

NIS Adult COVID Module (NIS-ACM)
Hard Copy Questionnaire
Q2/2021

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.

CONTINUE.....1 GO TO
ADULT_TIME
RESPONDENT ASKS FOR DESCRIPTION OF LAW.....2 GO TO
ADULT_S3_LAW

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 GO TO ADULT_TIME

ADULT_TIME The remainder of the survey will take about 8 minutes.
CONTINUE.....1 GO TO VAX1

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

YES.....1 GO TO VAX2
NO.....2 GO TO VAX2
DON'T KNOW.....77 GO TO VAX2
REFUSED.....99 GO TO VAX2

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

YES.....1 GO TO VAX3
NO.....2 GO TO VAX6
DON'T KNOW.....77 GO TO VAX6
REFUSED.....99 GO TO VAX6

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

ONE.....1 GO TO VAX4
TWO.....2 GO TO VAX4
MORE THAN TWO.....3 GO TO VAX4
DON'T KNOW.....77 GO TO VAX5
REFUSED.....99 GO TO VAX5

VAX4 During what month and year did you receive your **first** COVID-19 vaccine?

MONTH/[YEAR=FILL]..... GO TO
VAX_WEEK_
CHK
DON'T KNOW.....77 GO TO VAX5
REFUSED.....99 GO TO VAX5

VAX_WEEK_CHK IF VAX4_M=THE CURRENT MONTH GO TO VAX4_WEEK; IF VAX3=02 OR 03, SKIP TO ACIP1; ELSE GO TO VAX5

VAX4_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]']?

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

IF VAX3=02 OR 03, GO TO ACIP1; ELSE GO TO VAX5

VAX5	Which brand of COVID-19 vaccine did you receive?		
	PFIZER-BIONTECH.....	1	GO TO ACIP1
	MODERNA.....	2	GO TO ACIP1
	JOHNSON&JOHNSON/JANSSEN.....	3	GO TO ACIP1
	OTHER.....	4	GO TO ACIP1
	DON'T KNOW.....	77	GO TO ACIP1
	REFUSED.....	99	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.....	1	GO TO ACIP1
	PROBABLY GET A VACCINE.....	2	GO TO ACIP1
	PROBABLY NOT GET A VACCINE.....	3	GO TO ACIP1
	DEFINITELY NOT GET A VACCINE.....	4	GO TO ACIP1
	NOT SURE.....	5	GO TO ACIP1
	DON'T KNOW.....	77	GO TO ACIP1
	REFUSED.....	99	GO TO ACIP1
ACIP1	Are you a frontline or essential worker according to your state region?		
	YES.....	1	GO TO ACIP2
	NO.....	2	GO TO ACIP3
	DON'T KNOW.....	3	GO TO ACIP2
	REFUSED.....	4	GO TO ACIP3
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).....		
		1	GO TO ACIP3
	SOCIAL SERVICE (e.g., child, youth, family, elderly, disability services).....		
		2	GO TO ACIP3
	PRESCHOOL OR DAYCARE.....		
		3	GO TO ACIP3
	K-12 SCHOOL.....		
		4	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).....		
		6	GO TO ACIP3
	DEATH CARE (e.g., funeral home, crematory, cemetery).....		
		7	GO TO ACIP3
	CORRECTIONAL FACILITY (e.g., jail, prison, detention center, reformatory).....		
		8	GO TO ACIP3
	FOOD AND BEVERAGE STORE (e.g., grocery store, warehouse club, supercenters, convenience store,		

specialty food store, bakery).....	9	GO TO ACIP3
AGRICULTURE, FORESTRY, FISHING, OR HUNTING.....	10	GO TO ACIP3
FOOD MANUFACTURING FACILITY (e.g., meat-processing, produce packing, food or beverage manufacturing)	11	GO TO ACIP3
NON-FOOD MANUFACTURING FACILITY (e.g. metals, equipment and machinery, electronics).....	12	GO TO ACIP3
PUBLIC TRANSIT (e.g., bus, commuter rail, subway, school bus)...	13	GO TO ACIP3
UNITED STATES POSTAL SERVICE.....	14	GO TO ACIP3
OTHER.....	15	GO TO ACIP2_OTH
DON'T KNOW.....	16	GO TO ACIP3
REFUSED.....	17	GO TO ACIP3

ACIP2_OTH PLEASE SPECIFY: _____ GO TO ACIP3

ACIP3 Do you have a health condition that may put you at a higher risk for COVID-19?

