

SAS Data Set Name	COVID_2_DRB
Number of Variables	345
Number of Observations	5,981

Variable Name	Label	Raw Value	Possible Values
AGE	Respondent age, topcoded at 70		19-70
ALT_NHISTEST1	Have you ever had a test to determine if you were infected with Coronavirus or COVID-19 at the time of the test?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ALT_NHISTEST1_TOTALTIME	DATA ONLY: ALT_NHISTEST1 Time on Screen (in seconds)		1-99
ALT_NHISTEST2	Have you ever had an antibody test to determine if you had Coronavirus or COVID-19 in the past?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
ALT_NHISTEST2_TOTALTIME	DATA ONLY: ALT_NHISTEST2 Time on Screen (in seconds)		1-92
ANXFREQ	How often do you feel worried, nervous or anxious?	1	Daily
		2	Weekly
		3	Monthly
		4	A few times a year
		5	Never
		77	DON'T KNOW
		98	WS
		99	REFUSED
ANXFREQ_TOTALTIME	DATA ONLY: ANXFREQ Time on Screen (in seconds)		1-97
ANXLEVEL	Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	1	A little
		2	A lot

Variable Name	Label	Raw Value	Possible Values
ANXLEVEL	Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings?	3 77 98 99	Somewhere in between a little and a lot DON'T KNOW WS REFUSED
ANXLEVEL_TOTALTIME	DATA ONLY: ANXLEVEL Time on Screen (in seconds)		1-99
ANXMED	Do you take prescription medication for these feelings?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
ANXMED_TOTALTIME	DATA ONLY: ANXMED Time on Screen (in seconds)		1-93
ASEV	[Asthma?] Have you ever been told by a doctor or other health professional that you had	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
ASTILL	Do you still have asthma?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
AUTOIM	Do you currently have a health condition that a doctor or other health professional told you weakens the immune system, making it easier for you to get sick?	1 2 77 98	Yes No DON'T KNOW WS

Variable Name	Label	Raw Value	Possible Values
AUTOIM	Do you currently have a health condition that a doctor or other health professional told you weakens the immune system, making it easier for you to get sick?	99	REFUSED
AUTOIM_ALT1	In the past 12 months, have you taken prescription medication or had any medical treatments that a doctor or other health professional told you would weaken your immune system?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
AUTOIM_ALT2	Do you currently have a health condition that a doctor or other health professional told you weakens the immune system?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
CANEV	[Cancer or a malignancy of any kind?] Have you ever been told by a doctor or other health professional that you had	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
CHDEV	[Coronary heart disease?] Have you ever been told by a doctor or other health professional that you had	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
CHLEV	[High cholesterol?] Have you ever been told by a doctor or other health professional that you had	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
COPDEV	[Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema, or chronic bronchitis?] Have you ever been told by a doctor or other health professional that you had	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDCARNO_1	[Too expensive] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_2	[Not available] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_3	[Symptoms were not severe enough] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_4	[Something else, please specify:] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_DK	[DON'T KNOW] Why did you not seek this medical care?	0	No
		1	Yes
COVIDCARNO_REF	[REFUSED] Why did you not seek this medical care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
COVIDEV	Has a doctor or other health professional ever told you that you had or likely had Coronavirus or COVID-19?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_A	[Urgent Care for an Accident or Illness] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_B	[A Surgical Procedure] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_C	[Diagnostic or Medical Screening Test] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
COVIDNOCAR_D	[Treatment for Ongoing Condition] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_E	[A Regular Check-up] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_F	[Prescription drugs or medications] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED
COVIDNOCAR_G	[Dental Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1	Yes, because of the pandemic
		2	No, not because of the pandemic
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
COVIDNOCAR_H	[Vision Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1 2 77 98 99	Yes, because of the pandemic No, not because of the pandemic DON'T KNOW WS REFUSED
COVIDNOCAR_I	[Hearing Care] For the following, were you unable able to get this because of the Coronavirus pandemic?	1 2 77 98 99	Yes, because of the pandemic No, not because of the pandemic DON'T KNOW WS REFUSED
COVIDSEEK	Did you seek medical care for Coronavirus or Covid-19?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
COVID_CARE	At any time in the last 4 weeks, did you need medical care for something other than Coronavirus, but not get it because of the Coronavirus pandemic?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
COVID_INS	Did you lose health insurance coverage at any point because of the Coronavirus pandemic?	1 2 77 98	Yes No DON'T KNOW WS

