

7b_COVID19_ROUND_7_Assessment

(collected via Qualtrics)

Start of Block: consent

consent

- ☐ I hereby give my informed and free consent to be a participant in this study. (1)
- ☐ I do not agree to participate in this study. (2)

Skip To: End of Survey If = I do not agree to participate in this study.

End of Block: consent

Start of Block: Demographics

SubjectID Subject ID (from researcher):

Age What is your age in years?

Race What is your racial and/or ethnic identity? (Check all that apply)

- ☐ Asian (1)
 - ☐ Black (2)
 - ☐ Hispanic/Latinx (3)
 - ☐ Native American or Indigenous Persons (4)
 - ☐ Native Hawaiian or other Pacific Islander (5)
 - ☐ White (6)
 - ☐ Unknown or prefer not to state (8)
 - ☐ Prefer to self-describe (7) _____
-

Gender What is your gender identity?

- ☐ Woman (1)
 - ☐ Man (2)
 - ☐ Non-binary or third gender (3)
 - ☐ Prefer not to state (4)
 - ☐ Prefer to self-describe (5) _____
-

Page Break

RecruitmentSource How did you hear about this survey?

- ☐ Student subject pool (e.g., HSP) (1)
- ☐ Twitter (2)
- ☐ Facebook (3)
- ☐ Instagram (4)
- ☐ Reddit (5)
- ☐ Other (6) _____

End of Block: Demographics

Start of Block: Silver Linings



SilverLinings When I think about events from March-May 2020, I remember:

	Strongly disagree (1)	Disagree (2)	Neither disagree nor agree (3)	Agree (4)	Strongly agree (5)
my fears related to the spread of the illness (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the community working together under difficult circumstances (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feeling hope that the efforts will save lives (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the social isolation (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the financial uncertainty (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feeling interconnected with others even while being physically distant (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Silver Linings

Start of Block: VaccineStatus



FullyVacced Are you **fully** vaccinated against COVID-19?

- ☐ No, I am not vaccinated (0)
- ☐ No, I am partially vaccinated (0)
- ☐ Yes, I am fully vaccinated (1)

Skip To: OneOrTwoDose If Are you fully vaccinated against COVID-19? = Yes, I am fully vaccinated

Skip To: IntendVacced If Are you fully vaccinated against COVID-19? = No, I am not vaccinated

Skip To: IntendVacced If Are you fully vaccinated against COVID-19? = No, I am partially vaccinated

Page Break

IntendVaccinated Do you intend on becoming fully vaccinated?

- ☐ No (1)
- ☐ Yes (2)

Skip To: End of Survey If Do you intend on becoming fully vaccinated? = No

Skip To: Q22 If Do you intend on becoming fully vaccinated? = Yes

Page Break



Q22 What date do you expect to receive the dose that would make you fully vaccinated (e.g., the final dose in a two-dose vaccine or the only dose in a single-dose vaccine)? Please take your best guess if you do not have an appointment booked.

Month (1)	▼ January (1) ... (150)
Day (2)	▼ January (1) ... (150)
Year (3)	▼ January (1) ... (150)

Page Break

Display This Question:

If Do you intend on becoming fully vaccianted? = Yes

Q84 Thank you for your time. You are not eligible to complete this study until you have been fully vaccinated from COVID-19. May we contact you once you are fully vaccinated to participate in the remainder of the study?

☐ Yes (4)

☐ No (5)

Skip To: End of Survey If Thank you for your time. You are not eligible to complete this study until you have been fully va... = Yes

Skip To: End of Survey If Thank you for your time. You are not eligible to complete this study until you have been fully va... = No

Page Break



OneOrTwoDose Did you receive a one-dose or two-dose vaccine?

- ☐ One-dose (e.g., Johnson & Johnson) (1)
- ☐ Two-dose (e.g., Pfizer, Moderna, AstraZeneca) (2)

End of Block: VaccineStatus

Start of Block: SingleDoseAnchors



DateSingleDose What date did you receive your dose of the COVID-19 vaccine?

