

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

Q1/2025

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 vaccine, such as seasonal flu, pneumonia, or a shingles vaccine?

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

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_FLU

Since July 1, 2024, have you received a flu vaccination?

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

VAX_FLUM

During what month did you receive your flu vaccine, since July 1, 2024?

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

MONTH/[YEAR=FILL]
DON'T KNOW77 GO TO FLVAX_PL
REFUSED99 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 SYAS 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 FLU_REC |
| HEALTH DEPARTMENT | 2 | GO TO FLU_REC |
| CLINIC OR HEALTH CENTER | 3 | GO TO FLU_REC |
| HOSPITAL | 4 | GO TO FLU_REC |
| OTHER MEDICALLY-RELATED PLACE | 5 | GO TO FLU_REC |
| MASS VACCINATION SITE | 6 | GO TO FLU_REC |
| PHARMACY OR DRUG STORE | 7 | GO TO FLU_REC |
| WORKPLACE | 8 | GO TO FLU_REC |
| HIGH SCHOOL/COLLEGE/UNIVERSITY | 9 | GO TO FLU_REC |
| OTHER NONMEDICALLY-RELATED PLACE | 10 | GO TO FLU_REC |
| MALL OUTREACH [DISPLAY ONLY IF GUAM] | 11 | GO TO FLU_REC |
| VILLAGE OUTREACH [DISPLAY ONLY IF GUAM] | 12 | GO TO FLU_REC |
| DON’T KNOW | 77 | GO TO FLU_REC |
| REFUSED | 99 | GO TO FLU_REC |

FLU_INTENT How likely are you to get a flu vaccination between now and the end of June 2025?

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 |

FLU_REC Has a doctor, nurse, or other health professional recommended that you get a flu vaccine since July 1, 2024?

| | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| DON’T KNOW | 77 |
| REFUSED | 99 |

VAX_RSV1 There is a vaccine that became available last fall, that is in the Fall of 2023, that helps prevent the respiratory virus called RSV. Have you received this RSV vaccine?

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

INTERVIEWER NOTE: IF RESPONDENT REPORTS MORE THAN 1 DOSE, REMIND THEM THAT THIS VACCINE IS A SINGLE DOSE PER LIFETIME

READ IF NECESSARY: RSV is a respiratory virus that can cause serious illness in infants and older adults.

| | | |
|------------------|----|----------------|
| 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

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?]

INTERVIEWER NOTE: IF RESPONDENT REPORTS MORE THAN 1 VACCINE DATE, ASK FOR THE MOST RECENT

| | |
|------------------------|-------------------|
| MONTH[YEAR=FILL] | |
| DON'T KNOW | 77 GO TO RSVAX_DK |
| REFUSED | 99 GO TO RSVAX_DK |

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]"]?

| | | |
|------------------|----|-------------|
| YES | 1 | GO RSVAX_PL |
| NO | 2 | GO RSVAX_PL |
| DON'T KNOW | 77 | GO RSVAX_PL |
| REFUSED | 99 | GO RSVAX_PL |

RSVAX_DK Did you receive an RSV vaccine since July 1, 2024, that is in the last [FILL: CURRENT MONTH-7] month(s)?

- 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 RSV_REC |
| HEALTH DEPARTMENT2 | GO TO RSV_REC |
| CLINIC OR HEALTH CENTER3 | GO TO RSV_REC |
| HOSPITAL4 | GO TO RSV_REC |
| OTHER MEDICALLY-RELATED PLACE5 | GO TO RSV_REC |
| MASS VACCINATION SITE6 | GO TO RSV_REC |
| PHARMACY OR DRUG STORE7 | GO TO RSV_REC |
| WORKPLACE8 | GO TO RSV_REC |
| HIGH SCHOOL/COLLEGE/UNIVERSITY9 | GO TO RSV_REC |
| OTHER NONMEDICALLY-RELATED PLACE10 | GO TO RSV_REC |
| MALL OUTREACH [DISPLAY ONLY IF GUAM]11 | GO TO RSV_REC |
| VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]12 | GO TO RSV_REC |
| DON'T KNOW77 | GO TO RSV_REC |
| REFUSED99 | GO TO RSV_REC |

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

RSV_REC Has a doctor, nurse, or other health professional recommended that you get an RSV vaccine since Fall 2023?

