# NIS Adult COVID Module (NIS-ACM) Hard Copy Questionnaire Q4/2023

### Confidential Information

Information contained on this form which would permit identification of any individual or establishment will be held in strict confidence by NORC and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC or its agent without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242.m)

#### ADLT INTRO

Thank you for your responses. [(If S_NUMB=1-9 or ZTUNDR18=1-9 or LF_UNDR18=1-9) and
case did not do any of the 3 surveys, then FILL: "Your ["child's age does" / "children's ages do"]
not qualify your household for the questions about childhood vaccinations."] We now have a few
additional questions for you about vaccines to prevent respiratory diseases.

CONTINUE \_\_\_\_\_\_1

IF S3\_INTRO, T\_INTRO1, or LF\_S3\_IN NOT MISSING GO TO ADULT\_TIME; ELSE GO TO AD\_CONSENT

### AD\_CONSENT

Before we continue, I'd like you to know that taking part in this survey is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. I'd like to continue now unless you have any questions.

RESPONDENT ASKS FOR DESCRIPTION OF LAW......2

### ADULT\_S3\_LAW

The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

#### IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with Section 308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

CONTINITE	 - 1
CONTINUE	 . т

ADULT_TIMI	
	The remainder of the survey will take about 8 minutes.
	CONTINUE1
VAX1	In the past two years, have you received any type of vaccine that was not a COVID-19 vaccine, such as seasonal flu, pneumonia, or a shingles vaccine?
	INTERVIEWER NOTE: IF RESPONDENT MENTIONS THEY GOT ANY TYPE OF VACCINE EXCEPT A COVID-19 VACCINE IN THE PAST TWO YEARS, CODE AS YES
	YES
VAX FLU	Since July 1, 2023, have you received a flu vaccination?
	YES       1         NO       2       GO TO FLU_INTENT         DON'T KNOW       77       GO TO FLU_INTENT         REFUSED       99       GO TO FLU_INTENT
VAX_FLUM	During what month did you receive your first dose of the flu vaccine, since July 1, 2023? INTERVIEW INSTRUCTION: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
	MONTH\[YEAR=FILL]
VAX_FLUC	That was [FILL MONTH] of [FILL YEAR], correct?
	YES
VAXFL_WK_	СНК
	IF VAX_FLUM=THE CURRENT MONTH GO TO FLVAX_WEEK; ELSE GO TO VAX_RSV1
FLVAX_WEE	K
	Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"?
	YES

FLU INTENT How likely are you to get a flu vaccination between now and the end of June 2024? Would you say you would definitely get the vaccine, probably get the vaccine, probably not get the vaccine, definitely not get the vaccine, or are not sure? DEFINITELY GET A VACCINE...... PROBABLY GET A VACCINE......2 PROBABLY NOT GET A VACCINE.....3 DEFINITELY NOT GET A VACCINE......4 NOT SURE......5 DON'T KNOW.......77 REFUSED......99 There is a vaccine that was recently recommended for some people that helps prevent the VAX RSV1 respiratory virus called RSV. Have you received the RSV vaccine? INTERVIEWER NOTE: THIS VACCINE IS ALSO KNOWN AS RSVPREF3 (AREXVY) OR RSVPREFF (ABRYSVO). GO TO VAX RSV3 REFUSED......99 GO TO VAX RSV3 VAX RSV2 M/Y During what month and year did you receive the RSV vaccine? ENTER 77 / 7777 FOR DON'T KNOW ENTER 99 / 9999 FOR REFUSED IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/2023 MONTH/[YEAR=FILL] ..... DON'T KNOW......77 REFUSED......99 IF MONTH REPORTED IS BEFORE 7/2023, DISPLAY: IF R SAYS SHOT WAS BEFORE JULY 2023, PROBE: An RSV vaccine was not available before July 2023. Were you in a clinical trial?]

IF VAX RSV2 M=THE CURRENT MONTH GO TO RSVAX WEEK; ELSE GO TO VAX2

NORC 4

VAXRV WK CHK

# RSVAX\_WEEK

	Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"?
	YES
	GO TO VAX2
VAX_RSV3	How likely are you to get the RSV vaccine when you are eligible? Would you say you would definitely get the vaccine, probably get the vaccine, probably not get the vaccine, definitely not get the vaccine, or are not sure?
	DEFINITELY GET A VACCINE 1 PROBABLY GET A VACCINE 2 PROBABLY NOT GET A VACCINE 3 DEFINITELY NOT GET A VACCINE 4 NOT SURE 5 DON'T KNOW 77 REFUSED 99
VAX2	Have you received at least one dose of a COVID-19 vaccine?
	YES
VAX3	How many doses of a COVID-19 vaccine have you received?

