 A picture containing text, clipart, tableware, dishware

Description automatically generated

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| **Client** | JCOIN |
| **Project Name** | Omnibus April 2022 – JCOIN |
| **Project Number** | 7783 |
| **Survey length (median)** | 20 minute survey |
| **Population** | Gen pop age 18 + |
| **Pretest** | N/A |
| **Main** | N=1000 |
| **MODE** | CAWI |
| **Language** | English |
| **Same Source** | AmeriSpeak |
| **Incentive** | 5,000 |
| **Survey description** | Omnibus JCOIN 2022 |
| **Eligibility Rate** | 100% |

[CAWI]

[DISPLAY – WINTRO\_1]

Thank you for agreeing to participate in our new AmeriSpeak survey! To thank you for sharing your opinions, we will give you a reward of [INCENTWCOMMA] AmeriPoints after completing the survey. As always, your answers are confidential.

*Please use the "Continue" button to move forward within the questionnaire. Do not use your browser buttons.*

INSERT ITEM TIMESTAMPS: TIME\_START, DATE\_START

INTRO2.

In this survey, [IF CAWI: we ;IF CATI: I] will be asking you questions on a variety of subjects.

[DISPLAY]

INTRO\_J1.

The questions in this survey will cover a variety of topics. We would like to know your own personal beliefs and opinions, please select the response that most closely matches with how you feel.

Please read the following definitions, as questions will be asked about these topics later on.

<i>*Opioids include drugs such as heroin and fentanyl, as well as many prescription pain medications. When we talk about opioid use disorder, we are using the definition provided by the Diagnostic and Statistical Manual of Mental Disorders as “a problematic pattern of opioid use leading to clinically significant impairment or distress.” This can include health problems, disability, and failure to meet major responsibilities at work, school, or home. People who continue to use opioids despite negative consequences are likely to have an opioid use disorder. Other terms people may use to describe an opioid use disorder include opioid addiction, opioid abuse, and opioid dependence.*

*When we ask about recovery, please consider the following definition: “The process of improved physical, psychological and social well-being and health after having suffered from an opioid use disorder.”* </i>

[GRID, 4,3; SP]

Q1.

Do you disagree or agree with the following statements?

<i>*Please note that Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is funded and administered by states, according to federal requirements. Some states may have different names for their Medicaid program.* </i>

CAWI GRID ITEMS:

1. I favor expanding Medicaid insurance benefits for low income families to provide coverage for treatment of opioid use disorders.
2. I favor making naloxone (also known as “Narcan”), a medication that can quickly reverse the effects of a person experiencing an opioid overdose (i.e., taken a high dose of opioids leading to the slowing or stopping of breathing), widely available and affordable without a prescription.
3. I believe that making treatment mandatory is an effective way to help people with an opioid use disorder.
4. I favor increasing government spending to improve treatment of opioid use disorder.
5. I favor passing laws to protect people from criminal charges for drug related crimes if they attend substance use treatment.
6. I believe that people in jail/prison with an opioid use disorder should be allowed access to medication for their opioid use disorder, such as methadone, buprenorphine, or naltrexone.
7. Individuals who are on parole or probation with an opioid use disorder should be required to attend substance use treatment.

RESPONSE OPTIONS:

1. Strongly disagree
2. Somewhat disagree
3. Neither disagree nor agree
4. Somewhat agree
5. Strongly agree

[GRID, 5,5,5,5,5,4; SP]

Q2.

Do you disagree or agree with the following statements about opioid use disorder?

GRID ITEMS:

1. Anyone who uses opioids long-term for pain has an opioid use disorder.
2. Most people who develop and/or struggle with an opioid use disorder lack self-control.
3. A person struggling with an opioid use disorder can choose to quit using opioids at any time if they put their mind to it.
4. Using opioids can slow your breathing or even cause you to stop breathing entirely and lead to an overdose or death.
5. Opioid use disorder is a medical condition like other chronic health conditions (for example, diabetes, high blood pressure).
6. A person struggling with an opioid use disorder must hit “rock bottom” before they are willing to accept or attend treatment.
7. Individuals with an opioid use disorder specific to prescription pain medications are more dangerous than individuals with an opioid use disorder specific to heroin.
8. My opinions about opioid use disorder have changed over the last 5 years.
9. Given my family history and/or prior experience with opioids, I think I would be considered “at risk” for developing an opioid use disorder.
10. Jailing someone with an opioid use disorder for at least a few days will help them by reducing their risk for an overdose.
11. Approved medications that are effective in treating opioid use disorder exist.
12. Some forms of substance use treatment are effective at helping people recover from an opioid use disorder.
13. Effective treatment for an opioid use disorder is easy to find.
14. People with an opioid use disorder should seek professional help.
15. People with an opioid use disorder require long-term treatment in order to recover.
16. People with an opioid use disorder need medications in order to recover.
17. Recovery [from opioid use disorder] is a continuous process that never ends.
18. Individuals with an opioid use disorder specific to heroin are more likely to seek treatment.
19. Individuals with an opioid use disorder specific to heroin are more likely to recover.
20. Individuals with an opioid use disorder specific to heroin will require more treatment in their attempt at recovery.
21. I would want my friends and family to know if I sought treatment for an opioid use disorder.
22. I would want my friend to tell me if they sought treatment for an opioid use disorder.
23. I would encourage my friend to seek treatment if they had an opioid use disorder.
24. Treatment for opioid use disorder should be delivered separately from general health care services (for example, hospitals, clinics, primary care practices).
25. General health care providers should not be responsible for treating individuals with an opioid use disorder.
26. General health care providers should be required to receive training on treatment for opioid use disorders.
27. I would not want my general health care provider to treat individuals with an opioid use disorder.
28. Recovery is the most common outcome for individuals with an opioid use disorder.
29. Multiple failed attempts (for example, relapse) is a common characteristic of recovery from opioid use disorder.

