



Boston College daily sleep and well-being survey data during early phase of the COVID-19 pandemic

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AUTHOR NOTE: Below is (1) a description of the corrections and cleaning that was done to the **Round 7** data (reflected in the “cleaned_deid” versions of the data), (2) Variable Descriptions for each variable in the **Round 7** data, and (3) a description of and explanation of the calculations done for each of the Calculated Variables from **Round 7**.

- The formatting of the data for this round is slightly different as it was conducted in Qualtrics, while all other assessments associated with the project were collected via REDCAP.
- If you note any errors or any combination of information that could jeopardize confidentiality of participants, please let us know prior to release for open access.
- Data for participants should be able to be matched across surveys based on the **Subject ID (sub_id)**.
- The code has also been shared on OSF
- Almost all of our data cleaning was just to get it in analyzable shape, and to exclude or correct obvious errors (e.g., misspelled country names) and impossible values. Beyond clearly impossible values (e.g., a participant who says they average 40 hours of sleep per night), we have not removed outliers or other suspect values, because we want to leave decisions on how to deal with these to each researcher.
- We encourage pre-registration of analyses. Here are a few previously done by the authors:
 - <https://osf.io/tb4qv>
 - <https://osf.io/kg6bu>
 - <https://osf.io/7zg5v>
 - <https://osf.io/zn4bx>

Round 7

Corrections and cleaning

1. Data collection in Round 7 was conducted using Qualtrics instead of REDCAP. This explains why a few of the variables may differ from all other data collection (e.g. variables names for ResponseID, start and end dates, etc.). The primary variables that allow for lining up data between datasets (e.g. sub_id) have been standardized and thus should not impair analysis across datasets.
2. Standardized formatting and spelling of COVID-19 vaccines
3. In the initial launch of the survey, if participants reported being unvaccinated in the initial phase of the study it was set to skip to the end without further inquiry. There were several measures that we did still want to collect from these participants, however (e.g., FIRST, ESS, CDRISC-10, PSAS, MMQ). As such, we created a second survey that just included these measures and sent it to participants that reported being unvaccinated. Given the

overlap between questions, the responses from the two surveys were merged into this single dataset.

- a. This also may explain why responses from some unvaccinated participants may show up more than once.
4. A number of Likert-type responses were output by Qualtrics as text (e.g., “Somewhat Agree”). In the cleaned data, these were converted to numbers (the corresponded between text and numbers is given in the variable descriptions below).
5. All free response questions were removed from the analysis as we did not have time to check for identifying information.

Round 7 Variable Descriptions

*Note: Variables in RED TEXT are not included in the de-identified versions of the data. To get access to this data, you must contact Tony Cunningham (acunnin4@bidmc.harvard.edu) and be brought onto the IRB (which is definitely doable)

	MEASURE	QUESTION_CONTENT	MULTIPLE_CHOICE_RESPONSES_if_any
ResponseId		Response ID autogenerated by Qualtrics	
StartDate	Date	This is the START DATE , or the date and time that the participants started the survey (in America/Denver time zone). Format for dates in this round is different than other rounds because Qualtrics was used for data collection as opposed to Redcap.	
EndDate	Date	This is the END DATE , or the date and time that the participants ended the survey (in America/Denver time zone). Format for dates in this round is different than other rounds because Qualtrics was used for data collection as opposed to Redcap.	
Progress	Percentage	Percentage of survey completed	
Duration (in seconds)	Seconds	Amount of time it took from survey start to completion (in seconds)	
Finished	True False	If finished (TRUE = yes, it was finished, FALSE = no it was not finished)	
RecordedDate	Date	This is the RECORDED DATE , or the date and time that the participants final response was recorded (in America/Denver time zone). Format for dates in this round is different than other rounds because Qualtrics was used for data collection as opposed to Redcap.	
consent	Consent	Must respond "I hereby give my informed and free consent to be a participant in this study." to continue	

