

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

Q3/2024

Confidential Information

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

ADLT_INTRO

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

CONTINUE1

IF S3_INTRO, T_INTRO1, or LF_S3_IN NOT MISSING GO TO ADULT_TIME; ELSE GO TO AD_CONSENT

AD_CONSENT

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

CONTINUE1
RESPONDENT ASKS FOR DESCRIPTION OF LAW.....2

GO TO ADULT_TIME

ADULT_S3_LAW

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

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

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

CONTINUE1

ADULT_TIME

The remainder of the survey will take about 8 minutes.
CONTINUE1

VAX1

In the past two years, have you received any type of vaccine that was not a COVID-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

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_RSV1

There is a vaccine that was recently recommended for some people that helps prevent the respiratory virus called RSV. Have you received the RSV vaccine?

INTERVIEWER NOTE: THIS VACCINE IS ALSO KNOWN AS RSVREF3 (AREXVY) OR RSVREF4 (ABRYSVO).

YES1
NO2
DON'T KNOW77
REFUSED99

GO TO VAX_RSV3
GO TO VAX_RSV3
GO TO VAX_RSV3

VAX_RSV2_M/Y

During what month and year did you receive the RSV vaccine?

ENTER 77 / 7777 FOR DON'T KNOW
ENTER 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE:
77/2023

IF MONTH REPORTED IS BEFORE 7/2023, DISPLAY: IF R SAYS SHOT WAS BEFORE JULY 2023, PROBE: An RSV vaccine was not available before July 2023. Were you in a clinical trial?]

MONTH[YEAR=FILL]
DON'T KNOW77
REFUSED99

VAXRV_WK_CHK

IF VAX_RSV2_M=THE CURRENT MONTH GO TO RSVAX_WEEK; ELSE GO TO RSVAX_PL

RSVAX_WEEK

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: “today”; ELSE FILL: “on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY’S DATE]”?

- YES1
- NO2
- DON’T KNOW77
- REFUSED99

RSVAX_PL At what kind of place did you get your RSV vaccination?

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

READ RESPONSES AS NECESSARY.

DOCTOR’S OFFICE [IF PUERTO RICO, THEN SHOW:

INTERVIEWER NOTE: DOCTOR’S OFFICE

INCLUDES PRIVATE PROVIDER AND

- | | |
|---|------------|
| REFORMA PROVIDER]1 | GO TO VAX2 |
| HEALTH DEPARTMENT2 | GO TO VAX2 |
| CLINIC OR HEALTH CENTER3 | GO TO VAX2 |
| HOSPITAL4 | GO TO VAX2 |
| OTHER MEDICALLY-RELATED PLACE5 | GO TO VAX2 |
| MASS VACCINATION SITE6 | GO TO VAX2 |
| PHARMACY OR DRUG STORE7 | GO TO VAX2 |
| WORKPLACE8 | GO TO VAX2 |
| HIGH SCHOOL/COLLEGE/UNIVERSITY9 | GO TO VAX2 |
| OTHER NONMEDICALLY-RELATED PLACE10 | GO TO VAX2 |
| MALL OUTREACH [DISPLAY ONLY IF GUAM]11 | GO TO VAX2 |
| VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]12 | GO TO VAX2 |
| DON’T KNOW77 | GO TO VAX2 |
| REFUSED99 | 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 VACCINE1
- PROBABLY GET A VACCINE2
- PROBABLY NOT GET A VACCINE3
- DEFINITELY NOT GET A VACCINE4
- NOT SURE5
- DON’T KNOW77
- REFUSED99

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

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

VAX2_SEP Since September 14, 2023, have you received a COVID-19 vaccine?

READ IF NECESSARY: This vaccine is sometimes called the 'updated vaccine' or the '2023-24 vaccine.'

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

VAX3_SEP How many doses of a COVID-19 vaccine have you received **since September 14, 2023**?