Variable Name	Label	Raw Value	Possible Values
COVID_INS	Did you lose health insurance coverage at any point because of the Coronavirus pandemic?	99	REFUSED
COVID_NOWK	Were you unable to work because you or a family member was sick with the Coronavirus?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
CaseID			10001-15981
DEPFREQ	How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never?	1	Daily
		2	Weekly
		3	Monthly
		4	A few times a year
		5	Never
		77	DON'T KNOW
		98	WS
		99	REFUSED
DEPFREQ_TOTALTIME	DATA ONLY: DEPFREQ Time on Screen (in seconds)		1-96
DEPLEVEL	Thinking about the last time you felt depressed, how depressed did you feel?	1	A little
		2	A lot
		3	Somewhere in between a little and a lot
		77	DON'T KNOW
		98	WS
		99	REFUSED
DEPLEVEL_TOTALTIME	DATA ONLY: DEPLEVEL Time on Screen (in seconds)		1-99

Variable Name	Label	Raw Value	Possible Values
DEPMED	Do you take prescription medication for depression?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
DEPMED_TOTALTIME	DATA ONLY: DEPMED Time on Screen (in seconds)		1-94
DIBEV	Has a doctor or other health professional ever told you that you had diabetes?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
DISR_DOC	[To get a doctor's appointment or some other kind of healthcare?] Since the Coronavirus pandemic began, have you been able, unable, or have not needed?	1 2 3 77 98 99	Able Unable Have not needed DON'T KNOW WS REFUSED
DISR_MED	[To get medications?] Since the Coronavirus pandemic began, have you been able, unable, or have not needed?	1 2 3 77 98 99	Able Unable Have not needed DON'T KNOW WS REFUSED
ECIGNOW	Do you now vape or use e-cigarettes every day, some days or not at all?	1 2	Every day Some days

Variable Name	Label	Raw Value	Possible Values
ECIGNOW	Do you now vape or use e-cigarettes every day, some days or not at all?	3	Not at all
		77	DON'T KNOW
		98	WS
		99	REFUSED
EDUC	3-level education	2	HS graduate or less
		3	Some college
		4	BA or above
EMPLASTWK	Last week, did you work for pay at a job or business?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
EMPLOY	Current Employment Status	1	Working - as a paid employee
		2	Working - self-employed
		3	Not working - on temporary layoff from a job
		4	Not working - looking for work
		5	Not working - retired
		6	Not working - disabled
		7	Not working - other
FEEL_ANX	Since the Coronavirus pandemic began, have you felt more stressed or anxious, less stressed or anxious, or about the same?	1	More stressed or anxious
		2	Less stressed or anxious
		3	About the same
		77	DON'T KNOW
		98	WS

Variable Name	Label	Raw Value	Possible Values
FEEL_ANX	Since the Coronavirus pandemic began, have you felt more stressed or anxious, less stressed or anxious, or about the same?	99	REFUSED
FEEL_DEP	Since the Coronavirus pandemic began, have you felt more lonely or sad, less lonely or sad, or about the same?	1 2 3 77 98 99	More lonely or sad Less lonely or sad About the same DON'T KNOW WS REFUSED
FEEL_SOC	Since the Coronavirus pandemic began, have you felt more socially connected to family and friends, less socially connected to family and friends, or about the same?	1 2 3 77 98 99	More socially connected Less socially connected About the same DON'T KNOW WS REFUSED
GAD7_A	[Feeling nervous, anxious, or on edge] Over the last 2 weeks, how often have you been bothered by the following problems?	1 2 3 4 77 98 99	Not at all Several days More than half the days Nearly every day DON'T KNOW WS REFUSED
GAD7_B	[Not being able to stop or control worrying] Over the last 2 weeks, how often have you been bothered by the following problems?	1 2	Not at all Several days

