NIS Adult COVID Module (NIS-ACM) Hard Copy Questionnaire Q1/2023

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 COVID-19 vaccinations.

CONTINUE.....1

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 LAW2	

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.

CONTINUE.....1

ADULT_TIM	E
	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 KNOW
	REFUSED99
	IF FLUONOFF=OFF GO TO VAX2; ELSE IF FLUONOFF=ON AND VAX1=1,77,99 GO TO VAX_FLU; ELSE GO TO VAX2
VAX_FLU	Since July 1, 2022, have you received a flu vaccination?
	YES
VAX2	Have you received at least one dose of a COVID-19 vaccine?
	YES1
	NO
	DON'T KNOW
	REFUSED
VAX5	Which brand of COVID-19 vaccine did you receive for your first dose?
	PFIZER-BIONTECH/COMIRNATY1
	MODERNA/SPIKEVAX
	JOHNSON&JOHNSON/JANSSEN
	NOVAVAX4
	ONE OF THE OTHER BRANDS THAT
	REQUIRE 2 SHOTS BUT UNSURE OF NAME
	OTHER
	DON'T KNOW
	REFUSED

VAX4_M	During what month and	year did you receive	your <u>first</u> COVID-19 vaccine?
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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	

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

INTERVIEWER NOTE: INCLUDE BOOSTERS IN TOTAL COUNT

ONE1	IF VAX_FLU EQ 1
	AND
	[(VAX4_M/VAX4_Y
	GT/EQ 7/2022) OR
	(VAX4_M EQ 77 OR
	99 AND VAX4_Y
	GT/EQ 2022)] GO TO
	FLUCOV; ELSE GO
	TO VAX3C
TWO2	IF VAX5A EQ 3 GO
	TO VAX3B; ELSE GO
	TO VAX4A_M
THREE	
FOUR4	
FIVE5	
SIX OR MORE6	
DON'T KNOW77	
REFUSED99	

VAX3B Have you received a COVID-19 booster vaccine?

READ IF NECESSARY: Once people are fully vaccinated against COVID-19, some people will get another dose called a booster.

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX4A_M During what month and year did you receive your <u>most recent</u> 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 KNOW	
REFUSED	

IF MONTH EQ 77 OR 99 AND YEAR EQ 2022 GO TO VAX4B_M; ELSE IF VAX_FLU=1 AND VAX4A_M/VAX4A_Y GT/EQ 7/2022 GO TO FLUCOV; ELSE GO TO VAX3C

VAX4B_M Can you tell me if it was after September 1, 2022?

YES, IT WAS	1
NO, IT WAS NOT	2
DON'T KNOW	77
REFUSED	99

IF VAX_FLU=1 GO TO FLUCOV; ELSE GO TO VAX3C

FLUCOV You said that you got both your flu vaccine and a COVID-19 vaccine recently; did you get both vaccines during the same visit or at different times or visits?

YES, BOTH VACCINES AT THE SAME VISIT/TIME	1
NO, GOT THEM AT DIFFERENT VISITS/TIMES	2
DON'T KNOW	77
REFUSED	99

VAX3C	 [IF VAX3B=1 DISPLAY: 'Once you are eligible, how likely are you to get another COVID-19 booster vaccine?' ELSE, DISPLAY: 'How likely are you to get a COVID-19 booster vaccine?'] Would you say you would definitely get a booster, probably get a booster, probably not get a booster, definitely not get a booster, or are not sure? INTERVIEWER NOTE: THIS IS IN REFERENCE TO ANY FURTHER BOOSTER DOSES THAT MIGHT BE RECOMMENDED IN ADDITION TO THE BOOSTER(S) THEY HAVE ALREADY RECEIVED. 	
	DEFINITELY GET A BOOSTER.1PROBABLY GET A BOOSTER.2PROBABLY NOT GET A BOOSTER.3DEFINITELY NOT GET A BOOSTER.4NOT SURE.5DON'T KNOW.77REFUSED.99	GO TO ACIP1 GO TO ACIP1 GO TO ACIP1 GO TO ACIP1 GO TO ACIP1 GO TO ACIP1 GO TO ACIP1
VAX6	How likely are you to get a COVID-19 vaccine? Would you say you would definitely get a vaccine, probably get a vaccine, probably not get a vaccine, definitely not get a vaccine or are not sure?	
	DEFINITELY GET A VACCINE	
ACIP1	Are you a frontline or essential worker according to your state or region	?
	YES1 NO2 DON'T KNOW	GO TO ACIP3 GO TO ACIP3
		50 10 ACH 5

ACIP2

In what location or setting do you currently work?

