

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			COVID-19 BENEFICIARY SUPPLEMENT SECTION SPECIFICATIONS <u>CRITERIA</u> SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR RHALIVE= 1/Alive <u>PLACEMENT</u> Administered in flexible order after FQ and RH sections are completed.		
	BOX CVBEG	routing	GO TO CV1-CVDINTRO		
CVDINTRO	CV1	CODE ONE	I am now going to ask you some questions about different types of coronavirus tests (SP) may have had.	(01) CONTINUE	(01) CV2-CVDTEST
CVDTEST	CV2	yes/no	Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) been tested to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test? [IF NEEDED: For example, the test can be done by swabbing someone's nose.] [IF NEEDED: If (SP) had more than one test to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test, refer to their most recent test.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CV3-ANTICVD (01) CV2A-TESTRES (-8) CV3-ANTICVD (-9) CV3-ANTICVD
TESTRES	CV2A	CODE ONE	Did the test find that (SP) had Coronavirus or COVID-19? [IF NEEDED: If (SP) had more than one test to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test, refer to their most recent test.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-9) REFUSED	(01) CV3-ANTICVD (02) CV3-ANTICVD (03) CV3-ANTICVD (-8) CV3-ANTICVD (-9) CV3-ANTICVD
ANTICVD	CV3	yes/no	Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) received an antibody test to determine if (he/she) had Coronavirus or COVID-19 in the past? [IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.] [IF NEEDED: If (SP) had more than one antibody test to determine if (he/she) ever had the coronavirus, refer to their most recent test.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) BOX CVMC (01) CV3A-ANTIRES (-8) BOX CVMC (-9) BOX CVMC
ANTIRES	CV3A	CODE ONE	Did the test find that (SP) had Coronavirus or COVID-19? [IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.] [IF NEEDED: If (SP) had more than one antibody test to determine if (he/she) ever had the coronavirus, refer to their most recent test.]	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-9) REFUSED	(01) BOX CVMC (02) BOX CVMC (03) BOX CVMC (-8) BOX CVMC (-9) BOX CVMC
	BOX CVMC	routing	IF CV2A-TESTRES = 1/YES OR CV3A-ANTIRES = 1/YES, GO TO CV4-MCARECV ELSE GO TO BOX CVVAC		
MCARECV	CV4	yes/no	Since (PREVIOUS INTERVIEW DATE/ADMISSION DATE) has (SP) received medical care (either inside or outside this (facility/home)) for the coronavirus or COVID-19? [IF NEEDED: Please include services provided by all health care personnel.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) BOX CVVAC (01) CV4A-PROVTYP (-8) BOX CVVAC (-9) BOX CVVAC
PROVTYP	CV4A	code all	What kind of provider did (he/she) receive care from for the coronavirus or COVID-19? SELECT ALL THAT APPLY. CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES.	(01) EMERGENCY MEDICAL SERVICE PERSONNEL (02) NURSES (03) NURSING ASSISTANTS (04) PHARMACISTS (05) PHLEBOTOMISTS (06) PHYSICIANS (07) TECHNICIANS (08) THERAPISTS (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) BOX CVVAC (02) BOX CVVAC (03) BOX CVVAC (04) BOX CVVAC (05) BOX CVVAC (06) BOX CVVAC (07) BOX CVVAC (08) BOX CVVAC (91) CV4A-PROVOTH (-8) BOX CVVAC (-9) BOX CVVAC

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PROVOTH	CV4A	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS	(01) BOX CVVAC