ONE	1	
TWO	2	
THREE	3	
FOUR OR MORE	4	
DON'T KNOW	77	GO TO VAX_BRIDGE
REFUSED	99	GO TO VAX_BRIDGE

VAX4A_M During what month and year did you receive your **most recent** COVID-19 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:
 77/2021

[IF MONTH REPORTED IS BEFORE 9/2023, DISPLAY: DATE MUST BE ON OR AFTER
 9/2023]

MONTH[<u>YEAR=FILL</u>]	
DON'T KNOW	77
REFUSED	99

VAXCV_WK_CHK

IF VAX4A_M/Y=THE CURRENT MONTH AND YEAR GO TO CVVAX_WEEK; ELSE IF
 VAX3_SEP IN (2,3,4) GO TO VAX4C_M; ELSE GO TO VAX_PL

CVVAX_WEEK

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: “today”; ELSE FILL: “on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY’S DATE]”?

- YES1
- NO2
- DON’T KNOW77
- REFUSED99

IF VAX3_SEP IN (2,3,4) GO TO VAX4C_M; ELSE GO TO VAX_PL

VAX4C_M

During what month and year did you receive your **second most recent** COVID-19 vaccine; that is the one before your most recent COVID-19 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:
77/2021

[IF MONTH REPORTED IS BEFORE 9/2023, DISPLAY: DATE MUST BE ON OR AFTER 9/2023]

- MONTH[YEAR=FILL]
- DON’T KNOW77
- REFUSED99

VAXCV_WK_CHK2

IF VAX4C_M/Y =THE CURRENT MONTH AND YEAR GO TO CVVAX_WEEK2; ELSE GO TO VAX_PL

CVVAX_WEEK2

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: “today”; ELSE FILL: “on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY’S DATE]”?

- YES1
- NO2
- DON’T KNOW77
- REFUSED99

VAX_PL At what kind of place did you get your 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 PROVIDER AND
REFORMA PROVIDER]1
HEALTH DEPARTMENT2
CLINIC OR HEALTH CENTER3
HOSPITAL4
OTHER MEDICALLY-RELATED PLACE5
MASS VACCINATION SITE6
PHARMACY OR DRUG STORE7
WORKPLACE8
HIGH SCHOOL/COLLEGE/UNIVERSITY9
OTHER NONMEDICALLY-RELATED PLACE10
MALL OUTREACH [DISPLAY ONLY IF GUAM]11
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]12
DON'T KNOW77
REFUSED99

IF VAX2_SEP EQ 1 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-POCKET1
SOME OF THE COST OUT-OF-POCKET2
NO OUT-OF-POCKET COST3
DON'T KNOW77
REFUSED99

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.

YES1
NO2
DON'T KNOW77
REFUSED99

IF VAX2_SEP EQ 1 THEN DO:

IF VAX4A_M/Y LT 9/2023 OR VAX3_SEP IN (77,99) GO TO VAX6; ELSE IF VAX_FLU EQ 1, VAX_RSV_2M/Y EQ/GT 9/2023, AND VAX4A_M/Y EQ/GT 9/2023 GO TO ALLVAX; ELSE IF (VAX_FLU EQ 1, VAX_RSV_2M/Y LT 9/2023 AND VAX4A_M/Y EQ GT 9/2023) OR (VAX_FLU NE 1, VAX_RSV_2M/Y EQ/GT 9/2023 AND VAX4A_M/Y EQ/GT 9/2023) GO TO TWOVAX2; ELSE GO TO ACIP3; END; ELSE IF VAX2_SEP NE 1 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 VACCINE1
PROBABLY GET A VACCINE2
PROBABLY NOT GET A VACCINE3
DEFINITELY NOT GET A VACCINE4
NOT SURE5
DON'T KNOW77
REFUSED99

IF VAX_FLU EQ 1 AND VAX_RSV_2M/Y EQ/GT 7/2023 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	1	GO TO ACIP3
RECEIVED TWO OF THE THREE VACCINES		
AT THE SAME VISIT	2	
RECEIVED EACH AT A DIFFERENT VISIT	3	GO TO ACIP3
DON'T KNOW	77	GO TO ACIP3
REFUSED	99	GO TO ACIP3

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	GO TO ACIP3
FLU AND COVID-19	2	GO TO ACIP3
RSV AND COVID-19	3	GO TO ACIP3
DON'T KNOW	77	GO TO ACIP3
REFUSED	99	GO TO ACIP3