Variable Name	Label	Raw Value	Possible Values
GAD7_B	[Not being able to stop or control worrying] Over the last 2 weeks, how often have you been bothered by the following problems?	3 4 77 98 99	More than half the days Nearly every day DON'T KNOW WS REFUSED
GAD7_TOTALTIME	DATA ONLY: GAD7 Time on Screen (in seconds)		1-97
GENDER	Respondent gender	1 2	Male Female
HHSIZE	Household size (including children)		1-6
HICOV	Are you covered by any kind of health insurance or some other kind of health care plan?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
HOME_TYPE	Type of building of panelists' residence	1 2 3 4	A one-family house detached from any other house A one-family house attached to one or more houses A building with 2 or more apartments A mobile home or trailer, boat, RV, van, etc

Variable Name	Label	Raw Value	Possible Values
HOUSING	Home Ownership	1	Owned or being bought by you or someone in your household
		2	Rented for cash
		3	Occupied without payment of cash rent
HYPEV	[Hypertension, also called high blood pressure?] Have you ever been told by a doctor or other health professional that you had	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
INCOME	Household Income, topcoded at \$150K+	1	Less than \$5,000
		2	\$5,000 to \$9,999
		3	\$10,000 to \$14,999
		4	\$15,000 to \$19,999
		5	\$20,000 to \$24,999
		6	\$25,000 to \$29,999
		7	\$30,000 to \$34,999
		8	\$35,000 to \$39,999
		9	\$40,000 to \$49,999
		10	\$50,000 to \$59,999
		11	\$60,000 to \$74,999
		12	\$75,000 to \$84,999
		13	\$85,000 to \$99,999
		14	\$100,000 to \$124,999
		15	\$125,000 to \$149,999
		16	\$150,000 or more
INTERNET	HH internet access via dial-up, DSL, or cable broadband at home	0	Non-internet household
		1	Internet Household

Variable Name	Label	Raw Value	Possible Values
MARITAL	Marital Status	1 2 3 4 5 6	Married Widowed Divorced Separated Never married Living with partner
MHAPPT_NHIS	During the past 12 months, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
MHAPPT_N_TOTALTIME	DATA ONLY: MHAPPT_NHIS Time on Screen (in seconds)		1-90
MHAPPT_PULSE	At any time in the last 4 weeks, did you receive counseling or therapy from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
MHAPPT_P_TOTALTIME	DATA ONLY: MHAPPT_PULSE Time on Screen (in seconds)		1-99
MHCOST_NHIS	During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but did not get it because of the cost?	1 2 77 98	Yes No DON'T KNOW WS

Variable Name	Label	Raw Value	Possible Values
MHCOST_NHIS	During the past 12 months, was there any time when you needed counseling or therapy from a mental health professional, but did not get it because of the cost?	99	REFUSED
MHCOST_PULSE	At any time in the last 4 weeks, did you need counseling or therapy from a mental health professional, but did not get it for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MHCOST_P_TOTALTIME	DATA ONLY: MHCOST_NHIS Time on Screen (in seconds)		1-99
MHMED_NHIS	During the past 12 months, did you take prescription medication to help you with any emotions or with your concentration, behavior or mental health?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MHMED_N_TOTALTIME	DATA ONLY: MHMED_NHIS Time on Screen (in seconds)		1-9
MHMED_PULSE	At any time in the last 4 weeks, did you take prescription medication to help you with any emotions or with your concentration, behavior or mental health?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
MHMED_P_TOTALTIME	DATA ONLY: MHMED_PULSE Time on Screen (in seconds)		1-99

Variable Name	Label	Raw Value	Possible Values
MODE_PREF	Panelist Profile Variable: Panelist's Self-Selected Survey Mode Preference		CATI,CAWI
NHIS_RSLT	Did the test find that you had Coronavirus or COVID-19?	1 2 3 77 98 99	Yes No Did not receive results Don't know WS REFUSED
NHIS_TEST	Have you ever been tested for Coronavirus or COVID-19?	1 2 77 98 99	Yes No DON'T KNOW WS REFUSED
NHIS_TEST_TOTALTIME	DATA ONLY: NHIS_TEST Time on Screen (in seconds)		
NOCARDIR_A	[Urgent Care for an Accident or Illness] For the following, did your medical provider make this decision or did you?	1 2 3 77 98 99	You decided The provider decided Both have occurred DON'T KNOW WS REFUSED
NOCARDIR_B	[A Surgical Procedure] For the following, did your medical provider make this decision or did you?	1 2 3 77 98 99	You decided The provider decided Both have occurred DON'T KNOW WS REFUSED

