

GENERAL INFORMATION**1. Title of Dataset**

Perceptions of COVID-19 and Health survey in the United States, Cross-sectional study April 2020

2. Principal Investigator Contact Information

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3. Date of data collection

April 3, 2020 – April 11, 2020

4. Geographic location of data collection

United States, nation-wide

5. Information about funding sources that supported the collection of the data

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SHARING/ACCESS INFORMATION**1. Licenses/restrictions placed on the data**

CC0 1.0 Universal

2. Recommended citation for the data

Vogel, Rachel I; Lou, Emil; Mburu, E. Waruiru; Thomaier, Lauren; Hui, Jane YC; Nelson, Heather H; Teoh, Deanna; Brown, Katherine; Blaes, Anne; Holtan, Shernan; Jewett, Patricia; Parsons, Helen. (2020). Perceptions of COVID-19 and Health Survey in the United States, Cross-sectional study April 2020. Retrieved from the University of Minnesota Digital Conservancy, <http://hdl.handle.net/11299/216556>.

3. Related publications

Lou E, Teoh D, Brown K, Blaes A, Holtan S, Jewett P, Parsons H, Mburu EW, Thomaier L, Hui JYC, Nelson HH, Vogel RI. "Perspectives of Cancer Patients and Their Health during the COVID-19 Pandemic." Under review with PLOS One, 2020.

DATA & FILE OVERVIEW**1. File List****A. Filename: us_covid_survey_data.csv**

Short description: data set

B. Filename: COVID19AndOncologistsSurvey_REDCapSurvey.pdf

Short Description: PDF of survey as presented to participants in REDCap online

2. Are there multiple versions of the dataset?

No

METHODOLOGICAL INFORMATION**1. Description of methods used for collection/generation of data:**

Cross-sectional anonymous online survey among individuals with and without cancer in the United States during the initial phase of the COVID-19 pandemic (April 3, 2020 – April 11, 2020).

Recruitment: Snowball convenience sampling through social media (Twitter, Facebook).

Eligibility criteria: ≥18 years, able to read/write in English, residence in the United States.

Data collected and stored in REDCap.

Empty cells in the CSV are missing data.

2. Methods for processing the data:

We have provided the survey instrument, data, and the SAS program(s) which generate the calculated variables and statistical analyses as described in the manuscript(s). NOTE: To protect the identity of participants, the variables dem_1, dem_3, and dem_17 - which correspond to exact age, transgender status, and state of residence - have been removed from this public data set. Please contact the principal investigator if you require the full data set with these variables included for your research.

Variable / field name	Description	Value	Meaning
record_id	Record ID		
inclusion_crit1	Are you 18 years old or older?	1	Yes
		0	No
inclusion_crit2	Do you currently live in the United States?	1	Yes
inclusion_crit3	Can you read and write in English?	1	Yes
		0	No
gen_health	In general, would you say your health is:	1	Excellent
		2	Very good
		3	Good
		4	Fair
		5	Poor
distress	Please select the number (0-10) that best describes how much distress you have been experiencing in the past week including today.	0	0=No Distress
		1	1
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		9	9
		10	10=Extreme Distress
brs1	I tend to bounce back quickly after hard times.	1	Strongly Disagree
		2	Disagree
		3	Neutral
		4	Agree
		5	Strongly Agree
brs2	I have a hard time making it through stressful events.	1	Strongly Disagree
		2	Disagree
		3	Neutral
		4	Agree
		5	Strongly Agree
brs3	It does not take me long to recover from a stressful event.	1	Strongly Disagree

		2	Disagree
		3	Neutral
		4	Agree
		5	Strongly Agree
brs4	It is hard for me to snap back when something bad happens.	1	Strongly Disagree
		2	Disagree
		3	Neutral
		4	Agree
		5	Strongly Agree
brs5	I usually come through difficult times with little trouble	1	Strongly Disagree
		2	Disagree
		3	Neutral
		4	Agree
		5	Strongly Agree
brs6	I tend to take a long time to get over set-backs in my life.	1	Strongly Disagree
		2	Disagree
		3	Neutral
		4	Agree
		5	Strongly Agree
phq_1	Little interest or pleasure in doing things	0	Not at all
		1	Several days
		2	More than half of the days
		3	Nearly every day
phq_2	Feeling down, depressed, or hopeless	0	Not at all
		1	Several days
		2	More than half of the days
		3	Nearly every day
phq_3	Trouble falling or staying asleep, or sleeping too much	0	Not at all
		1	Several days
		2	More than half of the days
		3	Nearly every day
phq_4	Feeling tired or having little energy	0	Not at all
		1	Several days
		2	More than half of the days
		3	Nearly every day
phq_5	Poor appetite or overeating	0	Not at all
		1	Several days

