

NIS Adult COVID Module (NIS-ACM) Hard Copy Questionnaire

Q1/2024

Confidential Information

Information contained on this form which would permit identification of any individual or establishment will be held in strict confidence by NORC and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC or its agent without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242.m)

ADLT_INTRO

Thank you for your responses. [(If S_NUMB=1-9 or ZTUNDR18=1-9 or LF_UNDR18=1-9) and case did not do any of the 3 surveys, then FILL: "Your ["child's age does" / "children's ages do"] not qualify your household for the questions about childhood vaccinations."] We now have a few additional questions for you about vaccines to prevent respiratory diseases.

CONTINUE1

IF S3_INTRO, T_INTRO1, or LF_S3_IN NOT MISSING GO TO ADULT_TIME; ELSE GO TO AD_CONSENT

AD_CONSENT

Before we continue, I'd like you to know that taking part in this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. I'd like to continue now unless you have any questions.

CONTINUE1

GO TO ADULT_TIME

RESPONDENT ASKS FOR DESCRIPTION OF LAW.....2

ADULT_S3_LAW

The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with Section 308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

CONTINUE1

ADULT_TIME

The remainder of the survey will take about 8 minutes.

CONTINUE1

VAX1

In the past two years, have you received any type of vaccine that was not a COVID-19 vaccine, such as seasonal flu, pneumonia, or a shingles vaccine?

INTERVIEWER NOTE: IF RESPONDENT MENTIONS THEY GOT ANY TYPE OF VACCINE EXCEPT A COVID-19 VACCINE IN THE PAST TWO YEARS, CODE AS YES

YES1

NO2

DON'T KNOW77

REFUSED99

VAX_FLU

Since July 1, 2023, have you received a flu vaccination?

YES1

NO2

DON'T KNOW77

REFUSED99

GO TO FLU_INTENT

GO TO FLU_INTENT

GO TO FLU_INTENT

VAX_FLUM

During what month did you receive your first dose of the flu vaccine, since July 1, 2023?

INTERVIEW INSTRUCTION: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

MONTH[YEAR=FILL]

DON'T KNOW77

REFUSED99

GO TO FLVAX_PL

GO TO FLVAX_PL

VAX_FLUC

That was [FILL MONTH] of [FILL YEAR], correct?

YES1

NO2

GO TO VAX_FLUM

VAXFL_WK_CHK

IF VAX_FLUM=THE CURRENT MONTH GO TO FLVAX_WEEK; ELSE GO TO FLVAX_PL

FLVAX_WEEK

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"?]

YES1

NO2

DON'T KNOW77

REFUSED99

FLVAX_PL At what kind of place did you get your most recent flu vaccination?

INTERVIEWER NOTE: IF A RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE PROVIDED THIS OPTION.

READ RESPONSES AS NECESSARY.

DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW:

INTERVIEWER NOTE: DOCTOR'S OFFICE

INCLUDES PRIVATE PROVIDER AND

REFORMA PROVIDER]	1	GO TO VAX_RSV1
HEALTH DEPARTMENT	2	GO TO VAX_RSV1
CLINIC OR HEALTH CENTER	3	GO TO VAX_RSV1
HOSPITAL	4	GO TO VAX_RSV1
OTHER MEDICALLY-RELATED PLACE	5	GO TO VAX_RSV1
MASS VACCINATION SITE	6	GO TO VAX_RSV1
PHARMACY OR DRUG STORE	7	GO TO VAX_RSV1
WORKPLACE	8	GO TO VAX_RSV1
HIGH SCHOOL/COLLEGE/UNIVERSITY	9	GO TO VAX_RSV1
OTHER NONMEDICALLY-RELATED PLACE	10	GO TO VAX_RSV1
MALL OUTREACH [DISPLAY ONLY IF GUAM]	11	GO TO VAX_RSV1
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]	12	GO TO VAX_RSV1
DON'T KNOW	77	GO TO VAX_RSV1
REFUSED	99	GO TO VAX_RSV1

FLU_INTENT How likely are you to get a flu vaccination between now and the end of June 2024?
Would you say you would definitely get the vaccine, probably get the vaccine, probably not get the vaccine, definitely not get the vaccine, or are not sure?

DEFINITELY GET A VACCINE	1
PROBABLY GET A VACCINE	2
PROBABLY NOT GET A VACCINE	3
DEFINITELY NOT GET A VACCINE	4
NOT SURE	5
DON'T KNOW	77
REFUSED	99

VAX_RSV1 There is a vaccine that was recently recommended for some people that helps prevent the respiratory virus called RSV. Have you received the RSV vaccine?

INTERVIEWER NOTE: THIS VACCINE IS ALSO KNOWN AS RSVREF3 (AREXVY) OR RSVREF4 (ABRYSVO).