INTERVIEWER NOTE: INCLUDE BOOSTERS IN TOTAL COUNT

ONE	1
TWO	
THREE	
FOUR OR MORE	
DON'T KNOW	
REFUSED	

During what month and year did you receive your most recent COVID-19 vaccine? VAX4A M ENTER 77 / 7777 FOR DON'T KNOW ENTER 99 / 9999 FOR REFUSED IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/2021 [IF MONTH REPORTED IS BEFORE 12/2020, DISPLAY: IF R SAYS SHOT WAS BEFORE DECEMBER 2020, PROBE: A COVID vaccine was not available outside of clinical trials before December 2020. Were you in a clinical trial?] MONTH/[YEAR=FILL] ..... DON'T KNOW.......77 REFUSED......99 VAXCV\_WK\_CHK IF VAX4A M =THE CURRENT MONTH GO TO CVVAX WEEK; ELSE IF VAX4A M IN (9,77,99) AND VAX4A Y >2023 GO TO VAXSEP23; ELSE IF YEAR IN (7777,9999) GO TO VAXSEP23; ELSE GO TO VAX PL CVVAX WEEK Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"? YES....... NO......2 DON'T KNOW.......77 REFUSED......99 IF VAX4A M/Y EQ 9/2023 AND CVVAX WEEK IN (2,77,99) GO TO VAXSEP23; ELSE GO TO VAX PL VAXSEP23 Have you received a COVID-19 vaccine since September 14, 2023? DON'T KNOW.......77 REFUSED......99

VAX\_PL At what kind of place did you get your most recent COVID-19 vaccination?

INTERVIEWER NOTE: IF A RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE PROVIDED THIS OPTION.

READ RESPONSES AS NECESSARY.

DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW:	
Interviewer note: DOCTOR'S OFFICE includes private prov	ider
and reforma provider]	
HEALTH DEPARTMENT	2
CLINIC OR HEALTH CENTER	3
HOSPITAL	4
OTHER MEDICALLY-RELATED PLACE	5
MASS VACCINATION SITE	6
PHARMACY OR DRUG STORE	7
WORKPLACE	8
HIGH SCHOOL/COLLEGE/UNIVERSITY	9
OTHER NONMEDICALLY-RELATED PLACE	10
MALL OUTREACH [DISPLAY ONLY IF GUAM]	11
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]	12
DON'T KNOW	77
REFUSED	99
IF VAXSEP23=1 or VAX4A_M/Y GE 9/2023 GO TO VAX	_COST;
ELSE GO TO VAX_BRIDGE	
_	

VAX\_COST How much of the cost of your most recent COVID vaccination did you pay out-of-pocket? Did you pay the total cost out-of-pocket, some of the cost out-of-pocket, or did you have no out-of-pocket cost for that vaccination?

INTERVIEWER NOTE: OUT-OF-POCKET COSTS MEAN MONEY YOU HAD TO PAY AT THE TIME YOU GOT YOUR VACCINATION. IT COULD HAVE BEEN TO PAY FOR THE WHOLE COST OF THE VACCINE OR ONLY A PORTION IF THE INSURANCE OR A GOVERNMENT PROGRAM PAID PART OF THE COST

IF A RESPONDENT REPORTS PAYING A COPAY, PLEASE CODE AS 2 (SOME OF THE COST OUT-OF-POCKET)

TOTAL COST OUT-OF-POCKET	I
SOME OF THE COST OUT-OF-POCKET	2
NO OUT-OF-POCKET COST	3
DON'T KNOW	77
REFUSED	99

VAX BRIDGE Are you aware that there are places you can go to get the COVID-19 vaccine for free?

INTERVIEWER NOTE: A NEW PROGRAM, CALLED THE BRIDGE ACCESS PROGRAM, CAN PROVIDE FREE COVID-19 VACCINES FOR A LIMITED TIME. YOUR LOCAL HEALTHCARE PROVIDER OR HEALTH CENTER MAY HAVE MORE INFORMATION ABOUT THIS IF YOU HAVE QUESTIONS ABOUT ELIGIBILITY.