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT KNOW WHAT LOCATION MEANS, SAY "FOR EXAMPLE, DO YOU WORK IN A HOSPITAL OR CORRECTIONAL FACILITY?"

HEALTHCARE

(e.g., hospital, doctor, dentist or mental health specialist office,	
outpatient facility, long-term care, home health care, pharmacy,	
medical laboratory)	GO TO ACIP3
SOCIAL SERVICE (e.g., child, youth, family,	
elderly, disability services)2	GO TO ACIP3
PRESCHOOL OR DAYCARE	GO TO ACIP3
K-12 SCHOOL4	GO TO ACIP3
OTHER SCHOOLS AND INSTRUCTIONAL SETTINGS	
(e.g. college, university, professional, business, technical or	
trade school, driving school, test preparation, tutoring)5	GO TO ACIP3
FIRST RESPONSE (e.g., police or fire protection,	
emergency relief services)	GO TO ACIP3
DEATH CARE (e.g., funeral home, crematory, cemetery)7	GO TO ACIP3
CORRECTIONAL FACILITY (e.g., jail, prison,	
detention center, reformatory)	GO TO ACIP3
FOOD AND BEVERAGE STORE (e.g., grocery store,	
warehouse club, supercenters, convenience store,	
specialty food store, bakery, food services, food delivery, food	
distribution)	GO TO ACIP3
AGRICULTURE (e.g. farmer, farmworker),	
FORESTRY (e.g. logging), FISHING, OR HUNTING10	GO TO ACIP3
FOOD MANUFACTURING FACILITY (e.g., meat-processing,	
produce packing, food or beverage manufacturing)	GO TO ACIP3
NON-FOOD MANUFACTURING FACILITY (e.g. metals,	
equipment and machinery, electronics)	GO TO ACIP3
PUBLIC TRANSIT (e.g., bus, commuter rail, subway, school bus)13	
UNITED STATES POSTAL SERVICE	
OTHER	22 10 Hell 5
DON'T KNOW	GO TO ACIP3
REFUSED	
	55 10 Ach J

ACIP2_OTH ENTER OTHER SPECIFY: _____

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
CHRONIC LUNG DISEASES (COPD [CHRONIC OBSTRUCTIVE PULMONARY DISEASE], ASTHMA [MODERATE TO SEVERE], INTERSTITIAL LUNG DISEASE, CYSTIC FIBROSIS, AND PULMONARY HYPERTENSION
(COPD [CHRONIC OBSTRUCTIVE PULMONARY DISEASE], ASTHMA [MODERATE TO SEVERE], INTERSTITIAL LUNG DISEASE, CYSTIC FIBROSIS, AND PULMONARY HYPERTENSION
ASTHMA [MODERATE TO SEVERE], INTERSTITIAL LUNG DISEASE, CYSTIC FIBROSIS, AND PULMONARY HYPERTENSION
INTERSTITIAL LUNG DISEASE, CYSTIC FIBROSIS, AND PULMONARY HYPERTENSION
AND PULMONARY HYPERTENSION
DEMENTIA OR OTHER NEUROLOGICAL CONDITIONS4 GO TO ACIP5 DIABETES (TYPE 1 OR 2)5 GO TO ACIP5 DOWN SYNDROME
DIABETES (TYPE 1 OR 2)
DOWN SYNDROME
HEART CONDITIONS (SUCH AS HEART FAILURE, CORONARY ARTERY DISEASE, CARDIOMYOPATHIES OR HYPERTENSION)
CORONARY ARTERY DISEASE, CARDIOMYOPATHIES OR HYPERTENSION)
OR HYPERTENSION)
HIV INFECTION
IMMUNOCOMPROMISED STATE (WEAKENED IMMUNE SYSTEM)
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
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
SUCH AS ALCOHOL-RELATED LIVER DISEASE, NONALCOHOLIC FATTY LIVER DISEASE, AND CIRRHOSIS [SCARRING OF THE LIVER])10 GO TO ACIP5
AND CIRRHOSIS [SCARRING OF THE LIVER])10 GO TO ACIP5
OVERWEIGHT (HIGH BMI)11 GO TO ACIP5
PREGNANCY
SICKLE CELL DISEASE OR THALASSEMIA
(HEMOGLOBIN BLOOD DISORDER)
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
SUBSTANCE USE DISORDERS (EX: ALCOHOL,
OPIOID, OR COCAINE USE DISORDER)
OPIOID, OR COCAINE USE DISORDER)
OLDER AGE

ACIP4_OTH ENTER OTHER SPECIFY: _____

ACIP5 Do you have serious difficulty seeing, hearing, walking, remembering, making decisions, or communicating?

