Monthly Outcome Survey –Questionnaire
Wave 11

U.S. Department of Health and Human Services (HHS) COVID-19 Public Education Campaign

Item #: CAM5_VaccUptake
Question Type: Single punch
Variable Name: CAM5_VaccUptake
Variable Text: Food and Drug Administration (FDA)-authorized and FDA-approved vaccines to prevent COVID-19 are now available at no cost. Have you received a COVID-19 vaccine?
Variable Label: CAM5: Vaccine Uptake_V2

Value	Value Label
0	No, I have not received a COVID-19 vaccine
1	Yes, but I have only received one shot out of the two required shots
2	Yes, I have received all of the required shots
-99	Refused

Item #: CAM5a_VaccLike
Question Type: Single punch
// Ask if CAM5_VaccUptake = 0|1|-99 //
CAM5a_VaccLike. What is the likelihood that you will [PIPE: "get a COVID-19 vaccine" if CAM5_VaccUptake = 0 | -99, "complete COVID-19 vaccination" if CAM5_VaccUptake = 1]?
Variable Label: CAM5a: Vaccine Likelihood

Value	Value Label
1	Very unlikely
2	Somewhat unlikely
3	Neither likely nor unlikely
4	Somewhat likely
5	Very likely
-99	Refused
-100	Valid skip

Item #: CAM6_VaccWait
Question type: Single punch
Variable Name: CAM6_VaccWait

Variable Text: U.S. Food and Drug Administration (FDA)-authorized and FDA-approved vaccines to prevent COVID-19 are now available at no cost. [PIPE: "How soon will you get vaccinated?" if CAM5_VaccUptake = 0 | -99, "How soon will you get the second required shot?" if CAM5_VaccUptake = 1]
Variable Label: CAM6: Wait to get vaccinated_V2
// Ask if CAM5_VaccUptake = 0|1|-99 //
// In response options, replace "a vaccine" with "the second required shot" if CAM5_VaccUptake = 1 //

Value	Value Label
1	I will get a vaccine as soon as I can.
2	I will wait to get a vaccine for one or more reasons.
60	I will never get a vaccine.
-99	Refused
-100	Valid Skip

Item #: CAM7_VaccBel
Question Type: Grid
// Soft Prompt: "We would like your response to this question." //
CAM7_VaccBel: How much do you agree or disagree with the following statements about COVID-19? *Select one response for each item.*
Variable Label: CAM7: Vaccine Beliefs

Variable Name	Variable Text	Variable Label
CAM7_VaccBel_1	I would accept a COVID-19 vaccine offered during a regularly scheduled appointment with my health care provider.	CAM7_VaccBel_1: COVID vaccine likelihood
CAM7_VaccBel_2	I am worried that a COVID-19 vaccine could give me COVID-19.	CAM7_VaccBel_2: Worried COVID from vaccine
CAM7_VaccBel_3	I would rather build immunity by exposure to an infected individual than receive a COVID-19 vaccine.	CAM7_VaccBel_3: Immunity from exposure
CAM7_VaccBel_5	I am worried about side effects of a COVID-19 vaccine for myself.	CAM7_VaccBel_5: Worried side effects
CAM7_VaccBel_6	I am worried that side effects of a COVID-19 vaccine could be worse than COVID-19 itself.	CAM7_VaccBel_6: Worse side effects

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused

Item #: Child_Age
Question Type: Multi-punch
Variable Name: Child_Age
Variable Text: Are you the parent of a child or children in the following age groups? (Select all that apply.)
Variable Label: Child_Age: Parent of children in following age groups

Variable Name	Variable Text	Variable Label
Child_Age_1	Younger than 6 months old	Child_Age_1: Younger than 6 months old
Child_Age_2	6 months to <2 years old	Child_Age_2: 6 months to <2 years old
Child_Age_3	2 to 4 years old	Child_Age_3: 2 to 4 years old
Child_Age_4	5 to 11 years old	Child_Age_4: 5 to 11 years old
Child_Age_5	12 to 15 years old	Child_Age_5: 12 to 15 years old
Child_Age_6	16 to 17 years old	Child_Age_6: 16 to 17 years old
Child_Age_99	None of the above, I do not have children in those age groups [EXCLUSIVE]	Child_Age_99: No Children

Note: These variables are recoded in the dataset as follows: Child_Age_04, Child_Age_511, Child_Age_1217. Please see the "Parent/Child Variables" section of the Monthly Outcome Survey Methodology document for more information on how these variables were recoded.