YES	1	
NO	2	GO TO VAX_RSV3
DON'T KNOW	77	GO TO VAX_RSV3
REFUSED	99	GO TO VAX_RSV3

VAX_RSV2_M/Y

During what month and year did you receive the RSV vaccine?

ENTER 77 / 7777 FOR DON'T KNOW

ENTER 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE:
77/2023

MONTH[YEAR=Fill]

DON'T KNOW77

REFUSED99

IF MONTH REPORTED IS BEFORE 7/2023, DISPLAY: IF R SAYS SHOT WAS BEFORE
JULY 2023, PROBE: An RSV vaccine was not available before July 2023. Were you in a clinical
trial?]

VAXRV_WK_CHK

IF VAX_RSV2_M=THE CURRENT MONTH GO TO RSVAX_WEEK; ELSE GO TO
RSVAX_PL

RSVAX_WEEK

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or
after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"?]

YES1

NO2

DON'T KNOW77

REFUSED99

RSVAX_PL At what kind of place did you get your RSV vaccination?

INTERVIEWER NOTE: IF A RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE PROVIDED THIS OPTION.

READ RESPONSES AS NECESSARY.

DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW:

INTERVIEWER NOTE: DOCTOR'S OFFICE

INCLUDES PRIVATE PROVIDER AND

REFORMA PROVIDER]	1	GO TO VAX2
HEALTH DEPARTMENT	2	GO TO VAX2
CLINIC OR HEALTH CENTER	3	GO TO VAX2
HOSPITAL	4	GO TO VAX2
OTHER MEDICALLY-RELATED PLACE	5	GO TO VAX2
MASS VACCINATION SITE	6	GO TO VAX2
PHARMACY OR DRUG STORE	7	GO TO VAX2
WORKPLACE	8	GO TO VAX2
HIGH SCHOOL/COLLEGE/UNIVERSITY	9	GO TO VAX2
OTHER NONMEDICALLY-RELATED PLACE	10	GO TO VAX2
MALL OUTREACH [DISPLAY ONLY IF GUAM]	11	GO TO VAX2
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]	12	GO TO VAX2
DON'T KNOW	77	GO TO VAX2
REFUSED	99	GO TO VAX2

VAX_RSV3 How likely are you to get the RSV vaccine when you are eligible? Would you say you would definitely get the vaccine, probably get the vaccine, probably not get the vaccine, definitely not get the vaccine, or are not sure?

DEFINITELY GET A VACCINE	1
PROBABLY GET A VACCINE	2
PROBABLY NOT GET A VACCINE	3
DEFINITELY NOT GET A VACCINE	4
NOT SURE	5
DON'T KNOW	77
REFUSED	99

VAX2 Have you received at least one dose of a COVID-19 vaccine?

YES	1	
NO	2	GO TO VAX_BRIDGE
DON'T KNOW	77	GO TO VAX_BRIDGE
REFUSED	99	GO TO VAX_BRIDGE

VAX3 How many doses of a COVID-19 vaccine have you received?

INTERVIEWER NOTE: INCLUDE BOOSTERS IN TOTAL COUNT

ONE1
TWO2
THREE3
FOUR OR MORE4
DON'T KNOW77
REFUSED99

VAX4A_M During what month and year did you receive your **most recent** COVID-19 vaccine?
ENTER 77 / 7777 FOR DON'T KNOW
ENTER 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE:
77/2021

[IF MONTH REPORTED IS BEFORE 12/2020, DISPLAY: IF R SAYS SHOT WAS BEFORE
DECEMBER 2020, PROBE: A COVID vaccine was not available outside of clinical trials before
December 2020. Were you in a clinical trial?]

MONTH[YEAR=FILL]
DON'T KNOW77
REFUSED99

VAXCV_WK_CHK

IF VAX4A_M =THE CURRENT MONTH GO TO CVVAX_WEEK; ELSE IF VAX4A_M IN
(9,77,99) AND VAX4A_Y >2023 GO TO VAXSEP23; ELSE IF YEAR IN (7777,9999) GO TO
VAXSEP23; ELSE GO TO VAX_PL

CVVAX_WEEK

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or
after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"?

YES1
NO2
DON'T KNOW77
REFUSED99

IF VAX4A_M/Y EQ 9/2023 AND CVVAX_WEEK IN (2,77,99) GO TO VAXSEP23; ELSE
GO TO VAX_PL

VAXSEP23 Have you received a COVID-19 vaccine since September 14, 2023?]

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_PL At what kind of place did you get your most recent COVID-19 vaccination?

INTERVIEWER NOTE: IF A RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE PROVIDED THIS OPTION.

READ RESPONSES AS NECESSARY.

DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW:

INTERVIEWER NOTE: DOCTOR'S OFFICE

INCLUDES PRIVATE PROVIDER AND

REFORMA PROVIDER]1

HEALTH DEPARTMENT2

CLINIC OR HEALTH CENTER3

HOSPITAL4

OTHER MEDICALLY-RELATED PLACE5

MASS VACCINATION SITE6

PHARMACY OR DRUG STORE7

WORKPLACE8

HIGH SCHOOL/COLLEGE/UNIVERSITY9

OTHER NONMEDICALLY-RELATED PLACE10

MALL OUTREACH [DISPLAY ONLY IF GUAM]11

VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]12

DON'T KNOW77

REFUSED99

IF VAXSEP23=1 or VAX4A_M/Y GE 9/2023 GO TO VAX_COST;

ELSE GO TO VAX_BRIDGE

VAX_COST How much of the cost of your most recent COVID vaccination did you pay out-of-pocket? Did you pay the total cost out-of-pocket, some of the cost out-of-pocket, or did you have no out-of-pocket cost for that vaccination?

INTERVIEWER NOTE: OUT-OF-POCKET COSTS MEAN MONEY YOU HAD TO PAY AT THE TIME YOU GOT YOUR VACCINATION. IT COULD HAVE BEEN TO PAY FOR THE WHOLE COST OF THE VACCINE OR ONLY A PORTION IF THE INSURANCE OR A GOVERNMENT PROGRAM PAID PART OF THE COST.

IF A RESPONDENT REPORTS PAYING A COPAY, PLEASE CODE AS 2 (SOME OF THE COST OUT-OF-POCKET)

TOTAL COST OUT-OF-POCKET1

SOME OF THE COST OUT-OF-POCKET2

NO OUT-OF-POCKET COST3

DON'T KNOW77

REFUSED99

VAX_BRIDGE Are you aware that there are places you can go to get the COVID-19 vaccine for free?

INTERVIEWER NOTE: A NEW PROGRAM, CALLED THE BRIDGE ACCESS PROGRAM, CAN PROVIDE FREE COVID-19 VACCINES FOR A LIMITED TIME. YOUR LOCAL HEALTHCARE PROVIDER OR HEALTH CENTER MAY HAVE MORE INFORMATION ABOUT THIS IF YOU HAVE QUESTIONS ABOUT ELIGIBILITY.

YES1
NO2
DON'T KNOW77
REFUSED99

IF VAXSEP23 EQ 1 OR VAX4A_M/Y GT/EQ 9/2023 THEN DO: [IF VAX_FLU=1, VAX_RSV_2M/Y EQ/GT 7/2023, AND (VAX4A_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) GO TO ALLVAX]; ELSE [IF VAX_FLU=1, VAX_RSV_2M/Y EQ/GT 7/2023 AND (VAX4A_M/Y LT 7/2023) GO TO TWOVAX2 OR IF VAX_FLU=1, VAX_RSV_2M/Y LT 7/2023 AND (VAX4A_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) OR IF VAX_FLU NE 1, VAX_RSV_2M/Y EQ/GT 7/2023 AND (VAX4A_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) GO TO TWOVAX2]; ELSE GO TO ACIP3; END; IF VAXSEP23 NE 1 OR VAX4A_M/Y LT 9/2023 OR VAX2 IN (2,77,99) THEN GO TO VAX6

VAX6 How likely are you to get [IF VAX2 EQ 1 then display: 'another'; ELSE display: 'a'] COVID-19 vaccine? Would you say you would definitely get [IF VAX2 EQ 1 then display: 'another'; ELSE display: 'a'] vaccine, probably get [IF VAX2 EQ 1 then display: 'another'; ELSE display: 'a'] vaccine, probably not get [IF VAX2 EQ 1 then display: 'another'; ELSE display: 'a'] vaccine, definitely not get [IF VAX2 EQ 1 then display: 'another'; ELSE display: 'a'] vaccine, or are not sure?

INTERVIEWER NOTE: THIS IS IN REFERENCE TO ANY FURTHER VACCINE DOSES THAT MIGHT BE RECOMMENDED IN ADDITION TO THE BOOSTER(S)/UPDATED VACCINE THEY HAVE ALREADY RECEIVED.

DEFINITELY GET A VACCINE1
PROBABLY GET A VACCINE2
PROBABLY NOT GET A VACCINE3
DEFINITELY NOT GET A VACCINE4
NOT SURE5
DON'T KNOW77
REFUSED99

[IF VAX_FLU=1, VAX_RSV_2M/Y EQ/GT 7/2023, AND (VAX4A_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) GO TO ALLVAX]; ELSE [IF VAX_FLU=1, VAX_RSV_2M/Y EQ/GT 7/2023 AND (VAX4A_M/Y LT 7/2023 OR VAXSEP23 IN (2,77,99)) GO TO TWOVAX2 OR IF VAX_FLU=1, VAX_RSV_2M/Y LT 7/2023 AND (VAX4A_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) OR IF VAX_FLU NE 1, VAX_RSV_2M/Y EQ/GT 7/2023 AND (VAX4A_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) GO TO TWOVAX2]; ELSE GO TO ACIP3