Variable Name	Label	Raw Value	Possible Values
NOCARDIR_C	[Diagnostic or Medical Screening Test] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_D	[Treatment for Ongoing Condition] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_E	[A Regular Check-up] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_F	[Prescription drugs or medications] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_G	[Dental Care] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided

Variable Name	Label	Raw Value	Possible Values
NOCARDIR_G	[Dental Care] For the following, did your medical provider make this decision or did you?	3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_H	[Vision Care] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARDIR_I	[Hearing Care] For the following, did your medical provider make this decision or did you?	1	You decided
		2	The provider decided
		3	Both have occurred
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_A	[Urgent Care for an Accident or Illness] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_B	[A Surgical Procedure] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
NOCARTYP_B	[A Surgical Procedure] In the last two months, were you unable to get any of the following types of care for any reason?	98	WS
		99	REFUSED
NOCARTYP_C	[Diagnostic or Medical Screening Test] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
NOCARTYP_D	[Treatment for Ongoing Condition] In the last two months, were you unable to get any of the following types of care for any reason?	99	REFUSED
		1	Yes
		2	No
		77	DON'T KNOW
NOCARTYP_E	[A Regular Check-up] In the last two months, were you unable to get any of the following types of care for any reason?	98	WS
		99	REFUSED
		1	Yes
		2	No
NOCARTYP_F	[Prescription drugs or medications] In the last two months, were you unable to get any of the following types of care for any reason?	77	DON'T KNOW
		98	WS
		99	REFUSED
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARTYP_G	[Dental Care] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_H	[Vision Care] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARTYP_I	[Hearing Care] In the last two months, were you unable to get any of the following types of care for any reason?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
NOCARWHYMD_A_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_A_4	[No reason was given] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_A_REF	[REFUSED] What reasons were you given by your provider for this decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYMD_B_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_B_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_B_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_B_4	[No reason was given] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_B_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_B_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_B_REF	[REFUSED] What reasons were you given by your provider for this decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYMD_C_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYMD_C_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYMD_C_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYMD_C_4	[No reason was given] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_C_4	[No reason was given] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	1	Yes
NOCARWHYMD_C_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYMD_C_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYMD_C_REF	[REFUSED] What reasons were you given by your provider for this decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYMD_D_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_D_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_D_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_D_4	[No reason was given] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_D_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_D_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_D_REF	[REFUSED] What reasons were you given by your provider for this decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYMD_E_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_4	[No reason was given] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_E_4	[No reason was given] What reasons were you given by your provider for this decision regarding a regular check-up?	1	Yes
NOCARWHYMD_E_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_E_REF	[REFUSED] What reasons were you given by your provider for this decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYMD_F_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_4	[No reason was given] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_F_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_F_REF	[REFUSED] What reasons were you given by your provider for this decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYMD_G_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_4	[No reason was given] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding dental care?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_G_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding dental care?	1	Yes
NOCARWHYMD_G_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_G_REF	[REFUSED] What reasons were you given by your provider for this decision regarding dental care?	0	No
		1	Yes
NOCARWHYMD_H_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding vision care?	0	No
		1	Yes
NOCARWHYMD_H_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding vision care?	0	No
		1	Yes
NOCARWHYMD_H_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding vision care?	0	No
		1	Yes
NOCARWHYMD_H_4	[No reason was given] What reasons were you given by your provider for this decision regarding vision care?	0	No
		1	Yes
NOCARWHYMD_H_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding vision care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_H_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding vision care?	0	No
		1	Yes
NOCARWHYMD_H_REF	[REFUSED] What reasons were you given by your provider for this decision regarding vision care?	0	No
		1	Yes
NOCARWHYMD_I_1	[Medical office was closed] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_2	[Priority was given to other types of appointments] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_3	[Medical office reduced available appointments] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_4	[No reason was given] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_5	[Something else, please specify:] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYMD_I_DK	[DON'T KNOW] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYMD_I_REF	[REFUSED] What reasons were you given by your provider for this decision regarding hearing care?	0	No
		1	Yes
NOCARWHYR_A_1	[The cost of the care] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_2	[No access to transportation] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_4	[Did not want to leave your house] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_6	[Something else, please specify:] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_A_DK	[DON'T KNOW] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_A_DK	[DON'T KNOW] What reasons did you have for your decision regarding urgent care for an accident or illness?	1	Yes
NOCARWHYR_A_REF	[REFUSED] What reasons did you have for your decision regarding urgent care for an accident or illness?	0	No
		1	Yes
NOCARWHYR_B_1	[The cost of the care] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_2	[No access to transportation] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_4	[Did not want to leave your house] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_6	[Something else, please specify:] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_B_DK	[DON'T KNOW] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_B_REF	[REFUSED] What reasons did you have for your decision regarding a surgical procedure?	0	No
		1	Yes
NOCARWHYR_C_1	[The cost of the care] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_2	[No access to transportation] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_4	[Did not want to leave your house] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_6	[Something else, please specify:] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_C_DK	[DON'T KNOW] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_C_DK	[DON'T KNOW] What reasons did you have for your decision regarding a diagnostic or medical screening test?	1	Yes
NOCARWHYR_C_REF	[REFUSED] What reasons did you have for your decision regarding a diagnostic or medical screening test?	0	No
		1	Yes
NOCARWHYR_D_1	[The cost of the care] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_2	[No access to transportation] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_4	[Did not want to leave your house] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_6	[Something else, please specify:] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_D_DK	[DON'T KNOW] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_D_REF	[REFUSED] What reasons did you have for your decision regarding treatment for an ongoing condition?	0	No
		1	Yes
NOCARWHYR_E_1	[The cost of the care] What reasons did you have for your decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYR_E_2	[No access to transportation] What reasons did you have for your decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYR_E_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYR_E_4	[Did not want to leave your house] What reasons did you have for your decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYR_E_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYR_E_6	[Something else, please specify:] What reasons did you have for your decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYR_E_DK	[DON'T KNOW] What reasons did you have for your decision regarding a regular check-up?	0	No

