COVID-19 Public Education Media Opinions Survey

Version: 8/19/22 - Updates for "At Risk" booster ad testing

Sample Size: 2,000

- N=1,500 50+
- N=500 <50

Target audience:

- Focus on 50+ but include <50 in sample to test for unintended consequences

Screening Criteria:

- Age: 18+
- Is fully vaccinated
- Has not had a booster shot
- Does NOT say 'I would never get a COVID-19 booster.'

Stimuli:

- "At Risk" Total Market booster ad for 50+

Welcome

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

OMB No. 0990-0476
Exp. Date 07/31/2024

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 health 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, visit:
https://prodegesupport.zendesk.com/hc/en-us/requests/new?ticket_form_id=360001213252

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?
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

- By participating in this survey, you will contribute to fighting the spread of COVID-19. You may also learn more about COVID-19 and ways you can help slow the spread of COVID-19 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 one control button: *Continue* (>>). Use this button to navigate through the survey or skip 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 visiting: https://prodegesupport.zendesk.com/hc/en-us/requests/new?ticket_form_id=360001213252.

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 $5.00 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 might be 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, such as payment questions or technical issues you may experience, please visit https://prodegesupport.zendesk.com/hc/en-us/requests/new?ticket_form_id=360001213252.

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, contact the IRB at:

By mail:

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

• Or call toll free: 516-318-6877
• Or by email: info@brany.com
• Or by visiting this website: www.branyirb.com/concerns-about-research.

Please reference the following number when contacting the Study Subject Adviser: [21-011-821].

[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.

//PROGRAMMING NOTE: TERM AT END OF SCREENER QUESTIONS (NOT AT THE END OF EACH QUESTION) UNLESS NOTED OTHERWISE//
//ALL SCREENER QUESTIONS ARE REQUIRED.//

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 #: DEM2
Question Type: Single Punch
Variable Name: Sex
Variable Text: What sex were you assigned at birth?
Variable Label: Sex
//PROGRAMMING NOTE: ROTATE RESPONSE OPTIONS 1-2//

Value	Value Label
1	Male
2	Female

Item #: DEM5
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 #: DEM6
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 DEM6=18+, OTHERWISE DISPLAY TERMINATION LANGUAGE AND TERMINATE IMMEDIATELY //

Item #: DEM11
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
1	Yes
2	No

Item #: DEM12
Question Type: Multi Punch
Variable Name: Race
Variable Text: What is your race? Please select all that apply.
Variable Label: Race

Variable Name	Text	Variable Label
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

Value	Value Label
1	Yes (Selected)

0	No (Not selected)

Item #: DEM13
Question Type: Single Punch
Variable Name: Education
Variable Text: What is the highest level of school you have completed?
Variable Label: Education Completion

Value	Value Label
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 #: DEM1
Question Type: Multi Punch
Variable Name: Employment Status
Variable Text: Which statement best describes your current employment status?
Variable Label: Employment Status
//PROGRAMMING NOTE: Make DEM1_4 and DEM1_5 exclusive from one another. Also make all working and not working options exclusive from one another.

Variable Name	Text	Variable Label
DEM1_1	Working – as a paid employee	DEM7_1 EMPLOYED PAID
DEM1_2	Working – self-employed	DEM7_2 EMPLOYED SELF
DEM1_3	Not working – on temporary layoff from a job	DEM7_3 TEMP UN
DEM1_4	Not working – looking for work	DEM7_4 LOOKING
DEM1_5	Not working – retired	DEM7_5 RETIRED
DEM1_6	Not working – disabled	DEM7_6 DISABLED
DEM1_7	Not working – other [Specify]	DEM7_7 Other
DEM1_8	Other [Specify]	DEM7_8 OTHER

Value	Value Label
1	Yes (Selected)
0	No (Not selected)

Item #: DEM14
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
DEM14_1	Market or public opinion research	DEM8_1 MARKETING
DEM14_2	An advertising, public relations, or marketing agency	DEM8_2 ADVERTISING
DEM14_3	News, radio, TV, print, media	DEM8_3 MEDIA
DEM14_4	For the U.S. Federal government	DEM8_4 US GOVT
DEM14_5	As a healthcare provider or medical professional (e.g., physician, nurse)	DEM8_5 HEALTH
DEM14_6	At a healthcare company	DEM8_6 HEALTHCARE
DEM14_7	None of these	DEM8_7 NONE

Value	Value Label
1	Yes (Selected)
0	No (Not selected)