RESPONSE OPTIONS:

1. Strongly disagree
2. Somewhat disagree
3. Neither disagree nor agree
4. Somewhat agree
5. Strongly agree

[GRID, 5,5; SP]

Q3.

Do you disagree or agree with the following statements?

GRID ITEMS:

1. I would be willing to have a person with a <u>past history</u> of opioid use disorder start working closely with me on a job.
2. I would be willing to have a person with a <u>current</u> opioid use disorder start working closely with me on a job.
3. I would be comfortable having a person with a <u>current</u> opioid use disorder marry into my close or immediate family.
4. I am comfortable having a person with a <u>past history</u> of opioid use disorder marry into my close or immediate family.
5. People with a <u>current</u> opioid use disorder are more dangerous than the general population.
6. A person who <u>currently</u> has an opioid use disorder cannot be trusted.
7. A person who <u>currently</u> has an opioid use disorder would be willing to steal money or valuable items in order to get drugs.
8. A person who has a <u>past history</u> of opioid use disorder might be tempted to take money or valuable items out of desperation to get drugs.
9. A person who <u>currently</u> has an opioid use disorder is likely to experience personal problems that would make them a high-risk employee in my workplace.
10. A person who has a <u>past history</u> of opioid use disorder is likely to experience personal problems that would make them a high-risk employee in my workplace.

RESPONSE OPTIONS:

1. Strongly disagree
2. Somewhat disagree
3. Neither disagree nor agree
4. Somewhat agree
5. Strongly agree

[GRID, SP]

Q4.

Do you think any of the following groups or people are to blame for the opioid epidemic in the United States?

GRID ITEMS:

1. People who have/had an opioid use disorder or misuse of opioids
2. Health care providers who prescribed opioids
3. Friends/family members who introduce their friends/family members to opioids
4. Pharmaceutical companies that produced opioids
5. Health Insurance companies

RESPONSE OPTIONS

1. Not at all to blame
2. Might be to blame
3. A little bit to blame
4. Moderately to blame
5. Completely to blame

[GRID, SP]

Q5.

Do you disagree or agree with the following statements?

GRID ITEMS:

1. People who have money problems (i.e., who I think are poor) are more likely to start misusing drugs
2. People who grow up in high crime neighborhoods are more likely to start misusing drugs
3. People who have been prescribed opioid pain medications are more likely to start misusing opioids

RESPONSE OPTIONS

1. Strongly disagree
2. Somewhat disagree
3. Neither disagree nor agree
4. Somewhat agree
5. Strongly agree

[PROMPT IF SAME NUMBER SELECTED: Please rank only your top 3 choices.]

[RANK ORDER; 1 - 3]

Q6.

If a friend or family member had an opioid use disorder and needed help, which of the following would you be most likely to suggest to them? Please rank your top 3 choices.

RESPONSE OPTIONS:

1. They should find a residential rehab program (a treatment program where they would go to live for several weeks or more)
2. They should find a hospital inpatient program (treatment in a hospital where they can be monitored by medical staff)
3. They should talk to their primary care doctor about getting a prescription for buprenorphine or Suboxone (a medication that treats opioid use disorders)
4. They should find a counselor, social worker, or psychologist (someone they meet with one-on-one)
5. They should contact a local methadone program
6. They should find a group outpatient program (a treatment program where several patients meet together with a counselor one or more times per week)
7. They should find a mutual help group (a group of peers such as Narcotics Anonymous or SMART Recovery)
8. They should talk to their church pastor, rabbi, or other faith leader

[DISPLAY]

INTRO\_J2.

The next set of questions are about your own personal experiences or the experiences of any family members or close friends.