LocationLatitude	Autogenerated	Collected latitude of participant	
LocationLongitude	Autogenerated	Collected longitude of participant	
sub_id	Subject ID	This is the SUBJECT ID . This is what is used to identify each individual subject. To enhance confidentiality, we have replaced their given IDs with numbers.	
Age	Demographics	What is your age in years?	
Race	Demographics	What is your racial and/or ethnic identity? (Check all that apply) - Selected Choice	1, Asian, 2, Black, 3, Hispanic/Latinx, 4, Native American or Indigenous Persons, 5, Native Hawaiian or other Pacific Islander, 6, White, 7, Unknown or prefer not to state, 8, Prefer to self describe
Race_7_TEXT	Free response	Prefer to self-describe	
Gender	Demographics	What is your gender identity? - Selected Choice	1, Woman, 2, Man, 3, Non-binary or third gender, 4, Prefer not to state, 5, Prefer to self-describe
Gender_5_TEXT	Free response	Prefer to self-describe	
RecruitmentSource	Demographics	How did you hear about this survey? - Selected Choice	1, Student subject pool (e.g., HSP), 2, Twitter, 3, Facebook, 4, Instagram, 5, Reddit, 6, Other
RecruitmentSource_6_TEXT	Free response	“Other” recruitment source description	
Q89_1	Ford Insomnia Response to Stress Test	INSTRUCTION: When you experience the following situations, how likely is it for you to have difficulty sleeping? Tick the corresponding box. Answer all questions even if you have not experienced these situation recently. - Before an important meeting the next day	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely

Q89_2	Ford Insomnia Response to Stress Test	After a stressful experience during the day	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely
Q89_3	Ford Insomnia Response to Stress Test	After a stressful experience in the evening	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely
Q89_4	Ford Insomnia Response to Stress Test	After getting bad news during the day	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely
Q89_5	Ford Insomnia Response to Stress Test	After watching a frightening movie or TV show	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely
Q89_6	Ford Insomnia Response to Stress Test	After having a bad day at work / school	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely
Q89_7	Ford Insomnia Response to Stress Test	After an argument	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely
Q89_8	Ford Insomnia Response to Stress Test	Before having to speak in public	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely
Q89_9	Ford Insomnia Response to Stress Test	Before going on a vacation the next day	1, Not likely 2, Somewhat likely 3, Moderately likely 4, Very likely

Q90_1	Epworth Sleepiness Scale	<p>How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?</p> <p>This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate rating for each situation. - Sitting and reading</p>	0, Would NEVER doze 1, SLIGHT chance of dozing 2, MODERATE chance of dozing 3, HIGH chance of dozing
Q90_2	Epworth Sleepiness Scale	Watching TV	0, Would NEVER doze 1, SLIGHT chance of dozing 2, MODERATE chance of dozing 3, HIGH chance of dozing
Q90_3	Epworth Sleepiness Scale	Sitting, inactive in a public place (e.g. theater or a meeting)	0, Would NEVER doze 1, SLIGHT chance of dozing 2, MODERATE chance of dozing 3, HIGH chance of dozing
Q90_4	Epworth Sleepiness Scale	As a passenger in a car for an hour without a break	0, Would NEVER doze 1, SLIGHT chance of dozing 2, MODERATE chance of dozing 3, HIGH chance of dozing
Q90_5	Epworth Sleepiness Scale	Lying down to rest in the afternoon when circumstances permit	0, Would NEVER doze 1, SLIGHT chance of dozing 2, MODERATE chance of dozing 3, HIGH chance of dozing
Q90_6	Epworth Sleepiness Scale	Sitting and talking to someone	0, Would NEVER doze 1, SLIGHT chance of dozing 2, MODERATE chance of dozing 3, HIGH chance of dozing
Q90_7	Epworth Sleepiness Scale	Sitting quietly after a lunch without alcohol	0, Would NEVER doze 1, SLIGHT chance of dozing 2, MODERATE chance of dozing 3, HIGH chance of dozing
Q90_8	Epworth Sleepiness Scale	In a car, while stopped for a few minutes in traffic	0, Would NEVER doze 1, SLIGHT chance of dozing 2, MODERATE chance of dozing 3, HIGH chance of dozing

Q91_1	Connor-Davidson Resilience Scale-10	Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt. - I am able to adapt when change occurs	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q91_2	Connor-Davidson Resilience Scale-10	I can deal with whatever comes my way	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q91_3	Connor-Davidson Resilience Scale-10	I try to see the humorous side of things when I am faced with problems	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q91_4	Connor-Davidson Resilience Scale-10	Having to cope with stress can make me stronger	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q91_5	Connor-Davidson Resilience Scale-10	I tend to bounce back after illness, injury, or other hardships	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q91_6	Connor-Davidson Resilience Scale-10	I believe I can achieve my goals, even if there are obstacles	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q91_7	Connor-Davidson Resilience Scale-10	Under pressure, I stay focused and think clearly	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q91_8	Connor-Davidson Resilience Scale-10	I am not easily discouraged by failure	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q91_9	Connor-Davidson Resilience Scale-10	I think of myself as a strong person when dealing with life's challenges and difficulties	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time