YES	
NO	
DON'T KNOW	
REFUSED	

IF VAXSEP23 EQ 1 OR VAX4A\_M/Y GT/EQ 9/2023 THEN DO: [IF VAX\_FLU=1, VAX\_RSV\_2M/Y EQ/GT 7/2023, AND (VAX4A\_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) GO TO ALLVAX]; ELSE [IF VAX\_FLU=1, VAX\_RSV\_2M/Y EQ/GT 7/2023 AND (VAX4A\_M/Y LT 7/2023 ) GO TO TWOVAX2 OR IF VAX\_FLU=1, VAX\_RSV\_2M/Y LT 7/2023 AND (VAX4A\_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) OR IF VAX\_FLU NE 1, VAX\_RSV\_2M/Y EQ/GT 7/2023 AND (VAX4A\_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) GO TO TWOVAX2]; ELSE GO TO ACIP3; END; IF VAXSEP23 NE 1 OR VAX4A\_M/Y LT 9/2023 OR VAX2 IN (2,77,99) THEN GO TO VAX6

VAX6

How likely are you to get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] COVID-19 vaccine? Would you say you would definitely get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] vaccine, probably get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] vaccine, probably not get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] vaccine, definitely not get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] vaccine, or are not sure?

INTERVIEWER NOTE: THIS IS IN REFERENCE TO ANY FURTHER VACCINE DOSES THAT MIGHT BE RECOMMENDED IN ADDITION TO THE BOOSTER(S)/UPDATED VACCINE THEY HAVE ALREADY RECEIVED.

DEFINITELY GET A VACCINE	1
PROBABLY GET A VACCINE	2
PROBABLY NOT GET A VACCINE	3
DEFINITELY NOT GET A VACCINE	4
NOT SURE	5
DON'T KNOW	77
REFUSED	99

[IF VAX\_FLU=1, VAX\_RSV\_2M/Y EQ/GT 7/2023, AND (VAX4A\_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1GO TO ALLVAX]; ELSE [IF VAX\_FLU=1, VAX\_RSV\_2M/Y EQ/GT 7/2023 AND (VAX4A\_M/Y LT 7/2023 OR VAXSEP23 IN (2,77,99)) GO TO TWOVAX2 OR IF VAX\_FLU=1, VAX\_RSV\_2M/Y LT 7/2023 AND (VAX4A\_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) OR IF VAX\_FLU NE 1, VAX\_RSV\_2M/Y EQ/GT 7/2023 AND (VAX4A\_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) GO TO TWOVAX2]; ELSE GO TO ACIP3

ALLVAX	You said that recently received your flu vaccine, RSV vaccine, and a COVID-19 vaccine. Did you get all three vaccines at the same visit, get two of the three vaccines at the same visit, or get each at a different visit?
	RECEIVED ALL THREE AT THE SAME VISIT
	IF ALLVAX IN (1, 3, 77, 99) GO TO ACIP3; ELSE GO TO TWOVAX
TWOVAX	Which two vaccines did you get at the same visit? Flu and RSV, flu and COVID-19, or RSV and COVID-19?
	FLU AND RSV       1         FLU AND COVID-19       2         RSV AND COVID-19       3         DON'T KNOW       77         REFUSED       99
	GO TO ACIP3
TWOVAX2	You said that you recently received both a [IF VAX_FLU=1 AND RSV_2M/Y EQ/GT 7/2023 THEN DISPLAY: "flu and RSV"; ELSE IF VAX_FLU=1 AND (VAX4A_M/Y EQ/GT 7/2023 OR VAXSEP23 EQ 1) THEN DISPLAY: "flu and COVID-19"; ELSE DISPLAY: "RSV and COVID-19"] vaccine. Did you receive both vaccines at the same visit or each vaccine at a different visit?
	RECEIVED BOTH AT THE SAME VISIT
ACIP3	Do you have a health condition that may put you at higher risk for getting very sick from COVID-19?
	YES       1         NO       2       GO TO ACIP5         DON'T KNOW       77       GO TO ACIP5         REFUSED       99       GO TO ACIP5