Item #: BEH0

Question type: Single punch

Variable Name: BEH0

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

Variable Label: BEH0: COVID-19 vaccine clinical trial participation

//PROGRAMMING NOTE: IF BEH0=1, DISPLAY TERMINATION LANGUAGE AND TERMINATE//

Value	Value Label
1	Yes
0	No

SECTION 2: INTEREST AND INTENTIONS TO RECEIVE A COVID-19 BOOSTER

[**PROGRAMMING NOTE: DISPLAY TEXT**]

The following questions will ask about your actions and beliefs about COVID-19 boosters. The U.S. Food and Drug Administration (FDA) has authorized boosters that protect against COVID-19, and we want to learn more about your beliefs and plans related to this booster. For the following questions, please assume there are enough boosters so that everyone who wants one can get one.

Item #: BEH1

Question type: Single punch

Variable Name: BEH1

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

Variable Label: BEH1: Vaccination behavior

//PROGRAMMING NOTE: IF BEH1=0 or BEH1=1, DISPLAY TERMINATION LANGUAGE AND TERMINATE AT END OF SCREENER //

Value	Value Label
0	No, I have not received a COVID-19 vaccine
1	Yes, but I have only received one shot out of the two

	required shots
2	Yes, I have received all of the required shots

Item #: BSTR1_Uptake_2
Question Type: Single punch
Variable Name: BSTR1_Uptake
Variable Text: U.S. health officials and medical experts now recommend COVID-19 vaccine booster shots. Have you received a COVID-19 vaccine booster shot?
Variable Label: BSTR1_Uptake_2: Booster uptake_April 2022 guidance
//ASK ONLY IF BEH1 = 2 //
//PROGRAMMING NOTE: IF BSTR1_UPTAKE_2=1 OR 2, DISPLAY TERMINATION LANGUAGE AND TERMINATE AT END OF SCREENER //

Value	Value Label
0	No, I have not received a booster shot.
1	Yes, I have received 1 booster shot.
2	Yes, I have received 2 booster shots.
-100	VALID SKIP

Item #: BEH5b
Question type: Single punch
Variable Name: BEH5b
Variable Text: How likely are you to get a COVID-19 vaccine booster shot?
Variable Label: BEH5b: Intention to get booster shot
//ASK ONLY IF BSTR1_UPTAKE_2=0//

Value	Value Label
1	Very unlikely
2	Somewhat unlikely
3	Neither likely nor unlikely
4	Somewhat likely
5	Very likely
-100	VALID SKIP

Item #: BEH5c
Question type: Single punch
Variable Name: BEH5c
Variable Text: You responded that you have not received a COVID-19 booster shot. Food and Drug Administration (FDA)-authorized and FDA-approved booster shot vaccines to prevent COVID-19 and boost immunity are now available at no cost. How soon will you get the booster shot?
Variable Label: BEH5c: Wait to get booster shot
//ASK ONLY IF BSTR1_UPTAKE_2=0//
//PROGRAMMING NOTE: IF BEH5C=3, DISPLAY TERMINATION LANGUAGE AND TERMINATE AT END OF SCREENER //

Value	Value Label
1	I will get the booster shot as soon as I can and am eligible
2	I will wait to get the booster shot for one or more reasons
3	I will never get the booster shot
-100	VALID SKIP

END OF SCREENER
//PROGRAMMING NOTE: IF PARTICIPANTS PASS THE ABOVE QUESTIONS, SHOW CONSENT FORM HERE. IF THEY DO NOT PASS, SHOW TERMINATION LANGUAGE HERE.//

Item #: BEH5d

Question type: Single punch
Variable Name: BEH5d
Variable Text: You responded that you will wait to get the booster shot. How long will you wait?
Variable Label: BEH5d: Length of booster shot wait
// ASK ONLY IF BEH5C = 2 (I will wait to get the booster shot for one or more reasons) //

Value	Value Label
1	Within the next few weeks
2	Within the next few months
3	Within the next year
4	1 year to less than 3 years
5	3 years or more
-99	REFUSED
-100	VALID SKIP

Item #: BEH4a
Question type: Grid
Variable Text: You responded that you will wait to get a COVID-19 booster shot. For each of the following statements, is this a reason why you will wait to get a COVID-19 booster shot? *Select yes or no for each item.*
// RANDOMIZE ORDER OF SUBITEMS. //
// ASK ONLY IF BEH5C = 2 (I WILL WAIT TO GET THE BOOSTER SHOT FOR ONE OR MORE REASONS) //
// INCLUDE SOFT PROMPT IF BEH4A_17 (OTHER) = 1 ("YES"), BUT NO TEXT IS ENTERED. //