		2	More than half of the days
		3	Nearly every day
phq_6	Feeling bad about yourself--or that you are a failure or have let yourself or your family down	0	Not at all
		1	Several days
		2	More than half of the days
		3	Nearly every day
phq_7	Trouble concentrating on things, such as reading the newspaper or watching television	0	Not at all
		1	Several days
		2	More than half of the days
		3	Nearly every day
phq_8	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	0	Not at all
		1	Several days
		2	More than half of the days
		3	Nearly every day
phq_fup	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?	0	Not difficult at all
		1	Somewhat difficult
		2	Very difficult
		3	Extremely difficult
gad_1	Feeling nervous, anxious or on edge	0	Not at all
		1	Several days
		2	Over half the days
		3	Nearly every day
gad_2	Not being able to sleep or control worrying	0	Not at all
		1	Several days
		2	Over half the days
		3	Nearly every day
gad_3	Worrying too much about different things	0	Not at all
		1	Several days
		2	Over half the days

gad_4	Trouble relaxing	3	Nearly every day
		0	Not at all
		1	Several days
		2	Over half the days
gad_5	Being so restless that it's hard to sit still	3	Nearly every day
		0	Not at all
		1	Several days
		2	Over half the days
gad_6	Becoming easily annoyed or irritable	3	Nearly every day
		0	Not at all
		1	Several days
		2	Over half the days
gad_7	Feeling afraid as if something awful might happen	3	Nearly every day
		0	Not at all
		1	Several days
		2	Over half the days
gad_fup	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?	3	Nearly every day
		0	Not difficult at all
		1	Somewhat difficult
		2	Very difficult
socdistance	Because of the COVID-19 pandemic, recommendations have been made that individuals reduce their contact with others, by working remotely, self-isolating at home, keeping their children out of school, keeping a physical distance from each other, and through other measures to minimize in-person contacts between people. These contact-reducing measures have been called 'social distancing'. How much have you been social distancing in the past week?	3	Extremely difficult
		0	Not at all
		1	A little
		2	Some
		3	Mostly

		4	Completely
socdistance_fu__<X>	Which of the following have you done in the past week? Check all that apply.		
socdistance_fu__0	Cancelled travel plans	1	Yes
socdistance_fu__1	Stopped going out to eat at restaurants	1	Yes
socdistance_fu__2	Worked from home	1	Yes
socdistance_fu__3	Avoided large groups or crowded spaces	1	Yes
socdistance_fu__4	Visited loved ones by phone or video rather than in person	1	Yes
socdistance_fu__5	Didn't leave my house/apartment/flat/property	1	Yes
socdistance_fu__6	Changed the way I go shopping (e.g. other people now go shopping for me, switched to online shopping)	1	Yes
socdistance_fu__7	Cancelled non-emergent medical appointments	1	Yes
socdistance_fu__8	Other	1	Yes
socdistance_fu_other	Describe what other social distancing you have done.	text	
covid_1__<X>	Have you experienced any of the following symptoms in the past month? Check all that apply.		
covid_1__0	Cough	1	Yes
covid_1__1	Fever	1	Yes
covid_1__2	Sore Throat	1	Yes
covid_1__3	New/sudden fatigue or tiredness	1	Yes
covid_1__4	Difficulty breathing	1	Yes
covid_1__5	Change in sense of taste or smell	1	Yes
covid_1__6	None	1	Yes
covid_2	Have you been directly exposed to someone with COVID-19 in the past month?	1	Yes
		0	No
		2	Unsure
covid_4	Have you been diagnosed with COVID-19 in the past month?	1	Yes - confirmed with a positive test
		2	Yes - presumed
		3	No - tested negative
		4	No - not tested
		5	Unsure
covid_5	Do you know how/where you were exposed?	0	Personal international travel