# ACIP4 Can you please tell me what that is?

# SELECT ALL THAT APPLY

	CANCER1	GO TO ACIP5
	CHRONIC KIDNEY DISEASE	GO TO ACIP5
	CHRONIC LUNG DISEASES	
	(COPD [CHRONIC OBSTRUCTIVE PULMONARY DISEASE],	
	ASTHMA [MODERATE TO SEVERE],	
	INTERSTITIAL LUNG DISEASE, CYSTIC FIBROSIS,	
	AND PULMONARY HYPERTENSION	GO TO ACIP5
	DEMENTIA OR OTHER NEUROLOGICAL CONDITIONS4	
	DIABETES (TYPE 1 OR 2)5	
	DOWN SYNDROME	
	HEART CONDITIONS (SUCH AS HEART FAILURE,	
	CORONARY ARTERY DISEASE, CARDIOMYOPATHIES	
	OR HYPERTENSION)	GO TO ACIP5
	HIV INFECTION8	
	IMMUNOCOMPROMISED STATE	0010110110
	(WEAKENED IMMUNE SYSTEM)9	GO TO ACIP5
	LIVER DISEASE (CHRONIC LIVER DISEASE,	0010110110
	SUCH AS ALCOHOL-RELATED LIVER DISEASE,	
	NONALCOHOLIC FATTY LIVER DISEASE,	
	AND CIRRHOSIS [SCARRING OF THE LIVER])10	GO TO ACIP5
	OVERWEIGHT (HIGH BMI)	
	PREGNANCY	
	SICKLE CELL DISEASE OR THALASSEMIA	do lo hen s
	(HEMOGLOBIN BLOOD DISORDER)	GO TO ACIP5
	SMOKING (CURRENT OR FORMER)	
	SOLID ORGAN OR BLOOD STEM CELL TRANSPLANT	GO TO HEIL
	(INCLUDING BONE MARROW TRANSPLANT)	GO TO ACIP5
	STROKE OR CEREBROVASCULAR DISEASE	
	SUBSTANCE USE DISORDERS (EX: ALCOHOL,	do lo hen s
	OPIOID, OR COCAINE USE DISORDER)17	GO TO ACIP5
	OLDER AGE	GO TO ACIP5
	OTHER	do lo hen s
	DON'T KNOW	GO TO ACIP5
	REFUSED	GO TO ACIP5
	TEL COLD	GO TO Hell 3
ACIP4_OTH	ENTER OTHER SPECIFY:	
ACIP5	Do you have serious difficulty seeing, hearing, walking, remembering	ng, making decisions, or
	communicating?	
	YES1	
	NO	
	DON'T KNOW	
	REFUSED99	

VAX_CONF2	How concerned are you about getting COVID-19? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?
	NOT AT ALL CONCERNED
	VERY CONCERNED
VAX_CONF4	How safe do you think a COVID-19 vaccine is for you? Would you say not at all safe; somewhat safe; very safe; or completely safe?
	NOT AT ALL SAFE       1         SOMEWHAT SAFE       2         VERY SAFE       3         COMPLETELY SAFE       4         DON'T KNOW       77         REFUSED       99
VAX_CONF5	How important do you think getting a COVID-19 vaccine is to protect yourself against COVID-19? Would you say it is not at all important, a little important, somewhat important, or very important?
	NOT AT ALL IMPORTANT       1         A LITTLE IMPORTANT       2         SOMEWHAT IMPORTANT       3         VERY IMPORTANT       4         DON'T KNOW       77         REFUSED       99
VAX_CONF7	A
	[[IF VAX2 IN (2,77,99) OR VAX4A_M/LT 9/2023 OR VAXSEP23 IN (2,77,99) THEN DISPLAY:]DISPLAY: Has a doctor, nurse, or other health professional recommended that you get a COVID-19 vaccine since September 14, 2023?; ELSE DISPLAY: Did you receive a recommendation from a doctor, nurse, or other health professional before you got your most recent dose?]
	YES

How difficult [IF VAX2=2,77,99 DISPLAY: "would it be for you to get a COVID-19 vaccine"];
ELSE DISPLAY "was it for you to get your most recent COVID-19 vaccine dose? Would you
say: not at all difficult, a little difficult, somewhat difficult, or very difficult?

NOT AT ALL DIFFICULT	
A LITTLE DIFFICULT	
SOMEWHAT DIFFICULT	
VERY DIFFICULT	
DON'T KNOW	
REFUSED	

IF C5/TIS C5=1 AND NIS/TEEN COMPLETE GO TO ACM SEX; ELSE GO TO ACM AGE

### VAX\_CONF13

Many things might make it difficult to get a COVID-19 vaccine. Please tell me if anything I list [IF VAX2=1 DISPLAY: "made"; ELSE DISPLAY: "makes"] it difficult for you.

CONTINUE ......

#### VAX CONF13A

Getting an appointment online.

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES	
NO	
DON'T KNOW	77
REFUSED	

#### VAX CONF13D

Not knowing where to get a vaccine.

### READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES	
NO	2
DON'T KNOW	77
REFUSED	99

VAX	CC	NF1	3E

Hard to get to vaccination sites.