Month (1)	▼ January (1) ... (150)
Day (2)	▼ January (1) ... (150)
Year (3)	▼ January (1) ... (150)

Page Break

Q79 When I remember getting my COVID-19 vaccination and becoming fully vaccinated, the first thing I remember is (please describe in approximately 50 words):

Q80 When did you experience your **peak positive emotion** around your COVID-19 vaccination:

- ☐ Prior to successfully having an appointment booked (1)
- ☐ Having an appointment booked (2)
- ☐ Receiving your shot (3)
- ☐ Being considered fully vaccinated at two-weeks past your shot (4)
- ☐ I did not experience a strong positive emotion (5)

Q81 When did you experience your **peak negative emotion** around your COVID-19 vaccination:

- ☐ Prior to successfully having an appointment booked (1)
- ☐ Having an appointment booked (2)
- ☐ Receiving your shot (3)
- ☐ Being considered fully vaccinated at two-weeks past your shot (4)
- ☐ I did not experience a strong negative emotion (5)

End of Block: SingleDoseAnchors

Start of Block: TwoDoseAnchors

JS

DateFirstDose What date did you receive your **first** dose of the COVID-19 vaccine?

Month (1)	▼ January (1) ... (150)
Day (2)	▼ January (1) ... (150)
Year (3)	▼ January (1) ... (150)

JS

DateSecondDose What date did you receive your **second** dose of the COVID-19 vaccine?

Month (1)	▼ January (1) ... (150)
Day (2)	▼ January (1) ... (150)
Year (3)	▼ January (1) ... (150)

Page Break

When I remember getting my COVID-19 vaccination and becoming fully vaccinated, the first thing I remember is (please describe in approximately 50 words):

PositivePeak When did you experience your **peak positive emotion** around your COVID-19 vaccination:

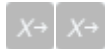
- ☐ Prior to successfully having an appointment booked (1)
 - ☐ Having an appointment booked (2)
 - ☐ Receiving your first shot (3)
 - ☐ Receiving your second shot (4)
 - ☐ Being considered fully vaccinated at two-weeks past your second shot (5)
 - ☐ I did not experience a strong positive emotion (6)
-

NegativePeak When did you experience your **peak negative emotion** around your COVID-19 vaccination:

- ☐ Prior to successfully having an appointment booked (1)
- ☐ Having an appointment booked (2)
- ☐ Receiving your first shot (3)
- ☐ Receiving your second shot (4)
- ☐ Being considered fully vaccinated at two-weeks past your second shot (5)
- ☐ I did not experience a strong negative emotion (6)

End of Block: TwoDoseAnchors

Start of Block: EventFocus



Focus The following questions ask about the extent to which you focus your memories on different aspects around your vaccination:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
When I think about my COVID-19 vaccination, I remember the stress of booking the appointment. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about my COVID-19 vaccination, I remember worrying that it was still new and untested. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about my COVID-19 vaccination, I remember being excited to see family and friends. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about my COVID-19 vaccination, I remember feeling relieved to no longer be at risk for COVID. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about my COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

vaccination,
I remember
worrying
about the
physical side
effects. (5)

When I think
about my
COVID-19
vaccination,
I remember
feeling more
relaxed in
public. (6)

When I think
about my
COVID-19
vaccination,
I remember
feeling
excited that I
was able to
get an
appointment.
(7)

When I think
about my
COVID-19
vaccination,
I remember
feeling
nervous
about being
in a room
with other
people. (8)

When I think
about my
COVID-19
vaccination,
I remember
experiencing
the physical
side effects.
(9)

When I think
about my



COVID-19
vaccination,
I remember
feeling
proud that I
was helping
move my
community
closer to
“normal”.
(10)

When I think
about my
COVID-19
vaccination,
I remember
feeling guilty
because I
had an
appointment
when others
did not. (11)

When I think
about my
COVID-19
vaccination,
I remember
being
impressed
by the
existence of
a vaccine for
a relatively
new
disease. (12)



End of Block: EventFocus

Start of Block: FirstDoseRecall

Q31 Please write down everything you possibly remember about **getting** your **first** COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from **what you saw and did to what you felt**. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind.

Q52 You will not be able to progress past this page until 5-minutes has passed. This is to ensure you have time to enter all the details you can think of. Once 5 minutes has passed, a red button will appear. You can select the button to move forward with the survey. However, you may continue writing after the button appears if you have not finished. We encourage you to keep going until you reach a natural ending point and have provided all the details that you can remember.