		1	Close contact with someone who travelled internationally
		2	Personal domestic travel (within the United States)
		3	Close contact with someone who travelled domestically (within the United States)
		4	Hospital or clinic
		5	Community contact
		6	Unknown
covid_6__<X>	What interactions with the healthcare system did you have related to COVID-19? Choose all that apply.		
covid_6__0	None, isolated at home	1	Yes
covid_6__1	Virtual or telephone health provider visit	1	Yes
covid_6__2	Drive-up testing	1	Yes
covid_6__3	In-person health provider visit (general physician or urgent care)	1	Yes
covid_6__4	Emergency room	1	Yes
covid_6__5	Hospitalization	1	Yes
covid_6__6	Ventilation/Intensive Care Unit (ICU)	1	Yes
covid_14	How concerned are you about getting COVID-19?	1	Not at all concerned
		2	Slightly concerned
		3	Somewhat concerned
		4	Moderately concerned
		5	Extremely concerned
covid_7	Do you consider yourself to be at "high risk" for severe illness from COVID-19?	0	No
		1	Yes
		2	Unsure
covid_8__<X>	Indicate why you consider yourself to be at "high risk" for severe illness from COVID-19. Check all that apply.		
covid_8__0	Older adult (>60 years old)	1	Yes
covid_8__1	History of cancer (completed active cancer treatment prior to January 2020)	1	Yes

covid_8__2	Immune-compromised (ex. HIV, bone marrow transplant, organ transplant, chemotherapy, taking immune-suppressing drugs for Crohn's disease or rheumatoid arthritis)	1	Yes
covid_8__3	Heart disease	1	Yes
covid_8__4	Diabetes	1	Yes
covid_8__5	Lung disease (e.g. asthma, emphysema/COPD)	1	Yes
covid_8__6	Pregnant	1	Yes
covid_8__7	Active cancer treatment other than chemotherapy (recent surgery, recent/ongoing radiation therapy, recent/ongoing endocrine therapy)	1	Yes
covid_8__8	Obesity	1	Yes
covid_8__9	Active smoker	1	Yes
covid_8__10	Previous/Former smoker	1	Yes
covid_8__11	Other reason	1	Yes
covid_7_other	Please specify	text	
covid_10	Is there someone (beside yourself) living with you that you consider to be at "high risk" for severe illness from COVID-19?	0	No
		1	Yes
		2	N/A (I live alone)
		3	Unsure
covid_13	How serious do you think COVID-19 is?	1	Not at all serious
		2	A little serious
		3	Somewhat serious
		4	Moderately serious
		5	Very serious
covid_15	How concerned are you about one of your close family members or friends getting COVID-19?	1	Not at all concerned
		2	Slightly concerned
		3	Somewhat concerned
		4	Moderately concerned
		5	Extremely concerned
		6	Not applicable
covid_16	How concerned are you about getting the healthcare you need if you become seriously ill from COVID-19?	1	Not at all concerned

		2	Slightly concerned
		3	Somewhat concerned
		4	Moderately concerned
		5	Extremely concerned
covid_17	How concerned are you about getting the healthcare you need if you become ill from something other than COVID-19?	1	Not at all concerned
		2	Slightly concerned
		3	Somewhat concerned
		4	Moderately concerned
		5	Extremely concerned
covid_11	Did you get the influenza (flu) vaccine this season (2019-2020)?	0	No
		1	Yes
		2	Unsure
covid_12	How likely are you to choose to get a vaccine for COVID-19 if it is available in the next year?	0	Not at all likely
		1	Slightly likely
		2	Somewhat likely
		3	Moderately likely
		4	Very likely
covidsochlth_1	How distressing has COVID-19 been for your family?	Slider 0-100	0=Not at all; 100=A great deal
covidsochlth_4	To what degree has COVID-19 interfered with your employment, including self-employment?	Slider 0-100	0=No problem, , 100=Severe problem
covidsochlth_5	To what degree has COVID-19 interfered with your activities at home?	Slider 0-100	0=No problem, , 100=Severe problem
covidsochlth_6	How much isolation do you feel related to COVID-19?	Slider 0-100	0=Not at all, , 100=A great deal
covidsochlth_7	How much financial burden have you incurred as a result of COVID-19?	Slider 0-100	0=Not at all, , 100=A great deal
covidsochlth_8	How much financial burden do you think you will have incurred as a result of COVID-19 over the next 12 months?	Slider 0-100	0=Not at all, , 100=A great deal
covidsochlth_9	How worried are you that you will not be able to pay for medical care during the COVID-19 pandemic?	Slider 0-100	0=Not at all, , 100=A great deal