TWOVAX2 You said that you recently received both a [IF VAX_FLU EQ 1 AND RSV_2M/Y EQ/GT 7/2023 THEN DISPLAY: "flu and RSV"; ELSE IF VAX_FLU EQ 1 AND VAX4A_M/Y EQ/GT 9/2023 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	1
RECEIVED EACH AT A DIFFERENT VISIT	2
DON'T KNOW	77
REFUSED	99

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

CANCER	1	
CHRONIC KIDNEY DISEASE	2	
CHRONIC LUNG DISEASES (COPD [CHRONIC OBSTRUCTIVE PULMONARY DISEASE], ASTHMA [MODERATE TO SEVERE], INTERSTITIAL LUNG DISEASE, CYSTIC FIBROSIS, AND PULMONARY HYPERTENSION	3	GO TO ACIP5
DEMENTIA OR OTHER NEUROLOGICAL CONDITIONS	4	GO TO ACIP5
DIABETES (TYPE 1 OR 2)	5	GO TO ACIP5
DOWN SYNDROME	6	GO TO ACIP5
HEART CONDITIONS (SUCH AS HEART FAILURE, CORONARY ARTERY DISEASE, CARDIOMYOPATHIES OR HYPERTENSION)	7	GO TO ACIP5
HIV INFECTION	8	GO TO ACIP5
IMMUNOCOMPROMISED STATE (WEAKENED IMMUNE SYSTEM)	9	GO TO ACIP5
LIVER DISEASE (CHRONIC LIVER DISEASE, SUCH AS ALCOHOL-RELATED LIVER DISEASE, NONALCOHOLIC FATTY LIVER DISEASE, AND CIRRHOSIS [SCARRING OF THE LIVER])	10	GO TO ACIP5
OVERWEIGHT (HIGH BMI)	11	GO TO ACIP5
PREGNANCY	12	GO TO ACIP5
SICKLE CELL DISEASE OR THALASSEMIA (HEMOGLOBIN BLOOD DISORDER)	13	GO TO ACIP5
SMOKING (CURRENT OR FORMER)	14	GO TO ACIP5
SOLID ORGAN OR BLOOD STEM CELL TRANSPLANT (INCLUDING BONE MARROW TRANSPLANT)	15	GO TO ACIP5
STROKE OR CEREBROVASCULAR DISEASE	16	GO TO ACIP5
SUBSTANCE USE DISORDERS (EX: ALCOHOL, OPIOID, OR COCAINE USE DISORDER).....	17	GO TO ACIP5
OLDER AGE	18	GO TO ACIP5
OTHER	19	
DON'T KNOW	77	GO TO ACIP5
REFUSED	99	GO TO ACIP5

ACIP4_OTH ENTER OTHER SPECIFY: _____

ACIP5

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

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

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

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 SAFE1
SOMEWHAT SAFE2
VERY SAFE3
COMPLETELY SAFE4
DON'T KNOW77
REFUSED99

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 IMPORTANT1
A LITTLE IMPORTANT2
SOMEWHAT IMPORTANT3
VERY IMPORTANT4
DON'T KNOW77
REFUSED99

VAX_CONF7A

[IF VAX2 IN (2,77,99) OR VAX4A_M/Y LT 9/2023 THEN 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**?]

YES1
NO2
DON'T KNOW77
REFUSED99

VAX_CONF11A

How difficult [IF VAX2 IN (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 DIFFICULT1
- A LITTLE DIFFICULT2
- SOMEWHAT DIFFICULT3
- VERY DIFFICULT4
- DON'T KNOW77
- REFUSED99

IF VAX_CONF11A NE 1 GO TO VAX_CONF13; ELSE IF C5/TIS_C5 EQ 1 AND NIS/TEEN COMPLETE GO TO ACM_SEX1; ELSE GO TO ACM_AGE

VAX_CONF13

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

- CONTINUE1

VAX_CONF13A

Getting an appointment online.

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

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

VAX_CONF13D

Not knowing where to get a vaccine.

READ IF NECESSARY:

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

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

VAX_CONF13E

Hard to get to vaccination sites.

READ IF NECESSARY:

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

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

VAX_CONF13F

Vaccination sites aren't open at convenient times.

