

## AAMC Consumer Survey of Health Care Access Data Dictionary

Variable	Type	Available waves	Question
RESPID	N	All waves	Respondent ID (must use in combination with Wave)
WAVE	N	All waves	Study wave
UPDATED_US_CENSUS	N	All waves	Post-survey weight using most recent CPS to approximate US population based on sex, age, race and ethnicity, employment status, household income, educational attainment and geographic region. (Note: these are not sampling weights)
SEX	N	All waves	Are you- Male/Female (W1-W16) What sex were you assigned at birth (W17-current)
AGE_GROUP	N	All waves	What is your age?
GENDER_IDENT1	N	17	What is your current gender identity-Male
GENDER_IDENT2	N	17	What is your current gender identity-Female
GENDER_IDENT3	N	17	What is your current gender identity-Trans male/Trans man
GENDER_IDENT4	N	17	What is your current gender identity-Trans female/Trans woman
GENDER_IDENT5	N	17	What is your current gender identity-Genderqueer/Gender non-conforming
GENDER_IDENT_OTH	N	17	What is your current gender identity-Different
GENDER_IDENT_SPEC	C	17	What is your current gender identity- <i>Specify</i>
MARITAL_W1	N	1	Please indicate your marital status.
MARITAL	N	2-current	Please indicate your marital status. (new response categories)
HHSIZE	N	2-current	In total, how many people live in your household, including children and yourself?
NUM_CHILD	N	2-current	How many children, if any, under the age of 18 currently live in your household?
AGE_CHILD1	N	2-current	What's the age of your child?
AGE_CHILD2	N	2-current	What's the age of your child?
AGE_CHILD3	N	2-current	What's the age of your child?
AGE_CHILD4	N	2-current	What's the age of your child?
AGE_CHILD5	N	2-current	What's the age of your child?
AGE_CHILD6	N	2-current	What's the age of your child?
EMPLOY1	N	1	What is your current employment status?
EMPLOY2	N	2-current	What is your current employment? (new response categories)
EDUCATION_W1	N	1	What is the last grade of school you, yourself, completed?
EDUCATION	N	2-current	What is the last grade of school you, yourself, completed? (new response categories)
INCOME	N	All waves	Which of the following groups comes closest to your yearly household income?
STATE	N	2-current	In which state do you live?

Variable	Type	Available waves	Question
REGION	N	All waves	Region of the country
ZIPCODE	N	4-current	What is the zip code of your primary home (the place where you live most of the time)?
RESIDE	N	2, 4-current	Which of the following best characterizes the area where you live?
RACE_W1	N	1	Are you Asian, Black or African American, Hispanic or Latino, White or a member of some other group? <i>Select one</i>
ETH_W1	N	1	Hispanic or Latino?
Race/Ethnicity	N	2-17  18-current	Which of the following best describes your Race/ethnicity? <i>Select all that apply (W2-17)</i>  How do you self-identify? (W18-current)
RACE_NAT_AMER	N	18-current	American Indian/Alaska Native
RACE_ASIAN	N	18-current	Asian
RACE_BLACK	N	18-current	Black/African-American
RACE_HISPAN	N	18-current	Hispanic
RACE_PAC_IS	N	18-current	Native Hawaiian/Other Pacific Islander
RACE_WHITE	N	18-current	White/Caucasian
RACE_OTHER	N	18-current	Other
RACE_REFUSE	N	2-17	Prefer not to say
RACE_GROUP	N	2-current	Race re-coded into a single race/ethnicity variable
SEX_ORIENT	N	5-8  9-current	Do you consider yourself to be? <i>Select one: Heterosexual or straight, gay or lesbian, bisexual</i>  How do you self-identify? <i>Select one: Heterosexual or straight, gay or lesbian, bisexual</i>
SEX_ORIENT_OTH	C	5-8  9-current	Do you consider yourself to be? <i>Specify other</i>  I self-identify as: <i>Specify</i>
LANG_PREF	N	5-6	What is your preferred language? <i>English or Spanish</i> Also see newly worded language question (LANG_HEALTH)
LANG_PREF_OTH	C	5-6	What is your preferred language? <i>Specify other</i>
EVER_MILITARY	N	4-5	Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
EVER_MILITARY2		6-current	Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? (new response categories)
EVER_COMBAT	N	5-6	Did you ever serve in a combat or war zone?
YEARS_MIL	N	6,19	In total, how many years of active-duty military service have you had?
MIL_START		6,19	When did you serve on active duty in the U.S. Armed Forces? - From

Variable	Type	Available waves	Question
MIL_END		6,19	When did you serve on active duty in the U.S. Armed Forces? - To
PTSD	N	6,19	Has a doctor or other health professional ever told you that you have post-traumatic stress disorder (PTSD)?
TBI	N	6,19	Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)?
EVER_ASK_MIL	N	6	Whether or not you have served in the military, have you ever been asked by a health provider if you have served in the military?
EVER_ASK_MIL2	N	7-current	Whether or not you have served in the military, have you ever been asked by a health provider if you or someone close to you has served in the military?
HEALTH_INS	N	All waves	What type of health insurance did you have the most recent time you needed medical care?
UNINS_EVER	N	All waves	At any time during the last 12 months, were you ever without health insurance coverage?
PRE_HI_1	N	7-current	Are you currently covered by any type of health insurance plan (through an employer, another family member, direct purchase, Medicare, Medicaid or other government assistance plan, TRICARE, VA, etc.)?
PRE_HI_2	N	7-current	You indicated that you are not currently covered by a health insurance plan. Is there any time in the last 12 months when you were covered by a health insurance plan?
NEED_CARE	N	All waves	In the last 12 months, did you or a health care professional believe you needed any medical care?
TIMES_NEED	N	4-current	How many times during the last 12 months did you or a health care professional believe you needed medical care?
ABLE_GET_CARE	N	All waves	Thinking about the times you needed medical care in the last 12 months, how often were you able to get it?
UNABLE_WHY	N	All waves	Thinking about your most recent experience with being unable to obtain medical care, which of the following statements best describes why you were unable to obtain care? <i>Select one from list</i>
UNABLE_OTH	C	2-current	Thinking about your most recent experience with being unable to obtain medical care, which of the following statements best describes why you were unable to obtain care? <i>Specify other</i>
UNABLE_DO	C	2	When you were unable to get care, what did you do?
UNABLE_AFFECT	C	7-current	When you were unable to get care, how did this affect you?
UNABLE_CARETYPE	C	14-current	When you were unable to get care, what care did you need?

Variable	Type	Available waves	Question
DELAY_CARE	N	7-current	In the last 12 months, were you ever delayed in getting medical care you or a health care professional believed necessary?
NO_PRESCRIP	N	7-current	In the last 12 months, was there any time when you did not fill a prescription for medicine because of the out-of-pocket cost?
SKIP_TEST	N	7-current	In the last 12 months, was there any time when you skipped a medical test, treatment or follow-up recommended by a doctor because of the out-of-pocket cost?
UNABLE_PAY	N	7-current	In the last 12 months, were there times when you had problems paying or were unable to pay for medical bills?
ACA_HI_REQUIRE	N	7-8	Under the terms of the Affordable Care Act (ACA) , most Americans are now required to purchase health insurance or pay a fine. Were you aware of this before now?
ACA_HI_AWARE	N	7-8	Under the terms of the ACA, health insurance exchanges or marketplaces are created where people who don't get coverage through their employers can shop for insurance and compare prices and benefits. Were you aware of this before now?
ACA_MCAID_AWARE	N	7-8	Also, under the terms of the ACA, Medicaid eligibility will expand in some states. Were you aware of this before now?
ACA_AGE26_AWARE	N	7-8	Also, under the terms of the ACA, adult children up to 26 years old are eligible for health insurance coverage under a parent's plan. Were you aware of this before now?
HI_EXCHG	N	7-11	You indicated that the most recent time you needed medical care, your insurance was: XX. Did you apply for it through one of the new health insurance marketplaces or exchanges?
HI_CHANGE	N	7-8	You indicated that the most recent time you needed medical care, your insurance was: XX. Has your insurance coverage changed since then?
HI_NOW	N	7-8	You indicated that your health insurance has changed since the most recent time you needed medical care. What type of health insurance do you have now?
HI_NOW_EXCHG	N	7-8	You indicated that you now have XX. Did you apply for it through one of the new health insurance marketplaces or exchanges?
NOW_SEEK	N	7-current	You indicated that during the last 12 months, you were without health insurance coverage at least once. Now that you have health insurance, are you seeking

