

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			COVID-19 QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=ALL SPALIVE=1 SEASON=ALL SPPROXY=SP or PROXY Other: N/A <u>PLACEMENT</u> Administer after PVQ		
SUSPECT	SUSPECT	yes/no	Since April 1, 2021, [have you/has (SP)] suspected that [you have/he has/she has] had the coronavirus or COVID-19?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) SUSPECTY (02) COVIDEV (-8) COVIDEV (-7) COVIDEV
SUSPECTY	SUSPECTY	code all	What symptoms did [you/(SP)] have that made [you/(SP)] suspect [you/he/she] had the coronavirus? INTERVIEWER CODE BASED ON VERBATIM RESPONSE FROM RESPONDENT.	(01) FEVER (02) ONGOING DRY COUGH (03) RUNNY NOSE (04) SNEEZING (05) SHORTNESS OF BREATH (06) HEADACHE (07) SORE THROAT (08) NAUSEA (09) VOMITING (10) EXTREME FATIGUE (11) CHILLS/REPEATED SHAKING WITH CHILLS (12) MUSCLE PAIN (13) NEW LOSS OF TASTE OR SMELL (14) LOSS OF APPETITE (15) DIARRHEA (91) OTHER (-8) DON'T KNOW (-7) REFUSED	COVIDEV
COVIDEV	COVIDEV	yes/no	Since April 1, 2021, has a doctor or other health professional told [you/(SP)] that [you have/he has/she has] or likely had coronavirus or COVID-19? [IF NEEDED: A doctor or other health professional might make this diagnosis based on a test for COVID-19 or based on symptoms [you have/(SP)] has].	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	COVSWAB
COVSWAB	COVSWAB	yes/no	Since April 1, 2021, [have you/has(SP)] been tested to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test? [IF NEEDED: For example, the test can be done by swabbing [your/his/her] nose or mouth.] [IF NEEDED: If [you have/(SP)] has] had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about [your/his/her] most recent test.] DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) SWABRSLT (02) ANTBDTST (-8) ANTBDTST (-7) ANTBDTST

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SWABRSLT	SWABRSLT	code one	<p>Did the test find that [you/(SP)] had coronavirus or COVID-19?</p> <p>[IF NEEDED: If [you have/(SP) has] had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about [your/his/her] most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>(01) YES, THE TEST SHOWED R HAD COVID-19</p> <p>(02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19</p> <p>(03) NO RESULTS YET</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	<p>(01) SWABWAIT</p> <p>(02) SWABWAIT</p> <p>(03) CVTSTPAY</p> <p>(-8) CVTSTPAY</p> <p>(-9) CVTSTPAY</p>
SWABWAIT	SWABWAIT	code one	<p>How long did it take to get [your/(SP)'s] test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, within 4-6 days, or after 7 days or more?</p> <p>[IF NEEDED: If [you have/(SP) has] had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about [your/his/her] most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>(01) SAME DAY</p> <p>(02) NEXT DAY</p> <p>(03) 2-3 DAYS</p> <p>(04) 4-6 DAYS</p> <p>(05) 7 DAYS OR MORE</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	CVTSTPAY
CVTSTPAY	CVTSTPAY	code one	<p>How much did [you/(SP)] pay out of pocket for the test: none of the cost, part of the cost, or all of the cost?</p> <p>[IF NEEDED: Please answer to the best of your knowledge.]</p> <p>[IF NEEDED: If [you have/(SP) has] had more than one test to see whether [you were/he was/she was] infected with coronavirus or COVID-19 at the time of the test, think about [your/his/her] most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	<p>(01) NONE OF THE COST</p> <p>(02) PART OF THE COST</p> <p>(03) ALL OF THE COST</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	ANTBDTST
ANTBDTST	ANTBDTST	yes/no	<p>Since April 1, 2021, have [you/(SP)] received an antibody test to determine if [you/he/she] ever had the coronavirus?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[IF NEEDED: If [you have/(SP) has] had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about [your/his/her] most recent test.]</p>	<p>(01) YES</p> <p>(02) NO</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	<p>(01) ANTRESLT</p> <p>(02) BOX CV1A</p> <p>(-8) BOX CV1A</p> <p>(-7) BOX CV1A</p>
ANTRESLT	ANTRESLT	code one	<p>Did the test find that [you/(SP)] had coronavirus or COVID-19?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[IF NEEDED: If [you have/(SP) has] had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about [your/his/her] most recent test.]</p>	<p>(01) YES, THE TEST SHOWED R HAD COVID-19</p> <p>(02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19</p> <p>(03) NO RESULTS YET</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	<p>(01) ANTWAIT</p> <p>(02) ANTWAIT</p> <p>(03) ANTPAY</p> <p>(-8) ANTPAY</p> <p>(-9) ANTPAY</p>

