

# COVID-19 Public Education Media Opinions Survey

---

## Welcome

*// Display OMB number and exp in the bottom right off all screens //*

OMB No. XXXX-xxxx  
Exp. Date xx/xx/xxxx

You have been selected to take this survey about COVID-19. The primary purpose of this survey is to help assess, among a large group of U.S. adults, perceptions of potential COVID-19 public education media that looks like what you would see in an advertisement. The survey will also assess experience and behaviors, and trusted information sources related to COVID-19.

Most people take about 20 minutes to complete the survey.

As mentioned, this survey will show you potential COVID-19 media and then ask you some questions about it. The media will require you to listen and/or view the media content—please make sure you have the volume of your device turned to a level that will allow you to hear the content clearly.

We also have some additional information available to you about this survey. Select the additional pages you would like to read below, if any. You will then be shown a privacy statement before proceeding with the survey.

**[Checkbox]** Frequently Asked Questions

**[Checkbox]** Contact Us

Thank you for your time and participation.

**[Continue]**

For question or concerns about this survey, email: [TBDhelpdesk@tbd.com](mailto:TBDhelpdesk@tbd.com)

## Privacy Advisory

This survey does NOT collect or use personally identifiable information (PII) such as your name, date of birth, or contact information. Responding to this survey is voluntary. Your responses will be treated as confidential and will be maintained in a secure dataset. There is no penalty to you if you choose not to respond. However, we encourage you to answer all questions so that the data will be complete and will represent typical attitudes and beliefs of all Americans.



## Frequently Asked Questions (FAQ)

//FAQs should link to their corresponding page positions below. "TOP" buttons should link back to top of FAQ//

[Why is this study being conducted?](#)

[Why should I participate?](#)

[Do I have to answer all questions?](#)

[Can I save my answers and return to the survey later?](#)

[Will my answers be kept private?](#)

[Can I withdraw answers once I have started the survey?](#)

[What are the costs and benefits of participating?](#)

[How will my responses be used?](#)

[Will I see the results of the survey?](#)

### **Why is this study being conducted?** [Top](#)

- This study is being conducted to understand people's opinions of, experience with, and behaviors related to COVID-19 as well as reactions to advertisements about the COVID-19 vaccines.

### **Why should I participate?** [Top](#)

- You may learn more about COVID-19 and ways you can help slow its spread as a result of information you learn by taking part in this survey.

### **Do I have to answer all questions?** [Top](#)

- No, it is not necessary to answer every question. Your participation in this study is completely voluntary. This means that you are free to withdraw from this survey at any time or to skip any questions. There is no penalty to you if you choose not to respond.
- Some questions in this survey will ask about your personal experiences with COVID-19, which may be uncomfortable to answer. You have the right to skip these questions. Additionally, if you experience any distress taking this survey, you may contact the 1) SAMHSA Disaster Distress Helpline (1-800-985-5990) or the 2) Suicide Prevention Lifeline (1-800-273-8255), which both offer free 24/7 support services.
- At the bottom of your survey screen, you have two control buttons: *Continue* (>>), and *Previous* (<<). Use these buttons to navigate through the survey or skip questions.

### **Can I save my answers and return to the survey later?** [Top](#)

- Yes. If you exit the survey, your progress will be saved. To return to the survey, use the same survey link provided to you. When you return to the survey website, you will be directed to the place in the survey where you had

stopped. Use the control buttons, *Continue* (>>), and *Previous* (<<), to navigate through the survey to return to unanswered questions.

**Will my answers be kept private?** [Top](#)

Responses will remain private to the extent allowable by law. None of the information you provide will be used to contact you for or will be used in future research or distributed to another investigator for future studies. Survey responses will be aggregated (combined), and only group statistics will be reported. You will not be identified even if the results of this study are published.

**Can I withdraw answers once I have started the survey?** [Top](#)

- If you wish to withdraw your answers, please notify the survey helpdesk by sending an email to [TBDhelpdesk@tbd.com](mailto:TBDhelpdesk@tbd.com).

**What are the costs and benefits of participating?** [Top](#)

- There is no cost to you for participating in this study.
- This study is for research purposes only. There is no direct benefit to you for taking part in this study. Any compensation you receive is a small token to thank you for participating, if you choose to do so.
- If you decide to participate, you will receive \$XX for your time.

**How will my responses be used?** [Top](#)

- Your responses will be used to inform a public education campaign on scientifically proven behaviors on how to decrease COVID-19 infection rates. This is your chance to be heard on issues that directly affect you. While your survey responses will be kept confidential, summarized responses may be released to the public.

**Will I see the results of the survey?** [Top](#)

- Results from this study might appear in professional journals or scientific conferences or submitted in a report to Congress. No individual participants will be identified or linked to the results. We will not disclose your identity in any report or presentation.
- 

## Contact Us

If you have questions or concerns about this survey, please email [TBDhelpdesk@tbd.com](mailto:TBDhelpdesk@tbd.com).

An external institutional review board (IRB), which is an independent committee established to help protect the rights of research subjects, has approved this study.

If you have any questions about your rights as a research subject, and/or concerns or complaints regarding this research study, contact the IRB at:

By mail:

BRANY IRB  
1981 Marcus Avenue, Suite 210  
Lake Success, NY 11042

- Or call toll free: 516-470-6900
- Or by email: [info@brany.com](mailto:info@brany.com)

Please reference the following number when contacting the Study Subject Adviser: [20-069-821].