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_E_DK	[DON'T KNOW] What reasons did you have for your decision regarding a regular check-up?	1	Yes
NOCARWHYR_E_REF	[REFUSED] What reasons did you have for your decision regarding a regular check-up?	0	No
		1	Yes
NOCARWHYR_F_1	[The cost of the care] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_2	[No access to transportation] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_4	[Did not want to leave your house] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_6	[Something else, please specify:] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_F_DK	[DON'T KNOW] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_F_REF	[REFUSED] What reasons did you have for your decision regarding prescription drugs or medications?	0	No
		1	Yes
NOCARWHYR_G_1	[The cost of the care] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_2	[No access to transportation] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_4	[Did not want to leave your house] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_6	[Something else, please specify:] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_G_DK	[DON'T KNOW] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_G_REF	[REFUSED] What reasons did you have for your decision regarding dental care?	0	No
		1	Yes
NOCARWHYR_H_1	[The cost of the care] What reasons did you have for your decision regarding vision care?	0	No
		1	Yes
NOCARWHYR_H_2	[No access to transportation] What reasons did you have for your decision regarding vision care?	0	No
		1	Yes
NOCARWHYR_H_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding vision care?	0	No
		1	Yes
NOCARWHYR_H_4	[Did not want to leave your house] What reasons did you have for your decision regarding vision care?	0	No
		1	Yes
NOCARWHYR_H_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding vision care?	0	No
		1	Yes
NOCARWHYR_H_6	[Something else, please specify:] What reasons did you have for your decision regarding vision care?	0	No
		1	Yes
NOCARWHYR_H_DK	[DON'T KNOW] What reasons did you have for your decision regarding vision care?	0	No
		1	Yes
NOCARWHYR_H_REF	[REFUSED] What reasons did you have for your decision regarding vision care?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
NOCARWHYR_I_1	[The cost of the care] What reasons did you have for your decision regarding hearing care?	0	No
		1	Yes
NOCARWHYR_I_2	[No access to transportation] What reasons did you have for your decision regarding hearing care?	0	No
		1	Yes
NOCARWHYR_I_3	[Childcare or eldercare responsibilities] What reasons did you have for your decision regarding hearing care?	0	No
		1	Yes
NOCARWHYR_I_4	[Did not want to leave your house] What reasons did you have for your decision regarding hearing care?	0	No
		1	Yes
NOCARWHYR_I_5	[Did not want to risk being at a medical facility] What reasons did you have for your decision regarding hearing care?	0	No
		1	Yes
NOCARWHYR_I_6	[Something else, please specify:] What reasons did you have for your decision regarding hearing care?	0	No
		1	Yes
NOCARWHYR_I_DK	[DON'T KNOW] What reasons did you have for your decision regarding hearing care?	0	No
		1	Yes
NOCARWHYR_I_REF	[REFUSED] What reasons did you have for your decision regarding hearing care?	0	No
		1	Yes
PHONESERVICE	Telephone service for the household	1	Landline telephone only