Q32 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Page Break



Q45 As you reflect on your memory for the **first** dose of your vaccination, please rate each of the following:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
How negative/unpleasant was this event? (VaccinePhems_NegEmo)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How positive/pleasant was this event? (VaccinePhems_PosEmo)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How calm or subdued did you feel during this event? (VaccinePhems_LowArs)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How excited or agitated did you feel during this event? (VaccinePhems_HighArs)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much clarity and detail do you remember about this event? (VaccinePhems_Clarify)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How personally important IS this event to you NOW? (VaccinePhems_Imp)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now? (VaccinePhems_Relive)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since it happened, how much have you thought or talked about this event? (VaccinePhems_Rehearse)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur? (VaccinePhems_Belief)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do you think
this was a unique event,
unlike anything you have
previously experienced?
(VaccinePhems_Unique)

(☐ ☐ ☐ ☐ ☐ ☐ ☐

Page Break

Q53 Please write down everything you possibly remember about what happened **after** getting your **first** COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your first vaccine shot.

Q54 You will not be able to progress past this page until 5-minutes has passed. This is to ensure you have time to enter all the details you can think of. Once 5 minutes has passed, a red button will appear. You can select the button to move forward with the survey. However, you may continue writing after the button appears if you have not finished. We encourage you to keep going until you reach a natural ending point and have provided all the details that you can remember.

Q55 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Page Break



Q41 As you reflect on your experience **after** your **first** vaccination, please rate each of the following:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
I experienced unpleasant side effects (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I read media coverage concerning possible side effects (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone I knew experienced unpleasant side effects (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt more comfortable being in public places (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: FirstDoseRecall

Start of Block: SecondDoseRecall

Q33 Now, please write down everything you possibly remember about **getting** your **second** COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from **what you saw and did to what you felt**. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind.

Q56 You will not be able to progress past this page until 5-minutes has passed. This is to ensure you have time to enter all the details you can think of. Once 5 minutes has passed, a red button will appear. You can select the button to move forward with the survey. However, you may continue writing after the button appears if you have not finished. We encourage you to keep going until you reach a natural ending point and have provided all the details that you can remember.

Q34 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Page Break



Q50 As you reflect on your memory for the **second** dose of your vaccination, please rate each of the following:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
How negative/unpleasant was this event? (VaccinePhems_NegEmo)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How positive/pleasant was this event? (VaccinePhems_PosEmo)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How calm or subdued did you feel during this event? (VaccinePhems_LowArs)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How excited or agitated did you feel during this event? (VaccinePhems_HighArs)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much clarity and detail do you remember about this event? (VaccinePhems_Clarify)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How personally important IS this event to you NOW? (VaccinePhems_Imp)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now? (VaccinePhems_Relive)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since it happened, how much have you thought or talked about this event? (VaccinePhems_Rehearse)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur? (VaccinePhems_Belief)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do you think
this was a unique event,
unlike anything you have
previously experienced?
(VaccinePhems_Unique)

(○ ○ ○ ○ ○ ○)

Page Break

Q57 Finally, please write down everything you possibly remember about what happened **after** getting your **second** COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your second vaccine shot.

Q58 You will not be able to progress past this page until 5-minutes has passed. This is to ensure you have time to enter all the details you can think of. Once 5 minutes has passed, a red button will appear. You can select the button to move forward with the survey. However, you may continue writing after the button appears if you have not finished. We encourage you to keep going until you reach a natural ending point and have provided all the details that you can remember.

Q59 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Page Break



Q51 As you reflect on your experience after your **second** vaccination, please rate each of the following:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
I experienced unpleasant side effects (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I read media coverage concerning possible side effects (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone I knew experienced unpleasant side effects (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt more comfortable being in public places (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q68 How confident are you in your ability to distinguish your memory for your first shot from your memory for your second shot?

- ☐ Not at all (1)
 - ☐ Slightly (2)
 - ☐ Somewhat (3)
 - ☐ Moderately (4)
 - ☐ Quite a bit (5)
 - ☐ Very much (6)
 - ☐ An extreme amount (7)
-



Q69 How much do you think that your memory for the second shot has interfered with your memory for your first shot?