### **[TERMINATION LANGUAGE]**

We're sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible for this study. These reasons were decided earlier by the researchers. However, thank you for your interest in this study and for taking the time to answer our questions today.

## SAMPLE BALANCING

[**PROGRAMMING NOTE: DISPLAY TEXT**] This first series of questions is for informational purposes and to determine if you are qualified to participate in this study.

**Item #:** DEM1

**Question Type:** Single Punch

**Variable Name:** Gender

**Variable Text:** What is your gender?

**Variable Label:** Gender

**//PROGRAMMING NOTE: ROTATE RESPONSE OPTIONS 1-2//**

Value	Value Label
1	Man
2	Woman
3	Prefer to self-describe (please specify)
-99	Refused

**Item #:** DEM2

**Question Type:** Numeric Open End

**Variable Name:** ZIP Code

**Variable Text:** In what ZIP code do you live?

**Variable Label:** ZIP

**//PROGRAMMING NOTE: ONLY ALLOW FIVE DIGITS, CODE INTO STATE AND CENSUS REGIONS//**

**Item #:** DEM3

**Question Type:** Numeric Open End

**Variable Name:** Age

**Variable Text:** What is your age?

**Variable Label:** Age

**//PROGRAMMING NOTE: SET RANGE AS: 0-115, CONTINUE IF DEM3=18+, OTHERWISE DISPLAY TERMINATION LANGUAGE AND TERMINATE//**

**//PROGRAMMING NOTE: HARD PROMPT: Please enter your age in years using numbers.//**

**Item #:** DEM4

**Question Type:** Single Punch

**Variable Name:** Hispanic/Latino

**Variable Text:** Are you of Hispanic, Latino, or Spanish origin?

**Variable Label:** Hispanic/Latino Ethnicity

Value	Value Label
-------	-------------

<b>e</b>	
1	Yes
2	No
-99	Refused

**Item #:** DEM5

**Question Type:** Multi Punch

**Variable Name:** Race

**Variable Text:** What is your race? Please select all that apply.

**Variable Label:** Race

<b>Variable Name</b>	<b>Text</b>	<b>Variable Label</b>
RACE_1	White	RACE_1 WHITE
RACE_2	Black or African American	RACE_2 BLACK OR AFRICAN AMERICAN
RACE_3	American Indian or Alaska Native	RACE_3 AMERICAN INDIAN OR ALASKA NATIVE
RACE_4	Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)	RACE_4 ASIAN
RACE_5	Native Hawaiian or other Pacific Islander (e.g., Native Hawaiian Samoan, Chamorro, Tongan, Fijian, Marshallese)	RACE_5 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<b>Value</b>	<b>Value Label</b>
1	Yes
2	No
-99	Refused

**Item #:** DEM6

**Question Type:** Single Punch

**Variable Name:** Education

**Variable Text:** What is the highest level of school you have completed?

**Variable Label:** Education Completion

<b>Value</b>	<b>Value Label</b>
1	8th grade or less
2	9th grade
3	10th grade
4	11th grade
5	12th grade—no diploma
6	High school diploma
7	High school equivalent (GED)
8	Some college, no degree

9	Associate degree
10	Bachelor's degree
11	Master's degree
12	Professional or doctorate degree

**Item #:** DEM7

**Question Type:** Multi Punch

**Variable Name:** Employment Status

**Variable Text:** Which of the following best describes you? Please select all that apply.

**Variable Label:** Employment Status

Variable Name	Text	Variable Label
DEM7_1	Employed full-time	DEM7_1 EMPLOYED FULL
DEM7_2	Employed part-time	DEM7_2 EMPLOYED PART
DEM7_3	Self-employed	DEM7_3 SELF-EMPLOYED
DEM7_4	Not employed, but looking for work	DEM7_4 LOOKING
DEM7_5	Not employed, and not looking for work	DEM7_5 NOT LOOKING
DEM7_6	Student	DEM7_6 STUDENT
DEM7_7	Retired	DEM7_7 RETIRED
DEM7_8	Other [Specify]	DEM7_8 OTHER

Value	Value Label
1	Yes
2	No
-99	Refused

**Item #:** DEM8

**Question Type:** Multi Punch

**Variable Name:** Employment Type

**Variable Text:** In the last five years, have you or a member of your immediate family worked in any of the following fields, companies, or organizations? Select all that apply.

**Variable Label:** Employment Type

**//PROGRAMMING NOTE: IF YES TO OPTIONS 1-4, DISPLAY TERMINATION LANGUAGE AND TERMINATE//**

Variable Name	Text	Variable Label
DEM8_1	Market or public opinion research	DEM8_1 MARKETING
DEM8_2	An advertising, public relations, or marketing agency	DEM8_2 ADVERTISING



DEM8_3	News, radio, TV, print, media	DEM8_3 MEDIA
DEM8_4	For the U.S. Federal government	DEM8_4 US GOVT
DEM8_5	As a healthcare provider or medical professional (e.g., physician, nurse)	DEM8_5 HEALTH
DEM8_6	At a healthcare company	DEM8_6 HEALTHCARE
DEM8_7	None of these	DEM8_7 NONE

Value	Value Label
1	Yes
2	No
-99	Refused

**Item #:** DEM9

**Question Type:** Single Punch

**Variable Name:** Camera

**Variable Text:** In order to participate, you need to have a desktop or laptop computer with a working web camera and be sitting in a well-lit area. You will also need to consent to be recorded during the survey. Will you be able to meet these requirements?