ALLVAX	You said that recently received your flu vaccine, RSV vaccine, and a COVID-19 vaccine. Did you get all three vaccines at the same visit, get two of the three vaccines at the same visit, or get each at a different visit?	
	RECEIVED ALL THREE AT THE SAME VISIT1	GO TO ACIP3
	RECEIVED TWO OF THE THREE VACCINES AT THE SAME VISIT2	
	RECEIVED EACH AT A DIFFERENT VISIT3	GO TO ACIP3
	DON'T KNOW77	GO TO ACIP3
	REFUSED99	GO TO ACIP3
TWOVAX	Which two vaccines did you get at the same visit? Flu and RSV, flu and COVID-19, or RSV and COVID-19?	
	FLU AND RSV1	GO TO ACIP3
	FLU AND COVID-192	GO TO ACIP3
	RSV AND COVID-193	GO TO ACIP3
	DON'T KNOW77	GO TO ACIP3
	REFUSED99	GO TO ACIP3
TWOVAX2	You said that you recently received both a [IF VAX_FLU=1 AND RSV_2M/Y EQ/GT 7/2023 THEN DISPLAY: "flu and RSV"; ELSE IF VAX_FLU=1 AND (VAX4A_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) THEN DISPLAY: "flu and COVID-19"; ELSE DISPLAY: "RSV and COVID-19"] vaccine. Did you receive both vaccines at the same visit or each vaccine at a different visit?	
	RECEIVED BOTH AT THE SAME VISIT1	
	RECEIVED EACH AT A DIFFERENT VISIT2	
	DON'T KNOW77	
	REFUSED99	
ACIP3	Do you have a health condition that may put you at higher risk for getting very sick from COVID-19?	
	YES1	
	NO2	GO TO ACIP5
	DON'T KNOW77	GO TO ACIP5
	REFUSED99	GO TO ACIP5

ACIP4

Can you please tell me what that is?

SELECT ALL THAT APPLY

CANCER	1	
CHRONIC KIDNEY DISEASE	2	
CHRONIC LUNG DISEASES (COPD [CHRONIC OBSTRUCTIVE PULMONARY DISEASE], ASTHMA [MODERATE TO SEVERE], INTERSTITIAL LUNG DISEASE, CYSTIC FIBROSIS, AND PULMONARY HYPERTENSION	3	GO TO ACIP5
DEMENTIA OR OTHER NEUROLOGICAL CONDITIONS	4	GO TO ACIP5
DIABETES (TYPE 1 OR 2)	5	GO TO ACIP5
DOWN SYNDROME	6	GO TO ACIP5
HEART CONDITIONS (SUCH AS HEART FAILURE, CORONARY ARTERY DISEASE, CARDIOMYOPATHIES OR HYPERTENSION)	7	GO TO ACIP5
HIV INFECTION	8	GO TO ACIP5
IMMUNOCOMPROMISED STATE (WEAKENED IMMUNE SYSTEM)	9	GO TO ACIP5
LIVER DISEASE (CHRONIC LIVER DISEASE, SUCH AS ALCOHOL-RELATED LIVER DISEASE, NONALCOHOLIC FATTY LIVER DISEASE, AND CIRRHOSIS [SCARRING OF THE LIVER])	10	GO TO ACIP5
OVERWEIGHT (HIGH BMI)	11	GO TO ACIP5
PREGNANCY	12	GO TO ACIP5
SICKLE CELL DISEASE OR THALASSEMIA (HEMOGLOBIN BLOOD DISORDER)	13	GO TO ACIP5
SMOKING (CURRENT OR FORMER)	14	GO TO ACIP5
SOLID ORGAN OR BLOOD STEM CELL TRANSPLANT (INCLUDING BONE MARROW TRANSPLANT)	15	GO TO ACIP5
STROKE OR CEREBROVASCULAR DISEASE	16	GO TO ACIP5
SUBSTANCE USE DISORDERS (EX: ALCOHOL, OPIOID, OR COCAINE USE DISORDER).....	17	GO TO ACIP5
OLDER AGE	18	GO TO ACIP5
OTHER	19	
DON'T KNOW	77	GO TO ACIP5
REFUSED	99	GO TO ACIP5

ACIP4_OTH ENTER OTHER SPECIFY: _____

ACIP5

Do you have serious difficulty seeing, hearing, walking, remembering, making decisions, or communicating?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_CONF2 How concerned are you about getting COVID-19? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?

NOT AT ALL CONCERNED1
A LITTLE CONCERNED2
MODERATELY CONCERNED3
VERY CONCERNED4
DON'T KNOW77
REFUSED99

VAX_CONF4 How safe do you think a COVID-19 vaccine is for you? Would you say not at all safe; somewhat safe; very safe; or completely safe?

NOT AT ALL SAFE1
SOMEWHAT SAFE2
VERY SAFE3
COMPLETELY SAFE4
DON'T KNOW77
REFUSED99

VAX_CONF5 How important do you think getting a COVID-19 vaccine is to protect yourself against COVID-19? Would you say it is not at all important, a little important, somewhat important, or very important?

