COVID19 V7 Survey

time_startnote_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

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meta_info_v7 Browser Meta Info
Browser (1)
Version (2)
Operating System (3)
Screen Resolution (4)
Flash Version (5)
Java Support (6)
User Agent (7)

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start_notev7 Thanks for taking time to complete the follow-up survey for the CHASING COVID Cohort study.
This should take 15-20 minutes of your time. When you finish the survey, you'll be directed to resources with accurate and up-to-date information about the new coronavirus. You will receive a $10 Amazon gift card for completing the survey.

Page Break ———

time_startnotev7 Timing
First Click (1)
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Display This Question:
   If agecheck_v6 = 1

JS

birthday_v7 Please confirm your date of birth:

Month (1)	▼ January (1) ... (150)
Day (2)	▼ January (1) ... (150)
Year (3)	▼ January (1) ... (150)

Page Break ─────────────────────────────

X→

samephone_v7 We have this number for text message reminders. Is this correct?: ${e://Field/phone_v6}

○ Yes, this is correct (1)

○ No (0)

○ Don't know / Not sure (98)

Page Break

✱

phone_v7 What is a good phone number where we can reach you?
(We will never share your information with anyone. Standard messaging rates may apply.)

_____

✱

phoneconf_v7 Please confirm your phone number.

_____

End of Block: Contact information

Start of Block: Vaccines

time_vacc_v7 Timing
First Click (1)
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Click Count (4)

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vaccnote_v7 You are seeing the following questions because you reported being in a COVID-19 vaccine trial on **a previous survey**.

X→

unblind_v7 Have you been unblinded from the trial?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

○ Not applicable - I wasn't in a vaccine trial (97)

X→

vaccplacebo_v7 Did you receive the vaccine or the placebo in the trial?

○ Vaccine (1)

○ Placebo (0)

○ Don't know / Not sure (98)

X→

placeborecvax_v7 Have you since received the real vaccine as part of the trial?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Page Break ————————————————————————————————————

X→

recvacc_v7 Have you been fully or partially vaccinated against COVID-19 with a vaccine that has received FDA emergency use authorization (not in a vaccine trial)?

○ Yes (1)

○ No (0)

○ Don't know/Not sure (98)

X→

whichvacc_v7 Do you know which Coronavirus vaccine you got?

○ Pfizer / BioNTech (1)

○ Moderna (2)

○ AstraZeneca-Oxford (3)

○ Johnson & Johnson / Beth Israel Deaconess (4)

○ Novavax (5)

○ Other: (88) _____

○ Don't know / Not sure (98)

X→

numshots_v7 How many shots have you gotten?

    ○ 1 (1)

    ○ 2 (2)

X→

vaccineself_v7 Now that the vaccine is available to everyone **over 12**, will you:

    ○ Immediately get the vaccine (3)

    ○ Delay getting the vaccine (2)

    ○ Never get the vaccine (1)

X→

delayreason_v7 Which of the following influence your decision to get a vaccine? **Please select all that apply.**

☐ Short-term side effects (1)

☐ Long-term side effects (2)

☐ Vaccine effectiveness (3)

☐ Whether other people I know also get it (4)

☐ I think that other people should get it before me (5)

☐ I need more information about the vaccine (6)

☐ I already had COVID (7)

☐ I don't think I am at risk for getting COVID (8)

☐ I have a medical condition which prevents me from getting vaccinated (9)

☐ Issues accessing a vaccine at a time that works for me (10)

☐ Issues accessing a specific vaccine versus the one that is available (11)

☐ Other: (88) _____

☐ ⊗ None of the above (97)

X→

vaccreason_v7 What motivates you to get the vaccine? **Please select all that apply.**

☐ It is required by my employer (1)

☐ It is required by the school where I am a student (2)

☐ I want to avoid getting COVID-19 (3)

☐ I want to visit my family (4)

☐ I want to help reduce the burden on the healthcare system (5)

☐ I want to help end the pandemic as soon as possible (6)

☐ I believe it is effective (7)

☐ It will help protect me (8)

☐ It will help protect others around me (9)

☐ I trust the FDA emergency use authorization process (10)

☐ Other: (88) _____

Page Break ——————————————————————————————

X→

recvacchh_v7 Has everyone in your household been fully or partially vaccinated against COVID-19 with a vaccine that has received FDA emergency use authorization (not in a vaccine trial). **Please do not include yourself**.

○ Yes, everyone (1)

○ Yes, some of the people (2)

○ No (0)

○ Don't know / Not sure (98)

○ Not applicable, I do not live with anyone else (97)

Page Break ———————————————————————

childage_v7 What ages are your children (children for whom you are the parent or guardian)? **Please select all that apply**.

☐ <2 (1)

☐ 2 - 4 (2)

☐ 5 - 11 (3)

☐ 12 - 15 (4)

☐ 16 - 17 (5)

☐ 18 or over (6)

☒ I am not the parent or guardian of a child (7)

Skip To: trustvacc_v7 If childage_v7 = 7

Page Break

X→

recvacc1617_v7 Has/have your child(ren) aged 16 to 17 received at least one vaccine dose?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

vaxhesitant1617_v7 Now that children aged 16 to 17 are eligible to be vaccinated, will you immediately get your child(ren) aged 16 to 17 the vaccine?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

delayreason1617_v7 Which of the following influences your decision to get your child(ren) aged 16 to 17 a vaccine? **Please select all that apply.**

☐ Short-term side effects (1)

☐ Long-term side effects (2)

☐ Vaccine effectiveness (3)

☐ Whether other people I know also get their children vaccinated (4)

☐ I think that other people's children should get it before mine (5)

☐ My children already had COVID (6)

☐ I don't think my children are at risk for getting COVID (7)

☐ My children have a medical condition which prevents them from getting vaccinated (8)

☐ Other: (88) _____

☐ ⊗ None of the above (97)

X→

acceptreason1617_v7 What motivates you to get your child(ren) aged 16 to 17 vaccinated?
Please select all that apply.

