



Form Approved

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Informed Consent

Before beginning the survey, there are a few things you should know.

On behalf of the Centers for Disease Control and Prevention (CDC), the research firm ICF is conducting an online survey with adults from the community to gather feedback on educational materials related to antibiotic use. These materials were developed in partnership with the CDC, and we hope to use what we learn from these survey results to improve these materials and/or how and where we promote them to raise awareness within your community. We expect this survey to take about 20 minutes. You will only be asked to complete this survey once.

We want to learn from you, so we encourage you to answer honestly. There are no right or wrong answers. If you agree to participate in the survey, here are some points to know:

Rights Regarding Participation: Your participation in this survey is completely voluntary. You may choose to leave the survey and/or not answer a question at any time for any reason. Refusal to participate will involve no penalty or loss of benefits.

Privacy: We will take every precaution to protect your identity and ensure your privacy. We will keep your name and answers to these survey questions private. Your name and contact information will be kept separate from any survey responses. We will never use your name in any reports.

Benefits: Your participation in the survey will not result in any direct benefits to you. However, your input will help us to develop and improve educational materials about sepsis for people like you.

Risks: There is no known risk to you for your participation in the survey.

Contact Information: If you have any questions about this survey or the campaign, please contact the research director, Kristen Cincotta, PhD, at 404-320-4433.

1. Do you agree to participate in the survey?

Yes

No

Termination

Thank you for your time. [Click here to exit this survey.](#)

Screener

The results of this survey will help the Centers for Disease Control and Prevention (CDC) refine its ongoing campaign to improve antibiotic use by helping CDC staff understand the public's response to the campaign and its key messages. You will be asked to complete different versions of the survey depending on whether you have seen or heard certain messages from the CDC about antibiotic use.

2. May we ask you some questions to see if you are a good match to take this survey?

Yes

No

3. How old are you?

[] Years

Prefer not to answer

4. In what ZIP code do you live?

5. What is your sex?

Male

Female

Other, please specify

Prefer not to answer

6. Have you visited an urgent care clinic for a medical concern to receive care at least one time in the past 2 months for yourself (not for the care of a loved one)? Urgent care clinics are freestanding clinics that treat patients for unscheduled or walk-in illnesses or injuries but that DO NOT include a pharmacy (like a CVS or a Walgreens), a store, or emergency department.

Yes

No

Not sure

7. When you visited an urgent care clinic, did you do so for an illness, an injury, or both?

- Illness
- Injury
- Both
- Don't know/cannot remember

8. Do you, your spouse or partner, or any other member of your household currently or in the past work for or as:

	Yes	No
A. A market research company	<input type="radio"/>	<input type="radio"/>
B. An advertising agency or public relations firm	<input type="radio"/>	<input type="radio"/>
C. The media (TV/radio/newspapers/magazines)	<input type="radio"/>	<input type="radio"/>
D. A healthcare setting or a health and wellness organization (e.g., doctor's office, clinic, hospital, health department, fitness center)	<input type="radio"/>	<input type="radio"/>
E. A healthcare provider (e.g., doctor, nurse, pharmacist, physician assistant, medical assistant, dietician, aid, sitter, social worker)	<input type="radio"/>	<input type="radio"/>

Termination: Ineligible

Thank you for your willingness to participate and answer our questions. Unfortunately, you do not meet the criteria to continue with the survey. If you have any questions about your participation and/or any questions about this survey, please contact the research director, Kristen Cincotta, Ph.D., at (404) 321-3211 or Kristen.Cincotta@icf.com. Thank you for your time.

Eligible

Thank you for answering the questions. We have determined that you are a good match for this survey. If you have any questions about your participation and/or any questions about this survey, please contact the research director, Kristen Cincotta, Ph.D., at (404) 321-3211 or Kristen.Cincotta@icf.com

Thank you for answering the questions. We have determined that you are a good match for this survey. If you have any questions about your participation and/or any questions about this survey, please contact the research director, Kristen Cincotta, Ph.D., at (404) 321-3211 or Kristen.Cincotta@icf.com.