	Resilience Scale-10		
Q91_10	Connor-Davidson Resilience Scale-10	I am able to handle unpleasant or painful feelings like sadness, fear, and anger	0, Not true at all 1, Rarely true 2, Sometimes true 3, Often true 4, True nearly all the time
Q92_1	Pre-Sleep Arousal Scale	INSTRUCTIONS: Please describe how intensely you generally experience each of these symptoms as you attempt to fall asleep in your own bedroom. - Heart racing, pounding, or beating irregularly	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_2	Pre-Sleep Arousal Scale	A jittery, nervous feeling in your body	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_3	Pre-Sleep Arousal Scale	Shortness of breath or labored breathing	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_4	Pre-Sleep Arousal Scale	A tight, tense feeling in your muscles	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_5	Pre-Sleep Arousal Scale	Cold feeling in your hands, feet, or your body	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_6	Pre-Sleep Arousal Scale	Have stomach upset (knot or nervous feeling, heartburn, nauseas)	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_7	Pre-Sleep Arousal Scale	Perspiration in the palms of your hands or other parts of the body.	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_8	Pre-Sleep Arousal Scale	Dry feeling in your mouth or throat	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_9	Pre-Sleep Arousal Scale	Worry about falling sleep	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_10	Pre-Sleep Arousal Scale	Review or ponder events of the day	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_11	Pre-Sleep Arousal Scale	Depressing or anxious thoughts	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely

Q92_12	Pre-Sleep Arousal Scale	Worry about problems other than sleep	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_13	Pre-Sleep Arousal Scale	Being mentally alert, active	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_14	Pre-Sleep Arousal Scale	Can't shut off your thoughts	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_15	Pre-Sleep Arousal Scale	Thoughts keep racing through your head	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q92_16	Pre-Sleep Arousal Scale	Being distracted by sounds, noise in the environment (e.g. ticking of the clock, house noises, traffic etc.)	1, Not at all 2, Slightly 3, Moderately 4, A lot 5, Extremely
Q93_1	Multifactorial Memory Questionnaire - Ability	Below is a list of common memory mistakes that people make. Decide how often you have done each one in the last two weeks. Then, mark the bubble under the appropriate response. - Forget to pay a bill on time	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_2	Multifactorial Memory Questionnaire - Ability	Misplace something you use daily, like your keys or glasses	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_3	Multifactorial Memory Questionnaire - Ability	Have trouble remembering a telephone number you just looked up	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_4	Multifactorial Memory Questionnaire - Ability	Not recall the name of someone you just met	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_5	Multifactorial Memory Questionnaire - Ability	Leave something behind when you meant to bring it with you	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never

Q93_6	Multifactorial Memory Questionnaire - Ability	Forget an appointment	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_7	Multifactorial Memory Questionnaire - Ability	Forget what you were just about to do; for example, walk into a room and forget what you went there to do	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_8	Multifactorial Memory Questionnaire - Ability	Forget to run an errand	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_9	Multifactorial Memory Questionnaire - Ability	In conversation, have difficulty coming up with a specific word that you want	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_10	Multifactorial Memory Questionnaire - Ability	Have trouble remembering details from a newspaper, magazine, or online article you read earlier in the day	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_11	Multifactorial Memory Questionnaire - Ability	Forget to take medication	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_12	Multifactorial Memory Questionnaire - Ability	Not recall the name of someone you have known for some time	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never

Q93_13	Multifactorial Memory Questionnaire - Ability	Forget to pass on a message	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_14	Multifactorial Memory Questionnaire - Ability	Forget what you were going to say in conversation	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_15	Multifactorial Memory Questionnaire - Ability	Forget a birthday or anniversary that you used to know well	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_16	Multifactorial Memory Questionnaire - Ability	Forget a telephone number you use frequently	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_17	Multifactorial Memory Questionnaire - Ability	Retell a story or a joke to the same person because you forget you already told them.	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_18	Multifactorial Memory Questionnaire - Ability	Misplace something that you put away a few days ago	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
Q93_19	Multifactorial Memory Questionnaire - Ability	Forget to buy something you intended to buy	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never