Variable Name	Variable Text	Variable Label
BEH4a_1	I first want to know if the booster shot is effective.	BEH4a_1: Reasons for waiting - Confirm effectiveness
BEH4a_2	I first want to talk to my doctor.	BEH4a_2: Reasons for waiting - Talk to doctor first
BEH4a_3	I want to compare the effectiveness of the different booster shots.	BEH4a_3: Reasons for waiting - Compare booster shots
BEH4a_4	I want to see if my friends and family get the booster shot.	BEH4a_4: Reasons for waiting - Friends/family
BEH4a_5	I want to see if others who get a booster shot develop any problems.	BEH4a_5: Reasons for waiting - Side effects
BEH4a_6	I want to make sure it is safe for people like me.	BEH4a_6: Reasons for waiting - Confirm safety
BEH4a_7	I already had COVID-19.	BEH4a_7: Reason for waiting - Had COVID
BEH4a_8	I want to wait until more is known about the long-term effects of the booster shots.	BEH4a_8: Reasons for waiting - Long-term effects
BEH4a_9	I am healthy and don't think I need a COVID-19 booster shot.	BEH4a_9: Reasons for waiting - I am healthy
BEH4a_10	I want to wait to see if a COVID-19 booster shot will be mandatory for my work, school, or other activities.	BEH4a_10: Reasons for waiting - Mandatory
BEH4a_11	I want to wait until I have time to take off work/school.	BEH4a_11: Reasons for waiting - Time
BEH4a_12	I want to wait to see how effective the booster shot is against COVID-19 variants, such as the Delta or Omicron variant.	BEH4a_12: Reasons for waiting - Variants
BEH4a_13	I don't want to keep getting booster shots.	BEH4a_13: Reasons for waiting - Booster shots
BEH4a_14	I had a reaction or bad experience after the COVID-19 vaccine.	BEH4a_14: Reasons for waiting – Bad reaction
BEH4a_15	I don't need a COVID-19 booster shot because of my age.	BEH4a_15: Reasons for waiting – Age

BEH4a_16	I am not at risk for severe illness or death from COVID-19.	BEH4a_16: Reasons for waiting – Not at risk
BEH4a_17	I am waiting for a reformulated booster.	BEH4a_17: Reasons for waiting – Reformulated
BEH4a_18	Other [TEXTBOX]	BEH4a_18: Reasons for waiting - Other

Value	Value Label
0	No
1	Yes
-99	REFUSED
-100	VALID SKIP

Item #: ATTa
Question Type: Grid
Variable Name: ATTa
Variable Text: How much do you agree or disagree with the following statements? *Select one response for each item.*
Variable Label: ATTa: Importance
//PROGRAMMING NOTE: Randomize subitems (Variable Text) KEEP PAIRS TOGETHER, RANDOMIZE ITEMS WITHIN PAIRS.//

Variable Name	Variable Text	Variable Label
ATTa1_1	It is important for me to get a COVID-19 booster shot when it is available and recommended.	ATTa1_1: Important for me to get a booster shot
ATTa1_2	It is important for everyone to get a COVID-19 booster shot.	ATTa1_2: Important for everyone to get a COVID-19 booster shot
ATTa2_1	It is important for me to wear a face mask when I am out in public.	ATTa2_1: Important for me to wear mask out in public
ATTa2_2	It is important for everyone to wear a face mask when they are out in public.	ATTa2_2: Important for everyone to wear mask out in public
ATT4_1	It is important for me to continue to quarantine when I have been exposed to someone who tested positive for COVID-19	ATT4a_1: Important for me to isolate
ATT4_2	It is important for everyone to continue to quarantine when they have been exposed to someone who tested positive for COVID-19	ATT4a_2: Important for everyone to isolate

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.*
//PROGRAMMING NOTE: Randomize subitems//

