

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p><b>COVID-19 QUESTIONNAIRE SPECIFICATIONS</b></p> <p><b>CRITERIA</b>                      INTTYPE=ALL                      SPALIVE=1                      SEASON=ALL WINTER                      SPPROXY=SP or PROXY                      Other: N/A</p> <p><b>PLACEMENT</b>                      Administer after PVQ</p>		
	BOX CVBEG	routing	IF INTYPE is C007 [sample_person.INTTYPE=7] OR SP HAS NEVER REPORTED A DOSE OF COVID-19 VACCINE [DOSENUM = 0 OR P_VACCDOSE=2/NO ] GO TO VACCDOSE, ELSE GO TO BOX CV1.		
VACCDOSE	VACCDOSE	yes/no	The next questions are about coronavirus or COVID-19 vaccination. Have you had at least one dose of a COVID-19 vaccination?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX CV1 (02) BOX CV1 (-8) BOX CV2 (-9) BOX CV2
	BOX CV1	routing	IF SP DID NOT REPORT ANY DOSES OF VACCINE [VACCDOSE=2/NO] GO TO NO NOVCREAS, ELSE IF SP HAS PREVIOUSLY REPORTED FOUR OR MORE DOSES OF COVID-19 VACCINE [DOSENUM=4 OR MORE VACCINATIONS] GO TO PREVYRDS, ELSE GO TO DOSENUMB.		
DOSENUMB	DOSENUMB	code one	How many COVID-19 vaccinations have you received in total?  IF NEEDED: Please include booster shots and any additional doses.  IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that [you have/(SP) has] received since the vaccine first became available in December 2020.	(01) 1 VACCINATION (02) 2 VACCINATIONS (03) 3 VACCINATIONS (04) 4 OR MORE VACCINATIONS (-8) DON'T KNOW (-9) REFUSED	PREVYRDS
PREVYRDS	PREVYRDS	yes/no	In [PREVIOUS YEAR], did you receive at least one dose of the COVID-19 vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) EVRHDCVD (02) NOVCREAS (-8) EVRHDCVD (-9) EVRHDCVD

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NOVCREAS	NOVCREAS	code all	<p>Why did you not get a COVID-19 vaccine in [PREVIOUS YEAR]? For what reason didn't [you/(SP)] get a COVID-19 vaccine [since -(REFERENCE-DATE)]?</p> <p>[PROBE: Any other reason?]</p> <p>DO NOT READ ALOUD. CODE BASED ON WHAT THE RESPONDENT SAYS.</p> <p>CHECK ALL THAT APPLY.</p> <p>IF R IS NOT ELIGIBLE FOR THEIR NEXT DOSE, SELECT "NOT ELIGIBLE FOR NEXT DOSE YET."</p>	<p>(01) NOT YET ELIGIBLE TO RECIEVE COVID-19 BOOSTER DOSE                      (02) PLANS TO GET A BOOSTER AND IS ELIGIBLE, BUT HASN'T YET                      (03) THINKS THEY HAVE ENOUGH IMMUNITY TO COVID-19 FROM PRIOR DOSES OF THE VACCINE                      (04) NOT WORRIED ABOUT GETTING COVID-19                      (05) DOCTOR HAS NOT RECOMMENDED IT                      (06) ALREADY HAD COVID-19                      (07) NOT REQUIRED TO GET A COVID-19 BOOSTER (BY WORK OR SCHOOL)                      (08) EXPERIENCED SIDE EFFECTS FROM PREVIOUS DOSE(S) OF THE COVID-19 VACCINE                      (01) CONCERNED ABOUT POSSIBLE SIDE EFFECTS OF A COVID-19 VACCINE                      (02) CONCERNED ABOUT HAVING AN ALLERGIC REACTION                      (03) DOESN'T KNOW IF A COVID-19 VACCINE WILL