NOT AT ALL IMPORTANT1
A LITTLE IMPORTANT2
SOMEWHAT IMPORTANT3
VERY IMPORTANT4
DON'T KNOW77
REFUSED99

VAX_CONF7A

[[IF VAX2 IN (2,77,99) OR VAX4A_M/ LT 9/2023 OR VAXSEP23 IN (2,77,99) THEN
DISPLAY:...]DISPLAY: Has a doctor, nurse, or other health professional recommended that you
get a COVID-19 vaccine since September 14, 2023?; ELSE DISPLAY: Did you receive a
recommendation from a doctor, nurse, or other health professional before you got your most
recent dose?]

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_CONF11A

How difficult [IF VAX2=2,77,99 DISPLAY: "would it be for you to get a COVID-19 vaccine"];
ELSE DISPLAY "was it for you to get your **most recent** COVID-19 vaccine dose? Would you
say: not at all difficult, a little difficult, somewhat difficult, or very difficult?

NOT AT ALL DIFFICULT1
A LITTLE DIFFICULT2
SOMEWHAT DIFFICULT3
VERY DIFFICULT4
DON'T KNOW77
REFUSED99

IF VAX_CONF11A NE 1 GO TO VAX_CONF13; ELSE IF C5/TIS_C5=1 AND NIS/TEEN
COMPLETE GO TO ACM_SEX1; ELSE GO TO ACM_AGE

VAX_CONF13

Many things might make it difficult to get a COVID-19 vaccine. Please tell me if anything I list
[IF VAX2=1 DISPLAY: "made"; ELSE DISPLAY: "makes"] it difficult for you.

CONTINUE1

VAX_CONF13A

Getting an appointment online.

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make";
ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_CONF13D

Not knowing where to get a vaccine.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make";
ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_CONF13E

Hard to get to vaccination sites.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_CONF13F

Vaccination sites aren't open at convenient times.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES1
NO2
DON'T KNOW77
REFUSED99

IF VAX2 EQ 2,77,99 OR VAX3 EQ 1 GO TO VAX_CONF13I

VAX_CONF13G

Not knowing whether you were eligible for another vaccine or not.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_CONF13H

Having a reaction to a previous dose of the COVID-19 vaccine.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_CONF13I

Cost, including any payments to the clinic, the cost of getting there, or the cost of taking time away from work.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES1
 NO2
 DON'T KNOW77
 REFUSED99

IF C5/TIS_C5 AND NIS/TEEN COMPLETE GO TO ACM_SEX1; ELSE GO TO ACM_AGE

ACM_AGE What is your current age?

ENTER 999 FOR REFUSED

_____ Age

ACM_SEX1 What sex were you assigned at birth, on your original birth certificate, male or female?

MALE1
 FEMALE2
 DON'T KNOW77
 REFUSED99

ACM_TRANS1

How do you currently describe yourself: male, female, transgender, or by a different term?

MALE1
 FEMALE2
 TRANSGENDER3
 A DIFFERENT TERM4
 DON'T KNOW77
 REFUSED99

ACM_Q93 What best describes your sexual orientation? Is it Heterosexual or straight; Lesbian or gay; Bisexual; or Something else?

HETEROSEXUAL/STRAIGHT1
 LESBIAN OR GAY2
 BISEXUAL3
 SOMETHING ELSE4
 DON'T KNOW77
 REFUSED99

IF ACIP4 IN (12), GO TO ACM_RSVC1; IF (ACM_AGE <50, 777, 999) AND ACM_SEX1=2
 GO TO ACM_PREG; IF C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND
 C9/TIS_C9/Z_Q02BZ=2 SKIP TO ACM_RACE_AAB; ELSE C5/TIS_C5/LF_C1Q02=1 AND
 NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ;
 ELSE GO TO ACM_HISP

ACM_PREG Are you currently trying to get pregnant, pregnant, or breastfeeding?

TRYING TO GET PREGNANT1
 PREGNANT2
 BREASTFEEDING3
 NONE OF THE ABOVE4
 DON'T KNOW77
 REFUSED99

ACM_RSVC1 RSV is a respiratory virus that can cause serious illness in infants and older adults. Are you aware of the new recommendation for infants under the age 8 months who were born during or entering their first RSV season to receive a shot to help protect against RSV?

INTERVIEWER NOTE: THIS IS ALSO KNOWN AS BEYFORTUS (BAY-FOR-TIS) OR
 NIRSEVIMAB (NURS-EV-EH-MAB), OR A NEW MONOCLONAL ANTIBODY.

YES1
 NO2
 DON'T KNOW77
 REFUSED99

IF CHILD <=8 MONTHS OF AGE IS IDENTIFIED IN A PREVIOUS SURVEY'S ROSTER,
 SKIP ACM_INFANT AND GO TO ACM_RSVC2

ACM_INFANT

Do you have any children under the age of 8 months?