#### **READ IF NECESSARY:**

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES	
NO	
DON'T KNOW	
REFUSED	99

### VAX CONF13F

Vaccination sites aren't open at convenient times.

#### **READ IF NECESSARY:**

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	

IF VAX2 EQ 2,77,99 OR VAX3 EQ 1 GO TO VAX CONF13I

### VAX CONF13G

Not knowing whether you were eligible for another vaccine or not.

#### **READ IF NECESSARY:**

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES	
NO	2
DON'T KNOW	77
REFUSED	99

VAX_CONF1	3H
	Having a reaction to a previous dose of the COVID-19 vaccine.
	READ IF NECESSARY: [IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?
	YES
VAX_CONF1	3I
	Cost, including any payments to the clinic, the cost of getting there, or the cost of taking time away from work.
	READ IF NECESSARY: [IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?
	YES
	DON'T KNOW
	IF C5/TIS_C5 AND NIS/TEEN COMPLETE GO TO ACM_SEX; ELSE GO TO ACM_AGE
ACM_AGE	What is your current age?
	ENTER 999 FOR REFUSED
	Age

REFUSED......99

ACM\_TRANS1

How do you currently describe yourself: male, female, transgender, or by a different term?

MALE	
FEMALE	
TRANSGENDER	
A DIFFERENT TERM	
DON'T KNOW	77
REFUSED	99

ACM_Q93	What best describes your sexual orientation? Is it Heterosexual or straight; Lesbian or gay; Bisexual; or Something else?
	HETEROSEXUAL/STRAIGHT       1         LESBIAN OR GAY       2         BISEXUAL       3         SOMETHING ELSE       4         DON'T KNOW       77         REFUSED       99
	IF ACIP4 IN (12), GO TO ACM_RSVC1; IF (ACM_AGE <50, 777, 999) AND ACM_SEX=2 GO TO ACM_PREG; IF C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ=2 SKIP TO ACM_RACE_AAB; ELSE C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO ACM_HISP
ACM_PREG	Are you currently trying to get pregnant, pregnant, or breastfeeding?
	TRYING TO GET PREGNANT       1         PREGNANT       2         BREASTFEEDING       3         NONE OF THE ABOVE       4         DON'T KNOW       77         REFUSED       99
ACM_RSVC1	RSV is a respiratory virus that can cause serious illness in infants and older adults. Are you aware of the new recommendation for infants under the age 8 months who were born during or entering their first RSV season to receive a shot to help protect against RSV?
	INTERVIEWER NOTE: THIS IS ALSO KNOWN AS BEYFORTUS (BAY-FOR-TIS) OR NIRSEVIMAB (NURS-EV-EH-MAB), OR A NEW MONOCLONAL ANTIBODY.
	YES
	IF CHILD <= 8 MONTHS OF AGE IS IDENTIFIED IN A PREVIOUS SURVEY'S ROSTER, SKIP ACM_INFANT AND GO TO ACM_RSVC2

<b>ACM</b>	<b>INFANT</b>	Do y	ou have	any ch	ildren	under 1	the age	of 8	months?

YES	
NO	
DON'T KNOW	77
REFUSED	90

IF ACM\_PREG EQ (3) OR ACM\_INFANT EQ (1), GO TO ACM\_RSVC2; ELSE IF ACM\_PREG IN (1,2) OR ACIP4 IN (12), GO TO ACM\_RSVC3; ELSE IF C5/TIS\_C5/LF\_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS\_C9/Z\_Q02BZ=2 SKIP TO ACM\_RACE\_AAB; ELSE C5/TIS\_C5/LF\_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS\_C9/Z\_Q02BZ NE 2 SKIP TO ACM\_MEDEQ; ELSE GO TO ACM\_HISP

### ACM\_RSVC2

[IF CHILD <= 8 MONTHS OLD PREVIOUSLY IDENTIFIED, DISPLAY: 'Earlier you told us you had a child who is less than 8 months old in your household, has your baby received a shot to help protect against RSV?' ELSE DISPLAY: Has your baby received a shot to help protect against RSV?]

YES	
NO	2
DON'T KNOW	77
REFUSED	99

IF ACM\_RSVC2 IN 2, 77, 99 GO TO ACM\_RSVC3; ELSE IF C5/TIS\_C5/LF\_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS\_C9/Z\_Q02BZ=2 SKIP TO ACM\_RACE\_AAB; ELSE C5/TIS\_C5/LF\_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS\_C9/Z\_Q02BZ NE 2 SKIP TO ACM\_MEDEQ; ELSE GO TO ACM\_HISP

ACM\_RSVC3 How likely are you to get your baby a shot to help protect against RSV? Would you say you would definitely get it, probably get it, probably not get it, definitely not get it, or are not sure?"