covidsochlth_10	How concerned are you that some people do not understand the seriousness of COVID-19?	Slider 0-100	0=Not at all, , 100=A great deal
covidsochlth_11__<X>	How has the COVID-19 pandemic affected your employment status (including self-employment or any business that you may be a part of)? Select all that apply.		
covidsochlth_11__0	No change	1	Yes
covidsochlth_11__1	Changed to tele-work arrangement (work from home)	1	Yes
covidsochlth_11__2	Increased working hours	1	Yes
covidsochlth_11__3	Reduced working hours	1	Yes
covidsochlth_11__4	Increased pay	1	Yes
covidsochlth_11__5	Decreased pay	1	Yes
covidsochlth_11__6	Laid off	1	Yes
covidsochlth_11__7	Close business temporarily	1	Yes
covidsochlth_11__8	Other	1	Yes
covidsochlth_12	Please specify.	text	
covidsochlth_13	As a result of COVID-19, have you eaten less than you felt you should because there wasn't enough money for food?	1	Yes
		0	No
covidsochlth_14	Are you covered by any form of health insurance or health plan?	1	Yes, I am covered by health insurance
		0	No, I am not covered by health insurance
		2	I don't know
covidsochlth_15	Which of the following is your MAIN source of health insurance coverage?	1	Plan through your employer
		2	Plan through your spouse's employer
		3	Plan you purchased yourself
		4	Medicare
		5	Medicaid
		6	Plan through your parents/mother/father
		7	Somewhere else
		8	I don't know

covidsochlth_18	As a result of COVID-19, has the electric, gas, oil, or water company threatened to shut off services in your home?	1	Yes
		0	No
		2	Not applicable
covidsochlth_19	As a result of COVID-19, are issues with child care making it difficult for you to work or study?	1	Yes
		0	No
		2	Not applicable
covidpos_2	In the past 2 weeks, have you noticed any changes in your everyday life and lifestyle that you think are positive compared with the time before the COVID-19 outbreak?	notes	
healthinfo_1	In the past week, how much have you heard about COVID-19 from any media source (e.g., the internet, television, radio or podcasts, newspapers)?	1	None
		2	A little
		3	Some
		4	A lot
healthinfo_2	Where are you getting most of your news about COVID-19?	1	On television
		2	On news websites or apps
		3	Through social networking sites (such as Facebook or Twitter)
		4	On the radio
		5	In print
healthinfo_3	Thinking now about specific information sources, which of the following has been your primary source of information on COVID-19?	1	Fox News
		2	CNN
		3	MSNBC
		4	Local TV
		5	National newspaper
		6	Local newspaper
		7	National radio
		8	Local radio
		9	Google or Yahoo

		10	Social media (ex. Facebook, Twitter)
		11	Other
healthinfo3_other	Please specify.	text	
healthinfo_4	About how often have you talked with family or friends about COVID-19 (coronavirus) in the past week?	1	Not at all
		2	About once per week
		3	A few times a week
		4	Daily
med_1	<i>Has a medical doctor or healthcare professional EVER told you that you have any of the following? ...</i> Heart problems, such as a heart attack, coronary artery disease, congestive heart failure, irregular heartbeat, etc.	1	Yes
		2	No
med_2	<i>Has a medical doctor or healthcare professional EVER told you that you have any of the following? ...</i> Hypertension (high blood pressure)	1	Yes
		2	No
med_3	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Chronic back pain, including sciatica (pain or numbness that travels down your leg to below your knees)	1	Yes
		2	No
med_4	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Arthritis	1	Yes
		2	No
med_5	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Stroke, including mini-stroke or blood clots in the brain	1	Yes
		2	No
med_6	Severe problems with memory or concentration	1	Yes
		2	No

med_7	Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	1	Yes
		2	No
med_8	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Stomach and/or intestinal problems, such as Crohn's disease, ulcers, or inflammatory bowel disease	1	Yes
		2	No
med_9	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Diabetes, high blood sugar, or sugar in urine	1	Yes
		2	No
med_10	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Depression (feeling sad or blue) that resulted in treatment with medication and/or counseling	1	Yes
		2	No
med_11	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Anxiety or "nervousness" that resulted in treatment with medication and/or counseling	1	Yes
		2	No
med_12	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Neuropathy (numbness in both hands or both feet)	1	Yes
		2	No
med_13	Has a medical doctor or healthcare professional EVER told you that you have any of the following? ... Other chronic condition	1	Yes
		2	No
medhist_other	Please specify.	text	