PROTECT THEM                      (04) DOESN'T BELIEVE THEY NEED A COVID-19 VACCINE                      (05) ALREADY HAD COVID-19                      (06) DOES NOT SPEND TIME WITH ANY HIGH RISK PEOPLE                      (07) PLANS TO USE MASKS OR OTHER PRECAUTIONS INSTEAD                      (08) DOESN'T THINK VACCINES ARE BENEFICIAL                      (09) THINKS IMMUNE SYSTEM IS STRONG ENOUGH                      (10) DOCTOR HAS NOT RECOMMENDED IT                      (11) PLANS TO WAIT AND SEE IF IT IS SAFE AND MAY GET IT LATER                      (12) CONCERNED ABOUT THE COST OF A COVID-19 VACCINE                      (13) DOESN'T TRUST COVID-19 VACCINES                      (14) DOESN'T THINK COVID-19 IS THAT BIG OF A THREAT                      (15) HARD TO GET A COVID-19 VACCINE                      (16) FAMILY AND FRIENDS ARE CHOOSING NOT TO GET A COVID-19 VACCINE                      (17) AFRAID OF NEEDLES                      (18) CAN'T GET THE BRAND OF VACCINE THAT THEY PREFER                      (19) APPOINTMENT SCHEDULED                      (20) HAS A HEALTH OR MEDICAL CONDITION WHICH PREVENTS GETTING THE VACCINE                      (21) NOT ELIGIBLE FOR NEXT DOSE YET                      (91) OTHER                      (-8) DON'T KNOW                      (-9) REFUSED</p>	<p>(01)-(8 20); (-8), (-9) BOX CV2 BOX-CVEND                      (91) NOVACOS</p>
NOVACOS	NOVACOS	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX CV2-BOX-CVEND
	BOX-CVA	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO EVRSUS, ELSE GO TO COVSUS.		
EVRSUS	EVRSUS	yes/no	[Have you/Has (SP)] ever suspected that [you have/he has/she has] had the coronavirus or COVID-19?	<p>(01) YES                      (02) NO                      (-8) DON'T KNOW                      (-7) REFUSED</p>	<p>(01) SUSPECTY                      (02) BOX-CVB                      (-8) BOX-CVB                      (-7) BOX-CVB</p>

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COVSUS	COVSUS	yes/no	Since [REFERENCE-DATE], [have you/has (SP)] suspected that [you have/he has/she has] had the coronavirus or COVID-19?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) SUSPECTY (02) BOX CVB (-8) BOX CVB (-7) BOX CVB
SUSPECTY	SUSPECTY	code-all	What symptoms did [you/(SP)] have that made [you/(SP)] suspect [you/he/she] had the coronavirus?  INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT.	(01) FEVER (02) ONGOING DRY COUGH (03) RUNNY NOSE (04) SNEEZING (05) SHORTNESS OF BREATH (06) HEADACHE (07) SORE THROAT (08) NAUSEA (09) VOMITING (10) EXTREME FATIGUE (11) CHILLS/REPEATED SHAKING WITH CHILLS (12) MUSCLE PAIN (13) NEW LOSS OF TASTE OR SMELL (14) LOSS OF APPETITE (15) DIARRHEA (01) OTHER (-8) DON'T KNOW (-7) REFUSED	BOX CVB
	BOX CV2 BOX CVB	routing	IF INTTYPE is C007 [sample_person.INTTYPE=7] IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3] GO TO EVRHDCVD EVRCVTLB, ELSE GO TO TSTCVDYR COVTOLD.		