Q93_20	Multifactorial Memory Questionnaire - Ability	Forget details about a recent conversation	0, All of the time 1, Often 2, Sometimes 3, Rarely 4, Never
SilverLinings_1	Silver Lining Questions	When I think about events from March-May 2020, I remember: - my fears related to the spread of the illness	1, Strongly Disagree 2, Disagree 3, Neither disagree nor agree 4, Agree 5, Strongly Agree
SilverLinings_2	Silver Lining Questions	When I think about events from March-May 2020, I remember: - the community working together under difficult circumstances	1, Strongly Disagree 2, Disagree 3, Neither disagree nor agree 4, Agree 5, Strongly Agree
SilverLinings_3	Silver Lining Questions	When I think about events from March-May 2020, I remember: - feeling hope that the efforts will save lives	1, Strongly Disagree 2, Disagree 3, Neither disagree nor agree 4, Agree 5, Strongly Agree
SilverLinings_4	Silver Lining Questions	When I think about events from March-May 2020, I remember: - the social isolation	1, Strongly Disagree 2, Disagree 3, Neither disagree nor agree 4, Agree 5, Strongly Agree
SilverLinings_5	Silver Lining Questions	When I think about events from March-May 2020, I remember: - the financial uncertainty	1, Strongly Disagree 2, Disagree 3, Neither disagree nor agree 4, Agree 5, Strongly Agree
SilverLinings_6	Silver Lining Questions	When I think about events from March-May 2020, I remember: - feeling interconnected with others even while being physically distant	1, Strongly Disagree 2, Disagree 3, Neither disagree nor agree 4, Agree 5, Strongly Agree
FullyVacced	Vaccine Status	Are you fully vaccinated against COVID-19?	1 = YES, 0 = NO
IntendVacced	Vaccine Status	Do you intend on becoming fully vaccinated?	1 = YES, 0 = NO
Q22_1	Vaccine Status	What date do you expect to receive the dose that would make you fully vaccinated (e.g., the final dose in a two-dose vaccine or the only dose in a single-dose vaccine)? Please take your best guess if you do not have an appointment booked. - Month	
Q22_2	Vaccine Status	What date do you expect to receive the dose that would make you fully vaccinated (e.g., the final dose in a two-dose vaccine or the only dose in a single-dose vaccine)? Please	

		take your best guess if you do not have an appointment booked. - Day	
Q22_3	Vaccine Status	What date do you expect to receive the dose that would make you fully vaccinated (e.g., the final dose in a two-dose vaccine or the only dose in a single-dose vaccine)? Please take your best guess if you do not have an appointment booked. - Year	
Q84	Vaccine Status	Thank you for your time. You are not eligible to complete this study until you have been fully vaccinated from COVID-19. May we contact you once you are fully vaccinated to participate in the remainder of the study?	1 = YES, 0 = NO
OneOrTwoDose	Vaccine Status	Did you receive a one-dose or two-dose vaccine?	1, One-dose 2, Two-dose
DateSingleDose_1	Single Dose Anchors	What date did you receive your dose of the COVID-19 vaccine? - Month	
DateSingleDose_2	Single Dose Anchors	What date did you receive your dose of the COVID-19 vaccine? - Day	
DateSingleDose_3	Single Dose Anchors	What date did you receive your dose of the COVID-19 vaccine? - Year	
Q79	Free Response	When I remember getting my COVID-19 vaccination and becoming fully vaccinated the first thing I remember is (please describe in approximately 50 words):	
Q80	Single Dose Anchors	When did you experience your peak positive emotion around your COVID-19 vaccination:	1, Prior to successfully having an appointment booked 2, Having an appointment booked 3, Receiving your shot 4, Being considered fully vaccinated at two-weeks past your shot 5, I did not experience a strong positive emotion

