**Foundational Focus Group Discussion Guide**

**Research Objective:** E attitudes,examin perceptions, and behaviors related to preventive measures (e.g., mask wearing, social distancing, avoiding crowds) and vaccine confidence for those who have not yet received a COVID-19 vaccine.

**NOTE TO REVIEWERS:** The discussion guide is written in a purposefully colloquial style to better engage with participants. Question probes are below some main questions and may change. These are suggestions for the moderator to follow and will be used as deemed relevant and necessary in the natural flow of discussion. The discussion guide is developed for a 90-minute session. Moderator instructions are highlighted in yellow and bracketed.

|  |  |
| --- | --- |
| **Guidelines and Introductions** | **10MINUTES**  |
| **Preventive Measures***Personal Risk Perceptions**Measures Taken to Slow the Spread**Sources of Information***Vaccines** | **30 MINUTES**15 minutes10 minutes**4MINUTES 5** |
| *Intent**Convenience**Choice/Options**Safety and Effectiveness**Side Effects**Post-Vaccination***Wrap-Up** | 10 minutes10 minutes 5 minutes10 minutes5 minutes **MINUTES 5** |
| **TOTAL TIME** | **90 MINUTES** |

**Guidelines AND Introductions (10 MIN)**

**Guidelines**

Thank you for speaking with me today. My name is \_\_\_\_\_\_\_\_\_, and I work for a private research company. Today we want to get your thoughts and opinions about COVID-19 and how it is affecting life in the United States. We would also like to better understand what precautions you and your family take when it comes to avoiding infection from the virus.

Before we begin, I want to go over a couple of things:

* There are no wrong answers. Our whole purpose for being here is to hear what you think, so please speak up, especially if what you have to say is different than what someone else is saying. You may represent what a lot of other folks think.
* There may be times I ask you to clarify or ask you to tell more about what you just said. This is simply to make sure I understood and accurately capture what you think, not because I’m challenging your point of view.
* Your participation is voluntary. If I ask any questions you do not wish to answer, you do not have to answer them.
* We want to hear from everyone, but I ask that you speak one at a time, although I understand it can be difficult, especially online. I simply want to make sure I hear everything that everyone says.
* Nothing you say will be tied back to you. Your name and any identifying information will not be used in any of our reports.
* There are some other people listening in who are helping me take notes so that I can fully focus on our conversation and be respectful of your time. At the end of the group, they might have a couple of clarifying questions for us.
* I’ll be video recording our conversation; it will only be used to confirm our notes. Only the research staff will have access to this taping and no personally identifiable information will be used in connection with the recording. Does everyone agree to be recorded? **[ASK FOR AGREEMENT THROUGH A SHOW OF HANDS OR HEAD NOD]** I am going to start the recording now.
* Our discussion should take no more than 90 minutes. I appreciate the time that you carved out to be here, and I want to be respectful of that, so I may interrupt us so that we stay on track.

Do you have any questions before we begin?

**Introductions/Ice Breaker**

I’d like to start by getting to know each of you a bit better. So, I’m going to have everyone go around and share their first name, where you live, and your favorite type of food to make at home. **ABOUT TRIBAL AFFILIATION.]AMERICAN INDIAN/ALASKA NATIVE GROUPS, ALSO ASK [FOR**

I can go ahead and get us started.

**[Moderator introduces self, answers the questions, and then has each participant introduce themselves and respond to the icebreaker questions.]**

**[MODERATOR TO PROBE AS NEEDED TO GET PARTICIPANTS COMFORTABLE AND TO ESTABLISH RAPPORT.]**

**[MODERATOR: FOCUS ON THE BOLDED QUESTIONS. as probes should be asked as time permits subquestions not identifiedPROBES SHOULD BE USED AS NEEDED TO OBTAIN/CLARIFY INFORMATION.questions identified as .]**

**3 MIN)0**

Thank you

. To start off, I want everyone to think about COVID-19.

* **What is the top thing on your mind today when**
	+ **it comes to**
* **the COVID-19 pandemic?**

***Personal Risk Perceptions)utes (5 min***

* **you ] ETC.FAMILY MEMBER? FRIEND?SELF? —FOR WHO THEY KNOW WHO HAS BEEN DIAGNOSED WITH COVID-19LIGHTLY been diagnosed with COVID-19? [IF YES, PROBE everpersonallyor anyone you know**
* **How concerned are you personally about getting COVID-19?].[PROBE ON REASONS WHY CONCERNED OR NOT**
	+ How concerned are you about family getting COVID-19? Friends? Community members?
* **How have your concerns about getting COVID-19 changed since the beginning of the pandemic, if at all?**
	+ Have your concerns : **[PROBE]** about getting COVID-19 changed since learning about new variants of the virus?What have you heard about the variants?
* [If previously had COVID-19] **since getting the virus?Have your concerns about COVID-19 changed**
* **do you think it will be safe to return to normal? What would “normal” look like to you?**
	+ [If ever return to normal]: When you would be able to resume /may not we won’t that someone mentionssome of your ordinary activities?