YES1
NO2
DON'T KNOW77
REFUSED99

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

YES1
NO2 GO TO VAX6
DON'T KNOW77 GO TO VAX6
REFUSED99 GO TO VAX6

VAX2A Have you received a COVID vaccine after August 22, 2024?

YES1
NO2 GO TO VAX6
DON'T KNOW77 GO TO VAX6
REFUSED99 GO TO VAX6

VAXCOV_D How many doses of a COVID vaccine have you received **since August 22, 2024?**

ONE1
TWO2
THREE3
FOUR OR MORE4
DON'T KNOW77 GO TO VAX6
REFUSED99 GO TO VAX6

VAXCOV_M During what month did you receive your most recent COVID vaccine?

ENTER 77 FOR DON'T KNOW
ENTER 99 FOR REFUSED

IF MONTH IS REPORTED BEFORE 8/24, DISPLAY: DATE MUST BE ON OR AFTER 8/2024

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

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

YES1
NO2 GO TO VAXCOV_M

VAXCV_WK_CHK
IF VAXCOV_M=THE CURRENT MONTH GO TO CVVAX_WEEK; ELSE IF VAXCOV_D IN (2,3,4) GO TO VAXCOV_2M; 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 VAXCOV_D IN (2,3,4) GO TO VAXCOV_2M; ELSE GO TO VAX_PL

VAXCOV_2M You received your most recent COVID vaccine in [FILL VAXCOV_M]. In what month did you get the vaccine before this [FILL VAXCOV_M] vaccine?

ENTER 77 FOR DON'T KNOW
ENTER 99 FOR REFUSED

IF MONTH IS REPORTED BEFORE 8/24, DISPLAY: DATE MUST BE ON OR AFTER 8/2024

- MONTH/[YEAR=FILL]
- DON'T KNOW.....77 GO TO VAX_PL
- REFUSED.....99 GO TO VAX_PL

VAXCOV_2C That was [FILL MONTH] OF [YEAR], correct?

- YES1
- NO2 GO TO VAXCOV_2M

VAXCV_WK_CHK2

IF VAXCOV_2M/Y=THE CURRENT MONTH AND YEAR GO TO CVVAX_WEEK2; ELSE GO TO VAX_PL

CVVAX_WEEK2

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

VAX_PL At what kind of place did you get your COVID 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_CONF7A |
| HEALTH DEPARTMENT | 2 | GO TO VAX_CONF7A |
| CLINIC OR HEALTH CENTER | 3 | GO TO VAX_CONF7A |
| HOSPITAL | 4 | GO TO VAX_CONF7A |
| OTHER MEDICALLY-RELATED PLACE | 5 | GO TO VAX_CONF7A |
| MASS VACCINATION SITE | 6 | GO TO VAX_CONF7A |
| PHARMACY OR DRUG STORE | 7 | GO TO VAX_CONF7A |
| WORKPLACE | 8 | GO TO VAX_CONF7A |
| HIGH SCHOOL/COLLEGE/UNIVERSITY | 9 | GO TO VAX_CONF7A |
| OTHER NONMEDICALLY-RELATED PLACE | 10 | GO TO VAX_CONF7A |
| MALL OUTREACH [DISPLAY ONLY IF GUAM] | 11 | GO TO VAX_CONF7A |
| VILLAGE OUTREACH [DISPLAY ONLY IF GUAM] | 12 | GO TO VAX_CONF7A |
| DON'T KNOW | 77 | GO TO VAX_CONF7A |
| REFUSED | 99 | GO TO VAX_CONF7A |

VAX6 How likely are you to get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] COVID vaccine? Would you say you would definitely get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, probably get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, probably not get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, definitely not get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] 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_CONF7A

Has a doctor, nurse, or other health professional recommended that you get a COVID vaccine since July 1, 2024?

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

FLU_CONF2 How concerned are you about getting the flu? 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

FLU_CONF4 How safe do you think a flu 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

FLU_CONF5 How important do you think getting a flu vaccine is to protect yourself against the flu? 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

RSV_CONF2 How concerned are you about getting RSV? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?

READ IF NECESSARY: RSV is a respiratory virus that can cause serious illness in infants and older adults.