YES	1
NO	
DON'T KNOW	77
REFUSED	

VAX_CONF1 To your knowledge, have you ever had COVID-19?

IF R SAYS THEY MIGHT HAVE HAD COVID BUT WERE NOT TESTED, SAY: "To the best of your knowledge, would you say 'yes' or 'no'?"

YES1	IF VAX2=1 GO TO
	VAX_CONF1A; ELSE
	GO TO VAX_CONF2
NO2	GO TO VAX_CONF2
DON'T KNOW77	GO TO VAX_CONF2
REFUSED99	GO TO VAX_CONF2

VAX_CONF1A

Did you get COVID-19 before you were vaccinated?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_CONF2 How concerned are you about getting COVID-19 [IF VAX_CONF1=1, display 'again']? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?

NOT AT ALL CONCERNED	1
A LITTLE CONCERNED	2
MODERATELY CONCERNED	3
VERY CONCERNED	4
DON'T KNOW	77
REFUSED	99

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 SAFE	1
SOMEWHAT SAFE	2
VERY SAFE	3
COMPLETELY SAFE	4
DON'T KNOW	77
REFUSED	

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 IMPORTANT	1
A LITTLE IMPORTANT	2
SOMEWHAT IMPORTANT	3
VERY IMPORTANT	4
DON'T KNOW	77
REFUSED	99

VAX_CONF6 If you had to guess, about how many of your family and friends have received a COVID-19 vaccine? Would you say none; some; many; or almost all?

NONE	1
SOME	2
MANY	3
ALMOST ALL	4
DON'T KNOW	77
REFUSED	99

VAX_CONF7A

Has a doctor, nurse, or other health professional ever recommended that you get a COVID-19 vaccine?

YES1	IF VAX2=1 GO TO
	VAX_CONF7A2; ELSE GO
	TO VAX_CONFPRI
NO2	GO TO VAX_CONFPRI
DON'T KNOW77	GO TO VAX_CONFPRI
REFUSED99	GO TO VAX_CONFPRI

VAX_CONF7A2

Did you receive a recommendation from a doctor, nurse, or other health professional before you got your **first dose**?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_CONF7A3

Has a doctor, nurse, or other health professional ever recommended that you get a COVID-19 booster?

YES1	IF VAX3B=1 GO TO
	VAX_CONF7A4; ELSE GO
	TO VAX_CONFPRI
NO	GO TO VAX_CONFPRI
DON'T KNOW77	GO TO VAX_CONFPRI
REFUSED99	GO TO VAX_CONFPRI

VAX_CONF7A4

Did you receive a recommendation from a doctor, nurse, or other health professional before you got your **booster dose**?

YES	1
NO	
DON'T KNOW	
REFUSED	99

VAX_CONFPRI

Do you have a regular physician or provider for primary care?

INTERVIEWER HELP TEXT: HEALTH PROFESSIONAL THAT THE R SEES ON A YEARLY BASIS

YES1	
NO2	GO TO VAX_CONF7B
DON'T KNOW77	GO TO VAX_CONF7B
REFUSED	GO TO VAX_CONF7B

VAX_CONFPRIY

Have you visited this physician or pro-	vider in the past six months?
YES	1
NO	2
DON'T KNOW	77
REFUSED	

VAX_CONF7B

Does your work or school require you to get a COVID-19 vaccine?

YES	1
NO	2
UNEMPLOYED/NOT APPLICABLE	3
DON'T KNOW	77
REFUSED	99

VAX_CONF11

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 first COVID-19 vaccine dose?"] Would you say: not at all difficult, a little difficult, somewhat difficult, or very difficult?

NOT AT ALL DIFFICULT	1
A LITTLE DIFFICULT	
SOMEWHAT DIFFICULT	3
VERY DIFFICULT	4
DON'T KNOW	77
REFUSED	99

IF VAX3 NE ' ' GO TO VAX_CONF12; ELSE IF C5/TIS_C5=1 AND NIS/TEEN COMPLETE SKIP TO ACM_SEX; ELSE GO TO ACM_AGE

VAX_CONF12

How difficult [IF VAX2=1 AND VAX3B NE 1 DISPLAY: "would it be for you to get a COVID-19 vaccine booster?"]; ELSE [IF VAX2=1 AND VAX3B=1 DISPLAY: "was it for you to get a COVID-19 booster vaccine?"]. Would you say: not at all difficult, a little difficult, somewhat difficult, or very difficult?