Variable	Type	Available waves	Question
			treatment for any health conditions that you left untreated when you did not have health insurance?
UNINS_TIME	N	7-8	You indicated that during the last 12 months, you were without health insurance coverage at least once. "How long have you gone" or "How long did you go" without health insurance?
UNINS_REASON	N	7-8	You indicated that during the last 12 months, you were without health insurance coverage at least once. What is the main reason you were without health insurance? <i>Select from list</i>
UNINS_OTH	C	7-8	You indicated that during the last 12 months, you were without health insurance coverage at least once. What is the main reason you were without health insurance? <i>Other specify</i>
EVER_EXCHG	N	7-11	In the past 12 months, have you ever tried to find health insurance on your own through a Health Insurance Marketplace?
EXCHG_WHY	N	7-11	You indicated that you tried to find health insurance on your own through a Health Insurance Marketplace. If you did not decide to get your health insurance through a Health Insurance Marketplace, could you please tell us why? <i>Select from list</i>
EXCHG_WHY_OTH	C	7-11	You indicated that you tried to find health insurance on your own through a Health Insurance Marketplace. If you did not decide to get your health insurance through a Health Insurance Marketplace, could you please tell us why? <i>Other specify</i>
EXCHG_HOW	N	7-11	You indicated that you have XX and you got on your own through a Health Insurance Marketplace/Exchange. How did you get it?
EXCHG_BEFORE	N	9-11	Before you got insurance through a health insurance marketplace or exchange, did you have some other type of insurance, or were you uninsured?
HI_AFFORDABLE	N	7-current	You indicated that your insurance is: XX. Do you agree or disagree with the statement that your health insurance is affordable?
USUALCARE1	N	2-8	Is there a particular health care provider's office, clinic, health center, or other place that you usually go if you are sick or need advice about your health? (Yes, no, more than one, DK). <i>Not asked type of place Waves 2-3; type place asked in Wave 4 but single response; Waves 5-8 persons who selected &gt; 1 could give same multiple responses as shown in USUALCARE2</i>
USUAL_TYPE	N	4-8	Respondents to USUAL_CARE1 for wave 4 are asked to pick 1 type of place from a list,

Variable	Type	Available waves	Question
USUAL_TYPE_OTH	N	4-8	Respondents to USUAL_CARE1 where type place= other asked to specify
USUALCARE2	N	9-current	Is there a particular health care provider's office, clinic, health center, or other place that you usually go if you are sick or need advice about your health? (Yes, no, DK). If yes-- <i>Select all that apply</i>
USUAL_OFFICE		5-current	Physician or other health care provider's office
USUAL_CHC		5-current	Community health center (change in other) clinic
USUAL_RETAIL		5-current	Retail clinic (typically located in a drug or grocery store)
USUAL_URGENT		5-current	Urgent care center
USUAL_ED		5-current	Hospital emergency room
USUAL_HOPD		5-current	Hospital outpatient clinic
USUAL_OTHER		5-current	Other kind of place
USUAL_SPECIFY	C	5-current	Other kind of place: <i>Other specify</i>
USUAL_DK		5-current	Don't know
USUAL_WHY	C	7-8	Why is this your usual place of care? Only answered when USUALCARE1=1
USUAL_WHY1	C	7-8	Why is <i>office</i> one of your usual places of care? Answered when USUALCARE1=3
USUAL_WHY2	C	7-8	Why is <i>CHC</i> one of your usual places of care? Answered when USUALCARE1=3
USUAL_WHY3	C	7-8	Why is <i>Retail</i> one of your usual places of care? Answered when USUALCARE1=3
USUAL_WHY4	C	7-8	Why is <i>Urgent</i> one of your usual places of care? Answered when USUALCARE1=3
USUAL_WHY5	C	7-8	Why is <i>ED</i> one of your usual places of care? Answered when USUALCARE1=3
USUAL_WHY6	C	7-8	Why is <i>HOPD</i> one of your usual places of care? Answered when USUALCARE1=3
USUAL_WHY7	C	7-8	Why is <i>Other</i> one of your usual places of care? Answered when USUALCARE1=3
Usual place of care treated	N	7-8	When you go to <i>selected usual place of care</i> are you treated by a physician, PA, NP, or someone else? <i>Select all that apply</i>
USUAL_TREAT_PHYS			Physician
USUAL_TREAT_PA			Physician assistant
USUAL_TREAT_NP			Nurse practitioner
USUAL_TREAT_OTH			Other person
USUAL_TREAT_DK			Don't know
USUAL_TREAT_SPECIFY	C		Other person specify
USUAL_COORD1	N	7-8	They coordinate their jobs very well. You indicated that when you go to your usual location selected place of care, more than one person is involved in providing your care.

Variable	Type	Available waves	Question
USUAL_COORD2	N	7-8	They all give me the same information and advice. You indicated that when you go to your usual location selected place of care, more than one person is involved in providing your care.
USUAL_COORD3	N	7-8	They all know my medical history. You indicated that when you go to your usual location selected place of care, more than one person is involved in providing your care.
USUAL_COORD4	N	7-8	they share an agreed upon plan of treatment. You indicated that when you go to your usual location selected place of care, more than one person is involved in providing your care.
USUAL_WHYNOT	N	2-current	What is the main reason you do not have a usual source of care?
USUAL_WHYNOT_OTH	C	2-current	What is the main reason you do not have a usual source of care? Other specify.
LANG_BARRIER	N	5-8 9-current	In the past 12 months, how often did you experience any language barriers when trying to get routine or ongoing care you needed? <i>Not applicable response option added in Wave 9-current</i>
LANG_BARRIER_FEEL	N	14-current	When you experienced language barriers, did you feel that:
LANG_HEALTH	N	7-current	What language do you feel most comfortable using when talking with your health providers? <i>English or Spanish</i>
LANG_HEALTH_OTH	C	7-current	What language do you feel most comfortable using when talking with your health providers? <i>Specify other</i>
KNOW_PA_NP	N	2-6, 8-current	Physician assistants (PAs) and nurse practitioners (NPs) are licensed practitioners that are trained in the diagnosis and treatment of illness ETC. Did you know what either a PA or NP was prior to this survey?
UNABLE_PROV	N	2-current	Thinking again about the most recent time you were unable to get medical care, what type of provider did you think you needed to see? ( <i>General, specialist, other</i> )
UNABLE_PROV_OTH	C	2-current	Thinking again about the most recent time you were unable to get medical care, what type of provider did you think you needed to see? <i>Specify other</i>
UNABLE_SPEC	C	5-current	(If specialist) What type of specialist did you think you needed to see?
UNABLE_LOC	N	2-6	Still thinking about the most recent time you were unable to get medical care, did you think you needed to see the provider at an office, a hospital outpatient

Variable	Type	Available waves	Question
			department, an emergency room at a hospital, or some other kind of place?
UNABLE_LOC_OTH	C	2-6	(If other) what other place
UNABLE_PLACE	C	4	OQX3 & OQX5-You indicated that the last time you needed care but were unable to get it, you thought you needed to get it at <i>selected location</i> . Why did you choose that place?
UNABLE_FIRST	N	5-6	CQX11X2 (sometimes) and CQX11BX2 (never)-Still thinking about the most recent time you were unable to get medical care, was this the first time you sought care from that provider or at that place?
UNABLE_FIND	C	5	OQX11X3 (sometimes) and OQX11BX3 (never)-How did you find out about this provider or place?
UNABLE_WHY_PROV	C	6	OQX11X3-Why did you choose that provider or place?
UNABLE_CHOICE	N	6	CQX11X4-Was that provider or place your first choice?
UNABLE_FIRST_WHY	C	6	OQX11X5-If that was not your first choice, please tell us why you went there:
UNABLE_HOURS	N	6	CQXH1-Does that office or clinic have office hours at night or on weekends?
UNABLE_LONG	N	6	CQX11X6-How long have you been going to that provider or place for medical care?
RECENT_PROV_W1	N	1	Thinking about your <u>most recent</u> need for medical care, what type of provider did you need to see? ( <i>General, specialist, other</i> )
RECENT_PROV	N	2-current	Thinking about your most recent medical care visit, what type of provider did you see? ( <i>General, specialist, other</i> )
RECENT_PROV_OTH	C	2-current	Thinking about your most recent medical care visit, what type of provider did you see? ( <i>if other, specify</i> )
RECENT_SPEC	C	5-current	( <i>If specialist, specify</i> ) What type of specialist did you see?
RECENT_LOC_W1	N	1	Thinking about your <u>most recent</u> need for medical care, did you need to see the provider at an office, a hospital outpatient department, an emergency room at a hospital, or some other kind of place?
RECENT_LOC	N	2-current	Thinking again about your most recent medical care visit, did you see the provider at an office, a hospital outpatient department, an emergency room at a hospital, or some other kind of place?
RECENT_LOC_OTH	C	2-current	(If other) Thinking again about your most recent medical care visit, what other kind of place?
RECENT_PLACE	C	4-5	You indicated that the last time you needed care and got it, you thought you needed to get it at <i>selected location</i> . Why did you choose that place?

Variable	Type	Available waves	Question
RECENT_FIRST	N	5-8	Still thinking about your most recent medical care visit, was this the first time you sought care from that provider or at that place?
RECENT_FIND	C	5-6	How did you find out about this provider or place?
RECENT_CHOICE	N	6	Was that provider or place your first choice?
RECENT_FIRST_WHY	C	6	If that was not your first choice, please tell us why you went there:
RECENT_HOURS	N	6-8	Does that place have office hours at night or on weekends?
RECENT_LONG	N	6	How long have you been going to that provider or place for medical care?
RECENT_KNOW_PAY	N	8	Thinking about your most recent medical care visit, did you know in advance of the visit how much you, yourself, would have to pay?
RECENT_REFER	N	8	Thinking about your most recent medical care visit, did your health care provider refer you to a specialist?
RECENT_PROV_COST	N	8	Did your health care provider discuss how much the visit to the specialist would cost you out-of-pocket?
DECIDE_COST	N	8	In general, when you are trying to determine where to go for a specific health care service, what do you want to know about cost to inform your decision?
			<i>Note: for LOCOST_LOQUAL AND HICOST_HIQUAL below, respondents are randomly assigned to one of the two items such that half get one and half get the other.</i>
LOCOST_LOQUAL	C	8	Imagine you needed surgery and just found out the provider you selected would cost you the least in out-of-pocket expenses but has below average quality ratings. Would this change your plans? Why or why not?
HICOST_HIQUAL	C	8	Imagine you needed surgery and just found out the provider you selected has the highest quality ratings but would also cost you the most in out-of-pocket expenses. Would this change your plans? Why or why not?
RECENT_SATISF	N	2-current	All things considered, how satisfied are you with the health care you received during your most recent medical care visit?
RECENT_REC	N	6-current	Would you recommend the provider who treated you during your most recent medical care visit to family and friends?
RECENT_WAIT	N	All waves	Still thinking about your most recent medical care visit, how long did you have to wait between the time you made the appointment and the day you actually saw the provider?