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ANTWAIT	ANTWAIT	code one	<p>How long did it take to get [your/(SP)'s] antibody test results? Did [you/he/she] get the results the same day, the next day, within 2-3 days, within 4-6 days, or after 7 days or more?</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[IF NEEDED: If [you have/(SP) has] had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about [your/his/her] most recent test.]</p>	(01) SAME DAY (02) NEXT DAY (03) 2-3 DAYS (04) 4-6 DAYS (05) 7 DAYS OR MORE (-8) DON'T KNOW (-7) REFUSED	ANTPAY
ANTPAY	ANTPAY	code one	<p>How much did [you/(SP)] pay out of pocket for the test: none of the cost, part of the cost, or all of the cost?</p> <p>[IF NEEDED: Please answer to the best of your knowledge.]</p> <p>[IF NEEDED: An antibody test looks at someone's blood to see if they have ever been infected with the coronavirus.]</p> <p>[IF NEEDED: If [you have/(SP) has] had more than one antibody test to determine if [you/he/she] ever had the coronavirus, think about [your/their] most recent test.]</p>	(01) NONE OF THE COST (02) PART OF THE COST (03) ALL OF THE COST (-8) DON'T KNOW (-7) REFUSED	BOX CV1A
	BOX CV1A	routing	IF COVIDEV=YES OR SWABRSLT=01 OR ANTRESLT=01 THEN GO TO CVDSVRE. ELSE GO TO BOX CVBEG.		
CVDSVRE	CVDSVRE	code one	<p>How would you describe [your/(SP)'s] coronavirus symptoms when they were at their worst? Would you say [you/he/she] had no symptoms, mild symptoms, moderate symptoms, or severe symptoms?</p>	(01) NO SYMPTOMS (02) MILD SYMPTOMS (03) MODERATE SYMPTOMS (04) SEVERE SYMPTOMS (-8) DON'T KNOW (-7) REFUSED	CVDSEEK
CVDSEEK	CVDSEEK	yes/no	Did [you/(SP)] seek medical care for coronavirus or COVID-19?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	(01) CVDHOSP (02) CVDEXPEN-CV1 (-8) CVDHOSP (-7) CVDHOSP
CVDEXPEN	CV1	grid	<p>Why did [you/(SP)] not seek medical care?</p> <p>READ EACH ITEM AND RECORD YES/NO RESPONSE:</p> <p>Was it too expensive?</p>	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDNTAVA-CV1
CVDNTAVA	CV1	grid	Was it not available?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDSYMNS-CV1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CVDSYMNS	CV1	grid	Were [your/(SP)'s] symptoms not severe enough?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDOTHER-CV1
CVDOTHER	CV1	grid	Was there some other reason?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CVDHOSP
CVDHOSP	CVDHOSP	yes/no	[Have you/Has (SP)] been hospitalized overnight for coronavirus? [IF NEEDED: This could include visiting the emergency room or being admitted to the hospital.]	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	CV2- SMPTFATG
SMPTFATG	CV2	grid	Some people experience persistent symptoms of coronavirus. Did [you/(SP)] experience any of the following symptoms for longer than 3 weeks after [you were/(SP) was] first diagnosed with coronavirus? Fatigue	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	SMPTHEAD
SMPTHEAD	CV2	grid	Headaches	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	SMPTHRT
SMPTHRT	CV2	grid	Chest pressure, heart palpitations, or irregular heartbeats	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	SMPTACHE
SMPTACHE	CV2	grid	Muscle aches	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	SMPTCOGH
SMPTCOGH	CV2	grid	Cough, shortness of breath, or other respiratory symptoms	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	SMPTDIZZ