☐ It is required by the school where my children are students (1)

☐ I want to avoid my children getting COVID-19 (2)

☐ I want my children to visit family (3)

☐ I want to help reduce the burden on the healthcare system (4)

☐ I want to help end the pandemic as soon as possible (5)

☐ I believe it is effective (6)

☐ It will help protect my children (7)

☐ It will help protect others around my children (8)

☐ I trust the FDA emergency use authorization process (9)

☐ Other: (88) _____

Page Break ————————————————————————————————

X→

recvacc1215_v7 Has/have your child(ren) aged 12 to 15 received at least one vaccine dose?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Page Break ———————————————————————————————————————

X→

vaxhesitant1215_v7 Now that children aged 12 to 15 are eligible to be vaccinated, will you immediately get your child(ren) aged 12 to 15 the vaccine?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

delayreason1215_v7 Which of the following influences your decision to get your child(ren) aged 12 to 15 a vaccine? **Please select all that apply.**

☐ Short-term side effects (1)

☐ Long-term side effects (2)

☐ Vaccine effectiveness (3)

☐ Whether other people I know also get their children vaccinated (4)

☐ I think that other people's children should get it before mine (5)

☐ My children already had COVID (6)

☐ I don't think my children are at risk for getting COVID (7)

☐ My children have a medical condition which prevents them from getting vaccinated (8)

☐ Other: (88) _____

☒ None of the above (97)

X→

acceptreason1215_v7 What motivates you to get your child(ren) aged 12 to 15 vaccinated? **Please select all that apply.**

☐ It is required by the school where my children are students (1)

☐ I want to avoid my children getting COVID-19 (2)

☐ I want my children to visit family (3)

☐ I want to help reduce the burden on the healthcare system (4)

☐ I want to help end the pandemic as soon as possible (5)

☐ I believe it is effective (6)

☐ It will help protect my children (7)

☐ It will help protect others around my children (8)

☐ I trust the FDA emergency use authorization process (9)

☐ Other: (88) _____

Page Break

vaxhesitant511_v7 When children aged 5 to 11 are eligible to be vaccinated, would you immediately get your child(ren) aged 5 to 11 the vaccine?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

---

delayreason511_v7 Which of the following influences your decision to get your child(ren) aged 5 to 11 a vaccine when they become eligible to be vaccinated? **Please select all that apply.**

☐ Short-term side effects (1)

☐ Long-term side effects (2)

☐ Vaccine effectiveness (3)

☐ Whether other people I know also get their children vaccinated (4)

☐ I think that other people's children should get it before mine (5)

☐ My children already had COVID (6)

☐ I don't think my children are at risk for getting COVID (7)

☐ My children have a medical condition which prevents them from getting vaccinated (8)

☐ Other: (88) _____

☐ ⊗ None of the above (97)

X→

acceptreason511_v7 What motivates you to get your child(ren) aged 5 to 11 vaccinated when they become eligible to be vaccinated? **Please select all that apply.**

☐ It is required by the school where my children are students (1)

☐ I want to avoid my children getting COVID-19 (2)

☐ I want my children to visit family (3)

☐ I want to help reduce the burden on the healthcare system (4)

☐ I want to help end the pandemic as soon as possible (5)

☐ I believe it is effective (6)

☐ It will help protect my children (7)

☐ It will help protect others around my children (8)

☐ I trust the FDA emergency use authorization process (9)

☐ Other: (88) _____

Page Break ───

X→

vaxhesitant24_v7 When children aged 2 to 4 are eligible to be vaccinated, would you immediately get your child(ren) aged 2 to 4 the vaccine?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

delayreason24_v7 Which of the following influences your decision to get your child(ren) aged 2 to 4 a vaccine when they become eligible to be vaccinated? **Please select all that apply.**

☐ Short-term side effects (1)

☐ Long-term side effects (2)

☐ Vaccine effectiveness (3)

☐ Whether other people I know also get their children vaccinated (4)

☐ I think that other people's children should get it before mine (5)

☐ My children already had COVID (6)

☐ I don't think my children are at risk for getting COVID (7)

☐ My children have a medical condition which prevents them from getting vaccinated (8)

☐ Other: (88) _____

☐ ⊗ None of the above (97)

Display This Question:
*   If vaxhesitant24_v7 = 1*

X→

acceptreason24_v7 What motivates you to get your child(ren) aged 2 to 4 vaccinated when they become eligible to be vaccinated? **Please select all that apply.**

☐ It is required by the school where my children are students (1)

☐ I want to avoid my children getting COVID-19 (2)

☐ I want my children to visit family (3)

☐ I want to help reduce the burden on the healthcare system (4)

☐ I want to help end the pandemic as soon as possible (5)

☐ I believe it is effective (6)

☐ It will help protect my children (7)

☐ It will help protect others around my children (8)

☐ I trust the FDA emergency use authorization process (9)

☐ Other: (88) _____

Page Break

X→

trustvacc_v7 Who do you trust to give you reliable information regarding the COVID-19 vaccines? **Please select all that apply**.

☐ Centers for Disease Control and Prevention (CDC) (1)

☐ World Health Organization (WHO) (2)

☐ President / White House (4)

☐ State Health Department (5)

☐ Dr. Fauci (3)

☐ Your governor (6)

☐ Personal physician (7)

☐ Other healthcare provider/worker (8)

☐ Family member, close friend, or significant other (9)

☐ Religious/clergy (10)

☐ News media (e.g., television or print) (11)

☐ Social media (12)

☐ Other: (88) _____

End of Block: Vaccines

Start of Block: Contacts, Pre-Existing Conditions and Symptoms

time_contact1_v7 Timing
First Click (1)
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X→

diaghh_v7 **In the past month (since** ${date://OtherDate/FL/-1%20month})**,** has anyone in your household, other than yourself, been diagnosed with the new coronavirus? Please do not include yourself.

○ Yes, 1 other person (1)

○ Yes, more than 1 other person (99)

○ No (0)

○ Don't know / Not sure (98)

X→

contactlab_v7 **In the past month (since** ${date://OtherDate/FL/-1%20month})**,** have you come into close contact with someone who had a laboratory confirmed diagnosis of the new coronavirus?

Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of a new coronavirus case for a prolonged time (10 minutes or longer).

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Display This Question:
    If contactlab_v7 = 1

X→

contactlab2weeks_v7 Were any of those close contacts with someone who had a laboratory confirmed diagnosis of the new coronavirus in the **last two weeks** (**since ${date://OtherDate/FL/-2%20week}**)?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

exposedsymp_v7 Were you exposed to that person when they were experiencing symptoms?

○ Yes, definitely (1)

○ Yes, probably (2)

○ No (0)

○ Don't know / Not sure (98)

X→

contactsymp_v7 In the past month (since ${date://OtherDate/FL/-1%20month})**,** have you come into close contact with someone who had coronavirus-like symptoms (cough, fever or shortness of breath), but not a laboratory confirmed diagnosis of the new coronavirus?

Close contact could refer to being coughed on or being within approximately 6 feet (2 meters) of someone with symptoms for a prolonged time (10 minutes or longer).

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

contactsymp2weeks_v7 Were any of those <u>close contacts</u> with someone who had <u>coronavirus-like symptoms</u> (cough, fever, or shortness of breath) in the **last two weeks** (**since ${date://OtherDate/FL/-2%20week}**)?

    ◯ Yes (1)

    ◯ No (0)

    ◯ Don't know / Not sure (98)

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contactquar_v7 In the past month, have you quarantined or are you currently in quarantine?

    ◯ Yes (1)

    ◯ No (2)

    ◯ Don't know / Not sure (3)

X→

quarlength_v7 How many days did you quarantine?

○ I am <u>currently</u> quarantining (6)

○ 0 days (0)

○ 1-2 days (1)

○ 3-5 days (2)

○ 5-10 days (3)

○ 10-13 days (4)

○ 14 or more days (5)

○ Don't know / Not sure (98)

Display This Question:
    If contactquar_v7 = 1

X→

quarreason_v7 Did you quarantine for any of the following reasons? **Please select all that apply**.

☐ After a known or suspected exposure (5)

☐ Before seeing family or friends (1)

☐ After seeing family or friends (2)

☐ Before traveling (3)

☐ After traveling (4)

☐ Other: (88) _____

☐ Don't know / Not sure (98)

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time_contact2_v7 Timing
First Click (1)
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Page Submit (3)
Click Count (4)

X→

symptoms_v7

Since you completed your **last survey (on ${e://Field/lastsubdate_v6})**, have you had any of the following symptoms? **Please select all that apply.**

Please do not include side effects after COVID-19 vaccination (usually occurring 24-48 hours after vaccination).

☐ Headache (7)

☐ Cough (new since you completed your last survey) (1)

☐ Coughing up phlegm (2)

☐ Coughing up blood (17)

☐ Sore throat (4)

☐ Fever (3)

☐ Muscle aches (myalgia) (6)

☐ Chills (16)

☐ Repeated shaking and chills (22)

☐ Runny nose (5)

☐ Nasal congestion (12)

☐ Sneezing (20)

☐ Chest pain (21)

☐ Shortness of breath (8)

☐ Itchy eyes (11)

☐ Eye pain (19)

☐ Loss or altered sense of smell (new since you completed your last survey) (18)

☐ Loss or altered sense of taste (new since you completed your last survey) (23)

☐ Rash (13)

☐ Stomach ache (9)

☐ Nausea (14)

☐ Diarrhea (10)

☐ Vomiting (15)

☒ I have <u>not had any</u> of these symptoms (0)

Page Break

time_contact3_v7 Timing

First Click (1)

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Page Submit (3)

Click Count (4)

X→

seekcare_v7 Have you seen or called a physician or health care professional for any of these symptoms?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

hospital_v7 Since you completed your **last survey (on ${e://Field/lastsubdate_v6})**, were you hospitalized for any of these symptoms?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Page Break

time_contact4_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

JS X→

sympbegin_v7 Around what day did your symptoms start?

◯ Enter Date (mm/dd/yyyy) (1)

_____

◯ Don't know / Not sure (98)

X→

sympweek_v7 About how long ago did your symptoms start?

◯ Less than 1 week ago (1)

◯ Between 1 and 2 weeks ago (2)

◯ Between 2 and 3 weeks ago (3)

◯ Between 3 and 4 weeks ago (4)

◯ Between 1 and 2 months ago (6)

◯ Between 2 and 3 months ago (7)

◯ More than 3 months ago (8)

◯ Don't know / Not sure (98)

Display This Question:

If If Since you completed your last survey (on ${e://Field/lastsubdate_v6}), have you had any of the following symptoms? Please select all that apply.Please do not include side effects after COVID-19 vac...
q://QID20/SelectedChoicesCount Is Greater Than or Equal to 1

✱ X→

sympend_v7 How many days did your symptoms last?

◯ Enter number of days (1) _____

◯ I'm still experiencing symptoms (2)

◯ Don't know / Not sure (98)

Page Break ——

X→

tested_v7 Since you completed your **last survey (on ${e://Field/lastsubdate_v6})**, have you been tested for coronavirus? <u>Do not include</u> the at-home specimen collection for antibody testing that you may have completed as a part of this study.

○ Yes (1)

○ No, but I <u>tried and was unable</u> to be tested for coronavirus (2)

○ No, because I did not need or try to be tested for coronavirus (3)

○ Don't know / Not sure (98)

Page Break ──────────────────────────────

time_contact5_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

testnum_v7 Since you completed your **last survey (on ${e://Field/lastsubdate_v6})**, how many times have you been tested? Do not include the at-home specimen collection for antibody testing that you may have completed as a part of this study.

○ 1 (1)

○ 2 (2)

○ 3 or more (3)

○ Don't know / Not sure (98)

X→

testathome_v7 Were any of these tests conducted at home? Do not include the at-home specimen collection for antibody testing that you may have completed as a part of this study.