Variable	Type	Available waves	Question
RECENT_WAIT_DAYS	N	All waves	Still thinking about your most recent medical care visit, how long did you have to wait between the time you made the appointment and the day you actually saw the provider? # days
RECENT_WAIT_OTH	C	All waves	Still thinking about your most recent medical care visit, how long did you have to wait between the time you made the appointment and the day you actually saw the provider? Other/not applicable
RECENT_APPT	N	4-8	How was the appointment made?
RECENT_APPT_OTH	C	4-8	How was the appointment made? Other specify
RECENT_NEED	N	4-8	On the day you made the appointment, how quickly did you think you needed to be treated for your health problem?
RECENT_NEED2	N	9-current	On the day you made the appointment, how quickly did you think you needed to be treated for your health problem? <i>New response categories</i>
RECENT_NEED2_DAYS	N	9-current	On the day you made the appointment, how quickly did you think you needed to be treated for your health problem? # days
TRAVEL_TIME	N	4-current	How long did it take you to travel to your health care provider? (Most recent medical appointment)
TRAVEL_FROM	N	5	Was that travel to your health care provider made from your home, your place of work, or some other place?
TRAVEL_FROM_OTH	C	5	Was that travel to your health care provider made from your home, your place of work, or some other place?
PROV_CLOSE	N	6-8	Was that health care provider closer to your home or to your place of work?
TM_MAKE_APPT	N	6-current	Use email or a Web site to make an appointment at a health provider's office? -In the last 12 months, did you:
TM_MED_QSTN	N	6-current	Email a health provider's office with a medical question? -In the last 12 months, did you:
TM_REVIEW_LAB	N	6-current	Look at your laboratory or other test results on a Web site? -In the last 12 months, did you:
TM_PROV_PHONE	N	6-current	Talk with a health provider on the telephone? -In the last 12 months, did you:
TM_PROV_VIDEO	N	6-current	Talk with a health provider by video (e.g., Skype)? -In the last 12 months, did you:
TM_PROV_CHAT	N	9-current	Live text "chat" with a health provider on a Web site? - In the last 12 months, did you:
TM_PROV_TEXT	N	9-current	Text message with a health provider on your mobile phone? - In the last 12 months, did you:

Variable	Type	Available waves	Question
TM_PROV_APP	N	9-current	Communicated with a health provider via an app on your mobile device. - In the last 12 months, did you:
TM_PREF	N	9	If the health outcome were the same, would you prefer to interact with your provider in person or via electronic means?
TM_PREF_WHY	C	9	When asked how you would prefer to interact with your provider if the health outcomes were the same, you indicated: TM_PREF. Why?
TM_LAB	N	10-14,19	Lab test results - Below is a list of things people might wish to discuss with their health care provider. For each of these, please indicate whether you would be willing to discuss it with your provider with a video call (e.g., Skype or FaceTime)
TM_NEW_MED	N	10-14,19	Follow up after starting a new medication - Below is a list of things people might wish to discuss with their health care provider. For each of these, please indicate whether you would be willing to discuss it with your provider with a video call or only in person
TM_DEPRESS	N	10-14,19	Depression - Below is a list of things people might wish to discuss with their health care provider. For each of these, please indicate whether you would be willing to discuss it with your provider with a video call (e.g., Skype or FaceTime) or only in person
TM_DIZZY	N	10-14,19	Dizziness - Below is a list of things people might wish to discuss with their health care provider. For each of these, please indicate whether you would be willing to discuss it with your provider with a video call (e.g., Skype or FaceTime) or only in person
TM_FEVER	N	10-14,19	Fever, cough - Below is a list of things people might wish to discuss with their health care provider. For each of these, please indicate whether you would be willing to discuss it with your provider with a video call (e.g., Skype or FaceTime) or only in person
TM_PREF2	N	10-11	CQXE1B - You indicated that in the last 12 months you have talked with a health provider by video (e.g. Skype or FaceTime). If you had the option to talk with a health provider again by video, would you prefer to do that, or would you prefer to talk in person?
TM_PREF2_WHY	C	10-11	OQXE1C - When asked if you would be willing to talk with a health provider by video again, you said TM_PREF2. Why is that?
TM_VIDEO_WHAT	N	10-11	CQXE1A - You said that in the last 12 months you have talked with a health provider by video (e.g. Skype or FaceTime). Was that for an unscheduled discussion, for a scheduled appointment, or for some other reason?

Variable	Type	Available waves	Question
TM_VIDEO_WHY	C	10-11	CQXE1A - You said that in the last 12 months you have talked with a health provider by video (e.g. Skype or FaceTime). Was that for an unscheduled discussion, for a scheduled appointment, or for some other reason?
RECENT_PROV_YN	N	2-5	Most recent medical care visit, were you treated by a physician assistant (PA) or nurse practitioner (NP)? (Yes, No, DK)
RECENT_PROV_TYPE	N	6	Most recent medical care visit, were you treated by a physician, physician assistant (PA) or nurse practitioner (NP), or someone else? <i>Select one</i>
RECENT_PROV_SPEC	C	6	Most recent medical care visit, were you treated by a physician, physician assistant (PA) or nurse practitioner (NP), or someone else? <i>Other specify</i>
RECENT_TYPE_KNOW	N	6	Most recent medical care visit, you indicated you were treated by physician assistant (PA) or nurse practitioner (NP). Which type?
Recent Provider Type	N	7-current	Most recent medical care visit, were you treated by a physician, physician assistant (PA) or nurse practitioner (NP), or someone else? <i>Select all that apply</i>
PROV_TYPE_PHYS			Physician
PROV_TYPE_PA			Physician assistant (PA)
PROV_TYPE_NP			Nurse practitioner (NP)
PROV_TYPE_OTHER			Someone else
PROV_TYPE_DK			Don't know
PROV_TYPE_SPEC	C		Someone else <i>-specify</i>
RECENT_COORD1	N	7-8	They coordinated their jobs very well. - You indicated that during your most recent medical care visit, more than one person was involved in providing your care.
RECENT_COORD2	N	7-8	They all gave me the same information and advice. - You indicated that during your most recent medical care visit, more than one person was involved in providing your care
RECENT_COORD3	N	7-8	they all know my medical history. - You indicated that during your most recent medical care visit, more than one person was involved in providing your care. ne
RECENT_COORD4	N	7-8	They share an agreed upon plan of treatment. - You indicated that during your most recent medical care visit, more than one person was involved in providing your care
EVER_PA_NP	N	2-current	Now thinking about any medical care you have ever received, have you ever been treated by a physician assistant (PA) or nurse practitioner (NP)?
SCENARIO1	N	2-11, 14-current	Imagine the following scenario: You need to find a new primary care provider. The practice you found has physicians, physician assistants (PAs), and nurse

Variable	Type	Available waves	Question
			practitioners (NPs) that are all accepting new patients. Which type of provider prefer?
SCENARIO1_WHY	C	2-8, 10-11, 14-current	You indicated that you would prefer to see a <i>selected answer</i> . Could you please tell us why?
SCENARIO1_WHY_NO	C	10-11, 14-current	You indicated that you have no preference (for seeing a physician or physician assistant (PA) or nurse practitioner (NP)). Could you please tell us why?
SCENARIO1_WILL	N	4-8	You indicated that you would prefer to see a physician. Would you be willing to see a physician assistant (PA) or nurse practitioner (NP) for your routine care if you could still see a physician for health concerns
SCENARIO2	N	2	Now imagine you have a worsening cough and decide you need to seek medical care. You can be seen by a physician assistant (PA) or nurse practitioner (NP) <u>in 1 day</u> or a physician in 3 days. Which would you choose?
SCENARIO3	N	3-4	Now imagine you have a worsening cough and decide you need to seek medical care. You can be seen by a physician assistant or nurse practitioner <u>that same day</u> or a physician the next day. Which would you choose?
SCENARIO4	N	3	Severe headache NP or PA in 1 day, physician in 3 days.
SCENARIO5	N	4	Now imagine you have a worsening cough and decide you need to seek medical care. You can be seen by a physician assistant or nurse practitioner and your out-of-pocket cost will be \$10 or you can see a physician and your out of pocket cost will be \$20. You can see either today. Which would you choose?
SCENARIO6	N	4	Now imagine you have a worsening cough and decide you need to seek medical care. You can be seen by a physician assistant or nurse practitioner and your out-of-pocket cost will be \$10 or you can see a physician and your out of pocket cost will be the same (\$10). You can see either today. Which would you choose?
SCENARIO7	N	9-11	Imagine the following scenario: Your primary care provider wants input from a specialist physician who has not seen you before. The primary care provider tells you this can be safely handled in one of two ways: You can be referred for an appointment with the specialist, who can address your problem directly OR Your primary care provider can communicate with the specialist for you, and then carry out the specialist's recommendations (instead of sending you to the specialist). What do you prefer?