Q81	Single Dose Anchors	When did you experience your peak negative emotion around your COVID-19 vaccination:	1, Prior to successfully having an appointment booked 2, Having an appointment booked 3, Receiving your shot 4, Being considered fully vaccinated at two-weeks past your shot 5, I did not experience a strong negative emotion
DateFirstDose_1	Two Dose Anchors	What date did you receive your first dose of the COVID-19 vaccine? - Month	
DateFirstDose_2	Two Dose Anchors	What date did you receive your first dose of the COVID-19 vaccine? - Day	
DateFirstDose_3	Two Dose Anchors	What date did you receive your first dose of the COVID-19 vaccine? - Year	
DateSecondDose_1	Two Dose Anchors	What date did you receive your second dose of the COVID-19 vaccine? - Month	
DateSecondDose_2	Two Dose Anchors	What date did you receive your second dose of the COVID-19 vaccine? - Day	
DateSecondDose_3	Two Dose Anchors	What date did you receive your second dose of the COVID-19 vaccine? - Year	
QID1	Free Response	When I remember getting my COVID-19 vaccination and becoming fully vaccinated, the first thing I remember is (please describe in approximately 50 words):	
PositivePeak	Two Dose Anchors	When did you experience your peak positive emotion around your COVID-19 vaccination:	1, Prior to successfully having an appointment booked 2, Having an appointment booked 3, Receiving your first shot 4, Receiving your second shot 5, Being considered fully vaccinated at two-weeks past your second shot 6, I did not experience a strong positive emotion

NegativePeak	Two Dose Anchors	When did you experience your peak negative emotion around your COVID-19 vaccination:	1, Prior to successfully having an appointment booked 2, Having an appointment booked 3, Receiving your first shot 4, Receiving your second shot 5, Being considered fully vaccinated at two-weeks past your second shot 6, I did not experience a strong negative emotion
Focus_1	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember the stress of booking the appointment.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_2	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember worrying that it was still new and untested.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_3	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember being excited to see family and friends.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_4	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling relieved to no longer be at risk for COVID.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_5	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination,	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

		I remember worrying about the physical side effects.	
Focus_6	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling more relaxed in public.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_7	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling excited that I was able to get an appointment.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_8	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling nervous about being in a room with other people.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_9	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember experiencing the physical side effects.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_10	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling proud that I was helping move my community closer to normal	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Focus_11	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember feeling guilty because I had an appointment when others did not.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Focus_12	Event Focus	The following questions ask about the extent to which you focus your memories on different aspects around your vaccination: - When I think about my COVID-19 vaccination, I remember being impressed by the existence of a vaccine for a relatively new disease.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q31	Free Response	Please write down everything you possibly remember about getting your first COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from what you saw and did to what you felt. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind.	
Q32_First Click	First Dose Recall	Timing - First Click	
Q32_Last Click	First Dose Recall	Timing - Last Click	
Q32_Page Submit	First Dose Recall	Timing - Page Submit	
Q32_Click Count	First Dose Recall	Timing - Click Count	
VaccinePhems_NegEmo_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How negative/unpleasant was this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_PosEmo_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How positive/pleasant was this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

VaccinePhems_LowArs_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How calm or subdued did you feel during this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_HighArs_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How excited or agitated did you feel during this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Clarity_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How much clarity and detail do you remember about this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Important_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How personally important IS this event to you NOW?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Relive_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Rehearse_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - Since it happened, how much have you thought or talked about this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Belief_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

VaccinePhems_Unique_FirstDose	First Dose Recall	As you reflect on your memory for the first dose of your vaccination, please rate each of the following: - To what extent do you think this was a unique event, unlike anything you have previously experienced?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q53	Free Response	Please write down everything you possibly remember about what happened after getting your first COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your first vaccine shot.	
Q55_First Click	First Dose Recall	Timing - First Click	
Q55_Last Click	First Dose Recall	Timing - Last Click	
Q55_Page Submit	First Dose Recall	Timing - Page Submit	
Q55_Click Count	First Dose Recall	Timing - Click Count	
Q41_1	First Dose Recall	As you reflect on your experience after your first vaccination, please rate each of the following: - I experienced unpleasant side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q41_2	First Dose Recall	As you reflect on your experience after your first vaccination, please rate each of the following: - I read media coverage concerning possible side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q41_3	First Dose Recall	As you reflect on your experience after your first vaccination, please rate each of the following: - Someone I knew experienced unpleasant side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q41_4	First Dose Recall	As you reflect on your experience after your first vaccination, please rate each of the following: - I felt more comfortable being in public places	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Q33	Free Response	Now, please write down everything you possibly remember about getting your second COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from what you saw and did to what you felt. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind.	
Q34_First Click	Second Dose Recall	Timing - First Click	
Q34_Last Click	Second Dose Recall	Timing - Last Click	
Q34_Page Submit	Second Dose Recall	Timing - Page Submit	
Q34_Click Count	Second Dose Recall	Timing - Click Count	
VaccinePhems_NegEmo_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How negative/unpleasant was this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_PosEmo_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How positive/pleasant was this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_LowArs_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How calm or subdued did you feel during this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_HighArs_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How excited or agitated did you feel during this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Clarity_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How much clarity and detail do you remember about this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