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

testtype_v7 Did you receive a viral or an antibody test? A viral test can show if you are currently infected. Viral tests (PCR or rapid tests) identify virus in samples from your respiratory system, such as swabs from the inside of your nose. An antibody test, also called a serology test, is a blood test that can show if you had a past infection with the coronavirus. **Please select all that apply.**

☐ Viral test (PCR or rapid test) (1)

☐ Antibody test (blood test) (2)

☐ Don't know / Not sure (98)

Page Break

X→

testmotiv_v7 What motivated you to get or try to get a test for the new coronavirus? **Please select all that apply.**

☐ I was experiencing COVID-like symptoms (1)

☐ I was in contact with someone who had or was suspected to have had the new coronavirus (4)

☐ I needed to get a test for **work** (e.g., working in a healthcare or congregate living facility) (2)

☐ I needed to get a test for **school** (12)

☐ I belong to a priority population (e.g., having an underlying health condition) (3)

☐ I attended a gathering with more than 10 people (e.g., a church or protest) (5)

☐ Prior to a healthcare visit or procedure (6)

☐ Prior to seeing friends or family (7)

☐ After seeing friends or family (9)

☐ Prior to traveling (10)

☐ After traveling (11)

☐ I was just curious (8)

☐ Other, please specify: (88) _____

X→

testdiff_v7 Did you have difficulty with the following aspects of getting a test? **Please select all that apply.**

☐ Wait time for an available appointment (7)

☐ Wait time in line at a testing site (13)

☐ The test was not available at the doctor's office, clinic, hospital (11)

☐ Finding a doctor (I didn't know where I could get the test) (1)

☐ Getting an appointment at a convenient time (2)

☐ Affording the test (3)

☐ I don't have insurance (4)

☐ My insurance doesn't cover the test (5)

☐ The insurance co-pays/deductibles were too high (6)

☐ Taking time off from work (8)

☐ I did not have transportation (9)

☐ I did not have childcare (10)

☐ I did not meet criteria to be tested (12)

☐ Other: (88) _____

☒ I did NOT have any difficulty getting a test (0)

Page Break ——————————————————————————————————

time_contact6_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

labdiag_v7 Since you completed your **last survey (on ${e://Field/lastsubdate_v6})**, were any of your <u>viral (PCR or rapid)</u> test(s) positive/reactive?

○ Yes (1)

○ No (0)

○ I am still waiting for test results (2)

○ Don't know / Not sure (98)

X→

serology_v7 Since you completed your last survey (on ${e://Field/lastsubdate_v6}), were any of your <u>antibody (blood)</u> test(s) positive/reactive? <u>Do not include</u> the at-home specimen collection for antibody testing that you may have completed as a part of this study.

○ Yes (1)

○ No (0)

○ I am still waiting for test results (2)

○ Don't know / Not sure (98)

X→

resulttime_v7 For <u>the most recent test you did</u>, how long did it take you to get results?

○ Less than 1 hour (1)

○ Between 1 and 8 hours (2)

○ Between 9 and 24 hours (3)

○ Between 25 and 48 hours (4)

○ Between 3 and 5 days (5)

○ More than 5 days (6)

○ Don't know / Not sure (98)

X→

exposure_v7 There are many different situations where people can be exposed to coronavirus. How do you think you were infected with the coronavirus?

○ From a household member (1)

○ From a family member outside of the household (2)

○ From a coworker or at work (3)

○ From a friend or acquaintance (4)

○ Other, please specify: (88) _____

○ Don't know / Not sure (98)

Page Break

contactsnote_v7 The next set of questions are because you have indicated a previous Coronavirus diagnosis or had a reactive antibody test.

X→

otherpos_v7
Did anyone else in your household, family, friends, or coworkers, test positive? **Please select all that apply.**

☐ Yes, <u>before</u> my diagnosis (1)

☐ Yes, <u>after</u> my diagnosis (2)

☐ Yes, <u>at the same time</u> as my diagnosis (3)

☒ No (0)

☐ Don't know / Not sure (98)

X→

transmitcov_v7

You are being asked this question because you indicated a Coronavirus diagnosis on this survey, a previous survey, or had a reactive antibody test.

There are many different circumstances where someone with coronavirus might transmit the infection to someone else. Do you think anyone else could have caught coronavirus from you?

   ○ Yes, I am certain that this happened (1)

   ○ Yes, it is possible, but I'm not certain (2)

   ○ No, I am fairly certain that no one else caught coronavirus from me (0)

X→

otherdiag_v7 Since you completed your **last survey (on ${e://Field/lastsubdate_v6})**, did you receive a diagnosis of something other than the new coronavirus? For example, you may have received a diagnosis of the flu or cold.

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

sympcause_v7 Do you think that your symptoms were caused by any of the following? **Please select all that apply.**

☐ Allergies (1)

☐ Cold (2)

☐ Flu (3)

☐ COVID vaccine symptoms (4)

☐ Other: (88) _____

☐ Don't know / Not sure (98)

X→

hadcovid_v7 Do you think you might have or have had the new coronavirus?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Page Break ———

X→

deathsls_v7 Since you completed your last survey (on ${e://Field/lastsubdate_v6}), do you personally know anyone who has died from the new coronavirus? By personally, we mean partners, relatives, friends, or coworkers.

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

End of Block: Contacts, Pre-Existing Conditions and Symptoms

Start of Block: Long-haul

X→

sympstill_v7 Are you <u>currently</u> experiencing any of the following symptoms? Please select all that apply.

☐ Shortness of breath (1)

☐ Difficulty walking more than 15 minutes (2)

☐ Difficulty running / exercising (3)

☐ Fatigue (4)

☐ Fatigue after an activity (e.g. doing dishes, which is sometimes called post-exertional malaise) (14)

☐ Headache (5)

☐ Trouble concentrating / brain fog (6)

☐ Dizziness (7)

☐ Irritability (8)

☐ Erratic heartbeat (9)

☐ Gastro-intestinal issues (10)

☐ Low-grade fever (11)

☐ Muscle aches (myalgia) (12)

☐ Loss or altered taste (15)

☐ Loss or altered sense of smell (16)

☐ Waxing and waning of some or all of my initial symptoms (13)

☐ Difficulty sleeping (17)

☐ Something else, please specify: (88)

_____

☒ I am NOT experiencing any of the symptoms above (89)

Page Break

X→

longhauler_v7 Some people report having persistent coronavirus symptoms, weeks and months after they first became sick. These people are sometimes known as COVID "long-haulers" or having "long-haul symptoms" or "long COVID". Some evidence suggests this can happen to people even if they did not have a positive antibody test. Do you think of yourself as a COVID "long-hauler"?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

longhaulstart_v7
The following questions are about your experience with long-haul symptoms or long COVID.