Value	Value Label
1	Yes
2	No
-99	Refused

Item #: CAM11_Par1_Grid
Question Type: Grid
Variable Name: CAM11_Par1_Grid
Variable Text: Has your child(ren) in the following age group(s) received a COVID-19 vaccine?
Note: If you have more than one child in the same age group, please answer for at least one of them.
Variable Label: CAM11_Par1_Grid: Parent Vaccine Uptake of Children
// Ask if Child_Age_4=1 | Child_Age_5=1 | Child_Age_6=1, See Variable Names for Piping //

Variable Name	Variable Text	Variable Label
CAM11_Par1_Grid_511 **// Ask if Child_Age_4=1 //**	5 to 11 years old	CAM11_Par1_Grid_511: 5 to 11 years old
CAM11_Par1_Grid_1215 **// Ask if Child_Age_5=1 //**	12 to 15 years old	CAM11_Par1_Grid_1215: 12 to 15 years old
CAM11_Par1_Grid_1617 **// Ask if Child_Age_6=1//**	16 to 17 years old	CAM11_Par1_Grid_1617: 16 to 17 years old

Note: These variables are recoded in the dataset as follows: CAM11_Par1_Grid_511, CAM11_Par1_Grid_1217. Please see the "Parent/Child Variables" section of the Monthly Outcome Survey Methodology document for more information on how these variables were recoded.

Value	Value Label
0	No, has not received a COVID-19 vaccine
1	Yes, but has only received one shot out of the two required shots
2	Yes, has received all of the required shots
-99	Refused
-100	Valid skip

Item #: CAM11_Par2_Grid
Question Type: Grid
Variable Name: CAM11_Par2_Grid
Variable Text: Children ages 5 and older are now eligible to take Food and Drug Administration (FDA)-authorized vaccines to prevent COVID-19. How soon will your child(ren) in the following age groups get a COVID-19 vaccine?
Note: If you have more than one child in the same age group, please answer for at least one of them.
Variable Label: CAM11_Par2_Grid: Parent Readiness for Children ages 5-17
// Ask if Child_Age_4=1 | Child_Age_5=1 | Child_Age_6=1, See Variable Names for Piping //

Variable Name	Variable Text	Variable Label
CAM11_Par2_Grid_511 **// Ask if Child_Age_4=1 and CAM11_Par1_Grid_511 ≠ 1 or 2 //**	5 to 11 years old	CAM11_Par2_Grid_511: 5 to 11 years old
CAM11_Par2_Grid_1215 **// Ask if Child_Age_5=1 and CAM11_Par1_Grid_1215≠ 1 or 2 //**	12 to 15 years old	CAM11_Par2_Grid_1215: 12 to 15 years old
CAM11_Par2_Grid_1617 **// Ask if Child_Age_6=1 and CAM11_Par1_Grid_1617≠ 1 or 2 //**	16 to 17 years old	CAM11_Par2_Grid_1617: 16 to 17 years old

Note: These variables are recoded in the dataset as follows: CAM11_Par2_Grid_511, CAM11_Par2_Grid_1217. Please see the "Parent/Child Variables" section of the Monthly Outcome Survey Methodology document for more information on how these variables were recoded.

Value	Value Label
1	I will get my child(ren) in this age group vaccinated against COVID-19 as soon as I can.

2	I will wait to get my child(ren) in this age group vaccinated against COVID-19 for one or more reasons.
3	I will never get my child(ren) in this age group vaccinated against COVID-19.
-99	Refused
-100	Valid skip

Item #: CAM11_Par3_Grid
Question Type: Grid
Variable Name: CAM11_Par3_Grid
Variable Text: Children under the age of 5 are not currently eligible to take U.S. Food and Drug Administration (FDA)-authorized vaccines to prevent COVID-19. As more clinical trial findings become available, younger children could also become eligible. Once they are eligible, how soon will your child(ren) in the following age groups get a COVID-19 vaccine?
Note: If you have more than one child in the same age group, please answer for at least one of them.
Variable Label: CAM11_Par3_Grid: Parent Readiness for Children Ages 6 months-4 years
// Ask if Child_Age_2=1 | Child_Age_3=1, See Variable Names for Piping //

Variable Name	Variable Text	Variable Label
CAM11_Par3_Grid_6mo2 **// Ask if Child_Age_2=1 //**	6 months to <2 years old	CAM11_Par3_Grid_6mo2: 6 months to <2 years old
CAM11_Par3_Grid_24 **// Ask if Child_Age_3=1 //**	2 to 4 years old	CAM11_Par2_Grid_24: 2 to 4 years old