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

RSV_CONF4 How safe do you think an RSV 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

RSV_CONF5 How important do you think getting an RSV vaccine is to protect yourself against RSV? 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_CONF2 How concerned are you about getting COVID? 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 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 vaccine is to protect yourself against COVID? 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

ACIP3A

Do you have a health condition that may put you at higher risk for getting very sick from respiratory diseases, such as the flu, RSV, or COVID?

| | | |
|------------------|----|-------------|
| YES | 1 | |
| NO | 2 | GO TO ACIP5 |
| DON'T KNOW | 77 | GO TO ACIP5 |
| REFUSED | 99 | 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 | IF ACIP4 IN (19) GO TO ACIP4_OTH THEN GO TO ACIP4DM |
| 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: _____

IF ACIP4 IN (5) GO TO ACIP4DM; ELSE GO TO ACIP5

| | |
|-------------|---|
| ACIP4DM | Do you use insulin to manage your diabetes? |
| | READ IF NECESSARY: Insulin can be taken by shot or pump. |
| | YES1 |
| | NO2 |
| | DON'T KNOW77 |
| | REFUSED99 |
| ACIP5 | Do you have serious difficulty seeing, hearing, walking, remembering, making decisions, or communicating? |
| | YES1 |
| | NO2 |
| | DON'T KNOW77 |
| | REFUSED99 |
| VAX_CONF11A | How difficult would it be for you to get a COVID vaccine? 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 EQ 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 vaccine. Please tell me if anything I list makes it difficult for you. |
| | CONTINUE1 |
| VAX_CONF13A | Getting an appointment online. |
| | Has this made it difficult for you to get a COVID vaccine? |
| | YES1 |
| | NO2 |
| | DON'T KNOW77 |
| | REFUSED99 |

VAX_CONF13D

Not knowing where to get a vaccine.

READ IF NECESSARY:

Has this made it difficult for you to get a COVID vaccine?

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

VAX_CONF13E

Hard to get to vaccination sites.

READ IF NECESSARY:

Has this made it difficult for you to get a COVID vaccine?

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

VAX_CONF13F

Vaccination sites aren't open at convenient times.

READ IF NECESSARY:

Has this made it difficult for you to get a COVID vaccine?

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

VAX_CONF13G

Not knowing whether you were eligible for an updated vaccine or not.

READ IF NECESSARY:

Has this made it difficult for you to get a COVID vaccine?

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

IF VAX2 IN (2,77,99) GO TO VAX_CONF13I; ELSE GO TO VAX_CONF13H

VAX_CONF13H

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

READ IF NECESSARY:

Has this made it difficult for you to get a COVID 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:

Has this made it difficult for you to get a COVID vaccine?

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

IF C5/TIS_C5 EQ 1 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_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_BIRTH; ELSE IF (ACM_AGE <50, 777, 999) AND ACM_SEX EQ 2 GO TO ACM_PREG1; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP GO TO ACM_MEDEQ; ELSE GO TO ACM_HISP

ACM_PREG1 Are you currently pregnant?

YES1
NO2
DON'T KNOW77
REFUSED99

ACM_BIRTH

Do you have a child less than [MONTH-3]-months old?

READ IF NECESSARY: Was the child born since April of 2024?

YES1
NO2 EXIT LOGIC
DON'T KNOW77 EXIT LOGIC
REFUSED99 EXIT LOGIC

EXIT LOGIC:

IF ACIP4 NOT IN (12) AND ACM_PREG1 NE 1 THEN DO:
IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB;
ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ;
ELSE GO TO ACM_HISP;
END;
ELSE GO TO ACM_RSVC1

ACM_BIRTH2

In what month was that child born?

ENTER MONTH (1-12) _____ GO TO ACM_RSVC1
DON'T KNOW.....77
REFUSED.....99

ACM_BIRTHO

I understand that you may be uncomfortable, the only reason we need your child’s birth month is to know which questions to ask.

Is that child less than [MONTH-9]-months old?

- YES1
- NO2
- 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 CDC recommendation for infants under the age of 8 months to get a shot to help protect against RSV?

- YES1
- NO2
- DON’T KNOW77
- REFUSED99

IF ACM_PREG1 EQ 1 OR ACIP4 IN (12) AND ACM_BIRTH NE 1 GO TO ACM_NRSVP;
ELSE GO TO ACM_NRSVC

ACM_NRSVC Has your baby received an RSV shot?

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 ACM_BIRTH2 GE 10 OR ACM_BIRTHO EQ 1 THEN GO TO ACM_NRSVP;
ELSE GO TO ACM_RSVC3

ACM_NRSVP A person can get an RSV vaccine when they are pregnant to help protect the baby from RSV.