When did your initial symptoms start?

▼ December 2019 (1) ... May 2021 (18)

longhaulnote_v7 The following questions are because you previously reported experiencing long COVID or long-haul symptoms.

X→

lhrelapse_v7 Would you define yourself as having continuous symptoms or having relapses (symptoms get better and then get worse again)?

○ Continuous (1)

○ Relapses (2)

○ Don't know / Not sure (98)

Page Break

X→

lhcurrent_v7 Compared to when you first got sick, how do you feel right now?

○ Worse than I felt initially (1)

○ About the same (2)

○ Somewhat better (3)

○ Much better, but not totally recovered (4)

○ Totally recovered (5)

○ Don't know / Not sure (98)

X→

lhvacc_v7 Do you think your long haul symptoms have improved since you were vaccinated?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

---

lhsympimp_v7 Which of your symptoms improved? **Please select all that apply.**

☐ Shortness of breath (1)

☐ Difficulty walking more than 15 minutes (2)

☐ Difficulty running / exercising (3)

☐ Fatigue (4)

☐ Fatigue after an activity (e.g. doing dishes, which is sometimes called post-exertional malaise) (5)

☐ Headache (6)

☐ Trouble concentrating / brain fog (7)

☐ Dizziness (8)

☐ Irritability (9)

☐ Erratic heartbeat (10)

☐ Gastro-intestinal issues (11)

☐ Low-grade fever (12)

☐ Muscle aches (myalgia) (13)

☐ Loss or altered taste (14)

☐ Loss or altered sense of smell (15)

☐ Difficulty sleeping (16)

☐ Something else: (17) _____

X→

lhtreatment_v7 Have you tried any treatments for long-haul COVID? **Please select all that apply and/or list any additional treatments that are not included.**

☐ Vitamins or other herbal supplements (1)

☐ Prescription medications (2)

☐ Diet modifications (3)

☐ Physical therapy (4)

☐ Respiratory therapy (e.g. breathing exercises) (5)

☐ Occupational therapy (6)

☐ Other: (88) _____

☒ None of the above (97)

X→

longhauldoc_v7 Have you had difficulty finding a doctor to treat your long-haul COVID symptoms?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

End of Block: Long-haul

time_recovery_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

disability_v7
You are being asked the next question because you have indicated a previous Coronavirus diagnosis or had a reactive antibody test.
  Since your **last survey ($\{e://Field/lastsubdate_v6\})**, how much difficulty do you have engaging in daily activities (or household responsibilities) because of physical, mental, or emotional problems?

◯ No difficulty (0)

◯ Some difficulty (1)

◯ A lot of difficulty (2)

◯ Don't know / Not sure (98)

time_precaut1_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

---

actions_v7 **In the past month (since ${date://OtherDate/FL/-1%20month})**, have you done any of the following? For each item select Yes, No, or Not Applicable.

	Yes (1)	No (0)	Not applicable (97)
<u>Avoided</u> gatherings with people outside your household (actions_v6_1_1)	○	○	○
Physically separated from people <u>within your household</u> (renting a separate home or staying on a separate floor or room) (actions_v6_1_7)	○	○	○
Spent time inside of a house that is not your own (actions_v6_1_4)	○	○	○
Spent time inside a restaurant or bar (actions_v6_1_2)	○	○	○
Spent time in the patio or outdoor space of a restaurant or bar (actions_v6_1_3)	○	○	○
Had an overnight stay at a hotel, short term rental, or residence of family or friends (actions_v6_1_6)	○	○	○
Traveled by plane (actions_v6_1_5)	○	○	○
<u>Avoided</u> public transportation (actions_v6_1_15)	○	○	○
<u>Avoided</u> shaking hands or hugging (actions_v6_1_8)	○	○	○
Stayed home from work when you were sick (actions_v6_1_9)	○	○	○

Worn gloves (actions_v6_1_10)	○	○	○
Worn a cloth face mask (actions_v6_1_11)	○	○	○
Worn a KN95, N95, or KF94 face mask (actions_v6_1_12)	○	○	○
Worn a double mask (actions_v6_1_13)	○	○	○
Worn a face mask in your own household (actions_v6_1_14)	○	○	○

Page Break

time_precaut2_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

maskindoors_v7 In the past month **(since ${date://OtherDate/FL/-1%20month})**, how often did you **wear a mask <u>indoors</u>** during the following activities?

	Always (1)	Sometimes (2)	Never (3)	Not Applicable (97)
Grocery shopping (indoor area with lots of people) (maskindoors_v5_1)	○	○	○	○
While visiting friends/family who were not part of your household (maskindoors_v5_2)	○	○	○	○
While at work (inside an office building or other work environments) (maskindoors_v5_3)	○	○	○	○
Using public transit (bus, train, subway) (maskindoors_v5_4)	○	○	○	○
Visiting a salon, gym (an indoor area with a few people) (maskindoors_v5_5)	○	○	○	○
At a church or religious service (where people were praying, talking, and singing) (maskindoors_v5_6)	○	○	○	○
At your home if someone in your household was ill or may have been exposed to coronavirus (maskindoors_v5_7)	○	○	○	○
At your home if someone outside your household was visiting (maskindoors_v5_8)	○	○	○	○

X→

maskoutdoors_v7 In the past month **(since ${date://OtherDate/FL/-1%20month})**, how often did you **wear a mask <u>outdoors</u>** during the following activities?