Note: *These variables are recoded in the dataset as follows: CAM11_Par3_Grid_6mo4. Please see the "Parent/Child Variables" section of the Monthly Outcome Survey Methodology document for more information on how these variables were recoded.*

Value	Value Label
1	I will get my child(ren) in this age group vaccinated against COVID-19 as soon as they are eligible.
2	Once they are eligible, I will still wait to get my child(ren) in this age group vaccinated against COVID-19 for one or more reasons.
3	I will never get my child(ren) in this age group vaccinated against COVID-19.
-99	Refused
-100	Valid skip

Item #: CV1
Question Type: Single punch
CV1: Currently, would you say your physical health is… *Select one answer only.*
Variable Label: CV1: Physical health

Value	Value Label
1	Excellent
2	Very good

3	Good
4	Fair
5	Poor
-99	Refused

Question Type: Grid
CV2. Have you experienced any of the following symptoms in the past 2 weeks? *Select one answer from each row in the grid.*
// Randomize subitem order //

Variable Name	Variable Text	Variable Label
CV2_1_Fever	Fever	CV2_1: Fever
CV2_2_Cough	Dry Cough	CV2_2: Dry cough
CV2_3_Breath	Shortness of Breath	CV2_3: Shortness of breath
CV2_4_Senses	Decreased Sense of Smell/Taste	CV2_4: Decreased sense of smell and taste
CV2_5_Flu	Other Flu like Symptoms	CV2_5: Flu symptoms

Value	Value Label
1	Yes
2	No
3	Don't know
-99	Refusal

Question Type: Grid
CV3. Has anyone else in your household besides yourself experienced any of the following symptoms in the past two weeks? *Select one answer from each row in the grid.*
// Randomize subitem order //

Variable Name	Variable Text	Variable Label
CV3_1_Fever	Fever	CV3_1: Fever
CV3_2_Cough	Dry Cough	CV3_2: Dry cough
CV3_3_Breath	Shortness of Breath	CV3_3: Shortness of breath
CV3_4_Senses	Decreased Sense of Smell/Taste	CV3_4: Decreased sense of smell and taste

CV3_5_Flu	Other Flu like Symptoms	CV3_5: Flu symptoms

Value	Value Label
1	Yes
2	No
3	Don't know
-99	Refusal

Question Type: Multi punch
CV4: Have you, or someone in your immediate family, been diagnosed with the coronavirus/COVID-19? *Select all answers that apply*

Variable Name	Variable Text	Variable Label
CV4_1_Self	Yes, I have	CV4_1: Self COVID diagnosis
CV4_2_Family	Yes, someone in my family has	CV4_2: Family COVID diagnosis
CV4_3_No	No	CV4_3: No COVID diagnosis

Value	Value Label
1	Marked
0	Not Marked

Question Type: Multi punch
CV5: Have you sought any medical help related to your COVID-19 like symptoms or COVID-19 diagnosis? *Select all answers that apply.*
// Ask if CV2 = 1 (any symptoms) OR CV4 = 1 (Yes, I have) //

Variable Name	Variable Text	Variable Label
CV5_1_Hospital	Gone to a hospital or emergency room	CV5_1: Hospital or emergency room
CV5_2_Urgent_care	Gone to an urgent care facility	CV5_2: Urgent care facility
CV5_3_Doctor	Visited a doctor's office	CV5_3: Visited doctor's office
CV5_4_Phone	Consulted with a healthcare provider over the phone	CV5_4: Consulted with healthcare provider over the phone

CV5_5_Video	Consulted with a healthcare provider using a video chat system	CV5_5: Consulted with healthcare provider using video chat
CV5_6_Chat	Consulted with a healthcare provider using chat, text, or email	CV5_6: Consulted with healthcare provider using chat, text, or email
CV5_7_None	None of the above	CV5_7: None of the above

Value	Value Label
1	Marked
0	Not Marked
-100	Valid skip

Item #: CV6a*
Question Type: Single punch
CV6a: What was your employment status <u>prior to the coronavirus/COVID-19 pandemic</u>? *Select one answer only.*
Variable Label: CV6a: Employment status prior to COVID pandemic

Value	Value Label
1	Employed full time (35 hours or more per week) for pay with an organization or company
2	Employed part time (less than 35 hours per week) for pay with an organization or company
3	Self-employed
4	Unemployed, looking for work
5	Unable to work due to a disability
6	On temporary layoff from a job
7	Retired
8	A student
9	Other
-99	Refused

*Values were aggregated into more general groups in the dataset to reduce risk of identification. The recoded variable is labeled as CV6a_Rec in the dataset.