EVRHDCVD	EVRHDCVD	yes/no	[Have you/Has (SP)] ever tested positive for COVID-19 or been told by a doctor or other health care provider that [you have/(SP) has] or had COVID-19?  [IF NEEDED: Some COVID-19 tests are done by swabbing the nose or mouth to test for COVID-19 infection at the time of the test. Other tests look for COVID-19 antibodies by looking at someone's blood to see if they have ever been infected with COVID-19. COVID-19 tests can be done at home by yourself or by someone else, and some tests are done by a health professional.]  INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH COVID-19.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	TSTCVDYR
TSTCVDYR	TSTCVDYR	yes/no	In [PREVIOUS YEAR], [were you/was (SP)] tested at least one time to see whether [you were/(SP) was] infected with COVID-19?  [IF NEEDED: For example, the test can be done by swabbing the nose or mouth. Some tests can be done by yourself or by someone else at home, and some tests are done by a health professional.]  INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH COVID-19.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) TESTTYPE (02) BOX CV3 (-8) BOX CV3 (-9) BOX CV3

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EVRCVTLD	EVRCVTLD	yes/no	Has a doctor or other health professional ever told [you/(SP)] that [you have/he has/she has] or likely had coronavirus or COVID-19?  [IF NEEDED: A doctor or other health professional might make this diagnosis based on a test for COVID-19 or based on symptoms [you have/(SP)] has];	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	BOX-CVC
GOVTOLD	GOVTOLD	yes/no	Since [REFERENCE DATE], has a doctor or other health professional told [you/(SP)] that [you have/he has/she has] or likely had coronavirus or COVID-19?  [IF NEEDED: A doctor or other health professional might make this diagnosis based on a test for COVID-19 or based on symptoms [you have/(SP)] has];	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	BOX-CVC
TESTTYPE	TESTTYPE	code all	What kind of test(s) did [you/(SP)] take? A nasal or throat swab or saliva test that was collected or read by a health care professional, an at-home test that was read by yourself or a non-health care professional, or a blood test to look for COVID-19 antibodies?  SELECT ALL THAT APPLY	(01) NASAL OR THROAT SWAB OR SALIVA TEST THAT WAS COLLECTED OR READ BY A HEALTH CARE PROFESSIONAL (02) AT-HOME TEST THAT WAS READ BY YOURSELF OR A NON-HEALTH CARE PROFESSIONAL (03) BLOOD TEST TO LOOK FOR COVID-19 ANTIBODIES (-8) DON'T KNOW (-9) REFUSED	COVRSLT
	BOX-CVC	routing	IF SP IS IN THE BASELINE SAMPLE [sample_person.INTTYPE=3], GO TO EVRCVTST, ELSE GO TO COVTEST.		
EVRCVTST	EVRCVTST	yes/no	[Have you/has (SP)] ever been tested to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test?  [IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth. Some tests can be done by yourself or by someone else at home, and some tests are done by a health professional.]  DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) COVRSLT (02) BOX-CV1A (-8) BOX-CV1A (-7) BOX-CV1A
COVTEST	COVTEST	yes/no	Since [REFERENCE PERIOD], [have you/has (SP)] been tested to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test?  [IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth. Some tests can be done by yourself or by someone else at home, and some tests are done by a health professional.]  DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) COVRSLT (02) BOX-CV1A (-8) BOX-CV1A (-7) BOX-CV1A

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COVRSLT	COVRSLT	code one	<p>Did the test(s) find that [you/(SP)] had <del>coronavirus</del> or COVID-19?</p> <p>[IF NEEDED: If [you/(SP)] had more than one test in [PREVIOUS YEAR] [since (REFERENCE PERIOD)] to see whether [you were/he was/she (SP) was] infected with <del>coronavirus</del> or COVID-19, answer yes if any of them were positive.]</p> <p><del>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS COVID-19.</del></p>	<p>(01) YES, THE TEST SHOWED R HAD COVID-19                      (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19                      (03) NO RESULTS YET                      (-8) DON'T KNOW                      (-9) REFUSED</p>	<p>(01) CVDSVRE SWABWAIT                      (02) BOX CV3 SWABWAIT                      (03) CVTSTPAY                      (-8) BOX CV3 CVTSTPAY                      (-9) BOX CV3 CVTSTPAY</p>