**Variable Label:** Camera

**//PROGRAMMING NOTE: IF DEM9=2, DISPLAY TERMINATION LANGUAGE AND TERMINATE//**

Value	Value Label
1	Yes
2	No
-99	Refused

**Item #:** BEH4

**Question type:** Single punch

**Variable Name:** BEH4

**Variable Text:** Have you participated in COVID-19 vaccine clinical trial?

**Variable Label:** BEH4: COVID-19 vaccine clinical trial participation

**//PROGRAMMING NOTE: IF BEH4=1, DISPLAY TERMINATION LANGUAGE AND TERMINATE//**

Value	Value Label
0	No
1	Yes
-99	Refused

## INTEREST AND INTENTIONS TO RECEIVE A COVID-19 VACCINE

[**PROGRAMMING NOTE: DISPLAY TEXT**] The following questions will ask about your actions and beliefs about COVID-19 vaccine(s). The U.S. Food and Drug Administration (FDA) has authorized vaccines that protect against COVID-19, and we want to learn more about your beliefs and plans related to this vaccine. For the following questions, please assume there are enough vaccines so that everyone who wants a COVID-19 vaccine can get one.

**Item #:** BEH0

**Question type:** Single punch

**Variable Name:** BEH0

**Variable Text:** A Food and Drug Administration (FDA)-authorized vaccine to prevent COVID-19 is now available at no cost. Have you received a COVID-19 vaccine?

**Variable Label:** BEH0: Intention to get vaccinated

**//PROGRAMMING NOTE: IF BEH0=2, DISPLAY TERMINATION LANGUAGE AND TERMINATE//**

Value	Value Label
0	No, I have not received a COVID-19 vaccine
1	Yes, but I have only received one shot out of two required shots
2	Yes, I have received all of my required shots
-99	Refused

**Item #:** BEH1

**Question type:** Single punch

**Variable Name:** BEH1

**Variable Text:** What is the likelihood you will get a COVID-19 vaccine?

**Variable Label:** BEH1: Intention to get vaccinated

**// PROGRAMMING NOTE: Ask if BEH0 (Intention to get vaccinated) = 0**

**"No..." or 1 "Yes, but I have only received one shot..." or -99 "Refused" //**

**// PIPE: "complete COVID-19 vaccination" to replace "get a COVID-19 vaccine" if BEH0 = 1 //**

Value	Value Label
1	Very unlikely
2	Somewhat unlikely
3	Neither likely nor unlikely
4	Somewhat likely
5	Very likely
-99	Refused

**Item #:** BEH2

**Question type:** Single punch

**Variable Name:** BEH2

**Variable Text:** A Food and Drug Administration (FDA)-authorized vaccine to prevent COVID-19 is now available at no cost. How soon will you get vaccinated? *For this question, assume there is enough vaccine so that everyone who wants it can get it.*

**Variable Label:** BEH2: Wait to get vaccinated

Value	Value Label
1	I would get a vaccine as soon as I could
2	I would wait to get a vaccine for one or
3	I would never get a COVID-19 vaccine
-99	Refused
-100	Valid skip

**Item #:** BEH3

**Question type:** Grid

**Variable Name:** BEH3

**Variable Text:** You responded that you would wait to get a COVID-19 vaccine. For each of the following statements, is this a reason why you would wait to get a COVID-19 vaccine? *Select yes or no for each item.*

**Variable Label:** BEH3: Reasons: Waiting to get vaccinated

**//PROGRAMMING NOTE: Ask if BEH2 (Wait to get vaccinated) = 2 (I would wait to get a vaccine for one or more reasons)//**

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
BEH3_1	I would because of my age.	BEH3_1: Age
BEH3_2	I would because of my health status, allergies, or medical history.	BEH3_2: Health
BEH3_3	I would want to know if the vaccine is effective first.	BEH3_3: Confirm effectiveness
BEH3_4	I am pregnant or expect to become pregnant.	BEH3_4: Pregnant
BEH3_5	I would want to talk to my doctor first.	BEH3_5: Talk to doctor first
BEH3_6	I would want to compare the effectiveness of the different vaccines.	BEH3_6: Compare vaccines
BEH3_7	I would want to see if my friends and family get the vaccine.	BEH3_7: Friends/family
BEH3_8	I would want to see if others who get the vaccine first develop any problems.	BEH3_8: Side effects

BEH3_9	I want to make sure it is safe for people like me first.	BEH3_9: Confirm safety
BEH3_10	I would want to hear from leaders in my community about the vaccine first.	BEH3_10: Hear from leaders
BEH3_11	Other [Specify]	BEH3_11: Other

Value	Value Label
0	No
1	Yes
-99	Refused
-100	Valid skip

**Item #:** BEH3A

**Question Type:** Grid

**Variable Name:** BEH3A

**Variable Text:** You indicated that you would wait to get a vaccine because of your health status, allergies, or medical history. Has a health care provider (e.g., primary care doctor) ever told you that you have any of the following conditions? *Select yes or no for each item.*