YES1
 NO2
 DON'T KNOW77
 REFUSED99

IF ACM_PREG EQ (3) OR ACM_INFANT EQ (1), GO TO ACM_RSVC2; ELSE IF
 ACM_PREG IN (1,2) OR ACIP4 IN (12), GO TO ACM_RSVC3; ELSE IF
 C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ=2
 SKIP TO ACM_RACE_AAB; ELSE C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU
 COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO
 ACM_HISP

ACM_RSVC2

[IF CHILD <=8 MONTHS OLD PREVIOUSLY IDENTIFIED, DISPLAY: 'Earlier you told us
 you had a child who is less than 8 months old in your household, has your baby received a shot to
 help protect against RSV?' ELSE DISPLAY: Has your baby received a shot to help protect
 against RSV?]

YES1
 NO2
 DON'T KNOW77
 REFUSED99

IF ACM_RSVC2 IN 2, 77, 99 GO TO ACM_RSVC3; ELSE IF C5/TIS_C5/LF_C1Q02=1 AND
 NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ=2 SKIP TO ACM_RACE_AAB;
 ELSE C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND
 C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO ACM_HISP

ACM_RSVC3 How likely are you to get your baby a shot to help protect against RSV? Would you say you would definitely get it, probably get it, probably not get it, definitely not get it, or are not sure?

DEFINITELY GET A SHOT1
 PROBABLY GET A SHOT2
 PROBABLY NOT GET A SHOT3
 DEFINITELY NOT GET A SHOT4
 NOT SURE5
 DON'T KNOW77
 REFUSED99

IF C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ=2
 SKIP TO ACM_RACE_AAB; ELSE C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU
 COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO
 ACM_HISP

ACM_HISP	Are you of Hispanic or Latino origin?	
	YES	1
	NO	2
	DON'T KNOW	77
	REFUSED	99
		GO TO ACM_RACE
		GO TO ACM_RACE
		GO TO ACM_RACE
ACM_HISP_Y	Are you Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, (IF USVI THEN DISPLAY: (Dominican)), or of other Hispanic, Latino/a, or Spanish origin?	
	SELECT ALL THAT APPLY	
	MEXICAN/MEXICANO, MEXICAN AMERICAN,	
	CHINCANO/A	1
	PUERTO RICAN	2
	CUBAN	3
	CENTRAL AMERICAN	4
	SOUTH AMERICAN	5
	OTHER HISPANIC, LATINO/A,	
	OR SPANISH ORIGIN (SPECIFY)	10
	DOMINICAN [SHOW ONLY IF USVI]	11
	DON'T KNOW	77
	REFUSED	99
		GO TO ACM_RACE
		GO TO ACM_RACE
		GO TO ACM_RACE
ACM_HISP_Y_O	ENTER OTHER SPECIFY: _____	

ACM_RACE Now, I am going to read a list of categories. Please choose one or more of the following categories to describe your race. Are you White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

SELECT ALL THAT APPLY

WHITE	1	GO TO ACM_MEDEQ
BLACK OR AFRICAN AMERICAN	2	GO TO
		ACM_RACE_AAB
AMERICAN INDIAN	3	GO TO ACM_MEDEQ
ALASKA NATIVE	4	GO TO ACM_MEDEQ
ASIAN	5	IF GUAM THEN DO:
		GO TO
		ACM_RACEAAPI;
		ELSE IF NOT GUAM
		DO: GO TO
		ACM_RACE_AS
NATIVE HAWAIIAN	6	GO TO ACM_MEDEQ
PACIFIC ISLANDER	7	IF GUAM THEN DO:
		GO TO
		ACM_RACEAAPI;
		ELSE IF NOT GUAM
		DO: GO TO
		ACM_RACE_PI
OTHER	8	
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ

ACM_RACE_OS

ENTER OTHER SPECIFY: _____

GO TO ACM_MEDEQ

ACM_RACE_AS

Are you Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes you best.

ASIAN INDIAN	1	GO TO ACM_MEDEQ
CHINESE	2	GO TO ACM_MEDEQ
FILIPINO	3	GO TO ACM_MEDEQ
JAPANESE	4	GO TO ACM_MEDEQ
KOREAN	5	GO TO ACM_MEDEQ
VIETNAMESE	6	GO TO ACM_MEDEQ
OTHER	7	
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ

ACM_RACE_ASO

ENTER OTHER SPECIFY: _____

GO TO ACM_MEDEQ

ACM_RACE_PI

Are you Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes you best.

CHAMORRO/GUAMIAN	1	GO TO ACM_MEDEQ
SAMOAN	2	GO TO ACM_MEDEQ
OTHER	3	
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ

ACM_RACE_PIO

ENTER OTHER SPECIFY: _____

GO TO ACM_MEDEQ

ACM_RACEAAPI

Are you Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes you best.