YES.....	1	GO TO ACIP4
NO.....	2	GO TO ACIP5
DON'T KNOW.....	77	GO TO ACIP5
REFUSED.....	99	GO TO ACIP5

ACIP4 Can you tell me what that is?

SELECT ALL THAT APPLY

CANCER.....	1	GO TO ACIP5
CHRONIC KIDNEY DISEASE.....	2	GO TO ACIP5
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.....16GO TO ACIP5
 SUBSTANCE USE DISORDERS (EX: ALCOHOL,
 OPIOID, OR COCAINE USE DISORDER).....17GO TO ACIP5
 OTHER.....18 GO TO
 ACIP4_OTH
 DON'T KNOW.....77 GO TO ACIP5
 REFUSED.....99 GO TO ACIP5

ACIP4_OTH PLEASE SPECIFY: _____ GO TO ACIP5

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

YES.....1 GO TO VAX_CONF1
 NO.....2 GO TO VAX_CONF1
 DON'T KNOW.....77 GO TO VAX_CONF1
 REFUSED.....99 GO TO VAX_CONF1

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?'"

YES.....1 GO TO VAX_CONF2
 NO.....2 GO TO VAX_CONF2
 DON'T KNOW.....77 GO TO VAX_CONF2
 REFUSED.....99 GO TO VAX_CONF2

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 CONCERNED.....1 GO TO VAX_CONF4
 A LITTLE CONCERNED.....2 GO TO VAX_CONF4
 MODERATELY CONCERNED.....3 GO TO VAX_CONF4
 VERY CONCERNED.....4 GO TO VAX_CONF4
 DON'T KNOW.....77 GO TO VAX_CONF4
 REFUSED.....99 GO TO VAX_CONF4

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 GO TO VAX_CONF5
 SOMEWHAT SAFE.....2 GO TO VAX_CONF5
 VERY SAFE.....3 GO TO VAX_CONF5
 COMPLETELY SAFE.....4 GO TO VAX_CONF5
 DON'T KNOW.....77 GO TO VAX_CONF5
 REFUSED.....99 GO TO VAX_CONF5

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 GO TO VAX_CONF6
 A LITTLE IMPORTANT.....2 GO TO VAX_CONF6
 SOMEWHAT IMPORTANT.....3 GO TO VAX_CONF6
 VERY IMPORTANT.....4 GO TO VAX_CONF6
 DON'T KNOW.....77 GO TO VAX_CONF6
 REFUSED.....99 GO TO VAX_CONF6

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 GO TO VAX_CONF7A
 SOME.....2 GO TO VAX_CONF7A
 MANY.....3 GO TO VAX_CONF7A
 ALMOST ALL.....4 GO TO VAX_CONF7A
 DON'T KNOW.....77 GO TO VAX_CONF7A
 REFUSED.....99 GO TO VAX_CONF7A

VAX_CONF7A Has a doctor or nurse, or other health professional ever recommended that you get a COVID-19 vaccine?

YES.....1 GO TO VAX_CONF7B
 NO.....2 GO TO VAX_CONF7B
 DON'T KNOW.....77 GO TO VAX_CONF7B
 REFUSED.....99 GO TO VAX_CONF7B

VAX_CONF7B Does your work or school require you to get a COVID-19 vaccine?

YES.....1 GO TO VAX_CONF3
 NO.....2 GO TO VAX_CONF3
 UNEMPLOYED/NOT APPLICABLE.....3 GO TO VAX_CONF3
 DON'T KNOW.....77 GO TO VAX_CONF3
 REFUSED.....99 GO TO VAX_CONF3

VAX_CONF3 How much do you agree with the following statement:

IF VAX2=02,77,99 THEN DISPLAY: "If I do not get a COVID-19 vaccine, I will regret it."; ELSE DISPLAY: "If I had not gotten a COVID-19 vaccine, I would have regretted it."

Would you say you: do not agree; somewhat agree; strongly agree; or very strongly agree?

DO NOT AGREE.....1 GO TO VAX_CONF11
 SOMEWHAT AGREE.....2 GO TO VAX_CONF11
 STRONGLY AGREE.....3 GO TO VAX_CONF11
 VERY STRONGLY AGREE.....4 GO TO VAX_CONF11

DON'T KNOW.....77 GO TO VAX_CONF11
 REFUSED.....99 GO TO VAX_CONF11

VAX_CONF11 How difficult [IF VAX2=02,77,99 DISPLAY: "would it be for you"; ELSE DISPLAY "was it for you"] to get a COVID-19 vaccine? Would you say: not at all difficult, a little difficult, somewhat difficult, or very difficult?