Variable Name	Label	Raw Value	Possible Values
PHONESERVICE	Telephone service for the household	2 3 4 5	Have a landline, but mostly use cellphone Have cellphone, but mostly use landline Cellphone only No telephone service
PHQ_A	[Little interest or pleasure in doing things] Over the last 2 weeks, how often have you been bothered by the following problems?	1 2 3 4 77 98 99	Not at all Several days More than half the days Nearly every day DON'T KNOW WS REFUSED
PHQ_B	[Feeling down, depressed, or hopeless] Over the last 2 weeks, how often have you been bothered by the following problems?	1 2 3 4 77 98 99	Not at all Several days More than half the days Nearly every day DON'T KNOW WS REFUSED
PHQ_TOTALTIME	DATA ONLY: PHQ Time on Screen (in seconds)		1-990
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?	1 2 3 4 5	Excellent Very good Good Fair Poor

Variable Name	Label	Raw Value	Possible Values
PHSTAT	Would you say your health in general is excellent, very good, good, fair, or poor?	77	DON'T KNOW
		98	WS
		99	REFUSED
PREDIB	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
PROBE_ANX_1	[Sometimes the feelings can be so intense that my chest hurts and I have trouble breathing.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_2	[These are positive feelings that help me to accomplish goals and be productive.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_3	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_4	[Feeling that way is normal, and everyone feels that way sometimes] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_ANX_5	[I have been told by a medical professional that I have anxiety.] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_6	[I have these feelings because of the Coronavirus pandemic] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_ANX_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being nervous or anxious?	0	No
		1	Yes
PROBE_DEP_1	[Sometimes the feelings can be so intense that I cannot get out of bed.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_2	[The feelings sometimes interfere with my life, and I wish that I did not have them.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_3	[I get over the feelings quickly.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_DEP_4	[Feeling that way is normal, and everyone feels that way sometimes.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_5	[I have been told by a medical professional that I have depression.] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_6	[I have these feelings because of the Coronavirus pandemic] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_DK	[DON'T KNOW] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_DEP_REF	[REFUSED] Which of the following statements, if any, describe your feelings of being sad or depressed?	0	No
		1	Yes
PROBE_MHAPPT1	Do you have a usual mental health professional that you go to for counseling or therapy?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
PROBE_MHAPPT2	When was the last time you spoke to this mental health professional, either in person or over phone or video?	1	Within the last month
		2	Within the last year
		3	More than a year ago
		77	DON'T KNOW