DEFINITELY GET A SHOT	1
PROBABLY GET A SHOT	2
PROBABLY NOT GET A SHOT	3
DEFINITELY NOT GET A SHOT	4
NOT SURE	5
DON'T KNOW	77
REFUSED	99

IF C5/TIS\_C5/LF\_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS\_C9/Z\_Q02BZ=2 SKIP TO ACM\_RACE\_AAB; ELSE C5/TIS\_C5/LF\_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS\_C9/Z\_Q02BZ NE 2 SKIP TO ACM\_MEDEQ; ELSE GO TO ACM\_HISP

ACM_HISP	Are you of Hispanic or Latino origin?	
	YES1	
	NO2	GO TO ACM_RACE
	DON'T KNOW	GO TO ACM_RACE
	REFUSED	GO TO ACM_RACE
ACM_HISP_Y	Are you Mexican, Mexican-American, Chicano/a, Puerto Rican, Cu American, (IF USVI THEN DISPLAY: (Dominican)), or of other H origin?	
	SELECT ALL THAT APPLY	
	MEXICAN/MEXICANO, MEXICAN AMERICAN,	
	CHINCANO/A	<del>-</del>
	PUERTO RICAN	_
	CUBAN	<del>_</del>
	CENTRAL AMERICAN	<del>_</del>
	OTHER HISPANIC, LATINO/A,	GO TO ACM_RACE
	OR SPANISH ORIGIN (SPECIFY)10	
	DOMINICAN [SHOW ONLY IF USVI]	GO TO ACM RACE
	DON'T KNOW	GO TO ACM RACE
	REFUSED	GO TO ACM RACE
		_
ACM_HISP_Y	<b>7_0</b>	
	ENTER OTHER SPECIFY:	
ACM_RACE	Now, I am going to read a list of categories. Please choose one or m categories to describe your race. Are you White, Black or African A Alaska Native, Asian, Native Hawaiian or other Pacific Islander?	
	SELECT ALL THAT APPLY	
	WHITE1	GO TO ACM_MEDEQ
	BLACK OR AFRICAN AMERICAN2	GO TO ACM_RACE_AAB
	AMERICAN INDIAN	GO TO ACM_MEDEQ
	ALASKA NATIVE4	GO TO ACM_MEDEQ
	ASIAN5	IF GUAM THEN DO:
		GO TO ACM_RACEAAPI; ELSE IF NOT GUAM DO:
		GO TO ACM RACE AS
	NATIVE HAWAIIAN6	GO TO ACM MEDEQ
	PACIFIC ISLANDER	IF GUAM THEN DO:
		GO TO ACM_RACEAAPI; ELSE IF NOT GUAM DO:
	OTHER8	GO TO ACM_RACE_PI
	DON'T KNOW	GO TO ACM MEDEQ
	REFUSED	GO TO ACM MEDEQ
		_ `

ACM_RACE_	OS		
	ENTER OTHER SPECIFY:	GO TO AC	CM_MEDEQ
ACM_RACE_	AS		
	Are you Asian Indian, Chinese, Filipino, Japanese, Korea	ın, Vietnam	nese, or other Asian?
	READ IF NECESSARY: Please choose the one category	that descri	bes you best.
	ASIAN INDIAN		GO TO ACM_MEDEQ
	CHINESE	2	GO TO ACM_MEDEQ
	FILIPINO	_	GO TO ACM_MEDEQ
	JAPANESE	4	GO TO ACM_MEDEQ
	KOREAN	5	GO TO ACM_MEDEQ
	VIETNAMESE	_	GO TO ACM_MEDEQ
	OTHER		
	DON'T KNOW		GO TO ACM_MEDEQ
	REFUSED	99	GO TO ACM_MEDEQ
ACM_RACE_	ASO		
	ENTER OTHER SPECIFY:		GO TO ACM_MEDEQ
ACM_RACE_	PI		
	Are you Guamanian or Chamorro, Samoan, or other Paci	fic Islander	?
	READ IF NECESSARY: Please choose the one category	that descri	bes you best.
	CHAMORRO/GUAMIAN	1	GO TO ACM_MEDEQ
	SAMOAN	2	GO TO ACM_MEDEQ
	OTHER	3	
	DON'T KNOW	77	GO TO ACM_MEDEQ
	REFUSED	99	GO TO ACM_MEDEQ
ACM RACE	PIO		
_ <b>_</b>	ENTER OTHER SPECIFY:	GO TO AC	CM MEDEQ
	LITER OTTILIS BLOTT.	OO TO AC	MI_MILDEQ