[IF VAX_RSV1 EQ 1 THEN DISPLAY 'You previously said you received an RSV vaccine. Did you receive'; ELSE [IF ACM_PREG1 NE 1 OR ACIP4 NOT IN (12)] THEN DISPLAY: 'Did you receive'; ELSE DISPLAY: 'Have you received'] an RSV vaccine while pregnant]?

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

EXIT LOGIC IF RESPONSE EQ 1:

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

EXIT LOGIC IF RESPONSE = 2, 77, 99:

IF ACM_NRSVC EQ 1 THEN DO:

IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB;
ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO ACM_HISP;
END; ELSE GO TO ACM_RSVC3

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, or are not sure?

DEFINITELY GET A SHOT1
PROBABLY GET A SHOT2
PROBABLY NOT GET A SHOT3
DEFINITELY NOT GET A SHOT.....4
NOT SURE5
DON'T KNOW77
REFUSED99

IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM 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?

YES1
NO2 GO TO ACM_RACE
DON'T KNOW77 GO TO ACM_RACE
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/A | 1 | GO TO ACM_RACE |
| PUERTO RICAN | 2 | GO TO ACM_RACE |
| CUBAN | 3 | GO TO ACM_RACE |
| CENTRAL AMERICAN | 4 | GO TO ACM_RACE |
| SOUTH AMERICAN | 5 | 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 KNOW | 77 | GO TO ACM_RACE |
| REFUSED | 99 | 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 | GO TO ACM_RACE_OS |
| 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 INDIAN1 GO TO ACM_MEDEQ
- CHINESE2 GO TO ACM_MEDEQ
- FILIPINO3 GO TO ACM_MEDEQ
- JAPANESE4 GO TO ACM_MEDEQ
- KOREAN5 GO TO ACM_MEDEQ
- VIETNAMESE6 GO TO ACM_MEDEQ
- OTHER7
- DON'T KNOW77 GO TO ACM_MEDEQ
- REFUSED99 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/GUAMIAN1 GO TO ACM_MEDEQ
- SAMOAN2 GO TO ACM_MEDEQ
- OTHER3
- DON'T KNOW77 GO TO ACM_MEDEQ
- REFUSED99 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 EQ 1 and C9/TIS_C9/Z_Q02BZ EQ 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 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 ETHNICITIES1
- THE SAME AS OTHER RACES OR ETHNICITIES2
- BETTER THAN OTHER RACES OR ETHNICITIES3
- DON'T KNOW77
- REFUSED99

IF MOTHER WAS RESPONDENT IN NIS/TEEN/CIM 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 COMPLETED.....3
- 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, MBA8
- DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)9
- DON'T KNOW77
- REFUSED99

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/CIM 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/CIM 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]?

YES1

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

NO2

DON'T KNOW77

REFUSED99

ACM_ISLAND

On what island do you live?

SAINT CROIX1

GO TO ACM_BORN

SAINT THOMAS2

GO TO ACM_BORN

SAINT JOHN3

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_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 GO TO ACM_BORN
- 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 GO TO ACM_C19
- DON'T KNOW88 GO TO ACM_BORN
- REFUSED99 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 IN (1,77,99), THEN DO: IF NIS/TEEN/CIM SURVEY ANSWERED, SKIP TO ACM_LANG; ELSE GO TO ACM_LTNH

ACM_FCBORN

In which country were you born?

ENTER COUNTRY: _____

IF NIS/TEEN/CIM SURVEY ANSWERED, SKIP TO ACM_LANG; ELSE IF ACM_AGE>=60 GO TO ACM_LTNH; ELSE GO TO ACM_C1

ACM_LTNH Do you currently live in a nursing home?

YES1
 NO2
 DON'T KNOW77
 REFUSED99

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

INTERVIEWER HELP TEXT: IF R LIVES IN A GROUP FACILITY, PROBE FOR NUMBER OF PEOPLE THAT LIVE IN THEIR DIRECT LIVING SPACE.

NUMBER OF PEOPLE: _____

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

YES1
 NO2
 DON'T KNOW77
 REFUSED99

IF ACM_LANG IN (2,77,99), THEN DO: IF NIS/TEEN/CIM 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 IN (1,2,3,4,5,6,7,8,9,10,11,77,99) AND NIS/TEEN/CIM 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 a 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