

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<p>COVID-19 BENEFICIARY SECTION SPECIFICATIONS</p> <p><u>CRITERIA</u> SAMPLE TYPE= CFR, CFC, FFC, FCF RHALIVE= 1/Alive</p> <p><u>SEASON</u> If SAMPLE TYPE= CFR, then SEASON= WINTER If SAMPLE TYPE in (CFC, FFC, FCF), then SEASON= ALL</p> <p><u>PLACEMENT</u> Administered in flexible order after FQ and RH sections are completed.</p>		
	BOX CVBEG	routing	GO TO CV1-CVDINTRO		
CVDINTRO	CV1	CODE ONE	I am now going to ask you some questions about COVID-19 vaccinations (SP) may have received.	(01) CONTINUE	(01) BOX CV4
	BOX CV4	routing	IF P_VAXCOUNT = . [SP HAS NEVER RECEIVED A DOSE OF COVID-19 VACCINE] GO TO CV11 - VACCDOSE. ELSE GO TO CV12-DOSENUMB IF P_VAXCOUNT=0 [IT HAS BEEN PREVIOUSLY REPORTED THAT SP RECEIVED ONE TO THREE DOSES OF COVID-19 VACCINE]. ELSE GO TO CV13-PREVIYRDS IF P_VAXCOUNT=1 [IT HAS BEEN PREVIOUSLY REPORTED THAT SP RECEIVED FOUR OR MORE DOSES OF COVID-19 VACCINE].		
VACCDOSE	CV11	yes/no	Has (SP) received at least one dose of a COVID-19 vaccine? [IF NEEDED: Please include booster shots.] [IF NEEDED: This question is asking for COVID-19 vaccine doses that (SP) has received since the vaccine first became available in December 2020.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) CVEND-CVENDCT (01) CV12-DOSENUMB (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
DOSENUMB	CV12	code one	How many COVID-19 vaccinations has (SP) received in total? [IF NEEDED: Please include booster shots and any additional doses.] [IF NEEDED: This question is asking for the total number of COVID-19 vaccine doses that (SP) has received since the vaccine first became available in December 2020.]	(01) ONE VACCINATION (02) TWO VACCINATIONS (03) THREE VACCINATIONS (04) FOUR OR MORE VACCINATIONS (-8) DON'T KNOW (-9) REFUSED	(01) CV13-PREVIYRDS (02) CV13-PREVIYRDS (03) CV13-PREVIYRDS (04) CV13-PREVIYRDS (-8) CV13-PREVIYRDS (-9) CV13-PREVIYRDS
PREVIYRDS	CV13	yes/no	In (PREVIOUS YEAR), has (SP) received at least one dose of the COVID-19 vaccine? [IF NEEDED: Please include booster shots.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(01) CVEND-CVENDCT (02) CVEND-CVENDCT (-8) CVEND-CVENDCT (-9) CVEND-CVENDCT
CVENDCT	CVEND	code one	YOU HAVE COMPLETED THE COVID-19 BENEFICIARY SECTION FOR THIS SP. PRESS "*" TO RETURN TO NAVIGATION SCREEN.	(01) Continue	(01) BOX CVEND
	BOX CVEND	routing	GO TO NAVIGATOR		