SWABWAIT	SWABWAIT	code one	<p><del>How long did it take to get [your/(SP)'s] test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, within 4-6 days, or after 7 days or more?</del></p> <p>[IF NEEDED: If [you have/(SP) has] had more than one test to see whether [you were/he was/she was] infected with <del>coronavirus</del> or COVID-19 at the time of the test, think about [your/his/her] most recent test.]</p> <p><del>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</del></p>	<p>(01) SAME DAY                      (02) NEXT DAY                      (03) 2-3 DAYS                      (04) 4-6 DAYS                      (05) 7 DAYS OR MORE                      (-8) DON'T KNOW                      (-7) REFUSED</p>	CVTSTPAY
CVTSTPAY	CVTSTPAY	code one	<p><del>How much did [you/(SP)] pay out of pocket for the test: none of the cost, part of the cost, or all of the cost?</del></p> <p>[IF NEEDED: Please answer to the best of your knowledge.]</p> <p>[IF NEEDED: If [you have/(SP) has] had more than one test to see whether [you were/he was/she was] infected with <del>coronavirus</del> or COVID-19 at the time of the test, think about [your/his/her] most recent test.]</p> <p><del>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</del></p>	<p>(01) NONE OF THE COST                      (02) PART OF THE COST                      (03) ALL OF THE COST                      (-8) DON'T KNOW                      (-7) REFUSED</p>	BOX CV4A
	BOX CV4A	routing	<p><del>IF EVRCVTLD=YES OR COVRSLT=01 THEN GO TO CVDSVRE.                      ELSE GO TO VACROST.</del></p>		
CVDSVRE	CVDSVRE	code one	<p><del>When [you/(SP)] had COVID-19 in [PREVIOUS YEAR], How would you describe [your/(SP)'s] <del>coronavirus</del> COVID-19 symptoms when they were at their worst? Would you say [you/(SP)] had no symptoms, mild symptoms, moderate symptoms, or severe symptoms?</del></p>	<p>(01) NO SYMPTOMS                      (02) MILD SYMPTOMS                      (03) MODERATE SYMPTOMS                      (04) SEVERE SYMPTOMS                      (-8) DON'T KNOW                      (-9) REFUSED</p>	CVDSEEK
CVDSEEK	CVDSEEK	yes/no	<p><del>In [PREVIOUS YEAR], Did [you/(SP)] seek medical care for <del>coronavirus</del> or COVID-19?</del></p>	<p>(01) YES                      (02) NO                      (-8) DON'T KNOW                      (-9) REFUSED</p>	<p>CVDHOSP                      (01) CVDHOSP                      (02) CVDEXPEN-CV4                      (-8) CVDHOSP                      (-7) CVDHOSP</p>

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CVDEXPEN	CV4	grid-	Why did [you/(SP)] not seek medical care? READ EACH ITEM AND RECORD YES/NO RESPONSE: Was it too expensive?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDNTAVA-CV4
CVDNTAVA	CV4	grid-	Was it not available?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDSYMNS-CV4
CVDSYMNS	CV4	grid-	Were [your/(SP)s] symptoms not severe enough?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDOTHER-CV4
CVDOTHER	CV4	grid-	Was there some other reason?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDHOSP
CVDHOSP	CVDHOSP	yes/no	In [PREVIOUS YEAR] [were you/was (SP)] [Have you/Has (SP)] been hospitalized overnight for coronavirus-COVID-19? [IF NEEDED: This could include visiting the emergency room or being admitted to the hospital.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX CV3 LONGCVD
	BOX CV3	routing	If Respondent has ever had COVID-19 [EVRHCVD=1/YES] OR tested positive for COVID in [PREVIOUS YEAR] [COVRSLT=1/YES], GO TO LONGCVD. ELSE, go to FACEMASK.		