	BOX CVVAC	Routing	IF VACNUM = NULL GO TO CV5-CDCVAC1 ELSE IF VACNUM=1/ONE AND CVSD-CDCVAC2 HAS NEVER BEEN ASKED (PVAC2FLG = NULL), GO TO CVSD-CDCVAC2 ELSE GO TO CVEND-CVENDCT		
CDCVAC1	CV5	yes/no	Since [PREVIOUS INTERVIEW DATE/December 2020] has (SP) had a coronavirus vaccination? DO NOT REPORT VACCINES THAT ARE SCHEDULED FOR THE FUTURE. ONLY REPORT VACCINATIONS THAT HAVE BEEN RECEIVED BY THE DATE OF THE INTERVIEW.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CVEND-CVENDCT (01) CV5A-CDCVACNUM (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
CDVACNUM	CV5A	CODE ONE	How many coronavirus vaccination doses has (SP) had? [IF NEEDED: Some vaccinations require two doses, given on separate days, in order to work properly.] DO NOT REPORT VACCINES THAT ARE SCHEDULED FOR THE FUTURE. ONLY REPORT VACCINATIONS THAT HAVE BEEN RECEIVED BY THE DATE OF THE INTERVIEW.	(01) ONE VACCINATION DOSE (02) TWO VACCINATION DOSES (-8) DON'T KNOW (-9) REFUSED	(01) CV5B-VAC1MM (02) CV5B-VAC1MM (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
VAC1MM	CV5B	DATE	Date of <u>first</u> dose of coronavirus vaccination received MONTH	(01) CONTINUOUS	(01) CV5B-VAC1YY
VAC1YY	CV5B	DATE	YEAR	(01) CONTINUOUS	(01) BOX CV1
VAC1TYPE	CV5BT	code one	Which COVID-19 vaccination did (SP) get? Examples include Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen. ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO	(01) PFIZER-BIONTECH (02) MODERNA (03) JOHNSON & JOHNSON/JANSSEN (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) BOX CV1 (02) BOX CV1 (03) BOX CV1 (91) CV5BT-VAC1TYOT (-8) BOX CV1 (-9) BOX CV1
VAC1TYOT	CV5BT	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	(01) BOX CV1
	BOX CV1	routing	IF CVDVACNUM =02, GO TO CV5C-VAC2MM. ELSE GO TO CVEND-CVENDCT.		
CDCVAC2	CVSD	yes/no	We previously recorded that (SP) received the first dose of the coronavirus vaccination (in [PVAC1MM] of [PVAC1YY]). Has (SP) received the <u>second</u> dose of coronavirus vaccination? IF SP RECEIVED A VACCINATION THAT ONLY REQUIRES ONE DOSE, PLEASE SELECT "NOT APPLICABLE- SINGLE DOSE VACCINE".	(00) NO (01) YES (02) NOT APPLICABLE-SINGLE DOSE VACCINE (-8) DON'T KNOW (-9) REFUSED	(00) CVEND-CVENDCT (01) CV5C-VAC2MM (02) CVEND-VENDCT (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
VAC2MM	CV5C	DATE	[(IF NEEDED: We previously recorded that (SP) received the first dose of the coronavirus vaccination (in [PVAC1MM] of [PVAC1YY]).)] Date of <u>second</u> coronavirus vaccination received MONTH	(01) CONTINUOUS	(01) CV5C-VAC2YY
VAC2YY	CV5C	DATE	[(IF NEEDED: We previously recorded that (SP) received the first dose of the coronavirus vaccination (in [PVAC1MM] of [PVAC1YY]).)] Date of <u>second</u> coronavirus vaccination received YEAR	(01) CONTINUOUS	(01) CV5CT-VAC2TYPE
VAC2TYPE	CV5CT	code one	Which COVID-19 vaccination did (SP) get? Examples include Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen. ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO	(01) PFIZER-BIONTECH (02) MODERNA (03) JOHNSON & JOHNSON/JANSSEN (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) CVEND-CVENDCT (02) CVEND-CVENDCT (03) CVEND-CVENDCT (91) CV5CT-VAC2TYOT (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
VAC2TYOT	CV5CT	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	(01) CVEND-CVENDCT
CVENDCT	CVEND	code one	YOU HAVE COMPLETED THE COVID-19 BENEFICIARY SUPPLEMENT SECTION FOR THIS SP. PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) Continue	(01) BOX CVEND
	BOX CVEND	routing	GO TO NAVIGATOR		