***Measures Taken to Slow the Spread minutes)15(***

* **a, can you describe a few weeksThinking about the past mask wearing. bit more about different types of preventive measures, starting withsituation where you wore a mask?**
	+ What are the reasons that people wear masks during the COVID-19 ?pandemic
	+ For those of you who wear masks regularly, how long do you plan to continue wearing a mask in public?
* **Nan you give me an example of how you have socially distanced?, cfew weeks about the past ingThink. social distancing ext,**
	+ How difficult is it for you to socially distance?
	+ For those of you who practice social distancing, how long do you plan to continue doing so?
* **attend ? or social eventslarge gatherings**
	+ **[PROBE]**: What kinds of gatherings or social events are you thinking of?
	+ What precautions do you take when attending these events?
	+ Is your behavior different based on whether the gathering is outdoors or indoors?
* **slow the spread of ?COVID-19**
* **What are your thoughts about relaxing mandates for preventive measures, such as mask wearing or social distancing?state governments or the federal government**
	+ **[PROBE]:** ? Safe? with mandates being relaxed Do you feel comfortableIf you are in a state where mandates have been relaxed, what are your thoughts?
	+ How do you think mandates in your community or state impact how often people practice measures like mask wearing?

***S minutes)0 (1nformation Iof ources***

* **Where do you turn for information about COVID-19?**
* **What resources do you think provide the best information about COVID-19?**
* **,] MODERATOR MAY USE THE WHITE BOARD TO JOT DOWN THOUGHTS.[PROBE ON REASONS WHY SOURCES ARE MOST OR LEAST TRUSTWORTHY, AS NEEDED.** .Vice President Harris; President Biden; Your local hospital leadership (e.g., Chief Medical Officer); Medical websites, like WebMD or the Mayo Clinic; The American Medical Association; Local public health officials (e.g. state, county, city, or town); Pharmaceutical companies; The U.S. Food and Drug Administration (FDA); U.S. Federal public health officials; The Centers for Disease Control and Prevention (CDC); The U.S. Department of Health and Human Services (HHS); Your State Government **:SHOW LIST OF SOURCESand which sources you find least trustworthy. [in providing information about COVID-19 and I want everyone to tell me which sources you find most trustworthy**
* **Here’s another list of sources. Again, I want everyone to tell me which sources you find most trustworthy and which sources you find least trustworthy. [].MODERATOR MAY USE THE WHITE BOARD TO JOT DOWN THOUGHTS [PROBE ON REASONS WHY SOURCES ARE MOST OR LEAST TRUSTWORTHY, AS NEEDED.** .**]**; Tribal leaders (AI/AN focus groups only)My place of worship; My local government; My employer; Local schools; Neighbors in my community; Extended family members; My family physician; Friends; Immediate family members **:SHOW LIST OF SOURCES**
	+ - * +
* **How often do you visit social media platforms to get information about COVID-19?**
	+ Which platforms?
	+ How trustworthy do you find to be on these platforms?about COVID-19 information
		- **[PROBE]** How does this vary based on who is posting the information?**:**
* **advertisements have you seen about COVID-19, if any?radio/podcasts, print, social media? Where have you seen or heard these ads? [PROBE IF NEEDED]: Television,**
	+ How trustworthy do you find information about COVID-19 to be in these media sources?

**VACCINES ()utesMIN 54**

I’d likeabout vaccines. more to talk

***Intent (10 minutes)***

* **FDA-authorized vaccine][MODERATOR: YOU MAY NEED TO ADJUST QUESTIONS SLIGHTLY FOR ANYONE WHO HAS ALREADY RECEIVED A VACCINE.You were all asked to participate in this group because you indicated you had not received a COVID-19 vaccine. Is that still true? . available at no cost are now to prevent COVID-19s**
* **Now that you are eligible for, how soon would you get vaccinated?assuming you could schedule an appointment immediatelyand a vaccine**
	+ What are some of the things on your mind when you’re deciding to get vaccinated?if and when
	+ For those of you who are :waiting to get a vaccine
		- W hat are some of the reasons why?
		- Is there certain information, or a certain milestone, that you’re waiting for?
		- Is there anything that would motivate you to get a vaccine sooner? [PROBE IF NEEDED]: Coupons? Incentives? M or neighborhood?in your homeobile vaccine unit (van/truck)

**[For those who had COVID previously]** How did

getting COVID-19 affect your thoughts

* + about
	+ getting a
	+ COVID-19 vaccine?
		-
* **What questions or concerns do you have about getting a COVID-19 vaccine?**
	+ What kinds of information would you look for to better understand if you should take a COVID-19 vaccine when it is available?
* Where would you
	+ look for information about COVID-19 vaccines?
	+ Would recommendations from certain individuals or groups impact your decision; for example, your personal doctor or public health officials?
	+ **have your**

**cultural beliefs**

* **or traditions informed your viewsof COVID-19 and COVID-19 vaccines, if at all?**
	+ How has history informed your understanding?