READ IF NECESSARY:

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

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

IF VAX2 IN (2,77,99) GO TO VAX_CONF13I; ELSE GO TO VAX_CONF13G

VAX_CONF13G

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

READ IF NECESSARY:

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

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

VAX_CONF13H

Having a reaction to a previous dose of the COVID-19 vaccine.

READ IF NECESSARY:

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

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

VAX_CONF13I

Cost, including any payments to the clinic, the cost of getting there, or the cost of taking time away from work.

READ IF NECESSARY:

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

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

IF C5/TIS_C5 EQ 1 AND NIS/TEEN COMPLETE GO TO ACM_SEX1; ELSE GO TO ACM_AGE

ACM_AGE What is your current age?

ENTER 999 FOR REFUSED

_____ Age

IF AGE IN (65-99) AND VAX3_SEP=1, GO TO ACM_COV65; ELSE GO TO ACM_SEX1

ACM_COV65

Since March 2024, a second dose of the updated 2023-24 COVID vaccine has been recommended for persons age 65 years and older. How likely are you to get another COVID-19 vaccine? Would you say you would definitely get another vaccine, probably get another vaccine, probably not get another vaccine, definitely not get another vaccine, or are not sure?

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

ACM_SEX1 What sex were you assigned at birth, on your original birth certificate, male or female?

- MALE1
- FEMALE2
- DON'T KNOW77
- REFUSED99

ACM_TRANS1

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

- MALE1
- FEMALE2
- TRANSGENDER3
- A DIFFERENT TERM4
- DON'T KNOW77
- REFUSED99

ACM_Q93

What best describes your sexual orientation? Is it Heterosexual or straight; Lesbian or gay; Bisexual; or Something else?

- HETEROSEXUAL/STRAIGHT1
- LESBIAN OR GAY2
- BISEXUAL3
- SOMETHING ELSE4
- DON'T KNOW77
- REFUSED99

IF (ACM_AGE<50,777,999) AND ACM_SEX1 EQ 2 AND ACIP4 NOT IN (12), GO TO ACM_PREG; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/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 PREGNANT1
- PREGNANT2
- BREASTFEEDING3
- NONE OF THE ABOVE4
- DON'T KNOW77
- REFUSED99

IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/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
 - DON'T KNOW77
 - REFUSED99
- GO TO ACM_RACE
GO TO ACM_RACE
GO TO ACM_RACE

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

SELECT ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN AMERICAN, CHINCANO/A	1	GO TO ACM_RACE
PUERTO RICAN	2	GO TO ACM_RACE
CUBAN	3	GO TO ACM_RACE
CENTRAL AMERICAN	4	GO TO ACM_RACE
SOUTH AMERICAN	5	GO TO ACM_RACE
OTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN (SPECIFY)	10	
DOMINICAN [SHOW ONLY IF USVI]	11	GO TO ACM_RACE
DON'T KNOW	77	GO TO ACM_RACE
REFUSED	99	GO TO ACM_RACE

ACM_HISP_Y_O

ENTER OTHER SPECIFY: _____

ACM_RACE Now, I am going to read a list of categories. Please choose one or more of the following categories to describe your race. Are you White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

SELECT ALL THAT APPLY

WHITE	1	GO TO ACM_MEDEQ
BLACK OR AFRICAN AMERICAN	2	GO TO ACM_RACE_AAB
AMERICAN INDIAN	3	GO TO ACM_MEDEQ
ALASKA NATIVE	4	GO TO ACM_MEDEQ
ASIAN	5	IF GUAM THEN DO: GO TO ACM_RACEAAPI; ELSE IF NOT GUAM DO: GO TO ACM_RACE_AS
NATIVE HAWAIIAN	6	GO TO ACM_MEDEQ
PACIFIC ISLANDER	7	IF GUAM THEN DO: GO TO ACM_RACEAAPI; ELSE IF NOT GUAM DO: GO TO ACM_RACE_PI
OTHER	8	
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ

ACM_RACE_OS
ENTER OTHER SPECIFY: _____ GO TO ACM_MEDEQ

ACM_RACE_AS
Are you Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

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

- | | | |
|--------------------|----|-----------------|
| ASIAN INDIAN | 1 | GO TO ACM_MEDEQ |
| CHINESE | 2 | GO TO ACM_MEDEQ |
| FILIPINO | 3 | GO TO ACM_MEDEQ |
| JAPANESE | 4 | GO TO ACM_MEDEQ |
| KOREAN | 5 | GO TO ACM_MEDEQ |
| VIETNAMESE | 6 | GO TO ACM_MEDEQ |
| OTHER | 7 | |
| DON'T KNOW | 77 | 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 Pacific Islander?