	Always (1)	Sometimes (2)	Never (3)	Not Applicable (97)
Visiting friends/family outside of your household (maskoutdoors_v5_1)	○	○	○	○
Exercising or walking on the street (maskoutdoors_v5_2)	○	○	○	○
At an outdoor gathering, such as a sporting event, political rally, concerts (maskoutdoors_v5_3)	○	○	○	○

Page Break

X→

sdscale_v7 In the past month **(since ${date://OtherDate/FL/-1%20month})**, how often have you practiced **social distancing** (keeping six feet apart) with:

	Always (1)	Sometimes (2)	Never (3)	Not Applicable (97)
People I don't know (for example, other shoppers in stores, staff and other diners at indoor restaurants, commuters on public transit) (sdscale_v5_1)	○	○	○	○
People I know (friends, family beyond your household, coworkers) (sdscale_v5_2)	○	○	○	○

Page Break

time_demo1_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

employ_v7 Are you currently…?

○ Employed for wages (1)

○ Self-employed   (2)

○ Out of work for less than 1 year (3)

○ Out of work for 1 year or more (4)

○ A homemaker (5)

○ A student (6)

○ Retired (7)

---

time_demo2_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

unemploy_v7 Are you receiving unemployment benefits, or have you filed for unemployment benefits?

○ Yes, I am receiving unemployment (1)

○ Yes, I have filed for and am waiting to hear about eligibility (2)

○ Yes, I have filed for and am waiting to receive unemployment (3)

○ No, I am not receiving, filing or eligible for unemployment (0)

○ No, my unemployment benefits expired (4)

○ Don't know / Not sure (98)

X→

incomeloss_v7 **In the past month** (since ${date://OtherDate/FL/-1%20month}), have you experienced a significant personal loss of income as a result of the new coronavirus?

○ Yes (1)

○ No (0)

○ Not applicable (97)

Display This Question:

If incomeloss_v7 = 1

X→

lossreason_v7 Which of the following contributed to a personal loss of income? Please select all that apply.

☐ I was fired / laid off (1)

☐ I was given time off without pay (not fired, but not working) (2)

☐ I was given time off with reduced pay (employer provided benefits) (3)

☐ My hours were reduced (4)

☐ I could not work and care for or educate a child in the household (5)

☐ I felt I was at high risk and did not want to leave my home (6)

☐ My business temporarily closed (7)

☐ My business permanently closed (8)

☐ I was sick (9)

☐ I was in quarantine or isolation (10)

☐ I was in the hospital (11)

☐ Other: (88) _____

X→

relationship_v7 Are you currently in a relationship or seeing someone?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Skip To: childhome_v7 If relationship_v7 != 1

X→

relachurn_v7 Has the person you are in a relationship with or seeing changed in the past month?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

cohabitate_v7 Do you and your partner(s) live in the same household?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

partnerincloss_v7 In the **last month (since ${date://OtherDate/FL/-1%20month})**, has your spouse/partner experienced a significant personal loss of income as a result of the new coronavirus?

○ Yes (1)

○ No (0)

○ Not applicable (97)

X→

partlossreason_v7 Which of the following contributed to your spouse/partner's personal loss of income? Please select all that apply.

☐ They were fired / laid off (1)

☐ They were given time off without pay (not fired, but not working) (2)

☐ They were given time off with reduced pay (employer provided benefits) (3)

☐ Their hours were reduced (4)

☐ They could not work and care for or educate a child in our household (5)

☐ They felt they were at high risk and did not want to leave the home (6)

☐ Their business temporarily closed (7)

☐ Their business permanently closed (8)

☐ They were sick (9)

☐ They were in quarantine or isolation (10)

☐ They were in the hospital (11)

☐ Other: (88) _____

Page Break ——

X→

pregnant_v7 Are you currently pregnant?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

childhome_v7 Do you now have children at home who are typically in childcare or school?

○ Yes (1)

○ No (0)

○ Don't know/Not sure (98)

X→

childschool_v7 Are children in the household currently attending school?

○ None of the children in the home are old enough to attend school. (0)

○ <u>All</u> school-age children in the household are attending school remotely from home. (1)

○ <u>All</u> school-age children in the household are attending school in-person. (2)

○ <u>All</u> school-age children are attending a hybrid/blended model, which includes <u>both in-person and remote instruction</u>. (3)

○ <u>Some</u> school-age children are attending school remotely from home and <u>some</u> are attending school in-person. (4)

○ <u>All</u> children in the household are homeschooled. (5)

○ Other (88) _____

Page Break ───

X→

covidburden_v7 We are interested in some of the stressors that may occur by having loved ones in settings with high COVID burden and low vaccine access. Do you have family or loved ones in any of the following situations?

☐ A long term care facility (1)

☐ Who are incarcerated (2)

☐ Who are living overseas in a country with limited vaccine access (3)

Page Break

✳

weight_v7 What is your current weight in pounds?

_____

---

weightchange_v7 Would you say overall you have gained or lost weight since the pandemic began?

◯ Gained weight (1)

◯ Lost weight (2)

◯ Stayed the same (3)

◯ Don't know / Not sure (4)

End of Block: Sociodemographics

Start of Block: Relocation

time_reloc1_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

✳

currentzip_v7 What is your current zip code?

_____

End of Block: Relocation

Start of Block: Air Travel

X→

airtravel_v7 Have you traveled by plane in the **last month (since ${date://OtherDate/FL/-1%20month})?**

○ Yes (1)

○ No (0)

X→

numflights_v7 How many flights have you taken since your in the **last month (since ${date://OtherDate/FL/-1%20month})**? Count connecting flights as one flight and round-trip itineraries as two flights.

▼ 1 (1) ... Don't know / Not sure (98)

---

comforttravel_v7 Would you be comfortable traveling by plane in the next 6 months?