Variable	Type	Available waves	Question
SCENARIO7_WHY	C	10-11	For the scenario about getting input from a specialist, you indicated: SCENARIO7. Why is that?
SCENARIO7_WAIT	N	9-11	Now imagine the following scenario: Your primary care provider wants input from a specialist physician who has not seen you before. The primary care provider tells you this can be safely handled in one of two ways: You can be referred for an appointment but wait time is 1-2 months or eConsult 1 week. Which do you prefer?
SCENARIO7_COST	N	9-11	Now imagine the following scenario: Your primary care provider wants input from a specialist physician who has not seen you before. The primary care provider tells you this can be safely handled in one of two ways: For a \$20 co-pay, you can be referred or \$10 copay for eConsult. Which would you prefer?
SCENARIO7_COST2	N	10-11	Now imagine the following scenario: Your primary care provider wants input from a specialist physician who has not seen you before. For a \$50 co-pay, you can be referred for an appointment with the specialist, who can address your problem directly OR For a \$10 co-pay, your primary care provider can communicate with the specialist for you, and then carry out the specialist's recommendations (instead of sending you to the specialist). Which would you prefer?
CARE_CHOICE	N	9-current	Would you say you agree or disagree with the following statement: When you need to find health care, you have enough options about where you can go to get care.
HEALTH_STATUS	N	2-current	In general, would you say your health is:
CHRONIC_ARTHRITIS	N	4-8, 12-current	Arthritis - chronic condition
CHRONIC_CANCER	N	4-8, 12-current	Cancer or a malignancy of any kind - chronic condition
CHRONIC_CHOLEST	N	4-8, 12-current	Cholesterol disorder, such as high cholesterol - chronic condition
CHRONIC_DEPRESS	N	4-8, 12-current	Depression -- chronic condition
CHRONIC_DIABETES	N	4-8, 12-current	Diabetes, or sugar diabetes - chronic condition
CHRONIC_HEART	N	4-8, 12-current	Heart disease, heart attack, angina, coronary artery disease - chronic condition
CHRONIC_OBESITY	N	4-8, 12-current	Obesity -- chronic condition

Variable	Type	Available waves	Question
CHRONIC_HTN	N	4-8, 12-current	Hypertension, also called high blood pressure -chronic condition
CHRONIC_ORTHO	N	4-8, 12-current	Orthopedic, such as an ongoing back, knee, hip, or major joint problem - chronic condition
CHRONIC_RESP	N	4-8, 12-current	Respiratory or chronic lung disease, such as asthma, chronic bronchitis, or COPD -- chronic condition
CHRONIC_PREF	N	4	(for chronic conditions selected) Would you prefer a physician, PA or NP?
HEART_PCP	N	5	Primary care provider -role. You indicated that you have been told by a health professional that you have heart disease, angina, or coronary artery disease.
HEART_CARD	N	5	Cardiologist -role. You indicated that you have been told by a health professional that you have heart disease, angina, or coronary artery disease.
HEART_NUTR	N	5	Nutritionist/registered dietitian - role. You indicated that you have been told by a health professional that you have heart disease, angina, or coronary artery disease.
HEART_EX	N	5	Exercise therapist - role. You indicated that you have been told by a health professional that you have heart disease, angina, or coronary artery disease.
HEART_OTH	N	5	Other [PLEASE SPECIFY] - role. You indicated that you have been told by a health professional that you have heart disease, angina, or coronary artery disease.
HEART_SPEC	C	5	Others <i>specify</i> . You indicated that you have been told by a health professional that you have heart disease, angina, or coronary artery disease.
HEART_MORE1	N	5	Primary care provider -For each of these providers, would you like to see them more or less for your heart disease care?
HEART_MORE2	N	5	Cardiologist -For each of these providers, would you like to see them more or less for your heart disease care?
HEART_MORE3	N	5	Nutritionist/registered dietitian -For each of these providers, would you like to see them more or less for your heart disease care?
HEART_MORE4	N	5	Exercise therapist -For each of these providers, would you like to see them more or less for your heart disease care?
HEART_MORE5	N	5	Other [PLEASE SPECIFY] -For each of these providers, would you like to see them more or less for your heart disease care?
HEART_MORE6	C	5	<i>Specify</i> -For each of these providers, would you like to see them more or less for your heart disease care?

Variable	Type	Available waves	Question
DIAB_PCP	N	5	Primary care provider -role. You indicated that you have been told by a health professional that you have diabetes, or sugar diabetes.
DIAB_ENDO	N	5	Endocrinologist - role. You indicated that you have been told by a health professional that you have diabetes, or sugar diabetes.
DIAB_NUTR	N	5	Nutritionist/registered dietitian - role. You indicated that you have been told by a health professional that you have diabetes, or sugar diabetes.
DIAB_ED	N	5	Certified diabetes educator -role. You indicated that you have been told by a health professional that you have diabetes, or sugar diabetes.
DIAB_OTH	N	5	Other [PLEASE SPECIFY] -role. You indicated that you have been told by a health professional that you have diabetes, or sugar diabetes.
DIAB_SPEC	C	5	<i>Specify</i> . You indicated that you have been told by a health professional that you have diabetes, or sugar diabetes.
DIAB_MORE1	N	5	Primary care provider -For each of these providers, would you like to see them more or less for your diabetes care?
DIAB_MORE2	N	5	Endocrinologist -For each of these providers, would you like to see them more or less for your diabetes care?
DIAB_MORE3	N	5	Nutritionist/registered dietitian -For each of these providers, would you like to see them more or less for your diabetes care?
DIAB_MORE4	N	5	Certified diabetes educator -For each of these providers, would you like to see them more or less for your diabetes care?
DIAB_MORE5	N	5	Other [PLEASE SPECIFY] -For each of these providers, would you like to see them more or less for your diabetes care?
DIAB_MORE6	C	5	<i>Specify</i> -For each of these providers, would you like to see them more or less for your diabetes care?
LIMIT_ALL	N	4	Are you limited in any way in any activities because of physical, mental or emotional problems?
LIMIT_PHYS	N	5-current	Are you limited in any way in any activities because of physical problems?
LIMIT_EMOT	N	5-current	Are you limited in any way in any activities because of mental or emotional problems?
PROV_EXPLAIN	N	4-current	During your most recent medical care visit, did the health provider who treated you explain things in a way that was easy to understand?

Variable	Type	Available waves	Question
PROV_ANS	N	5-current	During your most recent medical care visit, did your provider answer all your questions to your satisfaction?
PROV_TIME	N	4-current	During your most recent medical care visit, did the health provider who treated you spend enough time with you?
UNFAIR_HI	N	4-5, 9-current	The type of health insurance coverage you have, such as Medicaid, Medicare or none at all-During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
UNFAIR_SEX	N	4-5, 9-current	Your sex or gender -During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
UNFAIR_AGE	N	4-5, 9-current	Your age -During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
UNFAIR_RACE	N	4-5, 9-current	Your race, or ethnicity -During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly? Note wording change
UNFAIR_LANG	N	5, 9-current	Language -During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
UNFAIR_CULTURE	N	5, 9-current	Culture -During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
UNFAIR_RELIG	N	5, 9-current	Religion -During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
UNFAIR_SEX_ORIENT	N	5, 9-current	Sexual orientation -During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
UNFAIR_GEN_IDENT	N	20	Gender Identity- During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
UNFAIR_DIS	N	20	Disability- During your most recent medical care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
PROV_SAME	N	4-current	During your most recent medical care visit, was the health care provider who treated you the same race or ethnicity as you?
RESPECT	N	6, 20	During your most recent medical care visit, do you think you were treated with respect by your health provider?

Variable	Type	Available waves	Question
RESPECT_WHYNOT	C	6	Please tell us why you feel you were not treated with respect:
NEED_MBH_CARE	N	12-13	In the last 12 months, did you or a health care professional believe you needed behavioral or mental health care (such as from a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs)?
MBH_TIMES	N	12-13	How many times during the last 12 months did you or a health care professional believe you needed behavioral or mental health care?
MBH_ABLE	N	12-13	Thinking about the times you needed behavioral or mental health care in the last 12 months, how often were you able to get it?
MBH_HI	N	12	Do you know if your insurance covers behavioral or mental health care?
MBH_HI2	N	13	Does your insurance cover behavioral or mental health care?
MBH_PREF	N	12-13	Imagine the following scenario: You want to talk to someone about your behavioral or mental health concerns. Who would you talk to first?
MBH_PREF_OTH	C	12-13	Other [PLEASE SPECIFY:] -Imagine the following scenario: You want to talk to someone about your behavioral or mental health concerns. Who would you talk to first?
MBH_EVER_ASK	N	12-13	Whether or not you have sought or received behavioral or mental health care services, have you ever been asked by a health provider about your behavioral or mental health?
MBH_STATUS	N	12-13	In general, would you say your mental health is:
MBH_UNABLE_TYPE	N	12-13	You indicated that at least once in the last 12 months, you or a health care professional believed you needed behavioral or mental health care but you were unable to get it. Thinking about your most recent experience with being unable ... was it for treatment, therapy, medication management, or some other reason?
MBH_UNABLE_TYPE2	C	12-13	Other [PLEASE SPECIFY:] - You indicated that at least once in the last 12 months, you or a health care professional believed you needed behavioral or mental health care but you were unable to get it. Most recent experience unable... was it for treatment, therapy, medication management, or some other reason?
MBH_UNABLE WHY	N	12-13	You indicated that at least once in the last 12 months, you or a health care professional believed you needed behavioral or mental health care but you were unable to get it. Most recent experience unable... which of