Variable	Variable Text	Variable Label

Name		
ATT9_1	I would accept a COVID-19 booster shot offered during a regularly scheduled appointment with my health care provider.	ATT9_1: Regular appointment
ATT9_2	I am worried that a COVID-19 booster shot 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 booster shot.	ATT9_3: Immunity by exposure
ATT9_4	I would get a COVID-19 booster shot if there was another COVID-19 surge.	ATT9_4: Surge
ATT9_5	I am worried about side effects of a COVID-19 booster shot for myself.	ATT9_5: Worried about side effects
ATT9_6	I am worried that side effects of a COVID-19 booster shot could be worse than COVID-19 itself.	ATT9_6: Side effects worse than COVID-19
ATT9_7	I would get a COVID-19 booster shot if it would help me continue to travel, work, and gather with friends/family.	ATT9_7: Travel friends
ATT9_8	The benefits of a COVID-19 booster shot outweigh any risks associated with it.	ATT9_8: Outweigh risks

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 Text: How much do you agree or disagree with the following statements?
//PROGRAMMING NOTE: Randomize subitems//

Variable Name	Variable Text	Variable Label
ATT10_1	A COVID-19 booster shot will prevent me from being hospitalized with COVID-19.	ATT10_1: Booster prevent hospitalization
ATT10_2	A COVID-19 booster shot will prevent me from dying of COVID-19.	ATT10_2: Booster prevent death
ATT10_3	A COVID-19 booster show will protect me from getting severely ill from COVID-19.	ATT10_3: Booster prevent severe illness

Value	Value Label
1	Strongly disagree
2	Disagree

3	Neither agree nor disagree
4	Agree
5	Strongly agree
-99	REFUSED

Item #: ATT13a/ ATT13b/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
ATT13a_1	People who are important to me will receive a COVID-19 booster shot.	ATT13a_1: Receive a vaccine
ATT13b_1	People who are important to me believe that I should receive a COVID-19 booster shot.	ATT13b_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

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.

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.

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. Some of the media you will be shown may be uncomfortable to watch and you can choose to exit the survey at any time.

Click the continue button when you are ready to view the message.

//RESPONDENTS WILL RATE 1 OF 2 ADS. RANDOMIZE WHICH AD IS SEEN BY THE RESPONDENT.//

ADS:

1. At Risk – Version 1
2. At Risk – Version 2

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

Item #: ADXX1
Question type: Single punch

Variable Name: ADXX1
Variable Text: Were you able to see this ad on your computer?
Variable Label: ADXX1: Viewing confirmation

Value	Value Label
0	No [**GO TO DEMOS AND TERMINATE**]
1	Yes
-99	REFUSED [**GO TO DEMOS AND TERMINATE**]

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 [**GO TO DEMOS AND TERMINATE**]
1	Yes
-99	REFUSED [**GO TO DEMOS AND TERMINATE**]

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 a convincing reason for me to get a COVID-19 booster shot.	ADXX10_7: Convincing
ADXX10_8	This message told me something new.	ADXX10_8: New
ADXX10_9	I like the look of the ad.	ADXX10_9: Look
ADXX10_10	I like the feel of the ad.	ADXX10_10: Feel
ADXX10_11	This message gave a good reason why someone like me should get a COVID-19 booster shot.	ADXX10_11: Reasons

Value	Value Label

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

Item #: ADXX10a
Question type: Open-end
Variable Name: ADXX10a
Variable Text: You **[PIPE IN ANSWER (all lowercase) FROM ADXX10_7]** that this ad was convincing as a reason to get a COVID-19 booster shot. Please describe the main reasons why you **[PIPE IN ANSWER (all lowercase) FROM ADXX10_7]** with this statement.
Variable Label: ADXX10a: Convincing
//Limit to 1,000 characters. //

Item #: ADXXReal
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
ADXXReal_1	This message is authentic.	ADXXReal_1:authentic
ADXXReal_2	This message is genuine.	ADXXReal_2: genuine
ADXXReal_3	This message is honest.	ADXXReal_3: honest
ADXXReal_4	This message is unbiased.	ADXXReal_4:unbiased
ADXXReal_7	This message is realistic.	ADXXReal_7: realistic

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

Item #: ADXX8
Question type: Grid
Variable Text: When thinking about the message you viewed, how likely are you to do each of the following?
//PROGRAMMING NOTE: Randomize subitems//