med_hist_1	Are you a current smoker?	1	Yes
		0	No - never smoker
		2	No - previous smoker
med_hist_2	Have you ever used an electronic cigarette/e-cig or vaped (with or without nicotine)?	1	Yes
		0	No
		2	I don't know
dx_cancer	Have you ever been diagnosed with cancer?	1	Yes
		0	No
		2	Unsure
med_hist_4__<X>	What type of cancer did you have? Check all that apply.		
med_hist_4__0	Bladder cancer	1	Yes
med_hist_4__1	Bone cancer	1	Yes
med_hist_4__2	Breast cancer	1	Yes
med_hist_4__3	Cervical cancer	1	Yes
med_hist_4__4	Colon cancer	1	Yes
med_hist_4__5	Endometrial/Uterine cancer	1	Yes
med_hist_4__6	Head/Neck cancer	1	Yes
med_hist_4__7	Hodgkins	1	Yes
med_hist_4__8	Renal cancer	1	Yes
med_hist_4__9	Leukemia	1	Yes
med_hist_4__10	Liver cancer	1	Yes
med_hist_4__11	Lung cancer	1	Yes
med_hist_4__12	Melanoma	1	Yes
med_hist_4__13	Non-Hodgkins	1	Yes
med_hist_4__14	Oral cancer	1	Yes
med_hist_4__15	Ovarian cancer	1	Yes
med_hist_4__16	Pancreatic cancer	1	Yes
med_hist_4__17	Pharyngeal cancer	1	Yes
med_hist_4__18	Prostate cancer	1	Yes
med_hist_4__19	Rectal cancer	1	Yes
med_hist_4__20	Sarcoma	1	Yes
med_hist_4__21	Skin cancer (not melanoma)	1	Yes
med_hist_4__22	Other	1	Yes
dx_cancer_other	Please specify	text	
cancer_during_covid	Were you diagnosed with cancer during COVID-19 pandemic (since February 2020)?	1	Yes
		0	No
		2	Unsure

med_hist_7	Did you have problems accessing health care providers to initiate cancer treatment?	1	Yes
		0	No
		2	Unsure
med_hist_8__<X>	What treatment have you received for your cancer? Check all that apply.		
med_hist_8__0	None	1	Yes
med_hist_8__1	Surgery	1	Yes
med_hist_8__2	Chemotherapy (IV or pills)	1	Yes
med_hist_8__3	Radiation	1	Yes
med_hist_8__4	Immunotherapy	1	Yes
med_hist_8__5	Bone Marrow Transplant (BMT)	1	Yes
med_hist_8__6	Endocrine therapy (hormone therapy)	1	Yes
med_hist_8__7	Other		
med_hist_9	Please specify.	text	
med_hist_10	How long ago did you finish your most recent treatment?	0	Still receiving treatment
		1	During the past year
		2	1-2 years ago
		3	2-3 years ago
		4	3-4 years ago
		5	4-5 years ago
		6	Over 5 years ago
med_hist_11	Do you currently have metastatic (stage IV) disease?	1	Yes
		0	No
		2	Unsure
med_hist_12	Have you been in contact with your oncologist about your treatment plan since COVID-19 health situation began?	1	Yes
		0	No
		2	Unsure
med_hist_18	Were your appointment moved to telephone visits or video encounters (telehealth)?	1	Yes - telephone always
		2	Yes - telephone sometimes
		3	Yes - video visits always
		4	Yes - video visits sometimes
		5	Yes - Combination of telephone and video visits