[SPACE]

We recognize these are sensitive items but like all the items on this survey, your responses will be kept private and treated confidentially.

[SP]

Q7.

Have you ever taken a prescription opioid medication (e.g., fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) in a way other than as directed by a medical provider or non-prescribed/illegal opioids, for example to feel good/get high or because you would get sick if you didn’t take it?

RESPONSE OPTIONS:

1. Yes, within the last year
2. Yes, more than a year ago
3. No

[SHOW IF Q7=1,2]

[SP]

Q7A.

Have you ever overdosed (i.e., taken a high dose of opioids leading to the slowing or stopping of breathing) from using opioids?

RESPONSE OPTIONS:

1. No
2. Yes

[SP]

Q8.

Have any family members or close friends ever had an opioid use disorder or misused opioids (for example, used in a way other than prescribed/intended or developed a problem with them)?

RESPONSE OPTIONS:

1. Yes, within the last year
2. Yes, more than a year ago
3. No

[SHOW IF Q8=1,2]

[SP]

Q8A.

Has a family member or close friend ever overdosed (i.e., taken a high dose of opioids leading to the slowing or stopping of breathing and sometimes death) from using opioids?

RESPONSE OPTIONS:

1. No
2. Yes

[SHOW IF Q8A=2]

[SP]

Q8B.

Has a family member or close friend ever died from an opioid overdose?

RESPONSE OPTIONS:

1. No
2. Yes

[GRID, SP]

Q9.

Please answer yes or no to the following questions:

GRID ITEMS:

1. Have you ever been convicted of any misdemeanor or felony crime?
2. Have you ever been incarcerated in jail or prison?

RESPONSE OPTIONS:

1. Yes, within the last year
2. Yes, more than a year ago
3. No

[GRID, SP]

Q10.

Please answer yes or no to the following questions:

GRID ITEMS:

1. Have any of your family members or close friends ever been convicted of any misdemeanor or felony crime?
2. Have any of your family members or close friends ever been incarcerated in jail or prison?

RESPONSE OPTIONS:

1. Yes, within the last year
2. Yes, more than a year ago
3. No

[GRID, 4,4; SP]

Q11.

Do you disagree or agree with the following statements?

GRID ITEMS, RANDOMIZE:

1. White people in the U.S. have certain advantages because of the color of their skin.
2. Race is very important in determining who is successful and who is not.
3. Race plays an important role in who gets sent to prison.
4. Race plays a major role in the type of social services (such as type of health care or day care) that people receive in the U.S.
5. Racial and ethnic minorities do not have the same opportunities as white people in the U.S.
6. Racial and ethnic minorities in the U.S. have certain advantages because of the color of their skin.
7. Everyone who works hard, no matter what race they are, has an equal chance to become rich.
8. White people are more to blame for racial discrimination than racial and ethnic minorities.

RESPONSE OPTIONS:

1. Strongly disagree
2. Somewhat disagree
3. Neither disagree nor agree
4. Somewhat agree
5. Strongly agree

[DISPLAY]

INTRO\_J3.

This set of questions asks about your experiences with COVID-19.

[SP]

Q12.

Have you ever had COVID-19?

RESPONSE OPTIONS:

1. Yes, had positive test result
2. Yes, but was not tested
3. No, and tested negative
4. No, never had symptoms and never tested
5. Not sure

[SHOW IF Q12=1,2]

[DROPDOWN]

Q12A.

When did you first find out you had COVID-19?

Month [DROPDOWN] and Year [DROPDOWN]

[SHOW IF Q12=1,2]

[SP]

Q12B.

Have you experienced any stigma, or poor treatment, because people knew you had COVID-19?

RESPONSE OPTIONS:

1. Yes
2. No

[SP]

Q13.

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

RESPONSE OPTIONS:

1. Yes, I got one dose/shot
2. Yes, I got two doses/shots
3. Yes, I got three doses/shots
4. No, I have not received any doses

[SHOW IF Q13=1, 2, 3]

[SP]

Q13B.

Approximately when did you receive your first dose/shot of a COVID-19 vaccine?

RESPONSE OPTIONS:

1. Before March 1, 2021
2. March - April 2021
3. May - July 2021
4. August - October 2021
5. November 2021
6. December 2021 – February 2022
7. March – April 2022
8. I don’t remember

[SP]

Q14.

Does your employer require you to be vaccinated against COVID-19?

RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF Q14=1]

[SP]

Q14A.

Did your employer requiring vaccination against COVID-19 influence your decision to get vaccinated?

RESPONSE OPTIONS:

1. It had no effect on my decision to get vaccinated
2. It had some effect on my decision to get vaccinated
3. It was the only reason why I got vaccinated

[SP]

Q15.