**Variable Label:** BEH3A: Health concerns

**//PROGRAMMING NOTE: Ask if BEH3\_2 (I would because of my health status, allergies, or medical history) = 1 (Yes)//**

**// PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
BEH3A_1	High blood pressure or hypertension	BEH3A_1: High blood pressure
BEH3A_2	Diabetes or high blood sugar	BEH3A_2: Diabetes
BEH3A_3	High blood cholesterol level	BEH3A_3: High cholesterol
BEH3A_4	Cancer or a malignant tumor, excluding minor skin cancer	BEH3A_4: Cancer
BEH3A_5	Lung disease such as chronic bronchitis or emphysema	BEH3A_5: Lung disease
BEH3A_6	A heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems	BEH3A_6: Heart attack
BEH3A_7	A stroke	BEH3A_7: Stroke
BEH3A_8	Asthma	BEH3A_8: Asthma
BEH3A_9	A compromised immune system	BEH3A_9: Compromised immune system
BEH3A_10	Overweight or obesity	BEH3A_10: Overweight/obesity
BEH3A_11	Allergies	BEH3A_11: Allergies
BEH3A_12	Other health concerns, please specify:	BEH3A_12: Other

	[TEXTBOX]	
BEH3A_13	None of the above	BEH3A_13: None of the above

Value	Value Label
0	No
1	Yes
-99	Refused
-100	Valid skip

**Item #:** BEH3B

**Question Type:** Grid

**Variable Name:** BEH3B

**Variable Text:** You indicated that you have allergies. Has a health care provider (e.g., primary care doctor) ever told you that you are allergic to any of the following? *Select yes or no for each item.*

**Variable Label:** BEH3B: Allergies

// **PROGRAMMING NOTE: Ask if BEH3A\_11 (Allergies) = 1 (Yes).** //

// **PROGRAMMING NOTE: Randomize subitems**//

Variable Name	Variable Text	Variable Label
BEH3B_1	Pollen (e.g., seasonal allergies)	BEH3B_1: Seasonal
BEH3B_2	Milk	BEH3B_2: Milk
BEH3B_3	Nuts (e.g., peanuts, tree nuts)	BEH3B_3: Nuts
BEH3B_4	Eggs	BEH3B_4: Eggs
BEH3B_5	Wheat	BEH3B_5: Wheat
BEH3B_6	Mold	BEH3B_6: Mold
BEH3B_7	Pets (e.g., dogs, cats)	BEH3B_7: Pets
BEH3B_8	Penicillin or other antibiotics	BEH3B_8: Antibiotics
BEH3B_9	Other, please specify: [TEXTBOX]	BEH3B_9: Other
BEH3B_10	None of the above	BEH3B_10: None of the above

Value	Value Label
0	No
1	Yes
-99	Refused
-100	Valid skip

**Item #:** ATT1

**Question Type:** Grid

**Variable Name:** ATT1

**Variable Text:** How much do you agree or disagree with the following statements? *Select one response for each item.*

**Variable Label:** ATT1: Importance: Vaccines  
**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
ATT1_1	It is important for me to get all recommended COVID-19 vaccines.	ATT1_1: Important for me to get all recommended COVID-19 vaccines
ATT1_2	It is important for everyone to get all recommended COVID-19 vaccines.	ATT1_2: Important for everyone to get all recommended COVID-19 vaccines
ATT1_3	Getting all recommended vaccines helps to reduce the spread of COVID-19.	ATT1_3: Getting all recommended vaccines helps to reduce COVID-19

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused

**Item #:** ATT9

**Question Type:** Grid

**Variable Name:** ATT9

**Variable text:** How much do you agree or disagree with the following statements about COVID-19? *Select one response for each item.*

**Variable Label:** ATT9: COVID vaccine worries

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
ATT9_1	I would accept a COVID-19 vaccine offered during a regularly scheduled appointment with my health care provider.	ATT9_1: Regular appointment
ATT9_2	I am worried that a COVID-19 vaccine could give me COVID-19.	ATT9_2: Worried vaccine will give me COVID-19
ATT9_3	I would rather build immunity by exposure to an infected individual than receive a COVID-19 vaccine.	ATT9_3: Immunity by exposure

ATT9_4	I would get a COVID-19 vaccine if it would help life return to normal more quickly.	ATT9_4: Life return normal
ATT9_5	I am worried about side effects of a COVID-19 vaccine for myself.	ATT9_6: Worried about side effects
ATT9_6	I am worried that side effects of a COVID-19 vaccine could be worse than COVID-19 itself.	ATT9_7: Side effects worse than COVID-19

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused

**Item #:** ATT10

**Question Type:** Grid

**Variable Name:** ATT10

**Variable text:** How much do you agree or disagree with the following statements?

*Select one response for each item.*

**Variable Label:** ATT10: Returning to norms

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
ATT10_1	A COVID-19 vaccine will allow me to spend more time with my loved ones.	ATT10_1: More time with loved ones
ATT10_2	A COVID-19 vaccine will allow me to return to normal day-to-day activities.	ATT10_2: Normal day-to-day activities
ATT10_3	A COVID-19 vaccine will improve the economy	ATT10_3: Improve the economy
ATT10_4	A COVID-19 vaccine will allow schools and businesses to reopen.	ATT10_4: Allow schools/businesses to reopen
ATT10_5	The benefits of a COVID-19 vaccine outweigh any risks associated with it.	ATT10_5: Benefits of vaccine outweigh risks