Variable	Type	Available waves	Question
			the following statements best describes why you were unable to obtain care?
MBH_UNABLE_WHY2	C	12-13	Other [PLEASE SPECIFY:] - You indicated that at least once in the last 12 months, you or a health care professional believed you needed behavioral or mental health care but you were unable to get it. Most recent experience unable...which of the following statements best describes why you were unable to obtain care?
MBH_UNABLE_AFF	C	12-13	When you were unable to get behavioral or mental health care, how did this affect you?
MBH_LOC	N	12-13	Thinking about your most recent behavioral or mental health care visit, did you see the provider at an office, an outpatient mental health clinic, a day treatment program, or some other kind of place?
MBH_LOC_OTH	C	12-13	Other [PLEASE SPECIFY:] - Thinking about your most recent behavioral or mental health care visit, did you see the provider at an office, an outpatient mental health clinic, a day treatment program, or some other kind of place?
MBH_PROV	N	12-13	Thinking about your most recent behavioral or mental health care visit, what type of provider did you see?
MBH_PROV_OTH	C	12-13	Other [PLEASE SPECIFY:] - Thinking about your most recent behavioral or mental health care visit, what type of provider did you see?
MBH_REASON	N	12-13	Thinking about your most recent behavioral or mental health care visit, was it for treatment, therapy, medication management, or some other reason?
MBH_OTH	C	12-13	Specify -Thinking about your most recent behavioral or mental health care visit, was it for treatment, therapy, medication management, or some other reason?
MBH_SATIS	N	12-13	All things considered, how satisfied are you with the health care you received during your most recent behavioral or mental health care visit?
MBH_RECC	N	12-13	Would you recommend the provider who treated you during your most recent behavioral or mental health care visit to family and friends?
MBH_WAIT	N	12-13	Still thinking about your most recent behavioral or mental health care visit, how long did you have to wait between the time you made the appointment and the day you actually saw the provider?
MBH_WAIT_DAYS	N	12-13	n_days - Still thinking about your most recent behavioral or mental health care visit, how long did you have to wait between the time you made the appointment and the day you actually saw the provider?

Variable	Type	Available waves	Question
MBH_WAIT_OTH	C	12-13	Specify - Still thinking about your most recent behavioral or mental health care visit, how long did you have to wait between the time you made the appointment and the day you actually saw the provider? n/a OTHER
MBH_NEED	N	12-13	On the day you made the appointment, how quickly did you think you needed to be treated for your behavioral or mental health concern?
MBH_NEED_DAYS	N	12-13	n_days - On the day you made the appointment, how quickly did you think you needed to be treated for your behavioral or mental health concern?
MBH_TRAVEL	N	12-13	How long did it take you to travel to your behavioral or mental health care provider?
MBH_TRAVEL_NA	C	12-13	Not applicable (transported in ambulance, etc.) – Why did you not travel.
MBH_PROV_EXP	N	12-13	During your most recent behavioral or mental health care visit, did the health provider who treated you explain things in a way that was easy to understand?
MBH_PROV_QSTNS	N	12-13	During your most recent behavioral or mental health care visit, did your provider answer all your questions to your satisfaction?
MBH_PROV_TIME	N	12-13	During your most recent behavioral or mental health care visit, did the health provider who treated you spend enough time with you?
MBH unfair treatment		12-13	During your most recent behavioral or mental health care visit, do you think any of the following influenced your healthcare provider to treat you unfairly?
MBH_UNFAIR_HI	N	12-13	MBH provider treated unfairly: type of health insurance
MBH_UNFAIR_SEX	N	12-13	MBH provider treated unfairly: sex
MBH_UNFAIR_AGE	N	12-13	MBH provider treated unfairly: age
MBH_UNFAIR_RACE	N	12-13	MBH provider treated unfairly: race
MBH_UNFAIR_LANG	N	12-13	MBH provider treated unfairly: language
MBH_UNFAIR_CULT	N	12-13	MBH provider treated unfairly: culture
MBH_UNFAIR_RELIG	N	12-13	MBH provider treated unfairly: religion
MBH_UNFAIR_SEXORIENT	N	12-13	MBH provider treated unfairly: sex orientation
MBH_MAT	N	12-13	Do you know anyone, including yourself, who is currently seeking or receiving medication-assisted therapy for substance abuse problems?
MBH_MAT_PROV	N	12-13	You indicated that you know someone who is currently seeking or receiving medication-assisted therapy for substance abuse problems. Have they had difficulty finding a health care professional who provides medication-assisted therapy for substance abuse problems?

Variable	Type	Available waves	Question
DENT_NEED1	N	14	In the last 12 months, did you or a health care professional believe you needed dental health care (such as from dentist or orthodontist)?
DENT_WHY	N	14	What was the main reason you last visited the dentist?
DENT_UNABLE1	N	14	During the past 12 months, was there a time when you needed dental care but could not get it at that time?
DENT_UNABLE_WHY	N	14	You indicated that at least once in the last 12 months, you or a health care professional believed you needed dental care but you were unable to get it. Thinking about your most recent experience with being unable to obtain dental care, which of th
DENT_UNABLE_SPEC	C	14	Other reason [PLEASE SPECIFY:] - You indicated that at least once in the last 12 months, you or a health care professional believed you needed dental care but you were unable to get it. Thinking about your most recent experience with being unable t
DENT_INS	N	14	Do you currently have dental insurance?
DENT_USUAL	N	14	Do you have a single dentist or dental office that is your usual source of dental care?
DENT_HEALTH	N	14	In general, would you say your dental health is:
TM_PREF_EXIST	N	19	Generally, what is your preferred way to communicate with a physician with whom you have an ongoing, established patient-physician relationship?
TM_PREF_NEW	N	19	Generally, what is your preferred way to communicate with a new physician from whom you have not received health care previously?
Social Determinants of Health (SDoH) Concern		19	During your most recent medical care visit, were you, yourself, concerned about any of the following topics:
SD_HOUSE	N	19	SDoH Concern: Housing stability (e.g.: ability to pay rent, overcrowding, concern of losing housing, etc.)
SD_TRANSPORT	N	19	SDoH Concern: Transportation access (e.g.: ability to use transportation to get to important appointments, affording transportation fees, etc.)
SD_SUPPORT	N	19	SDoH Concern: Social support (e.g.: feeling physically and emotionally safe where you live being able to interact with others, etc.)
SD_IPV	N	19	SDoH Concern: Intimate partner violence (e.g.: being hit, slapped, kicked by partner, being humiliated or emotionally abused by partner, etc.)
SD_EDUC	N	19	SDoH Concern: Your highest level of education
SD_SAFETY	N	19	SDoH Concern: Home safety (e.g.: presence of fire alarm in home safe storage of possible poisons in home etc.)
SD_OCCUPATION	N	19	SDoH Concern: Your occupation

Variable	Type	Available waves	Question
SD_FINANCE	N	19	SDoH Concern: Financial insecurity (e.g.: running out of money before all expenses are covered living 'paycheck to paycheck' etc.)
SD_FOOD	N	19	SDoH Concern: Food insecurity (e.g.: ability to access food resources, affordability of food, worry about food running out etc.)
Social Determinants of Health (SDoH) Ask		19	During your most recent medical care visit, did the health provider ask you about any of the following topics :
SD_HOUSE_ASK	N	19	SDoH Ask: Housing stability (e.g.: ability to pay rent, overcrowding, Ask of losing housing, etc.)
SD_TRANSPORT_ASK	N	19	SDoH Ask: Transportation access (e.g.: ability to use transportation to get to important appointments, affording transportation fees, etc.)
SD_SUPPORT_ASK	N	19	SDoH Ask: Social support (e.g.: feeling physically and emotionally safe where you live being able to interact with others, etc.)
SD_IPV_ASK	N	19	SDoH Ask: Intimate partner violence (e.g.: being hit, slapped, kicked by partner, being humiliated or emotionally abused by partner, etc.)
SD_EDUC_ASK	N	19	SDoH Ask: Your highest level of education
SD_SAFETY_ASK	N	19	SDoH Ask: Home safety (e.g.: presence of fire alarm in home safe storage of possible poisons in home etc.)
SD_OCCUPATION_ASK	N	19	SDoH Ask: Your occupation
SD_FINANCE_ASK	N	19	SDoH Ask: Financial insecurity (e.g.: running out of money before all expenses are covered living 'paycheck to paycheck' etc.)
SD_FOOD_ASK	N	19	SDoH Ask: Food insecurity (e.g.: ability to access food resources, affordability of food, worry about food running out etc.)
SD_REFERRAL	N	19	You mentioned having talked about the following topics [populate a list based on "Yes" from previous question] with a health care provider, during your most recent visit. Did your provider follow-up with a referral or resource for you?
Home Safety (HS) most recent:		19	You mentioned being asked about home safety during your <u>most recent medical care visit</u> . Which of the following home safety topics were you asked about by a health care provider?
HS_FIRE_ALARM	N	19	HS most recent: Presence of a functioning smoke alarm in the home
HS_CARBON_ALARM	N	19	HS most recent: Presence of a functioning carbon monoxide alarm in the home
HS_FIRE_EXTING	N	19	HS most recent: Presence of a fire extinguisher in the home

