No.	SMPABD

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
78 SMEXP	1	Symptoms currently		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMEXP
79 SMTRAV	1	Travel symptoms prior		1 = No. 2 = Yes, within the state. 3 = Yes, outside the state. 4 = Yes, outside the country.	SMTRAV
80 SMHC	1	Seek healthcare		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMHC
81 SMLOC	2	Medical care location		1 = Visited your primary care provider's office or another doctor's office. 2 = Telephone call to your primary care provider's office or doctor's office. 3 = Telemedicine such as an electronic consultation or video call with a health care provider.	SMLOC

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				4 = Retail clinic or pharmacy. 5 = Urgent care. 6 = Emergency room. 7 = Hospital, not in the emergency room. 99 = Other.	
82 SMLOCPC	\$1	Doctor office after symptoms		Y = Yes. N = No.	SMLOCPC
83 SMLOCPH	\$1	Doctor telephone call after symptoms		Y = Yes. N = No.	SMLOCPH
84 SMLOCTEL	\$1	Telemedicine after symptoms		Y = Yes. N = No.	SMLOCTEL
85 SMLOCRC	\$1	Retail clinic pharmacy after symptoms		Y = Yes. N = No.	SMLOCRC
86 SMLOCUC	\$1	Urgent care after symptoms		Y = Yes. N = No.	SMLOCUC
87 SMLOCER	\$1	Emergency room after symptoms		Y = Yes. N = No.	SMLOCER

Field Name	Data Type	SAS Label	Units	Values	Include Field OID
88 SMLOCHSP	\$1	Hospital, not ER after symptoms		Y = Yes. N = No.	SMLOCHSP
89 SMLOCOTH	\$1	Other healthcare location after symptoms		Y = Yes. N = No.	SMLOCOTH
90 SMLOCOSP	\$200	Other care location			SMLOCOSP
91 SMDAYS	1	Days medical care symptoms		1 = Same day. SMDAYS 2 = 1-2 days. 3 = 3-5 days. 4 = More than 5 days. 5 = Don't know/ Not sure.	
92 SMPCON	1	Covid contact		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	SMPCON
93 HOUSYN	1	Household positive coronavirus		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	HOUSYN
94 COVHSYN	1	Household positive coronavirus		1 = Yes. 2 = No. 3 = Don't Know/ Not sure/Inconclusi ve Test.	COVHSYN

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
95 PSTMO	1	Past month covid interaction		1 = Yes. 2 = No. 3 = Don't Know/ Not sure.	PSTMO
97 LHOUSE	\$2	Loss of housing		Y = Yes. N = No. NA = N/A	LHOUSE
98 FINSUP	\$2	Financial support		Y = Yes. N = No. NA = N/A	FINSUP
99 NEBASIC	\$2	Not enough basics		Y = Yes. N = No. NA = N/A	NEBASIC
100 WFAM	\$2	Worrying		Y = Yes. N = No. NA = N/A	WFAM
101 ANX	\$2	Anxiety		Y = Yes. N = No. NA = N/A	ANX
102 DEPRESS	\$2	Depression		Y = Yes. N = No. NA = N/A	DEPRESS
103 BORED	\$2	Frustration		Y = Yes. N = No. NA = N/A	BORED
104 EMSUP	\$2	Emotional support		Y = Yes. N = No. NA = N/A	EMSUP

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
105 LONE	\$2	Loneliness		Y = Yes. N = No. NA = N/A	LONE
106 GETCOV	\$2	Fear of getting covid		Y = Yes. N = No. NA = N/A	GETCOV
107 GIVCOV	\$2	Fear of giving covid		Y = Yes. N = No. NA = N/A	GIVCOV
108 CONFUS	\$2	Confusion		Y = Yes. N = No. NA = N/A	CONFUS
109 MOFAM	\$2	More time with family		Y = Yes. N = No. NA = N/A	MOFAM
110 NOVSICK	\$2	No visiting the sick		Y = Yes. N = No. NA = N/A	NOVSICK
111 ISO	\$2	Isolation		Y = Yes. N = No. NA = N/A	ISO
112 FRIEND	\$2	Not being with friends		Y = Yes. N = No. NA = N/A	FRIEND
113 SLEEP	1	Sleep		1 = I sleep a lot more. 2 = I sleep more.	SLEEP

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Field Name	Data Type	SAS Label	Units	Values	Include Field OID
				3 = About the same. 4 = I sleep less. 5 = I sleep a lot less.	
114 COVKNW	1	Know someone who was diagnosed with COVID-19		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	COVKNW
115 KNWD	1	Know someone who has died		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	KNWD
116 COVDTH	1	Know someone who died from COVID-19		1 = Yes. 2 = No. 3 = Don't Know/ Not sure. 4 = Prefer not to answer.	COVDTH
118 VACC	1	Approved vaccine		1 = Very Unlikely. 2 = Unlikely. 3 = Neutral. 4 = Likely. 5 = Very Likely.	VACC
120 QSFIN	\$1	Finished questionnaire		Y = Yes. N = No.	QSFIN