LONGCVD	LONGCVD	yes/no	Did [you/(sp)] have any symptoms lasting 3 months or longer that [you/(sp)] did not have prior to having coronavirus or COVID-19? [IF NEEDED: Long term symptoms may include tiredness or fatigue, difficulty thinking, concentrating, forgetfulness or memory problems, sometimes referred to as "brain fog," difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, depression, anxiety or mood changes.]	(01) YES (02) NO (03) NOT APPLICABLE, RECENTLY DIAGNOSED WITH COVID-19 (LESS THAN THREE MONTHS) (-8) DON'T KNOW (-7) REFUSED	FACEMASK-VACROST
VACROST	VACROST	roster	[You/(SP)] previously reported the following COVID-19 vaccines: [Have you/Has (SP)] received any [additional] doses of a COVID-19 vaccine?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) VACDAT-VACDATMM (02) BOX-CV2 (-8) BOX-CVEND (-9) BOX-CVEND

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VACDATMM	VACDAT	date	When did [you/(SP)] receive this dose of the COVID-19 vaccine?  IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.  PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED.	MONTH (VACMON)	VACDAT-VACDATYY
VACDATYY	VACDAT	date	When did [you/(SP)] receive this dose of the COVID-19 vaccine?  IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.  PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED.	YEAR (VACYR)	VACNME
VACNME	VACNME	code one	Which COVID-19 vaccine did (you/(SP)) get?  IF NEEDED: Examples include Pfizer-BioNTech/Comirnaty, Moderna/Spikevax, and Johnson & Johnson/Janssen, and Novavax.  IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.  ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FLMEMO	(01) PFIZER-BIONTECH/COMIRNATY (02) MODERNA/SPIKEVAX (03) JOHNSON & JOHNSON/JANSSEN (04) NOVAVAX (01) OTHER (8) DON'T KNOW (9) REFUSED	(01)-(04), (-8), (-9) VACSITE (01) VACNMEOS
VACNMEOS	VACNMEOS	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	VACSITE
VACSITE	VACSITE	code one	Where did [you/(SP)] go for this dose of the COVID-19 vaccine?  A MASS VACCINATION SITE IS A LOCATION THAT WAS SET UP ESPECIALLY TO ADMINISTER COVID-19 VACCINES, OFTEN ORGANIZED BY A LOCAL, STATE, OR FEDERAL AGENCY. MASS VACCINATION SITES MAY BE LOCATED AT A SHOPPING CENTER, CONVENTION CENTER, SPORTING FACILITY, CHURCH, LIBRARY, HOSPITAL OR OTHER COMMUNITY LOCATION.	(01) FACILITY ONLY- FACILITY NAME (DO NOT DISPLAY) (02) PHARMACY/DRUG STORE (03) DOCTORS OFFICE OR GROUP PRACTICE (04) MASS VACCINATION SITE (05) MANAGED CARE PLAN CENTER/HMO (06) NEIGHBORHOOD/FAMILY HEALTH CENTER/MEDICAL CLINIC (07) COMPANY CLINIC/WORKPLACE (08) WALK-IN URGENT CENTER (09) HOSPITAL (10) VA FACILITY (11) HEALTH DEPARTMENT OFFICE (12) AT HOME (01) OTHER, SPECIFY (8) DON'T KNOW (9) REFUSED	(01)-(12), (-8), (-9) VACMOR (01) VACSITOS
VACSITOS	VACSITOS	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	VACMOR

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VACMOR	VACMOR	yes/no	[Have you/Has (SP)] had any other COVID-19 vaccine doses?  PLEASE ENTER COVID-19 VACCINE DOSES IN THE ORDER THEY WERE RECEIVED, STARTING FROM THE EARLIEST DOSE RECEIVED TO THE MOST RECENT DOSE RECEIVED.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) VACDAT-VAGDATMM (02) BOX-CVEND (-8) BOX-CVEND (-9) BOX-CVEND
	BOX-CV2	routing	IF NO VACCINE DOSES IN THE ROSTER, GO TO PRSUMVAC, ELSE IF AT LEAST ONE DOSE IN ROSTER AND VACROST=02/NO, GO TO NOVCREAS. ELSE GO TO BOX-CVEND.		