Variable Name	Variable Text	Variable Label
ADXX8_1	Look for more information about the COVID-19 booster shot	ADXX8_1: More_Info
ADXX8_2	Get a COVID-19 booster shot at no cost	ADXX8_2: Vaccine
ADXX8_3	Visit vaccines.gov to find a booster shot near you	ADXX8_3: Website
ADXX8_4	Talk to your doctor about the COVID-19 booster shot	ADXX8_4: Doctor
ADXX8_5	Talk about the COVID-19 booster shot with those in your immediate social network (e.g., friends, family,	ADXX8_5: Friends

	colleagues)	
ADXX8_6	Other [Specify]	ADXX8_6: Other

Value	Value Label
1	Very unlikely
2	Somewhat unlikely
3	Neither likely nor unlikely
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 (all lowercase) FROM ADXX8_2]** to get a COVID-19 booster shot**.** Please describe the main reasons why you are **[PIPE ANSWER (all lowercase) FROM ADXX8_2]** to get a COVID-19 booster shot. **Variable Label:** ADXX8_2A: OE Vaccine
//Limit to 1,000 characters. Cannot skip this question//

Item #: ADXX9
Question type: Grid
Variable Text: You said you were **[PIPE ANSWER (all lowercase) FROM ADXX8_2]** to get a COVID-19 booster shot**.** For each of the following statements, is this a reason why you are **[PIPE ANSWER (all lowercase) FROM ADXX8_2]** to get a COVID-19 booster shot? *Select yes or no for each item.*
// RANDOMIZE ORDER OF SUBITEMS. //
// ASK ONLY IF ADXX8_2 = 1, 2 OR 3 (VERY UNLIKELY/ UNLIKELY/NEITHER LIKELY NOR UNLIKELY TO GET THE BOOSTER SHOT)//
// INCLUDE SOFT PROMPT IF ADXX9_17 (OTHER) = 1 ("YES"), BUT NO TEXT IS ENTERED. //

Variable Name	Variable Text	Variable Label
ADXX9_1	I first want to know if the booster shot is effective.	ADXX9_1: Reasons for waiting - Confirm effectiveness
ADXX9_2	I first want to talk to my doctor.	ADXX9_2: Reasons for waiting - Talk to doctor first
ADXX9_3	I want to compare the effectiveness of the different booster shots.	ADXX9_3: Reasons for waiting - Compare booster shots
ADXX9_4	I want to see if my friends and family get the booster shot.	ADXX9_4: Reasons for waiting - Friends/family
ADXX9_5	I want to see if others who get a booster shot develop any problems.	ADXX9_5: Reasons for waiting - Side effects
ADXX9_6	I want to make sure it is safe for people like me.	ADXX9_6: Reasons for waiting - Confirm safety
ADXX9_7	I already had COVID-19.	ADXX9_7: Reason for waiting - Had COVID
ADXX9_8	I want to wait until more is known about the long-term effects of the booster shots.	ADXX9_8: Reasons for waiting - Long-term effects
ADXX9_9	I am healthy and don't think I need a COVID-19 booster shot.	ADXX9_9: Reasons for waiting - I am healthy
ADXX9_10	I want to wait to see if a COVID-19 booster shot will be mandatory for my work, school, or other activities.	ADXX9_10: Reasons for waiting - Mandatory

ADXX9_11	I want to wait until I have time to take off work/school.	ADXX9_11: Reasons for waiting - Time
ADXX9_12	I want to wait to see how effective the booster shot is against COVID-19 variants, such as the Delta or Omicron variant.	ADXX9_12: Reasons for waiting - Variants
ADXX9_13	I don't want to keep getting booster shots.	ADXX9_13: Reasons for waiting - Booster shots
ADXX9_14	I had a reaction or bad experience after the COVID-19 vaccine.	ADXX9_14: Reasons for waiting – Bad reaction
ADXX9_15	I don't need a COVID-19 booster shot because of my age.	ADXX9_15: Reasons for waiting – Age
ADXX9_16	I am not at risk for severe illness or death from COVID-19.	ADXX9_16: Reasons for waiting – Not at risk
ADXX9_17	I am waiting for a reformulated booster.	BEH4a_17: Reasons for waiting – Reformulated
ADXX9_18	Other [TEXTBOX]	ADXX9_18: Reasons for waiting - Other

Value	Value Label
0	No
1	Yes
-99	REFUSED
-100	VALID SKIP

Item #: ADXX12
Question type: Grid
Variable Text: How much do you agree or disagree with the following statements?
//PROGRAMMING NOTE: Randomize subitems//

Variable Name	Variable Text	Variable Label
ADXX12_1	A COVID-19 booster shot will prevent me from being hospitalized with COVID-19.	ADXX12_1: Booster prevent hospitalization
ADXX12_2	A COVID-19 booster shot will prevent me from dying of COVID-19.	ADXX12_2: Booster prevent death
ADXX12_3	A COVID-19 booster show will protect me from getting severely ill from COVID-19.	ADXX12_3: Booster prevent severe illness

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

//Programming Note: When last stimulus is viewed, move to next block of questions.//

Item #: BOOST1
Question Type: Ranked choice
// Soft Prompt: "We would like your response to this question." //

We are interested in your opinion about the phrasing of some messages about COVID-19 boosters.