Do you believe people who choose to NOT receive the COVID-19 vaccine face discrimination in your community?

RESPONSE OPTIONS:

1. Yes
2. No

[SP]

Q16.

Do you know you can sign up for the government to send you at-home testing kits for free?

RESPONSE OPTIONS:

1. Yes, I have signed up/received mine
2. No, I signed up and didn’t receive them
3. Yes, but I couldn’t sign up
4. No, I didn’t know there were free tests

[SP]

Q17.

Are there any children in your household for whom you are a parent or legal guardian?

RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF Q17=1]

[NUMBOX]

Q17A.

How many children living in your household for whom you are a parent or legal guardian, are in the following age categories?

RESPONSE OPTIONS:

* + - 1. [NUMBOX] Age 0-4
      2. [NUMBOX] Age 5-11
      3. [NUMBOX] Age 12-17
      4. [NUMBOX] Age 18 or older

[SHOW IF Q17A\_2>0 or Q17A\_3>0]

[SP]

Q18.

A vaccine against COVID-19 has been approved for emergency use by the FDA for children 5 and older, is your child(ren) who are 5 years old and older vaccinated against COVID-19?

RESPONSE OPTIONS:

1. Yes, He/She/They already got vaccinated
2. No, but I am trying to get a COVID-19 vaccine for them as soon as possible
3. No, I have not made a decision whether they will get vaccinated
4. No, I will not allow him/her/them to get a COVID-19 vaccine
5. [SHOW IF SUM (Q17A\_2 and Q17A\_3) >1] Some of my children have/will get the vaccine and at least one of my children will not.

[SHOW IF Q17A\_1>0]

[SP]

Q19.

If the FDA grants emergency use to a COVID-19 vaccine for children younger than 5, would you plan to get your child(ren) a COVID-19 vaccine?

RESPONSE OPTIONS:

1. I would try to get him/her/them a vaccine as soon as possible
2. Yes, but not right away
3. No, I will not allow him/her/them to get a COVID-19 vaccine
4. [SHOW IF Q17A\_1 >1] Some of my children under 5 will get the vaccine and at least one of my children will not
5. Not sure

[SHOW IF Q19=2,3,4,77,98,99]

[MP]

Q19A.

Which of the following are reasons you would wait to vaccinate your child(ren) or not vaccinate your child(ren) that are less than 5 years old?

[CAWI - remove bold] <i>*Select all that apply.*</i>

RESPONSE OPTIONS:

1. I would want to do my own research on the <u>safety</u> of the COVID-19 vaccine for children
2. I would want to do my own research on the <u>effectiveness</u> (i.e., how well it works as intended) of the COVID-19 vaccine for children
3. He/she/they don’t like needles
4. I’m not concerned that my child(ren) will get seriously ill from COVID-19
5. I won’t have time to get him/her/them vaccinated
6. I would be concerned about him/her/them getting infected with COVID-19 from the vaccine
7. I would be concerned about immediate side effects from the vaccine
8. I am concerned about the unknown long-term side effects from the vaccine
9. I don’t think vaccines work very well
10. Politicians might promote a vaccine to win votes even if it is not fully tested or safe
11. The COVID-19 outbreak is not as serious as some people say it is
12. Children already get too many vaccines
13. I am concerned about heart problems or inflammation for my child
14. I would like to wait for more children to be vaccinated to see if other side effects are discovered
15. Other, please specify: [TEXTBOX]

[SP]

Q20.

Do you personally know anyone who has passed away/died because of getting infected with COVID-19?

RESPONSE OPTIONS:

1. Yes, someone in my household
2. Yes, a close friend/family member
3. Yes, an acquaintance/coworker
4. Yes, other relationship, please specify: [TEXTBOX]
5. No

[GRID, SP]

Q21.

Do you approve, disapprove, or neither approve nor disapprove of the following statements.

GRID ITEMS.

1. Private companies should have the authority to require their employees to be vaccinated.
2. People who are unvaccinated against COVID-19 should have to pay more out-of-pocket for their medical costs for COVID-19 treatment than if they were vaccinated (i.e., the insurance company or medical facility will cover less).
3. Restaurants and businesses should have the authority to refuse service based on a customer’s COVID-19 vaccination status.
4. The public school system should have the authority to require all students and staff to wear masks.
5. Health insurance companies should have the authority to increase someone’s [ADD HOVER TEXT OVER THE PHRASE INSURANCE PREMIUM: “The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments, and coinsurance.” insurance premium] because he/she are unvaccinated against COVID-19.
6. Emergency departments or other health care facilities should give priority to vaccinated patients over unvaccinated patients who need care related to COVID-19.

RESPONSE OPTIONS:

1. Strongly approve
2. Somewhat approve
3. Neither approve nor disapprove
4. Somewhat disapprove
5. Strongly disapprove

[GRID; SP]

Q22.