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree

4	Agree
5	Strongly agree
-99	Refused

**Item #:** ATT6

**Question Type:** Grid

**Variable Name:** ATT6

**Variable Text:** How much do you agree or disagree that each of the following actions are effective at keeping you safe from COVID-19? *Select one response for each item.*

**Variable Label:** ATT6: Perceived effectiveness

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Text
ATT6_1	Wearing a face mask	ATT6_1: Wearing face mask
ATT6_2	Washing your hands	ATT6_2: Washing hands
ATT6_3	Maintaining social distance	ATT6_3: Maintaining social distance
ATT6_4	Receiving a COVID-19 vaccine	ATT6_4: Receiving vaccine

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused

**Item #:** ATT12

**Question Type:** Grid

**Variable Name:** ATT12

**Variable Text:** How much do you agree or disagree with the following statements? *Select one response for each item.*

**Variable Label:** ATT12: Severity of COVID

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
ATT12_1	Concerns regarding COVID-19 are overblown.	ATT12_1: Concerns are overblown
ATT12_2	There is currently too much panic around COVID-19.	ATT12_2: Too much panic
ATT12_3	COVID-19 is not as dangerous as the media claim.	ATT12_3: Not as dangerous as media



		claims
ATT12_4	People should not be worried about COVID-19.	ATT12_4: People shouldn't be worried about COVID-19
ATT12_5	I will go to the hospital if I get infected.	ATT12_5: Will go to hospital if infected
ATT12_6	Someone in my social circle (family, friends, colleagues) will die if they are infected.	ATT12_6: Someone in social circle will die if infected

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused

**Item #:** ATT13/ATT14

**Question Type:** Grid

**Variable Text:** How much do you agree or disagree with the following statements?

*Select one response for each item.*

**//PROGRAMMING NOTE: Rotate subitems//**

Variable Name	Variable Text	Variable Label
ATT13_1	People who are important to me believe that I should <u>receive a COVID-19 vaccine</u> when it is available.	ATT13_1: Receive a vaccine
ATT14_1	Getting all recommended vaccines is the right thing to do.	ATT14_1: Get all recommended vaccines

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused

**Item #:** TRAITS

**Question Type:** Grid

**Variable text:** When considering getting the COVID-19 vaccine, how important is it to you personally that each of the following describes the vaccine? *Select one response for each item.*

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
TRAITS_1	Safe	Traits_1: Safe
TRAITS_2	Effective	Traits_2: Effective
TRAITS_3	Approved	Traits_3: Approved
TRAITS_4	Authorized	Traits_4: Authorized
TRAITS_5	Tested	Traits_5: Tested
TRAITS_6	Reviewed	Traits_6: Reviewed
TRAITS_7	Protects you from getting COVID-19	Traits_7: Protect me
TRAITS_8	Free	Traits_8: Free
TRAITS_9	Convenient to get	Traits_9: Convenient
TRAITS_10	Is recommended by healthcare providers	Traits_10: RecHCP
TRAITS_11	Others in your community have received the vaccine	Traits_11: Othersreceived
TRAITS_12	Is recommended by people you trust	Traits_12: RecOthers

Value	Value Label
1	Not important at all
2	Not too important
3	Somewhat important
4	Very important
5	Extremely important
-99	Refused

## CREATIVE TESTING

**[PROGRAMMING NOTE: DISPLAY TEXT]** Now, you are going to see some of the COVID-19 public education media. Then, we will ask you some questions about what you viewed.

We will be using eye-tracking software to help us better understand what elements in the ad catch your attention. Please be sure you are sitting in a well-lit area where the light source is facing you with your computer on a flat surface, and your computer web camera is turned on.

Click the continue button when you are ready to view the message and additional instructions for using your web camera. You will automatically proceed to the next screen once the message is finished.

**//SHOW RANDOMLY ASSIGNED AD//**

**//RANDOMIZE ORDER OF ADS SHOWN//**

**//DISPLAY THIS SET OF QUESTIONS AFTER EACH AD VIEWED, UPDATE THE XX WITH AD CODE//**

**Item #:** ADXX1

**Question type:** Single punch

**Variable Name:** ADXX11

**Variable Text:** Were you able to see this ad on your computer?

**Variable Label:** ADXX1: Viewing confirmation

Value	Value Label
0	No [ <b>GO TO DEMOS AND TERMINATE</b> ]
1	Yes
-99	Refused [ <b>GO TO DEMOS AND TERMINATE</b> ]

**//PROGRAMMING NOTE: SHOW ONLY IF PRINT/VIDEO AD//**

**Item #:** ADXX2

**Question type:** Single punch

**Variable Name:** ADXX2

**Variable Text:** Were you able to hear this ad on your computer?

**Variable Label:** ADXX2: Viewing confirmation

**//PROGRAMMING NOTE: SHOW ONLY IF RADIO/VIDEO AD//**

Value	Value Label
0	No [ <b>GO TO DEMOS AND TERMINATE</b> ]
1	Yes
-99	Refused [ <b>GO TO DEMOS AND TERMINATE</b> ]