### ACM\_RACEAAPI

Are you Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

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

CHAMORRO	1	GO TO ACM MEDEQ
FILIPINO	2	GO TO ACM MEDEQ
CHUUKESE	3	GO TO ACM MEDEQ
POHNPEIAN	4	GO TO ACM_MEDEQ
PALAUAN	5	GO TO ACM_MEDEQ
YAPESE	6	GO TO ACM_MEDEQ
KOSRAEAN	7	GO TO ACM_MEDEQ
MARSHALLESE	8	GO TO ACM_MEDEQ
JAPANESE	9	GO TO ACM_MEDEQ
	10	GO TO ACM_MEDEQ
CHINESE	11	GO TO ACM_MEDEQ
VIETNAMESE	12	GO TO ACM_MEDEQ
THAI	13	GO TO ACM_MEDEQ
OTHER	14	
	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ
ACMRACEAAPIO		
ENTER OTHER SPECIFY	7: GO TO AC	CM_MEDEQ
ACM RACE AAB		

#### Α

[IF C5/TIS\_C5/LF\_C1Q02=1 and C9/TIS\_C9/Z\_Q02BZ=2 THEN DISPLAY: "Previously, you indicated you were Black or African American." ELSE JUST DISPLAY:] Are you African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, or other?

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

AFRICAN AMERICAN1	GO TO ACM_MEDEQ
JAMAICAN2	GO TO ACM_MEDEQ
HAITIAN3	GO TO ACM_MEDEQ
NIGERIAN4	
ETHIOPIAN5	
SOMALI6	GO TO ACM MEDEQ
OTHER7	_
DON'T KNOW77	GO TO ACM MEDEQ
REFUSED99	GO TO ACM_MEDEQ

ACM	<b>RACEAABO</b>

ENTER OTHER	SPECIFY.	

## ACM\_MEDEQ

When so	eeking health	care in the	last 2 years,	do you feel	your experi	ences were	worse than,	the
same as	, or better than	n people of	other races	or ethnicitie	s?			

WORSE THAN OTHER RACES OR ETHNICITIES	1
THE SAME AS OTHER RACES OR ETHNICITIES	2
BETTER THAN OTHER RACES OR ETHNICITIES	
DON'T KNOW	_
REFUSED	
KLI USLD	

IF MOTHER WAS RESPONDENT IN NIS/TEEN/FLU SURVEY SKIP TO ACM\_INSURE; ELSE GO TO ACM\_EDUC

## ACM EDUC What is the highest grade or year of school you have completed?

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

## ACM\_INSURE

Do you have any kind of health care coverage? This includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

YES	
NO	
DON'T KNOW	77
REFUSED	99

IF NIS/TEEN/FLU INCOME QUESTION ANSWERED, SKIP TO ACM\_BORN; ELSE GO TO ACM\_INCOME

#### ACM INCOME

Please think about your total combined family income during 2022 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

#### ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

### ACM\_INC\_RANG

We understand that people might not feel comfortable giving out their exact income. I would like to read you some income ranges, and let you select the category which best describes your total combined family income from all sources for all members of your household during 2022, before taxes?

#### READ LIST UNTIL R STOPS YOU AT THE CORRECT INCOME GROUP

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

IF NIS/TEEN/FLU SURVEY COMPLETE; SKIP TO ACM\_BORN; ELSE IF USVI, GO TO ACM\_ISLAND; IF GUAM, GO TO ACM\_C19VIL; ELSE GO TO ACM\_C19A

#### ACM INC CONF

Just to confirm that I entered the number correctly, the total combined <u>family</u> income was [FILL ACM Q91]?