Over the past month, how often have you:

GRID ITEMS:

1. Been a very nervous person
2. Felt downhearted and blue
3. Felt calm and peaceful
4. Felt so down in the dumps that nothing could cheer you up
5. Been a happy person

RESPONSE OPTIONS:

* + - 1. All of the time
      2. Most of the time
      3. A good bit of the time
      4. Some of the time
      5. A little of the time
      6. None of the time

PROGRAMMING NOTE:

Please add a footer text to Q23.

[center – remove bold] If you are experiencing distress or discomfort, see this list of resources for help

[ “resources for help” link to: 7783\_Omnibus\_JCOIN\_0422\_RESOURCES.pdf]

[SP]

Q23.

Have you ever sought treatment from a mental health specialist (i.e., therapist, psychologist, licensed counselor, psychiatrist, and/or social worker) or in an emergency room, hospital or outpatient mental health facility, or with prescribed medication? This could include seeking services for a mental, psychological, emotional, or behavioral issue in a hospital or outpatient mental health facility, via telehealth, or being prescribed medication for your mental or behavioral health.

RESPONSE OPTIONS:

1. Yes, I first used mental health services before the COVID-19 pandemic began in the U.S. (before March 2020)
2. Yes, I first used mental health services after the COVID-19 pandemic began in the U.S. (i.e., after March 2020)
3. No, but I would like to
4. No

[SHOW IF Q23 = 1]

[SP]

Q23A.

Has your use of mental health services increased since the COVID-19 pandemic began, around March 2020?

RESPONSE OPTIONS:

1. Yes
2. No, stayed the same
3. No, I’ve used less

[SHOW IF Q23=1,2]

[MP]

Q23B.

Have you EVER been told by a doctor or health professional that you had any of the following:

[CAWI - remove bold] <i>*Select all that apply.*</i>

RESPONSE OPTIONS:

1. Any type of anxiety disorder, including panic disorder, obsessive-compulsive disorder, and phobias
2. Any type of depression
3. Bipolar Disorder or other mood disorder
4. Eating disorder
5. Any type of personality disorder
6. Posttraumatic Stress Disorder
7. Psychotic disorders, including schizophrenia
8. Other

[DISPLAY]

DISPLAY\_J4.

For the next set of questions, please think about your activities and behaviors during the past year of the COVID-19 pandemic, starting March 1, 2021.

[SP]

Q24.

In March 2021 (13 months ago) did you have a main romantic/sexual partner? <i>*A main partner is one that you consider “most important” but does not necessarily mean exclusive.*</i>

RESPONSE OPTIONS:

* 1. No
  2. Yes

[SHOW IF Q24=2]

[SP]

Q24A.

In March 2021, [ADD HOVER TEXT “March 2021: (13 months ago)] were you and your main partner living together in the same household?

RESPONSE OPTIONS:

1. No
2. Yes

[SP]

Q25.

Since March 1, 2021 [ADD HOVER TEXT “March 1,2021: (13 months ago)] until now, did you seek out and/or meet new partner(s) for dating and/or sex?

[SPACE]

<i>*A new partner refers to someone other than a main partner who you were with at the start of March 2021.*

[SPACE]

*If you rekindled contact during this time frame with someone who you knew prior to March 2021, consider this person to be a “new partner” for the purposes of this survey.* </i>

RESPONSE OPTIONS:

1. No
2. Yes

[SHOW IF Q25=2]

[SP]

Q25A.

Since March 1, 2021 [ADD HOVER TEXT “March 1,2021: (13 months ago)] until now, have you talked with the new partner(s) on an online phone/video platform? <i>*Select yes if you talked with any new [ADD HOVER TEXT TO “new partner(s)”] partners on an online phone/video platform.* </i>

[HOVER TEXT: A new partner refers to someone other than a main partner who you were with at the start of March 2021.

If you rekindled contact during this time frame with someone who you knew prior to March 2021, consider this person to be a “new partner” for the purposes of this survey.]

RESPONSE OPTIONS:

1. No
2. Yes

Q25A1.

[SHOW IF Q25A=2]

[SP]

Since March 1, 2021 [ADD HOVER TEXT “March 1,2021: (13 months ago)] until now, did you have any online dating profile(s) (e.g., on dating sites like Match.com or other sites/apps)?

RESPONSE OPTIONS:

1. No
2. Yes

Q25A2.

[SHOW IF Q25A1=2]

[SP]

Since March 1, 2021 [ADD HOVER TEXT “March 1,2021: (13 months ago)] until now, did you indicate your COVID-19 vaccination status on one or more online dating profile(s)?

RESPONSE OPTIONS:

1. No
2. Yes

[SHOW IF Q25=2]

[SP]

Q25B.