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SMPTDIZZ	CV2	grid	Dizziness or memory problems	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	SMPTANX
SMPTANX	CV2	grid	Anxiety	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	SMPTOTH
SMPTOTH	CV2	grid	Any other symptoms?	(01) YES (02) NO (-8) DON'T KNOW (-7) REFUSED	BOX CVBEG
	BOX CVBEG	routing	IF P_VACNUM = NULL, GO TO CVDVAC. ELSE IF P_VACNUM=1/ONE AND SECDOS HAS NEVER BEEN ASKED (P_SECDOSFLG = NULL), GO TO SECDOS. ELSE GO TO PREVMASK.		
CVDVAC	CVDVAC	yes/no	Since [December 2020/(REFERENCE DATE)], [have you/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.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) VACNUM (02) PRSUMVAC (-8) PREVMASK (-9) PREVMASK
VACNUM	VACNUM	code one	How many coronavirus vaccination doses [have you/has (SP)] had? IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available. 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 (02) TWO (-8) DON'T KNOW (-9) REFUSED	(01) VACDAT1-VACMON1 (02) VACMON1 (-8) PREVMASK (-9) PREVMASK
VACMON1	VACDAT1	date	When did [you/(SP)] receive the <u>first</u> dose of coronavirus vaccination? IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.	MONTH (VACMON1)	VACDAT1-VACYR1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
VACYR1	VACDAT1	date	When did [you/(SP)] receive the <u>first</u> dose of coronavirus vaccination? IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.	YEAR (VACYR1)	VACNME1
VACNME1	VACNME1	code one	Which COVID-19 vaccination did (you/(SP)) get? Examples include Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen. IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available. ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO	(01) PFIZER-BIONTECH (02) MODERNA (03) JOHNSON & JOHNSON/JANSSEN (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01)-(03), (-8), (-9) BOX CV1 (91) VACNME1OS
VACNM1OS	VACNM1OS	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX CV1
	BOX CV1	routing	IF VACNUM=(02) TWO, GO TO VACMON2. ELSE GO TO PREVMASK.		
SECDOS	SECDOS	yes/no	We previously recorded that [you/(SP)] received the first dose of the coronavirus vaccination [in [P_VACMON1] of [P_VACYR1]]. [Have you/Has (SP)] received the <u>second</u> dose of coronavirus vaccination? IF THE RESPONDENT RECEIVED A VACCINATION THAT ONLY REQUIRES ONE DOSE, PLEASE SELECT "NOT APPLICABLE- SINGLE DOSE VACCINE".	(01) YES (02) NO (03) NOT APPLICABLE- SINGLE DOSE VACCINE (-8) DON'T KNOW (-9) REFUSED	(01) VACDAT2-VACMON2 (02) NOSECVAC (03) PREVMASK (-8) PREVMASK (-9) PREVMASK
VACMON2	VACDAT2	date	[[IF NEEDED: We previously recorded that [you/(SP)] received the first dose of the coronavirus vaccination [in [P_VACMON1] of [P_VACYR1]].]] When did [you/(SP)] receive the <u>second</u> dose of coronavirus vaccination? IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.	MONTH	VACDAT2-VACYR2

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
VACYR2	VACDAT2	date	<p>[[IF NEEDED: We previously recorded that [you/(SP)] received the first dose of the coronavirus vaccination [in [P_VACMON1] of [P_VACYR1].]]</p> <p>When did [you/(SP)] receive the <u>second</u> dose of coronavirus vaccination?</p> <p>IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.</p>	YEAR	VACNME2
VACNME2	VACNME2	code one	<p>Which COVID-19 vaccination did (you/(SP)) get? Examples include Pfizer-BioNTech, Moderna, and Johnson & Johnson/Janssen.</p> <p>IF NEEDED: [You/(SP)] may have been given a "COVID-19 Vaccination Record Card" with this information on it. It could be helpful to refer to that card if it is available.</p> <p>ONLY USE THE 'OTHER' CATEGORY TO ADD VACCINE MANUFACTURERS APPROVED IN AN FI MEMO</p>	(01) PFIZER-BIONTECH (02) MODERNA (03) JOHNSON & JOHNSON/JANSSEN (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01)-(03), (-8), (-9) PREVMASK (91) VACNME2OS
VACNM2OS	VACNM2OS	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PREVMASK
PRSUMVAC	PRSUMVAC	code one	If a vaccine that protected [you/(SP)] from coronavirus was available to everyone who wanted it, would [you/he/she] get it? Definitely, probably, probably not, definitely not, or are you not sure?	(01) DEFINITELY (02) PROBABLY (03) PROBABLY NOT (04) DEFINITELY NOT (05) NOT SURE (-9) REFUSED	NOVACRSN