NOT AT ALL DIFFICULT.....1
 A LITTLE DIFFICULT2 GO TO VAX_CONF13
 SOMEWHAT DIFFICULT3 GO TO VAX_CONF13
 VERY DIFFICULT4 GO TO VAX_CONF13
 DON'T KNOW.....77 GO TO VAX_CONF13
 REFUSED.....99 GO TO VAX_CONF13

IF (01) AND IF VAX2=02,77,99 OR (VAX3=01 AND VAX5 NE 03) GO TO VAX_CONF14; ELSE IF (01) GO TO VAX_CONF17

VAX_CONF13 Many things might make it difficult to get a COVID-19 vaccine. Please tell me if anything I list [IF VAX2=01 DISPLAY: "made"; IF VAX2=02,77,99 DISPLAY: "makes"] it difficult for you.

CONTINUE.....1 GO TO VAX_CONF13A

VAX_CONF13A Getting an appointment online.

[IF VAX2=01 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=01 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES.....1 GO TO VAX_CONF13D
 NO.....2 GO TO VAX_CONF13D
 DON'T KNOW.....77 GO TO VAX_CONF13D
 REFUSED.....99 GO TO VAX_CONF13D

VAX_CONF13D Not knowing where to get vaccinated.

READ IF NECESSARY:
 [IF VAX2=01 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=01 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES.....1 GO TO VAX_CONF13E
 NO.....2 GO TO VAX_CONF13E
 DON'T KNOW.....77 GO TO VAX_CONF13E
 REFUSED.....99 GO TO VAX_CONF13E

VAX_CONF13E Hard to get to vaccination sites.

READ IF NECESSARY:
 [IF VAX2=01 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=01 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES.....1 GO TO VAX_CONF13F
 NO.....2 GO TO VAX_CONF13F
 DON'T KNOW.....77 GO TO VAX_CONF13F
 REFUSED.....99 GO TO VAX_CONF13F

VAX_CONF13F Vaccination sites aren't open at convenient times.

READ IF NECESSARY:
 [IF VAX2=01 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=01
 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19
 vaccine?

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

IF VAX2=02,77,99 OR (VAX3=01 AND VAX5 NE 03) GO TO VAX_CONF14; ELSE
 GO TO VAX_CONF17

VAX_CONF14 How much do you agree with the following statement: I can get a COVID-19 vaccine if I
 want to.

Would you say you: do not agree; somewhat agree; strongly agree; or very strongly
 agree?

DO NOT AGREE.....1 GO TO VAX_CONF17
 SOME WHAT AGREE.....2 GO TO VAX_CONF17
 STRONGLY AGREE.....3 GO TO VAX_CONF17
 VERY STORNGLY AGREE.....4 GO TO VAX_CONF17
 DON'T KNOW.....77 GO TO VAX_CONF17
 REFUSED.....99 GO TO VAX_CONF17

VAX_CONF17 In the past month, how often have you tried to find information about COVID-19
 vaccines? Would you say never, rarely, sometimes, or often?

NEVER.....1 GO TO VAX_CONF15
 RARELY.....2 GO TO VAX_CONF15
 SOMETIMES.....3 GO TO VAX_CONF15
 OFTEN.....4 GO TO VAX_CONF15
 DON'T KNOW.....77 GO TO VAX_CONF15
 REFUSED.....99 GO TO VAX_CONF15

VAX_CONF15 In the past 7 days, how often have you worn a mask when going into indoor public spaces
 like restaurants, stores, or other businesses? Would you say never, rarely, sometimes,
 often, or always?

NEVER.....1 GO TO VAX_CONF16
 RARELY.....2 GO TO VAX_CONF16
 SOMETIMES.....3 GO TO VAX_CONF16

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

IF C5/TIS_C501/LF_C1Q02=01 AND NIS/TEEN/FLU COMPLETE AND
 C9/TIS_C9/Z_Q02BZ=02 SKIP TO ACM_RACE_AAB; ELSE IF MOTHER WAS
 RESPONDENT IN NIS/TEEN SURVEY AND C9/TIS_C9 NE 02 SKIP TO
 ACM_MEDEQ; ELSE GO TO Z_ACMHISP

Z_ACMHISP Are you of Hispanic or Latino origin?