		0	No
med_hist_13	Has the COVID-19 health situation changed your treatment plan?	1	Yes
		0	No
		2	Unsure
med_hist_16__<X>	How did your treatment plan change? Select all that apply.		
med_hist_16__0	Delayed surgery	1	Yes
med_hist_16__1	Delayed chemotherapy infusion	1	Yes
med_hist_16__2	Delayed radiation therapy	1	Yes
med_hist_16__3	Stopped chemotherapy earlier than planned	1	Yes
med_hist_16__4	Stopped radiation earlier than planned'	1	Yes
med_hist_16__5	Altered sequence of treatment (e.g. started with chemotherapy instead of surgery)	1	Yes
med_hist_16__6	Moved surgery up/sooner than originally planned	1	Yes
med_hist_16__7	Other	1	Yes
med_hist_15	What role did you play in making that decision?	0	I made the decision with little or no input from my doctor
		1	I made the decision after seriously considering my doctor's opinion
		2	My doctor and I share responsibility for the decision together
		3	My doctor made the decision after seriously considering my opinion
		4	My doctor made the decision about my treatment with little or no input from me
trt_change_reason__<X>	Which of the following do you believe contributed to the decision to change your treatment plan? Choose all that apply.		
trt_change_reason__1	Concern about my COVID-19 exposure risk	1	Yes
trt_change_reason__2	Concern about availability of hospital supplies and beds	1	Yes
trt_change_reason__3	Concern about the availability of donated blood	1	Yes

trt_change_reason__4	Hospital/clinic rules related to COVID-19	1	Yes
trt_change_reason__5	Professional medical organization recommendations	1	Yes
trt_change_reason__6	Closure of patient and family accommodations (such as American Cancer Society Hope Lodge)	1	Yes
trt_change_reason__7	Strict visitor policy	1	Yes
trt_change_reason__8	Transportation concerns due to suspension of medical transportation services	1	Yes
trt_change_reason__9	Other	1	Yes
trt_change_reason_other	Please describe.		
med_hist_14	To what extent do you agree with the following statement: The COVID-19 pandemic has negatively affected my cancer care.	0	Strongly agree
		1	Somewhat agree
		2	Neutral
		3	Somewhat disagree
		4	Strongly disagree
cancer_financial	How much financial burden have you incurred related to your cancer treatment as a result of COVID-19?	Slider 0-100	0=Not at all, , 100=A great deal
med_18	Have you delayed any cancer screening appointments or procedures (e.g. mammogram, colonoscopy, Pap smear, etc)?	1	Yes
		0	No
		2	Not applicable
		3	Unsure
med_hist_20__<X>	Which screening or procedure did you delay? Select all that apply.		
med_hist_20__0	Colonoscopy	1	Yes
med_hist_20__1	Pap smear/HPV test	1	Yes
med_hist_20__2	Mammogram	1	Yes
med_hist_20__3	Breast MRI	1	Yes
med_hist_20__4	Risk-reducing mastectomy (removal of breasts)	1	Yes
med_hist_20__5	Risk-reducing oophorectomy (removal of ovaries)	1	Yes
med_hist_20__6	Other	1	Yes
med_hist_21	Please specify.	text	
dem_1	What is your current age?	integer	age in years

dem_2	What is your biologic sex (sex/gender assigned at birth)?	0	Male
		1	Female
		2	Intersex
		3	Prefer not to answer
dem_3	Do you identify as transgender, gender-queer, gender-fluid, or another non-binary gender?	1	Yes
		0	No
		2	I don't know
		3	Prefer not to answer
dem_4__<X>	What is your race? Select all that apply?		
dem_4__0	White	1	Yes
dem_4__1	Black or African American	1	Yes
dem_4__2	American Indian or Alaska Native	1	Yes
dem_4__3	Asian Indian	1	Yes
dem_4__4	Chinese	1	Yes
dem_4__5	Filipino	1	Yes
dem_4__6	Japanese	1	Yes
dem_4__7	Korean	1	Yes
dem_4__8	Vietnamese	1	Yes
dem_4__9	Other Asian	1	Yes
dem_4__10	Native Hawaiian	1	Yes
dem_4__11	Guamanian or Chamorro	1	Yes
dem_4__12	Samoan	1	Yes
dem_4__13	Other Pacific Islander	1	Yes
dem_5__<X>	Are you Hispanic, Latino/a, or of Spanish origin? Select all that apply.		
dem_5__0	No, not of Hispanic, Lation/a, Spanish origin	1	Yes
dem_5__1	Yes, Mexican, Mexican American, Chicano/a	1	Yes
dem_5__2	Yes, Puerto Rican	1	Yes
dem_5__3	Yes, Cuban origin	1	Yes
ht_feet	How tall are you? - feet	4	4 feet
		5	5 feet
		6	6 feet
		7	7 feet
ht_inches	Inches	0	0 inches
		1	1 inches
		2	2 inches
		3	3 inches
		4	4 inches