PRSUMVAC	PRSUMVAC	code-one	Now that a vaccine to prevent COVID-19 is available to most adults in the United States, will [you/(SP)] get it? Definitely, probably, probably not, definitely not, or are you not sure?	(01) DEFINITELY (02) PROBABLY (03) PROBABLY NOT (04) DEFINITELY NOT (05) NOT SURE (-9) REFUSED	NOVCREAS
NOVCREAS	NOVCREAS	code-all	For what reason didn't [you/(SP)] get a COVID-19 vaccine [since (REFERENCE DATE)]?  [PROBE: Any other reason?]  DO NOT READ ALOUD. CODE BASED ON WHAT THE RESPONDENT SAYS.  CHECK ALL THAT APPLY. —  IF R IS NOT ELIGIBLE FOR THEIR NEXT DOSE, SELECT "NOT ELIGIBLE FOR NEXT DOSE YET."	(01) CONCERNED ABOUT POSSIBLE SIDE EFFECTS OF A COVID-19 VACCINE (02) CONCERNED ABOUT HAVING AN ALLERGIC REACTION (03) DOESN'T KNOW IF A COVID-19 VACCINE WILL PROTECT THEM (04) DOESN'T BELIEVE THEY NEED A COVID-19 VACCINE (05) ALREADY HAD COVID-19 (06) DOES NOT SPEND TIME WITH ANY HIGH RISK PEOPLE (07) PLANS TO USE MASKS OR OTHER PRECAUTIONS INSTEAD (08) DOESN'T THINK VACCINES ARE BENEFICIAL (09) THINKS IMMUNE SYSTEM IS STRONG ENOUGH (10) DOCTOR HAS NOT RECOMMENDED IT (11) PLANS TO WAIT AND SEE IF IT IS SAFE AND MAY GET IT LATER (12) CONCERNED ABOUT THE COST OF A COVID-19 VACCINE (13) DOESN'T TRUST COVID-19 VACCINES (14) DOESN'T THINK COVID-19 IS THAT BIG OF A THREAT (15) HARD TO GET A COVID-19 VACCINE (16) FAMILY AND FRIENDS ARE CHOOSING NOT TO GET A COVID-19 VACCINE (17) AFRAID OF NEEDLES (18) CAN'T GET THE BRAND OF VACCINE THAT THEY PREFER (19) APPOINTMENT SCHEDULED (20) HAS A HEALTH OR MEDICAL CONDITION WHICH PREVENTS GETTING THE VACCINE (21) NOT ELIGIBLE FOR NEXT DOSE YET (04) OTHER (-8) DON'T KNOW (-9) REFUSED	(01)-(20); (-8); (-9) BOX-CVEND (04) NOVACOS

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NOVACOS	NOVACOS	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX CVEND
FACEMASK	FACEMASK	code one	In [PREVIOUS YEAR], how often did [you/(SP)] wear a facemask when out in public? Would you say none of the time, some of the time, most of the time, or all of the time?	(01) NONE OF THE TIME (02) SOME OF THE TIME (03) MOST OF THE TIME (04) ALL OF THE TIME (05) NOT APPLICABLE- R DOES NOT GET OUT (-8) DON'T KNOW (-9) REFUSED	BOX CVEND
PREVMASK	PREVMASK	yes/no	Since April 1, 2021, [have you/has (SP)] worn a facemask when out in public in response to the coronavirus or COVID-19?  IF THE RESPONDENT HAS WORN A FACEMASK IN SOME SETTINGS BUT NOT OTHERS (FOR EXAMPLE, INSIDE BUT NOT OUTSIDE), SELECT "YES."	(01) YES (02) NO (03) NOT APPLICABLE (-8) DON'T KNOW (-7) REFUSED	BOX CVEND
	BOX CVEND	routing	IF SEASON=FALL, GO TO HFQ. ELSE IF SEASON=WINTER, GO TO KNQ. ELSE IF SEASON=SUMMER AND RESPONDENT=SP, GO TO CPQ. ELSE IF SEASON=SUMMER AND RESPONDENT=PROXY, GO TO IAQ.		