Item #: CV6b
Question Type: Single punch
CV6b: Has your employment status changed since the coronavirus/COVID-19 pandemic?
Select one answer only.
// Ask if CV6a = 1|2|3|4|6|8|9 //
Variable Label: CV6b: Employment status changed since COVID pandemic

Value	Value Label
1	Yes
2	No
-99	Refused
-100	Valid skip

Item #: CV6c**
Question Type: Single punch
CV6c: What is your <u>current</u> employment status? *Select one answer only.*
// Ask if CV6b = 1 (Yes). All others derived from CV6a. //
Variable Label: CV6c: Current employment status

Value	Value Label
1	Employed full time (35 hours or more per week) for pay with an organization or company
2	Employed part time (less than 35 hours per week) for pay with an organization or company
3	Self-employed
4	Unemployed, looking for work
5	Unable to work due to a disability
6	On temporary layoff from a job
7	Retired
8	A student
9	Other
-99	Refused
-100	Valid skip

**Values were aggregated into more general groups in the dataset to reduce risk of identification. The recoded variable is labeled as CV6c_Rec in the dataset.

Item #: CV7a
Question Type: Single punch
CV7a: Are you classified as an essential worker? *Select one answer only.*
// Ask if EMPLOYMENT = 1|2|3 //
Variable Label: CV7a: Essential worker

Value	Value Label
1	Yes
2	No
3	Don't know
-99	Refused
-100	Valid skip

Item #: CV7b
Question Type: Single punch
CV7b: Are you a healthcare worker? *Select one answer only.*
// Ask if EMPLOYMENT = 1|2|3 //
Variable Label: CV7b: Healthcare worker

Value	Value Label
1	Yes
2	No
3	Don't know
-99	Refused
-100	Valid skip

Item #: CV8a
Question Type: Single punch
CV8a: Below is a list of different kinds of health insurance. Which of the following was your primary source of insurance coverage prior to the coronavirus/COVID-19 pandemic? *Select one answer only.*
Variable Label: CV8a: Insurance coverage prior to COVID pandemic

Value	Value Label
1	Health insurance through your or someone else's employer or union

2	Medicare, a government plan that pays healthcare bills for people aged 65 or older and for some disabled people
3	Medicaid, or any state government medical assistance plan for those with lower incomes
4	Health insurance that you bought from the federal Health Insurance Marketplace, also known as Healthcare.gov, or a state-run Health Insurance Marketplace
5	Veteran's Affairs (VA), Department of Defense, or other military programs
6	Health insurance from some other source
7	I do not have any healthcare insurance/coverage
-99	Refused

Item #: CV8b
Question Type: Single punch
CV8b: Has your health insurance status changed since the coronavirus/COVID-19 pandemic?
Select one answer only.
Variable Label: CV8b: Insurance changed since COVID pandemic

Value	Value Label
1	Yes
2	No
-99	Refused

Item #: CV8c
Question Type: Single punch
CV8c: What is your current primary source of insurance coverage? *Select one answer only.*
// Ask if CV8b = 1. All others derived from CV8a //
Variable Label: CV8c: Current insurance coverage

Value	Value Label
1	Health insurance through your or someone else's employer or union
2	Medicare, a government plan that pays healthcare bills for people aged 65 or older and for some disabled people
3	Medicaid, or any state government medical assistance plan for those with lower incomes

4	Health insurance that you bought from the federal Health Insurance Marketplace, also known as Healthcare.gov, or a state-run Health Insurance Marketplace
5	Veteran's Affairs (VA), Department of Defense, or other military programs
6	Health insurance from some other source
7	I do not have any healthcare insurance/coverage
-99	Refused
-100	Valid skip

Question Type: Multi punch
CV9: Since the coronavirus/COVID-19 pandemic, have you received any of the following financial assistance from the government? *Select all answers that apply.*

Variable Name	Variable Text	Variable Label
CV9_1_Unemployment_benefits	Unemployment benefits	CV9_1: Unemployment benefits
CV9_2_COVID_enhanced	COVID-19 related enhanced unemployment benefits	CV9_2: COVID related enhanced unemployment benefits
CV9_3_CARES	CARES Act check (direct stimulus payments)	CV9_3: CARES Act check
CV9_4_None	None of the above	CV9_4: None