INTERVIEWER NOTE: IF R SAYS THEY WOULD HAVE DIFFERENT ANSWERS, THEY SHOULD ANSWER THIS QUESTION FOR THE FIRST BOOSTER DOSE RECEIVED

NOT AT ALL DIFFICULT1	IF C5/TIS_C5=1 AND
	NIS/TEEN COMPLETE SKIP
	TO ACM_SEX; ELSE GO TO
	ACM_AGE
A LITTLE DIFFICULT	
SOMEWHAT DIFFICULT	
VERY DIFFICULT4	
DON'T KNOW77	
REFUSED)

VAX_CONF13

Many things might make it difficult to get a COVID-19 booster vaccine. Please tell me if anything I list [IF VAX3B=1 DISPLAY: "made"; ELSE DISPLAY: "makes"] it difficult for you.

CONTINUE......1

VAX_BOOST13A

Getting an appointment online.

[IF VAX3B=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B =1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_BOOST13D

Not knowing where to get a booster vaccine.

READ IF NECESSARY:

[IF VAX3B =1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B =1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_BOOST13E

Hard to get to vaccination sites.

READ IF NECESSARY: [IF VAX3B =1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B =1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99
REFUSED	99

VAX_BOOST13F

Vaccination sites aren't open at convenient times.

READ IF NECESSARY:

[IF VAX3B =1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B =1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

YES	
NO	
DON'T KNOW	
REFUSED	99

VAX_BOOST13G

Not knowing whether you were eligible for a booster vaccine or not.

READ IF NECESSARY:

[IF VAX3B=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_BOOST13H

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

READ IF NECESSARY:

[IF VAX3B=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	

VAX_BOOST13I

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 VAX3B=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

IF C5/TIS_C5=1 AND NIS/TEEN COMPLETE SKIP TO ACM_SEX; ELSE GO TO ACM_AGE

ACM_AGE What is your current age?

ENTER 999 FOR REFUSED

_____Age

ACM_SEX What is your sex; male or female?

MALE	1
FEMALE	2
DON'T KNOW	77
REFUSED	99

ACM_TRANS This is a yes or no question: would you describe yourself as transgender or non-binary?

YES	1
NO	
DON'T KNOW	
REFUSED	99

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

HETEROSEXUAL/STRAIGHT	1
LESBIAN OR GAY	2
BISEXUAL	3
SOMETHING ELSE	4
DON'T KNOW	77
REFUSED	99

IF ACIP4 = 12, GO TO ACM_HISP; IF ACM_AGE <50 AND ACM_SEX=2, GO TO ACM_PREG; ELSE GO TO ACM_HISP

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

TRYING TO GET PREGNANT	1
PREGNANT	2
BREASTFEEDING	3
NONE OF THE ABOVE	4
DON'T KNOW	77
REFUSED	99

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 IF MOTHER WAS RESPONDENT IN NIS/TEEN/FLU SURVEY 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?

YES1	
NO2	GO TO ACM_RACE
DON'T KNOW77	
REFUSED99	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/A1	GO TO ACM_RACE
PUERTO RICAN2	GO TO ACM_RACE
CUBAN	GO TO ACM_RACE
CENTRAL AMERICAN4	GO TO ACM_RACE
SOUTH AMERICAN5	GO TO ACM_RACE
OTHER HISPANIC, LATINO/A,	
OR SPANISH ORIGIN (SPECIFY)10	
DOMINICAN [SHOW ONLY IF USVI]11	GO TO ACM_RACE
DON'T KNOW77	GO TO ACM_RACE
REFUSED99	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

BLA AM ALA	IITE	GO TO ACM_MEDEQ GO TO ACM_RACE_AAB GO TO ACM_MEDEQ GO TO ACM_MEDEQ IF GUAM THEN DO: GO TO ACM_RACEAAPI; ELSE IF NOT GUAM DO: GO TO
	TIVE HAWAIIAN6 CIFIC ISLANDER7	ACM_RACE_AS GO TO ACM_MEDEQ IF GUAM THEN DO: GO TO ACM_RACEAAPI; ELSE IF NOT GUAM DO: GO TO ACM_RACE_PI
	HER8	
	N'T KNOW77	GO TO ACM_MEDEQ
REI	FUSED99	GO TO ACM_MEDEQ
ACM_RACE_OS EN	TER 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 INDIAN1	GO TO ACM MEDEQ
CHINESE2	GO TO ACM_MEDEQ
FILIPINO3	GO TO ACM_MEDEQ
JAPANESE4	GO TO ACM_MEDEQ
KOREAN	GO TO ACM_MEDEQ
VIETNAMESE6	GO TO ACM_MEDEQ
OTHER7	
DON'T KNOW77	GO TO ACM_MEDEQ
REFUSED99	GO TO ACM_MEDEQ
ASO	
ENTER OTHER SPECIFY:	GO TO ACM_MEDEQ

ACM_RACE_A

_		
	ENTER OTHER SPECIFY:	GO TO ACM_MED

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

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.