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

- | | | |
|------------------------|----|-----------------|
| CHAMORRO/GUAMIAN | 1 | GO TO ACM_MEDEQ |
| SAMOAN | 2 | GO TO ACM_MEDEQ |
| OTHER | 3 | |
| DON'T KNOW | 77 | GO TO ACM_MEDEQ |
| REFUSED | 99 | GO TO ACM_MEDEQ |

ACM_RACE_PIO
ENTER OTHER SPECIFY: _____ GO TO ACM_MEDEQ

ACM_RACEAAPI

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

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

CHAMORRO	1	GO TO ACM_MEDEQ
FILIPINO	2	GO TO ACM_MEDEQ
CHUUKESE	3	GO TO ACM_MEDEQ
POHNPEIAN	4	GO TO ACM_MEDEQ
PALAUAN	5	GO TO ACM_MEDEQ
YAPESE	6	GO TO ACM_MEDEQ
KOSRAEAN	7	GO TO ACM_MEDEQ
MARSHALLESE	8	GO TO ACM_MEDEQ
JAPANESE	9	GO TO ACM_MEDEQ
KOREAN	10	GO TO ACM_MEDEQ
CHINESE	11	GO TO ACM_MEDEQ
VIETNAMESE	12	GO TO ACM_MEDEQ
THAI	13	GO TO ACM_MEDEQ
OTHER	14	
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ

ACMRACEAAPIO

ENTER OTHER SPECIFY: _____

GO TO ACM_MEDEQ

ACM_RACE_AAB

[IF C5/TIS_C5/LF_C1Q02 EQ 1 and C9/TIS_C9/Z_Q02BZ EQ 2 THEN DISPLAY: "Previously, you indicated you were Black or African American." ELSE JUST DISPLAY:] Are you African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, or other?

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

AFRICAN AMERICAN	1	GO TO ACM_MEDEQ
JAMAICAN	2	GO TO ACM_MEDEQ
HAITIAN	3	GO TO ACM_MEDEQ
NIGERIAN	4	GO TO ACM_MEDEQ
ETHIOPIAN	5	GO TO ACM_MEDEQ
SOMALI	6	GO TO ACM_MEDEQ
OTHER	7	
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED	99	GO TO ACM_MEDEQ

ACM_RACEAABO

ENTER OTHER SPECIFY: _____

ACM_MEDEQ

When seeking health care in the last 2 years, do you feel your experiences were worse than, the same as, or better than people of other races or ethnicities?

- WORSE THAN OTHER RACES OR ETHNICITIES1
- THE SAME AS OTHER RACES OR ETHNICITIES2
- BETTER THAN OTHER RACES OR ETHNICITIES3
- DON'T KNOW77
- REFUSED99

IF MOTHER WAS RESPONDENT IN NIS/TEEN/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 LESS1
- 9TH-12TH GRADE NO DIPLOMA2
- HIGH SCHOOL GRADUATE OR GED COMPLETED.....3
- COMPLETED A VOCATIONAL, TRADE, OR BUSINESS SCHOOL PROGRAM4
- SOME COLLEGE CREDIT BUT NO DEGREE5
- ASSOCIATE DEGREE (AA, AS)6
- BACHELOR'S DEGREE (BA, BS, AB)7
- MASTER'S DEGREE (MA, MS, MSW, MBA8
- DOCTORATE (PhD, EdD) or PROFESSIONAL DEGREE (MD, DDS, DVM, JD)9
- DON'T KNOW77
- REFUSED99

ACM_INSURE

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

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

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

ACM_INCOME

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

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

DON'T KNOW77
REFUSED99

GO TO
ACM_INC_CONF

ACM_INC_RANG

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

READ LIST UNTIL R STOPS YOU AT THE CORRECT INCOME GROUP

Less than \$5,0001
\$5,001-\$10,0002
\$10,001-\$20,0003
\$20,001-\$40,0004
\$40,001-\$60,0005
\$60,001-\$75,0006
\$75,001-\$150,0007
\$150,001 or more8
DON'T KNOW77
REFUSED99

IF NIS/TEEN/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 family income was [FILL ACM_Q91]?