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
NOVACRSN	NOVACRSN	code all	<p>For what reason didn't [you/(SP)] get a coronavirus vaccine?</p> <p>[PROBE: Any other reason?]</p> <p>DO NOT READ ALOUD. CODE BASED ON WHAT THE RESPONDENT SAYS.</p> <p>CHECK ALL THAT APPLY.</p>	<p>(01) WAS SICK WITH COVID-19 SO DOESN'T NEED THE VACCINE</p> <p>(02) DIDN'T KNOW THE VACCINE WAS NEEDED</p> <p>(03) THE VACCINE COULD CAUSE COVID-19</p> <p>(04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE</p> <p>(05) DIDN'T THINK THE VACCINE WOULD PREVENT COVID-19</p> <p>(06) COVID-19 IS NOT SERIOUS</p> <p>(07) DOCTOR DID NOT RECOMMEND THE VACCINE</p> <p>(08) DOCTOR RECOMMENDED AGAINST GETTING THE VACCINE</p> <p>(09) DON'T LIKE VACCINES OR NEEDLES</p> <p>(10) COULDN'T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE</p> <p>(11) COULDN'T FIND A PLACE THAT WAS OFFERING THE VACCINE</p> <p>(12) FORGOT</p> <p>(13) COULD NOT AFFORD THE VACCINE</p> <p>(14) HAD THE VACCINE BEFORE AND DOESN'T NEED TO GET IT AGAIN</p> <p>(15) THE VACCINE WAS NOT AVAILABLE</p> <p>(16) THE VACCINE IS NOT WORTH THE MONEY</p> <p>(17) DIDN'T HAVE TIME TO GET THE VACCINE</p> <p>(18) NOT IN HIGH RISK/PRIORITY GROUP</p> <p>(19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE</p> <p>(20) DON'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE</p> <p>(21) APPOINTMENT SCHEDULED</p> <p>(91) OTHER</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>	<p>(01)-(-20); (-8), (-9) PREVMASK</p> <p>(91) NOVCRNOS</p>
NOVCRNOS	NOVCRNOS	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PREVMASK

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
NOSSECVAC	NOSSECVAC	code all	<p>For what reason didn't [you/(SP)] get the second dose of the coronavirus vaccine?</p> <p>[PROBE: Any other reason?]</p> <p>DO NOT READ ALOUD. CODE BASED ON WHAT THE R SAYS.</p> <p>CHECK ALL THAT APPLY.</p>	<p>(01) WAS SICK WITH COVID-19 SO DOESN'T NEED THE VACCINE</p> <p>(02) DIDN'T KNOW THE VACCINE WAS NEEDED</p> <p>(03) THE VACCINE COULD CAUSE COVID-19</p> <p>(04) THE VACCINE COULD HAVE SIDE EFFECTS OR IS NOT SAFE</p> <p>(05) DIDN'T THINK THE VACCINE WOULD PREVENT COVID-19</p> <p>(06) COVID-19 IS NOT SERIOUS</p> <p>(07) DOCTOR DID NOT RECOMMEND THE VACCINE</p> <p>(08) DOCTOR RECOMMENDED AGAINST GETTING THE VACCINE</p> <p>(09) DON'T LIKE VACCINES OR NEEDLES</p> <p>(10) COULDN'T GET TO THE PLACE WHERE THEY WERE OFFERING THE VACCINE</p> <p>(11) COULDN'T FIND A PLACE THAT WAS OFFERING THE VACCINE</p> <p>(12) FORGOT</p> <p>(13) COULD NOT AFFORD THE VACCINE</p> <p>(14) HAD THE VACCINE BEFORE AND DOESN'T NEED TO GET IT AGAIN</p> <p>(15) THE VACCINE WAS NOT AVAILABLE</p> <p>(16) THE VACCINE IS NOT WORTH THE MONEY</p> <p>(17) DIDN'T HAVE TIME TO GET THE VACCINE</p> <p>(18) NOT IN HIGH RISK/PRIORITY GROUP</p> <p>(19) ONGOING HEALTH CONDITION/ALLERGY/MEDICAL REASON WHICH PREVENTS GETTING THE VACCINE</p> <p>(20) DON'T TRUST WHAT GOVERNMENT SAYS ABOUT VACCINE</p> <p>(21) APPOINTMENT SCHEDULED</p> <p>(91) OTHER</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>	<p>(01)-(20); (-8), (-9) PREVMASK</p> <p>(91) NOSDRNOS</p>
NOSDRNOS	NOSDRNOS	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PREVMASK
PREVMASK	PREVMASK	yes/no	Since April 1, 2021, [have you/has (SP)] worn a facemask when out in public in response to the outbreak of the new coronavirus?	<p>(01) YES</p> <p>(02) NO</p> <p>(03) NOT APPLICABLE</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	PREVGRP
PREVGRP	PREVGRP	yes/no	Since April 1, 2021, [have you/has (SP)] avoided large groups of people in response to the outbreak of the new coronavirus?	<p>(01) YES</p> <p>(02) NO</p> <p>(03) NOT APPLICABLE</p> <p>(-8) DON'T KNOW</p> <p>(-7) REFUSED</p>	BOX CVEND
	BOX CVEND	routing	<p>IF SEASON=FALL, GO TO HFQ.</p> <p>ELSE IF SEASON=WINTER, GO TO KNQ.</p> <p>ELSE IF SEASON=SUMMER AND RESPONDENT=SP, GO TO CPQ.</p> <p>ELSE IF SEASON=SUMMER AND RESPONDENT=PROXY, GO TO IAQ.</p>		