Variable Name	Label	Raw Value	Possible Values
PROBE_MHAPPT2	When was the last time you spoke to this mental health professional, either in person or over phone or video?	98	WS
		99	REFUSED
PROBE_MHCOST_1	[Did not know where to go] Why didn't you get care?	0	No
		1	Yes
PROBE_MHCOST_2	[Could not get appointment] Why didn't you get care?	0	No
		1	Yes
PROBE_MHCOST_3	[It is too expensive] Why didn't you get care?	0	No
		1	Yes
PROBE_MHCOST_4	[Therapy or counseling would not help] Why didn't you get care?	0	No
		1	Yes
PROBE_MHCOST_5	[Not comfortable talking about problems] Why didn't you get care?	0	No
		1	Yes
PROBE_MHCOST_6	[Something else, please specify:] Why didn't you get care?	0	No
		1	Yes
PROBE_MHCOST_DK	[DON'T KNOW] For what reason do you take the medication? Why didn't you get care?	0	No
		1	Yes
PROBE_MHCOST_REF	[REFUSED] For what reason do you take the medication? Why didn't you get care?	0	No
		1	Yes
PROBE_MHMED_1	[Depression, anxiety or other mental health problem] For what reason do you take the medication?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_MHMED_2	[Pain] For what reason do you take the medication?	0 1	No Yes
PROBE_MHMED_3	[A concentration-related condition, such as ADHD] For what reason do you take the medication?	0 1	No Yes
PROBE_MHMED_4	[An ongoing, chronic health condition] For what reason do you take the medication?	0 1	No Yes
PROBE_MHMED_5	[Something else, please specify:] For what reason do you take the medication?	0 1	No Yes
PROBE_MHMED_DK	[DON'T KNOW] For what reason do you take the medication?	0 1	No Yes
PROBE_MHMED_REF	[REFUSED] For what reason do you take the medication?	0 1	No Yes
PROBE_QUAR1_1	[Staying inside your house and not leaving at all] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0 1	No Yes
PROBE_QUAR1_2	[Staying in one room in your house as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0 1	No Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_QUAR1_3	[Limiting interactions with members of your household as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_4	[Limiting interactions with people outside your household as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_5	[Leaving your house for essential purposes only, such as grocery shopping, healthcare appointments, and exercise] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thin	0	No
		1	Yes
PROBE_QUAR1_6	[Staying six feet away from other people as much as possible] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_7	[Something else, please specify:] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_DK	[DON'T KNOW] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_QUAR1_REF	[REFUSED] When answering the previous question about isolating or quarantining because of the Coronavirus, which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_QUAR1_TOTALTIME	DATA ONLY: PROBE_QUAR1 Time on Screen (in seconds)		1-99
PROBE_QUAR2_TOTALTIME	DATA ONLY: PROBE_QUAR2 Time on Screen (in seconds)		1-99
PROBE_RSLT	Were you not told the results, are you still waiting on the results, or do you not remember the results of the test?	1	Not told results
		2	Still waiting on results
		3	Do not remember results
		77	DON'T KNOW
		98	WS
		99	REFUSED
PROBE_SRH_1	[Your diet and nutrition] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_10	[The Coronavirus or COVID-19 pandemic] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_11	[Something else, please specify:] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_2	[Your exercise habits] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE_SRH_2	[Your exercise habits] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	1	Yes
PROBE_SRH_3	[Your smoking or drinking habits] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_4	[Your health problems or conditions] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_5	[Your lack of health problems or conditions] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_6	[The amount of pain that you have] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_7	[Your ability to do daily activities without assistance] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_8	[The amount of sleep you get] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_SRH_9	[Your mental or emotional health] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_DK	[DON'T KNOW] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_SRH_REF	[REFUSED] When you said your health in general was [INSERT FROM PHSTAT], which of the following, if any, were you thinking about?	0	No
		1	Yes
PROBE_TELMED2_1	[The provider told you in an email, phone call, or mailing] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TELMED2_2	[Had a previous telemedicine appointment] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TELMED2_3	[Checked provider's website or social media pages] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TELMED2_4	[Told by a family member] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TELMED2_5	[Do not know whether the provider offers this] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes

Variable Name	Label	Raw Value	Possible Values
PROBE_TELMED2_6	[Some other place, please specify:] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TELMED2_DK	[DON'T KNOW] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TELMED2_REF	[REFUSED] How do you know whether your provider offers telemedicine, or not?	0	No
		1	Yes
PROBE_TESTTYP2_1	[A cotton swab up the nose] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_2	[A cotton swab through the mouth and into the throat] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_3	[Saliva spit into a vial] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_4	[A blood test to check for antibodies] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_5	[A temperature check for a fever] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_6	[Assessment of physical symptoms, for example, cough, chills, and aches] What kind of Coronavirus test did you receive?	0	No