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

ACM_ISLAND

On what island do you live?

SAINT CROIX	1	GO TO ACM_BORN
SAINT THOMAS	2	GO TO ACM_BORN
SAINT JOHN	3	GO TO ACM_BORN
WATER ISLAND	4	GO TO ACM_BORN
NOT IN USVI	5	GO TO ACM_C19A
DON'T KNOW	77	GO TO ACM_BORN
REFUSED	99	GO TO ACM_BORN

ACM_C19VIL

In which village do you live?

AGANA HEIGHTS	1
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	15
SANTA RITA	16
SINAJANA	17
TALOFOFO	18
TAMUNING-TUMON	19
TOTO	20
UMATAC	21
YIGO	22
YONA	23
DON'T KNOW	77
DO NOT LIVE IN GUAM	98
REFUSED	99

ACM_C19A What is your zip code?

IF GUAM, AND
ACM_C19VIL NE 98,
GO TO ACM_BORN,
ELSE IF PUERTO
RICO GO TO
ACM_C19PR (DOES
NOT GO THROUGH
LOOKUP TABLE)

DON'T KNOW77777

IF ACM_C19A= 77777
or 99999 or ZIP Code
not in the LOOK-UP
table GO TO
ACM_C19 / ELSE GO
TO ACM_C19_CONF
IF ACM_C19A= 77777
or 99999 or ZIP Code
not in the LOOK-UP
table GO TO
ACM_C19 / ELSE GO
TO ACM_C19_CONF

REFUSED99999

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

ACM_C19 In what city, county and state do you live?

IF CITY OR COUNTY IS DON'T KNOW, ENTER "DK"
IF CITY OR COUNTY IS REFUSED, ENTER "REF"

IF LOCATION IS OUT OF THE COUNTRY, SELECT 'FC – FOREIGN COUNTRY'

ACM_C19_CONF

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

YES1
NO2

GO TO ACM_BORN
GO TO ACM_C19

ACM_C19_ZIPC

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

YES1
NO2
DON'T KNOW77
REFUSED99

GO TO ACM_BORN
GO TO ACM_BORN
GO TO ACM_BORN

ACM_C19_NEWZ

What is your zip code?

ENTER ZIP CODE: _____

GO TO ACM_BORN

ACM_C19PR In what city and state do you live?

IF RESPONDENT DOES NOT LIVE IN PUERTO RICO, SELECT NOT IN PUERTO RICO IN THE DROP DOWN MENU

[CITIES IN PUERTO RICO]	1-78
NOT IN PUERTO RICO	98
DON'T KNOW	88
REFUSED	99

GO TO ACM_C19
GO TO ACM_BORN
GO TO ACM_BORN

ACM_C19PR_ST

ENTER STATE: _____

ACM_BORN Were you born in the United States?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

IF ACM_BORN IN (1,77,99), THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO ACM_LANG; ELSE GO TO ACM_C1

ACM_FCBORN

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?

- YES1
- NO2
- DON'T KNOW77
- REFUSED99

IF ACM_LANG IN (2,77,99), THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

ACM_HHLANG

What is this language?

- SPANISH1
- MANDARIN2
- ARABIC3
- VIETNAMESE4
- RUSSIAN5
- PORTUGUESE6
- KOREAN7
- FRENCH8
- CANTONESE9
- HAITIAN CREOLE10
- NEPALI11
- OTHER88
- DON'T KNOW77
- REFUSED99

IF ACM_HHLANG IN (1,2,3,4,5,6,7,8,9,10,11,77,99), THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

ACM_HHLANGO

ENTER OTHER SPECIFY: _____

IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

ACM_LL

Do you have landline telephone in your household?

INTERVIEWER NOTE, READ AS NECESSARY: Please do not include:

- Modem-only lines,
- Fax-only lines,
- Lines used just for home security systems,
- Beepers,
- Skype,
- Pagers, or
- Cell phones.

Please include Voice Over I.P. or VOIP numbers.

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

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