Exposure to Campaign

Now we would like to ask you about a CDC campaign on improving antibiotic use that you may or may not have seen or heard about in the past 12 months.

9. Please indicate below whether you have seen or heard any of following campaign names or slogans in the past 12 months.

	Yes	No	Don't know/cannot recall
A. Get Ahead of Antibiotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Flip the Script	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Be Antibiotics Aware	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Get Smart About Antibiotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Don't Mis-take Antibiotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. In the past 12 months, did you see this logo or hear the slogan on it anywhere?



- Yes
- No
- Don't know/cannot recall

Frequency and Channel of Exposure (Exposed)

You indicated that you had seen or heard the campaign name, Be Antibiotics Aware, or seen the campaign logo in the past 12 months.

11. In the past 12 months, approximately how often did you see CDC's Be Antibiotics Aware campaign messages, campaign name, or logo in PRINTED MEDIA?

	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Don't know/cannot recall
Poster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fact Sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brochure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graphic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspaper/magazine advertisement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flyer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Printed Media (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other printed media (please specify)

12. In the past 12 months, approximately how often did you see CDC's Be Antibiotics Aware campaign messages, campaign name, or logo on SOCIAL MEDIA?

	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Don't know/cannot recall
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instagram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LinkedIn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YouTube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Social Media (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other social media (please specify)

13. In the past 12 months, approximately how often did you see or hear CDC's Be Antibiotics Aware campaign messages, campaign name, or logo in ONLINE/INTERNET MEDIA?

	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Don't know/cannot recall
Health websites /resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Website advertisements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online news articles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Streaming TV/video services (e.g., Hulu, Netflix, [Amazon] Prime Video)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertisements on mobile phone (including mobile apps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search engines (e.g., Google)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other websites (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Websites (please specify)

14. In the past 12 months, approximately how often did you see CDC's Be Antibiotics Aware campaign messages, campaign name, or logo in TV AND RADIO MEDIA?

	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Don't know/cannot recall
Television (cable, satellite, or antenna)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broadcast radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other TV or Radio (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other TV or Radio (please specify)

15. In the past 12 months, approximately how often did you see CDC's Be Antibiotics Aware campaign messages, campaign name, or logo in PUBLIC PLACES?

	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Don't know/cannot recall
Billboards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus, train, or subway stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On buses or taxi cabs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertisement in a mall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertisement in a grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertisement in a store pharmacy (e.g., CVS, Walgreens, Walmart)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other public locations (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Public Locations (please specify)

16. In the past 12 months, approximately how often did you see CDC's Be Antibiotics Aware campaign messages, campaign name, or logo in HEALTHCARE SETTINGS?

	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Don't know/cannot recall
Videos/commercials shown at doctor's offices or healthcare facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other healthcare locations (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Healthcare Locations (please specify)

17. In the past 12 months, approximately how often did you see CDC's Be Antibiotics Aware campaign messages, campaign name, or logo in OTHER MEDIA?

	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Don't know/ cannot recall
Emails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email newsletters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webcasts or webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other media (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Media (please specify)

18. You indicated that you saw or heard the campaign name, Be Antibiotics Aware, or saw the campaign logo in the past 12 months. Where did you see or hear it?

Knowledge

19. Which types of infections do antibiotics treat? (select one)

- Certain infections caused by viruses.
- Certain infections caused by bacteria.
- Certain infections caused by bacteria and viruses.
- Don't know

Knowledge (page 2)

20. Which of the following illnesses do antibiotics treat? (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Common cold | <input type="checkbox"/> Urinary tract infection (UTI) |
| <input type="checkbox"/> Influenza (flu) | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Strep throat | |

Knowledge (page 3)

21. When antibiotics are not needed, taking antibiotics will still help.

- True
- False
- Don't know

Knowledge (page 4)

22. Taking antibiotics can lead to side effects that could cause harm.

- True
- False
- Don't know

Knowledge (page 5)