Value	Value Label
1	Marked
0	Not Marked

Question Type: Multi punch
CV10: Have you changed your daily routine in any way specifically because of the coronavirus/COVID-19 pandemic? *Select all answers that apply.*
// Ask CV10_1 & CV10_2 if XPARENT = 1 //

Variable Name	Variable Text	Variable Label

CV10_1_Children_home	I have kept my children home from school	CV10_1: Kept children home from school
CV10_2_Home_schooled	I home schooled my children	CV10_2: Home schooled children
CV10_3_Work_from_home	I have worked from home more than before the pandemic	CV10_3: Worked from home more than before the pandemic
CV10_4_Return_to_work	I have recently returned to work after a temporary closure of my company	CV10_4: Returned to work after temporary closure
CV10_5_None	None of the above	CV10_5: None

Value	Value Label
1	Marked
0	Not Marked
-100	Valid skip

Question Type: Grid
CV11. Has anyone else in your household besides yourself experienced any of the following symptoms in the past two weeks? *Select one answer from each row in the grid.*
// Randomize subitem order //

Variable Name	Variable Text	Variable Label
CV11_1_Nervous	Feeling nervous, anxious, or on edge	CV11_1: Household nervous, anxious, on edge
CV11_2_Worrying	Not being able to stop or control worrying	CV11_2: Household not able to stop worrying
CV11_3_Depressed	Feeling down, depressed or hopeless	CV11_3: Household feeling down, depressed, or hopeless
CV11_4_Little_interest	Little interest or pleasure in doing things	CV11_4: Household little interest or pleasure

Value	Value Label
1	Not at all
2	Several days

3	More than half the days
4	Nearly every day
-99	Refusal

Question Type: Grid
CV12. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? *Select one answer only.*
// Ask if matching CV11 = 2|3|4. Randomize subitem order //

Variable Name	Variable Text	Variable Label
CV12_1_Nervous	Feeling nervous, anxious, or on edge	CV12_1: Self nervous, anxious, on edge
CV12_2_Worrying	Not being able to stop or control worrying	CV12_2: Self not able to stop worrying
CV12_3_Depressed	Feeling down, depressed, or hopeless	CV12_3: Self feeling down, depressed, or hopeless
CV12_4_Little_interest	Little interest or pleasure in doing things	CV12_4: Self little interest or pleasure

Value	Value Label
1	Not difficult at all
2	Somewhat difficult
3	Very difficult
4	Extremely difficult
-99	Refusal
-100	Valid skip

Item #: CV13
Question Type: Single punch
CV13: During the past week, how much of your day have you been spending at home during your normal working or waking hours, including your front or back yard? *Select one answer only.*
Variable Label: CV13: Time spent at home

Value	Value Label

1	The entire day. I never go outside my home
2	Most of the day, with an occasional trip outside my home
3	Some of the day. I am in and out of my home all day
4	Very little of the day. I am rarely at home
-99	Refused

Item #: CV14
Question Type: Multi punch
CV14: During the past week, when you were outside your home, did you practice any of the following?
// Ask if CV13 = 2|3|4. Randomize response option order //

Variable Name	Variable Text	Variable Label
CV14_1	Kept social distance from others	CV14_1: Kept social distance from others
CV14_2	Wore a mask	CV14_2: Wore a mask
CV14_3	Avoided enclosed spaces	CV14_3: Avoided enclosed spaces
CV14_4	Washed or sanitized hands frequently	CV14_4: Washed or sanitized hands frequently
CV14_5	None of the above	CV14_5: None of the above

Value	Value Label
1	Marked
0	Not Marked
-99	Refusal
-100	Valid skip

Item #: CV15
Question Type: Single punch
CV15: Approximately how many times yesterday did you wash your hands with soap and water or use hand sanitizer? *Select one answer only.*
Variable Label: CV15: Wash hands yesterday

Value	Value Label

1	0 times
2	1-6 times
3	More than 6 times
-99	Refused

Item #: CV16
Question Type: Single punch
CV16: For how long do you usually wash your hands each time? *Select one answer only.*
// Ask if CV15 = 2|3. //
Variable Label: CV16: Wash hands time

Value	Value Label
1	Less than 10 seconds
2	10-19 seconds
3	20 seconds or more
-99	Refused
-100	Valid skip