Since March 1, 2021 [ADD HOVER TEXT “March 1,2021: (13 months ago)] until now, have you met up with new [ADD HOVER TEXT TO “new *partner(s)*”] partner(s) in person? <i> *Select yes if you met any new partners new [ADD HOVER TEXT TO “new partner(s)”] in person. </i>*

[HOVER TEXT: A new partner refers to someone other than a main partner who you were with at the start of March 2021.

If you rekindled contact during this time frame with someone who you knew prior to March 2021, consider this person to be a “new partner” for the purposes of this survey.]

RESPONSE OPTIONS:

1. No
2. Yes

[SHOW IF Q25B=2]

[GRID, SP]

Q25B1.

Since March 1, 2021 [ADD HOVER TEXT “March 1,2021: (13 months ago)] until now, of the new partner(s) *[ADD HOVER TEXT TO “new partner(s)”]* you met in person, how long did you know each other before meeting in person? </i>*If you met 2 or more new partners in person, select the shortest duration you knew a new partner before meeting in person.* </i>

[HOVER TEXT: A new partner refers to someone other than a main partner who you were with at the start of March 2021.

If you rekindled contact or during this time frame with someone who you knew prior to March 2021, consider this person to be a “new partner” for the purposes of this survey.]

RESPONSE OPTIONS:

1. Several hours
2. Several days (<1 week)
3. Several weeks (<1 month)
4. Several months
5. I don’t know

[SHOW IF Q25B=2]

[SP]

Q25B2.

How important was it to you that you knew a new partner’s HIV status and whether they had any sexually transmitted diseases, such as chlamydia or gonorrhea?

RESPONSE OPTIONS:

1. Not at all important
2. Slightly important
3. Moderately important
4. Important
5. Very important

[SHOW IF Q25B=2]

[SP]

Q25B3.

How important was it to you that a new partner received the COVID-19 vaccine before meeting in person?

RESPONSE OPTIONS:

* + - 1. Not at all important
      2. Slightly important
      3. Moderately important
      4. Important
      5. Very important

[SHOW IF Q25=2]

[MP]

Q25C.

Since March 1, 2021 [ADD HOVER TEXT “March 1,2021: (13 months ago)] until now, have you had sexual activity with a new partner(s) *[ADD HOVER TEXT TO “new partner(s)”]*? <i>*For the purposes of this survey, sexual activity includes: kissing, masturbation, oral/anal sex.* </i>

[HOVER TEXT: A new partner refers to someone other than a main partner who you were with at the start of March 2021.

If you rekindled contact during this time frame with someone who you knew prior to March 2021, consider this person to be a “new partner” for the purposes of this survey.]

[CAWI – remove bold] <i>*Select all that apply.*</i>

RESPONSE OPTIONS:

1. No [SP]
2. Yes, virtually
3. Yes, in person

[SHOW IF Q25C=3]

[MP]

Q25C1.

Since March 1, 2021 [ADD HOVER TEXT “March 1,2021: (13 months ago)] before meeting up for <u>in-person</u> sexual activity (<i>*kissing, masturbation, oral/anal sex*</i>) for the first time with a new *[ADD HOVER TEXT TO “new partner(s)”]* partner(s), did you do any of the following?

[HOVER TEXT: A new partner refers to someone other than a main partner who you were with at the start of March 2021.

If you rekindled contact during this time frame with someone who you knew prior to March 2021, consider this person to be a “new partner” for the purposes of this survey.]

[CAWI – remove bold] <i>*Select all that apply.*</i>

RESPONSE OPTIONS:

* 1. Discuss each other’s sexual partner history
  2. Discuss each other’s HIV and sexually transmitted disease (STDs) statuses
  3. Discuss using condoms to protect against STDs
  4. Get tested for HIV and other STDs and/or request that the new person get tested for HIV and other STDs
  5. Discuss precautions you were each taking to reduce the risk of COVID-19
  6. Intentionally minimize contacts outside your home for 10-14 days prior to meeting
  7. Get tested for COVID-19 and/or request that the new person get tested for COVID-19
  8. Get a COVID-19 vaccine/booster (if not fully vaccinated/boosted) and/or request that the new person(s) get a COVID-19 vaccine/booster (if not fully vaccinated/boosted)

[SHOW IF Q25B=2]

[DISPLAY]

DISPLAY\_J5.

For the next few questions, we ask about your behavior during three timeframes of the COVID-19 pandemic during Summer 2021 – Winter 2022.

The three timeframes are selected based on when the U.S. had lower numbers of COVID-19 cases (Summer 2021) versus higher numbers of cases during surges of the Delta variant (Fall 2021) and Omicron variant (Winter 2021-2022).