Variable	Type	Available waves	Question
HS_INJURY_FIREARM	N	19	HS most recent: Presence or safe storage of firearms (i.e., guns) in the home
HS_INJURY_SHARP	N	19	HS most recent: Safe storage of sharp objects present in the home
HS_POISON_CLEAN	N	19	HS most recent: Safe storage of cleaning materials
HS_POISON_MED	N	19	HS most recent: Safe storage of medicines
HS_POISON_CONTAMIN	N	19	HS most recent: Presence of contaminants in the home (e.g., lead paint, asbestos, dust mites, pests)
HS_EMERG_PLAN	N	19	HS most recent: Having a family escape plan in place, in case of a natural disaster or other emergency
HS_EMERG_KIT	N	19	HS most recent: Presence of emergency preparedness kit
HS_OTHER	N	19	HS most recent: Other
HS_NONE	N	19	HS most recent: None
HS_OTHER_SPECIFY	C	19	HS most recent: Other: [specify]
Home Safety (HS) ever		19	The following question pertains to <u>any medical care</u> visit you have <u>ever</u> had. Which of the following home safety topics have you <u>ever</u> been asked about by a health care provider?
HS_FIRE_ALARM_E	N	19	HS ever: Presence of a functioning smoke alarm in the home
HS_CARBON_ALARM_E	N	19	HS ever: Presence of a functioning carbon monoxide alarm in the home
HS_FIRE_EXTING_E	N	19	HS ever: Presence of a fire extinguisher in the home
HS_INJURY_FIREARM_E	N	19	HS ever: Presence or safe storage of firearms (i.e., guns) in the home
HS_INJURY_SHARP_E	N	19	HS ever: Safe storage of sharp objects present in the home
HS_POISON_CLEAN_E	N	19	HS ever: Safe storage of cleaning materials
HS_POISON_MED_E	N	19	HS ever: Safe storage of medicines
HS_POISON_CONTAMIN_E	N	19	HS ever: Presence of contaminants in the home (e.g., lead paint, asbestos, dust mites, pests)
HS_EMERG_PLAN_E	N	19	HS ever: Having a family escape plan in place, in case of a natural disaster or other emergency
HS_EMERG_KIT_E	N	19	HS ever: Presence of emergency preparedness kit
HS_OTHER_E	N	19	HS ever: Other
HS_NONE_E	N	19	HS ever: None
HS_OTHER_SPECIFY_E	C	19	HS ever: Other: [specify]
COVID_STAY_ABLE	N	20	Starting in March 2020, to slow the spread of Coronavirus (COVID-19), experts and government agencies began to advise the public to stay home except for essential activities in some areas. Some places have already started to reopen. To what extent have you been able to stay home during the time it has been recommended to do so where you live? Note: If

Variable	Type	Available waves	Question
			you are in an area that has reopened, please think back to when you when you were asked to stay home and what your situation was like at that time.
COVID_STAY_UNABLE1	N	20	You indicated that you were only able to stay home some of the time or none of the time. What are the reasons you were not able to stay home more?: Couldn't miss work
COVID_STAY_UNABLE2	N	20	You indicated that you were only able to stay home some of the time or none of the time. What are the reasons you were not able to stay home more?: Essential Worker
COVID_STAY_UNABLE3	N	20	You indicated that you were only able to stay home some of the time or none of the time. What are the reasons you were not able to stay home more?: Overcrowding concerns at home
COVID_STAY_UNABLE4	N	20	You indicated that you were only able to stay home some of the time or none of the time. What are the reasons you were not able to stay home more?: Needed to take care of family outside home
COVID_STAY_UNABLE5	N	20	You indicated that you were only able to stay home some of the time or none of the time. What are the reasons you were not able to stay home more?: Didn't think it was effective
COVID_STAY_UNABLE6	N	20	You indicated that you were only able to stay home some of the time or none of the time. What are the reasons you were not able to stay home more?: Other
COVID_STAY_UNABLE6_O	C	20	You indicated that you were only able to stay home some of the time or none of the time. What are the reasons you were not able to stay home more?: Other [PLEASE SPECIFY:]
COVID_STAY_UNABLE7	C	20	You indicated that you were only able to stay home some of the time or none of the time. What are the reasons you were not able to stay home more?: Not applicable. We were never asked to stay at home where I live.
COVID_CONCERN1	N	20	Please let us know how concerned you have been about the following issues since the start of the Coronavirus pandemic.: Having enough money for you and your family's needs
COVID_CONCERN2	N	20	Please let us know how concerned you have been about the following issues since the start of the Coronavirus pandemic.: Access to enough food for you and your family.
COVID_CONCERN3	N	20	Please let us know how concerned you have been about the following issues since the start of the

Variable	Type	Available waves	Question
			Coronavirus pandemic.: Access to other (non-food) items (e.g., toiletries, cleaning supplies, paper towels, etc).
COVID_CONCERN4	N	20	Please let us know how concerned you have been about the following issues since the start of the Coronavirus pandemic.: Having access to the internet for things like work, school, medical visits, or socializing.
COVID_CONCERN5	N	20	Please let us know how concerned you have been about the following issues since the start of the Coronavirus pandemic.: Being able to take care of your mental health
COVID_CONCERN6	N	20	Please let us know how concerned you have been about the following issues since the start of the Coronavirus pandemic.: Being able to take care of your physical health
COVID_CONCERN7	N	20	Please let us know how concerned you have been about the following issues since the start of the Coronavirus pandemic.: Having access to child care.
COVID_CONCERN8	N	20	Being able to continue with your children(s) education (Please let us know how concerned you have been about the following issues since the start of the Coronavirus pandemic. )
COVID_NEED_CARE	N	20	In the last 6 months, did you need medical care for something other than Coronavirus (COVID-19) (e.g., allergy shots, physical therapy, regular check-ups) but did not get it because of the Coronavirus pandemic?
COVID_UNABLE_CARE1	N	20	You indicated that in the last 6 months, you did not get care for non-COVID-19 medical concerns because of the Coronavirus pandemic .What did you not get care for?: Planned routine care
COVID_UNABLE_CARE2	N	20	You indicated that in the last 6 months, you did not get care for non-COVID-19 medical concerns because of the Coronavirus pandemic .What did you not get care for?: New medical condition
COVID_UNABLE_CARE3	N	20	You indicated that in the last 6 months, you did not get care for non-COVID-19 medical concerns because of the Coronavirus pandemic .What did you not get care for?: Other care
COVID_UNABLE_CARE3_O	C	20	You indicated that in the last 6 months, you did not get care for non-COVID-19 medical concerns because of the Coronavirus pandemic .What did you not get care for?: Other care [PLEASE SPECIFY:]

Variable	Type	Available waves	Question
COVID_UNABLE_WHY1	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: Fear of being exposed to the virus
COVID_UNABLE_WHY2	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: The place I wanted to visit was not seeing non-COVID-19 patients
COVID_UNABLE_WHY3	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: The place I wanted to visit was too busy
COVID_UNABLE_WHY4	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: The place I wanted to visit was closed
COVID_UNABLE_WHY5	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: Could not find any telehealth options
COVID_UNABLE_WHY6	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: Could not find care for children or other dependents
COVID_UNABLE_WHY7	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: Could not find transportation to my usual health care setting
COVID_UNABLE_WHY8	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: Could not afford
COVID_UNABLE_WHY9	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: Other
COVID_UNABLE_WHY9_O	C	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: Other [PLEASE SPECIFY:]
COVID_UNABLE_WHY10	N	20	Which of the following are reasons why you did not get care for non-COVID-19 medical concerns during this time?: Don't know/Don't remember
COVID_AFFORD1	N	20	You indicated that you did not get care for non-COVID-19 medical concerns because you could not afford the care. Was your ability to afford care changed because of Coronavirus (COVID-19)?: Yes - Loss of employment income due to COVID-19
COVID_AFFORD2	N	20	You indicated that you did not get care for non-COVID-19 medical concerns because you could not afford the care. Was your ability to afford care changed because

Variable	Type	Available waves	Question
			of Coronavirus (COVID-19)?: Yes - Loss of or change in insurance coverage due to COVID-19
COVID_AFFORD3	N	20	You indicated that you did not get care for non-COVID-19 medical concerns because you could not afford the care. Was your ability to afford care changed because of Coronavirus (COVID-19)?: Yes - Other
COVID_AFFORD3_O	C	20	You indicated that you did not get care for non-COVID-19 medical concerns because you could not afford the care. Was your ability to afford care changed because of Coronavirus (COVID-19)?: Yes - Other [PLEASE SPECIFY:]
COVID_AFFORD4	N	20	You indicated that you did not get care for non-COVID-19 medical concerns because you could not afford the care. Was your ability to afford care changed because of Coronavirus (COVID-19)?: No [EXCLUSIVE]
COVID_AFFORD5	N	20	You indicated that you did not get care for non-COVID-19 medical concerns because you could not afford the care. Was your ability to afford care changed because of Coronavirus (COVID-19)?: Don't know/Don't remember [EXCLUSIVE]
COVID_PRES_UNABLE	N	20	In the last 6 months, was there any time when you did not fill a prescription for medicine because of Coronavirus (COVID-19)?
COVID_PRES_WHY1	N	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : Fear of being exposed to the virus
COVID_PRES_WHY2	N	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : Where I usually get my medication was closed
COVID_PRES_WHY3	N	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : My medication was out of stock
COVID_PRES_WHY4	N	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : Could not find transportation to the place where I usually get my medication
COVID_PRES_WHY5	N	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : Delayed in receiving my medication via mail