VaccinePhems_Imp_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How personally important IS this event to you NOW?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Relive_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Rehearse_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - Since it happened, how much have you thought or talked about this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Belief_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Unique_2ndDose	Second Dose Recall	As you reflect on your memory for the second dose of your vaccination, please rate each of the following: - To what extent do you think this was a unique event, unlike anything you have previously experienced?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q57	Free Response	Finally, please write down everything you possibly remember about what happened after getting your second COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your second vaccine shot.	
Q59_First Click	Second Dose Recall	Timing - First Click	

Q59_Last Click	Second Dose Recall	Timing - Last Click	
Q59_Page Submit	Second Dose Recall	Timing - Page Submit	
Q59_Click Count	Second Dose Recall	Timing - Click Count	
Q51_1	Second Dose Recall	As you reflect on your experience after your second vaccination, please rate each of the following: - I experienced unpleasant side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q51_2	Second Dose Recall	As you reflect on your experience after your second vaccination, please rate each of the following: - I read media coverage concerning possible side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q51_3	Second Dose Recall	As you reflect on your experience after your second vaccination, please rate each of the following: - Someone I knew experienced unpleasant side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q51_4	Second Dose Recall	As you reflect on your experience after your second vaccination, please rate each of the following: - I felt more comfortable being in public places	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q68	Second Dose Recall	How confident are you in your ability to distinguish your memory for your first shot from your memory for your second shot?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q69	Second Dose Recall	How much do you think that your memory for the second shot has interfered with your memory for your first shot?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q60	Free Response	Please write down everything you possibly remember about getting your COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from what you saw and did to what you felt. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind.	

Q62_First Click	Single Dose Recall	Timing - First Click	
Q62_Last Click	Single Dose Recall	Timing - Last Click	
Q62_Page Submit	Single Dose Recall	Timing - Page Submit	
Q62_Click Count	Single Dose Recall	Timing - Click Count	
VaccinePhems_NegEmo_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - How negative/unpleasant was this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_PosEmo_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - How positive/pleasant was this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_LowArs_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - How calm or subdued did you feel during this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_HighArs_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - How excited or agitated did you feel during this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Clarity_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - How much clarity and detail do you remember about this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Important_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - How personally important IS this event to you NOW?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Relive_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

VaccinePhems_Rehearse_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - Since it happened, how much have you thought or talked about this event?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Belief_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccinePhems_Unique_SingleDose	Single Dose Recall	As you reflect on your memory for your vaccination, please rate each of the following: - To what extent do you think this was a unique event, unlike anything you have previously experienced?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q64	Free Response	Please write down everything you possibly remember about what happened after getting your COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your first vaccine shot.	
Q66_First Click	Single Dose Recall	Timing - First Click	
Q66_Last Click	Single Dose Recall	Timing - Last Click	
Q66_Page Submit	Single Dose Recall	Timing - Page Submit	
Q66_Click Count	Single Dose Recall	Timing - Click Count	
Q67_1	Single Dose Recall	As you reflect on your experience after your vaccination, please rate each of the following: - I experienced unpleasant side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q67_2	Single Dose Recall	As you reflect on your experience after your vaccination, please rate each of the following: - I read media coverage concerning possible side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Q67_3	Single Dose Recall	As you reflect on your experience after your vaccination, please rate each of the following: - Someone I knew experienced unpleasant side effects	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q67_4	Single Dose Recall	As you reflect on your experience after your vaccination, please rate each of the following: - I felt more comfortable being in public places	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q70	Vaccine Emotions	When I think about my vaccination, I feel emotions that are:	1, Not at all positive 2, Mildly positive 3, Somewhat positive 4, Very positive 5, Extremely positive
Q71	Vaccine Emotions	When I think about my vaccination, I feel emotions that are:	1, Not at all negative 2, Mildly negative 3, Somewhat negative 4, Very negative 5, Extremely negative
Anger_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Anger	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Wanting_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Wanting	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Dread_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Dread	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Sad_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Sad	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Easygoing_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Easygoing	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