For the purposes of this survey, the three timeframes of interest are as follows:

|  |  |
| --- | --- |
| **Timeframe** | **Description** |
| 1 | Summer 2021 (May, June, July) |
| 2 | Fall 2021 (August, September, October) |
| 3 | Winter 2021/2022 (December, January, February) |

[SHOW IF Q25B=2]

[MP]

Q26.

During which of the three pandemic timeframes did you meet with any new partner(s) *[ADD HOVER TEXT TO “new partner(s)”]* in person?

[CAWI – remove bold] <i>*Select all that apply.*</i>

[HOVER TEXT: A new partner refers to someone other than a main partner who you were with at the start of March 2021.

If you rekindled contact during this time frame with someone who you knew prior to March 2021, consider this person to be a “new partner” for the purposes of this survey.]

RESPONSE OPTIONS:

1. Timeframe: 1; Description: Summer 2021 (May, June, July)
2. Timeframe: 2; Description: Fall 2021 (August, September, October)
3. Timeframe: 3; Description: Winter 2021/2022 (December, January, February)

[SHOW IF Q26 = 1,2,3]

Sliding scale for each cell with “1”, “2”, “3”, “4”, “5”, “6”, “7”, “8”, “9”, “10 or more” [Reduce Grid to those that participant selected ‘yes’ in Q26]

Q26A.

Please <u>indicate/estimate the number of new partner(s) *[ADD HOVER TEXT TO “new partner(s)”]* you met in person</u> for each of the below pandemic phases:

[HOVER TEXT: A new partner refers to someone other than a main partner who you were with at the start of March 2021.

If you rekindled contact during this time frame with someone who you knew prior to March 2021, consider this person to be a “new partner” for the purposes of this survey.]

|  |  |  |
| --- | --- | --- |
| **Timeframe** | **Description** | **Number of New Partners** |
| 1 | Summer 2021 (May, June, July) |  |
| 2 | Fall 2021 (Aug, September, October) |  |
| 3 | Winter 2021/2022 (December, January, February) |  |

[DISPLAY]

DISPLAY\_JCOIN4.

For the next set of questions, think about your activities and behaviors during <u>the past month</u>.

[SP]

Q27.

During <u>the past month</u>, did you kiss anyone that lives outside your home?

RESPONSE OPTIONS:

1. No
2. Yes

[SHOW IF Q27=2]

[NUMBOX]

Q27A.

How many people did you kiss that live outside your home?

[NUMBOX RANGE 1-100]

[SP]

Q28.

During <u>the past month</u>, did you have in-person oral, vaginal, or anal sex with anyone that lives outside your home?

RESPONSE OPTIONS:

1. No
2. Yes

[SHOW IF 28=2]

Q28A.

Did you use condoms during any of these sexual encounters?

RESPONSE OPTIONS:

1. No
2. Yes

[SHOW IF Q28=2]

[NUMBOX]

Q28B.

How many people did you have in-person oral, vaginal, or anal sex with that live outside your home?

[NUMBOX RANGE 1-100]

INTRO\_DEMO.

In the last set of questions we will ask you some demographic questions.

EMPLOY1.

We would like to know about what you do -- Are you working now, looking for work, retired, keeping house, a student, or what?

RESPONSE OPTIONS:

* + - 1. Employed full time (30 hours or more a week)

1. Employed part time (less than 30 hours a week)
2. Only temporarily laid off, sick leave or maternity leave

Not working – temporarily laid off or furloughed since the beginning of the COVID-19 pandemic

Not working – permanently laid off at any time since the beginning of the COVID-19 pandemic

1. Not working – unemployed looking for work since before the COVID-19 pandemic
2. Not working – voluntarily left job during the COVID-19 pandemic
3. Retired
4. Disabled, permanently or temporarily
5. Keeping house
6. Student
7. Other, please specify: [TEXTBOX]

[SHOW IF EMPLOY1=1,2,3]

Q29.

Which of the following categories best describes the type of work you do now in your <u>main</u> paid job? If you do not know, please select “Other” and write in your occupation.

RESPONSE OPTIONS:

1. Management Occupations
2. Business and Financial Operations Occupations
3. Computer and Mathematical Occupations
4. Architecture and Engineering Occupations
5. Life, Physical, and Social Science Occupations
6. Community and Social Services Occupations
7. Public Safety (e.g., law enforcement, prosecutors, judges, probation and parole officers)
8. Other Legal Occupations
9. Education, Training, and Library Occupations
10. Arts, Design, Entertainment, Sports, and Media Occupations
11. Healthcare Practitioner and Technical Occupations
12. Healthcare Support Occupations (e.g., helping others with significant health care needs or disabilities)
13. Protective Service Occupations
14. Food Preparation and Serving Related Occupations
15. Building and Grounds Cleaning and Maintenance Occupations
16. Personal Care and Service Occupations
17. Sales and Related Occupations
18. Office and Administrative Support Occupations
19. Farming, Fishing, and Forestry Occupations
20. Construction and Extraction Occupations
21. Installation, Maintenance, and Repair Occupations
22. Production Occupations
23. Transportation and Material Moving Occupations
24. Other, please specify: [TEXTBOX]

[SHOW IF EMPLOY1=1-2/EMPLOYED]

*From GSS*

Q30.