YES1	IF NIS/TEEN/FLU
	SURVEY COMPLETE;
	SKIP TO ACM BORN;
	ELSE IF USVI, GO TO
	ACM_ISLAND; IF GUAM
	GO TO ACM_C19VIL;
	ELSE GO TO ACM_C19A
NO2	
DON'T KNOW77	GO TO ACM_INCOME
REFUSED99	GO TO ACM INCOME

# ACM\_ISLAND

# On what island do you live?

SAINT CROIX1	GO TO ACM BORN
SAINT THOMAS2	GO TO ACM BORN
SAINT JOHN3	GO TO ACM BORN
WATER ISLAND4	GO TO ACM BORN
NOT IN USVI5	GO TO ACM C19A
DON'T KNOW77	GO TO ACM BORN
REFUSED99	GO TO ACM BORN

# ACM\_C19VIL

# In which village do you live?

AGANA HEIGHIS	l
AGAT	2
ASAN	3
BARRIGADA	4
CHALAN PAGO	5
DEDEDO	6
HAGATNA/AGANA	7
INARAJAN	8
MAINA	9
MAITE	10
MANGILAO	11
MERIZO	12
MONGMONG	13
ORDOT	14
PITI	
SANTA RITA	
SINAJANA	
TALOFOFO	
TAMUNING-TUMON	
TOTO	
UMATAC	21
YIGO	22
YONA	
DON'T KNOW	
DO NOT LIVE IN GUAM	98
REFUSED	99

ACM_C19A	What is your zip code?		
			BORN, ELSE IF PUERTO M_C19PR (DOES NOT GO
	DON'T KNOW77777	or ZIP Code not in	77777 or 99999 the LOOK-UP table GO TO GO TO ACM C19 CONF.
	REFUSED99999	IF ACM_C19A= 7 or ZIP Code not in	
	ELSE IF a proper zip code entered, then Fill Cl table.	TY, COUNTY AND	STATE from the look-up
ACM_C19	In what city, county and state do you live?		
	IF CITY OR COUNTY IS DON'T KNOW, EN IF CITY OR COUNTY IS REFUSED, ENTER		
	IF LOCATION IS OUT OF THE COUNTRY,	SELECT 'FC – FOF	REIGN COUNTRY'
ACM_C19_C	ONF		
	To confirm, you live in [CITY], [COUNTY], [S	STATE]. Is that corre	ect?
	YESNO		
ACM_C19_ZI	PC		
	To confirm, I have your zip code as [FILL]. Is t	hat correct?	
	YES		GO TO ACM_BORN
	DON'T KNOWREFUSED	77	GO TO ACM_BORN GO TO ACM_BORN
ACM_C19_N	EWZ		
	What is your zip code?		
	ENTER ZIP CODE:	GO TO ACM_BO	RN

ACM_C19PR	In what city and state do you live?
	IF RESPONDENT DOES NOT LIVE IN PUERTO RICO, SELECT NOT IN PUERTO RICO IN THE DROP DOWN MENU
	[CITIES IN PUERTO RICO]
ACM_C19PR_	ST
	ENTER STATE:
ACM_BORN	Were you born in the United States?
	YES
	IF ACM_BORN=1,77,99, THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO ACM_LANG; ELSE GO TO ACM_C1
ACM_FCBOR	N
	In which country were you born?
	ENTER COUNTRY:
	IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO ACM_LANG; ELSE GO TO ACM_C1
ACM_C1	Now I have some questions about your entire household.
	Including the adults and all the children, how many people live in this household?
	ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
	NUMBER OF PEOPLE:
ACM_LANG	Do you speak a language other than English at home?
	YES       1         NO       2         DON'T KNOW       77         REFUSED       99
	IF ACM_LANG=2,77,99, THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

# ACM\_HHLANG

What	ic	this	language?	,
vv mai	19	ums	ranguage:	

	SPANISH1
	MANDARIN2
	ARABIC3
	VIETNAMESE4
	RUSSIAN5
	PORTUGUESE6
	KOREAN7
	FRENCH8
	CANTONESE9
	HAITIAN CREOLE10
	NEPALI11
	OTHER88
	DON'T KNOW77
	REFUSED99
ACM HHLA	IF ACM_HHLANG=1,2,3,4,5,6,7,8,9,10,11,77,99, THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL
ACM_IIIL	
	ENTER OTHER SPECIFY:
	IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL
ACM_LL	Do you have landline telephone in your household?
	INTERVIEWER NOTE, READ AS NECESSARY: Please do not include:
	• Modem-only lines,
	• Fax-only lines,
	<ul> <li>Lines used just for home security systems,</li> </ul>
	• Beepers,
	• Skype,
	• Pagers, or
	• Cell phones.
	• Cen phones.
	Please include Voice Over I.P. or VOIP numbers.
	YES1
	NO2

K\_D16

Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the"] [IF PUERTO RICO, DISPLAY "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call 1-877-220-4805.

**EXIT SURVEY**