OMB Control No. 0910-0695 Expiration date: 3/31/2024

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0695 and the expiration date is 3/31/2024. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information.

FDA RAPID – MESSAGE #29 COVID Vaccine Q&A and Videos

Introduction

Westat is conducting forty-five minute online interviews on behalf of the U.S. Food and Drug Administration, or FDA. You will be asked about your opinions about health information. To make sure you are a good fit for the interview, please answer the questions below.

BLUE ARROWS AND LANGUAGE INDICATE PROGRAMMING INFORMATION. PARTICIPANTS WILL NOT SEE THIS LANGUAGE.

1. Wha	at is	your age?						
	0	Under 18 → INELIG	IBLE					
	0	18 to 24						
	0	25 to 34						
	0	35 to 44						
	0	O 45 to 54						
	0	5 55 or older						
2. Do :	you	, or does any member of your household o	or immediate family work?					
	0	For a market research company	→ INELIGIBLE					
	0	For an advertising agency, communications, or public relations firm						
		INELIGIBLE						
	0	In the media (TV, radio, newspapers, magaz	zines) → INELIGIBLE					
	0	As a healthcare professional (doctor, nurse, pharmacist, medical assistant, dieticiar						
		etc.)	→ INELIGIBLE					
	0	In a healthcare position or for a health organization (health consultant, health						
		advocacy, state or local health department, U.S. Department of Health and Human						
		Services or any of its agencies)	→ INELIGIBLE					
	0	In the pharmaceutical industry	→ INELIGIBLE					

3. Are you a parent or caregiver of any children under age 16 living in your household?

- O Yes, one child→ GO TO Q3O Yes, multiple children→ GO TO Q4
- O No → GO TO Q9 (note to include some women of

childbearing age in the quota skip pattern)

3. [For parents/caregivers with one child] As of today, please check off the current age of the child under age 16 living in your household for whom you are a parent or caregiver:

- O 0 4 → INELIGIBLE
- O 5 9 → GO TO Q5
- **O** 10 -11 **→** INELIGIBLE
- O 12 15 → GO TO Q5
- O 16+ → INELIGIBLE

4. [For parents/caregivers with multiple children] As of today, please check off the ages of the children under 16 living in your household for whom you are a parent or caregiver:

- □ 0 4 → INELIGIBLE (IF 5-9 or 12-15 is not selected)
- □ 5 9 **→** GO TO Q6
- □ 10 -11 → INELIGIBLE (IF 5-9 or 12-15 is not selected)
- □ 12 15 → GO TO Q6
- □ 16+ → INELIGIBLE (IF 5-9 or 12-15 is not selected)

5. [If Q3=one child in the range of 5-9 or 12-15] Since February 2022, has your child tested positive for COVID-19 or have you had a time where you were pretty sure your child had COVID-19 even if they were not tested?

- O Yes → GO TO Q7
- O No → GO TO Q7

6. [If Q4=multiple children in range of 5-9 or 12-15] Since February 2022, have any of your children tested positive for COVID-19 or have you had a time where you were pretty sure any of your children had COVID-19 even if they were not tested?

- O Yes
- O No

7. Has yo vaccine?	our child or any of your children completed the US-authorized COVID-19						
0	Yes → GO TO Q12						
0	O No → GO TO Q8						
8. [If Q7=	No (not vaccinated)] Do you plan to get your child/children vaccinated for						
COVID-19	?						
0	Yes → GO TO Q12						
0	No → GO TO Q12						
0	Unsure→ GO TO Q12						
	No, they have no children] Since February 2022, have you tested positive for or been pretty sure you had COVID-19 even if you were not tested?						
	O Yes						
	O No						
10. [If Q2:	=No, they have no children] Which of the following have you done?						
a.	Completed a US-authorized COVID-19 vaccine → GO TO Q12 (Quota: 4 of 10)						
b.	Completed a US-authorized COVID-19 vaccine and a BOOSTER DOSE → GO TO						
	Q12 (Quota: 3 of 10)						
C.	Neither initiated nor completed a COVID-19 vaccine → GO TO Q11 (Quota: 3 of 10)						
11. [If Q10	D=c (not vaccinated)] Do you plan to get vaccinated for COVID-19?						
0	Yes						
0	No						
0	Unsure						
12. What	is the highest grade or level of education you have completed?						
0	Less than High School						
0	High School Diploma or GED						
0	Some College, but no degree						
0	Associate's Degree						
0	Bachelor's Degree (for example: BA, BS)						

0	Graduate or Professional Degre	ee → INELIGIBLE
13. What	s your sex?	
	• Female	
	O Male	
	O Prefer not to answer	
14. Are yo	ou of Hispanic, Latino, or Span	ish origin?
	O Yes	
	O No	
15. What	is your race? Please select al	l that apply.
	□ White	
	Black or African-AmericaAmerican Indian or Alask	
	□ Asian	a Native
	 Native Hawaiian or other 	Pacific Islander
"OUTSIDI	E OF THE US"] ["OUTSIDE OF	OWN LIST OF US STATES, INCLUDING THE US" → INELIGIBLE] in other words, not dial-up) internet?
	O Yes	
	O No	→ INELIGIBLE
the interv	iew so that you can view the h (laptop, tablet, or desktop) wi	would like to share her computer screen during ealth information together. Do you have a the a webcam and audio that you can use to
	O Yes	
	O No	→ INELIGIBLE
	you participated in an interview months?	w or focus group for a research study within the
P.4.01.0	O Yes	→ INELIGIBLE

O No

Request for Contact Information

C1. Thank you for answering the questions. Based on your answers, you may be selected for a 45-minute interview. If selected, you will receive a digital gift card of [\$50 (parents/caregivers/adults)] as a token of appreciation for your participation. At the start of the interview, the interviewer will ask if it's okay to audio record it. This helps Westat to make sure they correctly hear everything you say. Are you okay with being audio recorded during the interview?

O Yes

O No → INELIGIBLE

Contact Information

In the space below, please provide us with your contact information, including phone number and email address. PRC will not share your contact information with anyone else, including the FDA. Your personal information will be deleted upon completion of the research project.

Name			
Phone Number			
Email Address _			

Closing

Thank you for your answers to these questions. If you are chosen for an interview, someone will contact you within the next 1-2 days.

[INELIGIBLE] Thank and Terminate

Thank you for taking our survey. Unfortunately, based on your responses, you are not eligible for this study. However, we appreciate you taking the time to answer our questions today.