

I. Proposed New COVID-19 Intent to Vaccinate Questions

RECVDVACC

1. Have you received a COVID-19 vaccine?
-Yes – go to ALLDOSES
-No – skip to GETVACC

ALLDOSES

2. Did you receive (or do you plan to receive) all required doses?
Yes – skip to HADCOVID
No – go to WHYNOT

GETVACC

3. Once a vaccine to prevent COVID-19 is available to you, would you...
 - a. Definitely get a vaccine – skip to DIFFICULTGETVACC
 - b. Probably get a vaccine - ask WHYNOT
 - c. Probably NOT get a vaccine – ask WHYNOT
 - d. Definitely NOT get a vaccine – ask WHYNOT

WHYNOT:

4. Which of the following, if any, are reasons that you [are only probably likely to/probably won't/definitely won't] [get a COVID-19 vaccine/won't receive all required doses of the COVID-19 vaccine]? (*Select all that apply.*)

Scripter: randomize

- a. I am concerned about possible side effects of a COVID-19 vaccine
- b. I don't know if a COVID-19 vaccine will work
- c. I don't believe I need a COVID-19 vaccine – go to WHYNOT2
- d. I don't like needles
- e. I don't like vaccines
- f. My doctor has not recommended I get a COVID-19 vaccine
- g. I plan to wait and see if it is safe and may get it later
- h. I don't know how to get it
- i. I am concerned about the cost of a COVID-19 vaccine
- j. Other (please specify: _____) [ANCHOR]

WHYNOT2 (If don't believe I need a COVID-19 vaccine)

5. Why not? (mark all that apply)

Scripter: randomize

- a. I already had COVID-19
- b. I am not a member of a high-risk group
- c. I plan to use masks or other precautions instead
- d. I don't believe COVID-19 is a serious illness
- e. Other (please specify: _____) [ANCHOR]

HADCOVID:

6. Has a doctor or other health care provider ever told you that you have COVID-19?
Yes / No / Not sure

II. Items from Current Phase 3 Questionnaire Proposed for Deletion

Q14 Are you receiving pay for the time you are not working? *Select only one answer.* [\[TAF\(F1\)\]](#)

- Yes, I use paid leave
- Yes, I receive full pay but do not have to take leave
- Yes, I receive partial pay
- No, I receive no pay

Q14c Including yourself, how many people in your household received Unemployment Insurance (UI) benefits since **March 13, 2020**? *Please enter a number.* [\[TAF\(F1\)\]](#)

Q21d Were any of these trips canceled because of the coronavirus pandemic? Include trips you had not made travel reservations or arrangements for in your answer. *Select only one answer.* [\[TAF\(F1\)\]](#)

- Yes
- No

Q23 Getting enough food can also be a problem for some people. [\[JMF\(F1\)\]](#) Which of these statements best describes the food eaten in your household **before March 13, 2020**? *Select only one answer.*

- Enough of the kinds of food (I/we) wanted to eat
- Enough, but not always the kinds of food (I/we) wanted to eat
- Sometimes not enough to eat
- Often not enough to eat [\[JMF\(F2\)\]](#)

Q27b In which month(s) were SNAP or food stamp benefits received? *Select all that apply.*

- January 2020
- February 2020
- March 2020

Household Pulse Survey Non-Substantive Change Memorandum – December 22, 2020

Attachment B: Proposed Intent to Vaccinate Questions / Current Survey Questions Proposed for Deletion

- April 2020
- May 2020
- June 2020
- July 2020
- August 2020
- September 2020
- October 2020
- November 2020
- December 2020 [\[JMF\(F1\)\]](#)

Q30 How confident are you that your household will be able to afford the kinds of food you need for the **next four weeks**? *Select only one answer.*

- Not at all confident
- Somewhat confident
- Moderately confident
- Very confident [\[JMF\(F1\)\]](#)

Q31 Would you say your health in general is excellent, very good, good, fair, or poor? *Select only one answer.* [\[TAF\(F1\)\]](#)

- Excellent
- Very good
- Good
- Fair
- Poor