Please rank the following messages from 1 to 6, with 1 being the message you think is most likely to motivate someone to get a booster, and 6 being the message you think is least likely to motivate someone to get a booster.

//PROGRAMMING NOTE: RANDOMIZE response options//

Value	Value Label
1	An updated booster is now available.
2	A new booster is now available.
3	A reformulated booster is now available.
4	A variant-specific booster is now available.
5	An omicron-specific booster is now available.
6	A modified booster is now available.
-99	Refused

// Page Break //

Item #: BOOST2
Question Type: Open-ended

// Soft Prompt: "We would like your response to this question." //

Why do you think the [PIPE TEXT of #1 ranked message] message is more likely to motivate someone to get a booster than the other messages?

_____
_____

COVID-19 EXPERIENCE

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

Item #: COV8_1
Question type: Single punch
Variable Name: COV8_1
Variable Text: Have you ever tested positive for COVID-19?
Variable Label: COV8_1: Tested positive

Value	Value Label

0	No
1	Yes
2	I do not want to share this information.
-99	REFUSED

Item #: COV8
Question type: Grid
Variable Name: COV8
Variable Text: Have any of the following people in your life ever tested positive for COVID-19? *Select yes or no for each item.*
Variable Label: COV8: Tested: Reasons
//PROGRAMMING NOTE: Randomize subitems//

Variable Name	Variable Text	Variable Label
COV8_2	An immediate member of my household	COV8_2: Household member tested positive
COV8_3	An extended family member outside of my household	COV8_3: Extended family member tested positive
COV8_4	A friend outside of my household	COV8_4: Friend tested positive
COV8_5	A roommate who lives with me	COV8_5: Roommate tested positive
COV8_6	A coworker	COV8_6: Coworker tested positive
COV8_7	A friend of a friend	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: COV14
Variable Text: Which comes closer to your opinion of your recovery 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	I do not feel that I am fully recovered from my COVID-19 infection
2	
3	
4	
5	I feel that I am fully recovered from my COVID-19 infection.
-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 #: DEM7
Question Type: Open-End Numeric
Variable Name: DEM7
Variable Text: How many total people – adults and children – currently live in your household, including yourself? *Please enter a number.*
Variable Label: DEM7: Total number of people in household

Item #: DEM8
Question Type: Open-End Numeric
Variable Name: DEM8
Variable Text: How many people under 18 years-old currently live in your household? *Please enter a number.*
Variable Label: DEM8: Number of minors living in household

// PROGRAMMING NOTE: Response must be a numerical number between 0-99. If DEM7=1, autopunch DEM8 as "0" and go to DEM9. Response from DEM8 must be LESS than the number in DEM7//

Item #: DEM16
Question Type: Single Punch
Variable Name: DEM16
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

Item #: DEM17
Question Type: Multi Punch
Variable Name: DEM17
Variable Text: Are you the parent of a child or children in the following age groups? Please check all that apply.
Variable Label: DEM17: Parental_Status
// ASK IF DEM7=2+//

Value	Value Label
1	Younger than 6 months old
2	6 months to <2 years old
3	2 to 4 years old
4	5 to 11 years old
5	12 to 15 years old
6	16 to 17 years old
7	None of the above, I do not have children in those age groups **[EXCLUSIVE]**
-99	REFUSED
-100	VALID SKIP

Item #: DEM10
Question Type: Single Punch
Variable Name: DEM10
Variable Text: Last year, that is in 2021, what was your total household income from all sources, before taxes?
Variable Label: DEM10: 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	REFUSED

Item #: DEM4
Question Type: Single Punch
Variable Name: DEM4
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: DEM4: Health insurance status

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

Item #: DEM4b
Question Type: Single Punch
Variable Name: DEM4b
Variable Text: Which of the following is your main source of health insurance coverage?
Variable Label: DEM4b: Insurance_Type
//ASK IF DEM4 (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
6	TRICARE or other military health care
7	VA (including those who have ever used or enrolled for VA health care)
8	Indian Health Service
-99	REFUSED
-100	VALID SKIP