**Item #:** ADXX11

**Question type:** Single punch

**Variable Name:** ADXX11

**Variable Text:** Had you seen this advertisement before today?

**Variable Label:** ADXX1: Exposure

Value	Value Label
0	No
1	Yes
2	Unsure
-99	Refused

**Item #:** ADXX3

**Question type:** Open-end

**Variable Name:** ADXX3

**Variable Text:** What was the main message of this ad? Please be as specific as possible.

**Variable Label:** ADXX3: OE comprehension

**//Limit to 1,000 characters. //**

**Item #:** ADXX4

**Question type:** Single punch

**Variable Name:** ADXX4

**Variable Text:** How difficult was it, if at all, to understand the main message of this ad?

**Variable Label:** ADXX4: Difficulty of ad

Value	Value Label
1	Not at all difficult
2	Slightly difficult
3	Moderately difficult
4	Very difficult
5	Extremely difficult
-99	Refused

**Item #:** ADXX5

**Question type:** Single punch

**Variable Name:** ADXX5

**Variable Text:** How complicated would you say the information in the message was, if at all?

**Variable Label:** ADXX5: Complicated

Value	Value Label
1	Not at all complicated
2	Slightly complicated
3	Moderately complicated
4	Very complicated
5	Extremely complicated
-99	Refused

**Item #:** ADXX6

**Question type:** Single punch

**Variable Name:** ADXX6

**Variable Text:** How believable, if at all, do you find this message?

**Variable Label:** ADXX6: Believability

Value	Value Label
1	Not at all believable
2	Not too believable
3	Somewhat believable
4	Very believable
5	Extremely believable
-99	Refused

**Item #:** ADXX10

**Question type:** Single punch

**Variable Text:** How much do you agree or disagree with the following statements?

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
ADXX10_1	This message is for everyone, including me.	ADXX10_1: People like me
ADXX10_2	This message grabbed my attention.	ADXX10_2: Attention
ADXX10_3	This message is powerful.	ADXX10_3: Powerful
ADXX10_4	This message is worth remembering.	ADXX10_4: Remember
ADXX10_5	This message is informative.	ADXX10_5: Informative
ADXX10_6	This message is meaningful to me.	ADXX10_6: Meaningful
ADXX10_7	This message is convincing as a reason to get a COVID-19 vaccine when it is available to me.	ADXX10_7: Convincing
ADXX10_8	This message told me something new.	ADXX10_8: New

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused
-100	Valid skip

**Item #:** ADXX7

**Question Type:** Grid

**Variable Text:** Based on the information in the messages, please indicate whether you think each of the following is true of a Food and Drug Administration (FDA)-authorized COVID-19 vaccine. *Select one response for each item.*

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
ADXX7_1	A vaccine will protect me from COVID-19.	ADXX7_1: Protect
ADXX7_2	A vaccine reduces the likelihood that I will get COVID-19.	ADXX7_2: Likelihood
ADXX7_3	A COVID-19 vaccine is safe for me.	ADXX7_3: Safe
ADXX7_4	A COVID-19 vaccine is effective for preventing COVID-19.	ADXX7_4: Effective
ADXX7_5	By getting a COVID-19 vaccine, I am helping keep myself healthy.	ADXX7_5:My_Health
ADXX7_6	By getting a COVID-19 vaccine, I am helping keep my loved ones healthy.	ADXX7_6: Loved_Ones_Health
ADXX7_7	By getting a COVID-19 vaccine, I am helping keep my community healthy.	ADXX7_7: Community_Health
ADXX7_8	Getting a COVID-19 vaccine is important to helping ensure my family's culture and traditions live on.	ADXX7_8: Culture
ADXX7_9	Getting the COVID-19 vaccine will help get us one step closer to normal.	ADXX7_9: Normal
ADXX7_10	Getting a COVID-19 vaccine will help keep me healthy so I can provide for my loved ones.	ADXX7_10: Provide
ADXX7_11	The COVID-19 vaccine is thoroughly reviewed to make sure the vaccine's benefits outweigh any possible risks.	ADXX7_11: RiskBen
ADXX7_12	A few days of feeling flu-like symptoms is worth the benefit of being protected against COVID-19.	ADXX7_12: Flu

Value	Value Label
1	True
2	False
3	Don't Know
-99	Refused

**Item #:** ADXX8

**Question type:** Grid

**Variable Text:** How likely are you to do each of the following?

**//PROGRAMMING NOTE: Randomize subitems//**

Variable	Variable Text	Variable Label
----------	---------------	----------------

Name		
ADXX 8_1	Look for more information about the COVID-19 vaccine	ADXX 8_1: More_Info
ADXX8_2	Get a COVID-19 vaccine at no cost	ADXX 8_2: Vaccine
ADXX8_3	Visit cdc.gov/coronavirus for more information	ADXX 8_3: Website
ADXX 8_4	Talk to your doctor about the COVID-19 vaccine	ADXX 8_4: Doctor
ADXX 8_5	Other [Specify]	ADXX 8_5: Other

Value	Value Label
1	Very unlikely
2	Somewhat unlikely
3	Neither
4	Somewhat likely
5	Very likely
-99	Refused

**Item #:** ADXX8\_2A

**Question type:** Open-end

**Variable Name:** ADXX8\_2A

**Variable Text:** You said you were **[PIPE ANSWER FROM ADXX8\_2]** to get a COVID-19 vaccine. Please describe the main reasons why you are **[PIPE ANSWER FROM ADXX8\_2]** to get a COVID-19 vaccine.