CHAMORRO	1	GO TO ACM_MEDEQ
FILIPINO	2	GO TO ACM_MEDEQ
CHUUKese	3	GO TO ACM_MEDEQ
POHNPEIAN	4	GO TO ACM_MEDEQ
PALAUAN	5	GO TO ACM_MEDEQ
YAPese	6	GO TO ACM_MEDEQ
KOSRAEAN	7	GO TO ACM_MEDEQ
MARSHALLESE	8	GO TO ACM_MEDEQ
JAPANESE	9	GO TO ACM_MEDEQ
KOREAN	10	GO TO ACM_MEDEQ
CHINESE	11	GO TO ACM_MEDEQ
VIETNAMESE	12	GO TO ACM_MEDEQ
THAI	13	GO TO ACM_MEDEQ
OTHER	14	
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ

ACMRACEAAPIO

ENTER OTHER SPECIFY: _____

GO TO ACM_MEDEQ

ACM_RACE_AAB

[IF C5/TIS_C5/LF_C1Q02=1 and C9/TIS_C9/Z_Q02BZ=2 THEN DISPLAY: "Previously, you indicated you were Black or African American." ELSE JUST DISPLAY:] Are you African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, or other?

READ IF NECESSARY: Please choose the one category that describes you best.

AFRICAN AMERICAN	1	GO TO ACM_MEDEQ
JAMAICAN	2	GO TO ACM_MEDEQ
HAITIAN	3	GO TO ACM_MEDEQ
NIGERIAN	4	GO TO ACM_MEDEQ
ETHIOPIAN	5	GO TO ACM_MEDEQ
SOMALI	6	GO TO ACM_MEDEQ
OTHER	7	
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ

ACM_RACEAABO

ENTER OTHER SPECIFY: _____

ACM_MEDEQ

When seeking health care in the last 2 years, do you feel your experiences were worse than, the same as, or better than people of other races or ethnicities?

WORSE THAN OTHER RACES OR ETHNICITIES	1
THE SAME AS OTHER RACES OR ETHNICITIES	2
BETTER THAN OTHER RACES OR ETHNICITIES	3
DON'T KNOW	77
REFUSED	99

IF MOTHER WAS RESPONDENT IN NIS/TEEN/FLU SURVEY SKIP TO ACM_INSURE; ELSE GO TO ACM_EDUC

ACM_EDUC What is the highest grade or year of school you have completed?

8TH GRADE OR LESS	1
9TH-12TH GRADE NO DIPLOMA	2
HIGH SCHOOL GRADUATE OR GED COMPLETED.....	3
COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM	4
SOME COLLEGE CREDIT BUT NO DEGREE	5
ASSOCIATE DEGREE (AA, AS)	6
BACHELOR'S DEGREE (BA, BS, AB)	7
MASTER'S DEGREE (MA, MS, MSW, MBA)	8
DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)	9
DON'T KNOW	77
REFUSED	99

ACM_INSURE

Do you have any kind of health care coverage? This includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

YES1
 NO2
 DON'T KNOW77
 REFUSED99

IF NIS/TEEN/FLU INCOME QUESTION ANSWERED, SKIP TO ACM_BORN; ELSE GO TO ACM_INCOME

ACM_INCOME

Please think about your total combined family income during (FILL LAST CALENDAR YEAR) for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

_____ GO TO
 ACM_INC_CONF
 DON'T KNOW77
 REFUSED99

ACM_INC_RANG

We understand that people might not feel comfortable giving out their exact income. I would like to read you some income ranges, and let you select the category which best describes your total combined family income from all sources for all members of your household during (FILL LAST CALENDAR YEAR), before taxes?

READ LIST UNTIL R STOPS YOU AT THE CORRECT INCOME GROUP

Less than \$5,0001
 \$5,001-\$10,0002
 \$10,001-\$20,0003
 \$20,001-\$40,0004
 \$40,001-\$60,0005
 \$60,001-\$75,0006
 \$75,001-\$150,0007
 \$150,001 or more8
 DON'T KNOW77
 REFUSED99

IF NIS/TEEN/FLU SURVEY COMPLETE; SKIP TO ACM_BORN; ELSE IF USVI, GO TO ACM_ISLAND; IF GUAM, GO TO ACM_C19VIL; ELSE GO TO ACM_C19A

ACM_INC_CONF

Just to confirm that I entered the number correctly, the total combined family income was [FILL ACM_Q91]?

YES	1	IF NIS/TEEN/FLU SURVEY COMPLETE; SKIP TO ACM_BORN; ELSE IF USVI, GO TO ACM_ISLAND; IF GUAM, GO TO ACM_C19VIL; ELSE GO TO ACM_C19A GO TO ACM_INCOME GO TO ACM_INCOME GO TO ACM_INCOME
NO	2	
DON'T KNOW	77	
REFUSED	99	

ACM_ISLAND

On what island do you live?