○ Yes, by myself only (1)

○ Yes, with adult family members only (2)

○ Yes, with my unvaccinated children (3)

○ No (4)

○ Don't know / Not sure (5)

End of Block: Air Travel

Start of Block: Social Distancing

time_socdist1_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

group10_v7 **In the past month (since ${date://OtherDate/FL/-1%20month})**, have you gathered in groups with 10 or more people? **Please select all that apply.**

☐ Yes, indoors only (1)

☐ Yes, outdoors only (2)

☐⊗ Yes, indoors and outdoors (3)

☐⊗ No (0)

☐ Don't know / Not sure (98)

X→

groupsd_v7 When you gathered in groups with 10 or more people, did you practice social distancing? This includes staying 6 feet apart, wearing face coverings and avoiding close interactions

○ Yes, indoors only (1)

○ Yes, outdoors only (2)

○ Yes, indoors and outdoors (3)

○ No (0)

○ Don't know / Not sure (98)

Page Break ─────────────────────────────────────

X→

timespent_v7 **In the past month (since ${date://OtherDate/FL/-1%20month})**, have you spent time **in** any of the following places? **Please select all that apply.**

☐ A hairdresser, salon or barber (1)

☐ The inside of a restaurant or bar (2)

☐ A patio or outdoor space at a restaurant or bar (3)

☐ An indoor movie theater (4)

☐ A shopping mall (5)

☐ A church, synagogue, mosque or other place of worship (6)

☐ The inside of a house that is not your own (7)

☐ A public swimming area such as the pool, lake, ocean or bay (8)

☐ A public park (9)

☐ A mass gathering like a demonstration or public protest (10)

☐ A mass gathering like a political rally (14)

☐ A hotel or other short term rental (like Airbnb) where people outside of your household are staying (11)

☐ An overnight stay at the residence of family or friends (12)

☐ An overnight trip to another town or city (13)

☐ ⊗ None of the above (0)

X→

publictransport_v6 In the past month (since ${date://OtherDate/FL/-1%20month}), have you regularly used public transportation (at least 2-3 days per week)? Please select all that apply.

☐ Bus (1)

☐ Commuter rail (2)

☐ Subway (3)

☐ Ride share or taxi (4)

☐ ⊗ None of the above (0)

time_hc2_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

insurance_v7 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Display This Question:
   If insurance_v7 = 0
   Or insurance_v7 = 98

X→

hclooking_v7 Are you looking for health care coverage?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

hcchange_v7 During the **past month (since** ${date://OtherDate/FL/-1%20month}**)**, have you lost or changed your health care coverage as a result of the new coronavirus?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Page Break ———————————————————————————————

time_hc3_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

genhealth_v7 Would you say that in general your health is:

○ Excellent (4)

○ Very Good (3)

○ Fair (2)

○ Poor (1)

X→

physhealth_v7 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

▼ None (0) ... Don't know/Not sure (98)

X→

menthealth_v7 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

▼ None (0) ... Don't know/Not sure (98)

X→

selfcare_v7 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

▼ None (0) ... Don't know/Not sure (98)

X→

exercise_v7 During the **past month** (since ${date://OtherDate/FL/-1%20month}), other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

○ Yes (1)

○ No (0)

○ Don't know/Not sure (98)

Page Break ───────────────────────────

✳ X→

exermonth_v7 How many times per week or per month did you take part in this activity during the past month?

○ Number of times per week: (1)

_____

○ Number of times per month: (2)

_____

○ Don't know/Not sure (98)

✳ X→

exerhours_v7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

○ Number of hours: (1) _____

○ Number of minutes: (2) _____

○ Don't know/Not sure (98)

End of Block: Healthcare Access, Insurance Status

Start of Block: Anxiety & Risk Perception

time_risk1_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

newmhcond_v7 **Since March 2020**, have you been diagnosed with any new mental health conditions? Do not include diagnosed mental health conditions that you had prior to the COVID-19 pandemic (March 2020). **Please select all that apply.**

☐ Depression (1)

☐ Anxiety (2)

☐ Post traumatic stress disorder (3)

☐ Other mental health condition: (88)

_____

☒ I have not been diagnosed with a new mental health condition since March 2020 (97)

Page Break ——

X→

worryself_reinf_v7 How worried are you about getting sick from the new coronavirus **again**? Would you say:

○ Not at all worried (1)

○ Not too worried (2)

○ Somewhat worried (3)

○ Very worried (4)

X→

worryself_v7 How worried are you about getting sick from the new coronavirus? Would you say:

○ Not at all worried (1)

○ Not too worried (2)

○ Somewhat worried (3)

○ Very worried (4)

X→

worryother_v7 How worried are you about your loved ones getting sick from the new coronavirus? Would you say:

○ Not at all worried   (1)

○ Not too worried   (2)

○ Somewhat worried   (3)

○ Very worried (4)

Page Break ──────────────────────────────

time_risk2_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

JS X→

covidanxiety_v7 **In the past month (since** ${date://OtherDate/FL/-1%20month}**)**, how often have you been bothered by the following problems?

Have you been bothered by…

	Not at all (1)	Several days (2)	Over half the days (3)	Nearly every day (4)
Feeling nervous, anxious, or on edge (covidanxiety_v5_1)	○	○	○	○
Not being able to stop or control worrying (covidanxiety_v5_2)	○	○	○	○
Worrying too much about different things (covidanxiety_v5_3)	○	○	○	○
Trouble relaxing (covidanxiety_v5_4)	○	○	○	○
Being so restless that it's hard to sit still (covidanxiety_v5_5)	○	○	○	○
Becoming easily annoyed or irritable (covidanxiety_v5_6)	○	○	○	○
Feeling afraid as if something awful might happen (covidanxiety_v5_7)	○	○	○	○
Little interest or pleasure in doing things (covidanxiety_v5_8)	○	○	○	○
Feeling down, depressed or hopeless (covidanxiety_v5_9)	○	○	○	○
Trouble falling or staying asleep, or sleeping too much (covidanxiety_v5_10)	○	○	○	○

Feeling tired or having little energy (covidanxiety_v5_11)	○	○	○	○
Poor appetite or overeating (covidanxiety_v5_12)	○	○	○	○
Feeling bad about yourself - or that you are a failure or have let yourself or your family down (covidanxiety_v5_13)	○	○	○	○
Trouble concentrating on things, such as, reading the newspaper or watching television (covidanxiety_v5_14)	○	○	○	○
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual (covidanxiety_v5_15)	○	○	○	○