***Convenience (10 minutes)***

* **Where would you prefer to go to get a COVID-19 vaccine?**
	+ What are some of the main reasons you
	+ would prefer
	+ going to that location?
	+ What are your concerns, if any, about going to a vaccination site to receive a COVID-19 vaccine?
	+ How does the location of the vaccination impact your intent to get a COVID-19 vaccine, if at all?
* **What have you heard about any costs for a COVID-19 vaccine?**
	+ Do you have any concerns about potential costs for you to get the vaccine?
	+ Are there other costs for you associated with getting the vaccine; for example, transportation costs, taking time off work, childcare?
* **have you heard about showing an ID or health insurance card when you receive a vaccine?**
	+ **What issues, if any, have you experienced when trying to schedule or go to a COVID-19 vaccination appointment?**
		- **[PROBE IF NEEDED]:** Issues with technology/Internet, language, transportation to/from vaccine sites, availability or accessibility of vaccines, work commitments, childcare, etc.

***C (5 minutes)ptionsOhoice/***

* **What have you heard about the different COVID-19 vaccines that have been authorized for use in the United States?**
	+ What have you heard about how the different vaccines are administered?
	+ About the availability of different vaccines?
* **Based on what you know about the different COVID-19 vaccines that have been authorized for use in the United States, [PROBE ON REASONS WHY THEY HAVE PREFERRED VACCINES OR NOT.]? of the authorized vaccines one or moreave a preference forhdo you**

***Safety and (10 minutes)ffectivenessE***

* **What have you heard about the process for developing COVID-19 vaccines?**
	+ What is your level of confidence in this process? [PROBE ON ANY CONCERNS.]
* **have you heard about the process for authorizing COVID-19 vaccines in the United States?**
	+ What is your level of confidence in this process? [PROBE ON ANY CONCERNS.]
* **How effective do you feel the currently authorized COVID-19 vaccines are? at preventing infection from COVID-19**
	+ Tpreventing COVID-19?in of any of them do you feel differently about the effectiveness hinking about all the authorized vaccines available,
* **the vaccines are at preventing severe cases of COVID-19 (if a vaccinated person is infected)?**
	+ Thinking about all the authorized vaccines available, do you feel differently about the effectiveness of any of them preventing severe COVID-19?in
* **effective do you feel the vaccines are at preventing infection from the new variants of COVID-19?**
	+ Thinking about all the authorized vaccines available, do you feel differently about the effectiveness of any of them ?infection from new variantspreventing in
* **safe? to get do you feel the currently authorized COVID-19 vaccines are**
	+ How safe are they to get f?or those with underlying health conditions
	+ How safe are they to get for ?people in your community

***Vaccine (5 minutes)ffectsEide S***

* **What have you heard about side effects , SPECIFIC VACCINE INGREDIENTS, ETC.]GET PERCEPTIONS ON SHORT OR LONG TERM SIDE EFFECTS TO NECESSARY [PROBE IF ?ing a COVID-19 vaccinereceivafter**
	+ How do these vary by vaccine type?
* **concerned about experiencing side effects after you receive a COVID-19 vaccine?are you**
	+ What, if anything, would lessen your concerns about side effects?

***Post-Vaccinatio (5 minutes)n***

* **What does it mean to be “fully vaccinated” against COVID-19?**
	+ **When [PROBE IF NEEDED ON NUMBER OF DAYS OR WEEKS, HOW MANY DOSES.] considered “fully vaccinated” from COVID-19? someone is**

If you choose to receive a COVID-19 vaccine, when will you ?protected from COVID-19 feel

* **If you choose to receive a COVID-19 vaccine, ?receive a vaccine, after you social distancing and mask wearing preventive measures, such as ehow likely will you be to practic**
	+ What factors would play into your decision to wear a mask or social distance? [PROBE IF NEEDED AROUND LOCAL MANDATES, CDC/FEDERAL GUIDANCE, BEHAVIORS OF OTHERS], , TYPE OF EVENT/OUTING
	+ For those who .]AFTER FIRST DOSE OR SECOND DOSE, IF APPLICABLE WHETHER THIS IS ,WEEKS/NUMBER OF DAYS OR A PARTICULAR CIRCUMSTANCE [PROBE FOR ?continuedo you plan to , how long after receiving a vaccinecontinue preventive measures plan to

**WRAP-UP (5 MIN)**

* Those are all the questions I have for you. I just want to check to see if any of my colleagues have any final questions.
* Is there anything you would like to share that you have not had the chance to before we wrap up?
* Thank you very much for participating in this discussion. I appreciate your time, and your feedback has been extremely helpful.
* Please remember not to share anything we’ve discussed here today.