

# COVID-19 Public Education Media Opinions Survey

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## 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.
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## **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<br><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                      |