SAINT CROIX	1	GO TO ACM_BORN
SAINT THOMAS	2	GO TO ACM_BORN
SAINT JOHN	3	GO TO ACM_BORN
WATER ISLAND	4	GO TO ACM_BORN
NOT IN USVI	5	GO TO ACM_C19A
DON'T KNOW	77	GO TO ACM_BORN
REFUSED	99	GO TO ACM_BORN

ACM_C19VIL

In which village do you live?

AGANA HEIGHTS	1
AGAT	2
ASAN	3
BARRIGADA	4
CHALAN PAGO	5
DEDEDO	6
HAGATNA/AGANA	7
INARAJAN	8
MAINA	9
MAITE	10
MANGILAO	11
MERIZO	12
MONGMONG	13
ORDOT	14
PITI	15
SANTA RITA	16
SINAJANA	17
TALOFOFO	18
TAMUNING-TUMON	19
TOTO	20
UMATAC	21
YIGO	22
YONA	23
DON'T KNOW	77
DO NOT LIVE IN GUAM	98
REFUSED	99

ACM_C19A What is your zip code?

IF GUAM, AND
ACM_C19VIL NE 98,
GO TO ACM_BORN,
ELSE IF PUERTO
RICO GO TO
ACM_C19PR (DOES
NOT GO THROUGH
LOOKUP TABLE)

DON'T KNOW77777

IF ACM_C19A= 77777
or 99999 or ZIP Code
not in the LOOK-UP
table GO TO
ACM_C19 / ELSE GO
TO ACM_C19_CONF.
IF ACM_C19A= 77777
or 99999 or ZIP Code
not in the LOOK-UP
table GO TO
ACM_C19 / ELSE GO
TO ACM_C19_CONF.

REFUSED99999

ELSE IF a proper zip code entered, then Fill CITY, COUNTY AND STATE from the look-up
table.

ACM_C19 In what city, county and state do you live?

IF CITY OR COUNTY IS DON'T KNOW, ENTER "DK"
IF CITY OR COUNTY IS REFUSED, ENTER "REF"

IF LOCATION IS OUT OF THE COUNTRY, SELECT 'FC – FOREIGN COUNTRY'

ACM_C19_CONF

To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

YES1

GO TO ACM_BORN

NO2

GO TO ACM_C19

ACM_C19_ZIPC

To confirm, I have your zip code as [FILL]. Is that correct?

YES1

GO TO ACM_BORN

NO2

DON'T KNOW77

GO TO ACM_BORN

REFUSED99

GO TO ACM_BORN

ACM_C19_NEWZ

What is your zip code?

ENTER ZIP CODE: _____

GO TO ACM_BORN

ACM_C19PR In what city and state do you live?

IF RESPONDENT DOES NOT LIVE IN PUERTO RICO, SELECT NOT IN PUERTO RICO
IN THE DROP DOWN MENU

[CITIES IN PUERTO RICO]1-78
NOT IN PUERTO RICO98
DON'T KNOW88
REFUSED99

GO TO ACM_C19
GO TO ACM_BORN
GO TO ACM_BORN

ACM_C19PR_ST

ENTER STATE: _____

ACM_BORN Were you born in the United States?

YES1
NO2
DON'T KNOW77
REFUSED99

IF ACM_BORN=1,77,99, THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO
ACM_LANG; ELSE GO TO ACM_C1

ACM_FCBORN

In which country were you born?

ENTER COUNTRY: _____

IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO ACM_LANG; ELSE GO TO ACM_C1

ACM_C1

Now I have some questions about your entire household.

Including the adults and all the children, how many people live in this household?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE: _____

ACM_LANG Do you speak a language other than English at home?

YES1
NO2
DON'T KNOW77
REFUSED99

IF ACM_LANG=2,77,99, THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

ACM_HHLANG

What is this language?

SPANISH1
MANDARIN2
ARABIC3
VIETNAMESE4
RUSSIAN5
PORTUGUESE6
KOREAN7
FRENCH8
CANTONESE9
HAITIAN CREOLE10
NEPALI11
OTHER88
DON'T KNOW77
REFUSED99

IF ACM_HHLANG=1,2,3,4,5,6,7,8,9,10,11,77,99, THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

ACM_HHLANGO

ENTER OTHER SPECIFY: _____

IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

ACM_LL Do you have landline telephone in your household?

INTERVIEWER NOTE, READ AS NECESSARY: Please do not include:

- Modem-only lines,
- Fax-only lines,
- Lines used just for home security systems,
- Beepers,
- Skype,
- Pagers, or
- Cell phones.

Please include Voice Over I.P. or VOIP numbers.

YES1
NO2
DON'T KNOW77
REFUSED99

K_D16 Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the"] [IF PUERTO RICO, DISPLAY "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call 1-877-220-4805.

EXIT SURVEY