GrossedOut_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Grossed out	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Scared_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Scared	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Mad_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Mad	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Satisfaction_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Satisfaction	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Sickened_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Sickened	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Empty_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Empty	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Craving_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Craving	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Panic_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Panic	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Happy_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Happy	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Terror_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Terror	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Longing_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Longing	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Rage_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Rage	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Calm_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Calm	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Grief_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Grief	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Fear_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Fear	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Nausea_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Nausea	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Relaxation_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Relaxation	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Anxiety_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Anxiety	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Revulsion_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Revulsion	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
ChilledOut_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Chilled out	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Worry_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Worry	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Desire_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Desire	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Enjoyment_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Enjoyment	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Nervous_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Nervous	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
PissedOff_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Pissed off	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Lonely_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Lonely	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Liking_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Liking	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Excitement_During	Vaccine Emotions	When you think about the emotions you experienced during the vaccination process, to what extent did you experience the following emotions? - Excitement	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Anger_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Anger	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Wanting_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Wanting	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Dread_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Dread	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Sad_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Sad	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Easygoing_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Easygoing	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
GrossedOut_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Grossed out	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Scared_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Scared	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Mad_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Mad	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Satisfaction_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

		experience the following emotions? - Satisfaction	
Sickened_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Sickened	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Empty_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Empty	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Craving_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Craving	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Panic_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Panic	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Happy_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Happy	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Terror_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Terror	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Longing_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Longing	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Rage_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Rage	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Calm_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Calm	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Grief_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Grief	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Fear_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Fear	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Nausea_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Nausea	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Relaxation_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Relaxation	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Anxiety_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Anxiety	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Revulsion_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Revulsion	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
ChilledOut_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Chilled out	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Worry_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Worry	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Desire_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Desire	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Enjoyment_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

		experience the following emotions? - Enjoyment	
Nervous_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Nervous	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
PissedOff_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Pissed off	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Lonely_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Lonely	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Liking_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Liking	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Excitement_Now	Vaccine Emotions	When you think about your vaccination experience now, to what extent do you experience the following emotions? - Excitement	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Logisitcs_GetShot	Vaccine Logistics	When I think about my vaccination, I mostly remember: - Logistics of getting the shot	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Logisitcs_AllergicR eaction	Vaccine Logistics	When I think about my vaccination, I mostly remember: - Possible allergic reaction to the shot	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Logisitcs_SideEffe cts	Vaccine Logistics	When I think about my vaccination, I mostly remember: - Possible side effects of the shot	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Logisitcs_Protecti ngSelf	Vaccine Logistics	When I think about my vaccination, I mostly remember: - Benefits of protecting myself	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Logisitcs_Portecti ngOthers	Vaccine Logistics	When I think about my vaccination, I mostly remember: - Benefits of protecting others	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q74	Vaccine Logistics	How in control do/did you feel about your decision to get vaccinated?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q75	Vaccine Logistics	How in control do/did you feel about the logistics of getting vaccinated? (e.g., where or when you will be vaccinated?)	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Q76	Vaccine Logistics	How in control do/did you feel about the brand of vaccine that you will receive?	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Motivation_SelfHe alth	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - I was concerned for my own health	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Motivation_Family Health	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - I was concerned for the health of a close family member	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Motivation_Com munityHealth	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - I was concerned with the greater good for the community	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Motivation_DrRec	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - It was recommended directly by my doctor	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Motivation_Expert Rec	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - It was generally recommended by experts	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Motivation_Requi red	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - It is required by my employer or school	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

Motivation_Family Pressure	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - I felt pressure to get vaccinated from family or friends	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Motivation_SeeFamily	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - I am unable to see family or friends if I am not vaccinated	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
Motivation_ParticipateSociety	Vaccine Logistics	To what extent has each of the following motivated you to get the vaccine? - I am unable to participate fully in society if I am not vaccinated	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccineSupport_Family	Vaccine Logistics	The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was fully supported by my friends and family members in my decision to be vaccinated.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccineSupport_VacStaff	Vaccine Logistics	The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was fully supported by the vaccination staff when I was vaccinated.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccineSupport_DecisionLacking	Vaccine Logistics	The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was lacking support in my decision to be vaccinated.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
VaccineSupport_ProcessLacking	Vaccine Logistics	The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was lacking support during my process of being vaccinated.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount

VaccineSupport_SecuringAppt	Vaccine Logistics	The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination: - I feel that I was fully supported as I secured a vaccination appointment.	1, Not at all 2, Slightly 3, Somewhat 4, Moderately 5, Quite a bit 6, Very much 7, An extreme amount
LivedWith_1	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Under age 10	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
LivedWith_2	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 11-20	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
LivedWith_3	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 20-29	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
LivedWith_4	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 30-39	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
LivedWith_5	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 40-49	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
LivedWith_6	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 50-59	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
LivedWith_7	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 60-69	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
LivedWith_8	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 70-79	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021

LivedWith_9	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - Age 80+	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
LivedWith_10	Lived With Questions	Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window: - None of the above	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_1	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Under age 10	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_2	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 11-20	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_3	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 20-29	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_4	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 30-39	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_5	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 40-49	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_6	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 50-59	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_7	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 60-69	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021

SocialInteractions_8	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 70-79	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_9	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - Age 80+	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021
SocialInteractions_10	Social Interaction Questions	Please indicate all of the age groups that you had regular (3 or more times a week) social interactions with (in-person or virtual) during the specified time window: - None of the above	1, March-May 2020 2, June-August 2020 3, September-November 2020 4, December 2020-February 2021 5, March-May 2021

Round 7 Calculated Variables

Calculated_Variables	Variable_Description	Calculation
FIRST_Total	Ford Insomnia Response to Stress Test Total Score	Sum of Q89_1 + Q89_2 + Q89_3 + Q89_4 + Q89_5 + Q89_6 + Q89_7 + Q89_8 + Q89_9
Epworth_Total	Epworth Sleepiness Scale Total Score	Sum of Q90_1 + Q90_2 + Q90_3 + Q90_4 + Q90_5 + Q90_6 + Q90_7 + Q90_8
CDRISC_10_Total	CDRISC-10 Total Score	Sum of Q91_1 + Q91_2 + Q91_3 + Q91_4 + Q91_5 + Q91_6 + Q91_7 + Q91_8 + Q91_9 + Q91_10
CDRISC_flexibility	CDRISC-10 Flexibility Subscale	Sum of Q91_1 + Q91_5
CDRISC_self_efficacy	CDRISC-10 Self-efficacy Subscale	Sum of Q91_2 + Q91_4 + Q91_9
CDRISC_regulate_emotions	CDRISC-10 Regulate Emotions Subscale	Equals Q91_10

CDRISC_optimism	CDRISC-10 Optimism Subscale	Sum of Q91_3 + Q91_6 + Q91_8
CDRISC_cognitive_focus	CDRISC-10 Cognitive Focus Subscale	Equals Q91_7
PSAS_Total	Pre-sleep Arousal Scale Total Score	Sum of Q92_1 + Q92_2 + Q92_3 + Q92_4 + Q92_5 + Q92_6 + Q92_7 + Q92_8 + Q92_9 + Q92_10 + Q92_11 + Q92_12 + Q92_13 + Q92_14 + Q92_15 + Q92_16
PSAS_Somatic	Pre-sleep Arousal Scale Somatic Subscale	Sum of Q92_1 + Q92_2 + Q92_3 + Q92_4 + Q92_5 + Q92_6 + Q92_7 + Q92_8
PSAS_Cognitive	Pre-sleep Arousal Scale Cognitive Subscale	Sum of Q92_9 + Q92_10 + Q92_11 + Q92_12 + Q92_13 + Q92_14 + Q92_15 + Q92_16
MMQ_Ability_total	Multimodal Memory Questionnaire - Ability Total Score	Sum of Q93_1 + Q93_2 + Q93_3 + Q93_4 + Q93_5 + Q93_6 + Q93_7 + Q93_8 + Q93_9 + Q93_10 + Q93_11 + Q93_12 + Q93_13 + Q93_14 + Q93_15 + Q93_16 + Q93_17 + Q93_18 + Q93_19 + Q93_20