YES.....1 GO TO Z_ACMHISPY
 NO.....2 GO TO Z_ACMRACE
 DON'T KNOW.....77 GO TO Z_ACMRACE
 REFUSED.....99 GO TO Z_ACMRACE

Z_ACMHISPY Are you Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, (IF IAP=095 THEN DISPLAY: (Dominican)), or of other Hispanic, Latino/a, or Spanish origin?

SELECT ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN AMERICAN, CHINCANO/A....01 GO TO
 Z_ACMRACE
 PUERTO RICAN.....2 GO TO
 Z_ACMRACE
 CUBAN.....3 GO TO
 Z_ACMRACE
 CENTRAL AMERICAN.....4 GO TO
 Z_ACMRACE
 SOUTH AMERICAN.....5 GO TO
 Z_ACMRACE
 OTHER HISPANIC, LATINO/A,
 OR SPANISH ORIGIN (SPECIFY).....10 GO TO
 Z_ACMHISPYO
 [IF IAP=095,
 DISPLAY
 OPTION 11:]
 DOMINICAN.....11 GO TO
 Z_ACMRACE
 DON'T KNOW.....77 GO TO
 Z_ACMRACE
 REFUSED.....99 GO TO
 Z_ACMRACE

Z_ACMHISPYO ENTER OTHER _____ GO TO ACM_RACE

Z_ACMRACE 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	SEE LOGIC BELOW
NATIVE HAWAIIAN.....	6	GO TO ACM_MEDEQ
PACIFIC ISLANDER.....	7	SEE LOGIC BELOW
OTHER.....	8	GO TO Z_ACMRACEOS
DON'T KNOW.....	77	GO TO ACM_MEDEQ
REFUSED.....	99	GO TO ACM_MEDEQ

IF IAP=105 THEN DO:
(05) GO TO ZACMRACEAAPI
(07) GO TO ZACMRACEAAPI;
ELSE IF IAP NE 105 DO:
(05) GO TO Z_ACMRACEAS
(07) GO TO Z_ACMRACEPI

Z_ACMRACEOS ENTER OTHER _____ GO TO ACM_MEDEQ

Z_ACMRACEAS 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	GO TO ACM_RACE_ASO
DON'T KNOW.....	77	GO TO ACM_MEDEQ
REFUSED.....	99	GO TO ACM_MEDEQ

ACM_RACE_ASO ENTER OTHER _____ GO TO ACM_MEDEQ

Z_ACMRACEPI 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	GO TO ACM_RACE_PIO
DON'T KNOW.....	77	GO TO ACM_MEDEQ
REFUSED.....	99	GO TO ACM_MEDEQ

ACM_RACE_PIO ENTER OTHER _____ GO TO ACM_MEDEQ

ZACMRACEAPPI 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 GO TO Z_RACEAPPIO
- DON'T KNOW.....77 GO TO ACM_MEDEQ
- REFUSED.....99 GO TO ACM_MEDEQ

Z_RACEAPPIO ENTER OTHER _____ GO TO ACM_MEDEQ

ACM_RACE_AAB [IF C5/TIS_C5=01 and C9/TIS_C9=02 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 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 GO TO ACM_RACE_AABO
- DON'T KNOW.....77 GO TO ACM_MEDEQ
- REFUSED.....99 GO TO ACM_MEDEQ

ACM_RACE_AABO ENTER OTHER _____ GO TO ACM_MEDEQ

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 OR TEEN SURVEY SKIP TO
ACM_INSURE; ELSE GO TO Z_ACMEDUC

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

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

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.....	99

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

Z_ACMINCOME Please think about your total combined family income during 2020 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?

_____	GO TO ACM_INC_CONF
DON'T KNOW.....	77 GO TO ACM_INC_RANGE
REFUSED.....	99 GO TO ACM_INC_RANGE

ACM_INC_RANGE 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 2020, before taxes?

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
\$75,000-\$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
P_REGION=95, GO TO ACM_ISLAND; IF P_REGION=105, GO TO ACM_C19VIL;
GO TO ACM_C19A

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

YES.....	1	
NO.....	2	GO Z_ACMINCOME

IF NIS/TEEN/FLU SURVEY COMPLETE; SKIP TO ACM_BORN; ELSE IF
P_REGION=95, GO TO Z_ACMISLAND; IF P_REGION=105, GO TO ACM_C19VIL;
ELSE GO TO Z_ACMC19A

Z_ACMISLAND 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 Z_ACMC19A
DON'T KNOW.....	77	GO TO ACM_BORN
REFUSED.....	99	GO TO ACM_BORN

Z_ACMC19VIL In which village do you live?