- ☐ Not at all (1)
- ☐ Slightly (2)
- ☐ Somewhat (3)
- ☐ Moderately (4)
- ☐ Quite a bit (5)
- ☐ Very much (6)
- ☐ An extreme amount (7)

End of Block: SecondDoseRecall

Start of Block: SingleDoseRecall

Q60 Please write down everything you possibly remember about **getting** your COVID-19 vaccine shot. Tell me absolutely everything that comes to mind from what you saw and did to what you felt. No detail is too trivial. I want you to describe the event to me so I can really picture it in my mind.

Q61 You will not be able to progress past this page until 5-minutes has passed. This is to ensure you have time to enter all the details you can think of. Once 5 minutes has passed, a red button will appear. You can select the button to move forward with the survey. However, you may continue writing after the button appears if you have not finished. We encourage you to keep going until you reach a natural ending point and have provided all the details that you can remember.

Q62 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Page Break



Q63 As you reflect on your memory for your vaccination, please rate each of the following:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
How negative/unpleasant was this event? (VaccinePhems_NegEmo)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How positive/pleasant was this event? (VaccinePhems_PosEmo)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How calm or subdued did you feel during this event? (VaccinePhems_LowArs)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How excited or agitated did you feel during this event? (VaccinePhems_HighArs)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much clarity and detail do you remember about this event? (VaccinePhems_Clarify)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How personally important IS this event to you NOW? (VaccinePhems_Imp)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
While remembering the event, how much do you feel that you are reliving the event, as if it were happening right now? (VaccinePhems_Relive)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Since it happened, how much have you thought or talked about this event? (VaccinePhems_Rehearse)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you believe the event in your memory really occurred in the way you remember it, and that you have not imagined or fabricated anything that did not occur? (VaccinePhems_Belief)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent do you think
this was a unique event,
unlike anything you have
previously experienced?
(VaccinePhems_Unique)

(○ ○ ○ ○ ○ ○)

Page Break

Q64 Please write down everything you possibly remember about what happened **after** getting your COVID-19 vaccine. Tell me absolutely everything that comes to mind about what you experienced, thought and felt in the days following your first vaccine shot.

Q65 You will not be able to progress past this page until 5-minutes has passed. This is to ensure you have time to enter all the details you can think of. Once 5 minutes has passed, a red button will appear. You can select the button to move forward with the survey. However, you may continue writing after the button appears if you have not finished. We encourage you to keep going until you reach a natural ending point and have provided all the details that you can remember.

Q66 Timing
First Click (1)
Last Click (2)
Page Submit (3)
Click Count (4)

Page Break



Q67 As you reflect on your experience after your vaccination, please rate each of the following:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
I experienced unpleasant side effects (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I read media coverage concerning possible side effects (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone I knew experienced unpleasant side effects (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt more comfortable being in public places (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: SingleDoseRecall

Start of Block: VaccineEmos

Q36 As you reflect on your memory for your vaccination, please rate each of the following:



Q70 When I think about my vaccination, I feel emotions that are:

- ☐ Not at all positive (1)
- ☐ Mildly positive (2)
- ☐ Somewhat positive (3)
- ☐ Very positive (4)
- ☐ Extremely positive (5)



Q71 When I think about my vaccination, I feel emotions that are:

- ☐ Not at all negative (1)
- ☐ Mildly negative (2)
- ☐ Somewhat negative (3)
- ☐ Very negative (4)
- ☐ Extremely negative (5)

Page Break



Q37 When you think about the emotions you experienced **during the vaccination process**, to what extent did you experience the following emotions?

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
Anger (Anger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanting (Wanting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dread (Dread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad (Sad)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easygoing (Easygoing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grossed out (GrossedOut)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared (Scared)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mad (Mad)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction (Satisfaction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sickened (Sickened)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empty (Empty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Craving (Craving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic (Panic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Happy (Happy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Terror (Terror)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Longing (Longing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rage (Rage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm (Calm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grief (Grief)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear (Fear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea (Nausea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxation (Relaxation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (Anxiety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Revulsion (Revulsion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chilled out (ChilledOut)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry (Worry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire (Desire)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoyment (Enjoyment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous (Nervous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pissed off (PissedOff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lonely (Lonely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Liking (Liking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excitement (Excitement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q72 When you think about your vaccination experience **now**, to what extent do you experience the following emotions?