CHAMORRO1	GO TO ACM_MEDEQ
FILIPINO2	GO TO ACM_MEDEQ
CHUUKESE	GO TO ACM_MEDEQ
POHNPEIAN4	GO TO ACM_MEDEQ
PALAUAN5	GO TO ACM_MEDEQ
YAPESE6	GO TO ACM_MEDEQ
KOSRAEAN7	GO TO ACM_MEDEQ
MARSHALLESE8	GO TO ACM_MEDEQ
JAPANESE9	GO TO ACM_MEDEQ
KOREAN10	GO TO ACM_MEDEQ
CHINESE11	GO TO ACM_MEDEQ
VIETNAMESE12	GO TO ACM_MEDEQ
THAI13	GO TO ACM_MEDEQ
OTHER14	
DON'T KNOW77	GO TO ACM_MEDEQ
REFUSED99	GO TO ACM_MEDEQ
NO	

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, Somalian, or other?

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

AFRICAN AMERICAN1	GO TO ACM_MEDEQ
JAMAICAN2	GO TO ACM_MEDEQ
HAITIAN	GO TO ACM_MEDEQ
NIGERIAN4	GO TO ACM_MEDEQ
ETHIOPIAN5	GO TO ACM_MEDEQ
SOMALI6	GO TO ACM_MEDEQ
OTHER7	
DON'T KNOW77	GO TO ACM_MEDEQ
REFUSED99	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 LESS1
9TH-12TH GRADE NO DIPLOMA2
HIGH SCHOOL GRADUATE OR GED COMPLETED3
COMPLETED A VOCATIONAL, TRADE, OR
BUSINESS SCHOOL PROGRAM4
SOME COLLEGE CREDIT BUT NO DEGREE5
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
REFUSED

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?

YES	1
NO	2
DON'T KNOW	77
REFUSED	

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 2022 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 KNOW	77
REFUSED	99

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 2022, before taxes?

READ LIST UNTIL R STOPS YOU AT THE CORRECT INCOME GROUP

Less than \$5,000	1
\$5,001-\$10,000	2
\$10,001-\$20,000	3
\$20,001-\$40,000	4
\$40,001-\$60,000	5
\$60,001-\$75,000	6
\$75,001-\$150,000	7
\$150,001 or more	8
DON'T KNOW	77
REFUSED	99

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 <u>family</u> income was [FILL ACM_Q91]?

YES1	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
NO2	GO TO ACM_INCOME
DON'T KNOW77	GO TO ACM_INCOME
REFUSED99	GO TO ACM_INCOME

ACM_ISLAND

On what island do you live?

SAINT CROIX1	GO TO ACM_BORN
SAINT THOMAS2	GO TO ACM_BORN
SAINT JOHN	GO TO ACM_BORN
WATER ISLAND4	GO TO ACM_BORN
NOT IN USVI5	GO TO ACM_C19A
DON'T KNOW77	GO TO ACM_BORN
REFUSED99	GO TO ACM_BORN

ACM_C19VIL

In which village do you live?

AGANA HEIGHTS1
AGAT2
ASAN
BARRIGADA4
CHALAN PAGO5
DEDEDO6
HAGATNA/AGANA7
INARAJAN8
MAINA9
MAITE10
MANGILAO11
MERIZO12
MONGMONG13
ORDOT14
PITI15
SANTA RITA16
SINAJANA17
TALOFOFO18
TAMUNING-TUMON19
ТОТО
UMATAC21
YIGO22
YONA23
DON'T KNOW77
DO NOT LIVE IN GUAM98
REFUSED99

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
REFUSED999999	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.

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? YES.....1 GO TO ACM BORN NO.....2 GO TO ACM C19 ACM_C19_ZIPC To confirm, I have your zip code as [FILL]. Is that correct? YES.....1 GO TO ACM BORN NO.....2 DON'T KNOW......77 GO TO ACM BORN 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 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? YES.....1 NO.....2 DON'T KNOW......77 REFUSED......99 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?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

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?

SPANISH	1
MANDARIN	2
ARABIC	3
VIETNAMESE	4
RUSSIAN	5
PORTUGUESE	6
KOREAN	7
FRENCH	8
CANTONESE	9
HAITIAN CREOLE	10
NEPALI	11
OTHER	
DON'T KNOW	77
REFUSED	99

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.

YES NO	
DON'T KNOW	
REFUSED	99

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. If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board at 1-866-309-0542.

EXIT SURVEY