**Variable Label:** ADXX8\_2A: OE Vaccine

**//Limit to 1,000 characters. Cannot skip this question//**

**Item #:** ADXX9

**Question type:** Single punch

**Variable Name:** ADXX9: Efficacy

**Variable Text:** How likely is it that a Food and Drug Administration (FDA)-authorized COVID-19 vaccine would reduce your risk of getting the disease?

**Variable Label:** ADXX9: Efficacy

Value	Value Label
1	Very unlikely
2	Somewhat unlikely
3	Neither
4	Somewhat likely
5	Very likely

-99	Refused
-----	---------

## TRUSTED MESSENGERS

[**PROGRAMMING NOTE: DISPLAY TEXT**] The following questions are about your trust in individuals in science, research, medical fields, and government.

**Item #:** SCI2

**Question Type:** Grid

**Variable Name:** SCI2

**Variable Text:** How much do you agree or disagree with the following statements regarding government public health experts? A government public health expert is a person with a degree and career in protecting and promoting community health that works for a government agency such as the CDC or the FDA. *Select one response for each item.*

**Variable Label:** SCI2: Trust in government

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
SCI2_1	I trust the information I receive from government public health experts	SCI2_1: Trust experts
SCI2_2	Government public health experts have their own agenda	SCI2_2: Experts have agenda
SCI2_3	Government public health experts have my best interests in mind	SCI2_3: Experts have my best interests in mind
SCI2_4	Information provided by government public health experts changes too often for me <b>[Reverse coded]</b>	SCI2_4: Information from experts changes too often
SCI2_5	Information provided by governmental public health experts has been helpful to me in the past	SCI2_5: Information from experts has been helpful
SCI2_6	I have been misled by government public health experts in the past <b>[Reverse coded]</b>	SCI2_6: Misled by experts

Value	Value Label
1	Strongly disagree



2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused

**Item #:** CAM21

**Question Type:** Grid

**Variable Name:** CAM21

**Variable Text:** How much do you trust each of the following sources to provide accurate COVID-19 information? *Select one response for each item.*

**Variable Label:** CAM22: Trust sources on COVID

**//PROGRAMMING NOTE: Randomize subitems//**

Variable	Variable Text	Variable Label
CAM21_1	Official U.S. government websites	CAM21_1: Official
CAM21_2	The President of the United States/The White House	CAM21_2: President/White
CAM21_3	U.S. Department of Health and Human Services (HHS)	CAM21_3: HHS
CAM21_4	U.S. Food and Drug Administration	CAM21_4: FDA
CAM21_5	World Health Organization (WHO)	CAM21_5: WHO
CAM21_6	U.S. Centers for Disease Control and Prevention (CDC)	CAM21_6: CDC
CAM21_8	The Surgeon General of the United States	CAM21_8: Surgeon General
CAM21_9	My State, County, or City health department	CAM21_9: State/County/ City
CAM21_10	My State Governor	CAM21_10: Governor
CAM21_11	National Institute of Health (NIH)	CAM21_11: NIH
CAM21_12	U.S. Military/Department of Defense	CAM21_12: DoD
CAM21_13	My personal doctor or family physician	CAM21_13: Doctor
CAM21_14	My friends/family who are doctors or other health care professionals	CAM21_14: Friends_Dr
CAM21_15	My friends/family who are not doctors or other health care professionals	CAM21_15: Friends_NonDr

Value	Value Label
1	Not at all

2	Somewhat
3	Mostly
4	Completely
-99	Refused

## COVID-19 EXPERIENCE

[**PROGRAMMING NOTE: DISPLAY TEXT**] The following questions are about your experience with COVID-19.

**Item #:** COV8

**Question type:** Grid

**Variable Name:** COV8

**Variable Text:** For each of the following statements, have you experienced the following? *Select yes or no for each item.*

**Variable Label:** COV8: Tested: Reasons

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
COV8_1	I have tested positive for COVID-19	COV8_1: I tested positive
COV8_2	An immediate member of my household has tested positive for COVID-19	COV8_2: Household member tested positive
COV8_3	An extended family member outside of my household has tested positive for COVID-19	COV8_3: Extended family member tested positive
COV8_4	A friend outside of my household has tested positive for COVID-19	COV8_4: Friend tested positive
COV8_5	A roommate who lives with me has tested positive for COVID-19	COV8_5: Roommate tested positive
COV8_6	A coworker has tested positive for COVID-19	COV8_6: Coworker tested positive
COV8_7	A friend of a friend has tested positive for COVID-19	COV8_7: Friend of a friend tested positive
COV8_8	I do not know anyone who has tested positive for COVID-19	COV8_8: Don't know anyone who tested positive

Value	Value Label
0	No
1	Yes
60	I do not want to share this information
-99	Refused

**Item #:** COV13

**Question type:** Single punch

**Variable Name:** COV13

**Variable Text:** How severe was your COVID-19 infection?

**Variable Label:** COV13: Severity of COVID

// Ask if Q COV8\_1 (I tested positive) = 1 (Yes)//

Value	Value Label
1	No symptoms/mild symptoms
2	Moderate symptoms, but did not seek health care
3	Moderate symptoms and sought health care
4	Severe symptoms/hospitalization
-99	Refused
-100	Valid skip