23. Which of the following are common side effects of antibiotics? (select all that apply)

Rash

Yeast infections

Nausea

None of the above

Diarrhea

Don't know

Knowledge (page 6)

24. Which of the following statement(s) are true about antibiotic resistance? (select all that apply)

- Antibiotic use can lead to antibiotic resistance. Antibiotic resistant infections can require antibiotic treatment that may cause more side effects.
- Infections caused by antibiotic resistant germs are always easy to treat with antibiotics. None of the above
- Antibiotic resistance happens when germs – not your body - become resistant to antibiotics. Don't know

Knowledge (page 7)

25. When taking antibiotics... (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I should take my antibiotics exactly as my healthcare provider prescribed. | <input type="checkbox"/> It is ok to share my left-over antibiotics with a family member or friend who is not feeling well. |
| <input type="checkbox"/> It is ok if I skip doses of my antibiotics. | <input type="checkbox"/> None of the above. |
| <input type="checkbox"/> I can save left over antibiotics for later. | <input type="checkbox"/> Don't know |

Knowledge (page 8)

26. Which of the following can help you feel better when you have a cold? (select all that apply)

- Drink extra water and fluids.
- Avoid overeating.
- Use a cool mist vaporizer to relieve congestion.
- Use a saline nasal spray to relieve congestion.
- Use honey to relieve cough for adults and children over the age of 1.
- None of the above.
- Don't know

Attitudes and Beliefs

Next, we are going to ask you some questions to learn more about your perspective on antibiotics. Please give us your honest responses. There are no right or wrong answers to any of these questions.

We'd like to provide you with a definition for a few key terms to assist you in answering the following questions:

Antibiotic resistance occurs when bacteria have become resistant to the antibiotics designed to kill them. It does not mean the body is becoming resistant to antibiotics.

Clostridioides difficile (also known as C. difficile or C. diff.) is a bacterium that causes colitis, or inflammation of the colon. C. difficile infection can lead to severe colon damage, disabling diarrhea, and sometimes death.

Attitudes and Beliefs: Perceived Susceptibility

27. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I believe that I may have taken antibiotics when I didn't need them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that I could get an antibiotic-resistant infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that any time people take antibiotics, it contributes to antibiotic resistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that my healthcare providers may have given me prescriptions for antibiotics when they were not necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that anyone taking antibiotics can experience common side effects, such as rash, nausea, and/or diarrhea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that taking antibiotics can lead to severe, but rare, side effects such as Clostridioides difficile (or C. diff) infection or life-threatening allergic reactions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes and Beliefs: Perceived Severity

28. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
If I got an antibiotic-resistant infection, it could be very dangerous for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that antibiotic resistance is a severe problem that can threaten the health of myself and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that antibiotics can sometimes lead to Clostridioides difficile (or C. diff) infection, which can cause diarrhea and death.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes and Beliefs: Perceived Benefits

29. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I believe that using antibiotics only when needed helps to preserve their effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that using antibiotics only when needed helps to keep me safe from side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that using antibiotics only when needed helps fight antibiotic resistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes and Beliefs: Perceived Barriers to Using Antibiotics Appropriately

30. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
If my healthcare provider told me to wait one to two weeks to see if I feel better before prescribing antibiotics, I would feel inconvenienced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my healthcare provider told me I didn't need antibiotics for an illness, I would feel worried that I wouldn't feel better or that I might get sicker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes and Beliefs: Self-Efficacy

31. Please indicate your level of confidence for each of the following questions.

	Not at all confident	Somewhat confident	Moderately confident	Confident	Very confident
How confident are you that you will get better when you have a virus, like a cold or the flu, if you don't take antibiotics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you in your ability to discuss your questions and concerns about antibiotic use with your healthcare provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that you can accept your healthcare provider's recommendation if he/she says you do not need antibiotics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Behavior (page 2)

34. In the past 12 months, how often have you expected—but not outright asked—a healthcare provider to prescribe you antibiotics?