Variable Name	Label	Raw Value	Possible Values
PROBE_TESTTYP2_6	[Assessment of physical symptoms, for example, cough, chills, and aches] What kind of Coronavirus test did you receive?	1	Yes
PROBE_TESTTYP2_7	[Something else, please specify:] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_DK	[DON'T KNOW] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_REF	[REFUSED] What kind of Coronavirus test did you receive?	0	No
		1	Yes
PROBE_TESTTYP2_TOTALTIME	DATA ONLY: PROBE_TESTTYP2 Time on Screen (in seconds)		1-99
P_COVIDEX	DATA ONLY: Custom Preload for What vs Why Symptoms Questions	1	
		2	
P_COVIDEXP	DATA ONLY: Custom Preload for NHIS vs. Alternate COVID-19 Test	1	NHIS
		2	Alternate
P_IMMUNE	DATA ONLY: Custom Preload for NHIS vs. Alternate Auto-Immune Questions	1	
		2	
P_MAILEXP	DATA ONLY: Custom Preload for Mailing Field Test Experiment	1	Letter, Portal Text
		2	Letter, URL Text
		3	Letter + \$2, Portal Text
		4	Letter + \$2, URL Text
P_PULSE	DATA ONLY: Custom Preload for 4-month vs 12-month Time Reference	1	
		2	

Variable Name	Label	Raw Value	Possible Values
P_QUAR	DATA ONLY: Custom Preload for Multi-Punch vs. Open-End Quarantine Probe	1	Multi-punch format
		2	Open-end format
QUARANTINE	Have you isolated or quarantined yourself because of the Coronavirus?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
RACETHNICITY	Combined Race Ethnicity, some collapsing	1	White, non-Hispanic
		2	Black, non-Hispanic
		3	Other, non-Hispanic
		4	Hispanic
REGION4	4-level region	1	Northeast
		2	Midwest
		3	South
		4	West
SMKEV	Have you smoked at least 100 cigarettes in your entire life?	1	Yes
		2	No
		77	DON'T KNOW
		98	WS
		99	REFUSED
SMKNOW	Do you now smoke cigarettes every day, some days, or not at all?	1	Every day
		2	Some days
		3	Not at all
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
SUM_GAD7	DATA ONLY: Sum variable of responses to GAD7_A and GAD7_B		0-6
SUM_PHQ	DATA ONLY: Sum variable of responses to PHQ_A and PHQ_B		0-6
SURV_MODE	Survey interview mode (online or phone)	1 2	Phone interview Web Interview
SUSPECT	Do you suspect that you have ever had the Coronavirus or Covid-19?	1 2 77 98 99	Yes No Don't know WS REFUSED
SYMPTOMS	How would you describe your coronavirus symptoms when they were at their worst?	1 2 3 4 77 98 99	No symptoms Mild symptoms Moderate symptoms Severe symptoms DON'T KNOW WEB SKIP REFUSED
S_VPSU	DATA ONLY: Statistical Variable - Numeric variable to identify cluster of panelist		1-2
S_VSTRAT	DATA ONLY: Statistical Variable - Numeric variable to identify strata of panelist (scrambled)		1-35
TELMED	In the last two months, has this provider offered you an appointment with a doctor, nurse, or other health professional by video or by phone?	1 2 77 98	Yes No Don't know WS

Variable Name	Label	Raw Value	Possible Values
TELMED	In the last two months, has this provider offered you an appointment with a doctor, nurse, or other health professional by video or by phone?	99	REFUSED
TELMEDNEW	Did this provider offer you an appointment with a doctor, nurse, or other health professional by video or by phone before the Coronavirus pandemic?	1	Yes
		2	No
		77	Don't know
		98	WS
		99	REFUSED
TELMEDUSE	In the last two months, have you had an appointment with a doctor, nurse, or other health professional by video or by phone?	1	Yes
		2	No
		77	Don't know
		98	WS
		99	REFUSED
USPLKIND	What kind of place is it do you go to most often?	1	Doctor's office or health center
		2	Urgent care center
		3	Clinic in a drug store or grocery store
		4	Hospital emergency room
		5	VA Medical Center or VA outpatient clinic
		6	Some other place, please specify:
		77	DON'T KNOW
		98	WS
		99	REFUSED

Variable Name	Label	Raw Value	Possible Values
USUALPL	Is there a place that you usually go to if you are sick and need health care?	1	Yes
		2	No, there is no place
		3	There is more than one place
		77	DON'T KNOW
		98	WS
		99	REFUSED
WEIGHT_AmSp	Normalized AmeriSpeak sample weights - 18+ general population (n=5,981)		0.0887662-18.8666262
WEIGHT_CALIBRATED			.00662367-16.48860563
duration	Time spent in survey, in minutes		4-86