Page Break

time_risk3_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

medicationmh_v7 In the **past four weeks (since ${date://OtherDate/FL/-4%20week})**, have you taken prescription medication for your mental health?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

therapy_v7 In the past four weeks (since ${date://OtherDate/FL/-4%20week}), have you received counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

needtherapy_v7 In the past four weeks (since ${date://OtherDate/FL/-4%20week}), have you needed counseling or therapy from a mental health professional, such as a psychologist, social worker, or other licensed mental health professional?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

Page Break ──

X→

worryhosp_v7 How worried are you about the new coronavirus overwhelming hospitals? Would you say:

○ Not at all worried   (1)

○ Not too worried   (2)

○ Somewhat worried   (3)

○ Very worried (4)

time_basicneed1_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

foodanxcovid_v7 Next you are going to read a couple of statements that people have made about their food situation. For each, you will answer whether the statement was often true, sometimes true, or never true for (you/your household) **in the past month.**
The first statement is: "We couldn't afford to eat balanced meals". Was that often true, sometimes true or never true for you **in the past month (since ${date://OtherDate/FL/-1%20month})**?

○ Often true   (3)

○ Sometimes true (2)

○ Never true (1)

X→

foodrunout_v7 The second statement is: "We worried whether our food would run out before we got money to buy more. Was that often true, sometimes true, or never true for you **in the past month (since ${date://OtherDate/FL/-1%20month})**?

○ Often true (3)

○ Sometimes true (2)

○ Never true (1)

X→

foodmoneycovid_v7 The third statement is: "The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes or never true for you **in the past month (since ${date://OtherDate/FL/-1%20month})**?

○ Often true (3)

○ Sometimes true (2)

○ Never true (1)

End of Block: Basic Needs: Food Security Rotating Module

Start of Block: Basic Needs: Housing Security Rotating Module

time_housing_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

housinganxcovid_v7 How often **in the past month (since ${date://OtherDate/FL/-1%20month})**, would you say you were worried or stressed about having enough money to pay your rent/mortgage?

○ Always (5)

○ Usually (4)

○ Sometimes (3)

○ Rarely (2)

○ Never (1)

time_ipv1_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Display This Question:
  If relationship_v7 = 1
  Or relationship_v7 = 98

X→

emvio_v7 **In the past month (since ${date://OtherDate/FL/-1%20month})**, has your partner yelled at you or said things to make you feel bad about yourself, embarrassed you in front of others, or frightened you?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

X→

physvio_v7 **In the past month (since ${date://OtherDate/FL/-1%20month})**, has your partner pushed, grabbed, hit, kicked or thrown things at you?

○ Yes (1)

○ No (0)

○ Don't know / Not sure (98)

End of Block: Violence

Start of Block: Substance Use and Recovery

time_subuse1_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

subusemonth_v7 In the **past month (since ${date://OtherDate/FL/-1%20month})**, how many times have you used the following?

	Never (1)	Once or twice (2)	Weekly (4)	Daily or Almost Daily (5)
Cannabis (marijuana, pot, grass, hash, etc.) (weedyr_v5_1)	○	○	○	○
Street opioids (heroin, opium, etc.) (stopioidyr_v5_2)	○	○	○	○
Prescription opioids in a way or dose other than prescribed (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine etc.) (rxopioidyr_v5_3)	○	○	○	○

----

time_subuse2_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

drugrecovery_v7 Do you identify as being in recovery from drugs?

○ Yes, I am currently in recovery from drugs (1)

○ I am not currently in recovery from drugs, but I have previously been in recovery from drugs (2)

○ I have never been in recovery from drugs (3)

○ Don't know / Not sure (98)

X→

currdrugrecov_v7 How long have you been in recovery from drugs?

○ Less than or equal to 1 month (1)

○ >1 month to 3 months (2)

○ >3 months to 6 months (3)

○ >6 months to 12 months (4)

○ >12 months (5)

X→

pastdrugrecov_v7 How long were you in recovery from drugs?

○ Less than or equal to 1 month (1)

○ >1 month to 3 months (2)

○ >3 months to 6 months (3)

○ >6 months to 12 months (4)

○ >12 months (5)

X→

alcofreq_v7 **In the last month (since ${date://OtherDate/FL/-1%20month})**, how often do you have a drink containing alcohol?

○ Never (0)

○ Monthly or less (1)

○ 2-4 times a month (2)

○ 2-3 times a week (3)

○ 4 or more times a week (4)

Display This Question:
   If alcofreq_v7 != 0

X→

alcodaily_v7 **In the last month (since ${date://OtherDate/FL/-1%20month})**, how many standard drinks containing alcohol do you have on a typical day? One standard drink is equal to 12 ounces of beer, 5 ounces of wine, 1.5 ounces of hard liquor or 8 ounces of malt liquor.

○ 1 or 2   (1)

○ 3 or 4   (2)

○ 5 or 6   (3)

○ 7 or 9   (4)

○ 10 or more   (5)

X→

alcobinge_v7 **In the last month (since ${date://OtherDate/FL/-1%20month})**, how often do you have six or more drinks on one occasion?

○ Never   (0)

○ Less than monthly (1)

○ Monthly   (2)

○ Weekly   (3)

○ Daily or almost daily (4)

X→

inrecovery_v7 Do you identify as being in recovery from alcohol?

○ Yes, I am currently in recovery from alcohol (1)

○ I am not currently in recovery from alcohol, but I have previously been in recovery from alcohol (2)

○ I have never been in recovery from alcohol (0)

○ Don't know / Not sure (98)

X→

currrecoverytime_v7 How long have you been in recovery from alcohol?

○ Less than or equal to 1 month (1)

○ >1 month to 3 months (2)

○ >3 months to 6 months (3)

○ >6 months to 12 months (4)

○ >12 months (5)

X→

pastrecoverytime_v7 How long were you in recovery from alcohol?

○ Less than or equal to 1 month (1)

○ >1 month to 3 months (2)

○ >3 months to 6 months (3)

○ >6 months to 12 months (4)

○ >12 months (5)

End of Block: Alcohol

Start of Block: Incentive

time_incent_v7 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

X→

incentive_v7 Would you like to receive the $10 gift card incentive for your time participating in the survey?

○ Yes (1)

○ No (0)

End of Block: Incentive