Always

Rarely

Often

Never

Sometimes

Don't know/cannot recall

Behavior (page 3)

35. In the past 12 months, how often have you specifically asked a healthcare provider to prescribe you antibiotics?

Always

Rarely

Often

Never

Sometimes

Don't know/cannot recall

Behavior (page 4)

36. In the past 12 months, did a healthcare provider prescribe you antibiotics?

Yes

No

Don't know/cannot recall

Behavior (page 5)

37. You said you got a prescription for antibiotics from a healthcare provider in the past 12 months. Which of the following best describes how you took the antibiotics? (select all that apply)

- I did not take the antibiotics at all
- I took the antibiotics exactly as my healthcare provider said to (e.g., number of times per day and number of days)
- I did not take the antibiotics for the same number of days as my healthcare provider said to
- I stopped taking the antibiotics after I felt better
- I did not take the antibiotics the same number of times per day as my healthcare provider said to
- Don't know/cannot remember

Behavior (page 6)

38. In the past 12 months, did you ever take left-over antibiotics previously prescribed to you by a healthcare provider?

- Yes
- No
- Don't know/cannot remember
- Not applicable / I was not sick during this time

Behavior (page 7)

39. In the past 12 months, did you ever take left-over antibiotics prescribed to someone else?

- Yes
- No
- Don't know/cannot remember
- Not applicable / I was not sick during this time

Sources of Information

40. To whom or where do you go to learn about antibiotic use? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My doctor/healthcare provider's office | <input type="checkbox"/> Newspapers (Please specify:_____) |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Television (Please specify:_____) |
| <input type="checkbox"/> Health websites/Health-related mobile apps (e.g., WebMD, MayoClinic, etc.) (Please specify:_____) | <input type="checkbox"/> Radio (Please specify:_____) |
| <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) website | <input type="checkbox"/> Social media (e.g., Facebook, Twitter, Instagram, LinkedIn, etc.) (Please specify:_____) |
| <input type="checkbox"/> Health magazines (e.g., Women's Health, Men's Health, Prevention) (Please specify:_____) | <input type="checkbox"/> Other (Please specify:_____) |
| <input type="checkbox"/> Family members and/or friends | <input type="checkbox"/> I have not tried to learn about antibiotic use |

41. Did you know that CDC's *Be Antibiotics Aware* campaign has resources you can use to learn about antibiotic use?

- Yes
 No

42. How did you learn about CDC's *Be Antibiotics Aware* resources? (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My doctor/healthcare provider's office | <input type="checkbox"/> Family members and/or friends |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social media (e.g., Facebook, Twitter, Instagram, LinkedIn, etc.) (Please specify:_____) |
| <input type="checkbox"/> Health websites/ Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.) (Please specify:_____) | <input type="checkbox"/> Other (please specify:_____) |
| <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) website | <input type="checkbox"/> Don't know/cannot recall |

Demographic Characteristics (All)

Thank you. Now we would like to know more about you.

43. Do you have children under the age of 5 years?

- Yes
 No
 Prefer not to answer

44. How would you describe your racial background? Select all that apply.

- White American Indian or Alaska Native
 Black or African American Other, please specify: _____
 Asian Prefer not to answer
 Native Hawaiian or Other Pacific Islander

45. Are you Hispanic or Latino?

- Yes
 No
 Prefer not to answer

46. What language do you primarily use at home (i.e., when speaking with family and friends)?

- English Portuguese
 Spanish Vietnamese
 Chinese (including Mandarin, Cantonese, and other Chinese languages) Other (please specify: _____)
 French Prefer not to answer

47. What is the highest grade of school you have completed, or the highest degree you have received?

- Some high school Bachelor's (4-year college) degree
 High school graduate (or equivalent) Master's degree
 Some college (1-4 years, no degree) Professional or doctoral degree (MD, JD, PhD, etc.)
 Associate or technical degree Prefer not to answer



Thank you for taking the time to participate in this important survey!