AGANA HEIGHTS.....	1	GO TO Z_ACMC19A
AGAT.....	2	GO TO Z_ACMC19A
ASAN.....	3	GO TO Z_ACMC19A
BARRIGADA.....	4	GO TO Z_ACMC19A
CHALAN PAGO.....	5	GO TO Z_ACMC19A
DEDEDO.....	6	GO TO Z_ACMC19A
HAGATNA/AGANA.....	7	GO TO Z_ACMC19A
INARAJAN.....	8	GO TO Z_ACMC19A
MAINA.....	9	GO TO Z_ACMC19A
MAITE.....	10	GO TO Z_ACMC19A
MANGILAO.....	11	GO TO Z_ACMC19A
MERIZO.....	12	GO TO Z_ACMC19A
MONGMONG.....	13	GO TO Z_ACMC19A
ORDOT.....	14	GO TO Z_ACMC19A
PITI.....	15	GO TO Z_ACMC19A
SANTA RITA.....	16	GO TO Z_ACMC19A
SINAJANA.....	17	GO TO Z_ACMC19A

TALOFOFO.....	18	GO TO Z_ACMC19A
TAMUNING-TUMON.....	19	GO TO Z_ACMC19A
TOTO.....	20	GO TO Z_ACMC19A
UMATAC.....	21	GO TO Z_ACMC19A
YIGO.....	22	GO TO Z_ACMC19A
YONA.....	23	GO TO Z_ACMC19A
DON'T KNOW.....	77	GO TO Z_ACMC19A
DO NOT LIVE IN GUAM.....	98	GO TO Z_ACMC19A
REFUSED.....	99	GO TO Z_ACMC19A

Z_ACMC19A What is your zip code?

_____ IF IAP=105, AND ACM_C19VIL NE
98, GO TO ACM_BORN, ELSE IF
IAP=106 GO TO Z_ACMC19PR
(DOES NOT GO THROUGH
LOOKUP TABLE)

DON'T KNOW.....77777 IF Z_ACMC19A= 77777 or 99999
or ZIP Code not in the LOOK-UP table
GO TO Z_ACMC19A/ ELSE GO TO
Z_ACMC19CONF.

REFUSED.....99999 IF Z_ACMC19A= 77777 or 99999
or ZIP Code not in the LOOK-UP table
GO TO Z_ACMC19 / ELSE GO TO
Z_ACMC19CONF.

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

Z_ACMC19 In what city, county and state do you live?

_____ GO TO Z_ACMC19CONF

Z_ACMC19CONF To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

YES.....1 GO TO ACM_BORN
NO.....2 GO TO Z_ACMC19

Z_ACMC19ZCONF To confirm, I have your zip code as [FILL]. Is that correct?

YES.....1 GO TO ACM_BORN
NO.....2 GO TO Z_ACMC19NEWZ
DON'T KNOW.....77 GO TO ACM_BORN
REFUSED.....99 GO TO ACM_BORN

Z_ACMC19NEWZ What is your zip code?

_____ GO TO ACM_BORN

Z_ACMC19PR 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].....01-78	GO TO Z_ACMC19PRST
NOT IN PUERTO RICO.....98	GO TO Z_ACMCC19
DON'T KNOW.....88	GO TO ACM_BORN
REFUSED.....99	GO TO ACM_BORN

Z_ACMC19PRST ENTER STATE _____ GO TO ACM_BORN

ACM_BORN Were you born in the United States?

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

IF NIS/TEEN/CIM SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO Z_ACMC1

Z_ACMC1 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 _____ GO TO Z_ACMLL

Z_ACMLL 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.....1 GO TO K_D16
NO.....2 GO TO K_D16
DON'T KNOW.....77 GO TO K_D16
REFUSED.....99 GO TO K_D16

K_D16 Those are all the questions I have. You may be re-contacted in the future to participate in related studies and have the right to refuse. I'd like to thank you again on behalf of the [IF IAP=105, DISPLAY: "Department of Public Health and Social Services and the"] [IF IAP=106, 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.