Variable	Type	Available waves	Question
COVID_PRES_WHY6	N	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : Could not afford
COVID_PRES_WHY7	N	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : Other
COVID_PRES_WHY7_O	C	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : Other [PLEASE SPECIFY:]
COVID_PRES_WHY8	N	20	Which of the following are the reasons for why you did not fill a prescription for medicine because of Coronavirus (COVID-19) ? : Don't know/Don't remember. [EXCLUSIVE]
COVID_PRES_AFF1	N	20	You said you did not fill a prescription because you could not afford it. Was your ability to afford a prescription changed because of Coronavirus (COVID-19)? : Yes - Loss of employment income due to COVID-19
COVID_PRES_AFF2	N	20	You said you did not fill a prescription because you could not afford it. Was your ability to afford a prescription changed because of Coronavirus (COVID-19)? : Yes - Loss of, or change in, insurance coverage due to COVID-19
COVID_PRES_AFF3	N	20	You said you did not fill a prescription because you could not afford it. Was your ability to afford a prescription changed because of Coronavirus (COVID-19)? : Yes – Other
COVID_PRES_AFF3_O	C	20	You said you did not fill a prescription because you could not afford it. Was your ability to afford a prescription changed because of Coronavirus (COVID-19)? : Yes- Other [PLEASE SPECIFY:]
COVID_PRES_AFF4	N	20	You said you did not fill a prescription because you could not afford it. Was your ability to afford a prescription changed because of Coronavirus (COVID-19)? : No
COVID_PRES_AFF5	N	20	You said you did not fill a prescription because you could not afford it. Was your ability to afford a prescription changed because of Coronavirus (COVID-19)? : Don't know/Don't remember
COVID_DENT_UNABLE	N	20	In the last 6 months, did you need oral or dental health care, but did not get it because of Coronavirus (COVID-19) ?
COVID_UNABLE_DENT1	N	20	You indicated that in the last 6 months, you did not get oral or dental health care because of Coronavirus

Variable	Type	Available waves	Question
			(COVID-19) . What did you not get care for? : Planned or routine oral or dental care
COVID_UNABLE_DENT2	N	20	You indicated that in the last 6 months, you did not get oral or dental health care because of Coronavirus (COVID-19) . What did you not get care for? : New oral or dental health condition
COVID_UNABLE_DENT3	N	20	You indicated that in the last 6 months, you did not get oral or dental health care because of Coronavirus (COVID-19) . What did you not get care for? : Other
COVID_UNABLE_DENT3_O	C	20	You indicated that in the last 6 months, you did not get oral or dental health care because of Coronavirus (COVID-19) . What did you not get care for? : Other [PLEASE SPECIFY:]
COVID_MENT_UNABLE	N	20	In the last 6 months, did you need mental or behavioral health care, but did not get it because of Coronavirus (COVID-19)?
COVID_UNABLE_MENT1	N	20	You indicated that in the last 6 months, you did not get mental or behavioral health care because of Coronavirus (COVID-19) . What did you not get care for?: Planned or routine mental or behavioral health care
COVID_UNABLE_MENT2	N	20	You indicated that in the last 6 months, you did not get mental or behavioral health care because of Coronavirus (COVID-19) . What did you not get care for?: New mental or behavioral health condition
COVID_UNABLE_MENT3	N	20	You indicated that in the last 6 months, you did not get mental or behavioral health care because of Coronavirus (COVID-19) . What did you not get care for?: Other
COVID_UNABLE_MENT3_O	C	20	You indicated that in the last 6 months, you did not get mental or behavioral health care because of Coronavirus (COVID-19) . What did you not get care for?: Other [PLEASE SPECIFY:]
COVID_TEST	N	20	At any time in the last 6 months, did you get tested for Coronavirus (COVID-19)?
COVID_DELAY	N	20	Thinking back to when you were concerned you might be infected with Coronavirus (COVID-19) , did you delay or avoid getting tested or seeking care?
COVID_DELAY_WHY1	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Fear of stigma
COVID_DELAY_WHY2	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for

Variable	Type	Available waves	Question
			Coronavirus (COVID-19)?: Concerned about out-of-pocket costs
COVID_DELAY_WHY3	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Could not take time off work
COVID_DELAY_WHY4	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Did not have paid sick leave
COVID_DELAY_WHY5	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Could not find care for children or other dependents
COVID_DELAY_WHY6	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Not clear about the rules for sick leave for COVID-19
COVID_DELAY_WHY7	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Did not know where to go to get tested or get care
COVID_DELAY_WHY8	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Could not access a testing site
COVID_DELAY_WHY9	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: I was instructed to stay home
COVID_DELAY_WHY10	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Other
COVID_DELAY_WHY10_O	C	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Other [PLEASE SPECIFY:]
COVID_DELAY_WHY11	N	20	Which of the following are reasons why you decided to delay, avoid, or otherwise not get tested for Coronavirus (COVID-19)?: Don't know/Don't remember [EXCLUSIVE]
COVID_TELE1	N	20	You indicated that in the last 12 months, you did the following. Please indicate whether it was something you were trying for the first time because of COVID-19 or social distancing concerns. : Use email or a Web site to make an appointment at a health provider's office
COVID_TELE2	N	20	You indicated that in the last 12 months, you did the following. Please indicate whether it was something

Variable	Type	Available waves	Question
			you were trying for the first time because of COVID-19 or social distancing concerns.: Email a health provider's office with a medical question?
COVID_TELE3	N	20	You indicated that in the last 12 months, you did the following. Please indicate whether it was something you were trying for the first time because of COVID-19 or social distancing concerns.: Look at your laboratory or other test results on a Web site?
COVID_TELE4	N	20	You indicated that in the last 12 months, you did the following. Please indicate whether it was something you were trying for the first time because of COVID-19 or social distancing concerns.: Talk with a health provider on the telephone?
COVID_TELE5	N	20	You indicated that in the last 12 months, you did the following. Please indicate whether it was something you were trying for the first time because of COVID-19 or social distancing concerns.: Talk with a health provider by video (e.g., Skype or FaceTime)?
COVID_TELE6	N	20	You indicated that in the last 12 months, you did the following. Please indicate whether it was something you were trying for the first time because of COVID-19 or social distancing concerns.: Live text "chat" with a health provider on a Web site?
COVID_TELE7	N	20	Text message with a health provider on your mobile phone? (You indicated that in the last 12 months, you did the following. Please indicate whether it was something you were trying for the first time because of COVID-19 or social distancing concerns.)
COVID_TELE8	N	20	Communicated with a health provider via an app on your mobile device. (You indicated that in the last 12 months, you did the following. Please indicate whether it was something you were trying for the first time because of COVID-19 or social distancing concerns.)
COVID_TELE1_TYPE1	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Medical care: Use email or a Web site to make an appointment at a health provider's office
COVID_TELE1_TYPE2	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Medical care: Email a health provider's office with a medical question?
COVID_TELE1_TYPE3	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Medical care: Look at your laboratory or other test results on a Web site?

Variable	Type	Available waves	Question
COVID_TELE1_TYPE4	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Medical care: Talk with a health provider on the telephone?
COVID_TELE1_TYPE5	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Medical care: Talk with a health provider by video (e.g., Skype or FaceTime)?
COVID_TELE1_TYPE6	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Medical care: Live text “chat” with a health provider on a Web site?
COVID_TELE1_TYPE7	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Medical care: Text message with a health provider on your mobile phone?
COVID_TELE1_TYPE8	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Medical care: Communicated with a health provider via an app on your mobile device.
COVID_TELE2_TYPE1	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Oral health care (dental care): Use email or a Web site to make an appointment at a health provider’s office?
COVID_TELE2_TYPE2	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Oral health care (dental care): Email a health provider’s office with a medical question?
COVID_TELE2_TYPE3	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Oral health care (dental care): Look at your laboratory or other test results on a Web site?
COVID_TELE2_TYPE4	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Oral health care (dental care): Talk with a health provider on the telephone?
COVID_TELE2_TYPE5	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Oral health care (dental care): Talk with a health provider by video (e.g., Skype or FaceTime)?
COVID_TELE2_TYPE6	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Oral health care (dental care): Live text “chat” with a health provider on a Web site?
COVID_TELE2_TYPE7	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Oral health

Variable	Type	Available waves	Question
			care (dental care): Text message with a health provider on your mobile phone?
COVID_TELE2_TYPE8	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? - Oral health care (dental care): Communicated with a health provider via an app on your mobile device.
COVID_TELE3_TYPE1	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Mental or behavioral health care: Use email or a Web site to make an appointment at a health provider’s office?
COVID_TELE3_TYPE2	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Mental or behavioral health care: Email a health provider’s office with a medical question?
COVID_TELE3_TYPE3	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Mental or behavioral health care: Look at your laboratory or other test results on a Web site?
COVID_TELE3_TYPE4	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Mental or behavioral health care: Talk with a health provider on the telephone?
COVID_TELE3_TYPE5	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Mental or behavioral health care: Talk with a health provider by video (e.g., Skype or FaceTime)?
COVID_TELE3_TYPE6	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Mental or behavioral health care: Live text “chat” with a health provider on a Web site?
COVID_TELE3_TYPE7	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Mental or behavioral health care: Text message with a health provider on your mobile phone?
COVID_TELE3_TYPE8	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Mental or behavioral health care: Communicated with a health provider via an app on your mobile device.
COVID_TELE4_TYPE1	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Other type of care: Use email or a Web site to make an appointment at a health provider’s office?
COVID_TELE4_TYPE2	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Other type of