**Item #:** COV14

**Question type:** Single punch

**Variable Name:** COVXX

**Variable Text:** How much do you agree or disagree that you are fully recovered from your COVID-19 infection?

**Variable Label:** COV14: recovered from COVID

// Ask if Q COV8\_1 (I tested positive) = 1 (Yes)//

Value	Value Label
1	Strongly disagree
2	Disagree
3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	Refused
-100	Valid skip

**Item #:** COV15

**Question type:** Single punch

**Variable Name:** COV15

**Variable Text:** Do you know anyone who has been hospitalized with COVID-19?

**Variable Label:** COV15: Hospitalized for COVID

Value	Value Label
0	No
1	Yes
60	I do not want to share this information
-99	Refused

**FINAL DEMOS**

[**PROGRAMMING NOTE: DISPLAY TEXT**] These final questions are about your background, which may be important when understanding your COVID-19 experience.

**Item #:** DEM10

**Question Type:** Single Punch

**Variable Name:** ESS\_SERVICE

**Variable Text:** Does where you work (e.g., state/territory) designate your occupation as providing “essential” services? “Essential” may vary depending on where you live, but may include those who provide:

- Public health and safety (janitors and cleaners, registered nurses, police and sheriff’s patrol officers, physicians and surgeons, EMT’s and paramedics, pharmacists)
- Essential products (cashiers, hand laborers and freight/stock/material movers, delivery truck drivers and driver/sales workers, agricultural workers, food processing workers, postal service workers)
- Other infrastructure support (general maintenance and repair workers, engineers, electricians, computer support specialists, financial managers, plant and system operators, information security analysts, hazard materials removal workers)

**Variable Label:** DEM10: Essential service status

// **PROGRAMMING NOTE: Ask if employed (DEM7\_1-3 = 1) //**

Value	Value Label
1	No
2	Yes
-99	Refused
-100	Valid skip

**Item #:** DEM11

**Question Type:** Open-End Numeric

**Variable Name:** HOUSEHOLD\_UNDER18

**Variable Text:** How many people under 18 years-old currently live in your household? *Please enter a number.*

**Variable Label:** DEM11: Number of minors living in household

// **PROGRAMMING NOTE: Response must be a numerical number between 0-99. //**

--

**Item #:** DEM12

**Question Type:** Open-end numeric

**Variable Name:** OTH\_ESSERVICE

**Variable Text:** How many people in your household, excluding yourself, work in occupations that are designated as providing “essential” services? “Essential” may vary depending on where you live, but may include those who provide:

- Public health and safety (janitors and cleaners, registered nurses, police and sheriff's patrol officers, physicians and surgeons, EMT's and paramedics, pharmacists)
- Essential products (cashiers, hand laborers and freight/stock/material movers, delivery truck drivers and driver/sales workers, agricultural workers, food processing workers, postal service workers)
- Other infrastructure support (general maintenance and repair workers, engineers, electricians, computer support specialists, financial managers, plant and system operators, information security analysts, hazard materials removal workers)

**Variable Label:** DEM12: Number of essential workers in household (excluding self)

**// PROGRAMMING NOTE: Response must be a numerical number between 0-99. //**

--

**Item #:** DEM13

**Question Type:** Single Punch

**Variable Name:** INCOME

**Variable Text:** Last year, that is in [2019/2020/2021], what was your total household income from all sources, before taxes?

**Variable Label:** DEM13: Family income

Value	Value Label
1	Less than \$15,000
2	\$15,000 to \$24,999
3	\$25,000 to \$34,999
4	\$35,000 to \$49,999
5	\$50,000 to \$74,999
6	\$75,000 to \$99,999
7	\$100,000 to \$149,999
8	\$150,000 to \$199,999
9	\$200,000 and over
-99	Don't know/Refused

**Item #:** DEM14

**Question Type:** Single Punch

**Variable Name:** Health\_Insurance

**Variable Text:** Are you now covered by any form of health insurance or health plan? A health plan would include any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid.

**Variable Label:** DEM14: Health\_Insurance

Value	Value Label
0	No
1	Yes
2	Unsure

-99	Refused
-----	---------

**Item #:** DEM15

**Question Type:** Single Punch

**Variable Name:** Insurance\_Type

**Variable Text:** Which of the following is your main source of health insurance coverage?

**Variable Label:** DEM15: Insurance\_Type

**// Programming Note: Ask if DEM14 (Health Insurance) = 1 (Yes). //**

Value	Value Label
0	A plan through your employer
1	A plan through your spouse's employer
2	A plan you purchased yourself directly from an insurance company
3	Medicare or Medicaid
4	Some other source
5	Unsure
-99	Refused

**Item #:** DEM16

**Question Type:** Single Punch

**Variable Name:** Political\_View

**Variable Text:** In general, do you think of yourself as...?

**Variable Label:** DEM16: Political\_View

**// Programming Note: For half of participants, show reverse order for answer options. //**

Value	Value Label
1	Extremely liberal
2	Liberal
3	Slightly liberal
4	Moderate, middle of the road
5	Slightly conservative
6	Conservative
7	Extremely conservative
-99	Refused