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
Anger (Anger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanting (Wanting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dread (Dread)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad (Sad)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easygoing (Easygoing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grossed out (GrossedOut)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared (Scared)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mad (Mad)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction (Satisfaction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sickened (Sickened)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empty (Empty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Craving (Craving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic (Panic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Happy (Happy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Terror (Terror)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Longing (Longing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rage (Rage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm (Calm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grief (Grief)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear (Fear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea (Nausea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxation (Relaxation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (Anxiety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Revulsion (Revulsion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chilled out (ChilledOut)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry (Worry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desire (Desire)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoyment (Enjoyment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous (Nervous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pissed off (PissedOff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lonely (Lonely)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Liking (Liking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excitement (Excitement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: VaccineEmos

Start of Block: VaccineLogistics



Q73 When I think about my vaccination, I mostly remember:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
Logistics of getting the shot (Logisitcs_GetShot)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible allergic reaction to the shot (Logisitcs_AllergicReaction)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible side effects of the shot (Logisitcs_SideEffects)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits of protecting myself (Logisitcs_ProtectingSelf)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits of protecting others (Logisitcs_PortectingOthers)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q74 How in control do/did you feel about your decision to get vaccinated?

- ☐ Not at all (1)
 - ☐ Slightly (2)
 - ☐ Somewhat (3)
 - ☐ Moderately (4)
 - ☐ Quite a bit (5)
 - ☐ Very much (6)
 - ☐ An extreme amount (7)
-



Q75 How in control do/did you feel about the logistics of getting vaccinated? (e.g., where or when you will be vaccinated?)

- ☐ Not at all (1)
 - ☐ Slightly (2)
 - ☐ Somewhat (3)
 - ☐ Moderately (4)
 - ☐ Quite a bit (5)
 - ☐ Very much (6)
 - ☐ An extreme amount (7)
-



Q76 How in control do/did you feel about the brand of vaccine that you will receive?

- ☐ Not at all (1)
- ☐ Slightly (2)
- ☐ Somewhat (3)
- ☐ Moderately (4)
- ☐ Quite a bit (5)
- ☐ Very much (6)
- ☐ An extreme amount (7)

Page Break



Q77 To what extent has each of the following motivated you to get the vaccine?

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
I was concerned for my own health (Motivation_SelfHealth)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was concerned for the health of a close family member (Motivation_FamilyHealth)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was concerned with the greater good for the community (Motivation_CommunityHealth)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was recommended directly by my doctor (Motivation_DrRec)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was generally recommended by experts (Motivation_ExpertRec)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is required by my employer or school (Motivation_Required)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt pressure to get vaccinated from family or friends (Motivation_FamilyPressure)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unable to see family or friends if I am not vaccinated (Motivation_SeeFamily)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unable to participate fully in society if I am not vaccinated (Motivation_ParticipateSociety)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q47 The following questions ask about how supported you felt in your decision to be vaccinated and in the logistics around your vaccination:

	Not at all (1)	Slightly (2)	Somewhat (3)	Moderately (4)	Quite a bit (5)	Very much (6)	An extreme amount (7)
I feel that I was fully supported by my friends and family members in my decision to be vaccinated. (VaccineSupport_Family)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I was fully supported by the vaccination staff when I was vaccinated. (VaccineSupport_VacStaff)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I was lacking support in my decision to be vaccinated. (VaccineSupport_DecisionLacking)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I was lacking support during my process of being vaccinated. (VaccineSupport_ProcessLacking)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I was fully supported as I secured a vaccination appointment. (VaccineSupport_SecuringAppt)	(<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: VaccineLogistics

Start of Block: LivedWith

LivedWith Please indicate all of the age groups that you lived with or were in a selective bubble with during the specified time window:

	March-May 2020 (1)	June-August 2020 (2)	September- November 2020 (3)	December 2020- February 2021 (4)	March-May 2021 (5)
Under age 10 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 11-20 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 20-29 (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 30-39 (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 40-49 (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 50-59 (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 60-69 (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 70-79 (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 80+ (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SocialInteractions Please indicate all of the age groups that you had regular (3 or more times a week) *social interactions* with (in-person or virtual) during the specified time window:

	March-May 2020 (1)	June-August 2020 (2)	September- November 2020 (3)	December 2020- February 2021 (4)	March-May 2021 (5)
Under age 10 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 11-20 (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 20-29 (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 30-39 (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 40-49 (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 50-59 (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 60-69 (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 70-79 (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 80+ (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: LivedWith

Start of Block: FIRST

Q89 INSTRUCTION: When you experience the following situations, how likely is it for you to have difficulty sleeping? Tick the corresponding box. Answer all questions even if you have not experienced these situation recently.