Variable	Type	Available waves	Question
			care: Email a health provider’s office with a medical question?
COVID_TELE4_TYPE3	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Other type of care: Look at your laboratory or other test results on a Web site?
COVID_TELE4_TYPE4	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Other type of care: Talk with a health provider on the telephone?
COVID_TELE4_TYPE5	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Other type of care: Talk with a health provider by video (e.g., Skype or FaceTime)?
COVID_TELE4_TYPE6	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Other type of care: Live text “chat” with a health provider on a Web site?
COVID_TELE4_TYPE7	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Other type of care: Text message with a health provider on your mobile phone?
COVID_TELE4_TYPE8	N	20	You indicated that in the last 12 months you did the following. What type of care was it for? – Other type of care: Communicated with a health provider via an app on your mobile device.
MPH_NEED_CARE1	N	20	During the last 12 months, which of the following health services did you or your health care provider believe you needed? : Obstetric or gynecological care (OB/GYN care)
MPH_NEED_CARE2	N	20	During the last 12 months, which of the following health services did you or your health care provider believe you needed? : Pre-natal care (care while pregnant, before giving birth)
MPH_NEED_CARE3	N	20	During the last 12 months, which of the following health services did you or your health care provider believe you needed? : Post-natal care (care after giving birth)
MPH_NEED_CARE4	N	20	During the last 12 months, which of the following health services did you or your health care provider believe you needed? : Abortion
MPH_NEED_CARE5	N	20	During the last 12 months, which of the following health services did you or your health care provider believe you needed? : None of the above/Not applicable

Variable	Type	Available waves	Question
MPH_ABLE1	N	20	Obstetric or gynecological care (OB/GYN care) -During the last 12 months, how often were you able to get the services you needed?
MPH_ABLE2	N	20	Pre-natal care (care while pregnant, before giving birth) - During the last 12 months, how often were you able to get the services you needed?
MPH_ABLE3	N	20	Post-natal care (care after giving birth) -During the last 12 months, how often were you able to get the services you needed?
MPH_ABLE4	N	20	Abortion- During the last 12 months, how often were you able to get the services you needed?
MPH_UNABLE_WHY	N	20	You indicated that at least once in the last 12 months, you or a health care professional believed you needed services related to maternal health but you were not always able to get them. Thinking about your most recent experience with being unable to obtain maternal health care, which of the following statements best describes why you were unable to obtain care?
MPH_UNABLE_WHY_O	C	20	You indicated that at least once in the last 12 months, you or a health care professional believed you needed services related to maternal health but you were not always able to get them. Thinking about your most recent experience with being unable to obtain maternal health care, which of the following statements best describes why you were unable to obtain care? : Other reason [PLEASE SPECIFY:]
MPH_EVENT1	N	20	Have you ever experienced any of the following events? : Became pregnant and gave birth
MPH_EVENT2	N	20	Have you ever experienced any of the following events? : Became pregnant and had a miscarriage or ectopic pregnancy
MPH_EVENT3	N	20	Have you ever experienced any of the following events? : Became pregnant and had an abortion
MPH_EVENT4	N	20	Have you ever experienced any of the following events? : None of the above/ Not applicable [EXCLUSIVE]
MPH_LIVE_BIR	N	20	You indicated being pregnant at least once. Did your most recent pregnancy result in a birth?
MPH_PREG_WHEN	N	20	You indicated that you have become pregnant at least once. Thinking about your most recent pregnancy, when did you find out you were pregnant? (Please indicate the calendar year, e.g., 2015. If you cannot remember the exact year, then your best estimate is fine.)

Variable	Type	Available waves	Question
MPH_PRENAT	N	20	Again thinking about your most recent pregnancy, did you receive any prenatal care (care while pregnant, before giving birth) from a health care professional?
MPH_PRE_WHEN	N	20	For the prenatal care during your most recent pregnancy, when did you receive your first prenatal care (care while pregnant, before giving birth)? (If you cannot remember exactly, then your best estimate is fine.)
MPH_PROV_TYPE	N	20	During your most recent pregnancy, what type of maternity care provider did you see most often for your prenatal care (care while pregnant, before giving birth)?
MPH_PROV_TYPE_O	C	20	During your most recent pregnancy, what type of maternity care provider did you see most often for your prenatal care (care while pregnant, before giving birth)? : Other [Please Specify:]
MPH_TYPE_PLACE	N	20	In what type of place did you receive most of your prenatal care (care while pregnant, before giving birth)?
MPH_TYPE_PLACE_O	C	20	In what type of place did you receive most of your prenatal care (care while pregnant, before giving birth)? : Other [Please Specify:]
MPH_PRE_WHY1	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : You didn't know where to go for prenatal care
MPH_PRE_WHY2	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : It was difficult to make an appointment
MPH_PRE_WHY3	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : Could not get an appointment in time
MPH_PRE_WHY4	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : Could not afford it
MPH_PRE_WHY5	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the

Variable	Type	Available waves	Question
			following are reasons you did not get prenatal care? : You couldn't take the time off work or school
MPH_PRE_WHY6	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : You had no way to get to the clinic or doctor's office
MPH_PRE_WHY7	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : There was no one take care of your children
MPH_PRE_WHY8	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : You did not feel it was needed
MPH_PRE_WHY9	N	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : Other
MPH_PRE_WHY9_O	C	20	You indicated that, during your most recent pregnancy, you did not receive prenatal care (care while pregnant, before giving birth). Which of the following are reasons you did not get prenatal care? : Other [PLEASE SPECIFY:]
MPH_MORBIDITY1	N	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: I was not able to see the health care provider I planned on having during my delivery
MPH_MORBIDITY2	N	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: I was left alone during all, or part, of my delivery
MPH_MORBIDITY3	N	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: I was rushed to an emergency C-section
MPH_MORBIDITY4	N	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: I received a blood transfusion
MPH_MORBIDITY5	N	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: I had to have a hysterectomy (surgical removal of the uterus)

Variable	Type	Available waves	Question
MPH_MORBIDITY6	N	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: I needed machine help to breathe
MPH_MORBIDITY7	N	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: Other
MPH_MORBIDITY7_O	C	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: Other [PLEASE SPECIFY:]
MPH_MORBIDITY8	N	20	You indicated your most recent pregnancy resulted in a birth. Did any of the following happen to you, while giving birth?: None of the above
MPH_RESPECT	N	20	During your most recent birth, do you think you were treated with respect by the health provider who delivered your baby?
MPH_ABUSE1	N	20	During your most recent birth, did any of the following happen to you? : A health care provider was physically rough with me
MPH_ABUSE2	N	20	During your most recent birth, did any of the following happen to you? : A health care provider was verbally rough with me
MPH_ABUSE3	N	20	During your most recent birth, did any of the following happen to you? : I felt coerced into receiving care
MPH_ABUSE4	N	20	During your most recent birth, did any of the following happen to you? : My newborn received care I did not consent to
MPH_ABUSE5	N	20	During your most recent birth, did any of the following happen to you?: Other
MPH_ABUSE5_O	C	20	During your most recent birth, did any of the following happen to you? : Other [PLEASE SPECIFY:]
MPH_ABUSE6			During your most recent birth, did any of the following happen to you? : Don't know/don't remember
MPH_ABORT	N	20	You indicated you have experienced having an abortion in your lifetime. Which of the following statements best describe your most recent abortion?
MPH_AB_TRAV	N	20	For your most recent abortion, did you have to travel to a different state to obtain the abortion or pill?
MPH_AB_CHAL1	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Finding a provider
MPH_AB_CHAL2	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Getting a prescription

Variable	Type	Available waves	Question
MPH_AB_CHAL3	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Filling a prescription
MPH_AB_CHAL4	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Making an appointment
MPH_AB_CHAL5	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Transportation
MPH_AB_CHAL6	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Getting childcare / childcare expense
MPH_AB_CHAL7	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Getting time away from work or school
MPH_AB_CHAL8	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Cost
MPH_AB_CHAL9	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Pressure to not get an abortion
MPH_AB_CHAL10	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Did not know where to get an abortion
MPH_AB_CHAL11	N	20	Did any of the following present a challenge when trying to get your most recent abortion? : Other
MPH_AB_CHAL11_O	C	20	Did any of the following present a challenge when trying to get your most recent abortion? : Other [PLEASE SPECIFY:]
MPH_COVID1	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: I was not always able to see a health care provider person
MPH_COVID2	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: I was not always able to connect with my health care provider via telehealth
MPH_COVID3	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: I delayed or stopped seeking care due to fear of being exposed
MPH_COVID4	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: A health care provider delayed or stopped my regular check-up routine

Variable	Type	Available waves	Question
MPH_COVID5	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: I was not able to have a supportive member in the room during check-ups
MPH_COVID6	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: I was not able to have a supportive member in the room while giving birth
MPH_COVID7	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: I was not able to receive post-partum check-ups
MPH_COVID8	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: My newborn has not been able to get check-ups
MPH_COVID9	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: Other
MPH_COVID9_O	C	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: Other [PLEASE SPECIFY:]
MPH_COVID10	N	20	In 2020, Coronavirus (COVID-19) impacted many families. In which ways was your pregnancy or delivery impacted by COVID-19?: Not Applicable/Not impacted by COVID