			5	5 inches
			6	6 inches
			7	7 inches
			8	8 inches
			9	9 inches
			10	10 inches
			11	11 inches
dem_7	What is your current weight (pounds/lbs)?	integer		weight in lbs
dem_8	What is the highest level of schooling you have completed?		0	Less than high school
			1	High school graduate
			2	Vocational or business school or AA degree
			3	Some college
			4	College or university graduate (bachelor's degree)
		5	Graduate or professional training (graduate degree)	
dem_9	Are you a healthcare worker?		1	Yes
			0	No
dem_10	Which category best describes your role?		0	Physician
			1	Nurse (RN,NP)
			2	Physician Assistant
			3	Pharmacist
			4	Technologist or Technician
			5	Therapist
			6	Administrative staff
			7	Environmental services
		8	Other	
dem_10_other	Please specify.	text		
dem_12	What is your current partner status?		1	Single / no partner
			2	Married / Partnered and live together
			3	Married / Partnered but do not live together
			4	Other
dem_13	Do you have children under the age of 18 living with you and/or under your care?		1	Yes
			0	No

dem_14	Are you currently involved in caring for an older adult?	1	Yes
		0	No
dem_15	Are you currently employed or self-employed?	1	Yes - Full Time
		2	Yes - Part Time
		0	No
		3	Retired
dem_16	What is your annual household income?	0	Less than \$20,000
		1	\$20,000 to \$49,999
		2	\$50,000 to \$74,999
		3	\$75,000 to \$99,999
		4	\$100,000 to \$149,999
		5	\$150,000 to \$199,999
		6	\$200,000 or more
		7	Prefer not to say
dem_17	What state/territory are you currently residing in?	1	Alabama (AL)
		2	Alaska (AK)
		3	Arizona (AZ)
		4	Arkansas (AR)
		5	California (CA)
		6	Colorado (CO)
		7	Connecticut (CT)
		8	Delaware (DE)
		9	District of Columbia (DC)
		10	Florida (FL)
		11	Georgia (GA)
		12	Hawaii (HI)
		13	Idaho (ID)
		14	Illinois (IL)
		15	Indiana (IN)
		16	Iowa (IA)
		17	Kansas (KS)
		18	Kentucky (KY)
		19	Louisiana (LA)
		20	Maine (ME)
		21	Maryland (MD)
		22	Massachusetts (MA)
		23	Michigan (MI)
		24	Minnesota (MN)

		25	Mississippi (MS)
		26	Missouri (MO)
		27	Montana (MT)
		28	Nebraska (NE)
		29	Nevada (NV)
		30	New Hampshire (NH)
		31	New Jersey (NJ)
		32	New Mexico (NM)
		33	New York (NY)
		34	North Carolina (NC)
		35	North Dakota (ND)
		36	Ohio (OH)
		37	Oklahoma (OK)
		38	Oregon (OR)
		39	Pennsylvania (PA)
		40	Rhode Island (RI)
		41	South Carolina (SC)
		42	South Dakota (SD)
		43	Tennessee (TN)
		44	Texas (TX)
		45	Utah (UT)
		46	Vermont (VT)
		47	Virginia (VA)
		48	Washington (WA)
		49	West Virginia (WV)
		50	Wisconsin (WI)
		51	Wyoming (WY)
		52	American Samoa (AS)
		53	Guam (GU)
		54	Northern Mariana Islands (MP)
		55	Puerto Rico (PR)
		56	Virgin Islands (VI)
dem_18	What type of community do you live in?	1	Rural area
		2	Small city or town
		3	Suburb near a large city
		4	Large city
dem_19	In general, do you think of yourself as...	1	Extremely liberal
		2	Liberal
		3	Slightly liberal

			4 Moderate, middle of the road
			5 Slightly conservative
			6 Conservative
			7 Extremely conservative
dem_20	Generally speaking, do you think of yourself as a...		1 Republican
			2 Democrat
			3 Independent
			4 Another party
			5 No preference
dem_21	Please specify.	text	
age_grp	Age group		1 < 30 years
			2 30-39
			3 40-49
			4 50-59
			5 60-69
			6 >= 70 years
income	Annual household income, aggregated categories		1 <\$50K
			2 \$50-99K
			3 >=\$100K
			4 prefer not to answer
curcancer	Cancer group	text	