Have you switched jobs since the beginning of the COVID-19 pandemic, i.e., March 15, 2020?

RESPONSE OPTIONS:

1. Yes, but it was planned prior to and not a result of COVID-19
2. Yes
3. No

[SHOW IF EMPLOY1=1-6/EMPLOYED OR LOOKING FOR WORK, UNEMPLOYED]

*Society for Human Resource Management:*

Q30A.

How actively are you looking for a new job?

RESPONSE OPTIONS:

1. Very actively/To a great extent
2. Somewhat actively
3. Very little
4. Not at all

[SHOW IF EMPLOY1=4-6/LOOKING FOR WORK, UNEMPLOYED]

Q30B.

What would you say are the reasons for why you're still unemployed?

[CAWI – remove bold] <i>*Select all that apply.*</i>

RESPONSE OPTIONS:

1. I've applied to jobs, but I haven't received any responses
2. I'm worried about being exposed to COVID-19 or have other health issues/concerns
3. The jobs available don't match my skillset or interests
4. The jobs available don’t match my availability
5. The jobs available don’t offer the number of hours I want
6. The jobs available pay less than what I was earning before
7. I’m looking for remote work/a job I can do at home
8. I’m taking this time to prepare for a career shift
9. I’ve applied to jobs, but realized I didn’t like the job/type of work
10. I don’t have access to reliable care for my elderly or disabled loved one
11. I'm thinking about retiring soon
12. Other reasons

[SHOW IF EMPLOY1=4-6/LOOKING FOR WORK, UNEMPLOYED and Q17=1/YES TO LEGAL GUARDIAN]

1. I don't have access to reliable childcare
2. School closures / the need to stay home with my school-age children

[SHOW IF EMPLOY1=4-6/LOOKING FOR WORK, UNEMPLOYED]

*From GSS*

Q30C.

About how easy do you think it will be for you to find a job in the next 6 months? Would you say very easy, somewhat easy, or not easy at all?

RESPONSE OPTIONS:

1. Very easy
2. Somewhat easy
3. Not easy at all

77. Don’t know

[SP]

PID1.

Do you consider yourself a Democrat, a Republican, an Independent or none of these?

CAWI RESPONSE OPTIONS:

1. Democrat
2. Republican
3. Independent
4. None of these

[SHOW IF PID1=1]

[SP]

PIDA.

Do you consider yourself a strong or not so strong Democrat?

CAWI RESPONSE OPTIONS:

01 Strong Democrat

02 Not so strong Democrat

[SHOW IF PID1=2]

[SP]

PIDB.

Do you consider yourself a strong or not so strong Republican?

CAWI RESPONSE OPTIONS:

01 Strong Republican

02 Not so strong Republican

[SHOW IF PID1=3, 4, 77, 98, 99]

[SP]

PIDi.

Do you lean more toward the Democrats or the Republicans?

[CATI] Would you say you…

RESPONSE OPTIONS:

1. Lean Democrat

2. Lean Republican

3. Don’t lean

[SHOW IF PID1=1,2,3,4]

[SP]

PID2.

You indicated that you [SHOW IF PID1=4: do not] consider yourself [INSERT IF PID1=1: a Democrat / IF PID1=2: a Republican / IF PID=3: an independent / IF PID=4: a Democrat, a Republican, or an independent], has this changed within the past 5 years?

IF RND\_01=0, SHOW ORDER 1-2

IF RND\_01=1, SHOW ORDER 2-1

CAWI RESPONSE OPTIONS:

1. Yes
2. No

[SHOW IF PID2=1]

[MP]

PID2A.

Did you consider yourself a Democrat, a Republican, an Independent or something else before?

[CAWI - remove bold] <i>*Select all that apply.*</i>

CAWI RESPONSE OPTIONS:

1. [SHOW IF PID1=2,3,4] Democrat
2. [SHOW IF PID1=1,3,4] Republican
3. [SHOW IF PID1=1,2,4] Independent
4. Something else, please specify: [TEXTBOX]

PM PLEASE ALWAYS HAVE THIS AND THE FOLLOWING LOGIC FOLLOW THE FINAL SUBSTANTIVE QUESTION OF THE SURVEY, AHEAD OF QFINAL

INSERT ITEM TIMESTAMPS: TIME\_END, DATE\_END