	Not Likely (1)	Somewhat Likely (2)	Moderately Likely (3)	Very Likely (4)
Before an important meeting the next day (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After a stressful experience during the day (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After a stressful experience in the evening (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After getting bad news during the day (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After watching a frightening movie or TV show (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After having a bad day at work / school (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After an argument (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before having to speak in public (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before going on a vacation the next day (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: FIRST

Start of Block: ESS

Q90 How likely are you to **doze off or fall asleep in the following situations**, in contrast to feeling just tired?

This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the **most appropriate rating** for each situation.

	Would NEVER doze (1)	SLIGHT chance of dozing (2)	MODERATE chance of dozing (3)	HIGH chance of dozing (4)
Sitting and reading (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting, inactive in a public place (e.g. theater or a meeting) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a passenger in a car for an hour without a break (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying down to rest in the afternoon when circumstances permit (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting and talking to someone (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting quietly after a lunch without alcohol (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a car, while stopped for a few minutes in traffic (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: ESS

Start of Block: CD-RISC-10

Q91 Please indicate how much you agree with the following statements as they apply to you over the last **month**. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all (1)	Rarely true (2)	Sometimes true (3)	Often true (4)	True nearly all the time (5)
I am able to adapt when change occurs (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with whatever comes my way (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to see the humorous side of things when I am faced with problems (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to cope with stress can make me stronger (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to bounce back after illness, injury, or other hardships (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can achieve my goals, even if there are obstacles (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under pressure, I stay focused and think clearly (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not easily discouraged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

by failure (9)

I think of
myself as a
strong person
when dealing
with life's
challenges
and
difficulties
(11)



I am able to
handle
unpleasant or
painful
feelings like
sadness,
fear, and
anger (12)



End of Block: CD-RISC-10

Start of Block: PSAS

Q92 INSTRUCTIONS: Please describe how intensely you generally experience each of these symptoms as you attempt to fall asleep in your own bedroom.

	Not at all (1)	Slightly (2)	Moderately (3)	A lot (4)	Extremely (5)
Heart racing, pounding, or beating irregularly (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A jittery, nervous feeling in your body (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath or labored breathing (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A tight, tense feeling in your muscles (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold feeling in your hands, feet, or your body (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have stomach upset (knot or nervous feeling, heartburn, nauseas) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perspiration in the palms of your hands or other parts of the body. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry feeling in your mouth or throat (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry about falling sleep (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Review or pounder events of the day (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressing or anxious thoughts (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry about problems other than sleep (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being mentally alert, active (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can't shut off your thoughts (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts keep racing through your head (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being distracted by sounds, noise in the environment (e.g. ticking of the clock, house noises, traffic etc.) (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: PSAS

Start of Block: MMQ - Ability

Q93 Below is a list of common memory mistakes that people make. Decide how often you have done each one in the *last two weeks*. Then, mark the bubble under the appropriate response.

	All of the time (1)	Often (2)	Sometimes (3)	Rarely (4)	Never (46)
Forget to pay a bill on time (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misplace something you use daily, like your keys or glasses (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble remembering a telephone number you just looked up (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not recall the name of someone you just met (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave something behind when you meant to bring it with you (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forget an appointment (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forget what you were just about to do; for example, walk into a room and forget what you went there to do (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forget to run an errand (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In conversation, have difficulty coming up with a specific word that you want (10)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Have trouble remembering details from a newspaper, magazine, or online article you read earlier in the day (11)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Forget to take medication (12)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Not recall the name of someone you have known for some time (13)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Forget to pass on a message (14)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Forget what you were going to say in conversation (15)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Forget a birthday or anniversary that you used to know well (16)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Forget a telephone number you use frequently

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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(17)

Retell a story
or a joke to
the same
person
because you
forget you
already told
them. (18)

☐☐☐☐☐

Misplace
something
that you put
away a few
days ago (19)

☐☐☐☐☐

Forget to buy
something
you intended
to buy (20)

☐☐☐☐☐

Forget details
about a
recent
conversation
(21)

☐☐☐☐☐

End of Block: MMQ - Ability
