

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. What is your age?**

- Under 18 → INELIGIBLE
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 or older

#### **2. Do you, or does any member of your household or immediate family work...?**

- For a market research company → INELIGIBLE
- For an advertising agency, communications, or public relations firm → INELIGIBLE
- In the media (TV, radio, newspapers, magazines) → INELIGIBLE
- As a healthcare professional (doctor, nurse, pharmacist, medical assistant, dietician, etc.) → INELIGIBLE
- 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
- In the pharmaceutical industry → INELIGIBLE

None of the above

[→ GO TO Q3](#)

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

Yes, one child [→ GO TO Q3](#)

Yes, multiple children [→ GO TO Q4](#)

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:**

0 - 4 [→ INELIGIBLE](#)

5 - 9 [→ GO TO Q5](#)

10 -11 [→ INELIGIBLE](#)

12 - 15 [→ GO TO Q5](#)

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?**

Yes [→ GO TO Q7](#)

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?**

Yes

No

**7. Has your child or any of your children completed the US–authorized COVID-19 vaccine?**

- Yes → [GO TO Q12](#)
- No → [GO TO Q8](#)

**8. [If Q7= No (not vaccinated)] Do you plan to get your child/children vaccinated for COVID-19?**

- Yes → [GO TO Q12](#)
- No → [GO TO Q12](#)
- Unsure → [GO TO Q12](#)

**9. [If Q2=No, they have no children] Since February 2022, have you tested positive for COVID-19 or been pretty sure you had COVID-19 even if you were not tested?**

- Yes
- 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=c (not vaccinated)] Do you plan to get vaccinated for COVID-19?**

- Yes
- No
- Unsure

**12. What is the highest grade or level of education you have completed?**

- Less than High School
- High School Diploma or GED
- Some College, but no degree
- Associate's Degree
- Bachelor's Degree (for example: BA, BS)

Graduate or Professional Degree

→ INELIGIBLE

**13. What is your sex?**

- Female
- Male
- Prefer not to answer

**14. Are you of Hispanic, Latino, or Spanish origin?**

- Yes
- No

**15. What is your race? Please select all that apply.**

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

**16. What state do you live in? [DROP DOWN LIST OF US STATES, INCLUDING “OUTSIDE OF THE US”] [“OUTSIDE OF THE US” → INELIGIBLE]**

**17. Do you have access to high-speed (in other words, not dial-up) internet?**

- Yes
- No → INELIGIBLE

**18. For this discussion, the interviewer would like to share her computer screen during the interview so that you can view the health information together. Do you have a computer (laptop, tablet, or desktop) with a webcam and audio that you can use to participate?**

- Yes
- No → INELIGIBLE

**19. Have you participated in an interview or focus group for a research study within the past 6 months?**

- Yes → INELIGIBLE

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?**

Yes

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.**